Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2009

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The following is a selection of 387 *Medline*-indexed journal articles pertaining to spirituality & health published during 2009, from among the more than 1600 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care" (and includes some articles from Medline's *In-Process* database not yet listed on the general Medline database at the time of this bibliography's completion). The sample here indicates the great scope of the literature, but note that since *Medline* is itself a selective index of journals, an even broader range of material may be found through other health science indices/databases—e.g., *CINAHL/Nursing* or *PsycINFO*.

Abernethy, A. D., Houston, T. R., Bjorck, J. P., Gorsuch, R. L. and Arnold, H. L. Jr. [Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA; aabernet@fuller.edu]. "**Religiousness and prostate cancer screening in African American men**." *Journal of Psychosocial Oncology* 27, no. 3 (2009): 316-331.
This study involved 481 men, aged 40-70, was [from the abstract:] designed to examine the relationship between religiousness (organized, nonorganized, and intrinsic) and religious problem solving (collaborative, deferring, and self-directing) in prostate cancer screening (PCS) attitudes and behavior. …Hierarchical regression analyses revealed that religiousness and self-directed problem solving were associated with PCS attitudes. Intrinsic religiousness was associated with PCS attitudes after controlling for health and organized religiousness. Religiousness was not associated with PCS behavior….

Abrahm, J. L. [Harvard Medical School, Dana-Farber Cancer Institute, Boston, MA; Jabrahm@partners.org]. "**Palliative care for the patient with mesothelioma**." *Seminars in Thoracic & Cardiovascular Surgery* 21, no. 2 (2009): 164-171.
This review considers spirituality at a number of points, but especially in a section on Spiritual/Existential Distress: "Spiritual or existential concerns of mesothelioma patients include making meaning of their lives; wondering whether they are loved by family and friends; asking for or giving forgiveness; and wondering how to say goodbye or thank you. Some patients want to reconnect with religious traditions and carry out the rituals that surround dying in their culture or religion. Clinicians can help patients find solace and closure at the end of life by exploring religious and spiritual beliefs and listening empathetically." [p. 168]

Agrimson, L. B. and Taft, L. B. [Department of Nursing, University of Wisconsin-Eau Claire; agrimslb@uwec.edu]. "**Spiritual crisis: a concept analysis**." *Journal of Advanced Nursing* 65, no. 2 (Feb 2009): 454-461.
[From the abstract:] …The term spiritual crisis has been used ambiguously in the literature, resulting in lack of clarity. …DATA SOURCES: Papers available online between 1998 and 2007 in the CINAHL, Medline and PsycInfo databases were retrieved for analysis. The search engine Google was also used to examine additional references to 'spiritual crisis'. REVIEW METHODS: Spiritual crisis, spiritual emergency and life crisis were the terms initially used to search each database. The search was expanded to include spirituality to draw more literature into the review. FINDINGS: Using Walker and Avant's method of concept analysis, a definition of spiritual crisis was identified. Spiritual crisis can be described as a unique form of grieving or loss, marked by a profound questioning of or lack of meaning in life, in which an individual or community reaches a turning point, leading to a significant alteration in the way life is viewed. Possible antecedents include sudden acute illness and loss of important relationships. Potential consequences may include physical and emotional responses. CONCLUSION: People with terminal illness, depression, and those who are grieving losses may be at special risk of spiritual crisis. The literature suggests an interdisciplinary approach, nurses' self-exploration of spirituality, and refraining from defining spirituality by religious affiliation as part of improving practice.

Ai, A. L., Corley, C. S., Peterson, C., Huang, B. and Tice, T. N. [Department of Family Medicine, University of Pittsburgh, Pittsburgh, PA; amyai@pitt.edu]. "**Private prayer and quality of life in cardiac patients: pathways of cognitive coping and social support**." *Social Work in Health Care* 48, no. 4 (May-Jun 2009): 471-494.
[Abstract:] Despite the growing evidence linking faith with health and well-being, national leaders noted the need to explore the mechanism underlying these linkages. The goal of this prospective study was to investigate the psychosocial mechanisms involved in the preoperative use of private prayer for coping and the effects of such act on short-term quality of life (SPQOL) in 294 patients following open-heart surgery. Using established instruments, three interviews were conducted with middle-aged and older patients (average age 62) at two weeks and two days preoperatively, then 36 days postoperatively. The endpoints were assessed with levels of distress (e.g., depression and anxiety) and fatigue symptoms. Structural equation modeling was used to test a theoretical model. The final model showed the indirect influence of using prayer for coping on SPQOL through the mediation of cognitive coping and perceived social support. However, this mediation was not observed for behavioral, anger, and avoidant coping. Psychosocial factors may explain the potential role of using prayer for coping on short-term postoperative quality of life.

Ai, A. L. and McCormick, T. R. [University of Pittsburgh, Pittsburgh, PA; amyai8@gmain.com]. "**Increasing diversity of Americans' faiths alongside Baby Boomers' aging: implications for chaplain intervention in health settings**." *Journal of*

Health Care Chaplaincy 16, no. 1 (Jan 2009): 24-41. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Chaplains serving in the health care context provide a ministry to dying patients of inestimable worth as they comfort patients in the last chapter of the journey by being present, listening, and caring. Chaplains also play another important role, helping patients clarify ways in which their beliefs and values might influence health care decisions. This paper reviewed the current trends of spiritual diversity alongside the aging of a large Baby Boomer cohort. Chaplains may be challenged as they participate in the decision-making process, or as they support familes who make decisions about the care of loved ones nearing the end of life. Many of those who seek health care and comfort as the end of life approaches will bring a startling diversity of nonbelief, beliefs, and diverse religious and spiritual practices. This pattern of diversity will profoundly affect patients' decision-making around end-of-life issues. Case studies are used to illustrate possibilities for the chaplain's role at the bedside in the face of such diversity. The dimensional information of a new scale is presented for chaplains to assess diverse afterlife beliefs. As chaplains renew their studies of the worlds living religions, they will be better equipped to serve the needs of this large and spiritually diverse population.

Ai, A. L., Wink, P., Tice, T. N., Bolling, S. F. and Shearer, M. [University of Pittsburgh, Pittsburgh, PA; amyai8@gmail.com]. "**Prayer and reverence in naturalistic, aesthetic, and socio-moral contexts predicted fewer complications following coronary artery bypass**." *Journal of Behavioral Medicine* 32, no. 6 (Dec 2009): 570-581. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] This prospective study explores prayer, reverence, and other aspects of faith in postoperative complications and hospital length of stay of patients undergoing coronary artery bypass graft surgery. Alongside traditional religiousness measures, we examined sense of reverence in religious and secular contexts. Face-to-face interviews were conducted with 177 patients 2 weeks before surgery at a medical center. Medical variables were retrieved from the national Society of Thoracic Surgeons' Database. Logistic and multiple regression models were performed to predict outcomes. Prayer frequencies were associated with reduced complications but not hospitalization. Sense of reverence in secular contexts predicted fewer complications and shorter hospitalization. Controlling for complications reduced the initial influence of reverence on hospitalization, suggesting the potential mediation of complications. No interaction between demographics and faith factors was evident. The role of faith in medicine is complex and context-dependent. Future studies are needed on mediating factors.

Alexander, M. J., Haugland, G., Ashenden, P., Knight, E. and Brown, I. [Department of Epidemiology and Health, Nathan S. Kline Institute, Orangeburg, NY; mja@nki.rfmh.org]. "**Coping with thoughts of suicide: techniques used by consumers of mental health services**." *Psychiatric Services* 60, no. 9 (Sep 2009): 1214-1221.

This study involved 198 participants from 14 regional consumer-run forums in New York State, in which the participants identified up to 5 coping strategies to deal with suicidal thoughts (in response to the question: "If your darkness and despair escalated to actual thoughts of suicide, what has helped you in the past to not take that action?" [p. 1215]). A total of 745 coping strategy statements were generated, and these were reduced by using qualitative analysis to 16 categories of coping strategies: practicing spirituality (religious beliefs and practices), talking to someone and companionship, practicing positive thinking, using the mental health system, considering consequences of suicide to people to whom one is close, using peer supports, doing pleasurable things, protecting oneself from harmful means, doing grounding activities, considering consequences to oneself, doing structured tasks, maintaining sobriety, finding a safe place, helping others, seeking emotional outlets, and resting. Regarding first responses to the question, "the three most frequently identified coping strategies, accounting for 45% of those named, were spirituality (18%), talking to someone and companionship (14%), and positive thinking (13%)" [p. 1216]. "[O]nly 12% indicated that they considered the mental health system a frontline strategy" [p. 1214, abstract].

Allegranzi, B., Memish, Z. A., Donaldson, L. and Pittet, D. for the World Health Organization Global Patient Safety Challenge Task Force on Religious and Cultural Aspects of Hand Hygiene -- World Alliance for Patient Safety. [World Health Organization World Alliance for Patient Safety, Geneva, Switzerland.] "**Religion and culture: potential undercurrents influencing hand hygiene promotion in health care**." *American Journal of Infection Control* 37, no. 1 (Feb 2009): 28-34.

[Abstract:] BACKGROUND: Health care-associated infections affect hundreds of millions of patients worldwide each year. The World Health Organization's (WHO) First Global Patient Safety Challenge, "Clean Care is Safer Care," is tackling this major patient safety problem, with the promotion of hand hygiene in health care as the project's cornerstone. WHO Guidelines on Hand Hygiene in Healthcare have been prepared by a large group of international experts and are currently in a pilot-test phase to assess feasibility and acceptability in different health care settings worldwide. METHODS: An extensive literature search was conducted and experts and religious authorities were consulted to investigate religiocultural factors that may potentially influence hand hygiene promotion, offer possible solutions, and suggest areas for future research. RESULTS: Religious faith and culture can strongly influence hand hygiene behavior in health care workers and potentially affect compliance with best practices. Interesting data were retrieved on specific indications for hand cleansing according to the 7 main religions worldwide, interpretation of hand gestures, the concept of "visibly dirty" hands, and the use of alcohol-based hand rubs and prohibition of alcohol use by some religions. CONCLUSIONS: The impact of religious faith and cultural specificities must be taken into consideration when implementing a multimodal strategy to promote hand hygiene on a global scale.

Anderson, R. R. [College of Public Health, University of Nebraska Medical Center, Omaha, NE; randerso@unmc.edu]. "**Religious traditions and prenatal genetic counseling**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 52-61.

[Abstract:] Members of organized religious groups may look to their faith traditions for guidance regarding the moral implications of prenatal diagnosis and intervention. Many denominations have doctrinal statements relevant to these deliberations. In this article, common spiritual issues arising in the genetic counseling encounter are described. Representative doctrinal positions, derived from the responses of 31 U.S. religious denominations to a survey relating to prenatal genetic counseling, are given. Because the long-term adjustment of patients may be dependent in part on their ability to reconcile their actions with their faith traditions, genetic counselors best serve their patients when they invite discussion of matters of faith. Unless invited, patients may assume these topics are "off limits" or that care providers are indifferent to their beliefs. Although genetics professionals ought not assume the role of spiritual advisor, a working knowledge of doctrinal approaches should help counselors frame the issues, and avoid missteps. [This is part of a special issue of the journal addressing religious and spiritual

concerns. See also the articles by Bartlett, V. L., et al.; by Churchill, L. R.; by Fanning, J. B., et al.; by Geller, G., et al.; by Harris, T. M., et al.; by Kinney, A. Y., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Anema, C., Johnson, M., Zeller, J. M., Fogg, L. and Zetterlund, J. [Purdue University Calumet, South Holland, IL; tccnurse@aol.com]. "**Spiritual well-being in individuals with fibromyalgia syndrome: relationships with symptom pattern variability, uncertainty, and psychosocial adaptation**." *Research & Theory for Nursing Practice* 23, no. 1 (2009): 8-22.

[Abstract:] This study examined relationships among symptom pattern variability, uncertainty, spiritual well-being, and psychosocial adaptation in individuals with fibromyalgia syndrome (FMS). A survey design was used with 58 individuals with FMS. The Fibromyalgia Symptom Pattern Questionnaire, Mishel Uncertainty in Illness Scale--Community Form, Spiritual Well-Being Scale, and Psychosocial Adjustment to Illness Scale-Self Report were used to collect data. Positive relationships were found between symptom pattern variability and uncertainty and between uncertainty and poor psychosocial adaptation; spiritual well-being moderated the relationship between uncertainty and psychosocial adaptation. A positive sense of well-being aided adaptation to symptoms and uncertainties of FMS. Spiritual well-being had a greater effect on the relationship between symptom pattern variability and uncertainty than expected.

Applewhite, L. and Arincorayan, D. [Army-Fayetteville State University, Army Medical Department Center and School, Fort Sam Houston, TX]. "**Provider resilience: the challenge for behavioral health providers assigned to brigade combat teams**." *US Army Medical Department Journal* [no volume/issue number] (Apr-Jun 2009): 24-30.

Among the suggestions proposed in this article is for providers to use systemic support, but also "take steps to fortify themselves against the rigors of combat" [p.28], such as: "Nurture spiritual health. Frequent exposure to pain and suffering can dim one's inner spirit. Make time, at least once a week, to engage in an activity, such as attending religious services, meditating, or performing Tai Chi exercises, for example, that replenishes the spirit." [p. 29]

Armentrout, D. [Clinical Pediatrics, University of Texas Medical School, Houston; debra.c.armentrout@uth.tmc.edu]. "**Living with grief following removal of infant life support: parents' perspectives**." *Critical Care Nursing Clinics of North America* 21, no. 2 (Jun 2009): 253-265.

This qualitative study involving 15 parents (4 couples and 7) mothers considers, among other things, spiritual/religious perspectives identified by the participants regarding their experience of decision-making and grieving. See esp. pp. 263-264.

Arndt, J., Vess, M., Cox, C. R., Goldenberg, J. L. and Lagle, S. [Department of Psychological Sciences, University of Missouri-Columbia, Columbia, MO; arndtj@missouri.edu]. "**The psychosocial effect of thoughts of personal mortality on cardiac risk assessment**." *Medical Decision Making* 29, no. 2 (Mar-Apr 2009): 175-181.

[Abstract:] BACKGROUND: Prejudice by medical providers has been found to contribute to differential cardiac risk estimates. As such, empirical examinations of psychological factors associated with such biases are warranted. Considerable psychological research implicates concerns with personal mortality in motivating prejudicial biases. The authors sought to examine whether provoking thoughts of mortality among medical students would engender more cautious cardiac risk assessments for a hypothetical Christian than for a Muslim patient. METHODS: During the spring of 2007, university medical students (N=47) were randomly assigned to conditions in a 2 (mortality salience) x 2 (patient religion) full factorial experimental design. In an online survey, participants answered questions about their mortality or about future uncertainty, inspected emergency room admittance forms for a Muslim or Christian patient complaining of chest pain, and subsequently estimated risk for coronary artery disease, myocardial infarction, and the combined risk of either of the two. A composite risk index was formed based on the responses (on a scale of 0-100) to each of the 3 cardiac risk questions. RESULTS: Reminders of mortality interacted with patient religion to influence risk assessments, F(1,41)=11.57, P=0.002, eta2 =.22. After being reminded of mortality, participants rendered more serious cardiac risk estimates for a Christian patient (F1,41 =8:66, P=0:01) and less serious estimates for a Muslim patient (F(1,41)=4.08, P=0.05). CONCLUSION: Reminders of personal mortality can lead to biased patient risk assessment as medical providers use their cultural identification to psychologically manage their awareness of death.

Aslam, F. "**Religion, fasting and coronary artery disease**." *American Journal of Cardiology* 103, no. 2 (Jan 15, 2009): 292.

This is a letter in relation to Horne, B. T., et al., "Usefulness of routine periodic fasting to lower risk of coronary artery disease in patients undergoing coronary angiography" [*American Journal of Cardiology* 102, no. 7 (October 1, 2008): 814–819], adding that studies of Muslims during the 30-day Ramadan fast found -- contrary to expectations -- "no negative impact of fasting on acute coronary syndromes, stroke, or admissions for heart failure exacerbation."

Aten, J. D. and Worthington, E. L. Jr. [Department of Psychology, University of Southern Mississippi, Hattiesburg, MS; Jamie.Aten@usm.edu]. "**Next steps for clinicians in religious and spiritual therapy: an endpiece**." *Journal of Clinical Psychology* 65, no. 2 (Feb 2009): 224-229.

This article is part of a special theme issue of the journal on religion/spirituality. [Abstract:] To conclude this issue of the *Journal of Clinical Psychology*: In Session, the authors identify several next steps for clinicians interested in religious and spiritual therapy. They call for more clinically useful definitions of religion and spirituality and suggest that new methods of clinical practice that employ both Western and Eastern religion and spirituality need to be developed and tested. The need for more clinically focused religious and spiritual assessments is highlighted. They recommend greater clergy-psychotherapist collaboration and propose that clinicians lead and collaborate with researchers to further meaningful research on religion and spirituality. Finally, the authors identify areas of graduate training that require strengthening and provide corresponding guidelines. [See other articles in this theme issue: by Delaney, H. D., et al.; by Post, B. C., et al; by Richards, P. S., et al.; by Shafranske, E. P.; and by Worthington, E. L. Jr. -- noted elsewhere in this bibliography.]

Atkinson, M. J., Boltri, J. M., Davis-Smith, M., Seale, J. P., Shellenberger, S. and Gonsalves, D. [Department of Family and Preventive Medicine, University of California, San Diego & UCSD Health Services Research Center, San Diego, CA; mjatkinson@ucsd.edu]. "**A qualitative inquiry into the community and programmatic dimensions associated with successful implementation of church-based diabetes prevention programs**." *Journal of Public Health Management & Practice* 15, no. 3 (May-Jun 2009): 264-273.

[Abstract:] PURPOSE: This study explored church members' perspectives regarding implementation of a church-based diabetes prevention program (CBDPP) within African American churches. METHODS: Qualitative exploration of themes associated with planning for program implementation and good program outcomes was conducted using a series of four focus groups in churches located in the southeastern United States. Three of these focus groups were conducted with church leaders during the planning phases of program initiation and one focus group involved program participants who had realized the most weight loss and decrease in fasting glucose. Focus group transcripts were subject to content analysis. Participants discussed their views about how to implement a CBDPP within their church and how both the program and broader church community had helped them succeed. RESULTS: Two broad thematic domains emerged with respect to successful CBDPP implementation. The first domain covered church functions and program integration within the church. This was further divided into three thematic clusters relating to church organization, promotion from the pulpit and program visibility, and church service. The second domain addressed the motivational and relationship factors associated with successful program involvement. This was divided into three clusters relating to individuals' motives and beliefs, learning from others, and the support of others. CONCLUSIONS: Implementation of a CBDPP depends on the endorsement by the church leadership, congregational awareness of the program objectives, and active community and program support of CBDPP participants. These occur through a variety of formal and informal channels within the church community. [See also the article by Barnes, P. A. & Curtis, A. B., in the same issue of the journal --cited elsewhere in this bibliography.]

Austin, K. L., Power, E., Solarin, I., Atkin, W. S., Wardle, J. and Robb, K. A. [UCL Health Behaviour Research Centre, Department of Epidemiology and Public Health, London; UK]. "**Perceived barriers to flexible sigmoidoscopy screening for colorectal cancer among UK ethnic minority groups: a qualitative study**." *Journal of Medical Screening* 16, no. 4 (2009): 174-179.
This research involving 53 participants from African-Caribbean, Gujarati Indian, Pakistani and white British communities is reported to be the first study of flexible sigmoidoscopy screening among UK ethnic minority populations. Among the findings, failure to meet religious sensitivities was identified as a specific barrier for patients.

Aycock, N. and Boyle, D. [St. Dominic Hospital, Jackson, MS; naycock@stdom.com]. "**Interventions to manage compassion fatigue in oncology nursing**." *Clinical Journal of Oncology Nursing* 13, no. 2 (Apr 2009): 183-191.
Among this article's points is a list of "Historic Symptoms of Burnout" [Table 2, p. 185], including the following four "Spiritual" items: Doubt concerning value systems or beliefs; Drawing conclusions that a major change is necessary, such as divorce, a new job, or relocation; Becoming angry or bitter at God; and Withdrawing from fellowship.

Ayers, J. W., Hofstetter, C. R., Hughes, S. C., Irvin, V. L., Sim, D. E. and Hovell, M. F. [Center for Behavioral Epidemiology and Community Health, San Diego State University, CA; jayers@jhsph.edu]. "**Exploring religious mechanisms for healthy alcohol use: religious messages and drinking among Korean women in California**." *Journal of Studies on Alcohol & Drugs* 70, no. 6 (Nov 2009): 890-898.
[Abstract:] OBJECTIVE: This research identifies social reinforcers within religious institutions associated with alcohol consumption among Korean women in California. METHOD: Data were drawn from telephone interviews with female adults (N = 591) selected from a random sampling of persons in California with Korean surnames during 2007. Approximately 70% of attempted interviews were completed, with 92% conducted in Korean. Respondents were asked about any lifetime drinking (yes/no), drinking rate (typical number of drinks consumed on drinking days among current drinkers), and messages discouraging "excessive drinking" from religious leaders or congregants. Bivariable and multivariable regressions were used for analysis. RESULTS: Approximately 70.4% of women reported any lifetime drinking, and drinkers drank a mean (SD) of 1.10 (1.22) drinks on drinking days. About 30.8% reported any exposure to religious leaders' messages discouraging excessive drinking, and 28.2% reported any exposure to similar messages from congregants. Each congregant's message was statistically significantly associated with a 5.1% lower probability (odds ratio = 0.775, 95% confidence interval [CI]: 0.626, 0.959) of any lifetime drinking. also, each congregant's message was associated with a 13.8% (B = -0.138; 95% CI: -0.306, 0.029) lower drinking rate, which was statistically significant after adjusting for covariates using a one-tailed test. Exposure to leaders' messages was not statistically significantly associated with any lifetime drinking or drinking rate. CONCLUSIONS: Social reinforcement in the form of religious messages may be one mechanism by which religious institutions influence drinking behaviors. For Korean women, messages from congregants had a unique impact beyond the traditional religiosity indicators. These social mechanisms provide public health interventionists with religious pathways to improve drinking behaviors. [See also Haber & Jacobs, "Mediation of family alcoholism risk by religious affiliation types," in the same issue of the journal --noted elsewhere in this bibliography.]

Baetz, M. and Toews, J. [University of Saskatchewan, Saskatchewan, Canada; m.baetz@usask.ca]. "**Clinical implications of research on religion, spirituality, and mental health**." *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 54, no. 5 (May 2009): 292-301.
[Abstract:] The relation between religion and (or) spirituality (RS), and mental health has shown generally positive associations; however, it is a complex and often emotion-laden field of study. We attempt to examine potential mechanisms that have been proposed as mediators for the RS and mental health relation. We also examine more philosophical areas including patient and physician opinions about inclusion of RS in patient care, and ethical issues that may arise. We review suggested guidelines for sensitive patient inquiry, and opportunities and challenges for education of psychiatrists and trainees. We also study practical ways to incorporate psychospiritual interventions into patient treatment, with specific reference to more common spiritual issues such as forgiveness, gratitude, and altruism. [130 refs.] [See also the editorial: Blazer, D. G., "Religion, spirituality, and mental health: what we know and why this is a tough topic to research," on pp. 281-282 of the same issue of this journal. The journal also contains: Koenig, H. G., " Research on religion, spirituality, and mental health: a review," on pp. 292-301 --also noted in this bibliography.]

Bailey, M. E., Moran, S. and Graham, M. M. [University of Limerick, Castletroy, Limerick; maria.bailey@ul.ie]. "**Creating a spiritual tapestry: nurses' experiences of delivering spiritual care to patients in an Irish hospice**." *International Journal of Palliative Nursing* 15, no. 1 (Jan 2009): 42-48.
[Abstract:] This study aims to describe nurses' experiences of delivering spiritual support in a palliative care setting in the Republic of Ireland. The authors conducted semi-structured interviews with 22 nurses working in the area of specialist palliative care. A content analysis of the transcriptions revealed five sub-themes: understanding spirituality; the art of nursing in spiritual care; education and learning; the challenge of spiritual caring; and the dimensions of time. The resulting creation of a spiritual tapestry provided an overall theme. Nurses in this study were

spiritually self-aware and placed a high value on the spiritual element of their caring role. Nurses described their individual understanding of spirituality and discussed how they recognized and addressed a patient's spiritual needs. Time was described as essential to the provision of spiritual support and appeared to be a significant resource challenge to the provision of spiritual care. The challenges of assessing spiritual needs and measuring outcomes of care were also reported. Participants in this study described the creation of a spiritual tapestry that 'weaves' together care and compassion with skills and knowledge in their nursing practice.

Bartlett, V. L. and Johnson, R. L. [Center for Biomedical Ethics and Society, Vanderbilt University Medical Center, Nashville, TN; virginia.l.green@vanderbilt.edu]. "**God and genes in the caring professions: clinician and clergy perceptions of religion and genetics**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 41-51.

[Abstract:] Little is known about how care providers' perceptions of religion and genetics affect interactions with patients/parishioners. This study investigates clinicians' and clergy's perceptions of and experiences with religion and genetics in their clinical and pastoral interactions. This is an exploratory qualitative study designed to elicit care providers' descriptions of experiences with religion and genetics in clinical or pastoral interactions. Thirteen focus groups were conducted with members of the caring professions: physicians, nurses, and genetics counselors (clinicians), ministers and chaplains (clergy). Preliminary analysis of qualitative data is presented here. Preliminary analysis highlights four positions in professional perceptions of the relationship between science and faith. Further, differences among professional perceptions appear to influence perceptions of needed or available resources for interactions with religion and genetics. Clinicians' and clergy's perceptions of how religion and genetics relate are not defined solely by professional affiliation. These non-role-defined perceptions may affect clinical and pastoral interactions, especially regarding resources for patients and parishioners. [This is part of a special issue of the journal addressing religious and spiritual concerns. See also the articles by Anderson, R. R.; by Churchill, L. R.; by Fanning, J. B., et al.; by Geller, G., et al.; by Harris, T. M., et al.; by Kinney, A. Y., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Barnes, P. A. and Curtis, A. B. [Western Michigan University, Kalamazoo, MI; p4barnes@wmich.edu]. "**A national examination of partnerships among local health departments and faith communities in the United States**." *Journal of Public Health Management & Practice* 15, no. 3 (May-Jun 2009): 253-263.

[Abstract:] Local health departments (LHDs) can play a major role in partnering with faith-based organizations to enhance the overall health status of the public. This study examines the frequency that LHDs and faith-based partnerships occur, types of activities performed as reported by LHDs, and population and functional characteristics associated with these partnerships. Secondary data analysis of the 2005 National Profile of LHDs study (Profile), developed by the National Association of County & City Health Officials, was conducted on a stratified random sample of 517 LHDs receiving the core questionnaire and a module with questions about partnership and collaboration. Results indicated that 361 LHDs (83.1%) reported partnership activities occurring with faith-based organizations. At least one partnership activity was performed, with the overall most commonly reported activity as exchanging information (66.6%) across small, medium, and large LHDs. Size of jurisdiction, was positively associated with any partnership activity, higher median number of partnership activities, and higher percentage of high-level partnerships (ie providing financial resources or taking the leadership role). Further studies should consider types of programs and services produced by LHDs and faith-based partnerships, additional factors that impact partnership activities, and differences in partnership activities existing by racial and ethnic characteristics of LHD jurisdictions. [See also the article by Atkinson, M. J., et al., in the same issue of the journal --cited elsewhere in this bibliography.]

Baumhover, N. and Hughes, L. [College of Nursing and Healthcare Innovation, Arizona State University, Phoenix, AZ; Nancy.Baumhover@asu.edu]. "**Spirituality and support for family presence during invasive procedures and resuscitations in adults**." *American Journal of Critical Care* 18, no. 4 (Jul 2009): 357-366; quiz on p. 367.

[Abstract:] BACKGROUND: Many health care professionals believe that they provide holistic care. The role of spirituality, a known variable of holism, has not been explored in relation to the support among health care professionals for family presence during invasive procedures and resuscitative efforts in adults. OBJECTIVE: To determine the relationship between spirituality of health care professionals and their support for family presence during invasive procedures and resuscitative efforts in adults. METHODS: In this descriptive correlational study, 108 participants (physicians, physician assistants, and nurses) completed the Howden Spirituality Assessment Scale and a survey to measure their support for family presence. RESULTS: A significant positive relationship was found between spirituality and support for family presence during resuscitative efforts in adults ($r = 0.24$, $P = .05$) and a significant negative correlation was found between support for family presence and the age of the health care professional ($r = - 0.27$, $P = .01$). No significant correlations were found between any of the study variables and invasive procedures in adults. CONCLUSIONS: Adopting a more holistic perspective may support family presence, especially during resuscitative efforts in adults. Allowing the option for patients' families to remain present promotes holistic family-centered care.

Baumrucker, S. J., Sheldon, J. E., Stolick, M., Oertli, R. K., Harrington, D., Vandekieft, G. and Morris, G. M. [Palliative Medicine Service, Wellmont Holston Valley Health System, and ETSU College of Medicine, Johnson City, TN]. "**Ethics roundtable. Providing care in an unacceptable environment**." *American Journal of Hospice & Palliative Medicine* 26, no. 6 (Dec 2009 - Jan 2010): 493-499.

The article presents various viewpoints on the case of an oncology patient living in unsanitary conditions and at odds with the broad requirements of treatment. One perspective is that of a chaplain who notes, among other things: "One seminal question is how [the patient] wants to live and how he wants to die. One might imagine that he might not have much use for organized religion. A professional chaplain can enter into such a relationship without imposing expectations on him about his or any beliefs. By encountering [the patient] through his own story, the chaplain can assist him in expressing some of the deeper issues of his life. Through that, the chaplain can approach him to open discussions about end-of-life issues, perhaps with an advance directive. Further, the chaplain's advocacy for him to complete a DNR might reaffirm his independence and ensure that he can direct his care as his life ends. As well, the chaplain would want to engage with him as to how he envisions those last days when he is no longer able to be independent…. [pp. 496-497]

Beal, C. C., Stuifbergen, A. K. and Brown, A. [School of Nursing, University of Texas at Austin; threebeals@gmail.com]. "**Predictors of a health promoting lifestyle in women with fibromyalgia syndrome**." *Psychology Health & Medicine* 14, no. 3 (May 2009): 343-353.

[Abstract:] The purpose of this study was to describe the health practices of women with fibromyalgia syndrome (FMS) and the predictors of an overall health promoting lifestyle in these individuals. The predictors of a health promoting lifestyle examined in this study were barriers,

social support, self-efficacy, demographic characteristics and illness factors. The sample consisted of 198 women who participated in a randomised clinical trial to test the effectiveness of a health promotion intervention for women with FMS. The women in this sample engaged most frequently in health practices in the domains of interpersonal relations and spiritual growth and least frequently in the domain of physical activity. Self-efficacy and social support were significant predictors of an overall health promoting lifestyle.

Beardsley, C. [Chelsea and Westminster Hospital NHS Foundation Trust, London; Christina.Beardsley@chelwest.nhs.uk]. "'**In need of further tuning': using a US patient satisfaction with chaplaincy instrument in a UK multi-faith setting, including the bereaved**." *Clinical Medicine* 9, no. 1 (Feb 2009): 53-58.

[Abstract:] Healthcare chaplaincy research seems further advanced in the USA. Here a US patient satisfaction with chaplaincy instrument (PSI-C-R) was used in a London NHS foundation hospital with a multi-faith chaplaincy team and population. A version of the instrument was also generated for the bereaved. PSI-C-R had not been subjected to test-retest to confirm its reliability so this was done at the pilot stage. It proved only partly reliable, but in three separate surveys a cluster of highly rated factors emerged, as in earlier studies: chaplains' prayer, competence, listening skills and spiritual sensitivity. Low-rated factors and qualitative data highlighted areas for improvement. Disappointing response rates arose from patient acuity, ethical concerns about standard follow-up protocols, and the Western Christian origins of the instrument which requires further revision for multi-faith settings, or the design of new instruments. [The items from the two instruments used here are given in tables on p. 58.]

Beauregard, M., Courtemanche, J. and Paquette, V. [Unite de Neuroimagerie Fonctionnelle, Institut Universitaire de Geriatrie de Montreal, Canada; mario.beauregard@umontreal.ca]. "**Brain activity in near-death experiencers during a meditative state**." *Resuscitation* 80, no. 9 (Sep 2009): 1006-1010.

[Abstract:] AIM: To measure brain activity in near-death experiencers during a meditative state. METHODS: In two separate experiments, brain activity was measured with functional magnetic resonance imaging (fMRI) and electroencephalography (EEG) during a Meditation condition and a Control condition. In the Meditation condition, participants were asked to mentally visualize and emotionally connect with the "being of light" allegedly encountered during their "near-death experience". In the Control condition, participants were instructed to mentally visualize the light emitted by a lamp. RESULTS: In the fMRI experiment, significant loci of activation were found during the Meditation condition (compared to the Control condition) in the right brainstem, right lateral orbitofrontal cortex, right medial prefrontal cortex, right superior parietal lobule, left superior occipital gyrus, left anterior temporal pole, left inferior temporal gyrus, left anterior insula, left parahippocampal gyrus and left substantia nigra. In the EEG experiment, electrode sites showed greater theta power in the Meditation condition relative to the Control condition at FP1, F7, F3, T5, P3, O1, FP2, F4, F8, P4, Fz, Cz and Pz. In addition, higher alpha power was detected at FP1, F7, T3 and FP2, whereas higher gamma power was found at FP2, F7, T4 and T5. CONCLUSIONS: The results indicate that the meditative state was associated with marked hemodynamic and neuroelectric changes in brain regions known to be involved either in positive emotions, visual mental imagery, attention or spiritual experiences.

Becker, A. L. [Department of Nursing, Utica College, Utica, NY; abecker@utica.edu]. "**Ethical considerations of teaching spirituality in the academy**." *Nursing Ethics* 16, no. 6 (Nov 2009): 697-706.

[Abstract:] Despite evidence in college students indicating a hunger for spiritual insight and spirituality's application in health care, there continues to be guardedness within the academy towards inclusion of curricula that address spirituality. The purpose of this article is to examine the ethical considerations of teaching spirituality in the academy by describing current trends, issues relevant to nursing education and practice, legitimate concerns of the academy, and the importance of an ethical instructional response when teaching about spirituality. Data supporting the interest and desire by students to explore meaning and purpose in the context of spirituality will be presented. Challenges and barriers inherent in teaching this topic will be described, including the affective response, the lack of a universally accepted definition of spirituality, and spirituality's relationship to religion. Pedagogical strategies consistent with an ethical instructional response will be discussed as the key to eliciting trust within the academy. A model of teaching spirituality and health will be offered to illustrate these possibilities.

Bekelman, D. B., Rumsfeld, J. S., Havranek, E. P., Yamashita, T. E., Hutt, E., Gottlieb, S. H., Dy, S. M. and Kutner, J. S. [Department of Medicine, University of Colorado Denver School of Medicine, Aurora; David.Bekelman@ucdenver.edu]. "**Symptom burden, depression, and spiritual well-being: a comparison of heart failure and advanced cancer patients**." *Journal of General Internal Medicine* 24, no. 5 (May 2009): 592-598.

[Abstract:] BACKGROUND: A lower proportion of patients with chronic heart failure receive palliative care compared to patients with advanced cancer. OBJECTIVE: We examined the relative need for palliative care in the two conditions by comparing symptom burden, psychological well-being, and spiritual well-being in heart failure and cancer patients. DESIGN: This was a cross-sectional study. PARTICIPANTS: Sixty outpatients with symptomatic heart failure and 30 outpatients with advanced lung or pancreatic cancer. MEASUREMENTS: Symptom burden (Memorial Symptom Assessment Scale-Short Form), depression symptoms (Geriatric Depression Scale-Short Form), and spiritual well-being (Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being scale). MAIN RESULTS: Overall, the heart failure patients and the cancer patients had similar numbers of physical symptoms (9.1 vs. 8.6, $p = 0.79$), depression scores (3.9 vs. 3.2, $p = 0.53$), and spiritual well-being (35.9 vs. 39.0, $p = 0.31$) after adjustment for age, gender, marital status, education, and income. Symptom burden, depression symptoms, and spiritual well-being were also similar among heart failure patients with ejection fraction < or =30, ejection fraction >30, and cancer patients. Heart failure patients with worse heart failure-related health status had a greater number of physical symptoms (13.2 vs. 8.6, $p = 0.03$), higher depression scores (6.7 vs. 3.2, $p = 0.001$), and lower spiritual well-being (29.0 vs. 38.9, $p < 0.01$) than patients with advanced cancer. CONCLUSIONS: Patients with symptomatic heart failure and advanced cancer have similar needs for palliative care as assessed by symptom burden, depression, and spiritual well-being. This implies that heart failure patients, particularly those with more severe heart failure, need the option of palliative care just as cancer patients do.

Bell-Tolliver, L., Burgess, R. and Brock, L. J. [School of Social Work, University of Arkansas at Little Rock; lbtolliver@ualr.edu]. **African American therapists working with African American families: an exploration of the strengths perspective in treatment**." *Journal of Marital & Family Therapy* 35, no. 3 (Jul 2009): 293-307.

Among the findings of this analysis of interviews with 30 African American psychotherapists who self-identified as employing a "strengths perspective" with African American families: "Participants expressed the view that religion or some form of spirituality was an important strength within the context of therapy. Participants frequently interchanged the terms religion, spirituality, and faith. A number of them

indicated that this faith helped the families to focus on their morals and values to resolve family problems. They indicated that religion was mentioned either by themselves or by the families at some point in the family therapy process." [p. 297] And: "Many participants stated that they used 'the Word of God,' 'spirituality,' or 'religion' within the context of family therapy. 'If they discuss religion and faith, and those things like that, I incorporate that into it by helping to determine what goals they want to accomplish; what are they striving for.' One participant described the types of homework assignments pertaining to this area that she would give to families, to provide opportunities for the families to have ''some special time that focuses on the spiritual aspect. So that may include things such as a time for family prayer, encouraging the family to talk about how they could utilize biblical principles in everyday problems.'" [p. 300]

Benari, G. [Henrietta Hzold Hadassah-Hebrew University School of Nursing, Jerusalem, Israel; gilib@hadassah.org.il]. "**Teaching ethics in religious or cultural conflict situations: a personal perspective**." *Nursing Ethics* 16, no. 4 (Jul 2009): 429-435.
[Abstract:] This article portrays the unique aspects of ethics education in a multicultural, multireligious and conflict-based atmosphere among Jewish and Arab nursing students in Jerusalem, Israel. It discusses the principles and the methods used for rising above this tension and dealing with this complicated situation, based on Yoder's 'bridging' method. An example is used of Jewish and Arab students together implementing two projects in 2008, when the faculty decided to co-operate with communities in East Jerusalem, the Arab side of the city. The students took it upon themselves to chaperon the teachers who came to watch them at work, translate, and facilitate interaction with a guarded and suspicious community. This approach could also be relevant to less extreme conditions in any inter-religious environment when trying to produce graduates with a strong ethical awareness. [24 refs.] [See also articles by Fowler, M. D.; by Pesut, B.; and by Reimer-Kirkham, S.; in the same issue themed of the journal --all cited elsewhere in this bibliography.]

Berg, C., Choi, W. S., Kaur, H., Nollen, N. and Ahluwalia, J. S. [Department of Medicine, University of Minnesota Cancer Center, Minneapolis, MN; cjberg@umn.edu]. "**The roles of parenting, church attendance, and depression in adolescent smoking**." *Journal of Community Health* 34, no. 1 (Feb 2009): 56-63.
[Abstract:] The aim of the present study was to identify contextual factors related to smoking among urban African-American and White adolescents. We administered a survey assessing demographic and psychosocial variables to 299 adolescents in an urban pediatric clinic in the Midwest. Results indicated that being female, older age, lower academic performance, depressive symptoms, less frequent church attendance, parental smoking, and parental attitudes toward smoking were related to adolescent smoking. After controlling for demographics, the multivariate model predicting adolescent smoking included depressive symptoms, less frequent church attendance, and parental disapproval of smoking. Given these findings, efforts to decrease adolescent smoking may be enhanced by attending to depressive symptoms demonstrated by adolescents as well as contextual factors including parental attitudes and church attendance.

Bergman, E. J. and Haley, W. E. [Gerontology Institute, Ithaca College, Ithaca, NY; ebergman@ithaca.edu]. "**Depressive symptoms, social network, and bereavement service utilization and preferences among spouses of former hospice patients**." *Journal of Palliative Medicine* 12, no. 2 (Feb 2009): 170-176.
From the abstract:] …METHODS: Retrospective cohort study of bereaved spousal caregivers of patients of three hospices in Tampa Bay, Florida. Descriptive and univariate analyses assessed demographics, depressive symptoms, social network, service utilization, barriers, and preferences. RESULTS: Nearly half utilized at least one type of specialized professional bereavement intervention to aid in coping with their loss. The most frequently used services were provided by clergy members and physicians. Primarily attitudinal in nature, barriers included the finding that more than one third felt available services did not fit their needs or interests. Individual and spiritually-based services were highly endorsed, as were services designed to provide tools to reframe the loss and cope with accompanying changes and emotions. Lower social network was associated with higher content preferences for services consistent primarily with restoration-oriented coping....

Beuscher, L. and Grando, V. T. [Vanderbilt University; linda.m.beuscher@vanderbilt.edu]. "**Using spirituality to cope with early-stage Alzheimer's disease**." *Western Journal of Nursing Research* 31, no. 5 (Aug 2009): 583-598.
[Abstract:] Alzheimer's disease (AD) robs persons living with the disease of their independence and self-esteem, which can lead to depression, anxiety, and loneliness. Understanding how people with early-stage AD cope is a critical step in enhancing their adaptive abilities and ultimately improving their quality of life. This qualitative study describes how individuals with early-stage AD use spirituality to cope with the losses of self-esteem, independence, and social interaction that they face. The purposive sample for this focused ethnographic study consisted of 15 participants living at home in central Arkansas. Holding onto faith, seeking reassurance and hope, and staying connected were the global themes. Personal faith, prayer, connection to church, and family support enhanced the ability of people with early-stage AD to keep a positive attitude as they face living with AD.

Bjarnason, D. [Ben Taub General Hospital, Houston, TX; dana_bjarnason@hchd.tmc.edu]. "**Nursing, religiosity, and end-of-life care: interconnections and implications**." *Nursing Clinics of North America* 44, no. 4 (Dec 2009): 517-525.
[Abstract:] The influence of religious beliefs and practices at the end of life is underinvestigated. Given nursing's advocacy role and the intimate and personal nature of the dimensions of religiosity and the end of life, exploring the multidimensional interplay of religiosity and end-of-life care is a significant aspect of the nurse-patient relationship and must be better understood. The question that must be faced is whether nurses' own belief systems impinge on or influence patient care, especially for patients who are at the end of life. When nurses understand their own beliefs and respect the religious practices and needs of patients and their families, it deepens the humanistic dimensions of the nurse-patient relationship. [50 refs.] [See also: Iseminger, K., et al., "Healing during existential moments: the "art" of nursing presence," on pp. 447-459 of the same issue of the journal --also cited in this bibliography.]

Black, H. K. and Rubinstein, R. L. [Jefferson Center for Applied Research on Aging and Health, Thomas Jefferson University, Philadelphia, PA; helen.black@jefferson.edu]. "**The effect of suffering on generativity: accounts of elderly African American men**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 64, no. 2 (Mar 2009): 296-303.
[Abstract:] BACKGROUND: This article focuses on attitudes to and behaviors of generativity in 6 older African American (AA) men. METHODS: Data on generativity emerged from in-depth qualitative research that explored experiences of suffering in community-dwelling persons aged 80 years and over. RESULTS: For these AA men, experiences of racism were salient in stories of suffering, and suffering was intricately related to attitudes and behaviors of generativity. We placed men's narratives, showing the link between suffering and generativity, in 3 categories: Generativity is rooted in (a) suffering and in empathy for suffering others, (b) experiences of redemption from suffering, and (c) religious belief that assuages suffering. CONCLUSIONS: These AA men's generative behaviors were shaped by unique life experiences,

including experiences of suffering. Bequeathing a legacy to succeeding generations was tied to suffering experiences, to the personal and communal identities that emerged from suffering, to the importance of inter- and intragenerational community, and to what men believed others needed from them.

Black, P. [The Hillingdon Hospital NHS Trust, Middlesex, UK]. "**Cultural and religious beliefs in stoma care nursing**." *British Journal of Nursing* 18, no. 13 (Jul 9-22, 2009): 790-793.
[Abstract:] Health-care delivery does not happen in a vacuum. Health is very much part of a persons life that also incorporates upbringing, culture and faith. One challenge in stoma care is to achieve a high level of care that meets the needs of all patients in a multicultural society. Knowledge of cultural differences is essential if sensitivity and competence are to be provided. The way people feel about themselves and others and their openness to learn about different cultures are central to cultural sensitivity. Cultural diversity is a fact of life. As the world responds to easier and faster global travel it is inevitable that nurses will meet and care for people from different countries. In a multicultural, multi-faith society, it is essential that care is offered in a way that respects and accommodates everyone's cultural and religious needs.

Boelens, P. A., Reeves, R. R., Replogle, W. H. and Koenig, H. G. [University of Mississippi; deltadoc@juno.com]. "**A randomized trial of the effect of prayer on depression and anxiety**." *International Journal of Psychiatry in Medicine* 39, no. 4 (2009): 377-392. [This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] OBJECTIVE: To investigate the effect of direct contact person-to-person prayer on depression, anxiety, positive emotions, and salivary cortisol levels. DESIGN, SETTING, AND PARTICIPANTS: Cross-over clinical trial with depression or anxiety conducted in an office setting. Following randomization to the prayer intervention or control groups, subjects (95% women) completed Hamilton Rating Scales for Depression and Anxiety, Life Orientation Test, Daily Spiritual Experiences Scale, and underwent measurement of cortisol levels. Individuals in the direct person-to-person prayer contact intervention group received six weekly 1-hour prayer sessions while those in the control group received none. Rating scales and cortisol levels were repeated for both groups after completion of the prayer sessions, and a month later. ANOVAs were used to compare pre- and post-prayer measures for each group. RESULTS: At the completion of the trial, participants receiving the prayer intervention showed significant improvement of depression and anxiety, as well as increases of daily spiritual experiences and optimism compared to controls ($p < 0.01$ in all cases). Subjects in the prayer group maintained these significant improvements ($p < 0.01$ in all cases) for a duration of at least 1 month after the final prayer session. Participants in the control group did not show significant changes during the study. Cortisol levels did not differ significantly between intervention and control groups, or between pre- and post-prayer conditions. CONCLUSIONS: Direct contact person-to-person prayer may be useful as an adjunct to standard medical care for patients with depression and anxiety. Further research in this area is indicated.

Bopp, M., Wilcox, S., Laken, M., Hooker, S. P., Parra-Medina, D., Saunders, R., Butler, K., Fallon, E. A. and McClorin, L. [Dept. of Kinesiology, Kansas State University, Manhattan, KS]. "**8 Steps to Fitness: a faith-based, behavior change physical activity intervention for African Americans**." *Journal of Physical Activity & Health* 6, no. 5 (Sep 2009): 568-577.
[From the abstract:] …8 Steps to Fitness was a faith-based behavior-change intervention promoting PA among members of African American churches. A quasi-experimental design was used to examine differences between the intervention group (n = 72) and comparison group (n = 74). Health (resting blood pressure, body mass index, waist-hip ratio, fasting blood glucose), psychosocial (PA self-efficacy, social support, enjoyment, self-regulation, depression), and behavioral variables (PA, diet) were assessed at baseline, 3- and 6-months. Repeated measures ANCOVAs tested changes across time between groups. RESULTS: At 3-months, the intervention group showed significantly more favorable changes in body mass index, waist circumference and social support than the control group. At 6-months, the intervention group showed significantly more favorable changes in hip circumference, waist to hip ratio, systolic blood pressure, and depressive symptoms. There was notable attrition from both the intervention (36%) and the comparison group (58%). CONCLUSIONS: This study was conducted in a real-world setting, and provided insight into how to deliver a culturally-tailored PA intervention program for African Americans with a potential for dissemination.

Bormann, J., Warren, K. A., Regalbuto, L., Glaser, D., Kelly, A., Schnack, J. and Hinton, L. [Veterans Affairs San Diego Healthcare System, San Diego, CA; jill.bormann@va.gov]. "**A spiritually based caregiver intervention with telephone delivery for family caregivers of veterans with dementia**." *Family & Community Health* 32, no. 4 (Oct-Dec 2009): 345-353.
[Abstract:] Caring for veterans with dementia is burdensome for family caregivers. This exploratory study tested the efficacy of an innovative, spiritually based mantram caregiver intervention delivered using teleconference calls. A prospective, within-subjects, mixed-methods, and 3-time repeated-measures design with 36-week follow-up telephone interviews was conducted. Sixteen caregivers (94% women, 94% Whites with mean age 69.2 years, SD = 10.35 years) completed the intervention. Significant effects for time and linear terms were found for decreasing caregiver burden, perceived stress, depression, and rumination and for increasing quality of life enjoyment and satisfaction, all with large effect sizes. Findings suggest that teleconference delivery of a spiritually based caregiver intervention is feasible. [This article is part of the journal's theme issue on faith-based health programs. See also the articles by Brown, A. R., et al; and Dunn, L. L.; cited elsewhere in this bibliography.]

Bormann, J. E., Aschbacher, K., Wetherell, J. L., Roesch, S and Redwine, L. [Veterans Affairs San Diego Healthcare System, San Diego, CA; jill.bormann@va.gov]. "**Effects of faith/assurance on cortisol levels are enhanced by a spiritual mantram intervention in adults with HIV: a randomized trial**." *Journal of Psychosomatic Research* 66, no. 2 (Feb 2009): 161-171.
[Abstract:] OBJECTIVES: Previous research among HIV-infected individuals suggests that spiritual well-being is inversely related to psychological distress and rates of disease progression. Use of a mantram, a spiritual word or phrase repeated frequently and silently throughout the day, has been associated with decreased psychological distress and increased spiritual well-being. This study compared the effects of 2 interventions-a spiritually-based mantram intervention versus an attention-matched control group-on faith/assurance and average salivary cortisol levels among HIV-infected individuals. METHODS: Using a randomized design, HIV-infected adults were assigned to the intervention (n = 36) or control condition (n = 35). Faith scores and saliva (collected at 7 a.m., 11 a.m., 4 p.m., and 9 p.m.) were assessed at preintervention, postintervention, and 5-week follow-up. Path analyses tested competing models that specify both concurrent and sequential relationships between faith and average daily cortisol levels while comparing groups. RESULTS: Faith levels increased among mantram participants from pre- to postintervention. Greater faith at preintervention was significantly associated with lower average cortisol at postintervention in the mantram group but not in the controls. The associations between faith at postintervention and cortisol levels at 5-week

follow-up were significant among both groups but weaker than the pre- to postintervention association identified in the mantram group. CONCLUSIONS: These results suggest the presence of lagged or antecedent consequent relationships between faith and cortisol, which may be enhanced by mantram use. Decreased cortisol could potentially benefit immune functioning among HIV-infected individuals.

Bormann, J. E. and Carrico, A. W. [Veterans Affairs San Diego Health Care System, San Diego, CA,; jill.bormann@va.gov]. "**Increases in positive reappraisal coping during a group-based mantram intervention mediate sustained reductions in anger in HIV-positive persons**." *International Journal of Behavioral Medicine* 16, no. 1 (2009): 74-80.

[Abstract:] BACKGROUND: There is evidence that various meditation practices reduce distress, but little is known about the mechanisms of frequently repeating a mantram-a spiritual word or phrase-on distress reduction. Mantram repetition is the portable practice of focusing attention frequently on a mantram throughout the day without a specific time, place, or posture. PURPOSE: We examined the hypothesis of whether increases in positive reappraisal coping or distancing coping mediated the sustained decreases in anger found following a group-based mantram intervention that was designed to train attention and promote awareness of internal experiences. METHOD: A secondary analysis was performed on data collected from a randomized controlled trial that compared a group-based mantram intervention (n = 46) to an attention-matched control (n = 47) in a community sample of human immunodeficiency virus-positive adults. Positive reappraisal and distancing coping were explored as potential mediators of anger reduction. RESULTS: Participants in the mantram intervention reported significant increases in positive reappraisal coping over the 5-week intervention period, whereas the control group reported decreases. Increases in positive reappraisal coping during the 5-week intervention period appear to mediate the effect of mantram on decreased anger at 22-week follow-up. CONCLUSIONS: Findings suggest that a group-based mantram intervention may reduce anger by enhancing positive reappraisal coping.

Bormann, J. E., Uphold, C. R. and Maynard, C. [VA San Diego Healthcare System, San Diego, CA]. "**Predictors of complementary/alternative medicine use and intensity of use among men with HIV infection from two geographic areas in the United States**." *Journal of the Association of Nurses in AIDS Care* 20, no. 6 (Nov-Dec 2009): 468-480.

[From the abstract:] This descriptive, cross-sectional study explored the factors associated with frequency and intensity of complementary/alternative medicine (CAM) use in 301 HIV-infected men from southern California (n=75) and northern Florida/southern Georgia (n=226). …The majority (69%) of participants reported CAM use. The types of CAM most frequently cited were dietary supplements (71%) and spiritual therapies (66%). Odds of CAM use increased with more depressive symptoms and more health-promoting behaviors. The odds of CAM use intensity increased with greater symptom frequency and more health-promoting behaviors.…

Boss, R. D., Hutton, N., Donohue, P. K. and Arnold, R. M. [Division of Neonatology, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD; rboss1@jhmi.edu]. "**Neonatologist training to guide family decision making for critically ill infants**." *Archives of Pediatrics & Adolescent Medicine* 163, no. 9 (Sep 2009): 783-788. Comment on pp. 865-866.

Among the findings of this web-based survey of 101 graduating fellows (72%response rate) from neonatal-perinatal training programs in the United States: "Fellows in our study felt the least trained to address families' religious and spiritual distress during decision making; in fact, 25% of fellows found these issues irrelevant to discussions with families about goals of care. This is in stark contrast to what families say is important to their decision making." [p. 786] "For those fellows who found this question applicable, they judged family satisfaction with these discussions to be quite high…." [p. 785] "Interestingly, in our study, those fellows with more training to address families' religious and spiritual beliefs were less confident that they could do so adequately. This may reflect a phenomenon well described in the psychology literature where individuals with minimal training tend to be overly optimistic about their skills, whereas those with more training have increased awareness of what they do not know." [p. 786]

Bowen, D. J., Beresford, S. A., Christensen, C. L., Kuniyuki, A. A., McLerran, D., Feng, Z., Hart, A. Jr., Tinker, L., Campbell, M. and Satia, J. [Public Health Sciences Division, Fred Hutchinson Cancer Research Center, Seattle, WA; dbowen@bu.edu]. "**Effects of a multilevel dietary intervention in religious organizations**." *American Journal of Health Promotion* 24, no. 1 (Sep-Oct 2009): 15-22.

[Abstract:] PURPOSE: This study examined how to improve dietary habits of individuals from the general public. DESIGN: The Eating for a Healthy Life project was a randomized trial. SETTING: The study was conducted among members of religious organizations (ROs). SUBJECTS: Participants were a sample of RO members. INTERVENTION: The intervention was a multilevel package, based on our previous experience, designed to lower fat and increase fruit and vegetable consumption. MEASURES: The Eating Behaviors Questionnaire was administered preintervention and postintervention, together with 24-hour food recalls in a randomly selected subset. Analysis. Linear mixed models were used to evaluate the study's intervention, incorporating the design effects of blocking, intraclass correlation within RO, and correlation between the preintervention and postintervention points. RESULTS: Participants (n = 2175) reported significantly healthier dietary behaviors in intervention ROs at the 12-month follow-up period, compared to participants in the comparison ROs, for a fat scale change of .08 summary scale points and an adjusted intervention effect of .06 overall. CONCLUSION: Dietary intervention through ROs is a positive and successful method of changing dietary habits.

Bowman, E. S., Beitman, J. A., Palesh, O., Perez, J. E. and Koopman, C. [Department of Neurology, Indiana University, Indianapolis; ebowman@iupui.edu]. "**The Cancer and Deity Questionnaire: a new religion and cancer measure**." *Journal of Psychosocial Oncology* 27, no. 4 (2009): 435-453.

[Abstract:] We evaluated a new measure, the Cancer and Deity Questionnaire (CDQ), which assesses perceived relations with God after a cancer diagnosis. Based on object relations theory, the 12-item CDQ assesses benevolent and abandoning God representations. Sixty-one older participants with recent cancer diagnoses completed the questionnaire at baseline, and 52 of these participants completed the same questionnaire at follow-up. Internal consistency was excellent for the Benevolence scale (alpha = .97) and good for the Abandonment scale (alpha = .80). Moderate correlations with the Spiritual Well-Being Scale support divergent validity. Correlations between CDQ scales and the Styles of Religious Coping scales support convergent validity. The CDQ is brief, easily scored, practical for psycho-oncology research, and adaptable for use with other illnesses. [See also: Crane, J. N., "Religion and cancer: examining the possible connections," on pp. 469-486 of the same issue of the journal —also cited elsewhere in this bibliography.]

Brenner, L. A., Homaifar, B. Y., Adler, L. E., Wolfman, J. H. and Kemp, J. [University of Colorado, Denver, School of Medicine; lisa.brenner@va.gov]. "**Suicidality and veterans with a history of traumatic brain injury: precipitants events, protective factors, and prevention strategies**." *Rehabilitation Psychology* 54, no. 4 (Nov 2009): 390-397.

Among the findings of this research involving 13 veterans with a history of traumatic brain injury and clinically significant suicidal ideation or behavior was that religion/spirituality was identified as a protective factor. See esp. pp. 393-394. [See also articles in this same special issue of the journal by Glueckauf, R. L., et al. and by Johnstone, B., et al. --noted elsewhere in this bibliography.]

Brown, A. R., Coppola, P., Giacona, M., Petriches, A. and Stockwell, M. A. [Henry Ford Macomb Hospitals, Clinton Township, Michigan 48038; browna@hfhs.org]. "**Faith community nursing demonstrates good stewardship of community benefit dollars through cost savings and cost avoidance**." *Family & Community Health* 32, no. 4 (Oct-Dec 2009): 330-338.

[Abstract:] Health systems seeking responsible stewardship of community benefit dollars supporting Faith Community Nursing Networks require demonstration of positive measurable health outcomes. Faith Community Nurses (FCNs) answer the call for measurable outcomes by documenting cost savings and cost avoidances to families, communities, and health systems associated with their interventions. Using a spreadsheet tool based on Medicare reimbursements and diagnostic-related groupings, 3 networks of FCNs have together shown more than 600 000 (for calendar year 2008) healthcare dollars saved by avoidance of unnecessary acute care visits and extended care placements. The cost-benefit ratio of support dollars to cost savings and cost avoidance demonstrates that support of FCNs is good stewardship of community benefit dollars. [This article is part of the journal's theme issue on faith-based health programs. See also the articles by Bormann, J., et al.; and Dunn, L. L.; cited elsewhere in this bibliography.]

Brown, D. [Psychiatry Department, Harvard Medical School, Newton, MA; danbrown1@rcn.com]. "**Mastery of the mind East and West: excellence in being and doing and everyday happiness**." *Annals of the New York Academy of Sciences* 1172 (Aug 2009) :231-251.

[Abstract:] Western psychological research on positive psychology and Buddhism have recently converged in their emphasis on the development of positive states, like states of excellence and everyday happiness. Yet, these traditions differ in their approaches to positive states, with respect to a state-trait and doing-being distinction. Western scientific research on peak performance emphasizes discontinuous, time-limited peak performance states wherein individuals do things extraordinarily well in sports and in the arts. The Eastern spiritual traditions emphasize continuous excellence of being, in the form of traits or character strengths. In both traditions mental imagery is a key ingredient to excellence training. With respect to everyday happiness, Western psychological research has focused on the role of meaning systems in the transformation of flow states into vital engagement in everyday life, while Buddhism stresses the role of meditation training to gain mastery over all levels of mind that leads to everyday happiness. Rorschach and tachistoscopic research on advanced meditators suggests that advance meditators have gained unusual mastery over states of mind not yet documented in the Western psychological research on positive psychology. [See also articles by Brown, R. P. & Gerbarg, P. L., and by Mehta, L. H. & Roth, G. S., in the same issue of the journal --cited elsewhere in this bibliography.]

Brown, J. F. [School of Nursing, Virginia Commonwealth University, Richmond, VA]. "**Faith-based mental health education: a service-learning opportunity for nursing students**." *Journal of Psychiatric & Mental Health Nursing* 16, no. 6 (Aug 2009): 581-588.

This is a an analysis supporting the effectiveness of a novel faith-based service-learning project, aimed at "reducing mental illness stigma in underserved communities and increasing nursing students' knowledge and skills related to community mental health" [p. 586].

Brown, R. P. and Gerbarg, P. L. [Columbia University College of Physicians and Surgeons, New York, NY]. "**Yoga breathing, meditation, and longevity**." *Annals of the New York Academy of Sciences* 1172 (Aug 2009): 54-62.

[Abstract:] Yoga breathing is an important part of health and spiritual practices in Indo-Tibetan traditions. Considered fundamental for the development of physical well-being, meditation, awareness, and enlightenment, it is both a form of meditation in itself and a preparation for deep meditation. Yoga breathing (pranayama) can rapidly bring the mind to the present moment and reduce stress. In this paper, we review data indicating how breath work can affect longevity mechanisms in some ways that overlap with meditation and in other ways that are different from, but that synergistically enhance, the effects of meditation. We also provide clinical evidence for the use of yoga breathing in the treatment of depression, anxiety, post-traumatic stress disorder, and for victims of mass disasters. By inducing stress resilience, breath work enables us to rapidly and compassionately relieve many forms of suffering. [62 refs.] [See also articles by Brown, D., and by Mehta, L. H. & Roth, G. S., in the same issue of the journal --cited elsewhere in this bibliography.]

Buck, A. C., Williams, D. R., Musick, M. A. and Sternthal, M. J. [Georgetown University; acb75@georgetown.edu]. "**An examination of the relationship between multiple dimensions of religiosity, blood pressure, and hypertension**." *Social Science & Medicine* 68, no. 2 (Jan 2009): 314-322.

[Abstract:] Researchers have established the role of heredity and lifestyle in the occurrence of hypertension, but the potential role of psychosocial factors, especially religiosity, is less understood. This paper analyzes the relationship between multiple dimensions of religiosity and systolic blood pressure, diastolic blood pressure, and hypertension using data taken from the Chicago Community Adult Health Study, a probability sample of adults (N=3105) aged 18 and over living in the city of Chicago, USA. Of the primary religiosity variables examined here, attendance and public participation were not significantly related to the outcomes. Prayer was associated with an increased likelihood of hypertension, and spirituality was associated with increased diastolic blood pressure. The addition of several other religiosity variables to the models did not appear to affect these findings. However, variables for meaning and forgiveness were associated with lower diastolic blood pressure and a decreased likelihood of hypertension outcomes. These findings emphasize the importance of analyzing religiosity as a multidimensional phenomenon. This study should be regarded as a first step toward systematically analyzing a complex relationship.

Buck, H. G., Overcash, J. and McMillan, S. C. [Hartford Center of Geriatric Nursing Excellence in New Courtland Center for Transitions and Health, University of Pennsylvania, Philadelphia; buckh@nursing.upenn.edu]. "**The geriatric cancer experience at the end of life: testing an adapted model**." *Oncology Nursing Forum* 36, no. 6 (Nov 2009): 664-673.

[Abstract:] PURPOSE/OBJECTIVES: To test an adapted end-of-life conceptual model of the geriatric cancer experience and provide evidence for the validity and reliability of the model for use in practice and research. DESIGN: Nonexperimental and cross-sectional using baseline data

collected within 24-72 hours of admission to hospice. SETTING: Two hospices in the southeastern United States. SAMPLE: 403 hospice homecare patients; 56% were men and 97% were Caucasian with a mean age of 77.7 years. METHODS: Confirmatory factor analyses using structural equation modeling with AMOS statistical software. MAIN RESEARCH VARIABLES: Clinical status; physiologic, psychological, and spiritual variables; and quality of life (QOL). FINDINGS: A three-factor model with QOL as an outcome variable showed that 67% of the variability in QOL is explained by the patient's symptom and spiritual experiences. CONCLUSIONS: As symptoms and associated severity and distress increase, the patient's QOL decreases. As the spiritual experience increases (the expressed need for inspiration, spiritual activities, and religion), QOL also increases. IMPLICATIONS FOR NURSING: The model supports caring for the physical and metaphysical dimensions of the patient's life. It also highlights a need for holistic care inclusive of physical, emotional, and spiritual domains.

Burkhart, L. and Androwich, I. [Marcella Niehoff School of Nursing, Loyola University Chicago, IL; eburkha@luc.edu]. "**Measuring spiritual care with informatics**." *Advances in Nursing Science* 32, no. 3 (Jul-Sep 2009): 200-210.

[Abstract:] Nursing is at a critical juncture in creating data repositories that support nursing research and theory development, as health systems adopt and design electronic health records. This article discusses how informatics theory can be used to guide designing nursing documentation screens and analyzing the resulting data sets, while highlighting methods to maximize reliability and validity and to address measurement issues. Examples will be applied to spiritual care, a required dimension of care. These examples present methods to capture and study "soft" areas of nursing that have not traditionally been documented or measured. [49 refs.]

Burris, J. L., Smith, G. T. and Carlson, C. R. [Department of Psychology, University of Kentucky, Lexington]. "**Relations among religiousness, spirituality, and sexual practices**." *Journal of Sex Research* 46, no. 4 (Jul-Aug 2009): 282-289.

[Abstract:] Although religiousness is commonly associated with limited sexual activity, little is known about spirituality's unique effect. Study aims involved measuring spirituality's unique affect on young adults' sexual practices (frequency of sex, number of sexual partners, and condom use) and determining whether spirituality adds significant increment over well-established predictors. Three hundred fifty-three (61% female) heterosexual young adults aged 17 to 29 completed this cross-sectional, self-report questionnaire study. Hierarchical regression analyses demonstrated spirituality is positively associated with participants' number of sexual partners and frequency of sex without a condom. Spirituality contributed to the prediction of participants' number of partners and condom use above and beyond the variance accounted for by religiousness, alcohol use, and impulsivity. A moderating effect for gender was found. Spirituality appears to have a unique and strong association with the sexual practices of young adults, particularly women, and should be assessed in future studies of young adults' sexual practices.

Cadge, W. and Ecklund, E. H. [Department of Sociology, Brandeis University, Waltham, MA; wcadge@brandeis.edu]. "**Prayers in the clinic: how pediatric physicians respond**." *Southern Medical Journal* 102, no. 12 (Dec 2009): 1218-1221.

[Abstract:] BACKGROUND: Physicians and researchers have recently paid increased attention to prayer in physician-patient interactions. Research focuses more on attitudinal questions about whether physicians and/or patients think prayer is relevant than on actual data about when and how prayer comes up in the clinic and how physicians respond. We focus on pediatric physicians to investigate: 1) how prayer enters clinical contexts and 2) how physicians respond. METHODS: We examined in-depth interviews with 30 academic pediatricians and pediatric oncologists. All of these physicians were employed by the most highly ranked hospitals according to US News and World Report. RESULTS: In close to 100% of cases when the subject of prayer came up in clinical contexts, it was patients and families who raised it. Patients and families mostly talked about prayer in response to a seriously ill or dying child. When it was raised, pediatric physicians responded to prayer by participating; accommodating but not participating; reframing; and directing families to other resources. CONCLUSIONS: Physicians wanted to respect patients and families around the topic of prayer. They negotiated between patient/family requests, the specific situation, and their own comfort levels to respond in one of four ways. Their four responses allowed researchers to generate hypotheses about the independent variables that influence how pediatric physicians respond to prayer. Asking how prayer actually came up in clinical situations rather than how patients and/or physicians thought it should be raised, better informs ongoing conversations about the significance of prayer in physician-patient interactions.

Campbell, L. C., Andrews, N., Scipio, C., Flores, B., Feliu, M. H. and Keefe, F. J. [Department of Psychology and Center for Health Disparities Research, East Carolina University, Greenville; campbelll@ecu.edu]. "**Pain coping in Latino populations**." *Journal of Pain* 10, no. 10 (Oct 2009): 1012-1019.

This review of the literature includes a section on Religious Coping [--see p. 1015]. The authors also conclude that "the use of traditional medicine, culture-specific beliefs about illness, and the role of religiosity or spirituality are not well understood by pain clinicians and are not likely to be consistently assessed in Latinos, if assessed at all" [p. 1017]. [60 refs.]

Campesino, M. [College of Nursing and Health Innovation, Arizona State University, Phoenix, AZ; maureen.campesino@asu.edu]. "**Exploring perceptions of cancer care delivery among older Mexican American adults**." *Oncology Nursing Forum*. 36, no. 4 (Jul 2009): 413-420.

This is a report of a qualitative study of five Spanish-speaking Mexican Americans with low incomes who were previously diagnosed with cancer. [From the abstract:] Three themes emerged from the interview data: (a) emotional responses to cancer diagnosis, (b) relationship with healthcare providers, and (c) use of spiritual resources in coping with cancer. [See also the article by Johnson, M. E., et al., "Centering prayer for women receiving chemotherapy for recurrent ovarian cancer: a pilot study," on pp. 421-428 of the same issue of the journal --cited elsewhere in this bibliography.]

Carey, L. B. and Cohen, J. [Palliative Care Unit, School of Public Health, La Trobe University, Melbourne, VIC, Australia; lindsay.carey@latrobe.edu.au]. "**Chaplain-physician consultancy: when chaplains and doctors meet in the clinical context**." *Journal of Religion & Health* 48, no. 3 (Sep 2009): 353-367.

[Abstract:] This paper summarizes the perspectives of 327 Australian health care chaplains concerning their interaction with physicians within the clinical context. In general terms the findings indicated that nearly 90% of chaplains believed that it was part of their professional role to consult with physicians regarding patient/family issues. Differences of involvement between volunteer and staff chaplains, Catholic and Protestant, male and female chaplains and the type of chaplaincy training are noted, as are the perspectives of chaplaincy informants regarding their role in relation to physicians. Some implications of this study with respect to chaplaincy utility and training are noted.

Cattich, J. and Knudson-Martin, C. [Loma Linda University; jcattich@llu.edu]. "**Spirituality and relationship: a holistic analysis of how couples cope with diabetes**." *Journal of Marital & Family Therapy* 35, no. 1 (Jan 2009): 111-124.

[Abstract:] This study explores how couples' spirituality and relationship processes holistically interact to inform diabetes management. Qualitative analysis of interviews with 20 heterosexual couples identified five spiritual coping styles based on the spiritual meaning they ascribed to the situation and the nature of their relationships with God and each other: (a) opportunists approach the illness as an opportunity for growth; (b) mutual problem solvers collaborate with their partners to respond to their disease; (c) individualistic problem solvers take personal responsibility for managing their disease; (d) accepters endure their disease; and (e) victims take a hopeless, discouraged approach. Results suggest that spirituality and couple communication and problem-solving patterns appear intertwined and integral to the practice of family therapy.

Cheney, B., Galanter, M., Dermatis, H. and Ross, S. [Department of Psychiatry, New York University Medical Center]. "**Medical versus spiritual orientations: Differential patient views toward recovery**." *American Journal of Drug & Alcohol Abuse* 35, no. 5 (2009): 301-304. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Relapse among patients in substance abuse treatment has generated interest in identifying attitudinal factors that sustain recovery. OBJECTIVE: To assess the relationship of attitudes toward approaches to motivation for treatment and Twelve Step beliefs. METHODS: Dually diagnosed patients (N = 100) completed a survey assessing treatment attitudes, motivation, and Twelve Step beliefs. RESULTS: Endorsement of medical services was positively correlated with motivation but unrelated to Twelve Step beliefs. Endorsement of religious services was unrelated to motivation but was associated with Twelve Step beliefs. CONCLUSIONS: Patients may have differing perceptions regarding routes to recovery based on preferences for professional services or spiritual resources.

Chi, F. W., Kaskutas, L. A., Sterling, S., Campbell, C. I. and Weisner, C. [Division of Research, Kaiser Permanente Northern California, Oakland; felicia.w.chi@kp.org]. "**Twelve-Step affiliation and 3-year substance use outcomes among adolescents: social support and religious service attendance as potential mediators**." *Addiction* 104, no. 6 (Jun 2009): 927-939.

Measures included alcohol and drug use, 12-Step affiliation, social support and frequency of religious service attendance. Results showed "possible mediating effects of social support and religious service attendance on the relationship between post-treatment 12-Step affiliation and 3-year outcomes" [p. 927, abstract].

Chida, Y., Steptoe, A. and Powell, L. H. [Psychobiology Group, Department of Epidemiology and Public Health, University College London, UK; y.chida@ucl.ac.uk] ."**Religiosity/spirituality and mortality. A systematic quantitative review**." *Psychotherapy & Psychosomatics* 78, no. 2 (2009): 81-90.

[Abstract:] BACKGROUND: The relationship between religiosity/spirituality and physical health has been the subject of growing interest in epidemiological research. We systematically reviewed prospective observational cohort studies of the association between this potentially protective psychological factor and mortality using meta-analytic methods. METHODS: We searched general bibliographic databases: Medline, PsycINFO, Web of Science and PubMed (up to 20 March, 2008). Two reviewers independently extracted data on study characteristics, quality, and estimates of associations. Random effects meta-analyses, subgrouping, and sensitivity analysis were performed. RESULTS: There were 69 studies (28 articles) and 22 studies (11 articles) investigating the association between religiosity/spirituality and mortality in initially healthy populations and diseased populations, respectively. The results of the meta-analyses showed that religiosity/spirituality was associated with reduced mortality in healthy population studies (combined hazard ratio = 0.82, 95% CI = 0.76-0.87, p <0.001), but not in diseased population studies (combined hazard ratio = 0.98, 95% CI = 0.94-1.01, p = 0.19). Notably, the protective effect of religiosity/spirituality in the initially healthy population studies was independent of behavioral factors (smoking, drinking, exercising, and socioeconomic status), negative affect, and social support. We divided studies according to the aspects of religiosity/spirituality measure examined, and found that organizational activity (e.g. church attendance) was associated with greater survival in healthy population studies. Multi-dimensional aspects were related to survival in both the healthy and diseased populations. Religiosity/spirituality was negatively associated with cardiovascular mortality in healthy population studies. CONCLUSIONS: The current review suggests that religiosity/spirituality has a favorable effect on survival, although the presence of publication biases indicates that results should be interpreted with caution. 2009 S. Karger AG, Basel. [92 refs.]

Chiesa, A. and Serretti, A. [Institute of Psychiatry, University of Bologna, Bologna, Italy; albertopnl@yahoo.it]. "**Mindfulness-based stress reduction for stress management in healthy people: a review and meta-analysis**." *Journal of Alternative & Complementary Medicine* 15, no. 5 (May 2009): 593-600.

[Abstract:] BACKGROUND: Mindfulness-based stress reduction (MBSR) is a clinically standardized meditation that has shown consistent efficacy for many mental and physical disorders. Less attention has been given to the possible benefits that it may have in healthy subjects. The aim of the present review and meta-analysis is to better investigate current evidence about the efficacy of MBSR in healthy subjects, with a particular focus on its benefits for stress reduction. MATERIALS AND METHODS: A literature search was conducted using MEDLINE (PubMed), the ISI Web of Knowledge, the Cochrane database, and the references of retrieved articles. The search included articles written in English published prior to September 2008, and identified ten, mainly low-quality, studies. Cohen's d effect size between meditators and controls on stress reduction and spirituality enhancement values were calculated. RESULTS: MBSR showed a nonspecific effect on stress reduction in comparison to an inactive control, both in reducing stress and in enhancing spirituality values, and a possible specific effect compared to an intervention designed to be structurally equivalent to the meditation program. A direct comparison study between MBSR and standard relaxation training found that both treatments were equally able to reduce stress. Furthermore, MBSR was able to reduce ruminative thinking and trait anxiety, as well as to increase empathy and self-compassion. CONCLUSIONS: MBSR is able to reduce stress levels in healthy people. However, important limitations of the included studies as well as the paucity of evidence about possible specific effects of MBSR in comparison to other nonspecific treatments underline the necessity of further research. [48 refs.]

Chochinov, H. M., Hassard, T., McClement, S., Hack, T., Kristjanson, L. J., Harlos, M., Sinclair, S. and Murray, A. [Manitoba Palliative Care Research Unit, University of Manitoba, Canada; harvey.chochinov@cancercare.mb.ca]. "**The landscape of distress in the terminally ill**." *Journal of Pain & Symptom Management* 38, no. 5 (Nov 2009): 641-649.

This study of 253 patients receiving palliative care employed the 25-item Patient Dignity Inventory to describe a broad range of distress. Among the findings [from the abstract]: Spirituality, especially its existential or "sense of meaning and purpose" dimension, was associated with less distress for terminally ill patients.

Chu, D. C. and Sung, H. E. [Arkansas State University, Jonesboro; dchu@astate.edu]. "**Racial differences in desistance from substance abuse: the impact of religious involvement on recovery**." *International Journal of Offender Therapy & Comparative Criminology* 53, no. 6 (Dec 2009): 696-716.

[Abstract:] This study examines variations by race in the relationship between religiosity and desistance from substance abuse. Although most studies have included race as a control variable, only a few studies compared the equivalence of associations among religiosity, delinquency, recovery from substance abuse, and other variables between Black and White samples. Using data from the intake and 12-month follow-up survey of the Drug Abuse Treatment Outcome Study, this study examines levels of religious involvement of Black and White drug treatment clients. In addition, it empirically tests whether religious involvement exerts differential effects on Black and White clients' recovery from substance abuse. It was found that Black clients reported higher levels of religious involvement (measured by church attendance) than did White clients. Data indicated that religious behavior at 1-year follow-up was positively associated with Black clients' recovery from substance abuse. In contrast, religious behavior was not a significant predictor of White clients' desistance from substance abuse. Directions for future research and policy implications are discussed.

Churchill, L. R. [Center for Biomedical Ethics and Society, Vanderbilt University, Nashville, TN; larrry.churchill@vanderbilt.edu]. "**Religion, spirituality, and genetics: mapping the terrain for research purposes**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 6-12.

[Abstract:] Genetic diseases often raise issues of profound importance for human self-understanding, such as one's identity, the family or community to which one belongs, and one's future or destiny. These deeper questions have commonly been seen as the purview of religion and spirituality. This essay explores how religion and spirituality are understood in the current US context and defined in the scholarly literature over the past 100 years. It is argued that a pragmatic, functional approach to religion and spirituality is important to understanding how patients respond to genetic diagnoses and participate in genetic therapies. A pragmatic, functional approach requires broadening the inquiry to include anything that provides a framework of transcendent meaning for the fundamental existential questions of human life. This approach also entails suspending questions about the truth claims of any particular religious/spiritual belief or practice. Three implications of adopting this broad working definition will be presented. [This is part of a special issue of the journal addressing religious and spiritual concerns. See also the articles by Anderson, R. R.; by Bartlett, V. L., et al.; by Fanning, J. B., et al.; by Geller, G., et al.; by Harris, T. M., et al.; by Kinney, A. Y., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Clarke, J. [Institute of Health, Social Care and Psychology, University of Worcester, Worcester, UK; janice.clarke@worc.ac.uk]. "**A critical view of how nursing has defined spirituality**." *Journal of Clinical Nursing* 18, no. 12 (Jun 2009): 1666-1673. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] AIMS: To offer a detailed discussion of the issue of 'lack of critique' in the literature on spirituality in nursing. The discussion will include the limited use of sources from theology and religious studies and the demand to separate spirituality and religion and will go on to examine the consequences of the resulting approach. The drive for unique knowledge to further professionalisation and the demands of inclusiveness are suggested as possible reasons for the development of the current model. The dangers and pitfalls of definition are explored. The paper suggests that theology could provide insights into explaining spirituality. BACKGROUND: The last four decades have seen a proliferation of definitions of spirituality in the nursing literature. Recently, in response to their own concerns and prompts from outside the 'spirituality' community authors have suggested that we revisit this literature with a more critical stance. This paper is in response to that suggestion. During the course of a PhD supervised from a department of practical theology I have critically analysed the literature from several perspectives and this paper is one result of that review. DESIGN: Literature review. METHODS: Critical reflection on how spirituality has been defined. CONCLUSION: The lack of critique has produced a bias in the literature towards broad, generic, existential definitions which, together with the intentional divorce from religion and theology have led to definitions which have the tendency to result in a type of spiritual care which is indistinguishable from psychosocial care, hard to explain to patients and difficult to put into practice. RELEVANCE TO CLINICAL PRACTICE: The acceptance of a diverse range of understandings of spirituality and a greater focus on practical ways of using it in nursing care are the direction the profession should be moving into. [74 refs.]

Colbert, L. K., Jefferson, J. L., Gallo, R. and Davis, R. [Texas Southern University, Houston, TX]. "**A study of religiosity and psychological well-being among African Americans: implications for counseling and psychotherapeutic processes**." *Journal of Religion & Health* 48, no. 3 (Sep 2009): 278-289.

[Abstract:] This study examined whether a relationship exists between religious orientation as a therapy intervention and the degree of depression, coping behavior and self-esteem among African American adults. In addition, the relationship and predictive power of selected religious and socio-demographic variables and religious orientation as a therapy intervention were studied. African American adults were randomly selected to participate in this empirical study. Age had a significant independent effect on intrinsic religiosity and extrinsic religiosity and a linear relationship was found between extrinsic religiosity and the seven demographic predictor variables at the .05 level of significance.

Conner, B. T., Anglin, M. D., Annon, J. and Longshore, D. [Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles, CA; bconner@ucla.edu]. "**Effect of religiosity and spirituality on drug treatment outcomes**." *Journal of Behavioral Health Services & Research* 36, no. 2 (Apr 2009): 189-198.

[Abstract:] This study empirically tested one component of a comprehensive model of the role of religiosity and spirituality (R/S) in drug treatment that is presented as a companion article in this special issue. Data collected from individuals dependent on heroin receiving narcotic replacement therapy were used to assess the effects of R/S on drug treatment outcomes. Based on their R and S scores, participants were assigned to one of four groups: those whose scores remained consistently high across the 12-month study period were compared to those whose scores were consistently low, increased, or decreased across the same period. Results indicated that at both study completion (12 months after admission) and 6 months after that participants in the consistently high and increasing spirituality groups self-reported significantly fewer days of heroin and cocaine/crack use than those in the consistently low group ($p < 0.05$). There were no significant differences among the religiosity groups on self-reported heroin or cocaine/crack use. Results from chi(2) analyses indicated that at 12 months the results of urinalysis for the

presence of opiates, but not cocaine/crack, were dependent on spirituality group membership ($p < 0.01$) but not religiosity group membership. Results also indicated that at the 6-month follow-up, there were significantly more participants in the decreasing group who were not in maintenance treatment who had a positive urinalysis and fewer in the increasing group than would be expected if the two variables were independent ($p < 0.05$). Implications for addictions health services are discussed. [See also the article by Longshore, D., et al., "Are religiosity and spirituality useful constructs in drug treatment research?" in the same issue of the journal --noted elsewhere in this bibliography.]

Cooke, L., Gemmill, R., Kravits, K. and Grant, M. [Department of Nursing Research, City of Hope Medical Center, Duarte, CA; lcooke@coh.org]. "**Psychological issues of stem cell transplant**." *Seminars in Oncology Nursing* 25, no. 2 (May 2009): 139-150.

This review addresses, among other things, the Spiritual/Existential Domain [--see esp. p.142] for stem cell transplant patients, including post-traumatic growth, benefit-finding, and end-of-life issues. [92 refs.]

Corsentino, E. A., Collins, N., Sachs-Ericsson, N. and Blazer, D. G. [Dept. of Psychology, Florida State University, Tallahassee]. "**Religious attendance reduces cognitive decline among older women with high levels of depressive symptoms**." *Journals of Gerontology Series A-Biological Sciences & Medical Sciences* 64, no. 12 (Dec 2009): 1283-1289.

[Abstract:] BACKGROUND: There is growing evidence that regular attendance at religious functions is associated with less cognitive decline (CD). However, little research has investigated factors that may moderate the religious attendance-CD relationship. The present study examined the effects of gender and depressive symptoms on the relationship between religious attendance and CD. METHODS: Data were drawn from waves 1 and 2 of the Duke Established Populations for Epidemiologic Studies of the Elderly, which were 3 years apart. Participants consisted of a sample of community-dwelling older adults aged 65 years and older (N = 2,938). Linear regression analyses were conducted controlling for important demographic-, socioeconomic-, and health-related variables. Cognitive functioning was assessed at both waves to examine change in errors over time. RESULTS: Greater religious attendance was related to less CD. In addition, there was a three-way interaction between religious attendance, gender, and depressive symptoms in predicting CD. Among women with higher levels of depressive symptoms, those who less frequently attended religious services experienced greater CD than those who more frequently attended religious services. The interaction between attendance and depressive symptoms in men did not reach significance. CONCLUSIONS: Religious attendance may offer mental stimulation that helps to maintain cognitive functioning in later life, particularly among older depressed women. Given the possible benefits religious attendance may have on cognitive functioning, it may be appropriate in certain instances for clinicians to recommend that clients reengage in religious activities they may have given up as a result of their depression.

Costanzo, E. S., Ryff, C. D. and Singer, B. H. [Dept. of Psychology, University of Wisconsin, Madison, WI; ecostanzo@wisc.edu]. "**Psychosocial adjustment among cancer survivors: findings from a national survey of health and well-being**." *Health Psychology* 28, no. 2 (Mar 2009): 147-156.

[From the abstract:] …The current study examined whether cancer survivors showed impairment, resilience, or growth responses relative to a sociodemographically matched sample in four domains: mental health and mood, psychological well-being, social well-being, and spirituality. The impact of aging on psychosocial adjustment was also investigated. DESIGN: Participants were 398 cancer survivors who were participants in the MIDUS survey (Midlife in the United States) and 796 matched respondents with no cancer history. Psychosocial assessments were completed in 1995-1996 and 2004-2006. …Results: Findings indicated that cancer survivors demonstrated impairment relative to the comparison group in mental health, mood, and some aspects of psychological well-being. Longitudinal analyses spanning pre- and postdiagnosis clarified that while mental health declined after a cancer diagnosis, poorer functioning in other domains existed prior to diagnosis. However, survivors exhibited resilient social well-being, spirituality, and personal growth. Moreover, age appeared to confer resiliency; older survivors were more likely than younger adults to show psychosocial functioning equivalent to their peers….

Cotton, S., Grossoehme, D., Rosenthal, S. L., McGrady, M. E., Roberts, Y. H., Hines, J., Yi, M. S. and Tsevat, J. [Department of Family Medicine, University of Cincinnati College of Medicine, Cincinnati, OH; sian.cotton@uc.edu]. "**Religious/Spiritual coping in adolescents with sickle cell disease: a pilot study**." *Journal of Pediatric Hematology/Oncology* 31, no. 5 (May 2009): 313-318.

[Abstract:] Religious/spiritual (R/S) coping has been associated with health outcomes in chronically ill adults; however, little is known about how adolescents use R/S to cope with a chronic illness such as sickle cell disease (SCD). Using a mixed method approach (quantitative surveys and qualitative interviews), we examined R/S coping, spirituality, and health-related quality of life in 48 adolescents with SCD and 42 parents of adolescents with SCD. Adolescents reported high rates of religious attendance and belief in God, prayed often, and had high levels of spirituality (eg, finding meaning/peace in their lives and deriving comfort from faith). Thirty-five percent of adolescents reported praying once or more a day for symptom management. The most common positive R/S coping strategies used by adolescents were: "Asked forgiveness for my sins" (73% of surveys) and "Sought God's love and care" (73% of surveys). Most parents used R/S coping strategies to cope with their child's illness. R/S coping was not significantly associated with HRQOL (P=NS). R/S coping, particularly prayer, was relevant for adolescents with SCD and their parents. Future studies should assess adolescents' preferences for discussing R/S in the medical setting and whether R/S coping is related to HRQOL in larger samples.

Cotton, S., Kudel, I., Roberts, Y. H., Pallerla, H., Tsevat, J., Succop, P. and Yi, M. S. [Department of Family Medicine, Center for the Study of Health, University of Cincinnati Academic Health Center, Cincinnati, OH; sian.cotton@uc.edu]. "**Spiritual well-being and mental health outcomes in adolescents with or without inflammatory bowel disease**." *Journal of Adolescent Health* 44, no. 5 (May 2009): 485-492.

[Abstract:] PURPOSE: The purpose of this study was threefold: 1) to describe spiritual well-being (existential and religious well-being) in adolescents with inflammatory bowel disease (IBD) versus healthy peers; 2) to examine associations of spiritual well-being with mental health outcomes (emotional functioning and depressive symptoms); and 3) to assess the differential impact of existential versus religious well-being on mental health. METHODS: A total of 155 adolescents aged 11-19 years from a children's hospital and a university hospital filled out questionnaires including the Spiritual Well-Being Scale, the Children's Depression Inventory-Short Form, and the Pediatric Quality of Life Inventory. Covariates in multivariable models included demographics, disease status, and interactions. RESULTS: Participants' mean (SD) age was 15.1 (2.0) years; 80 (52%) were male; and 121 (78%) were of white ethnicity. Levels of existential and religious well-being were similar between adolescents with IBD and healthy peers. In multivariable analyses, existential well-being was associated with mental health (partial

R(2) change = .08-.11, p < .01) above and beyond other characteristics (total R(2) = .23, p < .01). Presence of disease moderated both the relationship between existential well-being and emotional functioning and that between religious well-being and depressive symptoms: that is, the relationships were stronger in adolescents with IBD as compared with healthy peers. Religious well-being was only marginally significantly associated with mental health after controlling for other factors. CONCLUSIONS: Although both healthy adolescents and those with IBD had high levels of spiritual well-being, having IBD moderated the relationship between spiritual well-being and mental health. Meaning/purpose was related to mental health more than was connectedness to the sacred.

Cragun, R. T., Woltanski, A. R., Myers, M. F. and Cragun, D. L. [Department of Sociology, University of Tampa, Tampa, FL]. "**Genetic counselors' religiosity & spirituality: are genetic counselors different from the general population?**" *Journal of Genetic Counseling* 18, no. 6 (Dec 2009): 551-566. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Although there is evidence that the religious beliefs of genetic counselors (GCs) can induce internal conflict in at least some genetic counseling scenarios, empirical research on the religiosity of GCs is limited. This study compares genetic counselors to a representative sample of the adult U.S. population on multiple religiosity measures. After controlling for several sociodemographic factors the percentage of GCs who report having a religious affiliation is similar to the general U.S., but GCs are less likely to affiliate with conservative Christian religions and are more likely to be Jewish. GCs are significantly less likely than the general U.S. population to: believe in god, attend religious services, pray, and believe in an afterlife even after controlling for relevant sociodemographic factors. Despite the lower levels of religiosity, a majority of GCs do report themselves to be moderately to highly spiritual. We explore potential reasons for religiosity differences as well as possible implications in the context of the GC scope of practice.

Crane, J. N. [Psychiatric and Neurodevelopmental Genetics Unit, Center for Human Genetic Research, Massachusetts General Hospital, Boston, MA; Jcrane@pngu.mgh.harvard.edu]. "**Religion and cancer: examining the possible connections**." *Journal of Psychosocial Oncology* 27, no. 4 (2009): 469-486.

[Abstract:] Numerous sound scientific studies (cross-sectional and longitudinal) have found a positive correlation between religion and physical and mental health. In particular, there is evidence that demonstrates that religion helps cancer patients better adjust to and cope with their disease, at least psychologically. However, some research suggests that mediating factors associated with religion may explain the positive effects of religion on health. This article argues that even if this is the case, there is still intrinsic value to religion in that the mediators themselves are strongly connected to religion, and therefore religion is important to the patient in terms of coping, support, hope, and meaning. This has possible important implications for clinical practice. [81 refs.] [See also: Bowman, E. S., et al., " The Cancer and Deity Questionnaire: a new religion and cancer measure," on pp. 435-453 of the same issue of the journal —also cited elsewhere in this bibliography.]

Crawford, S. Y., Manuel, A. M. and Wood, B. D. [Department of Pharmacy Administration, College of Pharmacy, University of Illinois at Chicago; crawford@uic.edu]. "**Pharmacists' considerations when serving Amish patients**." *Journal of the American Pharmacists Association* 49, no. 1 Jan-Feb 2009): 86-94; quiz 95-97.

[Abstract:] OBJECTIVES: To introduce historical and sociocultural influences on health and health care decisions that should be considered by pharmacists and other health professionals when serving Amish patients and to describe the roles of pharmacists in working with Amish populations, as an example of culturally and linguistically appropriate care. SETTING: Community independent pharmacy in Arthur, IL, from 1991 to 2008. PRACTICE DESCRIPTION: Reflections of a pharmacist-owner whose community practice serves a sizeable Amish population. CASE SUMMARY: The Old Order Amish are a religious group that values health and actively participates in its health care decisions. The Amish possess a strong sense of community responsibility and often seek advice of friends, family, and community in health care decisions. Their explanatory models of health and illness differ, in some respects, from the larger American society. The Amish are open to the use of folk medicine, complementary and alternative medicine, and conventional care when deemed necessary. They are receptive to health care information and explanations of options from trusted sources and use increased self-care modalities, including herbal remedies. RESULTS: Knowledge of salient cultural differences is important, but care should be given to avoid stereotyping patients because Amish rules and customs differ across districts. Culturally competent pharmacist care should be individualized based on patient needs and in consideration of aspects of differences in Amish cultures and districts. When serving Amish patients, special consideration should be given to addressing potential barriers to health care use, such as unique dialects, affordability issues for largely cash-paying customers, lower prenatal care use, and lower vaccination rates. CONCLUSION: Enhanced awareness and sensitivity to Amish lifestyles and beliefs can lessen misconceptions and minimize barriers that interfere with optimal provision of patient-centered pharmacy care and services. By working through established community norms, building trust, and effectively applying cultural competency techniques, pharmacists can best serve the Amish communities.

Crowson, H. M. [Department of Educational Psychology, The University of Oklahoma, Norman, OK; mcrowson@ou.edu]. "**Does the DOG scale measure dogmatism? Another look at construct validity**." *Journal of Social Psychology* 149, no. 3 (Jun 2009): 265-283.

[Abstract:] The author addressed the construct validity of B. Altemeyer's (1996) Dogmatism (DOG) scale. Confirmatory factor analyses of the scale provided evidence of unidimensionality, despite apparent method effects related to item wording. DOG scale scores correlated strongly and positively with the belief that knowledge is certain, providing convergent validity evidence for the measure. Scores on the DOG scale appeared empirically distinguishable from measures of need for cognition, need for structure, and need to evaluate. Criterion-related validity evidence came in the form of theoretically predictable relationships between the DOG scale and measures of religious fundamentalism, quest orientation, national identification, conservative ideology, dangerous world beliefs, and reactions to individuals and groups who hold worldview-incongruent beliefs and values.

Cruz, M., Schulz, R., Pincus, H. A., Houck, P. R., Bensasi, S. and Reynolds, C. F. 3rd. [Western Psychiatric Institute and Clinic, Advanced Center for Intervention and Services Research for Late-life Mood and Anxiety Disorders, Pittsburgh, PA; cruzm@upmc.edu]. "**The association of public and private religious involvement with severity of depression and hopelessness in older adults treated for major depression**." *American Journal of Geriatric Psychiatry* 17, no. 6 (Jun 2009): 503-507.

[Abstract:] OBJECTIVE: The authors assessed the association between public and private religious participation and depression as well as hopelessness in older depressed, adults treated in mental health settings. METHODS: Data from 130 participants from a posttreatment

longitudinal follow-up study of late-life depression were analyzed. Multiple regression analyses were performed to assess the association between public (frequency of church attendance) and private (frequency of prayer/meditation) forms of religious participation and depression as well as hopelessness severity when demographic and health indicators were controlled. RESULTS: Multivariate analyses found significant negative associations between frequency of prayer/meditation and depression (OR = 0.56 [0.36-0.89], Wald chi2 = 5.93, df = 1) as well as hopelessness (OR = 0.58 [0.36-0.94], Wald chi2 = 4.97, df = 1) severity. CONCLUSION: This study supports significant, direct relationships between prayer/meditation and depression as well as hopelessness severity in older adults treated for depression in mental health settings. Prospective studies are needed to further illuminate these relationships.

Curlin, F. A., Rasinski, K. A., Kaptchuk, T. J., Emanuel, E. J., Miller, F. G. and Tilburt, J. C. [University of Chicago, IL; fcurlin@medicine.bsd.uchicago.edu]. "**Religion, clinicians, and the integration of complementary and alternative medicines**." *Journal of Alternative & Complementary Medicine* 15, no. 9 (Sep 2009): 987-994.

[Abstract:] OBJECTIVE: The aim of this study was to compare religious characteristics of general internists, rheumatologists, naturopaths, and acupuncturists, as well as to examine associations between physicians' religious characteristics and their openness to integrating complementary and alternative medicine (CAM). DESIGN: The design involved a national mail survey. The subjects were internists, rheumatologists, naturopaths, and acupuncturists. MEASURES: Physician outcome measures were use of and attitudes toward six classes of CAM. Predictors were religious affiliation, intrinsic religiosity, spirituality, and religious traditionalism. RESULTS: There was a 65% response. Naturopaths and acupuncturists were three times as likely as internists and rheumatologists to report no religious affiliation (35% versus 12%, $p < 0.001$), but were more likely to describe themselves as very spiritual (51% versus 20%, $p < 0.001$) and to agree they try to carry religious beliefs into life's dealings (51% versus 44%, $p < 0.01$). Among physicians, increased spirituality and religiosity coincided with more personal use of CAM and willingness to integrate CAM into a treatment program. CONCLUSIONS: Current and future integrative medicine will be shaped in part by religious and spiritual characteristics of providers.

Dalmida, S. G., Holstad, M. M., Diiorio, C. and Laderman, G. [Emory University, Atlanta, GA; sageorg@emory.edu]. "**Spiritual well-being, depressive symptoms, and immune status among women living with HIV/AIDS**." *Women & Health* 49, nos. 2-3 (Mar-May 2009): 119-143.

[Abstract:] Spirituality is a resource some HIV-positive women use to cope with HIV, and it also may have positive impact on physical health. This cross-sectional study examined associations of spiritual well-being, with depressive symptoms, and CD4 cell count and percentages among a non-random sample of 129 predominantly African-American HIV-positive women. Significant inverse associations were observed between depressive symptoms and spiritual well-being ($r = -.55$, $p = .0001$), and its components, existential well-being ($r = -.62$, $p = .0001$) and religious well-being ($r = -.36$, $p = .0001$). Significant positive associations were observed between existential well-being and CD4 cell count ($r = .19$, $p < .05$) and also between spiritual well-being ($r = .24$, $p < .05$), religious well-being ($r = .21$, $p < .05$), and existential well-being ($r = .22$, $p < .05$) and CD4 cell percentages. In this sample of HIV-positive women, spiritual well-being, existential well-being, and religious well-being accounted for a significant amount of variance in depressive symptoms and CD4 cell percentages, above and beyond that explained by demographic variables, HIV medication adherence, and HIV viral load (log). Depressive symptoms were not significantly associated with CD4 cell counts or percentages. A significant relationship was observed between spiritual/religious practices (prayer/meditation and reading spiritual/religious material) and depressive symptoms. Further research is needed to examine relationships between spirituality and mental and physical health among HIV-positive women.

Danhauer, S. C., Mihalko, S. L., Russell, G. B., Campbell, C. R., Felder, L., Daley, K. and Levine, E. A. [Department of Internal Medicine, Wake Forest University School of Medicine, Winston-Salem, NC; danhauer@wfubmc.edu]. "**Restorative yoga for women with breast cancer: findings from a randomized pilot study**." *Psycho-Oncology* 18, no. 4 (Apr 2009): 360-368.

[Abstract:] OBJECTIVES: Restorative yoga (RY) is a gentle type of yoga that may be beneficial for cancer patients and post-treatment survivors. Study goals were: to determine the feasibility of implementing a RY intervention for women with breast cancer; and to examine group differences in self-reported emotional, health-related quality of life, and symptom outcomes. METHODS: Women with breast cancer (n=44; mean age 55.8 years) enrolled in this study; 34% were actively undergoing cancer treatment. Study participants were randomized to the intervention (10 weekly 75-minute RY classes) or a waitlist control group. Participants completed questionnaires at Week 0 (baseline) and Week 10 (immediately post-intervention for the yoga group). RESULTS: Group differences favoring the yoga group were seen for mental health, depression, positive affect, and spirituality (peace/meaning). Significant baseline group interactions were observed for negative affect and emotional well-being. Women with higher negative affect and lower emotional well-being at baseline derived greater benefit from the yoga intervention compared to those with similar values at baseline in the control group. The yoga group demonstrated a significant within-group improvement in fatigue; no significant difference was noted for the control group. CONCLUSIONS: Although limited by sample size, these pilot data suggest potential benefit of RY on emotional outcomes and fatigue in cancer patients. This study demonstrates that a RY intervention is feasible for women with breast cancer; implications for study design and implementation are noted with an emphasis on program adoption and participant adherence.

Deeken, A. [Sophia University, Tokyo, Japan; alfons@deeken.de]. "**An inquiry about clinical death--considering spiritual pain**." *Keio Journal of Medicine* 58, no. 2 (Jun 2009): 110-119.

[From the abstract:] …This paper describes what spirituality and spiritual pain mean. It identifies nine types of fears and anxieties about death which become a source of spiritual pain: 1. Fear of pain; 2. Fear of loneliness; 3. Fear of unpleasant experiences; 4. Fear of becoming a burden to the family and to society; 5. Anxiety towards the unknown; 6. Fear of death resulting from fear of life; 7. Fear of death as a feeling that one's life task is still incomplete; 8. Fear of death as fear of personal extinction; 9. Fear of death as fear of judgment and punishment after death. Five types of spiritual pain that seem to be frequent among patients facing death are discussed: 1. Loss of self-determination; 2. Loss of meaning; 3. Guilt feelings; 4. Loneliness and isolation; 5. Loss of hope. Three ways of preventing or reducing excessive fear of death and of lowering the various types of spiritual pain are suggested: 1. Death education; 2. Presence at the bedside; 3. Humor as an expression of love.

Dekker, R. L., Peden, A. R., Lennie, T. A., Schooler, M. P. and Moser, D. K. [University of Kentucky, College of Nursing, Lexington; rdekker@uky.edu]. "**Living with depressive symptoms: patients with heart failure**." *American Journal of Critical Care* 18, no. 4 (Jul 2009): 310-318.

Among the findings of this qualitative study of 10 outpatients: "For 7 participants, spirituality or religiosity was an important method of distraction. Participants received relief by praying, attending church, and reading scripture. One participant quoted Biblical scriptures several times. He said, "When we fill our mind and our heart with the scriptures, that's something that we can depend on." A central component of spirituality was a relationship with God." [p. 314] In light of the finding that "[f]or most of the participants, spirituality was an important method of managing depressive symptoms" [p. 316] -- and how that plays into evidence from other research -- the authors conclude that "[c]linicians...may help alleviate hospitalized patients' depressive symptoms by assessing their spiritual well-being and referring patients with needs to appropriate spiritual care" [p. 317].

Delaney, C. and Barrere, C. [School of Nursing, University of Connecticut, Storrs, CT; Colleen.Delaney@uconn.edu]. "**Ecospirituality: the experience of environmental meditation in patients with cardiovascular disease**." *Holistic Nursing Practice* 23, 6 (Nov-Dec 2009): 361-369.

[Abstract:] Ecospirituality provides a framework for exploring the spiritual dimension of person and environment and the dynamic interplay between this sacred dyad and human health. The aim of this phenomenological study was to explore and describe the experience of environmental meditation by using a new, spirituality-based meditation intervention that focused on ecospirituality with patients with cardiovascular disease. A convenience sample of 6 women and 2 men with ages ranging from 42 to 64 years and a mean age of 57 years (SD = 8.33 years) participated in the study. From the 8 journals and the researchers' field notebooks, 85 significant phrases or sentences were extracted, transposed into formulated meanings, and later collapsed into 4 theme clusters: Entering a New Time Zone, Environmental Reawakening, Finding a New Rhythm, and Becoming a Healing Environment. The findings of this study provide beginning support for holistic nurses and other healthcare professionals to integrate the use of ecospirituality meditation into their care of patients with cardiovascular disease and the groundwork for further exploration of the spiritual dimension of person and environment.

Delaney, H. D., Forcehimes, A. A., Campbell, W. P. and Smith, B. W. [Department of Psychology, University of New Mexico, Albuquerque, NM; hdelaney@unm.edu]. "**Integrating spirituality into alcohol treatment**." *Journal of Clinical Psychology* 65, no. 2 (Feb 2009): 185-198.

[Abstract:] Spirituality is presumed by millions of Americans to be directly relevant to problems of alcohol abuse. We summarize findings regarding the role of religion and spirituality in the prevention and treatment of substance abuse and present a case illustration. We also consider mechanisms responsible for these effects. We offer advice about why, by whom, and how religion and spirituality should be discussed with clients with substance use disorders. In a recent clinical trial, therapists trained in a client-centered approach to facilitate exploration of spirituality fostered clients' use of spiritual practices. We suggest that the therapist's ability to skillfully engage clients in a discussion of spirituality is largely determined by how the therapist balances the dual roles of authoritative expert and evocative facilitator. [This article is part of a theme issue of the journal. See other articles: by Aten, J. D., et al.; by Post, B. C., et al; by Richards, P. S., et al.; by Shafranske, E. P.; and by Worthington, E. L. Jr. --noted elsewhere in this bibliography.]

DeLisser, H. M. [Department of Medicine, Pulmonary, Allergy and Critical Care Division, University of Pennsylvania School of Medicine, Philadelphia; delisser@mail.med.upenn.edu]. "**A practical approach to the family that expects a miracle**." *Chest* 135, no. 6 (Jun 2009): 1643-1647.

[Abstract:] When a patient is extremely ill and/or dying, and the family expects a miraculous recovery, this situation can be very challenging to physicians, particularly when there is certainty that the miracle will occur through divine intervention. A practical approach is therefore provided to clinicians for engaging families that anticipate the miraculous healing of a sick patient. This strategy involves exploring the meaning and significance of a miracle, providing a balanced, nonargumentative response and negotiation of patient-centered compromises, while conveying respect for patient spirituality and practicing good medicine. Such an approach, tailored to the specifics of each family, can be effective in helping a family come to a place of acceptance about the impending death of their loved one. [*NOTE: Printing error near the bottom of p. 1645: "There are few things, however, I want to share with you,…" should read, "There are a few things, however, I want to share with you,…."*] [See also the article (noted elsewhere in this bibliography) by Sulmasy, D. P., "Spirituality, religion, and clinical care," on pp. 1634-1642 of the same journal issue.]

Dennis, D. L., Cox, W., Black, A. and Muller, S. [Austin Peay State University, Clarksville, TN; dennisdi@apsu.edu]. "**The influence of religiosity and spirituality on drinking behaviors: differences between students attending two southern universities**." *Journal of Drug Education* 39, no. 1 (2009): 95-112.

[Abstract:] The purpose of this study was to determine if students (n = 431) from two southern universities-one in the "buckle" of the Bible-belt, the other a southern "border" state-have different drinking behaviors depending on their religiosity and spirituality. Approximately 95% of students indicated that they had at least one drink of alcohol during their lives, with almost 82% reporting that they used alcohol in the past 30 days. Binge drinking among underage students increased every year (approximately 43% to almost 70%). Students from the buckle university had higher degrees of religiosity and spirituality and reported fewer unhealthy drinking behaviors than those from the border university. By creating a learning environment where students are encouraged to increase the spiritual dimension of health, health educators may alleviate potentially deadly consequences of alcohol.

Derrickson, P. and Van Hise, A. [Department of Pastoral Services, Penn State Hershey Medical Center, Hershey, PA]. "**Curriculum for a spiritual pathway project: integrating research methodology into pastoral care training**." *Journal of Health Care Chaplaincy* 16, no. 1 (Jan 2009): 3-12. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] In the immediate future Chaplains will need to practice evidence based spiritual care. To do this, they will need to be well versed in the research literature on spirituality and health, be able to critique it and incorporate it into their spiritual care, document their intervention, and measure its impact. To help train Chaplains for this reality, the Penn State Hershey Medical Center's Clinical Pastoral Education Residency program started the Spiritual Pathway Project in 2002. This paper describes the Spiritual Pathway Project, its evolution and contribution to the education of the next generation of Chaplains.

Dezutter, J., Soenens, B., Luyckx, K., Bruyneel, S., Vansteenkiste, M., Duriez, B. and Hutsebaut, D. [Department of Psychology, Catholic University of Leuven, Belgium; Jessie.Dezutter@psy.kuleuven.be]. "**The role of religion in death attitudes: distinguishing between religious belief and style of processing religious contents**." *Death Studies* 33, no. 1 (Jan 2009): 73-92.
[Abstract:] Although it is widely assumed that religiosity plays an important role in individuals' attitudes about death, research to date has failed to reveal consistent associations between religiosity and death attitudes. Drawing from D. M. Wulff's (1991) multidimensional model of religiosity, the authors examined associations between religious attitudes as measured by the Post-Critical Belief Scale and death attitudes as assessed by the Death Attitude Profile--Revised. In total, 471 Dutch-speaking Belgian adults completed both questionnaires. Hierarchical multiple regression analyses were used to asses the unique contribution of the religious attitudes in the prediction of the death attitudes. First, results show that religious people are more likely to endorse an approach acceptance attitude toward death, indicating that religiosity as such is related to belief in an afterlife. Second, people holding a literal attitude toward religion report more death anxiety, indicating that the processing of religious contents is related to defensiveness toward death. Finally, the specific combination of the two dimensions seems important in the prediction of a neutral acceptance attitude. The relevance of our findings for future research on religiosity and death attitudes is discussed. [See also the article by Hui & Fung, "Mortality anxiety as a function of intrinsic religiosity and perceived purpose in life," on pp. 30-50 of the same issue of the journal.]

Diehl, V. [Department of Internal Medicine, University of Cologne, Cologne, Germany; v.diehl@uni-koeln.de]. "**The bridge between patient and doctor: the shift from CAM to integrative medicine**." *Hematology* (2009): 320-325.
Among the specific recommendation of the author, in order to press for the development of integrative medicine: "build multidisciplinary teams for cure, palliation, psycho-social and spiritual support"; "develop better tools to measure quality of life, both physical and spiritual"; and "acknowledge the patient's need for spiritual support and facilitate services" [--see p. 324]

Dittmann, K. A. and Freedman, M. R. [Department of Nutrition, Food Science, & Packaging, San Jose State University, San Jose, CA]. "**Body awareness, eating attitudes, and spiritual beliefs of women practicing yoga**." *Brunner-Mazel Eating Disorders Monograph Series* 17, no. 4 (Jul-Sep 2009): 273-292.
[Abstract:] This research evaluated attitudes about body image and eating in women practicing postural yoga. Study 1 described scores from questionnaires on variables related to body awareness, intuitive eating, spirituality, and reasons for practicing. Scores were favorable on all measures with significant correlations ($p < .01$) among all main variables except between spiritual readiness and intuitive eating, and between BMI and both body awareness and spiritual readiness. Reasons for practicing did not affect scores. Study 2 evaluated interviews in a sub-sample. Qualitative data reported improvements in body satisfaction and disordered eating due in part to yoga and its associated spirituality.

Djuric, Z., Mirasolo, J., Kimbrough, L., Brown, D. R., Heilbrun, L. K., Canar, L., Venkatranamamoorthy, R. and Simon, M. S. [Department of Family Medicine, University of Michigan, Ann Arbor, MI; zoralong@umich.edu]. "**A pilot trial of spirituality counseling for weight loss maintenance in African American breast cancer survivors**." *Journal of the National Medical Association* 101, no. 6 (Jun 2009): 552-564. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
[Abstract:] A continuing challenge in weight loss treatment is attaining maintenance of weight loss. The goal of this study was to develop a counseling method that would assist African American breast cancer survivors with weight loss maintenance. In this pilot study, 31 obese breast cancer survivors were recruited. Individualized, dietitian-led counseling by telephone and free Weight Watchers coupons were provided to all participants for 18 months. At the 6-month time point, women were randomized to receive spirituality counseling or not in addition to the standard program. The spirituality counseling was delivered via telephone using an 8-step framework. Subjects were asked to utilize daily meditation or prayer, daily readings, and the recording of thoughts in a journal. Mean weight loss from baseline to 6 months was a modest 2.0% of baseline weight. From 6 to 18 months, there was no further weight change in the spirituality arm and a gain of 0.7% in the dietitian-only arm. Despite little effect on weight loss, it did appear that spirituality counseling positively affected spiritual well-being (FACIT-Sp) scores and dietary quality. The spirituality counseling framework therefore may be further refined and useful for other health promotion studies with African American populations.

Dodani, S, Kaye Kramer, M. K., Williams, L., Crawford, S. and Kriska, A. [Department of Internal Medicine, University of Kansas Medical Center, Kansas City; sdodani@kumc.edu]. "**Fit body and soul: a church-based behavioral lifestyle program for diabetes prevention in African Americans**." *Ethnicity & Disease* 19, no. 2 (Spring 2009): 135-141.
Faith-based initiatives for lifestyle change show promise in helping to promote healthy behaviors in African American communities. It has been suggested that faith communities and programs within faith communities can influence health care practices and health care planning especially in high risk, minority populations. African American individuals are more likely to attend and participate in faith-based services than Whites from similar backgrounds. Our proposed intervention, Fit Body and Soul, has been adopted and modified from the proven diabetes prevention program (DPP) lifestyle intervention program, and uses the church-community experiences of the ''Body and Soul'' study as a faith-based effort. The intervention has been developed keeping in mind the church mission and goal of being spiritually healthy and has adopted bible scripture to develop a 12-session intervention. In this article, we present the development of the church-based Fit Body and Soul behavioral lifestyle intervention using community- based participatory research in partnership with African American churches.

Duggleby, W., Cooper, D. and Penz, K. [College of Nursing, University of Saskatchewan, Saskatoon, Canada; wendy.duggleby@usask.ca]. "**Hope, self-efficacy, spiritual well-being and job satisfaction**." *Journal of Advanced Nursing* 65, no. 11 (Nov 2009): 2376-2385.
[From the abstract:] …This paper is a report of a study of the relations of spiritual well-being, global job satisfaction, and general self-efficacy to hope in Continuing Care Assistants. …METHODS: A concurrent triangulation mixed method design was used. Sixty-four Continuing Care Assistants (personal care aides) who registered for a 'Living with Hope' Conference completed a demographic form, Herth Hope Index, Global Job Satisfaction Questionnaire, Spiritual Well-Being Scale, General Self-Efficacy Scale, and a hope questionnaire. Data were collected in 2007. The response rate was 58%. RESULTS: Using linear regression, 29.9% of the variance in Herth Hope Index score was accounted for by scores from the General Self-Efficacy Scale and Spiritual Well-Being Scale. General Self-efficacy scores (positive relationship) and Spiritual Well-Being scores (negative relationship) accounted for a significant part of the variance. Qualitative data supported all findings, with the exception

of the negative relationship between hope and spiritual well-being; participants wrote that faith, relationships, helping others and positive thinking helped them to have hope. They also wrote that hope had a positive influence on their job satisfaction and performance….

Dunn, L. L. [Capstone College of Nursing, University of Alabama, Tuscaloosa; ldunn@bama.ua.edu]. "**Making a difference: initiating and maintaining a faith-based free health clinic**." *Family & Community Health* 32, no. 4 (Oct-Dec 2009): 339-344.
[Abstract:] This article is a summary of the challenges, struggles, and barriers that a group of churches encountered in developing a faith-based free health clinic. From the inception, this clinic has existed for the uninsured whose total household income aligns with the 2009 Fedral Poverty Guidelines. A voluntary interview with the executive director of The Good Samaritan Clinic revealed the experiential evolvement of this free health clinic. Numerous examples are shared that depict how this clinic has made a difference in the lives of many people. [This article is part of the journal's theme issue on faith-based health programs. See also the articles by Bormann, J., et al.; and Brown, A. R., et al; cited elsewhere in this bibliography.]

Dunn, L. L., Handley, M. C. and Dunkin, J. W. [University of Alabama-Tuscaloosa Capstone College of Nursing, AL]. "**The provision of spiritual care by registered nurses on a maternal-infant unit**." *Journal of Holistic Nursing* 27, no. 1 (Mar 2009): 19-28; quiz on pp. 31-33. Comment on pp. 29-30.
[Abstract:] PURPOSE: This study explores the spirituality, spiritual well-being (SWB), and spiritual care provision of registered nurses on a maternal-infant unit. METHODS: Data collection instruments included a demographic and spiritual care form, Spiritual Perspective Scale (SPS), and Spiritual Well-Being Scale (SWBS) to address the study's research questions. FINDINGS: Significant positive correlations were found between SPS and SWBS as well as religious well-being (RWB) and existential well-being (EWB; subscales of SWBS). Religious attendance was significantly correlated with SPS, SWBS, and RWB but not EWB. Frequency of spiritual assessment themes was first encounter and when needed, whereas reaching up and reaching out described their provision of spiritual care. CONCLUSION: The sample was highly spiritual, spiritually well, and provided varied spiritual care. IMPLICATIONS: More spiritual care research is needed. Content on providing spiritual care must be enhanced within nursing curricula as well as with nurses in practice. [See also Kreitzer, M. J., "The brief serenity scale: a psychometric analysis of a measure of spirituality and well-being," on pp. 7-16 of the same issue of the journal --also cited in this bibliography.]

Ekas, N. V., Whitman, T. L. and Shivers, C. [Department of Psychology, University of Notre Dame, Notre Dame, IN; nekas@nd.edu]. "**Religiosity, spirituality, and socioemotional functioning in mothers of children with autism spectrum disorder**." *Journal of Autism & Developmental Disorders* 39, no. 5 (May 2009): 706-719.
[Abstract:] Religious beliefs, religious activities, and spirituality are coping resources used by many mothers of children with autism spectrum disorder (ASD). This study examined whether and how these resources were related to maternal socioemotional functioning. Mothers of children with ASD completed questionnaires assessing religiosity, spirituality, and a wide range of outcome variables, including stress, depression, self-esteem, life satisfaction, positive affect, and sense of control. Analyses revealed that religious beliefs and spirituality were associated with better positive outcomes and, to a lesser extent, lower levels of negative outcomes. Of the two predictors, spirituality accounted for more unique variance in positive outcomes. In contrast, religious activities were related to more negative outcomes and lower levels of positive outcomes.

El Sadr, C. B., Noureddine, S. and Kelley, J. [Karmanos Cancer Center, Detroit, MI; sherry.elsadr@gmail.com]. "**Concept analysis of loneliness with implications for nursing diagnosis**." *International Journal of Nursing Terminologies & Classifications* 20, no. 1 (Jan-Mar 2009): 25-33.
This analysis of loneliness briefly notes how the concept may be viewed from a Buddhist and Christian perspective (--see pp. 26-27).

Ellis, H. K. and Narayanasamy, A. [University Hospital of Wales, Heath Park, Cardiff]. "**An investigation into the role of spirituality in nursing**." *British Journal of Nursing* 18, no. 14 (Jul 23-Aug 12, 2009): 886-990.
[Abstract:] This article examines spirituality in nursing in terms of a critical literature review. The literature suggests that there is an increasing demand for holistic care within the NHS. Holistic care is based on the idea that there should be a balance between body, mind and spirit, however, clinical experience suggests that the spiritual dimension of nursing is rarely considered as there is a focus on what is perceived as scientific professionalism. The aim of this article is to explore the nature of spiritual care, discuss whether there is a need for it in nursing and explore ways in which nurses can provide it. This article is based on a critical review of the literature and empirical data on spirituality in nursing and identifies contrasting opinions around the definition of spiritual nursing care. Nurses can provide spiritual care by being conscious of their own spirituality as well as that of patients. [37 refs.]

Ellison, C. G., Burdette, A. M. and Hill, T. D. [Department of Sociology, University of Texas, Austin, TX]. "**Blessed assurance: religion, anxiety, and tranquility among US adults**." *Social Science Research* 38, no. 3 (Sep 2009): 656-667.
[Abstract:] A growing body of research investigates the possible relationships between religion and mental health. After developing a series of arguments linking various aspects of religion with anxiety and tranquility, we test relevant hypotheses using data from the 1996 Genera Social Survey. Results show that frequency of religious attendance and the belief in an afterlife are inversely associated with feelings of anxiety and positively associated with feelings of tranquility. However, frequency of prayer has no direct association with either outcome. Strong beliefs in the pervasiveness of sin are positively linked with anxiety but unrelated to tranquility. Finally, belief in an afterlife and frequency of prayer buffer the adverse effects of poor health and financial decline on anxiety. Implications of these findings are discussed along with study limitations and promising directions for future research.

Ellison, C. G. and Flannelly, K. J. [Department of Sociology, University of Texas at Austin]. "**Religious involvement and risk of major depression in a prospective nationwide study of African American adults**." *Journal of Nervous & Mental Disease* 197, no. 8 (Aug 2009): 568-573.
[Abstract:] This study investigated the association between religious involvement and major depression in 607 African American adults, using longitudinal data from the National Survey of Black Americans. Logistic regression found that survey participants who reported receiving "a great deal" of guidance from religion in their day-to-day lives at Time 1 (1988-1989) were roughly half as likely (OR = 0.47, $p < 0.01$) to have major depression at Time 2 (1992), controlling for sociodemographic and psychological factors, and major depression at baseline. The odds of major depression were also lower for persons with high self-esteem (OR = 0.41, $p < 0.01$) and those who reported having satisfying

relationships with friends and family members (OR = 0.51, p < 0.05) at baseline. No association was found between religious attendance or church support and major depression. The possible mechanisms through which religious involvement may protect against depression, especially among African Americans, are discussed.

Engelhardt, J. B., Rizzo, V. M., Della Penna, R. D., Feigenbaum, P. A., Kirkland, K. A., Nicholson, J. S., O'Keeffe-Rosetti, M. C., Venohr, I. M., Reger, P. G. and Tobin, D. R. [Care Support of America, Albany, NY; jengelhardt@caresupportofamerica.com]. "**Effectiveness of care coordination and health counseling in advancing illness**." *American Journal of Managed Care* 15, no. 11 (Nov 2009): 817-825.

[From the abstract:] OBJECTIVE: To evaluate the Advanced Illness Coordinated Care Program (…AICCP) for effects on health delivery among patients and caregivers, quality of life, advance planning, and health service utilization. STUDY DESIGN: Prospective trial involving 532 patients and 185 caregivers. AICCP consisted of care coordination, health counseling, and education delivered in cooperation with physicians. METHODS: Patients with advanced disease and their caregivers were assigned to AICCP or usual care (UC). …Compared with those in UC, AICCP participants had improved communication and care concerning symptoms (P = .02), support in understanding and coping with their illness (P = .01), advance planning (P <.001), support in managing family decision making (P = .002), and help in accessing spiritual support (P <.001). AICCP caregivers received more attention for emotional and spiritual needs (P = .02).…

Eom, M., Lim, S. C., Shin Kim, Y. [Department of Pathology, Wonju College of Medicine, Yonsei University, Korea]. "**Three cases of pulmonary thromboembolism and extensive prayer (invocation) activity as a new possible risk factor**." *American Journal of Forensic Medicine & Pathology* 30, no. 2 (Jun 2009): 191-194.

[From the abstract:] …The authors performed autopsies on 3 patients who died suddenly after 3 to 4 days of prayer in a prayer center or hermitage. It was confirmed that all deaths were caused by thrombi that had developed in the deep vein, obstructing the pulmonary artery. It was concluded that during repeated praying activities over an extensive time period, the kneeling position might have caused PTE. It is also possible that dehydration due to fasting may affect the formation of thrombi. According to the literature, PTE cases developed in association with prayer activity and position have not been reported to date, and so PTE caused by prayer activity is thought to be a new type of PTE developed in association with a certain life style. Therefore, people should be advised that a position involving a long period of immobilization, including long periods of prayer, could raise the risk of PTE. In addition, social policies to prevent the development of this kind of PTE are needed.

Epel, E., Daubenmier, J., Moskowitz, J. T., Folkman, S. and Blackburn, E. [University of California San Francisco, Department of Psychiatry; eepel@lppi.ucsf.edu]. "**Can meditation slow rate of cellular aging? Cognitive stress, mindfulness, and telomeres**." *Annals of the New York Academy of Sciences* 1172 (Aug 2009): 34-53.

[Abstract:] Understanding the malleable determinants of cellular aging is critical to understanding human longevity. Telomeres may provide a pathway for exploring this question. Telomeres are the protective caps at the ends of chromosomes. The length of telomeres offers insight into mitotic cell and possibly organismal longevity. Telomere length has now been linked to chronic stress exposure and depression. This raises the question of mechanism: How might cellular aging be modulated by psychological functioning? We consider two psychological processes or states that are in opposition to one another-threat cognition and mindfulness-and their effects on cellular aging. Psychological stress cognitions, particularly appraisals of threat and ruminative thoughts, can lead to prolonged states of reactivity. In contrast, mindfulness meditation techniques appear to shift cognitive appraisals from threat to challenge, decrease ruminative thought, and reduce stress arousal. Mindfulness may also directly increase positive arousal states. We review data linking telomere length to cognitive stress and stress arousal and present new data linking cognitive appraisal to telomere length. Given the pattern of associations revealed so far, we propose that some forms of meditation may have salutary effects on telomere length by reducing cognitive stress and stress arousal and increasing positive states of mind and hormonal factors that may promote telomere maintenance. Aspects of this model are currently being tested in ongoing trials of mindfulness meditation.

Eskew, S. and Meyers, C. [University of Wisconsin-Madison]. "**Religious belief and surrogate medical decision making**." *Journal of Clinical Ethics* 20, no. 2 (Summer 2009): 192-200.

The authors consider the task of balancing religious beliefs with medical assessments of a patient's well-being and apply principles by Rober Audi. [See also the article by Olick, R. S., et al., in the same issue of the journal --noted elsewhere in this bibliography.]

Eychmueller, S. [Centre for Palliative Care, Cantonal Hospital St. Gallen, St. Gallen, Switzerland; steffen.eychmueller@kssg.ch]. "**Management of depression in the last month of life**." *Current Opinion in Supportive & Palliative Care* 3, no. 3 (Sep 2009): 186-189.

Among the findings reported in this review [from the abstract]: …Communication about concrete preparation for death, life completion discussions, expressing religious struggle and giving back a sense of coherence seem to be promising non-pharmacological strategies and may lead to improved social function and better management of physical symptoms…

Fanning, J. B. and Clayton, E. W. [Center for Biomedical Ethics and Society, Vanderbilt University Medical Center, Nashville, TN; joe.fanning@vanderbilt.edu]. "**Religious and spiritual issues in medical genetics**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 1-5.

[Abstract:] This article provides an overview of a special issue on the religious and spiritual concerns that arise in the provision of genetic services. It introduces some of the challenges in defining religion and spirituality and provides contexts and summaries for the empirical and normative research that appears in the issue. [See also the articles by Anderson, R. R.; by Bartlett, V. L., et al.; by Churchill, L. R.; by Geller, G., et al.; by Harris, T. M., et al.; by Kinney, A. Y., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Fife, B. L., Monahan, P. O., Abonour, R., Wood, L. L. and Stump, T. E. [Indiana University Simon Cancer Center, Indianapolis, IN; bfife@iupui.edu]. "**Adaptation of family caregivers during the acute phase of adult BMT**." *Bone Marrow Transplantation* 43, no. 12 (Jun 2009): 959-966.

Among the findings of this study of 192 caregivers of Bone Marrow Transplant (NBT) recipient, examining their course of adaptation as indicated by the level of emotional distress across the acute phase of the transplant trajectory: "Highly significant in their association with

emotional distress were the perception of personal control and the sense of spiritual well-being. These variables remained stable across time, and the greater the personal control and spiritual well-being, the more positive was the adaptation as indicated by a lower level of distress. …The association of adaptation with both personal control and spirituality continued to be significant when controlling for other factors at all three time points." [p. 963] "…Spirituality [as measured by the FACIT-Sp] includes items such as, 'I feel a sense of harmony within myself', and 'I find strength in my faith or spiritual beliefs.' Although spirituality and personal control are quite likely associated with each other, as indicated by correlations that ranged from 0.49 to 0.59, these coefficients, as well as an examination of the items in each measure, indicate that they are conceptually distinct." [p. 965]

Fingelkurts, A. A. and Fingelkurts, A. A. [BM-Science, Brain and Mind Technologies Research Centre, Espoo, Finland; alexander.fingelkurts@bm-science.com]. "**Is our brain hardwired to produce God, or is our brain hardwired to perceive God? A systematic review on the role of the brain in mediating religious experience**." *Cognitive Processing* 10, no. 4 (Nov 2009): 293-326.

[Abstract:] To figure out whether the main empirical question "Is our brain hardwired to believe in and produce God, or is our brain hardwired to perceive and experience God?" is answered, this paper presents systematic critical review of the positions, arguments and controversies of each side of the neuroscientific-theological debate and puts forward an integral view where the human is seen as a psycho-somatic entity consisting of the multiple levels and dimensions of human existence (physical, biological, psychological, and spiritual reality), allowing consciousness/mind/spirit and brain/body/matter to be seen as different sides of the same phenomenon, neither reducible to each other. The emergence of a form of causation distinctive from physics where mental/conscious agency (a) is neither identical with nor reducible to brain processes and (b) does exert "downward" causal influence on brain plasticity and the various levels of brain functioning is discussed. This manuscript also discusses the role of cognitive processes in religious experience and outlines what can neuroscience offer for study of religious experience and what is the significance of this study for neuroscience, clinicians, theology and philosophy. A methodological shift from "explanation" to "description" of religious experience is suggested. This paper contributes to the ongoing discussion between theologians, cognitive psychologists and neuroscientists. [355 refs.]

Fiske, A., Wetherell, J. L. and Gatz, M. [Department of Psychology, West Virginia University, Morgantown, WV; Amy.Fiske@mail.wvu.edu]. "**Depression in older adults**." *Annual Review of Clinical Psychology* 5 (2009): 363-389.

The authors note that religious involvement may reduce risk of depression in older adults. [See p. 376.] [122 refs.]

Fitchett, G. and Powell, L. H. [Rush University Medical Center, Chicago, IL; george_fitchett@rush.edu]. "**Daily spiritual experiences, systolic blood pressure, and hypertension among midlife women in SWAN**." *Annals of Behavioral Medicine* 37, no. 3 (Jun 2009): 257-267.

[Abstract:] BACKGROUND: There is reasonable evidence that religious beliefs and activities are associated with lower blood pressure and less hypertension. It is not known if daily spiritual experiences have similar effects. PURPOSE: We examined the relationship between an eight-item version of the Daily Spiritual Experiences Scale (DSES) and systolic blood pressure (SBP) and hypertension. METHODS: With data from 1,060 Caucasian and 598 African-American midlife women participating in Study of Women's Health Across the Nation, in race-stratified models, we used regression equations, logistic regression, and mixed effects regression to estimate the relationship between DSES group and SBP and hypertensive status. RESULTS: We found little difference across DSES groups in adjusted mean SBP for either Caucasian or African-American women. Nor did DSES protect against 3-year increases in SBP, hypertensive status, or incident hypertension. CONCLUSIONS: Daily spiritual experiences do not appear protective for SBP or hypertension in midlife women. Further research should examine factors that condition the religion-BP relationship.

Fitchett, G., Rasinski, K., Cadge, W. and Curlin, F. A. "**Physicians' experience and satisfaction with chaplains: a national survey**." *Archives of Internal Medicine* 169, no. 19 (Oct 26, 2009): 1808-1810.

This is a brief report of a survey of 1102 physicians, finding that "[m]ost physicians (89%) reported experience with chaplains," and "[a]mong these, most (90%) reported being satisfied or very satisfied with chaplains" [p. 1108]. Data showed that "higher levels of satisfaction were associated with practicing medical or other subspecialties, working in teaching hospitals, endorsing positive effects of R/S on patients, and believing it is appropriate to pray with patients whenever the physician senses it would be appropriate" [p. 1108]. In the geographic regions of the Midwest, West, and South, satisfaction with chaplains was similarly strong, but it was significantly lower in the Northeast.

Fitchett, G. and Risk, J. L. [Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago, IL; george_fitchett@rush.edu]. "**Screening for spiritual struggle**." *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 4-1-12 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] A growing body of research documents the harmful effects of religious or spiritual struggle among patients with a wide variety of diagnoses. We developed a brief screening protocol for use in identifying patients who may be experiencing religious/spiritual struggle, as well as patients who would like a visit from a chaplain. We describe the results of a pilot study in which non-chaplain healthcare colleagues administered the screening protocol to patients admitted to an acute medical rehabilitation unit. The protocol identified 7% of the patients as possibly experiencing religious/spiritual struggle. Follow up spiritual assessments by the chaplain confirmed religious/spiritual struggle in all but one of these patients and also identified additional cases of religious/spiritual struggled not identified by the protocol. In addition to areas for future research, the authors describe how using a protocol to screen patients for religious/spiritual can make important contributions to spiritual care.

Flanigan, S. T. [San Diego State University]. "**Staff perceptions of the benefits of religion in health and human services nonprofits: evidence from international development**." *Journal of Health & Human Services Administration* 32, no. 2 (2009): 164-194.

[Abstract:] Some argue faith-based organizations (FBOs) provide desirable moral or spiritual components to health and human service provision, and that services are more effective due to staffs more supportive approach. However, the majority of research has been conducted in the United States, and has focused on the experiences of Christian FBOs. This article examines the benefits that FBO staff in Bosnia and Herzegovina, Lebanon, and Sri Lanka believe religious identity brings to the work of their organizations, based on interviews with more than

100 staff of Buddhist, Catholic, Druze, Orthodox Christian, Protestant Christian, Shiite Muslim, and Sunni Muslim FBOs, as well as secular NGOs. The interview data indicate that staff members from most of the religious traditions included in the study believe the faith orientation of their organization brings benefits to their service provision. However, these perceived benefits differ based on country context. Some of these benefits are similar to those often mentioned in the literature on FBOs in the United States; however, other benefits are quite different than those discussed in the US literature.

Flannelly, K. J., Oettinger, M., Galek, K., Braun-Storck, A. and Kreger, R. [HealthCare Chaplaincy, 307 East 60th Street, New York, NY; Kflannelly@healthcarechaplaincy.org]. "**The correlates of chaplains' effectiveness in meeting the spiritual/religious and emotional needs of patients**." *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 9-1-15 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] The study was designed to assess the degree to which two sets of measures about chaplains' visits with patients predicted patients' perceptions that their spiritual/religious needs and their emotional needs were met by the chaplain. The first set consisted of seven items about the chaplain's demeanor during the visit. The second set measured patient satisfaction with seven aspects of the chaplain's care, including specific interventions. Overall, the latter items were more highly correlated with, and were better predictors of patients' perceptions that the chaplain met both their spiritual/religious needs and their emotional needs than were the demeanor items. The findings indicate the usefulness of measuring the effectiveness of specific chaplain interventions. The authors discuss that effectiveness measures may be more useful that patient satisfaction measures for assessing pastoral care.

Florez, K. R., Aguirre, A. N., Viladrich, A., Céspedes, A., De La Cruz, A. A. and Abraido-Lanza, A. F. [Department of Sociomedical Sciences, Columbia University, New York, NY]. "**Fatalism or destiny? A qualitative study and interpretative framework on Dominican women's breast cancer beliefs**." *Journal of Immigrant & Minority Health* 11, no. 4 (Aug 2009): 291-301.

[Abstract:] BACKGROUND: A growing literature on Latino's beliefs about cancer focuses on the concept of fatalismo (fatalism), despite numerous conceptual ambiguities concerning its meaning, definition, and measurement. This study explored Latina women's views on breast cancer and screening within a cultural framework of destino ("destiny"), or the notion that both personal agency and external forces can influence health and life events. METHODS: Semi-structured interviews were conducted with 25 Latinas from the Dominican Republic aged 40 or over. RESULTS: Respondents reported complex notions of health locus of control that encompassed both internal (e.g., individual action) and external (e.g., the will of God) forces shaping breast cancer prevention efforts. Furthermore, women actively participated in screening because they believed that cancer could become a death sentence if diagnosed late or left untreated. DISCUSSION: In contrast to simplistic notions of "fatalism", our analysis suggests complex strategies and beliefs regarding breast cancer and cancer screening that speak of resiliency rather than hopelessness.

Ford, D., Zapka, J. G., Gebregziabher, M., Hennessy, W. and Yang, C. [Department of Medicine, Medical University of South Carolina, Charleston; fordd@musc.edu]. "**Investigating critically ill patients' and families' perceptions of likelihood of survival**." *Journal of Palliative Medicine* 12, no. 1 (Jan 2009): 45-52.

Among the findings of this study of 100 MICU patients and surrogates: "An important new observation from these data is that respondents reporting faith-based decision-making were almost three times as likely to report more optimistic perceptions of chance for survival in a real-world ICU setting after controlling for race and other significant variables." [p. 50]

Fowler, D. N. and Rountree, M. A. [University of Texas at Austin School of Social Work; dfowler@mail.utexas.edu]. "**Exploring the meaning and role of spirituality for women survivors of intimate partner abuse**." *Journal of Pastoral Care & Counseling* 63, nos. 3-4 (Fall-Winter 2009): 3-1-13 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Literature on trauma, coping and spirituality has introduced new questions about protective factors in the healing process for intimate partner abuse survivors (IPA). This qualitative study explores the relationship between spirituality and IPA with three focus groups of twenty-two women IPA survivors residing in a shelter. A content analysis revealed central themes that explicate the meaning and role spirituality plays for participants. Viewed as a salient dimension, spirituality provides strength, influences outcomes and assists in the regulation of behavioral responses in a positive manner in terms of participants' traumatic IPA victimization. Practice implications are discussed.

Fowler, M. D. [Azusa Pacific University, Azusa, CA; mfowler@apu.edu]. "**Religion, bioethics and nursing practice**." *Nursing Ethics* 16, no. 4 (Jul 2009): 393-405.

[Abstract:] This article calls nursing to engage in the study of religions and identifies six considerations that arise in religious studies and the ways in which religious faith is expressed. It argues that whole-person care cannot be realized, neither can there be a complete understanding of bioethics theory and decision making, without a rigorous understanding of religious-ethical systems. Because religious traditions differ in their cosmology, ontology, epistemology, aesthetic, and ethical methods, and because religious subtraditions interact with specific cultures, each religion and subtradition has something distinctive to offer to ethical discourse. A brief example is drawn from Native American religions, specifically their view of ;speech' and ;words'. Although the example is particular to an American context, it is intended to demonstrate a more general principle that an understanding of religion per se can yield new insights for bioethics. [38 refs.] [See also articles by Benari, G.; by Pesut, B.; and by Reimer-Kirkham, S.; in the same issue themed of the journal --all cited elsewhere in this bibliography.]

Francis, S. A. and Liverpool, J. [Department of Epidemiology and Biostatistics, Division of Public Health, School of Medicine, Case Western Reserve University, Cleveland, OH; saf24@case.edu]. "**A review of faith-based HIV prevention programs**." *Journal of Religion & Health* 48, no. 1 (Mar 2009): 6-15.

[Abstract:] HIV disproportionately affects people of color, suggesting a need for innovative prevention programs and collaborations as part of prevention efforts. African Americans have close ties to the church and faith-based organizations. African American faith communities were slow to address HIV prevention, but in recent years, they have become more involved in such activities. This study reviews the empirical literature on faith-based HIV prevention programs among African American populations. Several successful faith-based/public health collaborations are identified, and the limitations and strengths of faith-based prevention programs are discussed. Recommendations are provided for developing effective faith-based/public health collaborations.

Friedman, D. B., Laditka, J. N., Hunter, R., Ivey, S. L., Wu, B., Laditka, S. B., Tseng, W., Corwin, S. J., Liu, R. and Mathews, A. E. [Arnold School of Public Health, University of South Carolina, Columbia, SC; dbfriedman@sc.edu]. "**Getting the message out about cognitive health: a cross-cultural comparison of older adults' media awareness and communication needs on how to maintain a healthy brain**." *Gerontologist* 49, suppl. 1 (Jun 2009): S50-60.

Among the findings of this focus group study about educational approaches to brain health, with 177 adults aged 50 years and older: African Americans and Asian Americans suggested brain health education be conducted through church settings, and African American, Chinese, and Vietnamese participants said said that brain health slogans should be spiritual.

Galek, K. and Porter, M. [Spears Research Institute, HealthCare Chaplaincy, New York, NY; kgalek@healthcarechaplaincy.org]. "**A brief review of religious beliefs in research on mental health and ETAS theory**." *Journal of Health Care Chaplaincy* 16, no. 1 (Jan 2009): 58-64. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] The present study briefly describes and critiques the kinds of variables used to measure religion in research on mental health and analyzes data from the Handbook of Religion and Health to assess what variables are most commonly used to do so. The analysis found that organizational religion and subjective religiosity were the most widely used measures in research on psychological well-being, depression, and anxiety, with 30%-52% of studies measuring organizational religion and 34%-36% measuring subjective religiosity. In contrast, only 9%-11% of studies measured religious beliefs. The paper discusses the associations between religious beliefs and mental health that have been reported and the value of measuring religious beliefs in light of ETAS Theory.

Galek, K., Silton, N. R., Vanderwerker, L. C., Handzo, G. F., Porter, M., Montonye, M. G. and Fleenor, D. W. [Spears Research Institute, Healthcare Chaplaincy, New York, NY; kgalek@healthcarechaplaincy.org]. "**To pray or not to pray: considering gender and religious concordance in praying with the ill**." *Journal of Health Care Chaplaincy* 16, no. 1 (Jan 2009): 42-52. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Analysis of Covariance was conducted on quantitative data collected by chaplains from January 2005 to December 2008. Data from 82 Catholic, Jewish, and Protestant chaplains, consisting of 53 CPE students and 29 professional chaplains were used in this study. Overall, chaplains exhibited a statistically significant higher rate of prayer with patients from their own religion (religious concordance) than they did with patients of different religions (religious discordance). There was also an interaction of chaplain religion and religious concordance wherein Protestant chaplains were 50% more likely to pray with Protestant patients than with patients of other religions, and Catholic chaplains were 20% more likely to pray with Catholic patients than with other patients. Chaplains were also significantly more likely to pray with patients of their own gender (gender concordance) than with patients of the other gender (gender discordance).

Galek, K., Vanderwerker, L. C., Flannelly, K. J., Handzo, G. F., Kytle, J., Ross, A. M. and Fogg, S. L. [HealthCare Chaplaincy, 307 E. 60th St., New York, NY; Kgalek@healthcarechaplaincy.org]. "**Topography of referrals to chaplains in the Metropolitan Chaplaincy Study**." *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 6-1-13 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Understanding referral patterns to chaplains is essential not only to ensure proper patient treatment, but also to assist chaplains seeking to expand the range of patient situations in which they are called to intervene. Information about more than 58,000 chaplain visits was documented during the first two years (2005-2006) of the Metropolitan Chaplaincy Study. Data from 15,655 of these visits, which were made in response to referrals (26.9% of all visits), were analyzed in the present study. Seventy-eight percent of referral requests were met within the same day, and 94.9% of requests and were met within 2 days. Nurses were the most frequent source of referrals to chaplains (45.0%), followed by self-referrals from patients or requests from their family members (30.3%), with the remainder coming from a variety of hospital disciplines. The most common reason for referrals was that patients requested to see a chaplain. Other relatively common reasons for referrals were problems or issues related to illness or treatment, and end-of-life issues, concerns about death and the death of patients, with reasons for referrals differing by referral source. The most common reason for referrals among professional staff was that patients were feeling bad or in pain, followed by medical issues, and end-of-life issues. Patient and family referrals usually involved positive patient affect, whereas staff referrals usually involved negative patient affect.

Gall, T. L., Guirguis-Younger, M., Charbonneau, C. and Florack, P. [Saint Paul University, Ottawa, ON, Canada; tgall@ustpaul.ca]. "**The trajectory of religious coping across time in response to the diagnosis of breast cancer**." *Psycho-Oncology* 18, no. 11 (Nov 2009): 1165-1178.

[Abstract:] OBJECTIVES: This study investigates the mobilization of religious coping in women's response to breast cancer. METHODS: Ninety-three breast cancer patients and 160 women with a benign diagnosis participated. Breast cancer patients were assessed on their use of religious coping strategies and their level of emotional distress and well-being at pre-diagnosis, 1 week pre-surgery, and 1 month, 6 months, 1 year, and 2 years post-surgery. RESULTS: In general, breast cancer patients used religious strategies more frequently than women with a benign diagnosis; however, the patterns of use were similar across time for the majority of strategies. Results showed that religious coping strategies are mobilized early on in the process of adjustment to breast cancer. Breast cancer patients' use of support or comfort-related strategies peaked around surgery and then declined, while the use of strategies that reflected more a process of meaning-making remained elevated or increased into the long-term. Positive and negative forms of religious coping were predictive of concurrent distress and emotional well-being. As well, there was evidence that the mobilization of religious coping was predictive of changes in distress and well-being across time. For example, women's increased use of active surrender coping from 1 to 6 months post-surgery was related to a concomitant decrease in emotional distress and increase in emotional well-being. CONCLUSIONS: Notably the nature of the relationship between religious coping and emotional adjustment depended on the type of religious coping strategy as well as the specific time of assessment. Specificity of information in the use of religious coping can allow health-care professionals to better identify resources and address potential points of difficulty during the process of women's adjustment to breast cancer.

Gall, T. L., Kristjansson, E., Charbonneau, C. and Florack, P. [Saint Paul University, Ottawa, ON, Canada; tgall@ustpaul.ca]. "**A longitudinal study on the role of spirituality in response to the diagnosis and treatment of breast cancer**." *Journal of Behavioral Medicine* 32, no. 2 (Apr 2009): 174-186.

[Abstract:] This longitudinal study addressed the role of spirituality in women's response to breast cancer. Ninety-three women diagnosed with breast cancer were assessed on various measures of image of God, positive attitude, social well-being and emotional distress at pre-diagnosis, 6 months post-surgery and 1 year post-surgery. As compared to women who dropped out of the study, this sample reported religion to be less important in their daily lives. Path analyses showed evidence of direct and indirect effects of positive and negative images of God on emotional distress in cross-sectional but not longitudinal data. A positive image of God was related to greater concurrent distress while a negative image of God was indirectly related to greater distress through the pathways of social well-being and positive attitude. In the longitudinal path model, a pre-diagnosis measure of religious salience was the only aspect of spirituality that predicted an increase in distress at 1 year post-surgery. The cross-sectional analyses provided limited support for the "religious/spiritual mobilization" hypothesis as put forth by Pargament (The psychology of religion and coping. New York: Guilford Press, 1997). There was also limited support for the mediator variables of positive attitude and social well-being as mechanisms through which spirituality influences adjustment. Finally, there was no support that spirituality acted in a protective manner rather the negative elements of spirituality were more prominent in relation to various aspects of women's adjustment to breast cancer. Such results suggest that women who were less spiritually/religiously involved prior to the onset of breast cancer and who attempt to mobilize these resources under the stress of diagnosis may experience a negative process of spiritual struggle and doubt that, in turn, has implications for their long-term adjustment.

Gates, K. and Pritchard, M. [Department of Psychology, Boise State University, Boise, ID]. "**The relationships among religious affiliation, religious angst, and disordered eating**." *Eating & Weight Disorders* 14, no. 1 (Mar 2009): e11-15.

[Abstract:] Although religion is thought to be a positive aspect of life, sometimes that is not always the case. One potentially negative effect of religion is the way people learn to perceive their bodies. Although many studies have examined factors that influence disordered eating (e.g., gender, self-esteem), few studies have examined the relationships among disordered eating and religious affiliation and religious angst. In the present study of 330 undergraduates, we found that Catholics and Christians displayed significantly more disordered eating than did other students. In addition, individuals scoring high on religious angst also reported more disordered eating behaviors than did other students. Implications for counseling will be discussed.

Gearing, R. E. and Lizardi, D. [Columbia University, School of Social Work, New York, NY; rg2372@columbia.edu]. "**Religion and suicide**." *Journal of Religion & Health* 48, no. 3 (Sep 2009): 332-341.

[Abstract:] Religion impacts suicidality. One's degree of religiosity can potentially serve as a protective factor against suicidal behavior. To accurately assess risk of suicide, it is imperative to understand the role of religion in suicidality. PsycINFO and MEDLINE databases were searched for published articles on religion and suicide between 1980 and 2008. Epidemiological data on suicidality across four religions, and the influence of religion on suicidality are presented. Practice guidelines are presented for incorporating religiosity into suicide risk assessment. Suicide rates and risk and protective factors for suicide vary across religions. It is essential to assess for degree of religious commitment and involvement to accurately identify suicide risk. [63 refs.]

Geller, G., Micco, E., Silver, R. J., Kolodner, K. and Bernhardt, B. A. [Johns Hopkins University, Baltimore, MD; ggeller@jhmi.edu]. "**The role and impact of personal faith and religion among genetic service providers**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 31-40.

[Abstract:] This paper describes the impact of genetic service providers' personal faith and religious values on their experiences interacting with colleagues and patients. We surveyed 480 clinical geneticists (MDs), genetic counselors (GCs), and genetic nurses randomly selected from their professional associations, and then interviewed a sample of survey respondents. Outcomes included religiosity, coping with distress through spiritual beliefs, and personal value conflicts (PVCs). Two hundred fourteen providers completed the survey out of an estimated 348 eligible (61% response rate). Importance attributed to regular attendance at religious services ranged from 39% (not at all important) to 27% (very important). Reliance on religion and spiritual beliefs as a source of comfort ranged from 48% (never) to 33% (sometimes or often). Religiosity varied by discipline with 58% of nurses thinking regular attendance at religious services was moderately or very important as compared to 47% of GCs and 30% of MDs ($P = 0.006$). Ten percent of respondents had difficulty reconciling their own faith with being a genetics professional, 14% felt the need to hide their own faith from their colleagues or patients, 7% thought their professional stance was not consistent with their personal values, and 4% felt ostracized by the genetics community because of their personal beliefs. The experience of such PVCs was positively correlated with religiosity ($r = 0.35$; $P < 0.0001$). GCs were more likely to experience PVCs than MDs or nurses ($P = 0.013$). Data from the interviews ($N = 54$) support these findings. A significant minority of genetic service providers are religiously observant and rely on their religious values to cope with distress. These individuals often experience difficulty reconciling their religious beliefs with the expectations of their profession, and sharing their beliefs with their colleagues and patients. Efforts should be made to prevent or reduce the secrecy surrounding personal faith and religion among genetics professionals. [This is part of a special issue of the journal addressing religious and spiritual concerns. See also the articles by Anderson, R. R.; by Bartlett, V. L., et al.; by Churchill, L. R.; by Fanning, J. B., et al.; by Harris, T. M., et al.; by Kinney, A. Y., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Gilbert, C. R. and Smith, C. M. [Division of Pulmonary and Critical Care Medicine, Department of Medicine, Thomas Jefferson University Hospital, Philadelphia, PA]. **"Advanced lung disease: quality of life and role of palliative care**." *Mount Sinai Journal of Medicine* 76, no. 1 (Feb 2009): 63-70.

In this review, the authors note previous research (by Swigris, et al.) in which, "Some [patients] commented that their diagnosis led to improved spiritual well-being, but their mental health generally suffered as they often reported fear, worry, anxiety, and panic regarding their future mortality." [p. 65]

Gillum, F., Obisesan, T. O. and Jarrett, N. C. [Howard University College of Medicine, Silver Spring, MD; frank.gillum@gmail.com]. "**Smokeless tobacco use and religiousness**." *International Journal of Environmental Research & Public Health* 6, no. 1 (Jan 2009): 225-231.

[Abstract:] Although smoking shows a strong negative association with religiousness, no studies have appeared of use of smokeless tobacco (ST) and religiousness. To assess an association of use of ST and religiousness, data from 9,374 men aged 17 years and over with complete data on self-reported frequency of attendance at religious services and use of smokeless tobacco were analyzed. Among men aged 17-29 years, 4.9% of frequent attenders (>or=24 times/y) and 9.4% of others (<24 times/y) were current users of ST ($p=0.002$). After adjusting for multiple confounders by logistic regression, infrequent attenders were twice as likely as frequent attenders to be ST users: odds ratio 2.09, 95%

confidence limits 1.12-3.92, p=0.02. This negative association suggests a protective effect of early-life religiousness on ST use, which might be taken into account in planning ST prevention efforts.

Gillum, F. and Williams, C. [Howard University College of Medicine, Washington, DC; frank.gillum@gmail.com]. "**Associations between breast cancer risk factors and religiousness in American women in a national health survey**." *Journal of Religion & Health* 48, no. 2 (Jun 2009): 178-188.

[Abstract:] Breast cancer is a leading cause of death in American women. Data are lacking from representative samples of total populations on the association of risk factors for breast cancer and religiousness. The sixth cycle of the National Survey of Family Growth (NSFG VI) included 3,766 women aged 30-44 years with complete data on self-reported religiousness, and selected breast cancer risk factors. Of women in the analysis, 1,008 reported having four or more breast cancer risk factors. Women who never attended services were over seven times more likely to report having four or more risk factors than those who attended more than weekly ($P < 0.0001$). After adjusting for age, race, Hispanic ethnicity, nativity, education and marital status by logistic regression, women who never attended services were still over six times more likely to report having four or more risk factors ($P < 0.0001$). The combination of frequent attendance at religious services, very high importance of religion in daily life, and self-identification as a Protestant evangelical was particularly protective. Multiple dimensions of religiousness are independently associated with multiple breast cancer risk factors.

Gillum, R. F., Santibanez, S., Bennett, G. and Donahue, M. [School of Divinity and College of Medicine, Howard University, Washington, DC; frank.gillum@gmail.com]. "**Associations of prayer, mind-body therapy, and smoking cessation in a national survey**." *Psychological Reports* 105, no. 2 (Oct 2009): 593-604.

[Abstract:] Smoking is the leading preventable cause of death. Many people use mind-body therapies and/or prayer to assist them in smoking cessation, but more information on their effectiveness is needed. In the 2002 National Health Interview Survey, 5,864 persons aged 18 or older reported smoking in the prior 12 mo.; among these, users of any of 10 mind-body therapies or prayer were compared to nonusers to assess smoking cessation attempts and smoking cessation over a 1-yr. period. Weighted logistic regression showed that the adjusted odds of reporting quit attempts during the year prior to interview or of reporting no longer smoking at interview were significantly higher in those using prayer alone, any mind-body therapy alone, or both, compared with those who used neither. In the subset of 2,839 persons who reported smoking 12 mo. prior to interview and attempting to quit during the year prior to interview, the odds of reporting no longer smoking at interview were no greater for those who used prayer, any mind-body therapy, or both, than in those using neither.

Givens, J. L. and Mitchell, S. L. [Division of Gerontology, Beth Israel Deaconess Medical Center and Hebrew SeniorLife Institute for Aging Research, Boston, MA; JaneGivens@hrca.harvard.edu]. "**Concerns about end-of-life care and support for euthanasia**." *Journal of Pain & Symptom Management* 38, no. 2 (Aug 2009): 167-173.

Among the findings of this analysis of data from the 1998 General Social Survey: "over half [of respondents] felt that their religious community would be helpful in the setting of terminal illness," …and [r]espondents with a belief in the helpfulness of their own religious community were less likely to support euthanasia" [p. 170].

Glueckauf, R. L., Davis, W. S., Allen, K., Chipi, P., Schettini, G., Tegen, L., Jian, X., Gustafson, D. J., Maze, J., Mosser, B., Prescott, S., Robinson, F., Short, C., Tickel, S., VanMatre, J., DiGeronimo, T. and Ramirez, C. [Florida State University, Tallahassee, FL; robert.glueckauf@med.fsu.edu]. "**Integrative cognitive-behavioral and spiritual counseling for rural dementia caregivers with depression**." *Rehabilitation Psychology* 54, no. 4 (Nov 2009): 449-461.

[Abstract:] OBJECTIVE: Discuss initial evaluation of a program for training faith community nurses (FCNs) to conduct cognitive-behavioral and spiritual counseling (CBSC) for rural dementia caregivers (CGs), and present 2 case studies on the use of CBSC for treating depression in this population. STUDY DESIGN: Pre-post evaluation of the effectiveness of CBSC training and a case study analysis of the effectiveness of CBSC on CG problem improvement and depression. OUTCOME MEASURES: For FCN training, we used the FCN Counseling Comfort Scale, FCN Counseling Efficacy Scale, and the FCN Counseling Workshop Satisfaction Survey. The Problem Severity Scale and Center for Epidemiologic Studies Depression Scale were used in the case studies. RESULTS: Significant post-training increases in FCN counseling comfort and perceived counseling efficacy were obtained. Case study findings provided evidence of substantial improvement in caregiving problems and reductions in depression. CONCLUSIONS: Preliminary outcomes of FCN training and CBSC for dementia CGs were promising. However, replication across the sample is required to evaluate the overall effectiveness of CBSC for reducing CG depression. Specific competencies and ethical considerations in supervising this form of intervention are also addressed. [See also articles in this same special issue of the journal by Brenner, L. A., et al., and by Johnstone, B., et al. --noted elsewhere in this bibliography.]

Goebel, J. R., Doering, L. V., Lorenz, K. A., Maliski, S. L., Nyamathi, A. M. and Evangelista, L. S. [Department of Nursing, California State University, Long Beach; jgoebel@csulb.edu]. **"Caring for special populations: total pain theory in advanced heart failure: applications to research and practice**." *Nursing Forum* 44, no. 3 (Jul-Sep 2009): 175-185.

This review considers throughout a spiritual aspect of pain, especially in light of Saunders' conceptualization of "total pain." There is also a section on Spiritual/Existential Well-Being: "Spiritual/existential well-being may not necessarily refer to religious experiences, but to a range of beliefs that become more important as individuals face declining function and their own mortality…. Spiritual/existential well-being is defined as the propensity to make meaning through a sense of relatedness to dimensions that transcend the self…. In a qualitative study, Westlake and Dracup identified the development of regret, and a search for meaning and hope as recurrent themes for patients with advanced HF adjusting to their disease progress…. Saunders proposes that a feeling of meaninglessness, that neither oneself nor the universe itself has permanence or purpose, is an indication of spiritual pain or a lack of spiritual wellbeing…. When life-limiting disease constricts the ability to make meaning from one's activities, it is critical to ask patients, 'What makes you happy in this part of your life?'…. By clarifying personal goals, patients and families may discover meaning and purpose, and improve spiritual well-being throughout the HF [heart failure] trajectory." [p. 181]

Goodlin, S. J. [Patient-centered Education and Research, 681 East 17th Avenue, Salt Lake City, UT; sjg-pcer@comcast.net]. "**End-of-life care in heart failure**." *Current Cardiology Reports* 11, no. 3 (May 2009): 184-191.

Among the points of this review is: "[heart failure] patients worry about dying and burdening their family, are uncertain about their course, and experience hopelessness, isolation, and disability. Approaches to spiritual issues such as those used in other advanced illnesses are appropriate

in HF [44]. At a minimum, clinicians should screen for spiritual concerns and sources of support. Anticipatory grief is common in life-limiting illness; clinicians should acknowledge patients' previous and anticipated losses and sources of grief." The bibliography contains 50 refs.

Greenfield, E. A., Vaillant, G. E. and Marks, N. F. [Rutgers University, School of Social Work, New Brunswick, NJ; egreenf@ssw.rutgers.edu]. "**Do formal religious participation and spiritual perceptions have independent linkages with diverse dimensions of psychological well-being?**" *Journal of Health & Social Behavior* 50, no. 2 (Jun 2009): 196-212.
[Abstract:] Recognizing religiosity and spirituality as related yet distinct phenomena, and conceptualizing psychological well-being as a multidimensional construct, this study examines whether individuals' frequency of formal religious participation and spiritual perceptions are independently associated with diverse dimensions of psychological well-being (negative affect, positive affect, purpose in life, positive relations with others, personal growth, self-acceptance, environmental mastery, and autonomy). Data came from 1,564 respondents in the 2005 National Survey of Midlife in the United States (MIDUS). Higher levels of spiritual perceptions were independently associated with better psychological well-being across all dimensions, and three of these salutary associations were stronger among women than men. Greater formal religious participation was independently associated only with more purpose in life and (among older adults) personal growth; greater formal religious participation was also associated with less autonomy. Overall, results suggest a different pattern of independent linkages between formal religious participation and spiritual perceptions across diverse dimensions of psychological well-being.

Griffin, A. T. and Yancey, V. [Nurse Anesthesia program at Southern Illinois University, Edwardsville]. "**Spiritual dimensions of the perioperative experience**." *AORN Journal* 89, no. 5 (May 2009): 875-882.
[Abstract:] Nurses recognize the importance of spiritual care for facilitating healing and positive outcomes. Nurses caring for patients in highly technical surgical environments have unique opportunities and challenges when attending to patients' spiritual needs. Patients facing surgery often regard the event and the health implications associated with it as having meaning and significance for their lives. They draw upon spiritual resources to respond to the challenges of their illness and surgery. This article addresses the effect of life transition and uncertainty on a patient's surgical experience. Suggestions are made for ways perioperative nurses can provide spiritual care to help create healing environments. (c) AORN, Inc, 2009. [45 refs.]

Gullatte, M. M., Hardin, P., Kinney, A., Powe, B. and Mooney, K. [Nell Hodgson Woodruff School of Nursing of Emory University, Atlanta, GA; Mary.gullatte@emoryhealthcare.org]. "**Religious beliefs and delay in breast cancer diagnosis for self-detected breast changes in African-American women**." *Journal of National Black Nurses Association* 20, no. 1 (Jul 2009): 25-35.
[Abstract:] African-American women have a one-third higher death rate from breast cancer. Delay in breast cancer detection is a significant factor in being diagnosed at a later stage. The objective of this research was to examine the relationship between religious beliefs and delay in diagnosis of breast cancer and breast cancer stage for self-detected breast symptoms. Participants ranged in age from 30 to 84 years, with a median age of 54 years. This was a descriptive, correlational study, which utilized an open-ended questionnaire. Statistically significant association was found between Time to Seek Medical Care and Stage of Breast Cancer at $p = 0.001$, with 67% of the participants ($n = 87$) presenting with > Stage I breast cancer, and with the mean time to seek medical care at 5.4 months. A statistically significant association was also found related to "did you tell anyone about the breast change"? (i. e., Yes, No, or Only Talked to God). Delay in time to seek medical care was significantly associated with only talking to God about the breast change at ($p = 0.02$). Telling someone about their breast symptom was also statistically significant at $p = 0.01$ for reducing delay. [See also: Thompson, E.,, et al., "Weight management in African-Americans using church-based community interventions to prevent type 2 diabetes and cardiovascular disease," on pp. 59-65 of the same issue of the journal -- also cited in this bibliography.]

Haber, J. R. and Jacob, T. [Veterans Affairs Palo Alto Health Care System, Menlo Park, CA; randyhaber@gmail.com]. "**Mediation of family alcoholism risk by religious affiliation types**." *Journal of Studies on Alcohol & Drugs* 70, no. 6 (Nov 2009): 877-889.
[Abstract:] OBJECTIVE: Religious affiliation is inversely associated with alcohol dependence (AD). Our previous findings indicated that when a religious affiliation differentiated itself from cultural norms, then high-risk adolescents (those having parents with alcoholism history) raised with these affiliations exhibited fewer AD symptoms compared with adolescents of other religious affiliations and nonreligious adolescents. The first of two studies reported here provides a needed replication of our previous findings for childhood religious affiliation using a different sample, and the second study extends examination to current religious affiliation. METHOD: A national sample of male and female adolescents/young adults ($N = 1,329$; mean age = 19.6 years) was selected who were the offspring of members of the Vietnam era Twin Registry. Parental alcoholism, religious affiliation types, and their interactions were examined as predictors of offspring AD symptoms. RESULTS: (1) Offspring reared with a differentiating religious affiliation during child-hood exhibited significantly fewer AD symptoms as young adults; (2) offspring with current differentiating religious affiliation also exhibited fewer AD symptoms; this main effect was not weakened by adding other measures of religiousness to the model; (3) differentiating religious affiliation was correlated with both family alcoholism risk and offspring outcome, and removed the association between family alcoholism risk and offspring outcome, thus indicating that differentiating religious affiliation was at least a partial mediator of the association between family AD history risk and offspring AD outcome. CONCLUSIONS: Current results indicate that religious differentiation is an inverse mediator of alcoholism risk for offspring with or without parental AD history and regardless of the influence of other religion variables. Results replicated our previous report on religious upbringing between ages 6 and 13 years and indicated an even stronger effect when current differentiating affiliation was examined. [See also Ayers, J. W., et al, "Exploring religious mechanisms for healthy alcohol use: religious messages and drinking among Korean women in California," in the same issue of the journal --noted elsewhere in this bibliography.]

Hamilton, J. B., Stewart, B. J., Crandell, J. L. and Lynn, M. R. [University of North Carolina, School of Nursing, Chapel Hill]. "**Development of the Ways of Helping Questionnaire: a measure of preferred coping strategies for older African American cancer survivors**." *Research in Nursing & Health* 32, no. 3 (Jun 2009): 243-259.
[Abstract:] Although researchers have identified beneficial coping strategies for cancer patients, existing coping measures do not capture the preferred coping strategies of older African American cancer survivors. A new measure, the Ways of Helping Questionnaire (WHQ), was evaluated with 385 African American cancer survivors. Validity evidence from factor analysis resulted in 10 WHQ subscales (Others There for Me, Physical and Treatment Care Needs, Help from God, Church Family Support, Helping Others, Being Strong for Others, Encouraging My Healthy Behaviors, Others Distract Me, Learning about Cancer, and Distracting Myself). Reliability evidence was generally strong. Evidence

regarding hypothesized relationships with measures of well-being and another coping measure was mixed. The WHQ's content coverage makes it especially relevant for older African American cancer survivors.

Harr, C., Openshaw, L. and Moore, B. [School of Social Work, Baylor University, Waco, TX; Cynthia_Harr@baylor.edu]. "**Interdisciplinary relationships between chaplains and social workers in health care settings**." *Journal of Health Care Chaplaincy* 16, no. 1 (Jan 2009): 13-23. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] As professional members of interdisciplinary teams in health care settings, chaplains and social workers must be prepared to interface with each other in a competent manner and to work cooperatively in caring for the needs of patients and their families. This article shares the results of a combined qualitative and quantitative research study (N = 403) that focused on determining chaplains' perceptions of their professional collaborative relationships with social workers. The findings indicate that chaplains have an overall positive perception of their interdisciplinary relationships with social workers. However, the results suggest areas that should be addressed in order to maintain and improve their functioning as colleagues who each play a critical role in providing holistic treatment.

Harrawood, L. K. [Idaho State University, Pocatello; harrlaur@isu.edu]. "**Measuring spirituality, religiosity, and denial in individuals working in funeral service to predict death anxiety**." *Omega - Journal of Death & Dying* 60, no. 2 (2009-2010): 129-142. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] The aim of the present study was to examine predictors of death anxiety in U.S. funeral directors/embalmers who were part of a larger study (n = 234). Backward stepwise multiple regression was conducted to determine whether or not spirituality, intrinsic religiosity, extrinsic religiosity, and denial predicted levels of death anxiety. Results indicated that spirituality along with age of the participants accounted for 19% of the variance of death anxiety, $R2 = .190$, $R2(adj) = .180$, $F(2, 168) = 19.64$, $p < .001$. Intrinsic religiosity, extrinsic religiosity, and denial were not significant in the regression model. Several items, however, in the model had a significant positive correlation with each other at the .01 alpha level including spirituality with intrinsic religiosity ($r = .63$) and age ($r = .21$), and intrinsic religiosity with denial ($r = .22$) and age ($r = .24$). Other variables correlated negatively with one another at the .01 alpha level. Namely, death anxiety with spirituality (-.38), intrinsic religiosity ($r = -.36$), and age (-.28); spirituality with extrinsic religiosity (-.22); intrinsic religiosity with extrinsic religiosity (-.45); and extrinsic religiosity with age ($r = -.19$). Limitations of the study and implications for practice were discussed.

Harris, S., Kaplan, J. T., Curiel, A., Bookheimer, S. Y., Iacoboni, M. and Cohen, M. S. [UCLA Ahmanson-Lovelace Brain Mapping Center, David Geffen School of Medicine, University of California Los Angeles]. "**The neural correlates of religious and nonreligious belief**." *PLoS ONE* 4, no. 10 (2009): e0007272 [Electronic Resource].

[Abstract:] BACKGROUND: While religious faith remains one of the most significant features of human life, little is known about its relationship to ordinary belief at the level of the brain. Nor is it known whether religious believers and nonbelievers differ in how they evaluate statements of fact. Our lab previously has used functional neuroimaging to study belief as a general mode of cognition, and others have looked specifically at religious belief. However, no research has compared these two states of mind directly. METHODOLOGY/PRINCIPAL FINDINGS: We used functional magnetic resonance imaging (fMRI) to measure signal changes in the brains of thirty subjects-fifteen committed Christians and fifteen nonbelievers-as they evaluated the truth and falsity of religious and nonreligious propositions. For both groups, and in both categories of stimuli, belief (judgments of "true" vs judgments of "false") was associated with greater signal in the ventromedial prefrontal cortex, an area important for self-representation, emotional associations, reward, and goal-driven behavior. This region showed greater signal whether subjects believed statements about God, the Virgin Birth, etc. or statements about ordinary facts. A comparison of both stimulus categories suggests that religious thinking is more associated with brain regions that govern emotion, self-representation, and cognitive conflict, while thinking about ordinary facts is more reliant upon memory retrieval networks. CONCLUSIONS/SIGNIFICANCE: While religious and nonreligious thinking differentially engage broad regions of the frontal, parietal, and medial temporal lobes, the difference between belief and disbelief appears to be content-independent. Our study compares religious thinking with ordinary cognition and, as such, constitutes a step toward developing a neuropsychology of religion. However, these findings may also further our understanding of how the brain accepts statements of all kinds to be valid descriptions of the world.

Harris, T. M., Keeley, B., Barrientos, S., Gronnvoll, M., Landau, J., Groscurth, C. R., Shen, L., Cheng, Y. and Cisneros, J. D. [Department of Speech Communication, University of Georgia, Athens, GA; tmharris@uga.edu]. "**A religious framework as a lens for understanding the intersection of genetics, health, and disease**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 22-30.

[Abstract:] The primary goal of this study was to determine the extent to which religious frameworks inform lay public understandings of genes and disease. Contrary to existing research, there were minimal differences between racial groups. We did, however, observe two patterns in that data that are worthy of discussion. First, because participants were from the south, the finding that participants from both racial groups ascribe to a religious belief system to make sense of their lived experiences is not surprising. Rather, it appears to be reflective of the religious culture that is an integral part of the south and our identity as a nation. A second noteworthy finding is that while a significant number of participants believe that a relationship exists between health status, genes, and religious behaviors, they also recognize that positive health behaviors must also be adopted as a means for staving off disease. In some cases, however, there was a belief that health issues could dissolve or disappear as a result of certain religious behaviors such as prayer. [This is part of a special issue of the journal addressing religious and spiritual concerns. See also the articles by Anderson, R. R.; by Bartlett, V. L., et al.; by Churchill, L. R.; by Fanning, J. B., et al.; by Geller, G., et al.; by Kinney, A. Y., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Hasson-Ohayon, I., Braun, M., Galinsky, D. and Baider, L. [Department of Psychology, Bar-Ilan University, Ramat-Gan, Israel; hasoni@mail.biu.ac.il]. "**Religiosity and hope: a path for women coping with a diagnosis of breast cancer**." *Psychosomatics* 50, no. 5 (Sep-Oct 2009): 525-533.

[Abstract:] BACKGROUND: Both religiosity and hope are known for their positive role in coping with cancer. OBJECTIVE: This study examines the mediating role of hope between religiosity and coping for women diagnosed with breast cancer. METHOD: Israeli Jewish women with breast cancer (N=233) completed the Mental Adjustment to Cancer Scale, The Systems of Belief Inventory, and The Hope Scale. RESULTS: By use of hierarchical regression, hope was found to be a mediator between religiosity and three coping styles. CONCLUSION:

Special attention should be given to the role of hope for religious patients because it increases the positive effects of religion in coping with cancer.

Hebert, R., Zdaniuk, B., Schulz, R. and Scheier, M. [Forbes Hospice, Pittsburgh, PA; rhebert@wpahs.org]. "**Positive and negative religious coping and well-being in women with breast cancer**." *Journal of Palliative Medicine* 12, no. 6 (Jun 2009): 537-545. Comment on pp. 507-508.

[Abstract:] BACKGROUND: Although religions is important to many people with cancer, few studies have explored the relationship between religious coping and well-being in a prospective manner, using validated measures, while controlling for important covariates. METHODS: One hundred ninety-eight women with stage I or II and 86 women with stage IV stage breast cancer were recruited. Standardized assessment instruments and structured questions were used to collect data at study entry and 8 to 12 months later. Religious coping was measured with validated measures of positive and negative religious coping. Linear regression models were used to explore the relationships between positive and negative religious coping and overall physical and mental well-being, depression, and life satisfaction. RESULTS: The percentage of women who used positive religious coping (i.e., partnering with God or looking to God for strength, support, or guidance) "a moderate amount" or "a lot" was 76%. Negative religious coping (i.e., feeling abandoned by or anger at God) was much less prevalent; 15% of women reported feeling abandoned by or angry at God at least "a little." Positive religious coping was not associated with any measures of well-being. Negative religious coping predicted worse overall mental health, depressive symptoms, and lower life satisfaction after controlling for sociodemographics and other covariates. In addition, changes in negative religious coping from study entry to follow-up predicted changes in these well-being measures over the same time period. Cancer stage did not moderate the relationships between religious coping and well-being. CONCLUSIONS: Negative religious coping methods predict worse mental heath and life satisfaction in women with breast cancer.

Hebert, R. S., Schulz, R., Copeland, V. C. and Arnold, R. M. [Section of Palliative Care and Medical Ethics, Division of General Internal Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA; rhebert@wpahs.org]. "**Preparing family caregivers for death and bereavement. Insights from caregivers of terminally ill patients**." *Journal of Pain & Symptom Management* 37, no. 1 (Jan 2009): 3-12.

[Abstract:] Many family caregivers are unprepared for the death of their loved one and may suffer from worse mental health as a result. We therefore sought to determine the factors that family caregivers believe are important to preparing for death and bereavement. Focus groups and ethnographic interviews were conducted with 33 family caregivers (bereaved or current) of terminally ill patients. The interviews were audiotaped, transcribed, and analyzed using the constant comparative method. Life experiences such as the duration of caregiving/illness, advance care planning, previous experiences with caregiving or death, and medical sophistication all impacted preparedness, or the degree to which a caregiver is ready for the death and bereavement. Regardless of life experiences, however, all caregivers reported medical, practical, psychosocial, and religious/spiritual uncertainty. Because uncertainty was multidimensional, caregivers often needed more than prognostic information in order to prepare. Communication was the primary mechanism used to manage uncertainty. Good communication included clear, reliable information, combined with relationship-centered care from health care providers. Finally, preparedness had cognitive, affective, and behavioral dimensions. To prepare, some caregivers needed information tailored to their uncertainty (cognitive), others needed to "mentally" or "emotionally" prepare (affective), and still others had important tasks to complete (behavioral). In order to better prepare family caregivers for the death of a loved one, health care providers must develop a trusting relationship with caregivers, provide them with reliable information tailored to their uncertainty, and allow time for caregivers to process the information and complete important tasks.

Herrera, A. P., Lee, J. W., Nanyonjo, R. D., Laufman, L. E. and Torres-Vigil, I. [Department of Health Disparities, UT MD Anderson Cancer Center, Houston, TX; apherrer@mdanderson.org]. "**Religious coping and caregiver well-being in Mexican-American families**." *Aging & Mental Health* 13, no. 1 (Jan 2009): 84-91.

[Abstract:] OBJECTIVE: We sought to explore the association of religious and spiritual coping with multiple measures of well-being in Latinos caring for older relatives with long-term or permanent disability, either with or without dementia. METHODS: Using a multi-dimensional survey instrument, we conducted in-home interviews with 66 predominantly Mexican-American Catholic family caregivers near the US-Mexico border. We assessed caregivers' intrinsic, organizational and non-organizational religiosity with the Duke Religiosity Index, as well as Pargament's brief positive and negative spiritual coping scale to determine the association of religiosity with caregivers' mental and physical health, depressive symptomatology and perceived burden. RESULTS: Using regression analysis, we controlled for sociocultural factors (e.g. familism, acculturation), other forms of formal and informal support, care recipients' functional status and characteristics of the caregiving dyad. Intrinsic and organizational religiosity was associated with lower perceived burden, while non-organizational religiosity was associated with poorer mental health. Negative religious coping (e.g. feelings that the caregiver burden is a punishment) predicted greater depression. CONCLUSION: Measures of well-being should be evaluated in relation to specific styles of religious and spiritual coping, given our range of findings. Further investigation is warranted regarding how knowledge of the positive and negative associations between religiosity and caregiving may assist healthcare providers in supporting Latino caregivers.

Hinds, P. S., Oakes, L. L., Hicks, J., Powell, B., Srivastava, D. K., Spunt, S. L., Harper, J., Baker, J. N., West, N. K. and Furman, W. L. [School of Medicine, Department of Pediatrics, George Washington University, Washington, DC; pshinds@cnmc.org]. "'**Trying to be a good parent' as defined by interviews with parents who made phase I, terminal care, and resuscitation decisions for their children**." *Journal of Clinical Oncology* 27, no. 35 (Dec 10, 2009): 5979-5985.

Among the findings from this analysis of interviews with 62 parents (91% of them were mothers; interviews included four couples) were 15 themes in response to the item, "Please describe for me the actions from staff that would help you in your efforts to be a good parent to your child now." One of those themes was "staff ask about our faith" --defined/described as "Parents prefer that clinicians convey respect for parental religious beliefs, make spiritual materials (eg, Bibles, movies) readily available, and ask parents about beliefs" [--see table 3, p. 5983].

Hobeika, M. J., Simon, R., Malik, R., Pachter, H. L., Frangos, S., Bholat, O., Teperman, S. and Teperman, L. [Department of Surgery, New York University School of Medicine, New York, NY]. "**U.S. surgeon and medical student attitudes toward organ donation**." *Journal of Trauma-Injury Infection & Critical Care* 67, no. 2 (Aug 2009): 372-375.

This research analyzed questionnaires from 106 surgical attendings, surgical residents, and medical students at two academic medical centers. Among the findings [from the abstract:] Sixteen percent refused organ donation on the basis of religious beliefs.

Hodges, P. J. [University of Texas Health Science Center, School of Nursing, Houston, TX; Pamela.J.Hodges@uth.tmc.edu]. "**The essence of life purpose**." *Critical Care Nursing Quarterly* 32, no. 2 (Apr-Jun 2009): 163-170.

The article presents a conceptual synthesis in order to develop an operational definition of "life purpose" for nursing research. Spirituality and religiosity are considered on pp. 166-167. The author ultimately arrives at the following statement: "Life purpose is conceptually defined…as the degree to which a person realizes his/her own interpersonal, intrapersonal, and psychologic uniqueness on the basis of life experiences that correspond with spiritual values and goals at a specific time in life. Essential attributes include a psychologic well-being, personal values and individualistic goals, hope or optimism (positivity), and spirituality or religiosity. Accidental attributes might include social or family support, physical health, coping strategies, satisfaction, acceptance, altruism, control, and autonomy." [p. 169]

Holliman, P. J. [Executive Director, Samaritan Counseling Center, Philadelphia, PA; hol50@aol.com]. "**Why bother with god?**" *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry* 37, no. 1 (2009): 59-72.

[Abstract:] An account is offered of a longterm psychotherapy with a patient for whom religious experience, especially her image of God, was central in the work of the therapy. The patient's image of God is explored psychodynamically in order to discern the impact this image had on the therapeutic relationship as well as the patient's growth. [This is part of a theme issue of the journal on The God Representation in the Psychoanalytic Relationship. See also articles by Peteet, J. R; by Langs, R.; and by Lijtmaer, R. M.; noted elsewhere in this bibliography.]

Hollywell, C. and Walker, J. [Faculty of Medicine, Health and Life Sciences, University of Southampton, Southampton, UK]. "**Private prayer as a suitable intervention for hospitalised patients: a critical review of the literature**." *Journal of Clinical Nursing* 18, no. 5 (Mar 2009): 637-651. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] AIM: This critical review seeks to identify if there is evidence that private (personal) prayer is capable of improving wellbeing for adult patients in hospital. BACKGROUND: The review was conducted in the belief that the spiritual needs of hospitalized patients may be enhanced by encouragement and support to engage in prayer. DESIGN: Systematic review. METHOD: A systematic approach was used to gather evidence from published studies. In the absence of experimental research involving this type of population, evidence from qualitative and correlational studies was critically reviewed. Results. The findings indicate that private prayer, when measured by frequency, is usually associated with lower levels of depression and anxiety. Most of the studies that show positive associations between prayer and wellbeing were located in areas that have strong Christian traditions and samples reported a relatively high level of religiosity, church attendance and use of prayer. Church attenders, older people, women, those who are poor, less well educated and have chronic health problems appear to make more frequent use of prayer. Prayer appears to be a coping action that mediates between religious faith and wellbeing and can take different forms. Devotional prayers involving an intimate dialogue with a supportive God appear to be associated with improved optimism, wellbeing and function. In contrast, prayers that involve pleas for help may, in the absence of a pre-existing faith, be associated with increased distress and possibly poorer function. CONCLUSION: Future research needs to differentiate the effects of different types of prayer. RELEVANCE TO CLINICAL PRACTICE: Encouragement to engage in prayer should be offered only following assessment of the patient's faith and likely content and form of prayer to be used. Hospitalized patients who lack faith and whose prayers involve desperate pleas for help are likely to need additional support from competent nursing and chaplaincy staff. [59 refs.]

Holt, C. L., Caplan, L., Schulz, E., Blake, V., Southward, P., Buckner, A. and Lawrence, H. [School of Public Health, University of Maryland, College Park; cholt14@umd.edu]. "**Role of religion in cancer coping among African Americans: a qualitative examination**." *Journal of Psychosocial Oncology* 27, no. 2 (2009): 248-273.

[Abstract:] The present study used qualitative methods to examine if and how African Americans with cancer use religiosity in coping. Patients (N = 23) were recruited from physician offices and completed 1-1(1/2) hour interviews. Themes that emerged included but were not limited to control over one's illness, emotional response, importance of social support, role of God as a healer, relying on God, importance of faith for recovery, prayer and scripture study, and making sense of the illness. Participants had a great deal to say about the role of religion in coping. These themes may have utility for development of support interventions if they can be operationalized and intervened upon.

Holt, C. L., Caplan, L., Schulz, E., Blake, V., Southward, V. L. and Buckner, A. V. [University of Maryland, School of Public Health, College Park, MD; cholt14@umd.edu]. "**Development and validation of measures of religious involvement and the cancer experience among African Americans**." *Journal of Health Psychology* 14, no. 4 (May 2009): 525-535.

[Abstract:] Research indicates that African Americans diagnosed with cancer tend to use religion in coping. However less is known about the specific role that religion plays in the coping process. Based on previous qualitative work, five instruments were developed to assess the role of religious involvement in cancer coping: God as helper, God as healer, Faith in healing, Control over cancer and New perspective. The instruments were administered to 100 African Americans with cancer. Each exhibited high internal reliability, and concurrent and discriminant validity. These instruments may have applied value for the development of church-based cancer support/survivorship interventions.

Holt, C. L., Roberts, C., Scarinci, I., Wiley, S. R., Eloubeidi, M., Crowther, M., Bolland, J., Litaker, M. S., Southward, V. and Coughlin, S. S. [Department of Public and Community Health, School of Public Health, University of Maryland, College Park; cholt14@umd.edu]. "**Development of a spiritually based educational program to increase colorectal cancer screening among African American men and women**." *Health Communication* 24, no. 5 (Jul 2009): 400-412.

[Abstract:] This study describes the development of a spiritually based intervention to increase colorectal cancer screening through African American churches by framing the health message with spiritual themes and scripture. The intervention development phase consisted of ideas from an advisory panel and core content identified in focus groups. In the pilot-testing phase, prototypes of the intervention materials were tested for graphic appeal in additional focus groups, and content was tested for acceptability and comprehension in cognitive interviews. Participants preferred materials showing a variety of African Americans in real settings, bright color schemes, and an uplifting message emphasizing prevention and early detection. Spiritual themes such as stewardship over the body, being well to serve God, and using faith to overcome fear, were well received. The materials were then finalized for implementation and will be used by community health advisors to encourage screening.

Holt, C. L., Schulz, E. and Wynn, T. A. [School of Medicine, University of Alabama at Birmingham, Birmingham, AL; cholt@uab.edu]. "**Perceptions of the religion--health connection among African Americans in the southeastern United States: sex, age, and urban/rural differences**." *Health Education & Behavior* 36, no. 1 (Feb 2009): 62-80.

[Abstract:] Extensive literature reviews suggest that religiousness is positively associated with health. Much less understood is the particular nature of the religion-health connection. Religion and the church play a central role in the lives of many African Americans. This study used a mixed-methods approach to examine perceptions of the religion-health connection among African Americans in urban and rural areas. Four hundred participants were randomly selected and interviewed by telephone, answering open-ended questions about their perceptions of the role of religiousness in their health. Data were analyzed using an open-coding technique. Codes were arranged into families involving the role of a higher power, health behavior, physical factors, social support, mental health, and contextual factors in determining physical health, as well as the potential negative role of religiousness. Quantitative analysis revealed the stronger presence of themes among women, older participants, and those in rural counties. Applications for theory and health promotion are discussed.

Holt, C. L., Wynn, T. A. and Darrington, J. [Division of Preventive Medicine, School of Medicine, University of Alabama at Birmingham; cholt@uab.edu]. "**Religious involvement and prostate cancer screening behaviors among southeastern African American men**." *American Journal of Men's Health* 3, no. 3 (Sep 2009): 214-223.

[Abstract:] This study examined the relationship between religious involvement and prostate cancer screening behavior among a probability sample of 199 African American men. Religious involvement was assessed by telephone via a multidimensional instrument. Engaging in religious behaviors was predictive of reporting a digital rectal examination (DRE) within the past year. Religious beliefs and behaviors were predictive of behavioral intention for DRE in the next 6 months. Religious behaviors were predictive of reporting an appointment for a DRE in the next 6 months. All analyses were controlled for age, education, and marital status. None of the predictions were significant for prostate-specific antigen testing. Understanding the role of religious involvement in cancer beliefs and screening is important. Such knowledge can inform educational interventions for this group, which is disproportionately affected by prostate cancer.

Holt, C. L., Wynn, T. A., Litaker, M. S., Southward, P., Jeames, S. and Schulz, E. [Department of Public and Community Health, School of Public Health, College Park, MD]. "**A comparison of a spiritually based and non-spiritually based educational intervention for informed decision making for prostate cancer screening among church-attending African-American men**." *Urologic Nursing* 29, no. 4 (Jul-Aug 2009): 249-258.

[Abstract:] INTRODUCTION: Health communication interventions have been modestly effective for increasing informed decision making for prostate cancer screening among African-American men; however, knowledge and informed decision making is still questionable even with screening. Church-based programs may be more effective if they are spiritually based in nature. OBJECTIVE: The aims of the present study were to implement and provide an initial evaluation of a spiritually based prostate cancer screening informed decision making intervention for African-American men who attend church, and determine its efficacy for increasing informed decision making. DESIGN AND METHOD: Churches were randomized to receive either the spiritually based or the non-spiritual intervention. Trained community health advisors, who were African-American male church members, led an educational session and distributed educational print materials. Participants completed baseline and immediate follow-up surveys to assess the intervention impact on study outcomes. RESULTS: The spiritually based intervention appeared to be more effective in areas such as knowledge, and men read more of their materials in the spiritually based group than in the non-spiritual group. CONCLUSIONS: Further examination of the efficacy of the spiritually based approach to health communication is warranted.

Holt, C. L., Wynn, T. A., Southward, P., Litaker, M. S., Jeames, S. and Schulz, E. [Department of Public and Community Health in the School of Public Health, College Park, MD;. cholt14@umd.edu]. "**Development of a spiritually based educational intervention to increase informed decision making for prostate cancer screening among church-attending African American men**." *Journal of Health Communication* 14, no. 6 (Sep 2009): 590-604.

[From the abstract:] …In this article we describe the development of a community health advisor (CHA)-led intervention aimed at increasing informed decision making (IDM) for prostate cancer screening among church-attending African American men. Full-color print educational booklets were developed and pilot tested with extensive community participation of church-attending African American men age-eligible for screening. …In the intervention pilot testing phase, prototypes of the intervention materials were pilot tested for graphic appeal in two focus groups (N = 16), and content was tested for acceptability and comprehension using individual cognitive response interviews (N = 10). …The importance of working closely with the community when developing interventions is discussed, as well as the importance of pilot testing of educational materials.

Howsepian, B. A. and Merluzzi, T. V. [University of California San Francisco-Fresno Medical Education Program, Fresno, CA]. "**Religious beliefs, social support, self-efficacy and adjustment to cancer**." *Psycho-Oncology* 18, no. 10 (Oct 2009): 1069-1079.

[Abstract:] PURPOSE: Religious beliefs have received relatively little attention in research on coping with cancer. In this study, the relationship of religious beliefs and perceived social support with adjustment to cancer was studied in a coping model that included self-efficacy for coping as a mediator. Of particular interest was the relationship between religious beliefs and social support. METHOD: Data were collected from 164 in-treatment cancer patients. They completed measures of religious beliefs, social support, physical functioning, self-efficacy for coping, and adjustment. A model comparison approach was used to assess the fit of models that included or excluded the contribution of religious beliefs while testing the relationship between religious beliefs and social support. RESULTS: Religious beliefs were more strongly connected to perceived social support than with other constructs. Importantly, a coping model that included religious beliefs fit the data significantly better than a model without paths related to religious beliefs. Self-efficacy partially mediated the relation of age, physical functioning, and perceived support to adjustment, but not religious beliefs. DISCUSSION: Religious beliefs may not directly affect self-efficacy and adjustment; however, cancer patients who have religious beliefs may experience an enhanced sense of social support from a community with whom they share those beliefs.

Hsu, C. Y., O'Connor, M. and Lee, S. [Monash University, Australia]. "**Understandings of death and dying for people of Chinese origin**." *Death Studies* 33, no. 2 (Feb 2009): 153-174.

[Abstract:] This article introduces the primary beliefs about ancestor worship, Taoism, Confucianism, Buddhism and traditional Chinese medicine that have influenced Chinese people for thousands of years, particularly in relation to death and dying. These cultures and traditions

remain important for Chinese people wherever they live. Over a long period, Chinese people have integrated these philosophies and religions to form the basis of their culture and traditions. Although they agree that death is a natural part of the life span, a unique belief about death and dying has emerged among the Chinese from this integration. From this, the people find a significant definition of death and dying.

Hui, V. K. and Fung, H. H. [School of Psychology, University of Southhampton, Highfield, England; kyhui@soton.ac.uk]. "**Mortality anxiety as a function of intrinsic religiosity and perceived purpose in life**." *Death Studies* 33, no. 1 (Jan 2009): 30-50.
[Abstract:] Fear of dying and death may be universal, but individuals differ in their emotional reactions to dying and death. The present study included a sample of 133 Chinese university students who were Christians. The authors tested a mediation model which posited that intrinsic religiosity, but not extrinsic religiosity, lowered anxiety toward the dying and death of self and someone close through fostering perceived purpose in life. Structural Equation Modeling results supported a partial mediating role of purpose in life. Moreover, participants were more anxious toward the dying and death of someone close than those of themselves. Discussion focuses on the protective role of intrinsic religiosity on dying and death anxiety. [See also the article by Dezutter, J., et al., "The role of religion in death attitudes…," on pp. 73-92 of the same issue of the journal.]

Hussey, T. [Emeritus Professor of Philosophy, Buckinghamshire New University, UK. trevorhussey@trevorhussey.plus.com]. "**Nursing and spirituality**." *Nursing Philosophy* 10, no. 2 (Apr 2009): 71-80.
[Abstract:] Those matters that are judged to be spiritual are seen as especially valuable and important. For this reason it is claimed that nurses need to be able to offer spiritual care when appropriate and, to aid them in this, nurse theorists have discussed the nature of spirituality. In a recent debate John Paley has argued that nurses should adopt a naturalistic stance which would enable them to employ the insights of modern science. Barbara Pesut has criticized this thesis, especially as it is applied to palliative care. This paper re-examines this debate with particular attention to the meaning of 'spirituality' and the justification for accepting spiritual and religious theories. It is argued that when we take into consideration the great diversity among religious and spiritual ideas, the lack of rational means of deciding between them when they conflict, and the practicalities of nursing, we find that a spiritual viewpoint is less useful than a naturalistic one, when offering palliative care.

Idler, E. L., McLaughlin, J. and Kasl, S. [Department of Sociology and Institute for Health, Health Care Policy, and Aging Research, Rutgers University, New Brunswick, NJ; idler@rci.rutgers.edu]. "**Religion and the quality of life in the last year of life**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 64, no. 4 (Jun 2009): 528-537.
[Abstract:] OBJECTIVES: Religious involvement in old age appears to remain quite stable until the very end of life, reflecting patterns established earlier in life. Are there differences in quality of life (QOL) for those who are religiously involved in that last year compared with those who are not? METHODS: We studied 499 elderly persons participating in ongoing annual interviews who died in the 12 months following an interview. We examined public and subjective religious involvement and indicators of health-related and psychosocial QOL, including health status and functional ability, family and friendship networks, depression, and well-being. RESULTS: More deeply religious respondents were more likely to see friends, and they had better self-rated health, fewer depressive feelings, and were observed by the interviewer to find life more exciting compared with the less religious. Respondents receiving strength and comfort from religion reported poorer self-rated health. Those who attended religious services often were most likely to have attended holiday parties, even after adjusting for health status. Significant interactions indicated that the disabled benefited more from both public and subjective religious involvement than the nondisabled. DISCUSSION: Overall, QOL in the last year of life is positively related to religious involvement, particularly its more subjective dimensions. [See also the article by Krause, N., in the same issue of the journal --cited elsewhere in this bibliography.]

Inzlicht, M., McGregor, I., Hirsh, J. B. and Nash, K. [University of Toronto Scarborough, Department of Psychology, Ontario, Canada; michael.inzlicht@utoronto.ca]. "**Neural markers of religious conviction**." *Psychological Science* 20, no. 3 (Mar 2009): 385-392.
[Abstract:] Many people derive peace of mind and purpose in life from their belief in God. For others, however, religion provides unsatisfying answers. Are there brain differences between believers and nonbelievers? Here we show that religious conviction is marked by reduced reactivity in the anterior cingulate cortex (ACC), a cortical system that is involved in the experience of anxiety and is important for self-regulation. In two studies, we recorded electroencephalographic neural reactivity in the ACC as participants completed a Stroop task. Results showed that stronger religious zeal and greater belief in God were associated with less firing of the ACC in response to error and with commission of fewer errors. These correlations remained strong even after we controlled for personality and cognitive ability. These results suggest that religious conviction provides a framework for understanding and acting within one's environment, thereby acting as a buffer against anxiety and minimizing the experience of error.

Ironson, G. and Kremer, H. [Department of Psychology, University of Miami, Coral Gables, FL; GIronson@aol.com]. "**Spiritual transformation, psychological well-being, health, and survival in people with HIV**." *International Journal of Psychiatry in Medicine* 39, no. 3 (2009): 263-281.
[Abstract:] OBJECTIVES: Although Spiritual Transformation (ST) occurs in a sizable proportion of people with HIV (about 39%), there is little research on the potential benefits of ST with respect to psychological well-being, health, and survival in this population. Our study attempts to fill this gap. METHOD: Using a mixed method approach, we related interviews of 147 people with HIV (identifying the presence/absence of ST) to questionnaires measuring demographics, medical history, treatment adherence, physical symptoms, and psychological well-being (i.e., stress, coping, life attitude, and spirituality), and assessments of CD4-counts and viral load and survival 3 to 5 years later. RESULTS: At comparable times since HIV-diagnosis and antiretroviral medications prescribed, the presence of ST was significantly associated with better treatment success (undetectable viral loads, higher CD4 counts), better medication adherence, fewer symptoms, less distress, more positive coping, different life attitudes (i.e., existential transcendence, meaning/purpose in life, optimism, death acceptance), more spiritual practices, and increased spirituality. ST was also associated with substance-use recovery and with being African American. Survival up to 5 years was 5.35 times more likely among participants with ST (p(f) = .044). According to a Cox-regression adjusted for baseline CD4-counts, age, race-ethnicity, gender, education, years since HIV-diagnosis, and a history of substance-use problems, ST still reduced the risk of death (HR = 0.07, 95% CI = 0.01-0.53, p = .010). CONCLUSIONS: ST has associated benefits for psychological well-being, health, and survival. [See also Kremer & Ironson, "Everything changed: spiritual transformation in people with HIV," on pp. 243-262 of the same issue of the journal —also cited in this bibliography.]

Irvine, H., Davidson, C., Hoy, K. and Lowe-Strong, A. [School of Health Sciences, University of Ulster, Jordanstown, Newtownabbey, UK; ch.irvine@ulster.ac.uk]. "**Psychosocial adjustment to multiple sclerosis: exploration of identity redefinition**." *Disability & Rehabilitation* 31, no. 8 (2009): 599-606.

[From the abstract:] …Seven individuals who had been diagnosed with MS for at least 5 years reflected on their reactions to being diagnosed, how they cope with the day to day challenges of the disease, and the changes that they have experienced. Data were transcribed verbatim and analysed using interpretative phenomenological analysis. RESULTS: Diagnosis was met with negative reactions: denial, concealment and diminished confidence. However, the majority reported that, over time, there were positive changes in terms of their values and outlook. It would appear that the functional difficulties and psychological challenges, such as uncertainty and depression, are ameliorated to some extent by an increased appreciation for life and spirituality….

Iseminger, K., Levitt, F. and Kirk, L. [St. Vincent Health, Indianapolis, IN; kaisemin@stvincent.org]. "**Healing during existential moments: the "art" of nursing presence**." *Nursing Clinics of North America* 44, no. 4 (Dec 2009): 447-459.

[Abstract:] This article addresses nursing presence, a phenomenon essential to holistic nursing care. The concept is introduced and explained, supporting background information is reviewed, barriers are identified, and successful applications are illustrated in different clinical settings. Avowing that metaphysical knowledge is the underpinning to the art of nursing presence, a Transformative Nursing Presence Model is offered as a distinctive framework for nurses and organizations interested in fostering enhanced nursing presence. [See also: Bjarnason, D., " Nursing, religiosity, and end-of-life care: interconnections and implications," on pp. 517-525 of the same issue of the journal --also cited in this bibliography.]

Joanna Briggs Institute. [Royal Adelaide Hospital, Australia; jbi@adelaide.edu] "**The psychosocial spiritual experience of elderly individuals recovering from stroke**." *Australian Nursing Journa*l 16, no. 10): 34-37, 2009 May.

Among the findings of this systematic review of 27 studies on the psychosocial experiences of elderly people recovering from stroke: "Connectedness to others, spiritual connectedness and relationships are influenced by difficulties encountered in communication or social activities and could lead to a sense of isolation. Some found prayer to be a source of strength." [See p. 35.] The associations of *spiritual connectedness,* are given as: "increases hope, encouragement, confidence, psychological comfort, prayer brings strength." [See p. 36.]

Johnson, M. E., Dose, A. M., Pipe, T. B., Petersen, W. O., Huschka, M., Gallenberg, M. M., Peethambaram, P., Sloan, J. and Frost, M. H. [Department of Chaplain Services, Mayo Clinic, Rochester, MN; johnson.mary3@mayo.edu]. "**Centering prayer for women receiving chemotherapy for recurrent ovarian cancer: a pilot study**." *Oncology Nursing Forum* 36, no. 4 (Jul 2009): 421-428.

[Abstract:] PURPOSE/OBJECTIVES: To explore the feasibility of implementing centering prayer in chemotherapy treatment and assess its influence on mood, spiritual well-being, and quality of life in women with recurrent ovarian cancer. DESIGN: Descriptive pilot study. SETTING: Outpatient chemotherapy treatment suite in a large cancer center in the midwestern United States. SAMPLE: A convenience sample of 10 women receiving outpatient chemotherapy for recurrent ovarian cancer. METHODS: A centering prayer teacher led participants through three one-hour sessions over nine weeks. Data were collected prior to the first session, at the conclusion of the final session, and at three and six months after the final session. MAIN RESEARCH VARIABLES: Feasibility and influence of centering prayer on mood, spiritual well-being, and quality of life. FINDINGS: Most participants identified centering prayer as beneficial. Emotional well-being, anxiety, depression, and faith scores showed improvement. CONCLUSIONS: Centering prayer can potentially benefit women with recurrent ovarian cancer. Additional research is needed to assess its feasibility and effectiveness. IMPLICATIONS FOR NURSING: Nurses may promote or suggest centering prayer as a feasible intervention for the psychological and spiritual adjustment of patients with recurrent ovarian cancer. [See also the article by Campesino, M., "Exploring perceptions of cancer care delivery among older Mexican American adults," on pp. 413-420 of the same issue of the journal --cited elsewhere in this bibliography.]

Johnson, V., Mangram, A., Mitchell, C., Lorenzo, M., Howard, D. and Dunn, E. [Department of Surgery, Methodist Hospitals, Dallas, TX; vanjohnson@mhd.com]. "**Is there a benefit to multidisciplinary rounds in an open trauma intensive care unit regarding ventilator-associated pneumonia?**" *American Surgeon* 75, no. 12 (Dec 2009): 1171-1174.

[Abstract:] Multidisciplinary rounds (MDRs) have been instituted for patient care since June 2005. Before June 2005, all care was provided by individual practitioners. MDRs include the surgical intensivist, surgical resident, patient's nurse, case manager, pharmacist, chaplain, nutritionist, and respiratory therapist. Our study examined the effect of MDRs on ventilator-associated pneumonia in trauma patients in open intensive care units (ICUs). Group 1 included patients from June 2003 to May 2005 before the implementation of MDRs, and Group 2 included patients after the institution of MDRs from June 2005 to May 2007. In Group 1, there were 83 ventilator-associated pneumonias (VAPs) during 2414 ventilator days. In Group 2, there were 49 VAPs during 2094 ventilator days. The ratio of VAPs per thousand ventilator days decreased from 34.4 to 23.4 between the two groups (P = 0.04). When comparing trauma patients in our open ICU with similar mean Injury Severity Score and mean Abbreviated Injury Score for chest and for head and neck, implementing MDRs significantly decreased our incidence of VAP.

Johnstone, B. [Dept. of Health Psychology, University of Missouri School of Health Professions; johnstoneg@health.missouri.edu]. "**Spirituality, religion and health outcomes research: findings from the Center on Religion and the Professions**." *Missouri Medicine* 106, no. 2 (Mar-Apr 2009): 141-144.

[Abstract:] The Spirituality and Health Research Project of the MU Center on Religion and the Professions is investigating the relationships that exist among religion, spirituality, and health for persons with heterogeneous medical conditions. Pilot studies indicate that spirituality and congregational support are related to health outcomes, but religious practices are not. Additional research indicates that spiritual experiences are related to diminished right parietal functioning (through meditation/ prayer or brain injury), which is associated with decreased sense of the self. Implications for health professionals are discussed.

Johnstone, B. and Yoon, D. P. [University of Missouri-Columbia Center on Religion and the Professions, Columbia, MO; johnstoneg@health.missouri.edu]. "**Relationships between the Brief Multidimensional Measure of Religiousness/Spirituality and health outcomes for a heterogeneous rehabilitation population**." *Rehabilitation Psychology* 54, no. 4 (Nov 2009): 422-431.

[Abstract:] PURPOSE: To determine relationships between the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; i.e., positive/negative spirituality, forgiveness, religious practices, positive/negative congregational support) and physical and mental health (Medical Outcomes Scale-Short Form 36; SF-36) for individuals with chronic disabilities. RESEARCH METHOD: A cross-sectional analysis of 118 individuals evaluated in outpatient settings, including 61 with traumatic brain injury (TBI), 32 with cerebral vascular accidents (CVA), and 25 with spinal cord injury (SCI). RESULTS: Three of 6 BMMRS factor scores (i.e., positive spiritual experience, forgiveness, negative spiritual experience) were significantly correlated with the SF-36 General Health Perception (GHP) scale, and only 1 of 6 BMMRS factor scores (i.e., negative spiritual experience) was significantly and negatively correlated with the SF-36 General Mental Health (GMH) scale. BMMRS scales did not significantly predict either physical or mental health in hierarchical multiple regressions. CONCLUSIONS: Positive spiritual experiences and willingness to forgive are related to better physical health, while negative spiritual experiences are related to worse physical and mental health for individuals with chronic disabilities. Future research using the BMMRS will benefit from using a 6-factor model that evaluates positive/negative spiritual experiences, religious practices, and positive/negative congregational support. Interventions to accentuate positive spiritual beliefs (e.g., forgiveness protocols, etc.) and reduce negative spiritual beliefs for individuals with chronic disabilities are suggested. [See also articles in this same special issue of the journal by Brenner, L. A., et al. and by Glueckauf, R. L., et al. -- noted elsewhere in this bibliography.]

Johnstone, B., Yoon, D. P., Franklin, K. L., Schopp, L. and Hinkebein, J. [Department of Health Psychology, University of Missouri-Columbia, Columbia, MO; johnstoneg@health.missouri.edu]. "**Re-conceptualizing the factor structure of the Brief Multidimensional Measure of Religiousness/Spirituality**." *Journal of Religion & Health* 48, no. 2 (Jun 2009): 146-163.

[Abstract:] RATIONALE: This study attempted to differentiate statistically the spiritual and religious factors of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), which was developed based on theoretical conceptualizations that have yet to be adequately empirically validated in a population with significant health disorders. PARTICIPANTS: One hundred sixty-four individuals with heterogeneous medical conditions [i.e., brain injury, spinal cord injury (SCI), cancer, stroke, primary care conditions]. METHODS: Participants completed the BMMRS as part of a pilot study on spirituality, religion, and physical and mental health. RESULTS: A principal components factor analysis with varimax rotation and Kaiser normalization identified a six-factor solution (opposed to the expected 8-factor solution) accounting for 60% of the variance in scores, labeled as: (1) Positive Spiritual Experience; (2) Negative Spiritual Experience; (3) Forgiveness; (4) Religious Practices; (5) Positive Congregational Support; and (6) Negative Congregational Support. CONCLUSIONS: The results suggest the BMMRS assesses distinct positive and negative aspects of religiousness and spirituality that may be best conceptualized in a psychoneuroimmunological context as measuring: (a) Spiritual Experiences (i.e., emotional experience of feeling connected with a higher power/the universe); (b) Religious Practices (i.e., prayer, rituals, service attendance); (c) Congregational Support; and (d) Forgiveness (i.e., a specific coping strategy that can be conceptualized as religious or non-religious in context).

Johnstone, B., Yoon, D. P., Rupright, J. and Reid-Arndt, S [Department of Health Psychology, University of Missouri, Columbia; johnstoneg@health.missouri.edu]. "**Relationships among spiritual beliefs, religious practises, congregational support and health for individuals with traumatic brain injury**." *Brain Injury* 23, no. 5 (May 2009): 411-419.

[Abstract:] OBJECTIVE: To determine relationships among spiritual beliefs, religious practises, congregational support and health for individuals with traumatic brain injury (TBI). DESIGN: A cross-sectional analysis of 61 individuals with TBI evaluated in an outpatient clinic using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) and the Medical Outcomes Scale-Short Form 36 (SF-36). RESULTS: For persons with TBI the BMMRS Meaning and Values/Beliefs sub-scales were significantly correlated with the SF-36 General Health Perception sub-scale and the BMMRS Religious Support sub-scale was significantly correlated with the SF-36 General Mental Health sub-scale. Hierarchical regressions indicated that the BMMRS Values/Beliefs and Forgiveness sub-scales accounted for 16% additional variance in SF-36 General Health Perception scores beyond that accounted for by demographic variables (i.e. age, income); no BMMRS sub-scales accounted for additional variance in predicting the SF-36 General Mental Health sub-scale beyond that accounted for by demographic variables (i.e. age, income). CONCLUSIONS: The physical health of individuals with TBI is associated with spiritual beliefs but not religious practices or congregational support. Better mental health is associated with increasing congregationally based social support for persons with TBI. Religious practices (i.e. praying, etc.) are not related to either physical or mental health, as some persons with TBI may increase prayer with declining health status.

Jukkala, A. [University of Alabama at Birmingham; jukkalaa@uab.edu]. "**Breast cancer survivors and fertility preservation: ethical and religious considerations**." *Seminars in Oncology Nursing* 25, no. 4 (Nov 2009): 278-183.

This review considers the influence of religious beliefs, as well as economics, on the decision-making processes of young cancer survivors regarding fertility issues, and the role of nurses in helping patients in those decisions. [45 refs.]

June, A., Segal, D. L., Coolidge, F. L. and Klebe, K. [Department of Psychology, University of Colorado at Colorado Springs, CO]. "**Religiousness, social support and reasons for living in African American and European American older adults: an exploratory study**." *Aging & Mental Health* 13, no. 5 (Sep 2009): 753-760.

[Abstract:] OBJECTIVES: This study examined the relationship between religiousness, perceived social support, and reasons for living among European American (n = 37; M age = 67.7 years) and African American (n = 35; M age = 71.1 years) older adults, where ethnicity was predicted to behave as a moderator. METHOD: Community-dwelling participants completed the Brief Multidimensional Measure of Religiousness/Spirituality, the Multidimensional Measure of Perceived Social Support, and the Reasons for Living Inventory. RESULTS: As expected, high religiousness was associated with more reasons for living. Ethnicity alone did not meaningfully account for variance differences in reasons for living, but significant interactions indicated that the relationship between religiousness and reasons for living was stronger for African Americans, whereas the relationship between social support and reasons for living was stronger for European Americans. CONCLUSION: The present findings may be valuable for understanding potentially modifiable pathways to suicide resilience in diverse populations of older adults.

Kalkstein, S. and Tower, R. B. [Columbia University, New York, NY; skalkstn@gmail.com]. "**The Daily Spiritual Experiences Scale and well-being: demographic comparisons and scale validation with older Jewish adults and a diverse internet sample**." *Journal of Religion & Health* 48, no. 4 (Dec 2009): 402-417.

[Abstract:] A substantive literature connects spirituality to positive physical, social, and mental health. In this study, the Daily Spiritual Experiences Scale (DSES) was administered to 410 subjects who participated in a community study and to 87 residents at the Hebrew Home for the Aged at Riverdale (HHAR), the latter sample consisting primarily of older Jewish respondents. Internal consistency of the DSES in both samples was high and exploratory factor analyses revealed one dominant factor and a second factor, which included 14 and 2 items, respectively, consistent with the scale's original validation (Underwood and Teresi 2002). Demographic subgroup comparison among religious groups revealed significantly fewer daily spiritual experiences among Jews, and lowest scores among those respondents endorsing no religious affiliation. Women exhibited more frequent daily experience than men, and attainment of higher levels of education was associated with less frequent daily spiritual experience. All but one of the outcome measures of physical and psychologic well-being were found to be positively associated with the DSES so that more frequent daily spiritual experience correlated with less psychopathology, more close friendships, and better self-rated health. Directions for future research, study interpretation and limitations, and clinical implications for use of the DSES are discussed.

Kapogiannis, D., Barbey, A. K., Su, M., Krueger, F. and Grafman J. [Clinical Research Branch, National Institute on Aging (NIA), National Institutes of Health (NIH), Baltimore, MD]. "**Neuroanatomical variability of religiosity**." *PLoS ONE* 4, no. 9 (2009): e7180 [online].

[Abstract:] We hypothesized that religiosity, a set of traits variably expressed in the population, is modulated by neuroanatomical variability. We tested this idea by determining whether aspects of religiosity were predicted by variability in regional cortical volume. We performed structural magnetic resonance imaging of the brain in 40 healthy adult participants who reported different degrees and patterns of religiosity on a survey. We identified four Principal Components of religiosity by Factor Analysis of the survey items and associated them with regional cortical volumes measured by voxel-based morphometry. Experiencing an intimate relationship with God and engaging in religious behavior was associated with increased volume of R middle temporal cortex, BA 21. Experiencing fear of God was associated with decreased volume of L precuneus and L orbitofrontal cortex BA 11. A cluster of traits related with pragmatism and doubting God's existence was associated with increased volume of the R precuneus. Variability in religiosity of upbringing was not associated with variability in cortical volume of any region. Therefore, key aspects of religiosity are associated with cortical volume differences. This conclusion complements our prior functional neuroimaging findings in elucidating the proximate causes of religion in the brain.

Kapogiannis, D., Barbey, A. K., Su, M., Zamboni, G., Krueger, F. and Grafman, J. [National Institute of Neurological Disorders and Stroke/National Institutes of Health, Bethesda, MD]. "**Cognitive and neural foundations of religious belief**." *Proceedings of the National Academy of Sciences of the United States of America* 106, no. 12 (Mar 24, 2009): 4876-44881.

[Abstract:] We propose an integrative cognitive neuroscience framework for understanding the cognitive and neural foundations of religious belief. Our analysis reveals 3 psychological dimensions of religious belief (God's perceived level of involvement, God's perceived emotion, and doctrinal/experiential religious knowledge), which functional MRI localizes within networks processing Theory of Mind regarding intent and emotion, abstract semantics, and imagery. Our results are unique in demonstrating that specific components of religious belief are mediated by well-known brain networks, and support contemporary psychological theories that ground religious belief within evolutionary adaptive cognitive functions.

Kendler, K. S. and Myers, J. [Department of Psychiatry and the Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University School of Medicine, Richmond; kendler@vcu.edu]. "**A developmental twin study of church attendance and alcohol and nicotine consumption: a model for analyzing the changing impact of genes and environment**." *American Journal of Psychiatry* 166, no. 10 (Oct 2009): 1150-1155.

[From the abstract:] …The authors used data from two interview waves 6 years apart of 1,796 male twins from a population-based register, in which respondents were asked about current and past church attendance and psychoactive drug use. Structural twin models were fitted and tested using the Mx software program. RESULTS: As twins developed from childhood through adulthood, the influence of shared environmental factors on church attendance declined dramatically while genetic factors increased. In early and late adolescence, the negative correlations between church attendance and alcohol and nicotine consumption resulted largely from shared environmental factors. In adulthood, the inverse relationship between church attendance and substance use became stronger and arose largely from genetic factors. CONCLUSIONS: As individuals mature, they increasingly shape their own social environment in large part as a result of their genetically influenced temperament. When individuals are younger and living at home, frequent church attendance reflects a range of familial and social-environmental influences that reduce levels of substance use. In adulthood, by contrast, high levels of church attendance largely index genetically influenced temperamental factors that are protective against substance use. Using genetically informative designs such as twin studies, it is possible to show that the causes of the relationship between social risk factors and substance use can change dramatically over development.

Kerley, K. R. and Copes, H. [University of Alabama at Birmingham, Department of Justice Sciences; krkerley@uab.edu]. "**'Keepin my mind right': identity maintenance and religious social support in the prison context**." *International Journal of Offender Therapy & Comparative Criminology* 53, no. 2 (Apr 2009): 228-244. [See also the article by Levitt & Loper, noted elsewhere in this bibliography.]

[Abstract:] It is not uncommon for inmates to experience religious conversions in prison. These conversions allow inmates to portray themselves in a prosocial light and help them to establish a sense of control in their current lives, regardless of their past. Despite the value of these conversions, maintaining a new outlook of one's self is remarkably difficult. Using semistructured interviews with 63 inmates who had undergone a religious conversion, the authors examine the process that they engaged in to keep these new senses of self. The narratives suggest that they relied on various social support mechanisms to keep themselves focused and inspired. Specifically, they stressed the importance of connecting with positive others in formal and informal settings, sharing their stories with those in need, and reflecting on their daily choices. It is through these strategies that inmates keep the inspiration and focus to "keep their minds right."

Kilbourne, B., Cummings, S. M. and Levine, R. S. [Department of Sociology and Social Work, Tennessee State University, Nashville, TN; bkilbourne@tnstate.edu]. "**The influence of religiosity on depression among low-income people with diabetes**." *Health & Social Work* 34, no. 2 (May 2009): 137-147.

[Abstract:] People with diabetes experience depression at a significantly higher rate than do their nondiabetic counterparts. The purpose of this study was to examine the impact of multiple dimensions of religiosity on depression among a lower income population of people with diabetes. Using a cross-sectional design, the study focused on a combined clinical and community sample of people with diabetes from low-income neighborhoods. On the basis of previous studies and confirmatory factor analyses of study data, five distinct dimensions of religiosity emerged: religious belief, reading religious materials, prayer, religious attendance, and engaging others in religious discourse. Bivariate correlation and hierarchical linear regression revealed robust and inverse associations between four of the five dimensions of religiosity and level of depression. Prayer, religious reading, religious attendance, and religious belief proved protective against depressive symptoms. Although it correlated with the other measures of religiosity, engaging in religious discourse was not distinctly associated with levels of depression. The analyses suggest that religious resources increase psychological resiliency among those managing the chronic stress of diabetes. Pedagogical and practice implications are discussed. [See also thje article by Martin, S. S., in the same issue of the journal --noted elsewhere in this bibliography.]

King, M. B. and Koenig, H. G. [Department of Mental Health Sciences, University College London Medical School, UK; m.king@medsch.ucl.ac.uk]. "**Conceptualising spirituality for medical research and health service provision**." *BMC Health Services Research* 9 (2009: 116 [online].

[Abstract:] The need to take account of spirituality in research and health services provision is assuming ever greater importance. However the field has long been hampered by a lack of conceptual clarity about the nature of spirituality itself. We do not agree with the skeptical claim that it is impossible to conceptualize spirituality within a scientific paradigm. Our aims are to 1) provide a brief over-view of critical thinking that might form the basis for a useful definition of spirituality for research and clinical work and 2) demystify the language of spirituality for clinical practice and research. [58 refs.]

Kinney, A. Y., Coxworth, J. E., Simonson, S. E. and Fanning, J. B. [Huntsman Cancer Institute, Salt Lake City, UT; anita.kinney@hci.utah.edu]. "**Religiosity, spirituality, and psychological distress in African-Americans at risk for having a hereditary cancer predisposing gene mutation**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 13-21.

[Abstract:] Elevated psychological distress has been observed among people at increased risk for familial cancer. Researchers consider religiosity and spirituality (RS) to be positive coping mechanisms associated with reduced psychological distress. Relatively little is known about the impact of RS on genomic health issues. The objectives of our study were: (1) describe the prevalence of RS and depressive symptoms and (2) explore how RS relates to psychological distress in a cohort of individuals with a > or =25% prior probability of a genetic predisposition to cancer. Participants (n = 99) were drawn from an African-American, Louisiana-based kindred with a mutation at the BRCA1 locus. This analysis reports findings from a survey assessing RS and the use of three types of religious coping styles: collaborative, self-directing, and deferring. Clinically significant depressive symptoms were relatively high (27%); with females (33%) more likely than males (17%) to report symptoms ($P < 0.01$). The majority of participants reported being highly religious. The most commonly employed religious problem solving style used by participants was collaborative (X=22.9; SD=5.8) versus self-directing (X=12.8; SD = 5.1) and deferring (X=19.9; SD = 6.3). We did not observe significant associations between RS indicators and psychological distress, nor did we observe appreciable differences related to gender or risk perception. Although RS beliefs and practices are important for many African-Americans, we did not find evidence that indicators of self-reported RS are associated with psychological distress prior to genetic counseling and testing. [This is part of a special issue of the journal addressing religious and spiritual concerns. [This is part of a special issue of the journal addressing religious and spiritual concerns. See also the articles by Anderson, R. R.; by Bartlett, V. L., et al.; by Churchill, L. R.; by Fanning, J. B., et al.; by Geller, G., et al.; by Harris, T. M., et al.; and by White, M. T.; noted elsewhere in this bibliography.]

Kleim, B. and Ehlers, A. [Department of Psychology, Institute of Psychiatry, King's College London, UK; b.kleim@iop.kcl.ac.uk]. "**Evidence for a curvilinear relationship between posttraumatic growth and posttrauma depression and PTSD in assault survivors**." *Journal of Traumatic Stress* 22, no. 1 (Feb 2009): 45-52.

This paper reports two studies of assault survivors (Ns = 180, 70). Among the findings: "Religious participants reported more growth at 6 months than participants not observing any religion…" [p. 49].

Kobelka, ,C., Mattman, A. and Langlois, S. [University of British Columbia, Department of Medical Genetics, Vancouver, Canada; christine.x.kobelka@kp.org]. "**An evaluation of the decision-making process regarding amniocentesis following a screen-positive maternal serum screen result**." *Prenatal Diagnosis* 29, no. 5 (May 2009): 514-519.

This study used a questionnaire mailed to 597 women in British Columbia who were screen-positive maternal serum screen for Down syndrome. Comparisons were made between two groups: those who opted for amniocentesis (Group 1) and those who declined amniocentesis (Group 2). Among the findings: "Subjects were asked how significantly their beliefs about pregnancy termination, and religious beliefs impacted their decision to have, or not have amniocentesis. Women in Group 2 were significantly more impacted by their beliefs about pregnancy termination ($P = 0.021$), and religious beliefs ($P = <0.001$) than were women in Group 1." [p. 516]

Koenig, H. G. [Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Research on religion, spirituality, and mental health: a review**." *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 54, no. 5 (May 2009): 283-291.

[Abstract:] Religious and spiritual factors are increasingly being examined in psychiatric research. Religious beliefs and practices have long been linked to hysteria, neurosis, and psychotic delusions. However, recent studies have identified another side of religion that may serve as a psychological and social resource for coping with stress. After defining the terms religion and spirituality, this paper reviews research on the relation between religion and (or) spirituality, and mental health, focusing on depression, suicide, anxiety, psychosis, and substance abuse. The results of an earlier systematic review are discussed, and more recent studies in the United States, Canada, Europe, and other countries are described. While religious beliefs and practices can represent powerful sources of comfort, hope, and meaning, they are often intricately entangled with neurotic and psychotic disorders, sometimes making it difficult to determine whether they are a resource or a liability. [84 refs.] [See also the editorial: Blazer, D. G., "Religion, spirituality, and mental health: what we know and why this is a tough topic to research," on pp. 281-282 of the same issue of this journal. The journal also contains: Baetz &Toews, "Clinical implications of research on religion, spirituality, and mental health," on pp. 292-301 --also noted in this bibliography.]

Koenig, L. B. and Vaillant, G. E. [Family Research Center, Veterans Affairs Palo Alto Health Care System, Menlo Park, CA; laura.koenig@va.gov]. "**A prospective study of church attendance and health over the lifespan**." *Health Psychology* 28, no. 1 (Jan 2009): 117-124.

[Abstract:] OBJECTIVE: The objective of the current study was to help clarify the previously ambiguous results concerning the relationship between church attendance and later physical health. DESIGN: The current study examined the effect of church attendance on 4 different indicators of later health in a sample of inner city men followed throughout their lifecourse. Measures of previous health status, mood, substance abuse, smoking, education, and social class were used as covariates in regression analyses predicting health at age 70 from church attendance at age 47. MAIN OUTCOME MEASURES: Health at age 70 was assessed by 4 indicators: mortality, objective physical health, subjective physical health, and subjective well-being. RESULTS: Though church attendance was related to later physical health, this was only through indirect means, as both physical health and church attendance were associated with substance use and mood. However, findings do suggest a more direct link between church attendance and well-being. CONCLUSION: Indirect effects of church attendance on health were clearly observed, with alcohol use/dependence, smoking, and mood being possible mediators of the church attendance-health relationship. The effects of church attendance on more subjective ratings of health, however, may be more direct.

Kongsuwan, W. and Touhy, T. [Prince of Songkla University, Hat Yai, Songkhla, Thailand; warapornkongsuwan@yahoo.co.uk]. "**Promoting peaceful death for Thai Buddhists: implications for holistic end-of-life care**." *Holistic Nursing Practice* 23, no. 5 (Sep-Oct 2009): 289-296.

[Abstract:] The conceptual model of promoting a peaceful death was synthesized from Buddhist philosophy, the theory of "Peaceful End of Life," related literature, and a story from experience. Nurses can use this model as a practical guide for the holistic care of Thai Buddhists who are dying.

Krause, N. [Department of Health Behavior, School of Public Health, University of Michigan, 109 Observatory Street, Ann Arbor, MI; nkrause@umich.edu]. "**Church-based volunteering, providing informal support at church, and self-rated health in late life**." *Journal of Aging & Health* 21, no. 1 (Feb 2009): 63-84.

[Abstract:] Objective: To assess the relationships among volunteer work at church, providing informal support to fellow church members, religious commitment, and change in self-rated health over time. Method: Data are obtained from a nationwide longitudinal sample of 681 older adults. The study participants are aged 66 years or older at the baseline interview. The between-round interval was 6 years. Results: The findings suggest that providing informal tangible support to fellow church members is associated with better health but only for study participants who were more deeply committed to their faith. In contrast, a comparable interaction effect between volunteer work at church and religious commitment do not emerge from the data. Discussion: Although older people may assist others in different ways within the church, the informal assistance they provide to coreligionists appears to be more strongly associated with health when they are more deeply committed to their faith.

Krause, N. [Department of Health Behavior and Health Education, University of Michigan, Ann Arbor, MI; nkrause@umich.edu]. "**Meaning in life and mortality**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 64, no. 4 (Jun 2009): 517-527.

[Abstract:] OBJECTIVES: The purpose of this exploratory study was to see if meaning in life is associated with mortality in old age. METHODS: Interviews were conducted with a nationwide sample of older adults (N = 1,361). Data were collected on meaning in life, mortality, and select control measures. RESULTS: Three main findings emerged from this study. First, the data suggest that older people with a strong sense of meaning in life are less likely to die over the study follow-up period than those who do not have a strong sense of meaning. Second, the findings indicate that the effect of meaning on mortality can be attributed to the potentially important indirect effect that operates through health. Third, further analysis revealed that one dimension of meaning-having a strong sense of purpose in life--has a stronger relationship with mortality than other facets of meaning. The main study findings were observed after the effects of attendance at religious services and emotional support were controlled statistically. DISCUSSION: If the results from this study can be replicated, then interventions should be designed to help older people find a greater sense of purpose in life. [See also the article by Idler, E. L., et al., in the same issue of the journal --cited elsewhere in this bibliography.]

Kreitzer, M. J., Gross, C. R., Waleekhachonloet, O. A., Reilly-Spong, M. and Byrd, M. [Center for Spirituality and Healing, School of Nursing, University of Minnesota, Minneapolis; kreit003@umn.edu]. "**The Brief Serenity Scale: a psychometric analysis of a measure of spirituality and well-being**." *Journal of Holistic Nursing* 27, no. 1 (Mar 2009): 7-16. Comment on pp. 17-18.

[Abstract:] PURPOSE: This article describes a factor analysis of a 22-item version of the Serenity Scale, a tool that measures spirituality and well-being. METHOD: A sample of 87 participants, enrolled in a National Institutes of Health-funded clinical trial examining the impact of mindfulness-based stress reduction on symptom management post-solid organ transplantation, completed the abbreviated instrument. FINDINGS: Exploratory factor analysis yielded three subscales: acceptance, inner haven, and trust. The Serenity Scale was positively associated with positive affect and mindful awareness and inversely related to negative affect, anxiety, depression, health distress and transplant-related stress. CONCLUSIONS: Serenity, a dimension of spirituality that is secular and distinct from religious orientation or religiosity, shows promise as a tool that could be used to measure outcomes of nursing interventions that improve health and well-being. IMPLICATIONS: Spirituality is recognized as being an essential component of holistic nursing practice. As nurses expand their use of spiritual interventions, it is important to document outcomes related to nursing care. The Serenity Scale appears to capture a dimension of spirituality, a state of acceptance, inner haven and trust that is distinct from other spirituality instruments. [See also Dunn, L. L., " The provision of spiritual care by registered nurses on a maternal-infant unit," on pp. 19-28 of the same issue of the journal --also cited in this bibliography.]

Kremer, H. and Ironson, G. [Department of Psychology, University of Miami, Coral Gables, FL; HeidemarieKremer@yahoo.de]. "**Everything changed: spiritual transformation in people with HIV**." *International Journal of Psychiatry in Medicine* 39, no. 3 (2009): 243-262.

[Abstract:] OBJECTIVES: Spiritual Transformation (ST) is accompanied by dramatic changes in spiritual beliefs along with major changes in behaviors, self-view, and attitudes. This study examined types of ST, as well as its antecedents and consequences in people with HIV. METHOD: Qualitative content analysis was used to analyze interviews about ST in people's lives in two samples: people with chronic HIV-disease (chronic disease sample, n = 74) and people with HIV who identified themselves as spiritual (spiritual sample, n = 73). RESULTS: ST

occurred in 39% of the chronic disease and 75% of the spiritual sample. These STs were generally positive (95%) and enduring (M = 8.71 +/- 7.43 years). ST was most frequently associated with spiritual experience (in particular near-death experience), substance-use recovery, and HIV/AIDS-diagnosis. Main antecedents were substance-use disorder, education/upbringing, and desire to change. Further themes were depression/helplessness, confrontation with illness/death, social support, and lifestyle. The top six consequences include spiritual intensification, more spiritual practices, positive feelings toward self, recovery from substance-use, finding new meaning and purpose in life, and increased self-knowledge. In the spiritual sample, there was a common pattern of hitting rock bottom with drugs, having a spiritual experience (in particular a near-death experience), and joining a drug program. CONCLUSIONS: Positive ST occurs in a sizable proportion of people with HIV. Importantly, ST often results in an enduring substance-use recovery, and an improved quality of life as indicated by enhanced gratitude, appreciation, joy, sense of peace, and reduced fear of death. [See also Ironson & Kremer, "Spiritual transformation, psychological well-being, health, and survival in people with HIV," on pp. 263-281 of the same issue of the journal —also cited in this bibliography.]

Kremer, H., Ironson, G. and Kaplan, L. [Department of Psychology, University of Miami, Coral Gables, FL; H.Kremer@miami.edu]. "**The fork in the road: HIV as a potential positive turning point and the role of spirituality**." *AIDS Care* 21, no. 3 (Mar 2009): 368-377.

[Abstract:] We interviewed 147 HIV-positive people regarding their key life-changing experiences - involving profound changes in attitudes, behaviors, beliefs (including spiritual beliefs), or self-views - to determine the prominence of HIV as the key positive/negative turning point. HIV was the key turning point, for 37% (26% positive, 11% negative), whereas for 63% of our sample it was not. Characteristics associated with perceiving HIV as the most positive turning point included having a near-death experience from HIV, increasing spirituality after HIV diagnosis, and feeling chosen by a Higher Powerto have HIV. Notably, perceived antecedents of viewing HIV as the key positive turning point were hitting rock bottom and calling on a Higher Power. Conversely, viewing HIV as the most negative turning point was associated with declining spirituality after diagnosis. Spirituality can both negatively and positively affect coping with HIV. Promoting positive spiritual coping may offer new counseling approaches. Further, for the majority of the participants, HIV is not the key turning point, which may be an indicator of the normalization of HIV with the advent of effective treatment.

Kremer, H., Ironson, G. and Porr, M. [University of Miami, Department of Psychology, Coral Gables, FL; H.Kremer@miami.edu]. "**Spiritual and mind-body beliefs as barriers and motivators to HIV-treatment decision-making and medication adherence? A qualitative study**." *AIDS Patient Care & STDs* 23, no. 2 (Feb 2009): 127-134.

[Abstract:] We examined spiritual/mind-body beliefs related to treatment decision-making and adherence in 79 HIV-positive people (35% female, 41% African American, 22% Latino, 24% White) who had been offered antiretroviral treatment by their physicians. Interviews (performed in 2003) identified spiritual/mind-body beliefs; the Adult AIDS Clinical Trials Group (ACTG) questionnaire assessed adherence and symptoms/side effects. Decision-making was influenced by health-related spiritual beliefs (e.g., calling on God/Higher Power for help/protection, God/Higher Power controls health) and mind-body beliefs (e.g., mind controls body, body tells when medication is needed). Participants believing God/Higher Power controls health were 4.75 times more likely to refuse, and participants with mind-body beliefs related to decision-making were 5.31 times more likely to defer antiretrovirals than those without those beliefs. Participants believing spirituality helps coping with side effects reported significantly better adherence and fewer symptoms/side effects. Fewer symptoms/side effects were significantly associated with the beliefs mind controls body, calling on God/Higher Power for help/protection, and spirituality helps adherence. Spiritual/mind-body beliefs as barriers or motivators to taking or adhering to treatment are important, since they may affect survival and quality of life of HIV-positive people.

Kross, E. K., Engelberg, R. A., Shannon, S. E. and Curtis, J. R. [Division of Pulmonary and Critical Care Medicine, Harborview Medical Center, Seattle, WA]. "**Potential for response bias in family surveys about end-of-life care in the ICU**." *Chest* 136, no. 6 (Dec 2009): 1496-1502.

[From the abstract:] …METHODS: We performed a cohort study of patients who died in the ICU at 14 hospitals. Surveys were mailed to family members 1 to 2 months after the patient's death. Chart abstraction was completed on all patients, assessing demographic characteristics and previously validated indicators of palliative care. RESULTS: Of the 2,016 surveys sent to families, 760 were returned, for a response rate of 38%. Patients whose family members returned the surveys were more likely to be white (88% vs 74%, respectively; $p < 0.001$); to be older (71 years vs 69 years, respectively; $p = 0.015$); and to have received more indicators of palliative care, including medical record documentation of family present at death, involvement of spiritual care, and dying after a decision to limit life-sustaining therapies ($p < 0.05$).

Kumar, N., Dherani, M. and Jivan, S. [Royal Liverpool University Hospital, Liverpool, UK; nishant6377@gmail.com]. "**Ramadan and eye-drops: perspective of Muslims in the UK**." *British Journal of Ophthalmology* 93, no. 4 (Apr 2009): 551-552.

This British study analyzed questionnaires from a convenience sample of 125 participants. Among the findings: "…45.5% believe drops during fasting hours would break the [Ramadan] fast; 59.4% would continue their regular treatment if it involved the use of drops during fasting hours; 28.7% would use drops during the fasting hours for a non-painful eye condition whereas 80.2% would for a painful eye condition; 38.6% would use drops during the fasting hours for an eye condition where sight was not affected, whereas 86.1% would for an eye condition if sight were affected" [p. 551]. The authors state: "Our results highlight that non-compliance with drops should be anticipated during Ramadan, and it is not possible to predict the views of an individual with regards to the use of drops, based on demographic or educational factors" [p. 552].

Kutner, J. S. and Kilbourn, K. M. [Division of General Internal Medicine, University of Colorado Denver School of Medicine, Aurora, CO; jean.kutner@ucdenver.edu]. "**Bereavement: addressing challenges faced by advanced cancer patients, their caregivers, and their physicians**." *Primary Care: Clinics in Office Practice* 36, no. 4 (Dec 2009): 825-844.

This is a broad review that touches upon religion/spirituality at a number of points, mostly focusing on advance cancer patients but also noting studies pertaining to caregivers and physicians. [103 refs.] [See also Parks & Winter, "End of life decision-making for cancer patients," on pp, 811-123 of the same issue of this journal --also noted in this bibliography.]

Lackey, S. A. [Moses Cone Health System, Greensboro, NC]. "**Opening the door to spiritually sensitive nursing care**." *Nursing* 39, no. 4 (Apr 2009): 46-48.

This brief article covers basic points about spirituality/religion and offers guidance for assessment and response to spiritual distress. The author provides examples both of questions to assess the importance of religion and of questions and reflective statements that may invite life review.

Langs, R.[RJ3321@aol.com]. "**The role of religious imagery in adaptive psychotherapy**." *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry* 37, no. 1 (2009): 85-98.

[Abstract:] This paper presents the viewpoint of the adaptive approach in respect to manifest allusions to God and other religious themes from patients in psychotherapy and psychoanalysis. Such imagery is understood and interpreted on a par with secular imagery, as reflections of encoded deep unconscious experiences, many of them in response to therapists' interventions. The article also explores the reasons why religious imagery is uncommon in adaptive modes of therapy, discusses encoded evidence that therapists' religious self-revelations and extended personal reactions to patients' religious images are maladaptively countertransference-based, and suggests that particular kinds of encoded nonreligious imagery suggest that the deep unconscious mind should be thought of as an inner god of divine wisdom and pristine morality. The decision as to whether this viewpoint speaks for the existence of a transcendental deity or is properly considered in secular terms lies beyond the province of psychoanalytic observations and thinking. [This is part of a theme issue of the journal on The God Representation in the Psychoanalytic Relationship. See also articles by Holliman, P. J.; by Peteet, J. R; and by Lijtmaer, R. M.; noted elsewhere in this bibliography.]

Larson, S., Long, M., Slater, M. D., Bettinghaus, E. P. and Read, A. [Department of Journalism and Technical Communication, Colorado State University, Fort Collins; sjl2@pvhs.org]. "**A content analysis of cancer survivorship coverage in a representative sample of US news outlets**." *Journal of Cancer Education* 24, no. 4 (2009): 291-296.

Recognizing the importance of media as sources of information about cancer for the general population, this study analyzed coverage of cancer survivors in a nationally representative sample of newspapers and television newscasts. Among the findings: "…the media provided little coverage of treatment effects, complementary therapy, information-seeking behavior, spirituality, financial issues, and end-of-life issues" [p. 294]. "Several survivorship variables were seldom reported: chronic or late effects of cancer (10%), end-of-life issues (10%), hobbies (8%), financial issues (6%), spirituality (5%), information seeking (5%), hospice (3%), and complementary therapy use (2%)" [p. 292].

Law, R. W. and Sbarra, D. A. Department of Psychology, University of Tucson, Arizona; ritawlaw@email.arizona.edu]. "**The effects of church attendance and marital status on the longitudinal trajectories of depressed mood among older adults**." *Journal of Aging & Health* 21, no. 6 (Sep 2009): 803-823.

[From the abstract:] …Data from the Australian Longitudinal Study of Aging were used to examine the effects of church attendance and marital status on changes in depressed mood. Participants included 791 older adults (42.4% men; mean age at study entry = 75.62) who were interviewed at three time points over 8 years. …Using multilevel modeling to assess change, church attendance was found to have a protective effect against the emergence of mood problems among older adults. …A sense of purpose as a potential explanation for the association between church attendance and changes in depressed mood in old age was discussed.

Lawler-Row, K. A. and Elliott, J. [Department of Psychology, East Carolina University, Greenville, NC; rowk@ecu.edu]. "**The role of religious activity and spirituality in the health and well-being of older adults**." *Journal of Health Psychology* 14, no. 1 (Jan 2009): 43-52.

[Abstract:] Older adults completed questionnaires of religiosity, spirituality and health, as well as of the potential mediators of healthy behaviors and social support. Church membership related to potential mediators and positive health; given membership, frequency of attendance contributed less to health. Existential well-being was strongly related to all outcome health measures. Regression analyses indicated that spiritual wellbeing and prayer contributed to the prediction of psychological wellbeing, subjective well-being, physical symptoms and depression, even when the contributions of age, gender, healthy behaviors and social support were included. Healthy behaviors and social support operated only as partial mediators of the existential-health effects.

Lawrence, R. E. and Curlin, F. A. [Pritzker School of Medicine, The University of Chicago, IL; rlawrence@uchicago.edu]. "**Autonomy, religion and clinical decisions: findings from a national physician survey**." *Journal of Medical Ethics* 35, no. 4 (Apr 2009): 214-218.

[Abstract:] BACKGROUND: Patient autonomy has been promoted as the most important principle to guide difficult clinical decisions. To examine whether practicing physicians indeed value patient autonomy above other considerations, physicians were asked to weight patient autonomy against three other criteria that often influence doctors' decisions. Associations between physicians' religious characteristics and their weighting of the criteria were also examined. METHODS: Mailed survey in 2007 of a stratified random sample of 1000 US primary care physicians, selected from the American Medical Association masterfile. Physicians were asked how much weight should be given to the following: (1) the patient's expressed wishes and values, (2) the physician's own judgment about what is in the patient's best interest, (3) standards and recommendations from professional medical bodies and (4) moral guidelines from religious traditions. RESULTS: Response rate 51% (446/879). Half of physicians (55%) gave the patient's expressed wishes and values "the highest possible weight". In comparative analysis, 40% gave patient wishes more weight than the other three factors, and 13% ranked patient wishes behind some other factor. Religious doctors tended to give less weight to the patient's expressed wishes. For example, 47% of doctors with high intrinsic religious motivation gave patient wishes the "highest possible weight", versus 67% of those with low (OR 0.5; 95% CI 0.3 to 0.8). CONCLUSIONS: Doctors believe patient wishes and values are important, but other considerations are often equally or more important. This suggests that patient autonomy does not guide physicians' decisions as much as is often recommended in the ethics literature.

Lawrence, R. E. and Curlin, F. A. [Pritzker School of Medicine, University of Chicago, Chicago, IL; rlawrence@uchicago.edu]. "**Physicians' beliefs about conscience in medicine: a national survey**." *Academic Medicine* 84, no. 9 (Sep 2009): 1276-1282.

[Abstract:] PURPOSE: To explore physicians' beliefs about whether physicians sometimes have a professional obligation to provide medical services even if doing so goes against their conscience, and to examine associations between physicians' opinions and their religious and ethical commitments. METHOD: A survey was mailed in 2007 to a stratified random sample of 1,000 U.S. primary care physicians, selected from the American Medical Association Physician Masterfile. Participants were classified into three groups according to agreement or disagreement with two statements: "A physician should never do what he or she believes is morally wrong, no matter what experts say," and "Sometimes physicians have a professional ethical obligation to provide medical services even if they personally believe it would be morally wrong to do so." RESULTS: The response rate was 51% (446/879 delivered questionnaires). Forty-two percent and 22% believed they are never and sometimes, respectively, obligated to do what they personally believe is wrong, and 36% agreed with both statements. Physicians who are more religious are more likely to believe that physicians are never obligated to do what they believe is wrong (58% and 31% of those with high and

low intrinsic religiosity, respectively; multivariate odds ratio, 2.9; 95% CI, 1.2-7.2). Those with moral objections to any of three controversial practices were more likely to hold that physicians should never do what they believe is wrong. CONCLUSION: A substantial minority of physicians do not believe there is ever a professional obligation to do something they personally believe is wrong.

Leathard, H. L. and Cook, M. J. [University of Cumbria, UK; helen.leathard@cumbria.ac.uk]. "**Learning for holistic care: addressing practical wisdom (phronesis) and the spiritual sphere**." *Journal of Advanced Nursing* 65, no. 6 (Jun 2009): 1318-1327.

[From the abstract:] …BACKGROUND: Phronesis, with its inherent spiritual qualities, is an established aspect of the persona of excellent clinical leaders. There is a strong case for recognizing the value of this characteristic in all nurses, and a strategy is required for engendering the development of phronesis during nurse education. DATA SOURCES: Electronic searches of Google Scholar and CINAHL were conducted for English language publications in the period 1996-2008. …DISCUSSION: The links between the attributes of effective clinical leaders and those required for holistic caring are explicated and related to phronesis, the acquisition of which involves spiritual development. An explanatory account of phronesis and its applicability to nursing leads to an explanation of how its spiritual aspects in particular might be incorporated into learning for holistic care. Reference to research in medicines-related education illustrates how the principles can be applied in nurse education….

Lee, C. J. [Harding University College of Nursing, Searcy, AR; clee@harding.edu]. "**A comparison of health promotion behaviors in rural and urban community-dwelling spousal caregivers**." *Journal of Gerontological Nursing* 35, no. 5 (May 2009): 34-40.

This descriptive study of health promotion behaviors (HPBs) by used by older rural and urban women providing spousal care inbvolved 72 participants. [From the abstract:] …The most frequently reported HPBs related to interpersonal relations, spiritual growth, and stress management, while the least frequent related to physical activity. No significant differences existed on mean scores of the six subscales and overall HPLP-II of the rural and urban sample population.

Lee, E. K. and Chan, K. [Graduate School of Social Work, Boston College, Boston, MA; Othelia.lee.1@bc.edu]. "**Religious/spiritual and other adaptive coping strategies among Chinese American older immigrants**." *Journal of Gerontological Social Work* 52, no. 5 (Jul 2009): 517-533.

[Abstract:] Although recent scholarship focuses on the importance of religion to ethnic minorities and immigrants, relatively little attention has been given to how faith and spirituality help Asian immigrant elderly cope with life's challenges. This exploratory study was undertaken via in-depth interviews with 12 Chinese American older adults to further explore the meaning of suffering and faith as a coping mechanism for these challenges. Findings reveal that these respondents have developed particular adaptive strategies in managing their life challenges incorporating socio-emotional, cognitive, and instrumental aspects. Religious/spiritual coping was found to be embedded with respondents' values, faith, and cultural beliefs, and seem to be an important factor in developing effective coping strategies. Implications for the importance of culturally sensitive social work practice are discussed.

Lee, J. W., Morton, K. R., Walters, J., Bellinger, D. L., Butler, T. L., Wilson, C., Walsh, E., Ellison, C. G., McKenzie, M. M. and Fraser, G. E. [School of Public Health, Loma Linda University, Loma Linda, CA; jlee@llu.edu]. "**Cohort profile: the Biopsychosocial Religion and Health Study (BRHS)**." *International Journal of Epidemiology* 38, no. 6 (Dec 2009):1470-1478.

This is a basic description of an ongoing Biopsychosocial Religion and Health Study (BRHS) which aims toexamine: "(i) how religious experience moderates the impact of cumulative risk exposure on quality of life, health, and mortality; (ii) the mechanisms by which these manifestations of religion might operate; (iii) how manifestations of religious experience relate to biologic indicators of allostatic load within the context of cumulative risk exposure, and (iv) whether these manifestations operate differently in non-Blacks and Blacks…" [p. 1471]. This study focuses on 7th-day Adventists.

Lehto, R. H. and Stein, K. F. [Michigan State University, College of Nursing, East Lansing, MI; rebecca.lehto@hc.msu.edu]. "**Death anxiety: an analysis of an evolving concept**." *Research & Theory for Nursing Practice* 23, no. 1 (2009): 23-41.

This review analyzes 89 articles on the subject and touches on the potential role of religion/spirituality at a number of point. [94 refs.]

Lesmana, C. B., Suryani, L. K., Jensen, G. D. and Tiliopoulos, N. [School of Psychology, University of Sydney, Australia]. "**A spiritual-hypnosis assisted treatment of children with PTSD after the 2002 Bali terrorist attack**." *American Journal of Clinical Hypnosis* 52, no. 1 (Jul 2009): 23-34.

[Abstract:] The aim of this study was to assess the effectiveness of a spiritual-hypnosis assisted therapy (SHAT) for treatment of posttraumatic stress disorder (PTSD) in children. All children, age 6-12 years (N=226; 52.7% females), who experienced the terrorist bomb blasts in Bali in 2002, and subsequently were diagnosed with PTSD were studied, through a longitudinal, quasi-experimental (pre-post test), single-blind, randomized control design. Of them, 48 received group SHAT (treatment group), and 178 did not receive any therapy (control group). Statistically significant results showed that SHAT produced a 77.1% improvement rate, at a two-year follow up, compared to 24% in the control group, while at the same time, the mean PTSD symptom score differences were significantly lower in the former group. We conclude that the method of spiritual-hypnosis is highly effective, economic, and easily implemented, and has a potential for therapy of PTSD in other cultures or other catastrophic life-threatening events.

Levin, J. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; levin@hughes.net]. "'**And let us make us a name': reflections on the future of the religion and health field**." *Journal of Religion & Health* 48, no. 2 (Jun 2009): 125-145.

[Abstract:] After years of marginality, research on religion and health is entering the academic mainstream. Scholarship on this topic has evolved into a large, productive field. As in any emerging field, there are competing visions for what the field should be about and what research questions should be pursued. Different opinions exist as to which constructs should be researched. Words like religion, spirituality, faith, and prayer, and health, healing, medicine, and healthcare, imply different things. The study of their various interconnections can thus take myriad forms. This article argues for a welcoming approach open to the widest range of research subjects. [50 refs.]

Levin, J. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC]. "**How faith heals: a theoretical model**." *Explore: The Journal of Science & Healing* 5, no. 2 (Mar-Apr 2009): 77-96.

[Abstract:] This paper summarizes theoretical perspectives from psychology supportive of a healing effect of faith. First, faith is defined as a congruence of belief, trust, and obedience in relation to God or the divine. Second, evidence for a faith-healing association is presented, empirically and in theory. To exemplify religiously sanctioned affirmation of such a connection, selected passages are cited from the Jewish canon attesting to biblical and rabbinic support for a faith factor in longevity, disease risk, mental health and well-being, disease prevention, and healing. Third, reference to theories of hope, learned optimism, positive illusions, and opening up or disclosure, and to theory and research on psychoneuroimmunology and placebos, demonstrates that contemporary psychology can accommodate a healing power of faith. This is summarized in a typology of five hypothesized mechanisms underlying a faith-healing association, termed behavioral/conative, interpersonal, cognitive, affective, and psychophysiological. Finally, implications are discussed for the rapprochement of religion and medicine. [202 refs.]

Levine, E. G., Aviv, C., Yoo, G., Ewing, C. and Au, A. [Public Research Institute, Biobehavioral Research Center, San Francisco State University, San Francisco, CA; elevine@sfsu.edu]. "**The benefits of prayer on mood and well-being of breast cancer survivors**." *Supportive Care in Cancer* 17, no. 3 (Mar 2009): 295-306.

[Abstract:] OBJECTIVES: Prayer is becoming more widely acknowledged as a way to cope with cancer. The goal of this study was to compare differences in use of prayer between breast cancer survivors from different ethnic groups and examine how use of prayer is related to mood and quality of life. METHODS: This study used a mixed methods design. One hundred and seventy-five breast cancer survivors participated in a longitudinal study of survivorship. Women completed in-depth qualitative interviews and a battery of measures including quality of life, spirituality, social support, and mood. RESULTS: Eighty-one percent of the women prayed. There were no significant differences between the groups for any of the psychological, social support, or quality of life variables with the exception of higher benefit finding and spiritual well-being among those who prayed. The data did show that women who prayed were able to find more positive contributions from their cancer experience than women who did not pray. The interviews showed that those who prayed tended to be African American or Asian, Catholic or Protestant. The prayers were for petitioning, comfort, or praise. Some of the women stated that they had difficulty praying for themselves. CONCLUSIONS: While there seems to be few differences in terms of standardized measures of quality of life, social support, and mood between those who prayed and those who did not, the interviews showed that certain ethnic minority groups seem to find more comfort in prayer, felt closer to God, and felt more compassion and forgiveness than Caucasian women.

Levitt, L. and Loper, A. B. [University of Virginia, Charlottesville; LLL9G@virginia.edu]. "**The influence of religious participation on the adjustment of female inmates**." *American Journal of Orthopsychiatry* 79, no. 1 (Jan 2009): 1-7. [See also the article by Kerley & Copes, noted elsewhere in this bibliography.]

[Abstract:] Incarcerated women at a state correctional facility (N = 213) participated in a study of the relationship between stress, adjustment, institutional misconduct, and degree of personal support derived from religious participation. A series of multivariate analyses of variance investigated differences on adjustment indicators between four groups of inmates who differed on their self-reported support from religious activities, while controlling for self-reported support for other institutional activities. Inmates who received high-level support from participation in religious activities reported significantly less depression, recounted perpetrating fewer aggressive acts, and committed fewer serious institutional infractions than those who did not attend religious activities as well as those who attended but reported receiving low-level support. In addition, inmates reporting a high level of support through their religious activities reported fewer instances of feeling angry, having arguments with inmates and correctional officers, physical fights, and injury than those who reported no participation in religious activities. Results indicate that inmates who perceive that they are receiving personal support from religious activities are better adjusted to the challenges of prison.

Lijtmaer, R. M. [Center for Psychoanalysis and Psychotherapy of New Jersey, Fairleigh Dickinson University; ruth.lijtmaer@verizon.net]. "**The patient who believes and the analyst who does not**." *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry* 37, no. 1 (2009): 99-110.

A patient's religious beliefs and practices challenge the clinical experience and self-knowledge of the analyst owing to a great complexity of factors, and often take the form of the analyst's resistances and countertransference reactions to spiritual and religious issues. The analyst's feelings about the patient's encounters with religion and other forms of healing experiences may result in impasses and communication breakdown for a variety of reasons. These reasons include the analyst's own unresolved issues around her role as a psychoanalyst-which incorporates in some way psychoanalysis's views of religious belief-and these old conflicts may be irritated by the religious themes expressed by the patient. Vignettes from the treatments of two patients provide examples of the analyst's countertransference conflicts, particularly envy in the case of a therapist who is an atheist. [This is part of a theme issue of the journal on The God Representation in the Psychoanalytic Relationship. See also articles by Holliman, P. J.; by Peteet, J. R; and by Langs, R.; a noted elsewhere in this bibliography.]

Löckenhoff, C. E., Ironson, G. H., O'Cleirigh, C. and Costa, P. T. Jr. [National Institute on Aging; CEL72@cornell.edu]. "**Five-factor model personality traits, spirituality/religiousness, and mental health among people living with HIV**." *Journal of Personality* 77, no. 5 (Oct 2009): 1411-1436.

[Abstract:] We examined the association between five-factor personality domains and facets and spirituality/religiousness as well as their joint association with mental health in a diverse sample of people living with HIV (n=112, age range 18-66). Spirituality/religiousness showed stronger associations with Conscientiousness, Openness, and Agreeableness than with Neuroticism and Extraversion. Both personality traits and spirituality/religiousness were significantly linked to mental health, even after controlling for individual differences in demographic measures and disease status. Personality traits explained unique variance in mental health above spirituality and religiousness. Further, aspects of spirituality and religiousness were found to mediate some of the links between personality and mental health in this patient sample. These findings suggest that underlying personality traits contribute to the beneficial effects of spirituality/religiousness among vulnerable populations.

Longshore, D., Anglin, M. D., Conner, B. T. [Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles, CA]. "**Are religiosity and spirituality useful constructs in drug treatment research?**" *Journal of Behavioral Health Services & Research* 36, no. 2 (Apr 2009): 177-188.

[Abstract:] Religiosity and spirituality (R/S) have been shown to be related to better outcomes in many health service areas, including drug abuse treatment. The latter area, however, lacks a fully emergent empirical framework to guide further study. Moreover, although scientists

have tested isolated hypotheses, no comprehensive process model has been designed and validated, limiting conceptual development as well. This paper reviews the relevant R/S and health research literature with a primary focus on drug treatment processes. Then a conceptual model is suggested to guide future incremental study of R/S assessment and intervention development. Implications for addiction health services include increased efforts to empirically validate R/S interventions, to increase practitioner competencies in this area, and to disseminate relevant research findings. [81 refs.] [See also the article by Conner, B. T., et al., "Effect of religiosity and spirituality on drug treatment outcomes ," in the same issue of the journal --noted elsewhere in this bibliography.]

Loomis, B. [Mount Auburn Hospital, 330 Mount Auburn Street, Cambridge, MA; eloomis@mah.harvard.edu]. "**End-of-life issues: difficult decisions and dealing with grief**." *Nursing Clinics of North America* 44, no. 2 (Jun 2009): 223-231.
The author addresses spiritual issues, throughout; especially with a sense of "spiritual journey."

Lopez, A. J., McCaffrey, R., Quinn Griffin, M. T. and Fitzpatrick, J. J. [Center for Hematology-Oncology, Lynn Cancer Institute of the Boca Raton Community Hospital, Florida Atlantic University, Boca Raton, FL]. "**Spiritual well-being and practices among women with gynecologic cancer**." *Oncology Nursing Forum* 36, no. 3 (May 2009): 300-305.
[Abstract:] PURPOSE/OBJECTIVES: To identify spiritual well-being and spiritual practices in women with gynecologic cancer. DESIGN: Descriptive, cross-sectional. SETTING: Urban and rural communities in southeast Florida. SAMPLE: Convenience sample of 85 women (X age = 65.72 years) with some form of gynecologic cancer. METHODS: Participants completed questionnaires to assess spiritual well-being and spiritual practices while attending a healthcare clinic. MAIN RESEARCH VARIABLES: Spiritual well-being, spiritual practices. FINDINGS: The level of overall spiritual well-being was high, as were the levels of self-efficacy and life scheme (meaningfulness), as measured with two subscales. Most women reported use of several spiritual practices, including family activities, exercise, and listening to music. CONCLUSIONS: Additional study of the spiritual well-being and practices of women with cancer and comparisons with other groups of women are needed. IMPLICATIONS FOR NURSING: Nurses can assume a role in encouraging spiritual practices and enhancing spiritual well-being in women with cancer.

Mack, J. W., Wolfe, J., Cook, E. F., Grier, H. E., Cleary, P. D. and Weeks, J. C. [Department of Medicine, Children's Hospital, Boston, MA; jennifer_mack@dfci.harvard.edu]. "**Peace of mind and sense of purpose as core existential issues among parents of children with cancer**." *Archives of Pediatrics & Adolescent Medicine* 163, no. 6 (Jun 2009): 519-524.
[Abstract:] OBJECTIVE: To evaluate issues experienced by parents of children with cancer and factors related to parents' ability to find peace of mind. DESIGN: Cross-sectional survey. SETTING: Dana-Farber Cancer Institute and Children's Hospital, Boston, Massachusetts. PARTICIPANTS: One hundred ninety-four parents of children with cancer (response rate, 70%) in the first year of cancer treatment. MAIN OUTCOME MEASURE: The Functional Assessment of Chronic Illness Therapy-Spiritual Well-being sense of meaning subscale. RESULTS: Principal components analysis of Functional Assessment of Chronic Illness Therapy-Spiritual Well-being sense of meaning subscale responses identified 2 distinct constructs, peace of mind (Cronbach alpha = .83) and sense of purpose (Cronbach alpha = .71). Scores ranged from 1 to 5, with 5 representing the strongest sense of peace or purpose. One hundred forty-seven of 181 parents (81%) scored 4 or higher for questions related to sense of purpose (mean [SD] score, 4.4 [0.6]). Only 44 of 185 parents (24%) had scores in the same range for peace of mind (mean [SD] score, 3.2 [0.9]) ($P < .001$). In a multivariable logistic regression model, parents had higher peace of mind scores when they also reported that they trusted the oncologist's judgment (odds ratio [OR] = 6.65; 95% confidence interval [CI], 1.47-30.02), that the oncologist had disclosed detailed prognostic information (OR = 2.05; 95% CI, 1.14-3.70), and that the oncologist had provided high-quality information about the cancer (OR = 2.54; 95% CI, 1.11-5.79). Peace of mind was not associated with prognosis (OR = 0.74; 95% CI, 0.41-1.32) or time since diagnosis (OR = 1.00; 95% CI, 0.995-1.003). CONCLUSIONS: Physicians may be able to facilitate formulation of peace of mind by giving parents high-quality medical information, including prognostic information, and facilitating parents' trust.

Magill, L. [University of Windsor, School of Music, Windsor, Ontario, Canada; lucannem@uwindsor.ca]. "**The spiritual meaning of pre-loss music therapy to bereaved caregivers of advanced cancer patients**." *Palliative & Supportive Care* 7, no. 1 (Mar 2009): 97-108.
[Abstract:] OBJECTIVE: The aim of this study was to learn how music therapy sessions, held prior to the death of a loved one, impact spirituality in surviving caregivers of advanced cancer patients. METHOD: The method of naturalistic inquiry was used to investigate the spiritual meaning of pre-loss music therapy sessions. Bereaved caregivers of seven different patients, who had been receiving music therapy through a home-based hospice program, participated in individual open-ended interviews. Interviews were recorded, transcribed, and coded. Themes were organized as they emerged. RESULTS: As caregivers reflected on their experiences in music therapy, they reported autonomous joy (music therapy affected the caregiver directly) and empathic joy (caregivers' joy was based in remembering seeing the patient happy in music therapy). They also noted feelings of empowerment due to the ways they felt they had contributed in the care of the patients through music therapy. The caregivers were found to engage in processes of reflection that inspired these spiritual themes: reflection on the present (connectedness), reflection on the past (remembrance), and reflection on the future (hope). They referred to the ways that the music therapy sessions helped them find connection with self, others (through bringing their loved ones "back to life" and have a "renewal of self"), and the "beyond"; and that times in music therapy brought them happy memories and sentiments of hope. Meaning through transcendence was found to be the overarching trend in this study, as caregivers were lifted from remorse into heightened sense of meaning and gained "airplane views" of their lives. SIGNIFICANCE OF RESULTS: Pre-loss music therapy can potentially assist caregivers during times of bereavement, as they retain memories of joy and empowerment, rather than memories of pain and distress, and find meaning through transcendence.

Mann-Jiles, V. and Morris, D. L. [Department of Nursing Services, The Ohio State University/James Cancer Hospital, Columbus, OH; Valerie.mann-jiles@osumc.edu]. "**Quality of life of adult patients with sickle cell disease**." *Journal of the American Academy of Nurse Practitioners* 21, no. 6 (Jun 2009): 340-349.
Among the findings of his study of 62 adult patients: there was little relationship between demographic variables and Quality of Life, except for perceived spirituality (though not for involvement in religious activities. The article includes a brief overview on spirituality & Quality of Life (--see p. 344).

Martin, S. S. [University of Alabama, Tuscaloosa; shadismartin@gmail.com]. "**Illness of the mind or illness of the spirit? Mental health-related conceptualization and practices of older Iranian immigrants**." *Health & Social Work* 34, no. 2 (May 2009): 117-126.

[Abstract:] The purpose of this qualitative phenomenological study was to explore whether the way mental health is conceptualized by older Iranian immigrants can influence their mental health-related practices. In-depth interviews were conducted with 15 Iranians who had immigrated to the United States after the age of 50. The findings from this study revealed that the older Iranian immigrants were reluctant to seek mental health care services in the United States. This resistance was largely attributed to the cultural differences in mental health conceptualization (language, definitions, and terminology) and lack of trust in the effectiveness of psychotropic medications. The findings of this study have implications for health and social service professionals who provide services to older immigrants, refugees, and minority populations whose mental health conceptualization may not be consistent with the biomedical model. [See also the article by Kilbourne, B., et al., in the same issue of the journal --noted elsewhere in this bibliography.]

Maselko, J., Gilman, S. E. and Buka, S. [Department of Public Health, Temple University, Philadelphia, PA; maselko@temple.edu]. "**Religious service attendance and spiritual well-being are differentially associated with risk of major depression**." *Psychological Medicine* 39, no. 6 (Jun 2009): 1009-1017.

[Abstract:] BACKGROUND: The complex relationships between religiosity, spirituality and the risk of DSM-IV depression are not well understood. METHOD: We investigated the independent influence of religious service attendance and two dimensions of spiritual well-being (religious and existential) on the lifetime risk of major depression. Data came from the New England Family Study (NEFS) cohort (n=918, mean age=39 years). Depression according to DSM-IV criteria was ascertained using structured diagnostic interviews. Odds ratios (ORs) for the associations between high, medium and low tertiles of spiritual well-being and for religious service attendance and the lifetime risk of depression were estimated using multiple logistic regression. RESULTS: Religious service attendance was associated with 30% lower odds of depression. In addition, individuals in the top tertile of existential well-being had a 70% lower odds of depression compared to individuals in the bottom tertile. Contrary to our original hypotheses, however, higher levels of religious well-being were associated with 1.5 times higher odds of depression. CONCLUSIONS: Religious and existential well-being may be differentially associated with likelihood of depression. Given the complex interactions between religiosity and spirituality dimensions in relation to risk of major depression, the reliance on a single domain measure of religiosity or spirituality (e.g. religious service attendance) in research or clinical settings is discouraged.

Mason, S. J., Deane, F. P., Kelly, P. J. and Crowe, T. P. [Illawarra Institute for Mental Health and School of Psychology, University of Wollongong, Wollongong, Australia]. "**Do spirituality and religiosity help in the management of cravings in substance abuse treatment?**" *Substance Use & Misuse* 44, no. 13 (2009): 1926-1940.

[From the abstract:] …A cross-sectional survey was completed by 77 male participants at an Australian Salvation Army residential rehabilitation service in 2007. The survey included questions relating to the participants' drug and/or alcohol use and also measures for spirituality, religiosity, cravings, and self-efficacy. The sample included participants aged between 19 and 74 years, with more than 57% reporting a diagnosis for a mental disorder and 78% reporting polysubstance misuse with alcohol most frequently endorsed as the primary drug of concern (71%). Seventy-five percent of the clients reported that spirituality and religious faith were useful components of the treatment program. A multivariate multiple regression analysis identified that spirituality and self-efficacy have significant relationships with cravings. Self-efficacy mediated the relationship between spirituality and drug and/or alcohol cravings….

Matusek, J. A. and Knudson, R. M. [Miami University, Oxford, OH]. "**Rethinking recovery from eating disorders: spiritual and political dimensions**." *Qualitative Health Research* 19, no. 5 (May 2009): 697-707.

[Abstract:] In this article, we portray women's experiences of long-term recovery from anorexia and compulsive overeating. Semistructured interviewing and an interpretive biographical method were used to coconstruct accounts of each participant's transition to wellness. Thick descriptions of self-identified turning points on the path to recovery are framed in terms of the concept of personal positioning in relation to cultural master narratives. The narratives suggest that long-term recovery involves spiritual or political commitment and purposeful engagement with communities larger than the self.

Mayo, K. R. [Department of Psychiatry, University of Ottawa, Royal Ottawa Mental Health Centre, Ottawa, Ontario, Canada; Kelley.RaabMayo@rohcg.on.ca]. "**Support from neurobiology for spiritual techniques for anxiety: a brief review**." *Journal of Health Care Chaplaincy* 16, no. 1 (Jan 2009): 53-57. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Research in neurobiology supports use of spiritual techniques as a beneficial treatment for anxiety. Psychotherapy, including mindfulness CBT and meditation, has been shown to change brain structure. The amygdala-the brain structure responsible for processing emotion and anxiety-demonstrates plasticity, and the purpose of therapy may be to allow the cortex to establish more effective and efficient synaptic links with the amygdala. A main feature of spiritual approaches is changing one's focus of attention. Instead of worry, one focuses on peaceful thoughts, thoughts of helping others, etc. Research demonstrates that thought, meditation, and other manifestations of mind can alter the brain, sometimes in an enduring way. Few studies have addressed the neurobiological underpinnings of meditation. Limited evidence, however, suggests that brain changes occur during prolonged meditation and that meditation activates neural structures involved in attention and control of the autonomic nervous system.

McCullough, M. E., Friedman, H. S., Enders, C. K. and Martin, L. R. [Department of Psychology, University of Miami, Coral Gables, FL; mikem@miami.edu]. "**Does devoutness delay death? Psychological investment in religion and its association with longevity in the Terman sample**." *Journal of Personality & Social Psychology* 97, no. 5 (Nov 2009): 866-882.

[Abstract:] Religious people tend to live slightly longer lives (M. E. McCullough, W. T. Hoyt, D. B. Larson, H. G. Koenig, & C. E. Thoresen, 2000). On the basis of the principle of social investment (J. Lodi-Smith & B. W. Roberts, 2007), the authors sought to clarify this phenomenon with a study of religion and longevity that (a) incorporated measures of psychological religious commitment; (b) considered religious change over the life course; and (c) examined 19 measures of personality traits, social ties, health behaviors, and mental and physical health that might help to explain the religion-longevity association. Discrete-time survival growth mixture models revealed that women (but not men) with the lowest degrees of religiousness through adulthood had shorter lives than did women who were more religious. Survival differences were

largely attributable to cross-sectional and prospective between-class differences in personality traits, social ties, health behaviors, and mental and physical health.

McCullough, M. E. and Willoughby, B. L. [Department of Psychology, University of Miami, Coral Gables, FL; mikem@miami.edu]. "**Religion, self-regulation, and self-control: associations, explanations, and implications**." *Psychological Bulletin* 135, no. 1 (Jan 2009): 69-93.

[Abstract:] Many of the links of religiousness with health, well-being, and social behavior may be due to religion's influences on self-control or self-regulation. Using Carver and Scheier's (1998) theory of self-regulation as a framework for organizing the empirical research, the authors review evidence relevant to 6 propositions: (a) that religion can promote self-control; (b) that religion influences how goals are selected, pursued, and organized; (c) that religion facilitates self-monitoring; (d) that religion fosters the development of self-regulatory strength; (e) that religion prescribes and fosters proficiency in a suite of self-regulatory behaviors; and (f) that some of religion's influences on health, well-being, and social behavior may result from religion's influences on self-control and self-regulation. The authors conclude with suggestions for future research. [190 refs.]

Meert, K. L., Briller, S. H., Schim, S. M., Thurston, C. and Kabel, A. [Department of Pediatrics, Wayne State University School of Medicine and Critical Care Medicine, Children's Hospital of Michigan, Detroit; krmeert@med.wayne.edu]. "**Examining the needs of bereaved parents in the pediatric intensive care unit: a qualitative study**." *Death Studies* 33, no. 8 (Sep 2009): 712-740.

In this study of 33 parents/guardians of 26 children who died in the Pediatric Intensive Care Unit between January 1, 1999, and August 31, 2000, were interviewd by a physician and chaplain together between March 2001 and January 2003. One item in the interview was: "Can you describe yourself spiritually at that time, and what did you need?" [p. 716]. Also, 13 parents/guardians of 10 children who died in the PICU between March 1, 2002 and December 31, 2004, participated in focus groups between October 2005 and March 2006, in which spiritual needs were also considered. A focus group was also conducted with 15 chaplains from the hospital in 2007. Four themes were identified: (a) Who I Am, (b) While My Child Was Dying, (c) My Child's Death Examining Bereaved Parents' Needs Context, and (d) My Bereavement Journey. The authors consider religious/spiritual issues (--see esp. p. 722) and the idea of "sacred atmosphere" (--see esp. p. 728). See also: "Chaplains' Perspectives" (pp. 731-733). [See also the article by Vandercreek & Mottram, " The religious life during suicide bereavement: a description," on pp. 741-761 of the same issue of the journal --also cited in this bibliography.]

Mehta, L. H. and Roth, G. S. [New York Academy of Sciences, New York, NY; lmehta@pmph-usa.com]. "**Caloric restriction and longevity: the science and the ascetic experience**." *Annals of the New York Academy of Sciences* 1172 (Aug 2009): 28-33.

This overview article addresses at a number of points the role of religious traditions in the practice of caloric restriction. [See also articles by Brown, D., and by Brown, R. P. & Gerbarg, P. L., in the same issue of the journal --cited elsewhere in this bibliography.]

Meischke, H., Chavez, D., Feder, S., Rea, T., Albert, T. and Eisenberg, M. [Department of Health Services, University of Washington, Seattle; hendrika@u.washington.edu]. "**Reasons 9-1-1 is called for cardiac arrest cases in which no resuscitation is attempted**." *Prehospital Emergency Care* 13, no. 3 (Jul-Sep 2009): 335-340.

Among the findings of this analysis of medical incident report forms obtained from five participating fire departments in King County, WA: "The most frequently reported service provided by EMTs for [the study population] was to 'offer to contact a chaplain'" [p. 335, abstract; and see also pp. 336 and 338]. Their data show that Emergency Medical Technicians offered to contact a chaplain in 34% of cases where no resuscitation was desired and in 45% of cases where resuscitation was not started because of irreversible death [--see p. 338, Table 2].

Meisenhelder, J. B. and Marcum, J. P. [MGH Institute of Health Professions at Massachusetts General Hospital, Boston, MA; jmeisenhelder@mghihp.edu]. "**Terrorism, post-traumatic stress, coping strategies, and spiritual outcomes**." *Journal of Religion & Health* 48, no. 1 (Mar 2009): 46-57.

[Abstract:] This mail survey measured post-traumatic stress symptoms, spiritual and non-spiritual coping strategies, and positive spiritual outcomes following the tragedies of 9/11/01 in a national, random sample of 1,056 Presbyterians. Respondents reported mild to moderate degrees of re-experiencing and hyper-arousal symptoms of post-traumatic stress, unrelated to location or knowing someone involved. People experiencing high stress used greater frequency and variety of both spiritual and non-spiritual types of coping strategies. Positive spiritual outcomes were remarkably related to positive spiritual coping strategies, in contrast to no association with negative coping. This study illustrates the significant degree of post-traumatic stress experienced with vicarious exposure and a wide spectrum of coping strategies used following the major terrorist attacks.

Michelson, K. N., Koogler, T., Sullivan, C., Ortega Mdel, P., Hall, E. and Frader, J. [Children's Memorial Hospital, Feinberg School of Medicine, Northwestern University, Chicago, IL; kmichelson@childrensmemorial.org]. "**Parental views on withdrawing life-sustaining therapies in critically ill children**." *Archives of Pediatrics & Adolescent Medicine* 163, no. 11 (Nov 2009): 986-992.

Among the findings of this analysis of 72 interviews of parents with children on a Pediatric Intensivve Care Unit is the folloing about Faith: "Parents discussed their faith and religious views frequently. Some described their faith or beliefs as a source of guidance in deciding to withdraw life-sustaining therapies. One parent said, '[I] would look for some kind of spiritual guidance.' Prompted by our question on the influence of suffering, 1 parent talked about how in the afterlife there is no suffering: '[H]e is going to pass on to a better life, right, where he is not going to suffer anymore.' One parent indicated that God or faith would direct decisions: 'I can imagine a time me doing that. But it will be faith that I'm telling them this because I believe in God.' Some parents talked of God's will and their belief that a higher power has the ultimate control. One person commented, 'You are simply doing what God wants you to do.' Other parents explained why their faith would lead them to not consider withdrawing life-sustaining therapies. Again parents talked about God's power over such decisions. One parent said, 'If God does not want me to keep him, well, He is going to take him . . . whatever may be done to him.' Another person said, '[You] can't play like you're God or the higher power.' While considering a child with a limited quality of life, 1 parent said, 'But I feel that if the Lord put her here like that, it's a reason.' Some parents said they would hope for a miracle or put their faith in a higher power, rather than physicians' actions or prognoses. One parent said, 'God has been able to—to overturn what doctors have said.' Prompted by the question on the influence of suffering, 1 parent likened suffering to Jesus' crucifixion and said, 'Sometimes the suffering God gives us is worth it.'" [pp. 989-990]

Minton, M. E., Hertzog, M., Barron, C. R., French, J. A. and Reiter-Palmon, R. [South Dakota State University; Mary.Minton@sdstate.edu]. "**The first anniversary: stress, well-being, and optimism in older widows**." *Western Journal of Nursing Research* 31, no. 8 (Dec 2009): 1035-1056.

Among the findings of this survey of 47 older widows around the first anniversaries of spousal death were associations between optimism in this population and spiritual well-being.

Mirabeau-Beale, K. L., Kornblith, A. B., Penson, R. T., Lee, H., Goodman, A., Campos, S. M., Duska, L., Pereira, L., Bryan, J. and Matulonis, U. A. [Harvard Medical School, Boston, MA; Klm17@hms.harvard.edu]. "**Comparison of the quality of life of early and advanced stage ovarian cancer survivors**." *Gynecologic Oncology* 114, no. 2 (Aug 2009): 353-359.

[Abstract:] OBJECTIVE: The objective of this study was to compare the long-term adjustment and QOL of early and advanced stage ovarian cancer survivors (OCS). METHODS: Early and advanced OCS >3 years from diagnosis with no evidence of recurrent cancer were interviewed. The following surveys were administered: EORTC QLQ-C30 (overall QOL) and QLQ-OV28 (ovarian specific issues), MHI-17 (anxiety, depression and global well-being), CALGB sexual functioning, FACT Fatigue, Beck's Hopelessness Scale, Fear of Recurrence (FOR), PCL-C post-traumatic stress disorder (PTSD), Unmet Needs, FACT-Spirituality (FACT-Sp), complementary therapy (CAM use), and MOS Social Support Survey (MOS). The results of the surveys were compared between the early and advanced stage groups. RESULTS: 42 advanced and 58 early stage patients were interviewed. The majority of survivors scored above the medical outpatient norm for emotional status (71% of early stage and 64% of advanced stage survivors). Overall QOL, fatigue, hopelessness, spirituality, social support, degree to which unmet needs were met and use of complementary therapy, did not differ between the two groups. No advanced stage OCS had diagnosable PTSD scores, while 6.9% of early stage survivors had scores indicative of PTSD. Decreased sexual interest attributed to cancer and anxiety when getting CA-125 testing were of concern for both groups. OCS used on average 5 CAM to improve their QOL. CONCLUSION: Regardless of staging, OCS experience similarly overall positive QOL and adjustment, though PTSD, sexual problems and fear of recurrence are still important for some survivors.

Mitchell, B. L. and Mitchell, L. C. [Division of Hospital Internal Medicine, Mayo Clinic, Jacksonville, FL; mitchell.bruce@mayo.edu]. "**Review of the literature on cultural competence and end-of-life treatment decisions: the role of the hospitalist**." *Journal of the National Medical Association* 101, no. 9 (Sep 2009): 920-926. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To determine whether any associations exist between cultural (racial/ethnic, spiritual/religious) competence and end-of-life treatment decisions in hospitalized patients and the potential impact of those associations on hospitalists' provision of care. DATA SOURCES AND METHODS: MEDLINE, PubMed, Embase, Psychlnfo, and CINAHL databases were searched using the following search terms: cultural competence, race, ethnicity, minority, African American, Hispanic, end of life, palliative care, advanced care planning, inpatient, religion, spirituality, faith, hospitalist, and hospice. We identified studies in which spirituality/religion or race/ethnicity was used as a variable to study their potential impact on end-of-life treatment decisions in hospitalized patients. RESULTS: In only 13 studies was spirituality/religion or race/ ethnicity used to study its effect on end-of-life decisions in hospitalized patients. African American patients tended to prefer the use of life-sustaining treatments at the end of life, and race/ethnicity did not appear to affect decisions to withhold or withdraw certain types of life-sustaining technology. Specific spiritual needs were identified both within and outside organized religions when members of those religions were hospitalized at the end of life. CONCLUSIONS: End-of-life care may present unique challenges and opportunities in culturally discordant hospitalist-patient relationships. Culturally competent health care in an increasingly diverse population requires awareness of the importance of culture, particularly spirituality/religion and race/ethnicity, in the care of hospitalized patients at the end of life. [68 refs.]

Monin, J. K. and Schulz, R. [Department of Psychiatry and University Center for Social and Urban Research, University of Pittsburgh, PA]. "**Interpersonal effects of suffering in older adult caregiving relationships**." *Psychology & Aging* 24, no. 3 (Sep 2009): 681-695.

This review finds that the conceptual and measurement literature on suffering suggests consensus tha one of suffering's components is "an existential/spiritual dimension that includes loss or impairment of inner harmony, of meaning and purpose of life, and of comfort and strength in religious beliefs" [p. 682]." In light of this, and regarding caregiving, authors note: "There are several qualitative studies on family members' reflections of the existential and spiritual aspects of their loved one's suffering and how this affects family members' feelings (e.g., Coyle, 1996). For example, in Coyle's study, one nurse described her intense sadness in response to the loss of "something vital" in her loved one that had been eroded by drugs, pain, and illness. In the book *Soul Pain: The Meaning of Suffering in Later Life*, Black (2006) presented an interview of an elderly woman who explained that her son suffered because he had not been fulfilled in his life and further elaborated that he had never worked at a paying job, was on disability for mental problems, and was a loner (p. 77). This woman was emotionally distressed by her son's suffering as defined by his lack of fulfillment in life. Although this qualitative work provides important insights into the effects of existential/ spiritual suffering on family members, more research, especially quantitative research, is needed linking caregivers' emotions with perceptions of negative changes in loved ones' existential and spiritual well-being. Perceiving that a loved one has lost his or her will to live or faith in religion is likely to be very distressing for caregivers. Witnessing a partner lose the desire for generativity, namely the engagement in life and work activities that outlive the self, may also be disheartening for caregivers (Black & Rubenstein, 2009; Kotre, 1984). Surprisingly, there is no quantitative research on this topic." [pp. 684-685] [170 refs.]

Moreno, J. L. and de Yebenes, J. G. [Hospital Ramon y Cajal, Madrid, Spain; joselopezendon@hotmail.com]. "**The impact of an intense religious experience on motor symptoms in Huntington's Disease**." *Movement Disorders* 24, no. 3 (Feb 15, 2009): 473-474, 2009 Feb 15.

This letter reports the case of a 36-year-old woman with Huntington's disease (UHDRS motor score of 51) who claimed an intense religious experience on a visit to the shrine of Lourdes in France, in which she received a message from the Virgin Mary that she was cured. She requested a medical evaluation (carried out one week afterward). Examination showed no "cure" of her disease, but her UHDRS motor score was reduced 40% (from 51 to 31 in the week after her experience, and the score was 33 upon reexamination 3 months later), due to "an almost complete disappearance of chorea and dystonia" [p. 473]. The authors attribute this change to the placebo effect (apparently for a lack of other explanation.)

Morse, C. R., Afifi, W. A., Morgan, S. E., Stephenson, M. T., Reichert, T., Harrison, T. R. and Long, S. D. [Bryant University, Smithfield, RI; cmorse2@bryant.edu]. "**Religiosity, anxiety, and discussions about organ donation: understanding a complex system of associations**." *Health Communication* 24, no. 2 (Mar 2009): 156-164.

[Abstract:] An increasingly large research base on religiosity has shown it to have a buffering effect on anxiety. In a separate vein, scholars interested in organ donation have suggested that both religiosity and anxiety play roles in individuals' willingness to seek information concerning their decisions about organ donations with their family-an event that greatly increases donation rates. This investigation presents 2 studies that examine the associations between religiosity and anxiety (variously measured), on the one hand, and anxiety and individual's information seeking behaviors with family members about organ donation on the other. The first study offers national samples and relies on self-reports, whereas the second study is one of the few organ donation studies to provide observer ratings of interaction between family members on the issue. Results suggest a more complicated role of religiosity with regard to anxiety than previously believed and show a consistent and robust association between anxiety and communication behaviors regarding organ donation. Implications for campaigns are discussed.

Morse, E. E. and O'Rourke, K. [Department of Epidemiology and Biostatistics, College of Public Health, University of South Florida, Tampa, FL; emorse7@clf.rr.com]. "**Spirituality of childhood cancer survivors**." *Journal of the Society for Integrative Oncology* 7, no. 4 (2009): 146-154.

This review identifies ten studies and summarizes findings which may have implications for survivors' spirituality. Among these findings/dynamics highlighted: adolescents' development of a "self-sustaining process" through which they gain a sense of hopefulness; the importance of "hoped-for objects" for adolescents during the initial six-months of treatment; an association between employing hopefulness as a coping strategy and self-esteem in female adolescents; the value of keeping a positive mind-set for many adolescents; the need of "keeping the spirit alive," with spirit being perceived by children and their families as "(1) a particular mindset or state of mind. (2) a force within or a need to persevere, (3) a passion or wonder for living, and (4) a need to feel connected"; and the role of "a 'process of thriving' that was understood as 'positive life change that involves psychospiritual growth and is based on the meaning that survivors make out of their cancer experience."

Mulligan, T. and Skidmore, F. M. [St. Bernards Healthcare, Jonesboro, AR, and Department of Neurology, College of Medicine, University of Florida, Gainesville]. "**Religiosity may alter the cold pressor stress response**." *Explore: The Journal of Science & Healing* 5, no. 6 (Nov-Dec 2009): 345-346.

This is a pilot study with seven health participants. "Our goal was to evaluate one potential biological mechanism underlying the purported benefit of religious activity to health. …We found a measurable difference in the blood pressure, pulse, and serum cortisol response to acute painful stress in religious versus nonreligious subjects. The vital sign measurements may serve as indirect markers for neurally mediated or catecholamine-mediated response to stress. Therefore, some of the previously reported benefits of religious activity may be a result of attenuated catecholamine or cortisol release." [p. 345]

Murphy, P. E. and Fitchett, G. [Rush University Medical Center, Chicago, IL; Patricia_Murphy@rush.edu]. "**Belief in a concerned god predicts response to treatment for adults with clinical depression**." *Journal of Clinical Psychology* 65, no. 9 (Sep 2009): 1000-1008.

[Abstract:] Belief in a concerned God has been shown to be associated with lower depression through the mediation of hopelessness. This study hypothesized that this relationship would also be true longitudinally. Shortly after admission to treatment and 8 weeks later, 136 adults with clinical depression completed the Beck Depression Inventory, the Beck Hopelessness Scale, and the Religious Well-Being Scale (RWB). Logistic regression models supported an association of baseline RWB, but not baseline hopelessness, with a 50% reduction in symptoms after 8 weeks. Persons in the upper third of RWB at admission were 75% more likely to have a response to treatment than persons in the lower third. Clinicians need to be aware of the role of religion for their clients.

Murphy, V., Felgoise, S. H., Walsh, S. M. and Simmons, Z. [Department of Psychology, Philadelphia College of Osteopathic Medicine, Philadelphia, PA]. "**Problem solving skills predict quality of life and psychological morbidity in ALS caregivers**." *Amyotrophic Lateral Sclerosis* 10, no. 3 (Jun 2009): 147-153.

[Abstract:] Amyotrophic lateral sclerosis (ALS) often is associated with a particularly intensive caregiving experience, and the well-being of caregivers impacts that of patients. Thus, identification of factors leading to distress in caregivers may provide avenues for intervention that will help both the caregiver and the patient. We prospectively examined caregivers' social problem solving skills, the quality of the patient-caregiver relationship, caregivers' spirituality and religiousness, and the ways in which these impact caregivers' quality of life (QoL) and psychological morbidity in 75 caregivers of ALS patients. Data were analyzed through correlational and hierarchical multiple regression analyses. Social problem solving and spirituality were the best predictors of caregivers' QoL, accounting for 15.6% and 7.8% of the variance in QoL, respectively ($F (2, 69) = 11.83$, $p<.001$). Social problem solving also predicted and accounted for 25.4% of the variance in psychological morbidity ($F (1, 71) = 25.571$, $p<.001$). Level of care provided did not predict either QoL or psychological morbidity in caregivers. In conclusion, the problem-solving skills of ALS caregivers are an important determinant of caregiver well-being. Developing interventions to teach ALS caregivers effective methods of problem solving would probably be beneficial to this population.

Nance, M. S., Ramsey, K. E. and Leachman, J. A. [Memorial Hermann Healthcare Systems, 6411 Fannin Street, Houston, TX; nance@memorialhermann.org]. "**Chaplaincy care pathways and clinical pastoral education**." *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 11-1-4 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] The authors describe the transforming of a tool originally focused on defining and refining the role of chaplaincy care with specific patient populations into a curriculum component for a Clinical Pastoral Education (CPE) residency program.

Nardi, T. J. [Dept. of Counseling and Development, Rockland Graduate Campus, Long Island University; Thomas.Nardi@liu.edu]. "**Religious/spiritual beliefs: a hidden resource for emergency mental health providers**." *International Journal of Emergency Mental Health* 11, no. 1 (2009): 37-41.

[Abstract:] This article identifies religious/spiritual beliefs as a hidden resource for Emergency Mental Health (EMH) providers. The purpose of the article is to encourage providers to examine their own world views, be they spiritual or religious or both, as they apply to their EMH services. The article also provides suggestions and guidelines for the education/training of EMH providers in understanding and utilizing survivors' religious/spiritual beliefs.

Nash, S. T. and Hesterberg, L. [Morehead State University, KY]. "**Biblical framings of and responses to spousal violence in the narratives of abused Christian women**." *Violence Against Women* 15, no. 3 (Mar 2009): 340-361.

[Abstract:] Through narrative, the authors examine the coping activities of three Christian women to learn how they used religion to organize actions intended to end spouse abuse. Findings suggest an apparent creative attempt to stop violation. Respondents formed coping strategies from biblical archetypes that resembled their oppression and clued a method to its end. However, their responses encouraged ownership of spousal change and impeded removal of violation. Given these confines, the authors address why religion became an important resource. A discussion on legal and cultural views surrounding abused women's responses and the contextual factors that limit but do not preclude acts of subversion is given.

Nelson, C., Jacobson, C. M., Weinberger, M. I., Bhaskaran, V., Rosenfeld, B., Breitbart, W. and Roth, A. J. [Memorial Sloan-Kettering Cancer Center, New York, NY; nelsonc@mskcc.org]. "**The role of spirituality in the relationship between religiosity and depression in prostate cancer patients**." *Annals of Behavioral Medicine* 38, no. 2 (Oct 2009): 105-114. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: This study aims to develop a theoretical framework of the relationship among religiosity, spirituality, and depression, potentially explaining the often mixed and inconsistent associations between religiosity and depression. METHODS: In this cross-sectional study, 367 men (average age of 66 +/- 9 years) with prostate cancer completed measures of religiosity (extrinsic/intrinsic), spirituality (Functional Assessment of Chronic Illness Therapy Spiritual Well-Being Scale), quality of life (FACT-G), and depression (Hospital Anxiety and Depression Scale). RESULTS: There was a small relationship between intrinsic religiosity and depression ($r = -0.23$, $p < 0.05$) but a strong association between spirituality and depression ($r = -0.58$, $p < 0.01$). Using a mediation model, the meaning/peace subscale of the spirituality measure mediated the relationship between intrinsic religiosity and depression. This model controlled for age, marital status, stage of disease, time since diagnosis, hormone therapy, quality of life, and anxiety. CONCLUSIONS: When examining religiosity and spirituality, the main component that may help reduce depression is a sense of meaning and peace. These results highlight the potential importance of developing a patient's sense of meaning through activities/interventions (not exclusive to religious involvement) to achieve this goal.

Nicholas, D. B., Gearing, R. E., McNeill, T., Fung, K., Lucchetta, S. and Selkirk, E. K. [University of Calgary, Faculty of Social Work, Edmonton, Alberta, Canada; david.nicholas@ucalgary.ca]. "**Experiences and resistance strategies utilized by fathers of children with cancer**." *Social Work in Health Car*e 48, no. 3 (Apr 2009): 260-275.

Among the findings of this qualitative study involving 16 fathers: "Several fathers described a personal experience of spirituality through which they sought solace and meaning. Several identified heightened reliance on faith, since their child's diagnosis, as a means to: bargain for a positive outcome, cope with their child's condition, and find an outlet for their grief and fears. Varying forms of spirituality were described, including a return to the religion of the family's origin, adoption of a new religion, and/or becoming more serene and spiritually-minded. …Notions of spirituality were often entwined with 'hope.'" [pp. 269-270]

Nicholson, A., Rose, R. and Bobak, M. [International Centre for Health and Society, Department of Epidemiology and Public Health, University College London, UK; a.c.nicholson@bsms.ac.uk]. "**Association between attendance at religious services and self-reported health in 22 European countries**." *Social Science & Medicine* 69, no. 4 (Aug 2009): 519-528.

[Abstract:] There are consistent reports of protective associations between attendance at religious services and better self-rated health but existing data rarely consider the social or individual context of religious behavior. This paper investigates whether attendance at religious services is associated with better self-rated health in diverse countries across Europe. It also explores whether the association varies with either individual-level (gender, educational, social contact) or country-level characteristics (overall level of religious practice, corruption, GDP). Cross-sectional data from round 2 of the European Social Survey were used and 18,328 men and 21,373 women from 22 European countries were included in multilevel analyses, with country as higher level. Compared to men who attended religious services at least once a week, men who never attended were almost twice as likely to describe their health as poor, with an age and education adjusted odds ratio of 1.83 [95% CI, 1.49-2.26]. A similar but weaker effect was seen in women, with an age and education adjusted odds ratio of 1.38 [1.19-1.61]. The associations were reduced only marginally in men by controlling for health status, social contact and country-level variables, but weakened in women. The relationships were stronger in people with longstanding illness, less than university education and in more affluent countries with lower levels of corruption and higher levels of religious belief. These analyses confirm that an association between less frequent attendance at religious services and poor health exists across Europe, but emphasize the importance of taking individual and contextual factors into account. It remains unclear to what extent the observed associations reflect reverse causality or are due to differing perceptions of health.

Noble, A., Rom, M., Newsome-Wicks, M., Engelhardt, K. and Woloski-Wruble, A. [College of Nursing, University of Tennessee Health and Science Center, Memphis, and Henrietta Szold/Hadassah-Hebrew University School of Nursing, Jerusalem, Israel; anoble@hadassah.org.il]. "**Jewish laws, customs, and practice in labor, delivery, and postpartum care**." *Journal of Transcultural Nursing* 20, no. 3 (Jul 2009): 323-333.

[From the abstract:] …The purpose of this article is to provide a comprehensive, descriptive guide to specific laws, customs, and practices of traditionally, religious observant Jews for the culturally sensitive management of labor, delivery, and postpartum. Discussion includes intimacy issues between husband and wife, dietary laws, Sabbath observance, as well as practices concerning prayer, communication trends, modesty issues, and labor and birth customs. Health care professionals can tailor their practice by integrating their knowledge of specific cultures into their management plan. [29 refs.]

Nowatzki, N. R. and Kalischuk, R. G. [Department of Sociology, University of Manitoba, Winnipeg, Canada; nowatzkn@cc.umanitoba.ca]. "**Post-death encounters: grieving, mourning, and healing**." *Omega - Journal of Death & Dying* 59, no. 2 (2009): 91-111.

[Abstract:] Historical accounts and previous research have shown that bereaved individuals often report seeing, hearing, or feeling the presence of the deceased. We examined such encounters in the context of the grieving, mourning, and healing processes. Semi-structured, in-depth interviews were conducted with 23 individuals who reported a post-death encounter following the death of a loved one. Phenomenological analysis showed that participants went through an interpretive process in which they attempted to make sense of their experiences. The encounters profoundly affected the participants' beliefs in an afterlife and attitudes toward life and death, and had a significant impact on their grief. Finally, post-death encounters had a healing effect on the participants by contributing to a sense of connectedness with the deceased. We conclude that health care professionals and counselors should be educated about post-death encounters so that the bereaved can share their experiences in a supportive and understanding atmosphere.

Olick, R. S., Braun, E. A. and Potash, J. [Center for Bioethics and Humanities, State University of New York, Upstate Medical University, NY; olickr@upstate.edu]. "**Accommodating religious and moral objections to neurological death**." *Journal of Clinical Ethics* 20, no. 2 (Summer 2009): 183-191.

The article uses a case to illustrate the interplay between patient/family religious beliefs, law, and hospitral policies. The authors ultimately argue that hospital policies "should establish an elastic framework sensitive to the conscientious beliefs of the patient, the burdens on family at a time of great loss, and professional commitments of healthcare providers" [p. 189]. [See also the article by Eskew & Meyers, in the same issue of the journal --noted elsewhere in this bibliography.]

Pagano, M. E., Zemore, S. E., Onder, C. C. and Stout, R. L. [Department of Psychiatry, Division of Child Psychiatry, School of Medicine, Case Western Reserve University, Cleveland, OH; maria.pagano@case.edu]. "**Predictors of initial AA-related helping: findings from project MATCH**." *Journal of Studies on Alcohol & Drugs* 70, no. 1 (Jan 2009): 117-125.

[From the abstract:] OBJECTIVE: The purpose of this article is to identify the factors that predict initial Alcoholics Anonymous (AA)-related helping following treatment admission. METHOD: Data were derived from Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity), a longitudinal investigation of the efficacy of three behavioral treatments for alcohol abuse and dependence…. RESULTS: Demographic characteristics, drinking severity, antisocial personality, and purpose in life were not associated with initial AA-related helping. Increased self-efficacy, faith-based practices, meeting attendance, number of steps worked, having a sponsor, and length of sobriety predicted initial AA-related helping. Alcoholics reported elevated depressive symptoms before initial AA-related helping, lowered depressive symptoms at the start of AA-related helping, and similarly lowered depressive symptoms in the interval following initial AA-related helping….

Page, R. L., Ellison, C. G. and Lee, J. [University of Texas at Austin; rpage@nursing.utexas.edu]. "**Does religiosity affect health risk behaviors in pregnant and postpartum women?**" *Maternal & Child Health Journal* 13, no. 5 (Sep 2009): 621-632.

[Abstract:] OBJECTIVES: We examined the association between religious involvement and health risk behaviors such as smoking, drinking, marijuana use, and having multiple sex partners among a multiethnic sample of pregnant and postpartum women. METHODS: Using data from the National Survey of Family Growth, we estimated multivariate logistic regression models to determine the association between various aspects of religious involvement (e.g., attendance, salience, and denomination) and certain behaviors known to be risky for pregnant women and their offspring. RESULTS: Frequent (more than once a week) and regular (once a week) attenders at religious services had 80% and 60% (respectively) lower odds of drinking alcohol compared to women who attended less than once a week. Similar patterns surfaced with regard to smoking tobacco with the odds of smoking roughly 85% lower (OR = 0.146, $P < 0.001$) among frequent attenders, and nearly 65% lower among regular attenders (OR = 0.369, $P < 0.001$). For smoking marijuana, religious attendance again emerges as a strong predictor. The odds of marijuana smoking are nearly 75% lower for women who attend services frequently (OR = 0.260, $P < 0.05$) and more than 65% lower for those who attend regularly (OR = 0.343, $P < 0.01$), as compared with their counterparts who attend services less often. CONCLUSIONS: Religious attendance emerged as an important correlate of less-risky health behaviors among this nationwide sample of pregnant and postpartum women. Future research should include an examination of the links between religious involvement and other important lifestyle factors that may influence maternal and child health.

Parks, S. M. and Winter, L. [Division of Geriatric Medicine, Department of Family and Community Medicine, Thomas Jefferson University, Philadelphia, PA; susan.parks@jefferson.edu]. "**End of life decision-making for cancer patients**." *Primary Care: Clinics in Office Practice* 36, no. 4 (Dec 2009): 811-823.

Among the elements of this review is a consideration of religiosity: "Research examining the association between religiosity and treatment preferences has found greater religiosity to be associated with stronger preferences for life-prolonging treatment. Carmel and Mutran found increased religiosity to be associated with wishes for artificial feeding, ventilation, and CPR in several illness conditions. Winter and associates found religiosity to be predictive of wishes for more life-prolonging treatments (eg, CPR, tube feeding). Although religiosity and race tend to be intercorrelated, some research has shown that these predictors have independent effects on EOL decision-making." [p. 812] [See also: Kutner & Kilbourn, "Bereavement: addressing challenges faced by advanced cancer patients, their caregivers, and their physicians," on pp, 825-844 of the same issue of this journal --also noted in this bibliography.]

Paukert, A. L., Phillips, L., Cully, J. A., Loboprabhu, S. M., Lomax, J. W. and Stanley, M. A. [Veterans Affairs Medical Center, Puget Sound Health Care System, Seattle, WA; Amber.Paukert@va.gov]. "**Integration of religion into cognitive-behavioral therapy for geriatric anxiety and depression**." *Journal of Psychiatric Practice* 15, no. 2 (Mar 2009): 103-112.

[Abstract:] Religion is important to most older adults, and research generally finds a positive relationship between religion and mental health. Among psychotherapies used in the treatment of anxiety and depression in older adults, cognitive-behavioral therapy (CBT) has the strongest evidence base. Incorporation of religion into CBT may increase its acceptability and effectiveness in this population. This article reviews studies that have examined the effects of integrating religion into CBT for depression and anxiety. These studies indicate that improvement in depressive and anxiety symptoms occurs earlier in treatment when CBT incorporates religion, although effects are equivalent at follow-up. The authors present recommendations for integrating religious beliefs and behaviors into CBT based on empirical literature concerning which aspects of religion affect mental health. A case example is also included that describes the integration of religion into CBT for an older man with cognitive impairment experiencing comorbid generalized anxiety disorder and major depressive disorder. It is recommended that clinicians consider the integration of religion into psychotherapy for older adults with depression or anxiety and that studies be conducted to examine the added benefit of incorporating religion into CBT for the treatment of depression and anxiety in older adults. [References: 80]

Payne, J. S. [Department of Social Welfare, University of California, Los Angeles; jenniferpayne@ucla.edu]. "**Variations in pastors' perceptions of the etiology of depression by race and religious affiliation**." *Community Mental Health Journal* 45, no. 5 (Oct 2009): 355-365.

[Abstract:] Depression is a major, preventable problem in the United States, yet relatively few individuals seek care in traditional mental health settings. Instead, many choose to confide in friends, family, or clergy. Thus, it is important to discover how clergy perceive the definition of and etiology of depression. The author conducted a survey with 204 Protestant pastors in California. Multinomial logistic regression revealed a statistically significant difference in how depression is perceived based on race. Caucasian American pastors more readily agreed with the statement that depression was a biological mood disorder, while African American pastors more readily agreed that depression was a moment of weakness when dealing with trials and tribulations. Also, mainline Protestants more frequently disagreed with statements about spiritual causes of depression than Pentecostals and non-denominational pastors. The findings suggest that racial and religious affiliational influences shape how pastors view, and ultimately intervene, in the area of depression.

Pehler, S. R. and Craft-Rosenberg, M. [Department of Nursing, St Ambrose University, Davenport, IA; pehlershelleyrae@sau.edu]. "**Longing: the lived experience of spirituality in adolescents with Duchenne muscular dystrophy**." *Journal of Pediatric Nursing* 24, no. 6 (Dec 2009): 481-194.

[Abstract:] Although much has been written regarding ill adolescents, research has not described their spiritual response. The purpose of this descriptive phenomenological study was to describe the lived experiences of spirituality in adolescents with Duchenne muscular dystrophy using van Manen's phenomenological method. Findings from nine teens showed that the essential theme of spirituality was "longing," the strong desire for something unattainable. Consistent with Reed's (1992) paradigm for understanding spirituality, participants mediated their longing through "Connecting with others, self, and beyond self." These findings support the need for nursing to assess spirituality in teens and determine developmentally appropriate interventions to ameliorate longing.

Pelleg, G. and Leichtentritt, R. D. [Tel Aviv University, Ramat Aviv, Israel]. "**Spiritual beliefs among Israeli nurses and social workers: a comparison based on their involvement with the dying**." *Omega - Journal of Death & Dying* 59, no. 3 (2009): 239-252.

[Abstract:] The purpose of the study was to compare spiritual beliefs and practices between nurses and health care social workers based on their involvement with dying patients. Exposure to the dying was identified by two indicators: the percentage of terminally ill patients in the provider's care and the work environment. On the basis of the literature, differences were expected between the two types of professionals and the three degrees of involvement with the dying. Nurses were expected to have a higher spiritual perspective than social workers; and health care providers with high involvement in care for the dying were expected to hold the highest levels of spiritual beliefs. Contrary to expectations, no differences in spirituality were found between nurses and social workers; both groups exhibited medium levels of spirituality. Furthermore, health care providers who were highly involved with dying patients had the lowest spiritual perspectives. Tentative explanations of these unexpected results are presented and discussed.

Perez, J. E., Chartier, M., Koopman, C., Vosvick, M., Gore-Felton, C. and Spiegel, D. [Department of Psychology, University of Massachusetts, Boston; john.perez@umb.edu]. "**Spiritual striving, acceptance coping, and depressive symptoms among adults living with HIV/AIDS**." *Journal of Health Psychology* 14, no. 1 (Jan 2009): 88-97.

[Abstract:] We prospectively examined the effects of spiritual striving, social support, and acceptance coping on changes in depressive symptoms among adults living with HIV/AIDS. Participants were 180 culturally diverse adults with HIV/AIDS. Participants completed measures of spiritual striving, social support, coping styles, and depressive symptoms at baseline, three-month follow-up, and six-month follow-up. A path model showed that spiritual striving had direct and indirect inverse effects on changes in depressive symptoms. The relationship between spiritual striving and depressive symptoms was partially mediated by acceptance coping, but not by social support. Results suggest that people living with HIV/AIDS who strive for spiritual growth in the context of their illness experience less negative affect.

Pesut, B. [University of British Columbia Okanagan, FIN 344 Faculty of Health and Social Development, Kelowna, Canada; barb.pesut@ubc.ca]. "**Incorporating patients' spirituality into care using Gadow's ethical framework**." *Nursing Ethics* 16, no. 4 (Jul 2009): 418-428.

[Abstract:] Incorporating patients' spiritual beliefs into health care decision making is essential for ethically good care. Gadow's three-level ethical framework of ethical immediacy, ethical universalism, and relational narrative is presented as a tool for enhancing nurses' ability to explore and deepen understandings of patients' spiritual beliefs, given that these and their experiences are often expressed in a language that seems foreign to nurses. The demographic and cultural shifts that lead to the necessity to understand patients who use principles and metaphors that, while commonly understood within their spiritual tradition, may seem incomprehensible to outsiders, are here set in the Canadian context. A case study on palliative sedation is used to illustrate how the ethical framework can help to reveal the spiritual certainties, principles and narratives patients bring to their health care experiences. [61 refs.] [See also articles by Benari, G.; by Fowler, M. D.; and by Reimer-Kirkham, S.; in the same issue themed of the journal --all cited elsewhere in this bibliography.]

Pesut, B., Fowler, M., Reimer-Kirkham, S., Taylor, E. J. and Sawatzky, R. [University of British Columbia, Kelowna, BC, Canada; barb.pesut@ubc.ca]. "**Particularizing spirituality in points of tension: enriching the discourse**." *Nursing Inquiry* 16, no. 4 (Dec 2009): 337-346.

[Abstract:] The tremendous growth in nursing literature about spirituality has garnered proportionately little critique. Part of the reason may be that the broad generalizing claims typical of this literature have not been sufficiently explicated so that their particular implications for a practice discipline could be evaluated. Further, conceptualizations that attempt to encompass all possible views are difficult to challenge outside of a particular location. However, once one assumes a particular location in relation to spirituality, then the question becomes how one resolves the tension between what are essentially theological or philosophical commitments and professional commitments. In this study, we discuss the tension between these perspectives using the idea of a responsible nursing response to spiritual pluralism. We then problematize three claims about spirituality in nursing discourse based upon our location as scholars influenced by Christian theological understandings: (i) the claim that all individuals are spiritual; (ii) the claim that human spirituality can be assessed and evaluated; and (iii) the claim that spirituality is a proper domain of nursing's concern and intervention. We conclude by suggesting that the widely shared values of social justice, compassion and human dignity may well serve as a grounding for the critique of spiritual discourses in nursing across particularized positions.

Peteet, J. R. [Harvard Medical School, Department of Psychiatry, Brigham and Women's Hospital, Boston, MA; John_Peteet@dfci.harvard.edu]. "**Struggles with god: transference and religious countertransference in the treatment of a trauma survivor**." *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry* 37, no. 1 (2009): 165-174.

[Abstract:] Transference and countertransference in treatment situations where the patient and the therapist share religious faith can be complex. This article discusses the course of therapy of a Christian woman with a history of trauma and depression by a therapist who shared her religious orientation. Counter-transference reactions shaped the therapist's responses to the patient's struggles, and eventually contributed to a new level of trust in their shared God. [This is part of a theme issue of the journal on The God Representation in the Psychoanalytic Relationship. See also articles by Holliman, P. J.; by Langs, R.; and by Lijtmaer, R. M.; noted elsewhere in this bibliography.]

Phelps, A. C., Maciejewski, P. K., Nilsson, M., Balboni, T. A., Wright, A. A., Paulk, M. E., Trice, E., Schrag, D., Peteet, J. R., Block, S. D. and Prigerson, H. G. [Department of Medicine, Beth Israel Deaconess Medical Center, Boston, MA]. "**Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer**." *JAMA* 301, no. 11 (Mar 18, 2009): 1140-1147.

[Abstract:] CONTEXT: Patients frequently rely on religious faith to cope with cancer, but little is known about the associations between religious coping and the use of intensive life-prolonging care at the end of life. OBJECTIVE: To determine the way religious coping relates to the use of intensive life-prolonging end-of-life care among patients with advanced cancer. DESIGN, SETTING, AND PARTICIPANTS: A US multisite, prospective, longitudinal cohort of 345 patients with advanced cancer, who were enrolled between January 1, 2003, and August 31, 2007. The Brief RCOPE assessed positive religious coping. Baseline interviews assessed psychosocial and religious/spiritual measures, advance care planning, and end-of-life treatment preferences. Patients were followed up until death, a median of 122 days after baseline assessment. MAIN OUTCOME MEASURES: Intensive life-prolonging care, defined as receipt of mechanical ventilation or resuscitation in the last week of life. Analyses were adjusted for demographic factors significantly associated with positive religious coping and any end-of-life outcome at $P < .05$ (ie, age and race/ethnicity). The main outcome was further adjusted for potential psychosocial confounders (eg, other coping styles, terminal illness acknowledgment, spiritual support, preference for heroics, and advance care planning). RESULTS: A high level of positive religious coping at baseline was significantly associated with receipt of mechanical ventilation compared with patients with a low level (11.3% vs 3.6%; adjusted odds ratio [AOR], 2.81 [95% confidence interval {CI}, 1.03-7.69]; $P = .04$) and intensive life-prolonging care during the last week of life (13.6% vs 4.2%; AOR, 2.90 [95% CI, 1.14-7.35]; $P = .03$) after adjusting for age and race. In the model that further adjusted for other coping styles, terminal illness acknowledgment, support of spiritual needs, preference for heroics, and advance care planning (do-not-resuscitate order, living will, and health care proxy/durable power of attorney), positive religious coping remained a significant predictor of receiving intensive life-prolonging care near death (AOR, 2.90 [95% CI, 1.07-7.89]; $P = .04$). CONCLUSIONS: Positive religious coping in patients with advanced cancer is associated with receipt of intensive life-prolonging medical care near death. Further research is needed to determine the mechanisms for this association.

Phelps, K. W., Hodgson, J. L., McCammon, S. L. and Lamson, A. L. [Department of Child Development and Family Relations, East Carolina University, Greenville, NC; kwp0915@ecu.edu]. "**Caring for an individual with autism disorder: a qualitative analysis**." *Journal of Intellectual & Developmental Disability* 34, no. 1 (Mar 2009): 27-35.

Among the findings of this study involving 80 caregivers of a child with autism: "Our findings substantiate the limited literature surrounding the inclusion of spirituality in coping…. Caregivers' narratives further demonstrated spirituality's role as a useful coping tool. Furthermore, the use of personal beliefs and spirituality created a path toward making meaning of this lifelong disorder. We suggest professionals assist caregivers in identifying their spiritual resources to cope with the psychological, familial, social, service, or economic challenges they face. Professionals are encouraged to attend continuing education opportunities to learn how to incorporate spirituality into their work with these families." [p. 33]. See also the section describing specific results regarding the thematic cluster Spiritual Beliefs [pp. 31-32].

Piderman, K. M. and Johnson, M. E. [Mayo Clinic College of Medicine, Department of Chaplain Services]. "**Hospital chaplains' involvement in a randomized controlled multidisciplinary trial: implications for spiritual care and research**." *Journal of Pastoral Care & Counseling* 63, nos. 3-4 (Fall-Winter 2009): 8-1-6 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Chaplains' involvement in spirituality and health research can contribute something vital and unique to these investigations. It can also provide opportunity for professional growth and increased effectiveness. This article describes the authors' experience as co-investigators in a randomized controlled trial involving patients with a life expectancy of less than five years receiving radiation therapy for advanced cancer. It also discusses the application to clinical settings and other research.

Pigott, C., Pollard, A., Thomson, K. and Aranda, S. [Supportive Care Research Group, Peter MacCallum Cancer Centre, Melbourne, Australia. Cathie.Pigott@petermac.org]. "**Unmet needs in cancer patients: development of a supportive needs screening tool (SNST)**." *Supportive Care in Cancer* 17, no. 1 (Jan 2009): 33-45.

This test of a supportive needs screening tool (SNST) at the Peter MacCallum Cancer Centre in Melbourne Australia was conducted with 87 patients. Among the data from this pilot study: "While 30% of patients reported having spiritual needs, no referrals were made to the pastoral care team during the pilot period." [p. 39]

Post, B. C. and Wade, N. G. [Department of Psychology, Iowa State University, Ames, IA; bcpost@iastate.edu]. "**Religion and spirituality in psychotherapy: a practice-friendly review of research**." *Journal of Clinical Psychology* 65, no. 2 (Feb 2009): 131-146.

[Abstract:] The role of religion and spirituality in psychotherapy has received growing attention in the last two decades, with a focus on understanding the ways that religion and spirituality relate to therapists, clients, and treatment methods. The authors reviewed recent empirical research on religion and spirituality in psychotherapy to inform practitioners about effective ways to incorporate the sacred into their clinical work. Three main areas are covered: religion/spirituality and therapists, religion/spirituality and clients, and religious/spiritual interventions. Research indicates that therapists are open to religious/spiritual issues, that clients want to discuss these matters in therapy, and that the use of religious/spiritual interventions for some clients can be an effective adjunct to traditional therapy interventions. [This article is part of a theme

issue of the journal. See other articles: by Aten, J. D., et al.; by Delaney, H. D., et al.; by Richards, P. S., et al.; by Shafranske, E. P.; and by Worthington, E. L. Jr. -- noted elsewhere in this bibliography.]

Postmus, J. L., Severson, M., Berry, M. and Yoo, J. A. [Center on Violence Against Women & Children, Rutgers University School of Social Work, New Brunswick, NJ]. "**Women's experiences of violence and seeking help**." *Violence Against Women* 15, no. 7 (Jul 2009): 852-868.

In this study of 423 women, participants were "asked to indicate which services or resources they received at any time in the past as a result of their abuse experiences and to give an indication of the helpfulness of each service received based on a scale of 1 (*not helpful*) to 5 (*extremely helpful*)" [p. 858]. Among the findings: of the top ten resources identified, religious or spiritual counseling was reported to have been used by 40% of participants and was one of only three resources that also ranked high (i.e., second) in reported helpfulness, with a score of 4.2 (--the other two resources were welfare benefits, food banks).

Pounders, M. J. [Baylor University Medical Center, Dallas, TX; chaplainmarci@yahoo.com]. "**A tale of two deaths: a palliative care chaplain reflects**." *Journal of Palliative Medicine* 12, no. 11 (Nov 2009): 1057-1058.

This is a personal reflection by a chaplain about differences in end-of-life care between the settings of a US hospital and a home in Honduras.

Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, H., Handzo, G., Nelson-Becker, H., Prince-Paul, M., Pugliese, K. and Sulmasy, D. [George Washington Institute for Spirituality and Health, The George Washington University, Washington, D.C.]. "**Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference**." *Journal of Palliative Medicine* 12, no. 10 (Oct 2009): 885-904. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] A Consensus Conference sponsored by the Archstone Foundation of Long Beach, California, was held February 17-18, 2009, in Pasadena, California. The Conference was based on the belief that spiritual care is a fundamental component of quality palliative care. This document and the conference recommendations it includes builds upon prior literature, the National Consensus Project Guidelines, and the National Quality Forum Preferred Practices and Conference proceedings.

Quest, T. E. and Bone, P. [Department of Emergency Medicine, Emory University School of Medicine, Atlanta, GA; tquest@emory.edu]. "**Caring for patients with malignancy in the emergency department: patient-provider interactions**." *Emergency Medicine Clinics of North America* 27, no. 2 (May 2009): 333-339.

The authors note the potential importance of spirituality to patient care and suggest a spiritual screen like the FICA [--see p. 336].

Quest, T. E., Marco, C. A. and Derse, A. R. [Emory University, Atlanta, GA; tquest@emory.edu]. "**Hospice and palliative medicine: new subspecialty, new opportunities**." *Annals of Emergency Medicine* 54, no. 1 (Jul 2009): 94-102.

The authors note, under Spiritual and Cultural Considerations: "Emergency physicians encounter spiritual and cultural issues frequently in the ED but may not address them directly. Chaplains and social workers play a key role in the provision of these services. Regardless of the ethical beliefs of the physician, a supportive environment, including religious, cultural, and social practices, serves an important function at the end of life. Spiritual, religious, and cultural beliefs about death and dying vary widely. Thus, it is important that providers whenever possible permit the expression of a variety of experiences rather than focusing only narrowly on medical issues." [p. 98]

Quill, T. E., Arnold, R. and Back, A. L. [University of Rochester Medical Center, NY; timothy_quill@urmc.rochester.edu]. "**Discussing treatment preferences with patients who want 'everything**.'" *Annals of Internal Medicine* 151, no. 5 (Sep1, 2009): 345-349.

Among the points in this overview: "Often [a] vitalist approach to treatment comes from a spiritual or religious context, and discussions about what the patient means by 'everything' can lead to an exploration of the patient's beliefs about the relationship between the patient's religion and medical treatment. For example, some patients may believe that their religion requires that they try 'everything' to stay alive. Others may think that only God should make the decision about when someone dies, and still others might request 'everything' to give God time for a miracle. A deeper understanding of these beliefs may lead to very different answers about what 'everything' means and point to resources other than biomedical expertise that might be pivotal in a patient's decision making." [p. 346] Also, "requests [for 'everything'] may…touch on initially painful spiritual or religious issues, such as wondering how a caring God could allow such a tragedy to happen." [p. 347]

Rabinowitz, Y. G., Mausbach, B. T., Atkinson, P. J. and Gallagher-Thompson, D. [Department of Psychology, Texas A&M University, Corpus Christi, TX; rubes0509@gmail.com]. "**The relationship between religiosity and health behaviors in female caregivers of older adults with dementia**." *Aging & Mental Health* 13, no. 6 (Nov 2009): 788-798.

[Abstract:] The current study explored the relationship between three dimensions of religiosity: (a) organizational religiosity (e.g. attendance at religious events), (b) non-organizational religiosity (e.g. prayer), and (c) subjective religiosity (e.g. importance of religion) and caregiver health behavior patterns in a sample of Latina and Caucasian female caregivers of older adult relatives with dementia. It was hypothesized that religiosity would have a significant association with reduced cumulative health risk as determined by an index of health behaviors. It was also hypothesized that, when examining the individual health behaviors subsumed in the overarching index, religiosity would be positively associated with adaptive health behaviors like exercise and negatively associated with health risk behaviors like smoking. Amongst Caucasians, increased subjective religiosity was related to increased cumulative health risk. Conversely, in Latinas, non-organizational religiosity was positively correlated with improved dietary practices (reduced dietary restriction). Increased levels of subjective religiosity were significantly associated with decreased maintenance of a routine exercise regimen across ethnic groups. Recommendations for clinicians and religious leaders, and avenues of future research are discussed.

Rabkin, J. G., McElhiney, M., Moran, P., Acree, M. and Folkman, S. [Department of Psychiatry, Columbia University, New York, NY; jgr1@columbia.edu]. "**Depression, distress and positive mood in late-stage cancer: a longitudinal study**." *Psycho-Oncology* 18, no. 1 (Jan 2009): 79-86.

Among the findings of this two-site longitudinal study of 58 cancer patients was that spiritual beliefs appeared to be unrelated to depression but were associated with positive mood, hope and better quality of life.

Rabow, M. W., Wrubel, J. and Remen, R. N. [Division of General Internal Medicine, Department of Medicine, University of California, San Francisco, CA; mrabow@medicine.ucsf.edu]. "**Promise of professionalism: personal mission statements among a national cohort of medical students**." *Annals of Family Medicine* 7, no. 4 (Jul-Aug 2009): 336-342.

This is an analysis of 100 medical student's personal mission statements from 10 representative schools nationally. Among the findings: "Many students believed spirituality was an inherent element of the scope of medical practice. Some focused on awe ('Allow me to remain in awe of the wonders of the human mind, body and soul.') or mystery ('Show me the mystery that lies beneath patients' pain and suffering.'). In addition, students spoke of the spiritual nature of patients ('Help me remember that every person and every relationship is sacred and presents an opportunity to grow.'). Many saw medicine as a calling or a covenant ('Allow me to live up to my calling as a physician.'). Student responses ranged from spiritual but not religious ('Allow me to pursue work that will nourish and feed my soul.') to explicitly religious ('Guide me. Lord, and order my steps to do Your will & to follow Your calling & plan for my life.').

Rashiq, S. and Dick, B. D. [University of Alberta, Edmonton, Canada; srashiq@ualberta.ca]. "**Factors associated with chronic noncancer pain in the Canadian population**." *Pain Research & Management* 14, no. 6 (Nov-Dec 2009): 454-460.

Among the findins of this analysis of data from the 1996/1997 Canadian National Population Health Survey was that the affirmation of an important role for spirituality or faith reduced the risk of chronic noncancer pain.

Rasic, D. T., Belik, S. L., Elias, B., Katz, L. Y., Enns, M., Sareen, J., and the Swampy Cree Suicide Prevention Team. [Department of Psychiatry, Dalhousie University, Canada]. "**Spirituality, religion and suicidal behavior in a nationally representative sample**." *Journal of Affective Disorders* 114, nos. 1-3 (Apr 2009): 32-40.

[Abstract:] BACKGROUND: Studies show that religion and spirituality are associated with decreased rates of mental illness. Some studies show decreased rates of suicide in religious populations, but the association between religion, spirituality and suicidal behaviors in people with mental illness are understudied. Few studies have examined the influence of social supports in these relationships. METHODS: Data were drawn from the Canadian Community Health Survey 1.2. Logistic regression was used to examine the relationship between spiritual values and religious worship attendance with twelve-month suicidal ideation and attempts. Regressions were adjusted for sociodemographic factors and social supports. Interaction variables were then tested to examine possible effect modification by presence of a mental disorder. RESULTS: Identifying oneself as spiritual was associated with decreased odds of suicide attempt (adjusted odds ratio-1 [AOR-1]=0.65, CI: 0.44-0.96) but was not significant after adjusting for social supports. Religious attendance was associated with decreased odds of suicidal ideation (AOR-1=0.64, 95% CI: 0.53-0.77) but not after adjusting for social supports. Religious attendance was associated with decreased odds of suicide attempt and remained significant after adjusting for social supports (AOR-2=0.38, 95% CI: 0.17-0.89). No significant interaction effects were observed between any of the tested mental disorders and religion, spirituality and suicidal behavior. LIMITATIONS: This was a cross-sectional survey and causality of relationships cannot be inferred. CONCLUSIONS: Results suggest that religious attendance is associated with decreased suicide attempts in the general population and in those with a mental illness independent of the effects of social supports.

Rath, L. L. [University of Texas School of Nursing at Galveston, University of Texas Medical Branch, Galveston; lrath@utmb.edu]. "**Scientific ways to study intercessory prayer as an intervention in clinical research**." *Journal of Perinatal & Neonatal Nursing* 23, no. 1 (Jan-Mar-2009): 71-77.

[Abstract:] The purpose of this article is to share a "research journey" to study the somewhat controversial subject of Christian intercessory prayer (CIP) utilized as a clinical intervention, and the knowledge gained along the way. This article will explore the steps in the development and implementation of clinical research to scientifically examine a phenomenon that many say cannot--and should not--be studied. The sequential steps in developing this area of study are detailed and explained from the conception of the initial idea through utilization of concept analysis and literature review to develop the researchable topic. The subsequent development of both qualitative and quantitative pilot studies to investigate CIP in depth is presented to illustrate how the intervention of CIP can successfully be incorporated into clinical research. This article provides guidelines for future researchers who may want to utilize CIP as an intervention. [References: 39]

Reavley, N., Pallant, J. F. and Sali, A. [University of Melbourne, Melbourne, Australia; nreavley@unimelb.edu.au]. "**Evaluation of the effects of a psychosocial intervention on mood, coping, and quality of life in cancer patients**." *Integrative Cancer Therapies* 8, no. 1 (Mar 2009): 47-55.

[Abstract:] It was hypothesized that participation in a psychosocial intervention incorporating meditation, social support, positive thinking, and a low-fat, vegetarian diet would have beneficial effects on mood, coping, and quality of life (QOL) in cancer patients. This article describes the sociodemographic, medical, and psychological characteristics of participants in a psychosocial intervention designed for cancer patients. It also describes program impact in terms of Profile of Mood States, Mini-Mental Adjustment to Cancer, and Functional Assessment of Chronic Illness Therapy. Compliance with program recommendations for 3 months and effects on adjustment were also explored. Improvements in all measures were found at program completion, with spiritual well-being particularly linked to improvement in QOL. The results suggest that the program has significant beneficial effects on adjustment but that these may not be fully maintained at follow-up, possibly because of difficulty in incorporating program recommendations into everyday life, increasing disease severity, and lack of accountability.

Reeves, R. R. and Reynolds, M. D. "**What is the role of spirituality in mental health treatment?**" *Journal of Psychosocial Nursing & Mental Health Services* 47, no. 3 (Mar 2009): 8-9.

This is an invited comment, generally supportive of the role of spirituality in mental health treatment and offering some references on research.

Reimer-Kirkham, S. [Trinity Western University, Langley, Canada; sheryl.kirkham@twu.ca]. "**Lived religion: implications for nursing ethics**." *Nursing Ethics* 16, no. 4 (Jul 2009): 406-417.

[Abstract:] This article explores how ethics and religion interface in everyday life by drawing on a study examining the negotiation of religious and spiritual plurality in health care. Employing methods of critical ethnography, namely, interviews and participant observation, data were collected from patients, health care providers, administrators and spiritual care providers. The findings revealed the degree to which 'lived religion' was intertwined with 'lived ethics' for many participants; particularly for people from the Sikh faith. For these participants, religion was woven into everyday life, making distinctions between public and private, secular and sacred spaces improbable. Individual interactions, institutional resource allocation, and social discourses are all embedded in social relationships of power that prevent religion from being a solely personal or private matter. Strategies for the reintegration of religion into nursing ethics are: adjusting professional codes and theories of

ethics to reflect the influence of religion; and the contribution of critical perspectives, such as postcolonial feminism, to the understanding of lived ethics. [See also articles by Benari, G.; by Fowler, M. D.; and by Pesut, B.; in the same issue themed of the journal --all cited elsewhere in this bibliography.]

Reyes-Ortiz, C. A., Rodríguez, M. and Markides, K. S. [Department of Social & Behavioral Sciences (CARO), School of Public Health, University of North Texas Health Science Center, Fort Worth, TX; creyes@hsc.unt.edu]. "**The role of spirituality healing with perceptions of the medical encounter among Latinos**." *Journal of General Internal Medicine* 24, suppl. 3 (Nov 2009): 542-547. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Little is known about the relationship between spirituality healing and perceptions about the medical encounter among Latinos. OBJECTIVES: To examine the association between spirituality healing and attitudes of self-reported perceptions about the medical encounter. DESIGN: A cross-sectional telephone survey. PARTICIPANTS: 3,728 Latinos aged >or=18 years residing in the United States from Wave 1 of the Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health Survey. MEASUREMENTS: Dependent variables were ever prayed for healing (yes/no), ever asked others to pray for healing (yes/no), considered important spiritual healing (very vs. somewhat or not important), and ever consulted a 'curandero' (folk healer in Latin America) (yes/no). The primary independent variables were feelings about the last time seeing a Doctor (confused by information given, or frustrated by lack of information) and perception of quality of medical care (excellent, good, fair or poor) within the past 12 months. RESULTS: Six percent of individuals reported that they had ever consulted a curandero, 60% prayed for healing, 49% asked others to pray for healing, and 69% considered spiritual healing as very important. In multivariable analyses, feeling confused was associated with increased odds of consulting a curandero (OR = 1.58; 95% CI, 1.02-2.45), praying for healing (OR = 1.30; 95% CI, 1.03-1.64), asking others to pray for healing (OR = 1.29; 95% CI, 1.03-1.62), and considering spiritual healing as very important (OR = 1.30; 95% CI, 1.01-1.66). Feeling frustrated by a lack of information was associated with asking others to pray for healing (OR = 1.29; 95% CI, 1.04-1.60). A better perception of quality of medical care was associated with lower odds of consulting a curandero (OR = 0.83; 95% CI, 0.70-0.98). CONCLUSION: Feelings about the medical encounter were associated with spirituality healing, praying for healing, and asking others to pray for healing. Feeling confused and perception of poor quality of medical care were associated with consulting a curandero.

Richards, P. S., Smith, M. H., Berrett, M. E., O'Grady, K. A. and Bartz, J. D. [Center for Change, Orem, UT; scott_richards@byu.edu]. "**A theistic spiritual treatment for women with eating disorders**." *Journal of Clinical Psychology* 65, no. 2 (Feb 2009): 172-184.

[Abstract:] The authors describe a psychological treatment for women with eating disorders who have theistic spiritual beliefs and illustrate its application with a case report. They begin by briefly summarizing a theistic view of eating disorders. Then they illustrate how a theistic approach can complement traditional treatment by describing the processes and outcomes of their work with a 23-year-old Christian woman receiving inpatient treatment for an eating disorder not otherwise specified and a major depressive disorder (recurrent severe). [This article is part of a theme issue of the journal. See other articles: by Aten, J. D., et al.; by Delaney, H. D., et al.; by Post, B. C., et al; by Shafranske, E. P.; and by Worthington, E. L. Jr. -- noted elsewhere in this bibliography.]

Rinaldis, M., Pakenham, K. I., Lynch, B. M. and Aitken, J. F. [School of Psychology, The University of Queensland, Australia; machelle@psy.uq.edu.au]. "**Development, confirmation, and validation of a measure of coping with colorectal cancer: a longitudinal investigation**." *Psycho-Oncology* 18, no. 6 (Jun 2009): 624-633.

[From the abstract: OBJECTIVE: This longitudinal study developed and confirmed the factor structure of the 32-item Coping with Colorectal Cancer (CCRC) measure. Reliability and validity of the measure were also assessed. METHODS: Participants were 1800 individuals diagnosed with colorectal cancer (CRC). A written questionnaire and a telephone interview were completed at 5 (Time 1) and 12 months post-diagnosis (Time 2). RESULTS: Exploratory and confirmatory factor analyses revealed eight mostly empirically distinct subscales: Positive Perceptual Change, Religion/Spirituality, Rumination, Acceptance, Humour, Palliative, Seeking Social Support, and Lifestyle Reorganisation. …CONCLUSIONS: Results demonstrated the preliminary validity and reliability of the CCRC subscales, and have extended the cancer coping research by revealing new relations between coping subscales and QOL in a mixed-gender, older population with CRC.

Roberts, L., Ahmed, I., Hall, S. and Davison, A. [Hertford College, Catte Street, Oxford, UK, OX1 3BW. leanne.roberts@hertford.ox.ac.uk]. "**Intercessory prayer for the alleviation of ill health**." [Update of Cochrane Database] *Cochrane Database of Systematic Reviews*. (2):CD000368, 2009.

[Abstract:] BACKGROUND: Prayer is amongst the oldest and most widespread interventions used with the intention of alleviating illness and promoting good health. Given the significance of this response to illness for a large proportion of the world's population, there has been considerable interest in recent years in measuring the efficacy of intercessory prayer for the alleviation of ill health in a scientifically rigorous fashion. The question of whether this may contribute towards proving or disproving the existence of God is a philosophical question lying outside the scope of this review of the effects of prayer. This revised version of the review has been prepared in response to feedback and to reflect new methods in the conduct and presentation of Cochrane reviews. OBJECTIVES: To review the effects of intercessory prayer as an additional intervention for people with health problems already receiving routine health care. SEARCH STRATEGY: We systematically searched ten relevant databases including MEDLINE and EMBASE (June 2007). SELECTION CRITERIA: We included any randomized trial comparing personal, focused, committed and organized intercessory prayer with those interceding holding some belief that they are praying to God or a god versus any other intervention. This prayer could be offered on behalf of anyone with health problems. DATA COLLECTION AND ANALYSIS: We extracted data independently and analyzed it on an intention to treat basis, where possible. We calculated, for binary data, the fixed-effect relative risk (RR), their 95% confidence intervals (CI), and the number needed to treat or harm (NNT or NNH). MAIN RESULTS: Ten studies are included in this updated review (7646 patients). For the comparison of intercessory prayer plus standard care versus standard care alone, overall there was no clear effect of intercessory prayer on death, with the effect not reaching statistical significance and data being heterogeneous (6 RCTs, n=6784, random-effects RR 0.77 CI 0.51 to 1.16, I(2) 83%). For general clinical state there was also no significant difference between groups (5 RCTs, n=2705, RR intermediate or bad outcome 0.98 CI 0.86 to 1.11). Four studies found no effect for re-admission to Coronary Care Unit (4 RCTs, n=2644, RR 1.00 CI 0.77 to 1.30).Two other trials found intercessory prayer had no effect on re-hospitalization (2 RCTs, n=1155, RR 0.93 CI 0.71 to 1.22). AUTHORS' CONCLUSIONS: These findings are equivocal and, although some of the results of individual studies suggest a positive effect of intercessory prayer, the majority do not and the evidence does not support a

recommendation either in favour or against the use of intercessory prayer. We are not convinced that further trials of this intervention should be undertaken and would prefer to see any resources available for such a trial used to investigate other questions in health care. [58 refs.]

Robins, A. and Fiske, A. [Department of Psychology, West Virginia University, Morgantown, WV]. "**Explaining the relation between religiousness and reduced suicidal behavior: social support rather than specific beliefs**." *Suicide & Life-Threatening Behavior* 39, no. 4 (Aug 2009): 386-395.

[Abstract:] Religiousness has been associated with decreased risk of suicidal ideation, suicide attempts, and completed suicide, but the mechanisms underlying these associations are not well characterized. The present study examined the roles of religious beliefs and social support in that relation. A survey measuring religiousness, social support, suicidal ideation, and suicide attempts was administered to 454 undergraduate students. Involvement in public, but not private, religious practices was associated with lower levels of both suicidal ideation and history of suicide attempts. Social support mediated these relations but religious beliefs did not. Results highlight the importance of social support provided by religious communities.

Roche, V. [Department of Internal Medicine, UT Southwestern Medical Center at Dallas, TX; vivyenne.roche@utsouthwestern.edu]. "**The hidden patient: addressing the caregiver**." *American Journal of the Medical Sciences* 337, no. 3 (Mar 2009): 199-204.

The author addresses at several points the importance of religion to caregivers and notes especially findings from the REACH study: "…that in 1229 caregivers of moderate to severely demented patients, religious beliefs and practices were important with 77% praying nearly every day, and 70% felt that spiritual/religious faith was very important. This held true for bereaved (n _ 225) and nonbereaved caregivers (n_1004). Three measures of religion were associated with less depression: attendance at services, frequency of prayer, and meditation and its importance. Frequency of depression was inversely related to participation in religious services." [p. 202]

Rodin, G., Lo, C., Mikulincer, M., Donner, A., Gagliese, L. and Zimmermann, C. [Department of Psychosocial Oncology and Palliative Care, Princess Margaret Hospital, University of Toronto, Canada; gary.rodin@uhn.on.ca]. "**Pathways to distress: the multiple determinants of depression, hopelessness, and the desire for hastened death in metastatic cancer patients**." *Social Science & Medicine* 68, no. 3 (Feb 2009): 562-569.

[Abstract:] We tested a model in which psychosocial and disease-related variables act as multiple protective and risk factors for psychological distress in patients with metastatic cancer. We hypothesized that depression and hopelessness constitute common pathways of distress, which mediate the effects of psychosocial and disease-related factors on the desire for hastened death. This model was tested on a cross-sectional sample of 406 patients with metastatic gastrointestinal or lung cancer recruited at outpatient clinics of a Toronto cancer hospital, using structural equation modeling. The results supported the model. High disease burden, insecure attachment, low self-esteem, and younger age were risk factors for depression. Low spiritual well-being was a risk factor for hopelessness. Depression and hopelessness were found to be mutually reinforcing, but distinct constructs. Both depression and hopelessness independently predicted the desire for hastened death, and mediated the effects of psychosocial and disease-related variables on this outcome. The identified risk factors support a holistic approach to palliative care in patients with metastatic cancer, which attends to physical, psychological, and spiritual factors to prevent and treat distress in patients with advanced disease.

Rogers, C. E., Larkey, L. K. and Keller, C. [Arizona State University; carol.rogers@asu.edu]. "**A review of clinical trials of tai chi and qigong in older adults**." *Western Journal of Nursing Research* 31, no. 2 (Mar 2009): 245-279.

[Abstract:] Initiation and maintenance of physical activity (PA) in older adults is of increasing concern as the benefits of PA have been shown to improve physical functioning, mood, weight, and cardiovascular risk factors. Meditative movement forms of PA, such as tai chi and qigong (TC & QG), are holistic in nature and have increased in popularity over the past few decades. Several randomized controlled trials have evaluated TC & QG interventions from multiple perspectives, specifically targeting older adults. The purpose of this report is to synthesize intervention studies targeting TC & QG and identify the physical and psychological health outcomes shown to be associated with TC & QG in community dwelling adults older than 55. Based on specific inclusion criteria, 36 research reports with a total of 3,799 participants were included in this review. Five categories of study outcomes were identified, including falls and balance, physical function, cardiovascular disease, and psychological and additional disease-specific responses. Significant improvement in clusters of similar outcomes indicated interventions utilizing TC & QG may help older adults improve physical function and reduce blood pressure, fall risk, and depression and anxiety. Missing from the reviewed reports is a discussion of how spiritual exploration with meditative forms of PA, an important component of these movement activities, may contribute to successful aging. [93 refs.]

Roper, K., McDermott, K., Cooley, M. E., Daley, K. and Fawcett, J. [Dana Farber Cancer Institute, Boston; kroper@partners.org]. "**Health-related quality of life in adults with Hodgkin's disease: the state of the science**." *Cancer Nursing* 32, no. 6 (N0v-Dec 2009): E1-17; quiz on pp. E18-19.

The authors identify 35 studies on health-related quality of life in adults with Hodgkin's disease. Among their findings: "Only 2 studies investigating the spirituality domain of HRQOL in HD survivors were located. Religious and spiritual coping have been shown to improve other domains of HRQOL in cancer survivors. In a study of 170 patients with advanced cancer, positive religious coping was related to better existential QOL dimensions, as well as overall QOL. Balboni et al. reported that 72% of respondents with various types of cancer indicated that they had little opportunity to discuss spiritual concerns with their healthcare provider. Further studies are needed to understand the spiritual and religious needs of cancer survivors." [p. E15]

Roscoe, L. A., Corsentino, E., Watkins, S., McCall, M. and Sanchez-Ramos, J. [Department of Communication, University of South Florida, Tampa, FL;. lroscoe@cas.usf.edu]. "**Well-being of family caregivers of persons with late-stage Huntington's disease: lessons in stress and coping**." *Health Communication* 24, no. 3 (Apr 2009): 239-248.

Among the findings of this study of 17 family caregivers of persons with Huntington's Disease: "Spiritual involvement and beliefs may have provided interpretive resources for the development of a satisfying life narrative, despite its present difficulties. Significant relationships were found between spiritual involvement and beliefs and better health, greater life satisfaction, and fewer depressive symptoms. In addition, greater levels of spiritual involvement and beliefs were also associated with appraisals that the caregiving experience was beneficial, as well as with one's sense of mastery. Spiritual involvement and beliefs may provide additional tools for reframing one's situation in ways that contribute to positive well-being." [p. 247]

Rose, J. H., Kypriotakis, G., Bowman, K. F., Einstadter, D., O'Toole, E. E., Mechekano, R. and Dawson, N. V. [Department of Medicine, Case Western Reserve University School of Medicine, Cleveland, OH; julia.rose@case.edu]. "**Patterns of adaptation in patients living long term with advanced cancer**." *Cancer* 115, no. 18, Suppl. (Sep 15, 2009): 4298-4310.

This study of 142 middle-aged and older patients with advanced cancer and who survived into a second year after diagnosis were assessed in interviews across 4 time points to detect patterns of adaptation over time. Among the findings: "…we identified 3 distinct trajectory groups that can be described as follows: 1) an increasing anxiety and depressed mood with a low spiritual well being trajectory (low-worsening; 14 patients; 10% of the sample); 2) a rapidly decreasing, depressed mood and anxiety with an increasing spiritual well being trajectory (moderate-improving; 42 patients; 30% of the sample); and 3) a low and slightly decreasing anxiety and depressed mood trajectory with high levels of spiritual well being (high-stable; 86 patients; 60% of the sample)." [p. 4304] "To our knowledge, this is the first time that these groups have been identified in survivors with advanced cancer. This is especially important in identifying a group of advanced cancer survivors (10%) who may be at greatest risk for poor psychospiritual adaptation over time." [p. 4306] "[W]e observed that the majority of advanced cancer survivors (60%) were likely to be members of the group with high-stable psychospiritual well being over time. This group reported lower levels of anxiety and depressed mood and higher levels of spiritual well being in the early treatment phase and maintained this higher level of psychospiritual well being into the second year of survivorship. Although the moderate-improving group (30%) started with a level of psychospiritual well being that was only slightly better than the (highrisk) low-worsening group, this group exhibited marked improvement over time." [p. 4307]

Rosendahl, J., Tigges-Limmer, K., Gummert, J., Dziewas, R., Albes, J. M. and Strauss, B. [Institute of Psychosocial Medicine and Psychotherapy, University Hospital, Stoystrasse 3, Jena, Germany; jenny.rosendahl@med.uni-jena.de]. "**Bypass surgery with psychological and spiritual support (the By.pass study): study design and research methods**." *American Heart Journal* 158, no. 1 (Jul 2009): 8-14, with appendix on p. 14.e1.

[Abstract:] Effects of psychological as well as spiritual interventions on outcome in cardiac surgery have mostly been studied with a focus on presurgical interventions. Systematically controlled analyses of the effects of psychological and spiritual interventions depending on the patients' preference have not been performed so far, although these studies would help to assign patients to an adequate support. The By.pass study is a bi-center, controlled trial of patients undergoing coronary bypass surgery and coronary bypass surgery combined with valve replacement surgery in 2 different German hospitals. Patients are assigned to 1 of 5 conditions, mainly according to their personal therapeutic preference: preference for psychological interventions (group 1), preference for spiritual interventions (group 2), or preference for no intervention (group 5). Patients who are open for any kind of intervention are randomly assigned either to psychological (group 3) or spiritual interventions (group 4). Six months before the start and 6 months after the end of the treatment phase, patients were assigned to the control groups. These were asked about their subjective preference (psychological, spiritual, no intervention, or no specific preference) as well but received no interventions. Patients will be enrolled from October 2006 to December 2009. The 6-month follow-up will be completed in July 2010.

Rosmarin, D. H., Krumrei, E. J. and Andersson, G. [Department of Psychology, Bowling Green State University, Bowling Green, OH; drosmar@bgsu.edu]. "**Religion as a predictor of psychological distress in two religious communities**." *Cognitive Behaviour Therapy* 38, no. 1 (2009): 54-64.

[Abstract:] Although spirituality and religion play a role in the lives of many North Americans, the relationship of these variables to symptoms of affective disorders has not been rigorously studied. The authors, therefore, evaluated the extent to which religious factors predicted symptoms of distress in a large community sample of 354 individuals (120 Christian and 234 Jewish). Results indicated that religious denomination was a poor predictor of distress. However, general religiousness (e.g. importance of religion), religious practices (e.g. frequency of prayer), and positive religious core beliefs predicted lower levels of worry, trait anxiety, and depressive symptoms, whereas negative religious core beliefs predicted increased symptoms. These variables accounted for a small but significant portion of the variance in reported symptoms after controlling for covariates. These findings are taken to indicate that religion is an important factor to consider when evaluating and treating distress in religious individuals. Implications for clinical practice of empirically supported treatments with religious individuals are explored.

Rosmarin, D. H., Pargament, K. I., Krumrei, E. J. and Flannelly, K. J. [Department of Psychology, Bowling Green State University, Bowling Green, OH; drosmar@bgsu.edu]. "**Religious coping among Jews: development and initial validation of the JCOPE**." *Journal of Clinical Psychology* 65, no. 7 (Jul 2009): 670-683.

[Abstract:] Numerous studies have underscored the importance of religious coping in psychological health and illness; however, the majority of research in this area has been conducted with Christian samples and knowledge about other religious groups is lacking. Although recent investigations have developed scales to measure religious coping among Hindus and Muslims, the potential for future research in Jewish populations remains limited as no measures of religious coping have been validated in the general Jewish community. This two-part study reports on the development and validation of the 16-item Jewish Religious Coping Scale (JCOPE). In Study 1, an exploratory factor analysis identified two factors reflecting positive and negative religious coping strategies, and the concurrent validity for the measure was evaluated by examining correlations with indices of Jewish beliefs and practices. In Study 2, a confirmatory factor analysis (CFA) verified the JCOPE's 2-factor structure, and the scale's incremental validity was evaluated by examining Jewish religious coping as a predictor of psychological distress over and above significant covariates. Results suggest that the JCOPE has good psychometric properties, and that religious coping is a significant predictor of psychological distress among Jews.

Ross, K., Handal, P. J., Clark, E. M. and Vander Wal, J. S. [Department of Psychology, Saint Louis University, MO; rossk@slu.edu]. "**The relationship between religion and religious coping: religious coping as a moderator between religion and adjustment**." *Journal of Religion & Health* 48, no. 4 (Dec 2009): 454-467.

[Abstract:] This study examined the relationship between and among religion, religious coping, and positive/negative psychological adjustment and investigated whether the four religious coping styles of Self-Directing, Deferring, Collaborative, and Turning to Religion would significantly moderate the relationship between religion and psychological adjustment. Each of the four religious coping measures were significant moderators between religion and positive and negative adjustment. However, the high self-directing and high religion group showed opposite results from the other three coping styles, in that they were the most maladjusted and least satisfied with life compared to the other

three integration and religious coping groups. The participants high on religion and high deferring, high collaborative, and high turning to religion groups were less maladjusted and more satisfied than the other three groups in each of these religious coping styles.

Rubenzik, T. T. and Derk, C. T. [Division of Rheumatology, Thomas Jefferson University, Philadelphia, PA]. "**Unmet patient needs in systemic sclerosis**." *JCR: Journal of Clinical Rheumatology* 15, no. 3 (Apr 2009): 106-110.

[From the abstract:] METHODS: A computer randomization program selected 50 patients, from 242 systemic sclerosis patients actively followed at our rheumatology clinic, to receive a survey about unmet needs. Twenty-five patients responded to the survey. Of 81 questions, 9 provided demographic data, whereas 72 questions addressed physical, daily living, psychologic, spiritual, existential, health services, health information, social support, and employment issues. A 4-point scale from no need to high need was used to rate all questions. Significant need was considered any issue for which more than 50% of patients reported a high need. The Fisher exact test was used to compare different demographic variables to unmet patient needs. RESULTS: The psychologic/spiritual/existential category had 9 questions reaching significance, the health services category had 5 significant questions, the physical category had 4 significant questions…. CONCLUSIONS: The greatest prevalence of unmet needs in scleroderma patients were in the psychologic/spiritual/existential domain, such as being unable to do things they used to do, fear that the disease will worsen, anxiety and stress, feeling down or depressed, fears of physical disability, uncertainty about the future, change in appearance, keeping a positive outlook, and feeling in control. Significant differences were observed in unmet needs based on education, marital status, location, knowledge of disease, and age.…

Rubin, D., Dodd, M., Desai, N., Pollock, B. and Graham-Pole, J. [Department of Endocrinology, Boston University Medical Center, Boston, MA]. "**Spirituality in well and ill adolescents and their parents: the use of two assessment scales**." *Pediatric Nursing* 35, no. 1 (Jan-Feb 2009): 37-42.

[Abstract:] The literature supporting a relationship between religion/spirituality and physical/mental health has led to recommendations that health professionals attend to these issues in patient assessment and intervention. Many studies indicate that spiritual issues are important to adolescents, especially those with physical and/or psychological health concerns. Although several instruments have been developed to measure religion/spirituality in adults, no validated instrument currently exists for assessing this concept in children or adolescents. The applicability of two adult scales, the SIBS and the SWBS, were assessed to explore the spiritual well-being of adolescents by comparing spirituality scores of 38 chronically ill and 38 healthy adolescents and their parents. No significant difference was found between ill and well adolescents on either scale. Parents scored significantly higher than adolescents on both scales. Although this could indicate that parents have greater spiritual well-being than their children, these two findings taken together suggest these measures may be insufficiently sensitive measures of spirituality in childhood. This is supported by the finding that most adolescents and their parents felt both scales to be ineffective measures of adolescent spirituality. The authors concluded that a more specific scale should be developed for measuring spirituality in the young, especially those with chronic illness. Such an instrument might best be developed through a combination of qualitative and quantitative research methods.

Russinova, Z., Cash, D. and Wewiorski, N. J. [Center for Psychiatric Rehabilitation, Sargent College of Health and Rehabilitation Sciences, Boston University, MS; zlatka@bu.edu]. "**Toward understanding the usefulness of complementary and alternative medicine for individuals with serious mental illnesses: classification of perceived benefits**." *Journal of Nervous & Mental Disease* 197, no. 1 (Jan 2009): 69-73.

This study surveyed 255 people serious mental illness who experienced CAM as having a positive impact on their mental health. A table on pp. 70-71 classifies Perceived Benefits Attributed to CAM in the study population and notes spirituality-related benefits in examples for several categories, in addition to listing Spiritual Functioning as a category.

Rutjens, B. T., van der Pligt, J. and van Harreveld, F. [University of Amsterdam, Social Psychology Program, Netherlands; b.t.rutjens@uva.nl]. "**Things will get better: the anxiety-buffering qualities of progressive hope**." *Personality & Social Psychology Bulletin* 35, no. 5 (May 2009): 535-543.

[Abstract:] Terror management theory argues that people can cope with the psychological threat of their own death by bolstering faith in their cultural worldviews. Based on the notion that--since the Age of Enlightenment--belief or faith in progress has become one of the defining qualities of modern Western thinking, we expected that this belief serves as a buffer against mortality concerns. Three experiments were conducted to test the relationship between existential anxiety and belief in progress. Results of Experiment 1 show that mortality salience increased participants' disagreement with an essay on the illusory notion of human progress. The same essay increased death-thought accessibility in Experiment 2. In Experiment 3, belief in progress and mortality salience were manipulated. Results show that bolstering belief in progress buffered the effects of mortality salience on death-thought accessibility and diminished subsequent defensive reactions to a cultural worldview-threatening essay.

Santoro, G., Wood, M. D., Merlo, L., Anastasi, G. P., Tomasello, F. and Germano, A. [Department of Biomorphology and Biotechnologies, University of Messina, Messina, Italy]. "**The anatomic location of the soul from the heart, through the brain, to the whole body, and beyond: a journey through Western history, science, and philosophy**." *Neurosurgery* 65, no. 4 ()ct 2009): 633-643, with discussion on p. 643.

[Abstract:] OBJECTIVE: To describe representative Western philosophical, theological, and scientific ideas regarding the nature and location of the soul from the Egyptians to the contemporary period; and to determine the principal themes that have structured the history of the development of the concept of the soul and the implications of the concept of the soul for medical theory and practice. METHODS: We surveyed the ancient Egyptian, Greek, and Roman periods, the early, Medieval, and late Christian eras, as well as the Renaissance, Enlightenment, and Modern periods to determine the most salient ideas regarding the nature and location of the soul. RESULTS: In the history of Western theological, philosophical, and scientific/medical thought, there exist 2 dominant and, in many respects, incompatible concepts of the soul: one that understands the soul to be spiritual and immortal, and another that understands the soul to be material and mortal. In both cases, the soul has been described as being located in a specific organ or anatomic structure or as pan-corporeal, pervading the entire body, and, in some instances, trans-human and even pan-cosmological. Moreover, efforts to discern the nature and location of the soul have, throughout Western history, stimulated physiological exploration as well as theoretical understanding of human anatomy. The search for the soul has, in other words, led to a deepening of our scientific knowledge regarding the physiological and, in particular, cardiovascular and neurological nature of human beings. In addition, in virtually every period, the concept of the soul has shaped how societies thought about, evaluated, and

understood the moral legitimacy of scientific and medical procedures: from performing abortions and autopsies to engaging in stem cell research and genetic engineering. CONCLUSION: Our work enriches our shared understanding of the soul by describing some of the key formulations regarding the nature and location of the soul by philosophers, theologians, and physicians. In doing so, we are better able to appreciate the significant role that the concept of the soul has played in the development of Western scientific, medical, and spiritual life. Although ideas about the soul have changed significantly throughout Western history, the idea of the soul as being real and essential to one's personhood has been, and remains, pervasive throughout every period of Western history. [38 refs.]

Scandrett, K. G. and Mitchell, S. L. [Department of Geriatrics, Northwestern University Feinberg School of Medicine, Chicago, IL; kgscandrett@northwestern.edu]. "**Religiousness, religious coping, and psychological well-being in nursing home residents**." *Journal of the American Medical Directors Association* 10, no. 8 (Oct 2009): 581-586.

[From the abstract:] OBJECTIVES: To measure the importance of religion among nursing home residents, describe their use of religious coping strategies, and examine the association between religiousness, religious coping, and psychological well-being. DESIGN: Cross-sectional study. SETTING: Two nursing facilities in Boston, Massachusetts. PARTICIPANTS: One hundred forty cognitively intact to moderately impaired long-stay nursing home residents. MEASUREMENTS: Subjects rated religion as either "not important," "somewhat important," or "very important." Use of religious coping strategies was measured using the 14-item Brief RCOPE. The outcome measure, psychological well-being, was measured with the Bradburn Affect Balance Scale. Covariates included demographic variables and a measure of social engagement, comorbidity, functional status, and mental status. Linear regression was used to examine the association between religious importance and psychological well-being after adjusting for covariates. RESULTS: Subjects rated the importance of religion as follows: very important (54%), somewhat important (27%), and not important (19%). The mean score on the Affect Balance Scale was 5.9 +/- 2.1 (SD) (range 2-9). After multivariate adjustment, viewing religion as somewhat or very important (versus not important, P=.0019) and absence of negative religious coping strategies (P=.0083) were associated with better psychological well-being (with higher scores on the Affect Balance Scale) (P=.007)….

Scarinci, E. G., Griffin, M. T., Grogoriu, A. and Fitzpatrick, J. J. [Center for Comprehensive Care, Jersey City Medical Center, Jersey City, NJ]. "**Spiritual well-being and spiritual practices in HIV-infected women: a preliminary study**." *Journal of the Association of Nurses in AIDS Care* 20, no. 1 (Jan-Feb 2009): 69-76.

[From the abstract:] …The purposes of this quantitative descriptive study were to (a) describe two dimensions of spirituality (spiritual well-being and spiritual practices), and (b) determine relationships between these dimensions of spirituality in HIV-infected women. Participants were 83 HIV-infected women. The average age of the women was 43 years, and the majority of the participants were African American (62%). The three most frequently used spiritual practices were praying alone, helping others, and listening to music. A high level of spiritual well-being was evident among the participants, and a positive relationship was shown between spiritual well-being and number of spiritual practices used. Recommendations for future research are included.

Schenck, D. P. and Roscoe, L. A. [University of South Florida, Tampa; dschenck@cas.usf.edu]. "**In search of a good death**." *Journal of Medical Humanities* 30, no. 1 (Mar 2009): 61-72.

[Abstract:] Spirituality and storytelling can be resources in aging successfully and in dying well given the constraints of modern day Western culture. This paper explores the relationship of aging to time and the dynamic process of the life course and discusses issues related to confronting mortality, including suffering, finitude, spirituality, and spiritual closure in regard to death. And, finally, the role of narrative in this process is taken up.

Scheufele, D. A., Corley, E. A., Shih, T. J., Dalrymple, K. E. and Ho, S. S. [University of Wisconsin—Madison; Scheufele@wisc.edu]. "**Religious beliefs and public attitudes toward nanotechnology in Europe and the United States**." *Nature Nanotechnology* 4, no. 2 (Feb 2009): 91-94. Comment on pp. 79-80.

[Abstract:] How do citizens make sense of nanotechnology as more applications reach the market and the mainstream media start to debate the potential risks and benefits of technology? As with many other political and scientific issues, citizens rely on cognitive shortcuts or heuristics to make sense of issues for which they have low levels of knowledge. These heuristics can include predispositional factors, such as ideological beliefs or value systems, and also short-term frames of reference provided by the media or other sources of information. Recent research suggests that 'religious filters' are an important heuristic for scientific issues in general, and nanotechnology in particular. A religious filter is more than a simple correlation between religiosity and attitudes toward science: it refers to a link between benefit perceptions and attitudes that varies depending on respondents' levels of religiosity. In surveys, seeing the benefits of nanotechnology is consistently linked to more positive attitudes about nanotechnology among less religious respondents, with this effect being significantly weaker for more religious respondents. For this study, we have combined public opinion surveys in the United States with Eurobarometer surveys about public attitudes toward nanotechnology in Europe to compare the influence of religious beliefs on attitudes towards nanotechnology in the United States and Europe. Our results show that respondents in the United States were significantly less likely to agree that nanotechnology is morally acceptable than respondents in many European countries. These moral views correlated directly with aggregate levels of religiosity in each country, even after controlling for national research productivity and measures of science performance for high-school students.

Schneider, R. Z. and Feltey, K. M. [University of Akron]. "'**No matter what has been done wrong can always be redone right': spirituality in the lives of imprisoned battered women**." *Violence Against Women* 15, no. 4 (Apr 2009): 443-459, 2009 Apr.

[Abstract:] In this article, the authors explore the religious and spiritual experiences and beliefs of incarcerated battered women who killed abusive intimate partners or (step)fathers. Through in-depth interviews with 12 imprisoned battered women, the authors examine the role that religion and spirituality played in the women's lives before and during their incarceration. Regardless of their religious upbringing, most had what they described as spiritual experiences during their time in prison. For them, participation in the support group for battered women and their spiritual experiences "freed them" by giving them a way to reconstruct and reinterpret their victimization, perpetration of violence, and subsequent incarceration.

Schoenberg, N. E., Hatcher, J., Dignan, M. B., Shelton, B., Wright, S. and Dollarhide, K. F. [University of Kentucky, Lexington; nesch@uky.edu]. "**Faith Moves Mountains: an Appalachian cervical cancer prevention program**." *American Journal of Health Behavior* 33, no. 6 (Nov-Dec 2009): 627-638.

[Abstract:] OBJECTIVE: To provide a conceptual description of Faith Moves Mountains (FMM), an intervention designed to reduce the disproportionate burden of cervical cancer among Appalachian women. METHODS: FMM, a community-based participatory research program designed and implemented in collaboration with churches in rural, southeastern Kentucky, aims to increase cervical cancer screening (Pap tests) through a multiphase process of educational programming and lay health counseling. RESULTS: We provide a conceptual overview to key elements of the intervention, including programmatic development, theoretical basis, intervention approach and implementation, and evaluation procedures. CONCLUSIONS: After numerous modifications, FMM has recruited and retained over 400 women, 30 churches, and has become a change agent in the community.

Schrader, S. L., Nelson, M. L. and Eidsness, L. M. [Augustana College, Sioux Falls, SD; susan.schrader@augie.edu]. "**Dying to know: a community survey about dying and end-of-life care**." *Omega - Journal of Death & Dying* 60, no. 1 (2009-2010): 33-50.

This article presents analysis of a 2004 community survey to understand knowledge, attitudes, and preferences about end-of-life (EOL) care. Among the findings: "With respect to religiosity, those who described themselves as very religious were significantly more likely to report the importance of being in a spiritual community (relying on clergy, seeking spiritual peace at EOL, attending funerals, saying goodbye, rejecting assisted suicide) and being prepared for death (completing a will and advance directive). Those who self-identified as somewhat religious were significantly more likely to fear sudden death, dying alone, or abandonment, and were more likely to have discussed their EOL preferences with no one. Those who were not at all religious were more likely to express fears about pain, institutionalization, and physical dependency at end of life. [p. 45]. [On this same study, see Schrader, S. L., et al., "'South Dakota's Dying to Know': a statewide survey about end of life." *Journal of Palliative Medicine* 12, no. 8 (Aug 2009): 695-705; also cited in this bibliography.]

Schrader, S. L., Nelson, M. L. and Eidsness, L. M. [Augustana College, Sioux Falls, SD; susan.schrader@augie.edu]. "'**South Dakota's Dying to Know': a statewide survey about end of life**." *Journal of Palliative Medicine* 12, no. 8 (Aug 2009): 695-705.

"Ninety-six percent of respondents said that being at spiritual peace at EOL was somewhat or very important" [p. 699]. …"Women were more likely to emphasize the importance of dying in spiritual peace…" [p. 703]. …"Thirty-five percent of the South Dakota sample reported that they had completed some form of advance directive. More than half had talked to their spouse (60%) or family (58%) about their EOL wishes, and 22% had discussed the issue with friends. To a lesser extent, EOL wishes had been discussed with lawyers (16%), physicians (6%), or clergy members (4%). Fifteen percent of respondents reported that they had talked to no one about EOL preferences" [p. 699]. …"Many preferred that their physician (39%) or clergy member (36%) introduce EOL issues" [p. 699]. [On this same study, see Schrader, S. L., et al., "Dying to know: a community survey about dying and end-of-life care." *Omega - Journal of Death & Dying* 60, no. 1 (2009-2010): 33-50; also cited in this bibliography.]

Seccareccia, D. and Brown, J. B. [Department of Psychosocial Oncology and Palliative Care, Princess Margaret Hospital, Toronto, Canada; dori.seccareccia@uhn.on.ca]. "**Impact of spirituality on palliative care physicians: personally and professionally**." *Journal of Palliative Medicine* 12, no. 9 (Sep 2009): 805-809. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Modern palliative care defines four key domains fundamental to a patients' holistic care: physical, emotional, social, and spiritual. Regardless of the symptom being addressed, all four domains of care may need to be addressed to reduce suffering and encourage healing. Yet, despite the spiritual domain consistently being asserted as an integral part of palliative care, more is written on how to provide the physical, emotional, and social aspects of care than on how to provide spiritual care. OBJECTIVE: The objective of this study was to explore the perspectives and experiences of palliative care physicians regarding the spiritual domain of care and to identify the role of this domain both personally and professionally. DESIGN: This study recruited a purposeful sample of palliative care physicians and utilized the qualitative method of phenomenology to elicit palliative care physician's perspectives and experiences regarding the importance of spirituality in providing palliative care to patients. RESULTS: Themes that emerged from the study in relation to palliative care physicians' perspectives and experiences regarding the spiritual domain of care included the concept of spirituality and the difference between spirituality and religion. The overarching theme was the concept of how the participant's own spirituality impacted their practice and their practice impacted their spirituality. These were inextricably woven together. CONCLUSION: Addressing spirituality was fundamental to a palliative care physician providing compassionate and holistic care. The impact of a physician's personal spirituality on practice and practice on spirituality were inextricably woven together.

Seow, H., Snyder, C. F., Shugarman, L. R., Mularski, R. A., Kutner, J. S., Lorenz, K. A., Wu, A. W. and Dy, S. M. [Johns Hopkins Bloomberg School of Public Health, Baltimore, MD]. "**Developing quality indicators for cancer end-of-life care: proceedings from a national symposium**." *Cancer* 115, no. 17 (Sep 1, 2009): 3820-3829.

Among the items addressed is spirituality. See the table of domain priority issues and potential solutions on pp. 3822-3823 and the following section on Spirituality & Closure: "The domain of spirituality includes the broad concepts of transcendence, relationships, values and beliefs, meaning, purpose, hope, and closure; refining and focusing this definition would be helpful in developing indicators. Research on if, and how, spirituality and spiritual needs are being assessed currently in oncology care would help the process of indicator development. Other research needs include better understanding of which elements of spirituality and closure can and should be measured quantitatively, how to better measure outcomes, and how to include caregivers in the measurement of spirituality. Short-term recommendations include refining the definition of spirituality as relevant to quality indicators, framing the definition in the overall context of suffering, determining how often spirituality needs to be evaluated and addressed, and developing a survey to capture patient and family perceptions of spiritual care. Setting-specific structural indicators for chaplain availability and staff training are also needed. Longer-term goals include better delineation of spiritual care as part of healthcare, clearer descriptions of the processes that contribute to quality spiritual care, better survey questions on the processes and outcomes of spiritual care, and structural indicators that include the provision of spirituality curriculum." [p. 3826]

Shafranske, E. P. [Pepperdine University, 18111 Von Karman Avenue, Irvine, CA; eshafran@pepperdine.edu]. "**Spiritually oriented psychodynamic psychotherapy**." *Journal of Clinical Psychology* 65, no. 2 (Feb 2009): 147-157.

[Abstract:] Spiritually oriented psychodynamic psychotherapy pays particular attention to the roles that religious and spiritual beliefs, practices, and experiences play in the psychological life of the client. Contemporary psychoanalytic theorists offer multiple approaches to understand the

functions of religious experience. Spirituality provides a means to address existential issues and provide a context to form personal meaning. Religious narratives present schemas of relationship and models of experiences salient to mental health, such as hope. God images or other symbolic representations of the transcendent have the power to evoke emotions, which in turn, influence motivation and behavior. While employing theories and techniques derived from psychodynamic psychotherapy, this therapeutic approach encourages the analysis of the functions religion and spirituality serve, while respecting the client's act of believing in faith. Psychotherapists address a client's spirituality by exploring the psychological meaning of such personal commitments and experiences and refrain from entering into discussion of faith claims. [This article is part of a theme issue of the journal. See other articles: by Aten, J. D., et al.; by Delaney, H. D., et al.; by Post, B. C., et al; by Richards, P. S., et al.; and by Worthington, E. L. Jr. -- noted elsewhere in this bibliography.]

Sherman, A. C., Plante, T. G., Simonton, S., Latif, U. and Anaissie, E. J. [Winthrop P. Rockefeller Cancer Institute, University of Arkansas for Medical Sciences, Little Rock, AR; ShermanAllenC@uams.edu]. "**Prospective study of religious coping among patients undergoing autologous stem cell transplantation**." *Journal of Behavioral Medicine* 32, no. 1 (Feb 2009): 118-128.

[Abstract:] Considerable attention has focused on relationships between religious or spiritual coping and health outcomes among cancer patients. However, few studies have differentiated among discrete dimensions of religious coping, and there have been surprisingly few prospective investigations. Negative or conflicted aspects of religious coping, in particular, represent a compelling area for investigation. This prospective study examined negative religious coping, positive religious coping, and general religious orientation among 94 myeloma patients undergoing autologous stem cell transplantation. Participants were assessed during stem cell collection, and again in the immediate aftermath of transplantation, when risks for morbidity are most elevated. Outcomes included Brief Symptom Inventory anxiety and depression and Functional Assessment of Cancer Therapy-Bone Marrow Transplant (FACT-BMI) scales. Negative religious coping at baseline predicted worse post-transplant anxiety, depression, emotional well-being, and transplant-related concerns, after controlling for outcome scores at baseline and other significant covariates. Post-transplant physical well-being was predicted by an interaction between baseline positive and negative religious coping. Results suggest that religious struggle may contribute to adverse changes in health outcomes for transplant patients, and highlight the importance of negative or strained religious responses to illness.

Sinclair, S., Mysak, M. and Hagen, N. A. [Tom Baker Cancer Centre, Calgary, Canada; shane.sinclair@albertahealthservices.ca]. "**What are the core elements of oncology spiritual care programs?**" *Palliative & Supportive Care* 7, no. 4 (Dec 2009): 415-422.

[Abstract:] OBJECTIVE: Tending to the spiritual needs of patients has begun to be formally recognized by professional spiritual care providers, health care councils, and health delivery systems over the last 30 years. Recognition of these programs has coincided with evidence-based research on the effect of spirituality on health. Palliative care has served as a forerunner to an integrated professional spiritual care approach, recognizing the importance of addressing the spiritual needs of the dying from its inauguration within Western medicine almost 50 years ago. Oncology programs have also begun to recognize the importance of spirituality to patients along the cancer continuum, especially those who are approaching the end of life. Although standards and best practice guidelines have been established and incorporated into practice, little is known about the actual factors affecting the practice of spiritual care programs or professional chaplains working within an oncology setting. METHODS: Participant observation and interactive interviews occurred at five cancer programs after we conducted a literature search.RESULTS:This study identified underlying organizational challenges, cultural and professional issues, academic program development challenges, administrative duties, and therapeutic interventions that determined the success of oncology spiritual care programs in practice. SIGNIFICANCE OF RESULTS: Although spiritual care services have developed as a profession and become recognized as a service within oncology and palliative care, organizational and operational issues were underrecognized yet significant factors in the success of oncology spiritual care programs. Spiritual care programs that were centrally located within the cancer care center, reported and provided guidance to senior leaders, reflected a multifaith approach, and had an academic role were better resourced, utilized more frequently, and seen to be integral members of an interdisciplinary care team than those services who did not reflect these characteristics.

Smith, A. K., Sudore, R. L. and Perez-Stable, E. J. [Division of Geriatrics, Department of Medicine, University of California, San Francisco; aksmith@ucsf.edu]. "**Palliative care for Latino patients and their families: 'Whenever we prayed, she wept**.'" *JAMA* 301, no. 10 (Mar 11, 2009): 1047-57, E1.

This case presentation highlights potential issues for Latino patients and barriers to optimum treatment. The quote in the title comes from the notes of the chaplain on the care team [--see p. 1048]. Among the issues addressed are Religious and Spiritual Considerations [--section on pp. 1054-1055]. Religious dynamics are noted at a number of points.

Smith, B. W., Kay, V. S., Hoyt, T. V. and Bernard, M. L. [Dept. of Psychology, University of New Mexico, Albuquerque; bwsmith@unm.edu]. "**Predicting the anticipated emotional and behavioral responses to an avian flu outbreak**." *American Journal of Infection Control* 37, no. 5 (Jun 2009): 371-380.

In this study, 289 university students were presented with scenarios describing avian flu outbreaks and asked to report their anticipated emotional and behavioral responses. Among the findings: "…resilience, spirituality, and income were the only protective factors that predicted responses in the path analyses when other variables were controlled. …Spirituality was related directly to increased positive emotion and helping behavior and related indirectly to increased helping behavior and decreased illegal behavior. The effects of spirituality on helping behavior may be related to the emphasis on altruistic behavior in many religious and spiritual traditions." [p. 378]

Smith, T. and Gordon, T. [Marie Curie Edinburgh Hospice, Edinburgh, Scotland, UK; tracy.smith@mariecurie.org.uk]. "**Developing spiritual and religious care competencies in practice: pilot of a Marie Curie blended learning event**." *International Journal of Palliative Nursing* 15, no. 2 (Feb 2009): 86-92.

[Abstract:] The Marie Curie Cancer Care (2003) Spiritual and Religious Care Competencies for Specialist Palliative Care provide a common language for healthcare practitioners in the nebulous area of spiritual care. The development of a pilot blended learning event, as described in this paper, sought to integrate the competencies into practice by providing opportunities both online and in the classroom to explore this aspect of holistic care in depth. In the planning stages, multiprofessional focus groups determined the level of delivery, and emerging themes shaped the content. Self-awareness and reflection were key features and part of the overall process to improve competency. The features of the virtual learning environment (VLE) used were video, facilitated asynchronous discussion and direct links to key articles and documents, while interactive classroom activities built on prior learning. Evaluation covered all aspects of the course design from participant and facilitator

perspectives. Participant comments were overwhelmingly positive in relation to the content and chosen delivery methods with concerns about online learning proving unfounded.

Song, M. K. and Hanson, L. C. [University of North Carolina at Chapel Hill, Chapel Hill; songm@email.unc.edu]. "**Relationships between psychosocial-spiritual well-being and end-of-life preferences and values in African American dialysis patients**." *Journal of Pain & Symptom Management* 38, no. 3 (Sep 2009): 372-380.

[Abstract:] The objective of the study was to examine whether psychosocial and spiritual well-being is associated with African American dialysis patients' end-of-life treatment preferences and acceptance of potential outcomes of life-sustaining treatment. Fifty-one African Americans with end-stage renal disease (ESRD) completed a sociodemographic questionnaire and interview with measures of symptom distress, health-related quality of life, psychosocial and spiritual well-being, and preferences and values related to life-sustaining treatment choices. The subjects were stratified by end-of-life treatment preferences and by acceptance of life-sustaining treatment outcomes, and compared for psychosocial and spiritual well-being, as well as sociodemographic and clinical characteristics. Individuals who desired continued use of life-sustaining treatment in terminal illness or advanced dementia had significantly lower spiritual well-being (P=0.012). Individuals who valued four potential outcomes of life-sustaining treatment as unacceptable showed a more positive, adaptive well-being score in the spiritual dimension compared with the group that valued at least one outcome as acceptable (P=0.028). Religious involvement and importance of spirituality were not associated with end-of-life treatment preferences and acceptance of treatment outcomes. African Americans with ESRD expressed varied levels of psychosocial and spiritual well-being, and this characteristic was associated with life-sustaining treatment preferences. In future research, the assessment of spirituality should not be limited to its intensity or degree but extended to other dimensions.

Sparbel, K. J. and Williams, J. K. [College of Nursing, University of Iowa, Iowa City; kathleen-sparbel@uiowa.edu]. "**Pregnancy as foreground in cystic fibrosis carrier testing decisions in primary care**." *Genetic Testing & Molecular Biomarkers* 13, no. 1 (Feb 2009): 133-142.

Among the findings of this qualitative study of 27 women receiving prenatal care in Midwestern U.S. primary care clinics, strategies for decision-making included [from the abstract:] (1) reducing stress, (2) choosing what is relevant, (3) doing everything right, (4) wanting to be prepared, (5) delaying information, and (6) trusting God.

Stansbury, K. L., Brown-Hughes, T. and Harley, D. A. [Eastern Washington University, WA; kim_stansbury@yahoo.com]. "**Rural African American clergy: are they literate on late-life depression?**" *Aging & Mental Health* 13, no. 1 (Jan 2009): 9-16.

[Abstract:] This exploratory study examined rural African American clergy's knowledge of and experience in providing support to African American elders with late-life depression. Interviews were conducted with nine African American clergy who oversaw rural churches in central Kentucky. …Although few clergy had direct experience with counseling a depressed older adult, all the clergy were considered literate regarding late-life depression and its treatment….

Steele-Moses, S. K., Russell, K. M., Kreuter, M., Monahan, P., Bourff, S. and Champion, V. L. [Our Lady of the Lake Regional Medical Center, Baton Rouge, LA; susan.steele@ololrmc.com]. "**Cultural constructs, stage of change, and adherence to mammography among low-income African American women**." *Journal of Health Care for the Poor & Underserved* 20, no. 1 (Feb 2009): 257-273.

Among the findings of this study of 321 Midwestern African-American women: "Findings support significant relationships of religiosity and time orientation to mammography adherence and stage of change for mammography adherence. Women who scored higher on the religiosity scale were more likely than others to get screened and to move forward in mammography stage. [p. 265]. The authors recommend: "To harness the effect of religiosity in clinical practice, health care providers should work in tandem with respected clergy and leaders of churches to support prevention and early detection messages. When feasible, health teaching and screening should be incorporated into church functions to augment this religiosity benefit as much as possible." [p. 267]

Stouder, D. B., Schmid, A., Ross, S. S., Ross, L. G. and Stocks, L. [Lifesharing Community Organ & Tissue Donation, San Diego, CA; dstouder@ucsd.edu]. "**Family, friends, and faith: how organ donor families heal**." *Progress in Transplantation* 19, no. 4 (Dec 2009): 358-361.

[From the abstract:] CONTEXT: Understanding how organ donors' families recover from their grief can help organ procurement organizations improve consent rates and increase the number of deceased donor organs available for transplant. OBJECTIVE: To determine what helps the loved ones of deceased organ donors heal from their grief and loss, and to better understand families' needs during the consent process as a way of improving overall consent rates for organ donation. DESIGN, SETTING, AND PARTICIPANTS: Written survey of all organ and tissue donors' families in the San Diego and Imperial County (California) service area during 2006 and 2007. MAIN OUTCOME MEASURES: Responses to the 20-question survey addressing factors that help healing from grief, as well as contextual information about the families' experience at the hospital and the consent process. RESULTS: Most respondents (84%) indicated that family support was the most helpful thing in dealing with their grief, followed by the support of friends (74%) and religious and cultural beliefs (37%).

Strong, A. L. and Gilmour, J. A. [Cardiology Department, Hutt Valley District Health Board, New Zealand; alison.strong@huttvalleydhb.org.nz]. "**Representations of heart failure in Internet patient information**." *Journal of Advanced Nursing* 65, no. 3 (Mar 2009): 596-605.

Among the findings of this analysis of information from eight websites over 5 days in July 2006 was that [from the abstract:] …Absences from the Internet information included the visibility and role of nurses along with emotional and spiritual dimensions of heart failure. CONCLUSION: Nurses should take individual needs into consideration and be able to critique websites before suggesting appropriate sites to patients. Nurses and consumers can enhance the quality of websites by becoming involved in their development to ensure that all factors that affect health are included, such as the emotional and spiritual aspects of living with heart failure and not just topics that are important within a biomedical view of health.

Strong, S. "**Spiritual leaders provide the first step towards seeking therapy**." *Mental Health Today* (Nov 2009): 12-14.

This is a report of a new project in Bradford and Leeds (UK) that offers training to imams, acknowledging the influence of spiritual leaders. The aim is to equip imams both to support people in the community and to recognize when to refer individuals to traditional mental health

services. The training, named Reach Out with Faith, is rooted in cognitive behavioral therapy. The program is reported to be currently well received by participants and is being evaluated by researchers at Sheffield Hallam University. [This article is part of a special feature on the role of faith communities and culturally-specific services in the provision of mental health.]

Sulmasy, D. P. [John J. Conley Department of Ethics, Saint Vincent's Hospital-Manhattan, New York; daniel_sulmasy@nymc.edu]. "**Spirituality, religion, and clinical care**." *Chest* 135, no. 6 (Jun 2009): 1634-1642.
[Abstract:] Interest in the relationship between spirituality, religion, and clinical care has increased in the last 15 years, but clinicians need more concrete guidance about this topic. This article defines spirituality and religion, identifies the fundamental spiritual issues that serious illness raises for patients, and argues that physicians have a moral obligation to address patients' spiritual concerns. Religions often provide patients with specific moral guidance about a variety of medical issues and prescribe rituals that are important to patients. Religious coping can be both positive and negative, and it can impact patient care. This article provides concrete advice about taking a spiritual history, ethical boundaries, whether to pray with patients, and when to refer patients to chaplains or to their own personal clergy. [55 refs.] [See also the article (noted elsewhere in this bibliography) by DeLisser, H. M., "A practical approach to the family that expects a miracle," on pp. 1643-1647 of the same journal issue.]

Sweat, M. T. [Research College of Nursing, Kansas City, MO]. "**How do I recognize spiritual needs? Part 2**." *Journal of Christian Nursing* 26, no. 1 (Jan-Mar 2009): 59-60.
This is part of a series of three brief pieces by the author [begun in vol. 25, no. 4 (Oct-Dec 2008): 227-8; and continuing in vol. 26, no. 2 (Apr-Jun 2009): 120-121], addressing the topic from a Christian perspective.

Tait, G. R. and Hodges, B. D. [Department of Psychiatry and the Wilson Centre for Research in Medical Education, University of Toronto, Toronto General Hospital, Ontario, Canada; glendon.tait@utoronto.ca]. "**End-of-life care education for psychiatric residents: attitudes, preparedness, and conceptualizations of dignity**." *Academic Psychiatry* 33, no. 6 (Nov-Dec 2009): 451-456.
[From the abstract:] OBJECTIVE: The authors examined psychiatric residents' attitudes, perceived preparedness, experiences, and needs in end-of-life care education. They also examined how residents conceptualized good end-of-life care and dignity. METHODS: The authors conducted an electronic survey of 116 psychiatric residents at the University of Toronto. The survey had a mix of qualitative and quantitative questions. RESULTS: Eighty-two of 116 invited psychiatric residents participated for a response rate of 71%. With favorable attitudes, residents felt least prepared in existential, spiritual, cultural, and some psychological aspects of caring for dying patients. Trainees conceptualized dignity at the end of life in a way very similar to that of patients, including concerns of the mind, body, soul, relationships, and autonomy. Residents desired more longitudinal, contextualized training, particularly in the psychosocial, existential, and spiritual aspects of care....

Tanyi, R. A., McKenzie, M. and Chapek, C. [Prevention & Wellness Services, Loma Linda, CA; rtanyi@yahoo.com]. "**How family practice physicians, nurse practitioners, and physician assistants incorporate spiritual care in practice**." *Journal of the American Academy of Nurse Practitioners* 21, no. 12 (Dec 2009): 690-697.
[Abstract:] PURPOSE: To investigate how primary care family practice providers incorporate spirituality into their practices in spite of documented barriers. DATA SOURCES: A phenomenological qualitative design was used. Semi-structured interviews were conducted with three physicians, five nurse practitioners, and two physician assistants. CONCLUSIONS: Five major theme clusters emerged: (1) discerning instances for overt spiritual assessment; (2) displaying a genuine and caring attitude; (3) encouraging the use of existing spiritual practices; (4) documenting spiritual care for continuity of care; (5) managing perceived barriers to spiritual care. IMPLICATIONS FOR PRACTICE: Findings support that patients' spiritual needs can be addressed in spite of documented barriers. Techniques to assist providers in providing spiritual care are discussed and directions for future research are suggested.

Taylor, E. J., Mamier, I., Bahjri, K., Anton, T. and Petersen, F. [School of Nursing, Loma Linda University, Loma Linda, CA; beth.taylor@marypotter.org.nz]. "**Efficacy of a self-study programme to teach spiritual care**." *Journal of Clinical Nursing* 18, no. 8 (Apr 2009): 1131-1140.
[Abstract:] AIM AND OBJECTIVES: This study investigated the efficacy of a self study programme designed to teach nurses about how to talk with patients about spirituality, and to identify factors predicting this learning. Furthermore, the study investigated whether there were differences in learning between students and practicing clinicians, and between those in a religious or non-religious institution. BACKGROUND: Although USA and UK accrediting bodies mandate nurses learn how to assess and support patient spiritual health, there is a paucity of evidence to guide educators regarding how to teach spiritual care to nurses. Indeed, it is unknown if aspects of spiritual care can be taught using formal approaches. DESIGN: A pretest-posttest pre-experimental design was used to study how attitude toward spiritual care, ability to create empathic verbal responses to expressed spiritual pain, personal spiritual experience, and knowledge about communication for spiritual caregiving changed from before to after programme completion. METHODS: Study participants, 201 nursing students and RNs, independently completed the mailed self-study programme (i.e. workbook with supplemental DVD) and self-report study instruments (i.e. Daily Spiritual Experience Scale, Spiritual Care Perspective Scale-Revised, Response Empathy Scale, Communicating for Spiritual Care Test, and Information about You form). RESULTS: Significant differences were seen between the before and after scores measuring attitude, ability, spiritual experience, and knowledge. An interaction effect of time between students and registered nurses for both spiritual care attitude and personal spiritual experience was observed. CONCLUSIONS: Findings suggest learning occurred for both students and RNs, regardless of whether they were at a religious institution or not. Relevance to clinical practice. These data indicate that this self-study programme was an effective approach to teach nurses about how to converse with patients about spirituality.

Thompson, E., Berry, D. and Nasir, L. [University of North Carolina at Chapel Hill]. "**Weight management in African-Americans using church-based community interventions to prevent type 2 diabetes and cardiovascular disease**." *Journal of National Black Nurses Association* 20, no. 1 (Jul 2009): 59-65.
[Abstract:] The purpose of this literature review was to examine the utilization of church-based interventions designed for African-Americans in the community for the management of overweight and obesity and prevention of type 2 diabetes and cardiovascular disease. PubMed, CINAHL, and Google scholar were searched using the following key search terms: type 2 diabetes, cardiovascular disease, prevention,

management, African-Americans, Blacks, weight loss, weight management, church-based interventions, community interventions, faith-based interventions, and prayer. Sixteen primary studies were located and six met inclusion criteria. The studies were separated into two categories: faith-placed interventions or collaborative interventions. The overall results demonstrated significant weight loss ranging from 2.3 (SD = 4.1) pounds to 10.1 (SD = 10.3) pounds post-intervention. Further research is needed to understand interventions that are church-based and culturally sensitive for African-Americans. Weight management is important in order to decrease the morbidity and mortality related to type 2 diabetes and cardiovascular disease in the African-American population. [31 refs.] [See also: Gullatte, M. M., et al., "Religious beliefs and delay in breast cancer diagnosis for self-detected breast changes in African-American women," on pp. 25-35 of the same issue of the journal -- also cited in this bibliography.]

Thompson, E. H. Jr., Killgore, L. and Connors, H. [Department of Sociology & Anthropology, College of the Holy Cross, Worcester, MA; ethompson@holycross.edu]. "'**Heart trouble' and religious involvement among older white men and women**." *Journal of Religion & Health* 48, no. 3 (Sep 2009): 317-331.

[Abstract:] Objective: Few studies examine how older adults' health status affects spiritual and religious involvement. This study examined the effects of gender and poor cardiac health on older adults' ends, means, and quest religious motivations and frequency of private devotion. Method Longitudinal data (12 months between the T1 and T2 interviews) with 182 older adults sampled from a Northeast city were used to examine in a multivariate analysis of covariance whether gender and the existence of cardiac health problems at T1 affected older adults' spiritual and religious involvement at T2. Findings: A gender and cardiac health condition interaction showed older men with heart trouble had more changes in religious involvement-they engaged in more religious doubt, prayed less, and were not as intrinsically oriented at T2. Discussion: The findings strongly suggest that older men with heart trouble may maintain a masculine style and shun seeking divine help.

Thompson, G. N., Chochinov, H. M., Wilson, K. G., McPherson, C. J., Chary, S., O'Shea, F. M., Kuhl, D. R., Fainsinger, R. L., Gagnon, P. R. and Macmillan, K. A. [Department of Psychiatry, University of Manitoba and Manitoba Palliative Care Research Unit, Winnipeg, Canada]. "**Prognostic acceptance and the well-being of patients receiving palliative care for cancer**." *Journal of Clinical Oncology* 27, no. 34 (Dec 1, 2009): 5757-5762.

Among the findings of this study of patients diagnosed with advanced cancer with an estimated survival duration of 6 months or less (n = 381) receiving palliative care services: "'Spiritual beliefs' was identified 165 times by participants (32.4%) as a significant issue affecting acceptance. Many participants described the role of faith, prayer, and belief in an after-life as helping them accept their situation. Spiritual beliefs were described both in secular and religious terms" [p. 5760]; and "The injustice of their illness was a spiritual/existential issue that was mentioned 64 times (18.9%) as a barrier to acceptance" [p. 5761].

Thompson, R. E. [tmaret@sbcglobal.net]. "**Hospital chaplains: what, who, and why?**" *Physician Executive* 35, no. 2 (Mar-Apr 2009): 72-73.

This is a brief overview of chaplaincy training and services from a former vice president of the Illinois Hospital Association.

Thong, M. S., Mols, F., Coebergh, J. W., Roukema, J. A. and van de Poll-Franse, L. V. [Comprehensive Cancer Center South (CCCS), Eindhoven, The Netherlands; M.Thong@ikz.nl]. "**The impact of disease progression on perceived health status and quality of life of long-term cancer survivors**." *Journal of Cancer Survivorship* 3, no. 3 (Sep 2009): 164-173.

Among the findings of this Dutch study of 232 cancer survivors, 5-15 years after diagnosis: patients experiencing disease progression showed lower scores than disease-free patients on all dimensions of the SF-36 and QOL-CS measures, except for the dimension of spirituality.

Thorstenson, T. [Park Nicollet-Methodist Hospital, St. Louis Park, MN]. "**Open to interpretation**." *Hastings Center Report* 39, no. 4 (Jul-Aug-2009): 4.

This is a comment on de Vries, R., et al., "Lost in translation: the chaplain's role in health care" *Hastings Center Report* 38, no. 6 (Nov-Dec 2008): 23-27, which was one of five essays in the journal pubished under the collective heading of, "Can We Measure Good Chaplaincy? A New Professional Identity Is Tied to Quality Improvement." Raymond de Vries replies to Thorstenson on pp. 4-5.

Tippens, K., Marsman, K. and Zwickey, H. [Helfgott Research Institute, National College of Natural Medicine, Portland, OR; ktippens@ncnm.edu]. "**Is prayer CAM?**" *Journal of Alternative & Complementary Medicine* 15, no. 4 (Apr 2009): 435-438.

[Abstract:] BACKGROUND: Alternative medicine researchers and policy makers have classified prayer as a mind-body intervention, and thus, a modality of complementary and alternative medicine (CAM). As such, numerous epidemiological surveys of CAM utilization-which have included prayer-depict increasing CAM use, particularly in specific racial and ethnic groups. OBJECTIVES: This paper discusses the implications of conflating prayer and CAM, especially regarding the definitions of both concepts and the resulting statistics of CAM utilization.

Toni-Uebari, T. K. and Inusa, B. P. [Paediatrics Department, West Middlesex University Hospital, Isleworth, Middlesex, UK; thelma2@ntlworld.com]. "**The role of religious leaders and faith organisations in haemoglobinopathies: a review**." *BMC Blood Disorders* 9 (2009): 6 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[From the abstract:] …METHODS: A literature search was conducted to find studies published between 1990-2008 aimed at examining the influence of religious leaders and faith organisations in health, with particular reference to haemoglobinopathies. RESULTS: Eleven studies were reviewed covering a variety of health interventions. The findings suggest that involvement of religious leaders and faith organisations in health related interventions improved the level of acceptance, participation and positive health outcomes within the faith communities. CONCLUSION: Religious leaders and faith organisations have the potential to influence health education, health promotion and positive health outcomes amongst members of their faith community. They also provide potential access to at-risk populations for increasing awareness about SCD, encouraging health service utilization and ethnic blood donor drives.

Trichter, S., Klimo, J. and Krippner, S. [Argosy University, San Francisco, CA]. "**Changes in spirituality among ayahuasca ceremony novice participants**." *Journal of Psychoactive Drugs* 41, no. 2 (Jun 2009): 121-134.

[Abstract:] Ayahuasca, a hallucinogenic plant brew from the Amazon basin used as part of healing ceremonies by the local indigenous people of the region for centuries, is now being consumed by growing numbers of people throughout the world. Anecdotal evidence and previous research suggest that there are spiritual effects experienced among participants who take part in ayahuasca ceremonies. The current study

examined whether novice participants' spirituality was affected through participation in an ayahuasca ceremony, and if so, how. A mixed-design method was used, comparing those participating in an ayahuasca ceremony to those who did not participate. This investigation used the Peak Experience Profile, the Spiritual Well-being Scale, and the Mysticism Scale as quantitative measures. Participant interviews and written accounts of ceremony experiences were analyzed. Results showed that neither the SWB score nor the M-Scale score increased significantly after participating in an ayahuasca ceremony. However, it was found that the higher the PEP score, the greater the positive change in SWB and M-Scale scores. Qualitative data revealed common spiritual themes in many of the participants' interviews and written accounts. Experiential differences were displayed within the ayahuasca ceremony group, warranting continued investigation into, and identification of, various confounding variables that prompt reported changes in spirituality within some participants while not in others.

Trinitapoli, J., Ellison, C. G. and Boardman, J. D. [Arizona State University, School of Social and Family Dynamics, Tempe, AZ; jenny.trinitapoli@asu.edu]. "**US religious congregations and the sponsorship of health-related programs**." *Social Science & Medicine* 68, no. 12 (Jun 2009): 2231-2239.

[Abstrac:] Despite consistent evidence that religious congregations provide health-related programs for their members and residents of the local community, little is known about the distribution of congregation-based health programs across the United States. Using a nationally representative sample of US congregations (n=1230) we employ bivariate analysis and logistic regression to identify patterns in the sponsorship of health-related programs by religious congregations; we then propose and test various explanations for these observed patterns. Our findings contradict the impressions given by case studies and the program evaluation literature and suggest: a) that congregation-based health programs may not be serving the neediest communities; and b) that congregations are not taking advantage of mechanisms intended to facilitate the provision of health-related services by religious congregations.

Trost, S. G., Tang, R. and Loprinzi, P. D. [Dept of Nutrition and Exercise Sciences, Oregon State University, Corvallis, OR]. "**Feasibility and efficacy of a church-based intervention to promote physical activity in children**." *Journal of Physical Activity & Health* 6, no. 6 (Nov 2009): 741-749.

[Abstract:] BACKGROUND: This study evaluated the feasibility and preliminary efficacy of a church-based intervention to promote physical activity (PA) in children. METHODS: The study was conducted in 4 churches located in 2 large metropolitan areas and 2 regional towns in Kansas. Churches in the intervention condition implemented the "Shining Like Stars" physical activity curriculum module during their regularly scheduled Sunday school classes. Churches in the control condition delivered the same content without integrating physical activity into the lessons. In addition to the curriculum, the intervention churches completed a series of weekly family devotional activities designed to promote parental support for PA and increase PA outside of Sunday school. RESULTS: Children completing the Shining Like Stars curriculum exhibited significantly greater amounts of MVPA than those in the control condition (20 steps/min vs. 7 steps/min). No intervention effects were observed for PA levels outside of Sunday school or parental support for PA; however, relative to controls, children in the intervention churches did exhibit a significant reduction in screen time. CONCLUSION: The findings confirm that the integration of physical activity into Sunday school is feasible and a potentially effective strategy for promoting PA in young children.

Tsevat, J., Leonard, A. C., Szaflarski, M., Sherman, S. N., Cotton, S., Mrus, J. M. and Feinberg, J. [Veterans Healthcare System of Ohio, Cincinnati; joel.tsevat@uc.edu]. "**Change in quality of life after being diagnosed with HIV: a multicenter longitudinal study**." *AIDS Patient Care & STDs* 23, no. 11 (Nov 2009): 931-937.

This study analyzed interviews and chart reviews for 347 outpatients with HIV from three cities in 2002-2004. Two interviews, 12-18 months apart, addressed how patients compared their present life to their life before HIV diagnosis. Among the findings: patients who's appraisal of their life improved between interviews was positively associated with religious coping scores at the time of the first interview, whereas appraisal that their life was worse was associated with lower spirituality scores and lower positive religious coping scores. "Our findings corroborate cross-sectional research and suggest that spirituality/religion persists as an important factor in how patients perceive their quality of life with HIV" [p. 935].

Tsubono, K., Thomlinson, P. and Shealy, C. N. [Holos University, Fair Grove, MO]. "**The effects of distant healing performed by a spiritual healer on chronic pain: a randomized controlled trial**." *Alternative Therapies in Health & Medicine* 15, no. 3 (May-Jun 2009): 30-34.

[Abstract:] CONTEXT: Many individuals suffer from various kinds of chronic pain. Some controlled studies on distant healing for chronic pain exist, but no definitive conclusion has been established. OBJECTIVE: To study the effects of distant healing performed by a professional Japanese healer on chronic pain. DESIGN: A double-blind randomized controlled study. SETTING: Holos University, Fair Grove, Missouri. SUBJECTS: People suffering from chronic pain (not caused by clear organic diseases or that persists long after a reasonable period of healing following injuries or surgery) were recruited through local radio and newspaper advertising. Subjects were randomly assigned to a treatment group or control group using a double-blind procedure. INTERVENTIONS: All subjects met the healer at the initial session at Holos University. At the session, a 20-minute group meditation was performed. The healer went back to Japan after the session and started distant healing only to the treatment group for a 2-month period. All participants were asked to meditate for 20 minutes every day during this 2-month period. OUTCOME MEASURES: The visual analog scale and McGill Pain Questionnaire. RESULTS: A total of 17 subjects were recruited, and 16 subjects completed the study. Comparison of pretreatment and posttreatment visual analog scale indicated a slightly significant effect of distant healing (P=.056). The Present Pain Intensity Scale showed significant improvement in the treatment group compared to the control group (P=.0016). The Pain Rating Index showed improvement in the treatment group, but the difference between both groups was not statistically significant (P=.12).

Vachon, M., Fillion, L. and Achille, M. [Department of Psychology, University of Montreal, Quebec, Canada; melanie.vachon@umontreal.ca]. "**A conceptual analysis of spirituality at the end of life**." *Journal of Palliative Medicine* 12, no. 1 (Jan 2009): 53-59.

[Abstract:] The definition of spirituality is the subject of endless debates in the empirical literature. This content analysis sought to: (1) exhaustively review the empirical literature on end-of-life spirituality to extract definitional elements of this concept and (2) elaborate on these definitional elements to create an integrative and inclusive definition of end-of-life spirituality based on the items retrieved. A search of the literature on spirituality published in the last 10 years was conducted via the PsychINFO and MEDLINE databases. Seventy-one articles were selected based on specific inclusion criteria. A qualitative thematic analysis yielded 11 dimensions for the concept of end-of-life spirituality,

namely: (1) meaning and purpose in life, (2) self-transcendence, (3) transcendence with a higher being, (4) feelings of communion and mutuality, (5) beliefs and faith, (6) hope, (7) attitude toward death, (8) appreciation of life, (9) reflection upon fundamental values, (10) the developmental nature of spirituality, and (11) its conscious aspect. The definition derived from this concept analysis, after being tested empirically, may be useful in informing the development of new measures of spirituality and new protocols to assess spirituality in clinical settings. [71 refs.]

van Leeuwen, R., Tiesinga, L. J., Middel, B., Post, D. and Jochemsen, H. [Department of Nursing, Ede Christian University, Ede, The Netherlands; rrvleeuwen@che.nl]. "**The validity and reliability of an instrument to assess nursing competencies in spiritual care**." *Journal of Clinical Nursing* 18, no. 20 (Oct 2009): 2857-2869.

[Abstract:] AIM: This study contributes to the development of a valid and reliable instrument, the spiritual care competence scale, as an instrument to assess nurses' competencies in providing spiritual care. BACKGROUND: Measuring these competencies and their development is important and the construction of a reliable and valid instrument is recommended in the literature. DESIGN: Survey. METHOD: The participants were students from Bachelor-level nursing schools in the Netherlands (n = 197) participating in a cross-sectional study. The items in the instrument were hypothesized from a competency profile regarding spiritual care. Construct validity was evaluated by factor analysis and internal consistency was estimated with Cronbach's alpha and the average inter-item correlation. In addition, the test-retest reliability of the instrument was determined at a two-week interval between baseline and follow-up (n = 109). RESULTS: The spiritual care competence scale comprises six spiritual-care-related nursing competencies. These domains were labeled: 1 assessment and implementation of spiritual care (Cronbach's alpha 0.82) 2 professionalization and improving the quality of spiritual care (Cronbach's alpha 0.82) 3 personal support and patient counseling (Cronbach's alpha 0.81) 4 referral to professionals (Cronbach's alpha 0.79) 5 attitude towards the patient's spirituality (Cronbach's alpha 0.56) 6 communication (Cronbach's alpha 0.71). These subscales showed good homogeneity with average inter-item correlations >0.25 and a good test-retest reliability. CONCLUSION: This study conducted in a nursing-student population demonstrated valid and reliable scales for measuring spiritual care competencies. The psychometric quality of the instrument proved satisfactory. This study does have some methodological limitations that should be taken into account in any further development of the spiritual care competence scale. RELEVANCE TO CLINICAL PRACTICE: The spiritual care competence scale can be used to assess the areas in which nurses need to receive training in spiritual care and can be used to assess whether nurses have developed competencies in providing spiritual care.

VanderCreek, L. and Mottram, K. "**The religious life during suicide bereavement: a description**." *Death Studies* 33, no. 8 (Sep 2009): 741-761.

[Abstract:] This exploratory study gathered narratives from 10 female suicide survivors, exploring 3 dimensions of their religious life during bereavement: (a) the function of the survivor's personal religion; (b) the function of religious support from family and friends; and (c) the function of established religious communities. Ten themes emerged from the narratives: afterlife destiny of the loved one, a more spiritual perspective, the impact on religious beliefs, support from family and friends, survivors' contribution to emotionally distant relationships, long-term and in-depth spiritual support, religious support from congregants, the ministry of clergy, the funeral service, and the return to public worship services. The participants believed that religion played an important role in their bereavement process. The results suggest future research questions, including: (a) what is the perceived role of God in the suicide and the bereavement; (b) what is the relationship between the survivor's participation in a religious community and the care received from that community; and (c) what postvention do survivors wish from clergy? [See also the article by Meert, K. L., et al., "Examining the needs of bereaved parents in the pediatric intensive care unit: a qualitative study," on pp. 712-740 of the same issue of the journal --also cited in this bibliography.]

Vannemreddy, P., Bryan, K. and Nanda, A. [Department of Neurosurgery, LSU Health Sciences Center, Shreveport, LA; pvanne@lsuhsc.edu]. "**Influence of prayer and prayer habits on outcome in patients with severe head injury**." *American Journal of Hospice & Palliative Medicine* 26, no. 4 (Aug-Sep 2009): 264-269.

[Abstract:] OBJECTIVES: The objective of the study is to evaluate the effect of prayers on the recovery of the unconscious patients admitted after traumatic brain injury. MATERIAL AND RESULTS: A retrospective study of patients with severe head injury was conducted. The Glasgow Coma Scale and Glasgow Outcome Scale scores were examined along with age, gender, smoking, and alcohol intake. There were 13 patients who received prayer and 13 who did not receive prayer during the hospital stay with almost identical mean Glasgow Coma Scale score. The prayer group stayed in the hospital for more days (P = .03). On multivariate analysis, patients' age (P = .01), admission Glasgow Coma Scale score (P = .009), and prayer habits (P = .007) were significant factors. CONCLUSION: Patients with prayers habits recovered better following severe head injury. The role of intercessory prayer needs further studies in larger groups.

Vazquez, R., Gheorghe, C., Grigoriyan, A., Palvinskaya, T., Amoateng-Adjepong, Y. and Manthous, C. A. [Bridgeport Hospital and Yale University School of Medicine, Bridgeport, CT]. "**Enhanced end-of-life care associated with deploying a rapid response team: a pilot study**." *Journal of Hospital Medicine* 4, no. 7 (Sep 2009): 449-452.

Among the findings of this retrospective cohort study were that patients received significantly more chaplain visits after the intervention of a Rapid Response Team (RRT) than before (72% vs. 60%), and more RRT patients had chaplain visits near times of death (80% vs. 68%). The authors conclude that deployment of a RRT generally improved psychosocial care along with pain management.

Vess, M., Arndt, J., Cox, C. R., Routledge, C. and Goldenberg, J. L. [Department of Psychological Sciences, University of Missouri, Columbia, MO; mkv333@mizzou.edu]. "**Exploring the existential function of religion: the effect of religious fundamentalism and mortality salience on faith-based medical refusals**." *Journal of Personality & Social Psychology* 97, no. 2 (Aug 2009): 334-350.

[Abstract:] Decisions to rely on religious faith over medical treatment for health conditions represent an important but understudied phenomenon. In an effort to understand some of the psychological underpinnings of such decisions, the present research builds from terror management theory to examine whether reminders of death motivate individuals strongly invested in a religious worldview (i.e., fundamentalists) to rely on religious beliefs when making medical decisions. The results showed that heightened concerns about mortality led those high in religious fundamentalism to express greater endorsement of prayer as a medical substitute (Study 1) and to perceive prayer as a more effective medical treatment (Study 2). Similarly, high fundamentalists were more supportive of religiously motivated medical refusals (Study 3) and reported an increased willingness to rely on faith alone for medical treatment (Study 4) following reminders of death. Finally, affirmations of the legitimacy of divine intervention in health contexts functioned to solidify a sense of existential meaning among

fundamentalists who were reminded of personal mortality (Study 5). The existential importance of religious faith and the health-relevant implications of these findings are discussed.

Vitale, A. [Florida Atlantic University, Boca Raton, FL; avitale5@fau.edu]. "**Nurses' lived experience of Reiki for self-care**." *Holistic Nursing Practice* 23, no. 3 (May-Jun 2009): 129-141, 142-5; quiz on pp. 146-147.

[Abstract:] The purpose of this phenomenological study was to explore the lived experience of nurses who practice Reiki for self-care. In-person interviews were conducted with 11 nurses who met specific study criteria, using open-ended questions to examine the experience of nurses who are Reiki practitioners, to understand their perceptions of Reiki use in self-treatment, and to appreciate its meaning for them. The Colaizzi method was utilized in data analysis and independent decision trail audits were completed to promote study rigor and trustworthiness of results. Thematic categories and major and minor thematic clusters emerged around the topics of daily stress management, self-healing, spirituality, and interconnectedness of self, others, and beyond. Implications of the study findings for nursing practice and nursing education are discussed. Potential applications of study findings to Jean Watson's transpersonal caring theory located within a caring science framework are explored and recommendations for future research are offered.

Vollman, M. W., LaMontagne, L. L. and Wallston, K. A. [Vanderbilt University School of Nursing, Nashville, TN; michael.vollman@vanderbilt.edu]. "**Existential well-being predicts perceived control in adults with heart failure**." *Nursing Research* 22, no. 3 (Aug 2009): 198-203.

[Abstract:] This study examined the relationship between spiritual well-being (SWB) and perceived control (PC) in adult patients with heart failure (HF). The sample included 75 adults ranging in age from 27 to 82 years. Participants verbally completed study questionnaires in a clinic room selected for privacy. Multiple linear regression results indicated that increased existential spiritual well-being (a subscale of SWB) predicted increased PC. Thus, patients with HF who adjust to personal changes and who also connect with others may develop meaning and purpose in life and may perceive increased control over their heart disease.

Wachholtz, A. B. and Pearce, M. J. [Dept. of Psychiatry, UMass Memorial Medical Center, Worcester, MA; Amy.Wachholtz@umassmemorial.org]. "**Does spirituality as a coping mechanism help or hinder coping with chronic pain?**" *Current Pain & Headache Reports* 13, no. 2 (Apr 2009): 127-132.

[Abstract:] Chronic pain is a complex experience stemming from the interrelationship among biological, psychological, social, and spiritual factors. Many chronic pain patients use religious/spiritual forms of coping, such as prayer and spiritual support, to cope with their pain. This article explores empirical research that illustrates how religion/spirituality may impact the experience of pain and may help or hinder the coping process. This article also provides practical suggestions for health care professionals to aid in the exploration of spiritual issues that may contribute to the pain experience. [52 refs.]

Wagle, A. M., Champion, V. L., Russell, K. M. and Rawl, S. M. [Department of Veterans Affairs, Illiana Health Care System, Danville, IL; ann.wagle@va.gov]. "**Development of Wagle Health-Specific Religiousness scale**." *Cancer Nursing* 32, no. 5 (Sep-Oct 2009): 418-425. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] African American women have a lower rate of regular mammography screening, resulting in higher incidence of advanced-stage breast cancer at diagnosis and a lower 5-year survival rate as compared with white women. Researchers have demonstrated that several health beliefs relate to mammography screening in African American women, but little attention has been paid to the importance of religiousness. Although some authors have attempted to determine a link between religiousness and health, we lack a valid and reliable instrument to measure religiousness that can be found in the context of health behaviors. The purpose of this article is to describe the development and psychometric testing of the Wagle Health-Specific Religiousness (WHSR) scale, an instrument used to measure religious beliefs and the influence of those beliefs on mammography screening for African American women. A sample of 344 low-income African American women who were nonadherent to mammography at accrual participating in a randomized trial completed the WHSR. Data from this trial were used to determine the validity and reliability of the WHSR. The 19-item WHSR scale had a Cronbach alpha of. 94. Construct validity was supported via factor analysis and analysis of theoretical relationships. Although further testing is warranted, this analysis indicates that the concept of religiousness is an important component of mammography behavior in African American women.

Waldrop, D. P. and Kirkendall, A. M. [School of Social Work, University at Buffalo, Buffalo, NY; dwaldrop@buffalo.edu]. "**Comfort measures: a qualitative study of nursing home-based end-of-life care**." *Journal of Palliative Medicine* 12, no. 8 (Aug 2009): 719-724. Comment on pp. 671-672.

This qualitative study explored how nursing home staff recognize when a resident is dying and what comfort measures are then put in place. "Interviews were conducted with 42 nursing home employees including nurses, nursing assistants, social workers, chaplains, housekeepers, and administrators" [p. 721]. The role of the chaplain is explained [--see p. 723]. [From the abstract:] RESULTS: Nursing home staff members identified physical, behavioral, and social indicators of an approaching death. Comfort care is the interrelationship between: (1) symptom management (e.g., pain, dyspnea, anorexia, and dry mouth), (2) family care (e.g. emotional support, death education), (3) interpersonal relationships (e.g., with residents, family) and, (4) complementarity between interdisciplinary roles. Comfort care is holistic and person-centered focusing on the interrelationship between physical, psychosocial, and spiritual issues.

Weathers, B., Kessler, L., Collier, A., Stopfer, J. E., Domchek, S. and Halbert, C. H. [Department of Psychiatry, University of Pennsylvania, Philadelphia, PA]. "**Utilization of religious coping strategies among African American women at increased risk for hereditary breast and ovarian cancer**." *Family & Community Health* 32, no. 3 (Jul-Sep 2009): 218-227.

[Abstract:] This observational study evaluated utilization of religious coping strategies among 95 African American women who were at increased risk for having a BRCA1/BRCA2 (BRCA1/2) mutation. Overall, women reported high levels of collaborative coping; however, women with fewer than 2 affected relatives (beta = -1.97, P = 0.04) and those who had a lower perceived risk of having a BRCA1/2 mutation (beta = -2.72, P = 0.01) reported significantly greater collaborative coping. These results suggest that African American women may be likely to use collaborative strategies to cope with cancer-related stressors. It may be important to discuss utilization of religious coping efforts during genetic counseling with African American women.

Whelan-Gales, M. A., Quinn Griffin, M. T., Maloni, J. and Fitzpatrick, J. J. [Mount Sinai Heart Hospital, New York]. "**Spiritual well-being, spiritual practices, and depressive symptoms among elderly patients hospitalized with acute heart failure**." *Geriatric Nursing* 30, no. 5 (Sep-Oct 2009): 312-317.

[Abstract:] Spirituality, including both spiritual well-being and spiritual practices, is important to assess in older persons hospitalized with acute heart failure. Depressive symptoms in this population are commonly exhibited but infrequently assessed. The purpose of this exploratory study was to describe spiritual well-being and spiritual practices in hospitalized older heart failure patients and relate spiritual well-being to depression. The sample included 24 hospitalized older adults diagnosed with Class III or IV heart failure. The spiritual practices used most by the older persons were identified. There was a significant negative correlation between spiritual well-being and depression: those who had more depressive symptoms had a lower level of spiritual well-being. Implications for future research and clinical practice are addressed.

White, M. T. [Department of Community Health, Boonshoft School of Medicine, Wright State University, Dayton, OH; mary.t.white@wright.edu]. "**Making sense of genetic uncertainty: the role of religion and spirituality**." *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics* 151C, no. 1 (Feb 15, 2009): 68-76.

[Abstract:] This article argues that to the extent that religious and spiritual beliefs can help people cope with genetic uncertainty, a limited spiritual assessment may be appropriate in genetic counseling. The article opens by establishing why genetic information is inherently uncertain and why this uncertainty can be medically, morally, and spiritually problematic. This is followed by a review of the range of factors that can contribute to risk assessments, including a few heuristics commonly used in responses to uncertainty. The next two sections summarize recent research on the diverse roles of religious and spiritual beliefs in genetic decisions and challenges to conducting spiritual assessments in genetic counseling. Based on these findings, religious and spiritual beliefs are posited as serving essentially as a heuristic that some people will utilize in responding to their genetic risks. In the interests of helping such clients make informed decisions, a limited spiritual assessment is recommended and described. Some of the challenges and risks associated with this limited assessment are discussed. Since some religious and spiritual beliefs can conflict with the values of medicine, some decisions will remain problematic. [This is part of a special issue of the journal addressing religious and spiritual concerns. See also the articles by Anderson, R. R.; by Bartlett, V. L., et al.; by Churchill, L. R.; by Fanning, J. B., et al.; by Geller, G., et al.; by Harris, T. M., et al.; and by Kinney, A. Y., et al.; noted elsewhere in this bibliography.]

Wiechman Askay, S. and Magyar-Russell, G. [Department of Rehabilitation Medicine, University of Washington, School of Medicine, Seattle, WA; wiechman@u.washington.edu]. "**Post-traumatic growth and spirituality in burn recovery**." *International Review of Psychiatry* 21, no. 6 (Dec 2009): 570-579.

[Abstract:] For decades, research on long-term adjustment to burn injuries has adopted a deficit model of focusing solely on negative emotions. The presence of positive emotion and the experience of growth in the aftermath of a trauma have been virtually ignored in this field. Researchers and clinicians of other health and trauma populations have frequently observed that, following a trauma, there were positive emotions and growth. This growth occurs in areas such as a greater appreciation of life and changed priorities; warmer, more intimate relations with others; a greater sense of personal strength, recognition of new possibilities, and spiritual development. In addition, surveys of trauma survivors report that spiritual or religious beliefs played an important part in their recovery and they wished more healthcare providers were comfortable talking about these issues. Further evidence suggests that trauma survivors who rely on spiritual or religious beliefs for coping may show a greater ability for post-traumatic growth (PTG). This article reviews the literature on these two constructs as it relates to burn survivors. We also provide recommendations for clinicians on how to create an environment that fosters PTG and encourages patients to explore their spiritual and religious beliefs in the context of the trauma. [75 refs.]

Wildes, K. A., Miller, A. R., de Majors, S. S. and Ramirez, A. G. [Department of Epidemiology & Biostatistics, Institute for Health Promotion Research, The University of Texas Health Science Center at San Antonio]. "**The religiosity/spirituality of Latina breast cancer survivors and influence on health-related quality of life**." *Psycho-Oncology* 18, no. 8 (Aug 2009): 831-840.

[Abstract:] OBJECTIVE: The study evaluated the association of religiosity/spirituality (R/S) and health-related quality of life (HRQOL) among Latina breast cancer survivors (BCS) in order to determine whether R/S would be positively correlated with HRQOL and whether R/S would significantly influence HRQOL. METHODS: The cross-sectional study utilized self-report data from 117 Latina BCS survivors. R/S was measured with the Systems of Belief Inventory-15 Revised (SBI-15R) and HRQOL was measured with the Functional Assessment of Cancer Therapy-General (FACT-G). Analyses included calculation of descriptive statistics, t-tests, bivariate correlations, and multivariate analyses. RESULTS: Latina BCS had very high levels of R/S and generally good HRQOL. The SBI-15R total score was positively correlated with FACT-G social well-being (SWB) (r=0.266, p=0.005), relationship with doctor (RWD) (r=0.219, p=0.020), and functional well-being (FWB) (r=0.216, p=0.022). Multivariate analyses revealed that SBI-15R was a significant predictor of FACT-G FWB (p=0.041) and satisfaction with the relationship with the doctor (p=0.050), where higher levels of R/S predicted higher levels of well-being. CONCLUSIONS: Latina BCS had very high levels of R/S, which were significantly, positively correlated with dimensions of HRQOL (SWB, FWB, RWD). Furthermore, these high levels of R/S predicted better FWB and satisfaction with the patient-doctor relationship while controlling for potentially confounding variables. Implications are discussed.

Williamson, W. and Kautz, D. D. [North Carolina A&T University, Greensboro]. "'**Let's get moving: let's get praising:' promoting health and hope in an African American church**." *ABNF Journal* 20, no. 4 (2009): 102-105.

[From the abstract:] …This article describes challenges, strategies employed, and successes in implementing a combination "faith-based" and "faith-placed" health promotion program called the BLESS Project in a small rural church in North Carolina. The project was implemented by a congregational nurse who teaches nursing at a nearby HBCU and students with a grant from a local agency and partnerships with local health-care agencies. Despite numerous challenges in implementing the project, it was successful in increasing awareness of stroke and heart disease and the need for improving diet and increasing physical activity.…

Winter, L., Dennis, M. P. and Parker, B. [Center for Applied Research on Aging and Health, Thomas Jefferson University, Philadelphia, PA; Laraine.Winter@Jefferson.edu]. "**Preferences for life-prolonging medical treatments and deference to the will of God**." *Journal of Religion & Health* 48, no. 4 (Dec 2009): 418-430.

[Abstract:] We defined and measured a dimension of religiosity frequently invoked in end-of-life (EOL) research-deference to God's Will (GW)-and examined its relationship to preferences for life-prolonging treatments. In a 35-min telephone interview, 304 older men and women (60+) were administered the 5-item GW scale, sociodemographic questions, three attitude items regarding length of life, and measures of two

health indices, depression, and life-prolonging treatment preferences. The GW scale demonstrated internal consistency (Cronbach's alpha = .94) and predictive and discriminant validity. Higher scores indicative of greater deference to GW were associated with stronger life-prolonging treatment preferences in poor-prognosis scenarios. Implications for the role of religiosity in medical decision-making are discussed.

Wittink, M. N.. Joo. J. H., Lewis, L. M. and Barg, F. K. [Department of Family Medicine and Community Health, University of Pennsylvania, Philadelphia, PA; wittinkm@uphs.upenn.edu]. "**Losing faith and using faith: older African Americans discuss spirituality, religious activities, and depression**." *Journal of General Internal Medicine* 24, no. 3 (Mar 2009): 402-407.

[Abstract:] BACKGROUND AND OBJECTIVES: Older African Americans are often under diagnosed and under treated for depression. Given that older African Americans are more likely than whites to identify spirituality as important in depression care, we sought to understand how spirituality may play a role in the way they conceptualize and deal with depression in order to inform possible interventions aimed at improving the acceptability and effectiveness of depression treatment. DESIGN: Cross-sectional qualitative interview study of older African American primary care patients. PARTICIPANTS AND SETTING: Forty-seven older African American patients recruited from primary care practices in the Baltimore, MD area, interviewed in their homes. MEASUREMENTS: Semi-structured interviews lasting approximately 60 minutes. Interviews were transcribed and themes related to spirituality in the context of discussing depression were identified using a grounded-theory approach. MAIN RESULTS: Participants in this study held a faith-based explanatory model of depression with a particular emphasis on the cause of depression and what to do about it. Specifically, participants described depression as being due to a "loss of faith" and faith and spiritual/religious activities were thought to be empowering in the way they can work together with medical treatments to provide the strength for healing to occur. CONCLUSIONS: The older African Americans in this study described an intrinsically spiritual explanatory model of depression. Addressing spirituality in the clinical encounter may lead to improved detection of depression and treatments that are more congruent with patient's beliefs and values.

Wong, A. P., Clark, A. L., Garnett, E. A., Acree, M., Cohen, S. A., Ferry, G. D. and Heyman, M. B. [Department of Pediatrics and Medicine, University of California, San Francisco]. "**Use of complementary medicine in pediatric patients with inflammatory bowel disease: results from a multicenter survey**." *Journal of Pediatric Gastroenterology & Nutrition* 48, no. 1 (Jan 2009): 55-60.

This study analyzed 236 surveys from patients with inflammatory bowel disease (IBD) patients and 126 surveys patients with chronic constipation. Among the findings: the most commonly used CAM therapies in the IBD group were spiritual interventions (e.g., prayer or unspecified religious help). There was also some indication that patients "choose spiritual interventions over other types of CAM because of concerns about medication side effects or drug interactions" [p. 59]. The authors note that some studies have excluded the use of prayer as a CAM therapy, but they assert that patients' "perceived degree of benefit" [p. 58] in the use of prayer justifies its inclusion here.

Woodland, G. J. and Tayler, C. M. [Fraser Health Authority, Spiritual Care Dept., Surrey, BC, Canada; dgwoodland@shaw.ca]. "**Implications for the delivery of spiritual care in Canadian healthcare: a perspective from a Canadian health authority**." *Journal of Pastoral Care & Counseling* 63, nos. 1-2 (Spring-Summer 2009): 10-1-10 [online journal]. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Recognizing multiple challenges in the delivery of spiritual care, Fraser Health conducted a review of their spiritual care services in comparison to the spiritual care delivered in other Canadian health regions/authorities (2005-2006). Based on data received from the other health service areas, Fraser Health staff, and community focus groups, along with a review of literature and best practices, a reconstruction of spiritual care delivery has been initiated. This article outlines the results of a Canadian survey of health care chaplains, stakeholder consultations, and the implications for spiritual care delivery in Canada. The newly developed Fraser Health Tenets and Model for Spiritual Care, along with the recommendations of the project for the reconstruction and enhancement of spiritual care delivery in Fraser Health are discussed.

Worthington, E. L. Jr. and Aten, J. D. [Department of Psychology, Virginia Commonwealth University, Richmond, VA; eworth@vcu.edu]. "**Psychotherapy with religious and spiritual clients: an introduction**." *Journal of Clinical Psychology* 65, no. 2 (Feb 2009): 123-130.

[Abstract:] This invited issue of the Journal of Clinical Psychology: In Session is devoted to psychotherapy with religious and spiritual clients. After offering definitions of religion and spirituality, noting areas of potential convergence and differentiating nuances, the authors highlight the prevalence and types of spirituality among both clients and mental health professionals. They describe the historical and current context for examining approaches to psychotherapy with clients who endorse religion, experience spirituality within their religion, or define themselves as spiritual even if not religious. They then summarize the subsequent articles in this issue, which offer practical guidance for practitioners. [This article is part of a theme issue of the journal. See other articles: by Aten, J. D., et al.; by Delaney, H. D., et al.; by Post, B. C., et al; by Richards, P. S., et al.; and by Shafranske, E. P. -- noted elsewhere in this bibliography.]

Yanez, B., Edmondson, D., Stanton, A. L., Park, C. L., Kwan, L., Ganz, P. A. and Blank, T. O. [Department of Psychology, University of California, Los Angeles]. "**Facets of spirituality as predictors of adjustment to cancer: relative contributions of having faith and finding meaning**." *Journal of Consulting & Clinical Psychology* 77, no. 4 (Aug 2009): 730-741.

[Abstract:] Spirituality is a multidimensional construct, and little is known about how its distinct dimensions jointly affect well-being. In longitudinal studies (Study 1, n = 418 breast cancer patients; Study 2, n = 165 cancer survivors), the authors examined 2 components of spiritual well-being (i.e., meaning/peace and faith) and their interaction, as well as change scores on those variables, as predictors of psychological adjustment. In Study 1, higher baseline meaning/peace, as well as an increase in meaning/peace over 6 months, predicted a decline in depressive symptoms and an increase in vitality across 12 months in breast cancer patients. Baseline faith predicted an increase in perceived cancer-related growth. Study 2 revealed that an increase in meaning/peace was related to improved mental health and lower cancer-related distress. An increase in faith was related to increased cancer-related growth. Both studies revealed significant interactions between meaning/peace and faith in predicting adjustment. Findings suggest that the ability to find meaning and peace in life is the more influential contributor to favorable adjustment during cancer survivorship, although faith appears to be uniquely related to perceived cancer-related growth.

Yardley, S. J., Walshe, C. E. and Parr, A. [North Western Deanery, Manchester, UK; syardley@doctors.org.uk]. "**Improving training in spiritual care: a qualitative study exploring patient perceptions of professional educational requirements**." *Palliative Medicine* 23, no. 7 (Oct 2009): 601-607. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Healthcare professionals express difficulties in delivering spiritual care, despite it being a core component of palliative care national policies. The patient perspective on professional training to address difficulties has not previously been sought. The aim of this study is to describe patient suggestions for development of training to deliver spiritual care. Qualitative semi-structured in-depth 'palliative patient' interviews (n = 20) were analysed thematically. Training suggestions encompassed practical care delivery. Patients supported staff who introduced questions about spiritual needs, and they expected opportunities to engage in spiritual care discussions. The 'right' attitude for spiritual care delivery was defined as being non-judgemental, providing integrated care and showing interest in individuals. Training issues included patient perspectives of boundaries between personal and professional roles. This study provides 'palliative patient' perspectives to strengthen recommended models of spiritual care delivery. It shows that user opinions on training can be helpful not only in deciding objectives but also how to achieve them.

Yeh, P. M. and Bull, M. [Department of Nursing, Missouri Western State University, St. Joseph, MO; pimingyeh@yahoo.com]. "**Influences of spiritual well-being and coping on mental health of family caregivers for elders**." *Research in Gerontological Nursing* 2, no. 3 (Jul 2009): 173-181.

[Abstract:] The purpose of the study was to describe spiritual well-being of family caregivers of elders with congestive heart failure and examine the relationships among family caregivers' spiritual well-being, coping, and mental health. A descriptive, correlational research design was used, and data were collected from a convenience sample of 50 family caregivers. The findings indicated that positive spiritual well-being was inversely related to negative mental health. Examination of the spiritual well-being subscales suggested that faith/belief systems and life satisfaction contributed to the significant correlation. Positive coping strategies were inversely related to negative mental health. Examination of the coping subscales suggested that scores on Problem Solving and Coping, Alternative Perception of Events, and Dealing with Stress Symptoms contributed to the significant correlation with mental health scores. It is vital to identify processes that contribute to family caregivers' mental health to support them in their role.

Yeung, J. W. K., Chan, Y.-C. and Lee, B. L. K. Public Policy Research Institute, The Hong Kong Polytechnic University, Hung Hom, Hong Kong; ssjerf@yahoo.com.hk]. "**Youth religiosity and substance use: a meta-analysis from 1995 to 2007**." *Psychological Reports* 105, no. 1 (Aug 2009): 255-266.

[Abstract:] In this meta-analysis, the magnitude of the protective effects of religiosity on youth involvement in substance use was investigated. Based on 22 studies in peer-reviewed journals published between 1995 and 2007, the average weighted mean correlation was Zr = .16, significant regardless of the definitions of religiosity. The homogeneity test of variance showed consistent protective effects of religiosity on four types of substance use, namely, alcohol, cigarette, marijuana, and other illicit drugs.

Yi, M. S., Britto, M. T., Sherman, S. N., Moyer, M. S., Cotton, S., Kotagal, U. R., Canfield, D., Putnam, F. W., Carlton-Ford, S. and Tsevat, J. [Department of Internal Medicine, University of Cincinnati College of Medicine, OH;. michael.yi@uc.edu]. "**Health values in adolescents with or without inflammatory bowel disease**." *Journal of Pediatrics* 154, no. 4 (Apr 2009): 527-534. Comment on pp, 476-478.

[From the abstract:] OBJECTIVE: To examine for differences in and predictors of health value/utility scores in adolescents with or without inflammatory bowel disease (IBD). STUDY DESIGN: Adolescents with IBD and healthy control subjects were interviewed in an academic health center. …We assessed time tradeoff (TTO) and standard gamble (SG) utility scores for current health. We performed bivariate and multivariable analyses with utility scores used as outcomes. RESULTS: Sixty-seven patients with IBD and 88 healthy control subjects 11 to 19 years of age participated. …In multivariable analyses controlling for IBD status, poorer emotional functioning and spiritual well-being were associated with lower TTO (R(2)=0.17) and lower SG (R(2)=0.22) scores. CONCLUSION: Direct utility assessment in adolescents with or without IBD is feasible and may be used to assess outcomes. Adolescents with IBD value their health state highly, although less so than healthy control subjects. Emotional functioning and spiritual well-being appear to influence utility scores most strongly.

Youngster, I., Berkovitch, M., Kozer, E., Lazarovitch, Z., Berkovitch, S. and Goldman, M. [Assaf Harofeh Medical Center, Zerifin, Israel, affiliated with the Sackler Faculty of Medicine, Tel-Aviv University, Israel; ilanyoungster@yahoo.com]. "**Can religious icons be vectors of infectious diseases in hospital settings?**" *American Journal of Infection Control* 37, no. 10 (Dec 2009): 861-863.

[Abstract:] According to Jewish tradition, Mezuzahs should be affixed on all doorposts leading to communal places. We evaluated the bacterial pathogenic load on the Mezuzah covers in our hospital. Mezuzahs were sampled in all hospital departments, and cultures were carried out. Serving as a control group, door handles belonging to the same departments were tested as well. Most samples harbored potential pathogens. Few cultures were positive in the control group, demonstrating that regular disinfection is carried out, but apparently religious artifacts are overlooked.

Zavala, M. W., Maliski, S. L., Kwan, L., Fink, A. and Litwin, M. S. [Department of Urology, David Geffen School of Medicine, University of California, Los Angeles; mzavala@mednet.ucla.edu]. "**Spirituality and quality of life in low-income men with metastatic prostate cancer**." *Psycho-Oncology* 18, no. 7 (Jul 2009): 753-761.

[Abstract:] OBJECTIVE: To determine how spirituality is associated with health-related quality of life (HRQOL) in an ethnically diverse cohort of low-income men with metastatic prostate cancer. METHODS: Eighty-six participants in a state-funded program that provides free prostate cancer treatment to uninsured, low-income men completed written surveys and telephone interviews containing validated measures of spirituality, and general and disease-specific HRQOL. Assessments were made following diagnosis of metastatic disease. We used multivariate analyses to assess the effect of spirituality and its two subscales, faith and meaning/peace, on HRQOL. RESULTS: African American and Latino men, and men with less than a high-school education had the highest spirituality scores. Spirituality was significantly associated with general and disease-specific HRQOL. We also found a significant interaction between faith and meaning/peace in the physical and pain

domains. CONCLUSION: Greater spirituality was associated with better HRQOL and psychosocial function. Meaning/peace closely tracks with HRQOL. Higher faith scores, in the absence of high meaning/peace scores, are negatively associated with HRQOL.

Zebrack, B. [University of Michigan School of Social Work, Ann Arbor, MI; zebrack@umich.edu]. "**Developing a new instrument to assess the impact of cancer in young adult survivors of childhood cancer**." *Journal of Cancer Survivorship* 3, no. 3 (Sep 2009): 174-180.
Among the items in the instrument proposed by the authors: "Having had cancer makes me think about or question my religious faith, faith in God or a higher power." [--see p. 178]

Zeiler, K. [Department of Medical and Health Sciences, Linköping University, Sweden; krize@ihs.liu.se]. "**Deadly pluralism? Why death-concept, death-definition, death-criterion and death-test pluralism should be allowed, even though it creates some problems**." *Bioethics* 23, no. 8 (Oct 2009): 450-459.
[Abstract:] Death concept, death definition, death criterion and death test pluralism has been described by some as a problematic approach. Others have claimed it to be a promising way forward within modern pluralistic societies. This article describes the New Jersey Death Definition Law and the Japanese Transplantation Law. Both of these laws allow for more than one death concept within a single legal system. The article discusses a philosophical basis for these laws starting from John Rawls' understanding of comprehensive doctrines, reasonable pluralism and overlapping consensus. It argues for the view that a certain legal pluralism in areas of disputed metaphysical, philosophical and/or religious questions should be allowed, as long as the disputed questions concern the individual and the resulting policy, law or acts based on the policy/law, do not harm the lives of other individuals to an intolerable extent. However, while this death concept, death definition, death criterion and death test pluralism solves some problems, it creates others.

Ziel, R. and Kautz, D. D. [Marquette General Health Systems, Marquette, MI]. "**The highest priority in the emergency department may be a patient's spiritual needs**." *Journal of Emergency Nursing* 35, no. 1 (Jan 2009): 50-51.
This is a brief case report of a patient's and family's spiritual needs in the emergency department, with comment about the importance of spiritual issues.

Zier, L. S., Burack, J. H., Micco, G., Chipman, A. K., Frank, J. A. and White, D. B. [University of California, Berkeley-University of California, School of Public Health, Berkeley, CA]. "**Surrogate decision makers' responses to physicians' predictions of medical futility**." *Chest* 136, no. 1 (Jul 2009): 110-117.
Among the findings of this multicenter, mixed qualitative and quantitative study surrogate decision makers for 50 patients who were critically ill and incapacitated: "Based on religious grounds, roughly one third of surrogates (n = 18) doubted physicians' ability to predict futility. These individuals believed that God was capable of miraculously healing patients regardless of the severity of their illness." [p. 114] "Surrogates who doubted physicians' futility predictions on religious grounds were more likely to request continued life support in the face of a very poor prognosis…, whereas those whose doubt was based on secular concerns were not…. [p. 115]

Earlier bibliographies are available on line through the web site of the Department of Pastoral Care
at the Hospital of the University of Pennsylvania at www.uphs.upenn.edu/pastoral
(--see the Research & Staff Education section of the site).

Note: this 4/30/10 version of the bibliography adds articles by Epel, E.,
by Boelens, P. A., and by Morse, E. E. to the original 3/29/10 version.

6/21/10