

Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2010

Chaplain John W. Ehman (john.ehman@uphs.upenn.edu)
University of Pennsylvania Health System - Philadelphia, PA
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The following is a selection of 321 *Medline*-indexed journal articles pertaining to spirituality & health published during 2010, from among the more than 1,800 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*.

Aboul-Enein, B. H. and Aboul-Enein, F. H. [United States Air Force]. "**The cultural gap delivering health care services to Arab American populations in the United States.**" *Journal of Cultural Diversity* 17, no. 1 (2010): 20-23.

This article notes briefly the importance of religion to health care for Muslims, as well as the problem not only of Islamophobia/discrimination but of how "religion-blind" health policies challenge the health of Muslim families and their access to culturally appropriate care" [p. 22].

Agarwal, M., Hamilton, J. B., Crandell, J. L. and Moore, C. E. [School of Nursing, University of North Carolina, Chapel Hill]. "**Coping strategies of African American head and neck cancer survivors.**" *Journal of Psychosocial Oncology* 28, no. 5 (Sep 2010): 526-538. [Note: This article was still listed on *Medline's In-Process* database at the time of this bibliography's completion.]

[Abstract:] A cross-sectional study was conducted with 50 African American head and neck cancer survivors. Common coping strategies were identified and examined in relation with quality of life and relationship well-being. Coping through support from God, seeking emotional support from family and friends, and helping others were the most commonly used strategies. Having emotional support, being strong and self-reliant, and engaging in distracting activities with family and friends had strongest associations with quality of life. Coping through emotional support, help from God, assistance from one's church family to maintain religious practices, helping others, and engaging in distracting activities with others was more strongly associated with relationship well-being. Future intervention studies should consider these strategies and their possible impact on the physical, psychological, and relationship well-being of this population.

Ahmed, R. [Department of Religion, Colgate University, Hamilton, NY; rahmed@colgate.edu]. "**Sacred bodies: considering resistance to oncofertility in Muslim communities.**" *Cancer Treatment & Research* 156 (2010): 279-286.

This is one of a group of reviews in this issue of the journal regarding religious traditions and fertility issues in the context of cancer. See also articles by Chaudhry, A. S.; Lauritzen, P.; Silber, S. J.; Zoloth, L.; and Zoloth, L. & Henning, A. A.; noted elsewhere in this bibliography.

Ahrens, C. E., Abeling, S., Ahmad, S. and Hinman, J. [Department of Psychology, California State University, Long Beach; cahrens@csulb.edu]. "**Spirituality and well-being: the relationship between religious coping and recovery from sexual assault.**" *Journal of Interpersonal Violence* 25, no. 7 (Jul 2010): 1242-1263.

[Abstract:] Despite a growing body of literature documenting beneficial outcomes of religious coping, there are virtually no studies examining sexual assault survivors' use of religious coping. To fill this gap in the literature, the current study examines predictors and outcomes of positive and negative religious coping among 100 sexual assault survivors who believed in God. Results suggested that African American survivors were more likely to use both forms of religious coping than survivors from other ethnicities. Yet, results also suggest that positive religious coping is related to higher levels of psychological well-being and lower levels of depression, whereas negative religious coping is related to higher levels of depression, regardless of ethnicity. The only outcome where ethnicity makes a difference is posttraumatic growth with a stronger relationship between positive religious coping and posttraumatic growth among Caucasian survivors. The implications of these findings for research and practice are discussed.

Ai, A. L., Ladd, K. L., Peterson, C., Cook, C. A., Shearer, M. and Koenig, H. G. [University of Pittsburgh, PA; amyai8@gmail.com]. "**Long-term adjustment after surviving open heart surgery: the effect of using prayer for coping replicated in a prospective design.**" *Gerontologist* 50, no. 6 (Dec 2010): 798-809.

[Abstract:] PURPOSE: despite the growing evidence for effects of religious factors on cardiac health in general populations, findings are not always consistent in sicker and older populations. We previously demonstrated that short-term negative outcomes (depression and anxiety) among older adults following open heart surgery are partially alleviated when patients employ prayer as part of their coping strategy. The present study examines multifaceted effects of religious factors on long-term postoperative adjustment, extending our previous findings concerning prayer and coping with cardiac disease. DESIGN AND METHODS: analyses capitalized on a preoperative survey and medical variables from the Society of Thoracic Surgeons' National Database of patients undergoing open heart surgery. The current participants completed a mailed survey 30 months after surgery. Two hierarchical regressions were performed to evaluate the extent to which religious factors predicted depression and anxiety, after controlling for key demographics, medical indices, and mental health. RESULTS: predicting lower levels of depression at the follow-up were preoperative use of prayer for coping, optimism, and hope. Predicting lower levels of anxiety at the follow-up were subjective religiousness, marital status, and hope. Predicting poorer adjustment were reverence in religious contexts,

preoperative mental health symptoms, and medical comorbidity. Including optimism and hope in the model did not eliminate effects of religious factors. Several other religious factors had no long-term influences. IMPLICATIONS: the influence of religious factors on the long-term postoperative adjustment is independent and complex, with mediating factors yet to be determined. Future research should investigate mechanisms underlying religion-health relations.

Ai, A. L., Pargament, K., Kronfol, Z., Tice, T. N. and Appel, H. [University of Pittsburgh, PA; amyai8@gmail.com]. "**Pathways to postoperative hostility in cardiac patients: mediation of coping, spiritual struggle and interleukin-6.**" *Journal of Health Psychology* 15, no. 2 (Mar 2010): 186-195.

[Abstract:] Using structural equation modeling, we estimated major pathways from preoperative distress, indicated by anxiety and other factors, to postoperative hostility in cardiac patients. Sequential interviews were conducted before and after surgery. Standardized medical and surgical indices were selected from a national database. Results showed that preoperative spiritual struggle mediated indirect effects of anxiety and anger coping on Interleukin-6 (IL-6) immediately before surgery. The link between spiritual struggle and IL-6 further mediated the indirect effects of anxiety and anger coping on postoperative hostility. Anger coping mediated the harmful influence of anxiety and counteracted the protection of positive religious coping on adjustment.

Ai, A. L., Pargament, K. I., Appel, H. B. and Kronfol, Z. [University of Pittsburgh, PA; amyai8@gmail.com]. "**Depression following open-heart surgery: a path model involving interleukin-6, spiritual struggle, and hope under preoperative distress.**" *Journal of Clinical Psychology* 66, no. 10 (Oct 2010): 1057-1075.

[Abstract:] Faith factors (i.e., factors pertaining to religion/spirituality) have been linked with well-being and adequate coping. Few studies have investigated negative aspects of religious coping, such as spiritual struggle. Based on the multidisciplinary literature and on previous findings, the study's analysis estimated parallel psychophysiological pathways from preoperative distress to postoperative depression in patients undergoing open heart surgery. Plasma samples for interleukin(IL)-6 were obtained before surgery. The results showed that a link between spiritual struggle and IL-6 mediated the indirect effects of preoperative anxiety on postoperative depression. Avoidant coping also mediated the influence of anxiety on postoperative maladjustment. Further, hope played a protective mediating role to moderate the undesirable influences of the spiritual struggle-IL-6 link and maladaptive coping on postoperative mental health attributes.

Ai, A. L., Rollman, B. L. and Berger, C. S. [University of Pittsburgh, PA; amyai8@gmail.com]. "**Comorbid mental health symptoms and heart diseases: can health care and mental health care professionals collaboratively improve the assessment and management?**" *Health & Social Work* 35, no. 1 (Feb 2010): 27-38.

Among the points of this discussion of how mental health symptoms are associated with heart disease, the authors address Faith and Related Coping (p. 31). [114 refs.]

Akers, A. Y., Youmans, S., Lloyd, S. W., Smith, D. M., Banks, B., Blumenthal, C., Albritton, T., Ellison, A., Smith, G. C. and Adimora, A. A. [Department of Obstetrics, Gynecology and Reproductive Science at Magee-Women's Hospital in Pittsburgh, PA]. "**Views of young, rural African Americans of the role of community social institutions in HIV prevention.**" *Journal of Health Care for the Poor & Underserved* 21, Suppl. 2 (May 2010): 1-12.

This focus group study [from the abstract:] ...explored rural African American youths' perceptions about the role of community social institutions in addressing HIV. ...Participants identified four social institutions as primary providers of HIV-related health promotion efforts: faith organizations, schools, politicians, and health agencies. They reported perceiving a lack of involvement in HIV prevention by faith-based organizations, constraints of abstinence-based sex education policies, politicians' lack of interest in addressing broader HIV determinants, and inadequacies in health agency services, and viewed all of these as being counter-productive to HIV prevention efforts....

Alano, G. J., Pekmezaris, R., Tai, J. Y., Hussain, M. J., Jeune, J., Louis, B., El-Kass, G., Ashraf, M. S., Reddy, R., Lesser, M. and Wolf-Klein, G. P. [North Shore Long Island Jewish Health System, New Hyde Park, NY; gloriajmd@yahoo.com]. "**Factors influencing older adults to complete advance directives.**" *Palliative & Supportive Care* 8, no. 3 (Sep 2010): 267-275.

Among the findings of this study of 200 hospitalized and community-dwelling elders (>65 years old), religion was one of five factors associated with *having* an Advance Directive, but was not one of the main predictors for completing one (the latter were: thinking an AD will help in the relief of suffering at the end of life, being asked to complete ADs or receiving explanation about ADs, having undergone major surgery, female gender, and increasing age).

Alcorn, S. R., Balboni, M. J., Prigerson, H. G., Reynolds, A., Phelps, A. C., Wright, A. A., Block, S. D., Peteet, J. R., Kachnic, L. A. and Balboni, T. A. [Center for Psycho-Oncology and Palliative Care Research, Dana-Farber Cancer Institute, Boston, MA]. "**If God wanted me yesterday, I wouldn't be here today': religious and spiritual themes in patients' experiences of advanced cancer.**" *Journal of Palliative Medicine* 13, no. 5 (May 2010): 581-588.

[Abstract:] BACKGROUND: This study sought to inductively derive core themes of religion and/or spirituality (R/S) active in patients' experiences of advanced cancer to inform the development of spiritual care interventions in the terminally ill cancer setting. METHODS: This is a multisite, cross-sectional, mixed-methods study of randomly-selected patients with advanced cancer (n = 68). Scripted interviews assessed the role of R/S and R/S concerns encountered in the advanced cancer experience. Qualitative and quantitative data were analyzed. Theme extraction was performed with interdisciplinary input (sociology of religion, medicine, theology), utilizing grounded theory. Spearman correlations determined the degree of association between R/S themes. Predictors of R/S concerns were assessed using linear regression and analysis of variance. RESULTS: Most participants (n = 53, 78%) stated that R/S had been important to the cancer experience. In descriptions of how R/S was related to the cancer experience, five primary R/S themes emerged: coping, practices, beliefs, transformation, and community. Most interviews (75%) contained two or more R/S themes, with 45% mentioning three or more R/S themes. Multiple significant subtheme interrelationships were noted between the primary R/S themes. Most participants (85%) identified 1 or more R/S concerns, with types of R/S concerns spanning the five R/S themes. Younger, more religious, and more spiritual patients identified R/S concerns more frequently (beta = -0.11, p < 0.001; beta = 0.83, p = 0.03; and beta = 0.89, p = 0.04, respectively). CONCLUSIONS: R/S plays a variety of important and inter-related roles for most advanced cancer patients. Future research is needed to determine how spiritual care can incorporate these five themes and address R/S concerns.

- Allen, D. and Marshall, E. S. [School of Nursing, Georgia Southern University, Statesboro, GA]. **"Spirituality as a coping resource for African American parents of chronically ill children."** *MCN: American Journal of Maternal Child Nursing* 35, no. 4 (Jul-Aug 2010): 232-237.
- [Abstract:] PURPOSE: To examine spirituality as a coping resource for a sample of African American parents who have a child with a chronic condition. STUDY DESIGN AND METHODS: Descriptive correlation design with a sample of 168 African American parents. Parents completed a demographic questionnaire, the Coping Health Inventory for Parents (CHIP), the Family Crisis Oriented Personal Evaluation Scale (F-COPES), and the spirituality subscale of the Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp-12). Data were analyzed with frequency distributions and Pearson product moment correlations. RESULTS: Most frequently reported positive coping patterns included "believing in God," "doing things with my children," "believing that my child is getting the best medical care," and "having faith in God." Most frequent coping resources included "having faith in God," "seeking information from the family doctor," and "showing that we are strong." Results revealed a significant positive correlation between positive parental coping patterns and spirituality. CLINICAL IMPLICATIONS: It is important for nurses to recognize ethnic and cultural aspects of coping and spirituality, and design and implement care measures that support spirituality among families with a child with special healthcare needs.
- Amaro, H., Magno-Gatmaytan, C., Melendez, M., Cortes, D. E., Arevalo, S. and Margolin, A. **"Addiction treatment intervention: an uncontrolled prospective pilot study of Spiritual Self-Schema therapy with Latina women."** *Substance Abuse* 31, no. 2 (Apr 2010): 117-125.
- [Abstract:] Spiritual Self-Schema (3-S) is a weekly 8-session, mindfulness-based, manual-guided, individual intervention targeting addiction and human immunodeficiency virus (HIV) risk behaviors that integrates cognitive behavioral strategies with Buddhist principles and clients' religious/spiritual beliefs. 3-S is efficacious for reducing drug use and HIV risk behaviors among mixed-gender, methadone-maintained outpatients. The study goal was to conduct a preliminary evaluation of 3-S therapy among urban, low-income Latinas (n = 13) in residential addiction treatment. Data gathered via in-person interviews (baseline, 8 and 20 weeks postentry) showed high rates of 3-S acceptability and positive changes in a number of outcomes relevant to recovery from addiction and to HIV prevention, including impulsivity, spirituality, motivation for change, and HIV prevention knowledge. The study findings are promising; however, a controlled study with longer follow-up is needed to rigorously assess the efficacy of 3-S therapy with Latinas in substance abuse treatment.
- Amstadter, A. B., Zinzow, H. M., McCauley, J. L., Strachan, M., Ruggiero, K. J., Resnick, H. S. and Kilpatrick, D. G. [Department of Psychiatry, Medical University of South Carolina, Charleston; amstadt@muscc.edu]. **"Prevalence and correlates of service utilization and help seeking in a national college sample of female rape victims."** *Journal of Anxiety Disorders* 24, no. 8 (Dec 2010): 900-902.
- [Abstract:] This study examines prevalence and correlates of help seeking for emotional problems among undergraduate female rape victims. A national college sample of women endorsing a lifetime history of rape (N=228) were interviewed in 2006 to assess demographic characteristics, rape history, rape characteristics, psychopathology, and substance abuse. Participants were asked if they ever sought help for emotional problems, and what type(s) of services were sought (medical professional, religious figure, or mental health professional). Prevalence of help seeking was 52%. Of help-seekers, 93% went to a mental health professional, 48% went to a medical doctor, and 14% sought religious counsel. Only PTSD was related to ever seeking help (OR=2.35). Findings suggest that university-based mental health and medical facilities should be well prepared to identify and treat PTSD and other rape-related sequelae. Health promotion campaigns are needed to target substance abusing and depressed rape victims, who were less likely to seek help.
- Anandarajah, G., Craigie, F. Jr., Hatch, R., Kliever, S., Marchand, L., King, D., Hobbs, R. 3rd and Daaleman, T. P. [Department of Family Medicine, Warren Alpert Medical School of Brown University, Providence, RI; Gowri_Anandarajah@brown.edu]. **"Toward competency-based curricula in patient-centered spiritual care: recommended competencies for family medicine resident education."** *Academic Medicine* 85, no. 12 (Dec 2010): 1897-1904.
- [Abstract:] Spiritual care is increasingly recognized as an important component of medical care. Although many primary care residency programs incorporate spiritual care into their curricula, there are currently no consensus guidelines regarding core competencies necessary for primary care training. In 2006, the Society of Teachers of Family Medicine's Interest Group on Spirituality undertook a three-year initiative to address this need. The project leader assembled a diverse panel of eight educators with dual expertise in (1) spirituality and health and (2) family medicine. The multidisciplinary panel members represented different geographic regions and diverse faith traditions and were nationally recognized senior faculty. They underwent three rounds of a modified Delphi technique to achieve initial consensus regarding spiritual care competencies (SCCs) tailored for family medicine residency training, followed by an iterative process of external validation, feedback, and consensus modifications of the SCCs. Panel members identified six knowledge, nine skills, and four attitude core SCCs for use in training and linked these to competencies of the Accreditation Council for Graduate Medical Education. They identified three global competencies for use in promotion and graduation criteria. Defining core competencies in spiritual care clarifies training goals and provides the basis for robust curricula evaluation. Given the breadth of family medicine, these competencies may be adaptable to other primary care fields, to medical and surgical specialties, and to medical student education. Effective training in this area may enhance physicians' ability to attend to the physical, mental, and spiritual needs of patients and better maintain sustainable healing relationships.
- Ando, M., Morita, T., Akechi, T., Okamoto, T., for the Japanese Task Force for Spiritual Care. [Faculty of Nursing, St. Mary's College, Kurume City, Fukuoka, Japan; andou@st-mary.ac.jp]. **"Efficacy of short-term life-review interviews on the spiritual well-being of terminally ill cancer patients."** *Journal of Pain & Symptom Management* 39, no. 6 (Jun 2010): 993-1002.
- [Abstract:] CONTEXT: There is a little information about effective psychotherapies to enhance the spiritual well-being of terminally ill cancer patients. OBJECTIVES: The primary aim of the study was to examine the efficacy of a one-week Short-Term Life Review for the enhancement of spiritual well-being, using a randomized controlled trial. The secondary aim was to assess the effect of this therapy on anxiety and depression, suffering, and elements of a good death. METHODS: The subjects were 68 terminally ill cancer patients randomly allocated to a Short-Term Life-Review interview group or a control group. The patients completed questionnaires pre- and post-treatment, including the meaning of life domain from the Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp) scale, the Hospital Anxiety and Depression Scale (HADS), a numeric scale for psychological suffering, and items from the Good Death Inventory (Hope, Burden, Life Completion, and Preparation). RESULTS: The FACIT-Sp, Hope, Life Completion, and Preparation scores in the intervention group showed

significantly greater improvement compared with those of the control group (FACIT-Sp, $P < 0.001$; Hope, $P < 0.001$; Life Completion, $P < 0.001$; and Preparation, $P < 0.001$). HADS, Burden, and Suffering scores in the intervention group also had suggested greater alleviation of suffering compared with the control group (HADS, $P < 0.001$; Burden, $P < 0.007$; Suffering, $P < 0.001$). **CONCLUSION:** We conclude that the Short-Term Life Review is effective in improving the spiritual well-being of terminally ill cancer patients, and alleviating psychosocial distress and promoting a good death.

Aydin, N., Fischer, P. and Frey, D. [University of Munich (Ludwig-Maximilians-University), Munich, Germany; Aydin@psy.uni-muenchen.de]. "**Turning to God in the face of ostracism: effects of social exclusion on religiousness.**" *Personality & Social Psychology Bulletin* 36, no. 6 (Jun 2010): 742-753.

[Abstract:] The present research proposes that individuals who are socially excluded can turn to religion to cope with the experience. Empirical studies conducted to test this hypothesis consistently found that socially excluded persons reported (a) significantly higher levels of religious affiliation (Studies 1, 2, and 4) and (b) stronger intentions to engage in religious behaviors (Study 2) than comparable, nonexcluded individuals. Direct support for the stress-buffering function of religiousness was also found, with a religious prime reducing the aggression-eliciting effects of consequent social rejection (Study 5). These effects were observed in both Christian and Muslim samples, revealing that turning to religion can be a powerful coping response when dealing with social rejection. Theoretical and practical implications of these findings are discussed.

Ayers, S. L. and Kronenfeld, J. J. [Arizona State University; Stephanie.L.Ayers@asu.edu]. "**Using factor analysis to create complementary and alternative medicine domains: an examination of patterns of use.**" *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine* 14, no. 3 (May 2010): 234-252.

[From the abstract:] Previous research on complementary and alternative medicine (CAM) in the United States has relied heavily on the National Center for Complementary and Alternative Medicine's (NCCAM) domains of CAM but with noted limitations. We conducted a multifaceted examination of previous CAM domains and tested if they represent actual patterns of CAM use. The data come from the 2002 United States' National Health Interview Survey and include 30,923 adults. Outcome measures included 20 types of CAM used in the last 12 months. Both exploratory and confirmatory factor analysis were used to test how CAM modalities should be categorized. Results indicate that prayer should be created as a new domain apart from Mind-Body Medicine. Herbs and vitamins fit best with Alternative Medical Systems while acupuncture best fits with chiropractic and massage. These findings suggest that how types of CAM have been previously categorized in earlier research is inconsistent with actual patterns of CAM utilization. These findings provided a framework for conducting and analyzing future CAM research, both in the USA and in other countries, and should be used in future research to try to explain and understand the variation and predictors of CAM utilization.

Babcock, H. M., Gemeinhart, N., Jones, M., Dunagan, W. C. and Woeltje, K. F. [Washington University School of Medicine, St. Louis, MO; hbabcock@im.wustl.edu]. "**Mandatory influenza vaccination of health care workers: translating policy to practice.**" *Clinical Infectious Diseases* 50, no. 4 (Feb 15, 2010): 459-464. Comment on pp. 465-467.

[From the abstract:] ...BJC HealthCare is a large Midwestern health care organization with approximately 26,000 employees. Because organizational vaccination rates remained below target levels, influenza vaccination was made a condition of employment for all employees in 2008. Medical or religious exemptions could be requested. ...**RESULTS:** ...Ninety employees (0.3%) received religious exemptions....

Baerentsen, K. B., Stodkilde-Jorgensen, H., Sommerlund, B., Hartmann, T., Damsgaard-Madsen, J., Fosnaes, M. and Green, A. C. [Department of Psychology, University of Aarhus, Aarhus, Denmark; klaus.baerentsen@psy.au.dk]. "**An investigation of brain processes supporting meditation.**" *Cognitive Processing* 11, no. 1 (Feb 2010): 57-84.

[Abstract:] Meditation is an ancient spiritual practice, which aims to still the fluctuations of the mind. We investigated meditation with fMRI in order to identify and characterize both the "neural switch" mechanism used in the voluntary shift from normal consciousness to meditation and the "threshold regulation mechanism" sustaining the meditative state. Thirty-one individuals with 1.5-25 years experience in meditation were scanned using a blocked on-off design with 45 s alternating epochs during the onset of respectively meditation and normal relaxation. Additionally, 21 subjects were scanned during 14.5 min of sustained meditation. The data were analyzed with SPM and ICA. During the onset of meditation, activations were found bilaterally in the putamen and the supplementary motor cortex, while deactivations were found predominately in the right hemisphere, the precuneus, the posterior cingulum and the parieto-temporal area. During sustained meditation, SPM analysis revealed activation in the head of nucleus caudatus. Extensive deactivations were observed in white matter in the right hemisphere, i.e. mainly in the posterior occipito-parieto-temporal area and in the frontal lobes. ICA identified 38 components including known baseline-resting state components, one of which not only overlaps with the activated area revealed in the SPM analysis but extends further into frontal, temporal, parietal and limbic areas, and might presumably constitute a combination of frontoparietal and cinguloopercular task control systems. The identified component processes display varying degrees of correlation. We hypothesize that a proper characterization of brain processes during meditation will require an operational definition of brain dynamics matching a stable state of mind.

Bahti, T. [tani@passageseducation.org]. "**Coping issues among people living with advanced cancer.**" *Seminars in Oncology Nursing* 26, no. 3 (Aug 2010): 175-182.

The author of this review notes the role of spirituality throughout, but especially in the section on Spiritual Relationships and Table 4 [p. 179].

Balboni, T. A., Paulk, M. E., Balboni, M. J., Phelps, A. C., Loggers, E. T., Wright, A. A., Block, S. D., Lewis, E. F., Peteet, J. R. and Prigerson, H. G. [Departments of Psycho-Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, MA; tbalboni@lroc.harvard.edu]. "**Provision of spiritual care to patients with advanced cancer: associations with medical care and quality of life near death.**" *Journal of Clinical Oncology* 28, no. 3 (Jan 20, 2010): 445-452.

[Abstract:] **PURPOSE:** To determine whether spiritual care from the medical team impacts medical care received and quality of life (QoL) at the end of life (EoL) and to examine these relationships according to patient religious coping. **PATIENTS AND METHODS:** Prospective, multisite study of patients with advanced cancer from September 2002 through August 2008. We interviewed 343 patients at baseline and observed them (median, 116 days) until death. Spiritual care was defined by patient-rated support of spiritual needs by the medical team and receipt of pastoral care services. The Brief Religious Coping Scale (RCOPE) assessed positive religious coping. EoL outcomes included patient QoL and receipt of hospice and any aggressive care (eg, resuscitation). Analyses were adjusted for potential confounders and repeated according to median-split religious coping. **RESULTS:** Patients whose spiritual needs were largely or completely supported by the medical

team received more hospice care in comparison with those not supported (adjusted odds ratio [AOR] = 3.53; 95% CI, 1.53 to 8.12, P = .003). High religious coping patients whose spiritual needs were largely or completely supported were more likely to receive hospice (AOR = 4.93; 95% CI, 1.64 to 14.80; P = .004) and less likely to receive aggressive care (AOR = 0.18; 95% CI, 0.04 to 0.79; P = .02) in comparison with those not supported. Spiritual support from the medical team and pastoral care visits were associated with higher QOL scores near death (20.0 [95% CI, 18.9 to 21.1] v 17.3 [95% CI, 15.9 to 18.8], P = .007; and 20.4 [95% CI, 19.2 to 21.1] v 17.7 [95% CI, 16.5 to 18.9], P = .003, respectively). CONCLUSION: Support of terminally ill patients' spiritual needs by the medical team is associated with greater hospice utilization and, among high religious copers, less aggressive care at EoL. Spiritual care is associated with better patient QoL near death.

Bamford, C. and Lagattuta, K. H. [Department of Psychology and Center for Mind and Brain, University of California, Davis]. "**A new look at children's understanding of mind and emotion: the case of prayer.**" *Developmental Psychology* 46, no. 1 (Jan 2010): 78-92.

[Abstract:] Multiple methods were used to examine children's awareness of connections between emotion and prayer. Four-, 6-, and 8-year-olds and adults (N = 100) predicted whether people would pray when feeling different emotions, explained why characters in different situations decided to pray, and predicted whether characters' emotions would change after praying. Four- and 6-year-olds exclusively judged that positive emotions motivate prayer, whereas 8-year-olds and adults most often predicted that negative emotions would cause people to pray and that praying could improve emotions. There was also a significant increase between 4 and 8 years in explaining prayer as motivated by need for assistance, for thanksgiving, and for conversation, as well as for explaining postprayer emotions in relation to God or prayer. Religious background predicted individual differences in reasoning only for 4-year-olds.

Barnack, J. L., Reddy, D. M. and Swain, C. [Comprehensive San Diego State University/University of California San Diego Cancer Center Partnership; jbarntav@gmail.com]. "**Predictors of parents' willingness to vaccinate for human papillomavirus and physicians' intentions to recommend the vaccine.**" *Women's Health Issues* 20, no. 1 (Jan-Feb 2010): 28-34.

Among the findings of this study involving 100 parents, there appeared to be an inverse relationship between religious service attendance and intent to vaccinate.

Barnes, P. [Faculty of Human Sciences, St. Paul University, Ottawa, Canada; barnes555@rogers.com]. "**Transforming illness into choice: a spiritual perspective.**" *Journal of Pastoral Care & Counseling* 64, no. 3 (2010): 6.1-9 [electronic journal article designation].

[Abstract:] Illness is seen as the enemy in today's world, while spirituality might be considered counter-cultural. This article explores the positive attributes of illness seen through the eyes of spirituality. By identifying spiritual themes in a person's life, especially evident in times of illness, one may maximize the experience of illness for its benefit rather than its curse.

Barton-Burke, M., Smith, E., Frain, J. and Loggins, C. [University of Missouri, St. Louis; bartonburkem@umsl.edu]. "**Advanced cancer in underserved populations.**" *Seminars in Oncology Nursing* 26, no. 3 (Aug 2010): 157-167.

The author considers three contextual factors related to advanced cancer: socioeconomic status, race and racism, and religion/spirituality. See especially the section on Spirituality and Religion as a Resource [pp. 161 and 163].

Bauerle Bass, S., Burt Ruzek, S., Ward, L. and Gordon, T. F., Hanlon, A., Hausman, A. J. and Hagen, M. [Department of Public Health, Temple University, Philadelphia, PA; sbass@temple.edu]. "**If you ask them, will they come? Predictors of quarantine compliance during a hypothetical avian influenza pandemic: results from a statewide survey.**" *Disaster Medicine & Public Health Preparedness* 4, no. 2 (Jun 2010): 135-144.

Among the findings of this study involving 1204 adult Pennsylvania residents from in a random digit dial telephone sample [from the abstract]: large differences were seen in willingness to comply between those who never attended religious services compared to those who did. Respondents who never attended services were significantly less likely to stay at home if the government asked compared to those who attended services once per week or more. They were also less likely than either those who regularly attended religious services or periodically attended services to travel to a facility if asked or ordered. In fact, the more often they attended religious services, the more likely respondents were to indicate their likelihood of complying with each level of quarantine. It may be that respondents who regularly attend religious services are more trusting of institutions and thus more likely to accept government recommendations or orders. They may also have a greater concern for the well-being of communities than those who are less integrated into community institutions. Respondents who do not attend religious services may be less likely to comply with authority, including government recommendations and orders, and believe they prefer to make their own decisions about what to do in an avian influenza outbreak." [p. 140]

Bay, P. S., Ivy, S. S. and Terry, C. L. [Chaplaincy and Pastoral Education, Clarian Health, Indianapolis, IN; pbay@clarian.org]. "**The effect of spiritual retreat on nurses' spirituality: a randomized controlled study.**" *Holistic Nursing Practice* 24, no. 3 (May-Jun 2010): 125-133.

[Abstract:] This study tested whether two 1-day retreats focused on spiritual self-care would positively change nurse participants' spirituality. A total of 199 critical care nurses were accepted into this study; 87 were randomized to receive the retreat intervention. All 199 nurses were tested preretreat, 1 month and 6 months postretreat. Retreat participants demonstrated increased spirituality.

Beasley, J. M., Newcomb, P. A., Trentham-Dietz, A., Hampton, J. M., Ceballos, R. M., Titus-Ernstoff, L., Egan, K. M. and Holmes, M. D. [Fred Hutchinson Cancer Research Center, Seattle, WA]. "**Social networks and survival after breast cancer diagnosis.**" *Journal of Cancer Survivorship* 4, no. 4 (Dec 2010): 372-380.

Among the findings of this study of data from 4,589 women diagnosed with invasive breast cancer: "Among specific types of social contacts, increased participation in religious or community activities was significantly associated with improved overall survival.... Attending religious gatherings more than once a week (n=670, 14%) was associated with a 34% (95% CI=10%–51%, p-trend=0.0001) reduction in death from any cause when compared to no religious participation (n=1,125, 25%). ... In this large cohort of breast cancer survivors, we found some evidence for an association between social connectedness and overall mortality. Whereas participation in community and religious activities was significantly associated with lower overall mortality, such interactions had no material influence on breast cancer specific mortality." [p. 374]

- Bellizzi, K. M., Smith, A. W., Reeve, B. B., Alfano, C. M., Bernstein, L., Meeske, K., Baumgartner, K. B. and Ballard-Barbash, R. R. **"Posttraumatic growth and health-related quality of life in a racially diverse cohort of breast cancer survivors."** *Journal of Health Psychology* 15, no. 4 (May 2010): 615-626.
 [From the abstract:] This study examined the relationship between race, religiosity, and posttraumatic growth as well as the association between growth and physical and mental health-related quality of life (HRQOL) in breast cancer survivors (N = 802; M age = 57.2). Multivariate analyses revealed that African American breast cancer survivors reported higher levels of posttraumatic growth than White women. However, this relationship was mediated by religiosity....
- Bekelman, D. B., Parry, C., Curlin, F. A., Yamashita, T. E., Fairclough, D. L. and Wamboldt, F. S. [Denver VA Medical Center, CO; david.bekelman@ucdenver.edu]. **"A comparison of two spirituality instruments and their relationship with depression and quality of life in chronic heart failure."** *Journal of Pain & Symptom Management* 39, no. 3 (Mar 2010): 515-526.
 [Abstract:] Spirituality is a multifaceted construct related to health outcomes that remains ill defined and difficult to measure. Spirituality in patients with advanced chronic illnesses, such as chronic heart failure, has received limited attention. We compared two widely used spirituality instruments, the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) and the Ironson-Woods Spirituality/Religiousness Index (IW), to better understand what they measure in 60 outpatients with chronic heart failure. We examined how these instruments related to each other and to measures of depression and quality of life using correlations and principal component analyses. The FACIT-Sp measured aspects of spirituality related to feelings of peace and coping, whereas the IW measured beliefs, coping, and relational aspects of spirituality. Only the FACIT-Sp Meaning/Peace subscale consistently correlated with depression ($r=-0.50$, $P<0.0001$) and quality of life ($r=0.41$, $P=0.001$). Three items from the depression measure loaded onto the same factor as the FACIT-Sp Meaning/Peace subscale ($r=0.43$, -0.43 , and 0.71), whereas the remaining 12 items formed a separate factor (Cronbach's $\alpha=0.82$) when combined with the spirituality instruments in a principal component analysis. The results demonstrate several clinically useful constructs of spirituality in patients with heart failure and suggest that psychological and spiritual well-being, despite some overlap, remain distinct phenomena.
- Belding, J. N., Howard, M. G., McGuire, A. M., Schwartz, A. C. and Wilson, J. H. [Psychology Department, Georgia Southern University, Statesboro, GA]. **"Social buffering by God: prayer and measures of stress."** *Journal of Religion & Health* 49, no. 2 (Jun 2010): 179-187.
 [Abstract:] Social buffering is characterized by attenuation of stress in the presence of others, with supportive individuals providing superior buffering. We were interested in learning if the implied presence of a supportive entity, God, would reduce acute stress. Participants were randomly assigned to one of three conditions: prayer, encouraging self-talk, and control. They were subsequently placed in a stressful situation. Self ratings of stress were lower among the prayer and self-talk conditions relative to controls. Systolic and diastolic blood pressures only among those who prayed were lower than controls; however, prayer and self-talk did not differ. Prayer alone did not significantly reduce stress, perhaps because the majority of students in the prayer condition did not consider reading a prayer to constitute praying.
- Berg, G. M., Crowe, R. E., Wong, B. and Siebert, J. [Department of Preventive Medicine and Public Health, KU School of Medicine-Wichita, KS; gcopas@kumc.edu]. **"Trends in publication of spirituality/religiosity articles in critical care populations."** *Journal of Religion & Health* 49, no. 3 (Sep 2010): 333-336.
 [Abstract:] Research on spirituality and religion (S/R) is receiving more attention as healthcare staff recognize the importance of treating the whole person. This is especially pertinent in critical care, where patients and families deal with a multitude of issues. As not all research comes exclusively from theologically educated authors, this study explored publication trends of S/R articles in critical care. Findings indicated medically credentialed professionals, not chaplains and/or pastoral care staff, constituted the majority of authors in S/R articles.
- Berkley-Patton, J., Bove-Thompson, C., Bradley-Ewing, A., Hawes, S., Moore, E., Williams, E., Martinez, D. and Goggin, K. [Psychology Department, University of Missouri-Kansas City; berkleypattonj@umkc.edu]. **"Taking It to the Pews: a CBPR-guided HIV awareness and screening project with Black churches."** *AIDS Education & Prevention* 22, no. 3 (Jun 2010): 218-237.
 [From the abstract:] Utilizing a community-based participatory research (CBPR) approach is a potentially effective strategy for exploring the development, implementation, and evaluation of HIV interventions in African American churches. This CBPR-guided study describes a church-based HIV awareness and screening intervention (Taking It to the Pews [TIPS]) that fully involved African American church leaders in all phases of the research project. Findings from the implementation and evaluation phases indicated that church leaders delivered TIPS Tool Kit activities on an ongoing basis (about twice a month) over a 9-month period. TIPS church members were highly exposed to TIPS activities (e.g., 91% reported receiving HIV educational brochures, 84% heard a sermon about HIV). Most (87%) believed that the church should talk about HIV, and 77% believed that the church should offer HIV screening. These findings suggest that implementing an HIV intervention in Black church settings is achievable, particularly when a CBPR approach is used. [See also, in this same issue: Griffith, D. M., et al., "YOUR Blessed Health: a faith-based CBPR approach to addressing HIV/AIDS among African Americans," pp. 203-217; noted elsewhere in this bibliography.]
- Bishop, F. L., Barlow, F., Walker, J., McDermott, C. and Lewith, G. T. [University of Southampton School of Medicine, Aldermoor Health Centre, Southampton, UK; F.L.Bishop@southampton.ac.uk]. **"The development and validation of an outcome measure for spiritual healing: a mixed methods study."** *Psychotherapy & Psychosomatics* 79, no. 6 (2010): 350-362.
 [Abstract:] BACKGROUND: Spiritual healing, probably the oldest documented paramedical intervention, is a neglected area of research. In order to conduct further research into the effects of healing, a valid and reliable outcome measure is needed that captures the experience of individuals receiving healing (healees) and is not burdensome to complete. We aimed to develop such a measure. METHODS: A mixed methods design was used. Focus groups and cognitive interviews were used to generate and refine questionnaire items grounded in the experiences and language of healees (Study 1). The resulting questionnaire was tested and its formal psychometric properties were evaluated (Study 2). Participants were recruited from a spiritual healing sanctuary and via individual healers (including registered spiritual healers, Reiki practitioners, healers affiliated with churches). RESULTS: In Study 1, 24 participants took part in 7 focus groups and 6 cognitive interviews. 29 common effects were identified and grouped into 7 discrete dimensions that appeared to characterize potentially sustainable effects reported by participants following their experiences of spiritual healing. In Study 2, 393 participants returned completed baseline questionnaires, 243 of whom completed the questionnaire again 1-6 weeks later. Exploratory factor analysis generated 5 subscales, based on 20 of the items: outlook,

energy, health, relationships and emotional balance. These subscales demonstrated acceptable internal consistency, convergent validity and test-retest reliability. Three of the subscales and the whole questionnaire demonstrated good sensitivity to change. CONCLUSIONS: We have produced a psychometrically sound healing impact questionnaire that is acceptable to healees, healers and researchers for use in future evaluations of spiritual healing.

Bonaguidi, F., Michelassi, C., Filipponi, F. and Rovai, D. [Institute of Clinical Physiology, National Research Council, Pisa, Italy; bonaguid@ifc.cnr.it]. **"Religiosity associated with prolonged survival in liver transplant recipients."** *Liver Transplantation* 16, no. 10 (Oct 2010): 1158-1163. [See also the subsequent comment: Vocht, F., "The influence of seeking god in the association between religiosity and prolonged survival in liver transplant recipients," *Liver Transplantation* 17, no. 2 (Feb 2011): 215-216.] [Abstract:] We tested the hypothesis that religiosity (ie, seeking God's help, having faith in God, trusting in God, and trying to perceive God's will in the disease) is associated with improved survival in patients with end-stage liver disease who have undergone orthotopic liver transplantation. We studied a group of 179 candidates for liver transplantation who responded to a questionnaire on religiosity during the pretransplant psychological evaluation and underwent transplantation between 2004 and 2007. The demographic data, educational level, employment status, clinical data, and results of the questionnaire were compared with the survival of patients during follow-up, regardless of the cause of any deaths. Factorial analysis of responses to the questionnaire revealed 3 main factors: searching for God (active), waiting for God (passive), and fatalism. The consistency of the matrix was very high (consistency index = 0.92). Eighteen patients died during follow-up (median time = 21 months). In multivariate analysis, only the searching for God factor [hazard ratio (HR) = 2.95, 95% confidence interval (CI) = 1.05-8.32, (2) = 4.205, P = 0.040] and the posttransplant length of stay in the intensive care unit (HR = 1.05, 95% CI = 1.01-1.08, (2) = 8.506, P = 0.035) were independently associated with survival, even after adjustments for the waiting for God factor, fatalism, age, sex, marital status, employment, educational level, viral etiology, Child-Pugh score, serum creatinine level, time from the questionnaire to transplantation, donor age, and intraoperative bleeding. Patients who did not present the searching for God factor were younger than those who did, but they had shorter survival times (P = 0.037) and a 3-fold increased relative risk of dying (HR = 3.01, 95% CI = 1.07-8.45). In conclusion, religiosity is associated with prolonged survival in patients undergoing liver transplantation.

Borders, T. F., Curran, G. M., Mattox, R. and Booth, B. M. [College of Public Health, University of Arkansas for Medical Sciences, Little Rock; tfborders@uams.edu]. **"Religiousness among at-risk drinkers: is it prospectively associated with the development or maintenance of an alcohol-use disorder?"** *Journal of Studies on Alcohol & Drugs* 71, no. 1 (Jan 2010): 136-142.

[Abstract:] OBJECTIVE: This study examined whether particular dimensions of religiousness are prospectively associated with the development or maintenance of an alcohol-use disorder (AUD) among at-risk drinkers or persons with a history of problem drinking. METHOD: A prospective cohort study was conducted among at-risk drinkers identified through a population-based telephone survey of adults residing in the southeastern United States. The cohort was stratified by baseline AUD status to determine how several dimensions of religiousness (organized religious attendance, religious self-ranking, religious influence on one's life, coping through prayer, and talking with a religious leader) were associated with the development and, separately, the maintenance or remission of an AUD over 6 months. Multiple logistic regression analyses were conducted to estimate the odds of developing versus not developing an AUD and maintaining versus remitting from an AUD while adjusting for measures of social support and other covariates. RESULTS: Among persons without an AUD at baseline, more frequent organized religious attendance, adjusted odds ratio (OR(adj)) = 0.73, 95% CI [0.55, 0.96], and coping through prayer, OR(adj) = 0.63, 95% CI [0.45, 0.87], were associated with lower adjusted odds of developing an AUD. In contrast, among persons with an AUD at baseline, no dimension of religiousness was associated with the maintenance or remission of an AUD. CONCLUSIONS: The findings of this study suggest that religious attendance and coping through prayer may protect against the development of an AUD among at-risk drinkers. Further research is warranted to ascertain whether these or other religious activities and practices should be promoted among at-risk drinkers.

Boswell, G. E. and Boswell-Ford, K. C. [Institute on Aging, University of North Carolina at Chapel Hill; gracie_boswell@unc.edu]. **"Testing a SEM model of two religious concepts and experiential spirituality."** *Journal of Religion & Health* 49, no. 2 (Jun 2010): 200-211.

[Abstract:] Guided by Atchley's Continuity Theory of the Spiritual Self as presented in *Aging, spirituality, and religion*, Fortress Press, Minneapolis, MN (1995), this study tested the validity of two dimensions of religiosity and one dimension of spirituality. It then examined the extent to which each dimension of religiosity influenced having spiritual experiences for 221 chronically ill older adults. Mean age of the sample was 80 years. Structural equation modeling was used to test a conceptual model. Substantive findings were that private religiosity (prayer and coping), but not public religiosity (participation and other church involvement) may influence reporting spiritual experiences by the older adults in the study. Findings revealed a good model fit to the data and strong factor loadings revealed sound construct validity for the latent variables (i.e., public and private religiosities, and experiential spirituality) in the model.

Boyd, E. A., Lo, B., Evans, L. R., Malvar, G., Apatira, L., Luce, J. M. and White, D. B. [Department of Pharmacy Practice and Science, University of Arizona, Tucson]. **"It's not just what the doctor tells me: factors that influence surrogate decision-makers' perceptions of prognosis."** *Critical Care Medicine* 38, no. 5 (May 2010): 1270-1275. Comment on pp. 1381-1382.

Among the findings of this survey of 179 surrogates interviewed 3-5 days after their family members were placed on mechanical ventilation: only 3 people -- less than 2% of the sample -- said that they based their sense of the patient's prognosis solely on the physician's estimate, and only 47% indicated that the physician's estimate contributed at least in part to their thinking. Specifically, regarding religion/spirituality [--see pp. 1273-1274]: "For 20% (35 of 179) of surrogates, a faith in God overrode any other source of prognostic information, allowing the person to believe, against all odds, that their patient was going to survive. This faith was expressed as a belief in the power of prayer, in the power of prayer circles and community support for the patient, or as the presence of God working through the actions of the doctors, nurses, and hospital staff. Some surrogates believed that it was not only their faith but also the patient's faith that would carry them toward recovery and health. As one parent described, 'My daughter is very, very sick, but I believe her faith in God and her faith in being cured of this rare disease she has will--has given her strength to survive and to--to live.' Two percent (4 of 179) reported a belief in the power of reciprocity, believing that their loved ones' good behavior, kind actions, or helpful life work would result in a 'favor' being given back from the universe. Some reported that their loved ones gave freely of their time to other sick people, that they used their humor or abilities to help others, and that this would somehow return to help them through their own struggles. As one family member said, 'Good things come to good people so I'm gonna hope that--you know, call in some markers for his good behavior.' Finally, in light of terrible odds and the realization that the patient was not going to recover,

this expression of faith was termed as a belief in--or hope for--miracles. When they had little else on which to base an optimistic prognosis, 4% (7 of 179) of surrogates said they resorted to hoping for a miracle. 'So the only thing we have left is a miracle. And before this, I really do not think I would have believed in miracles.'

Bradshaw, M. and Ellison, C. G. "**Financial hardship and psychological distress: exploring the buffering effects of religion.**" *Social Science & Medicine* 71, no. 1 (Jul 2010): 196-204.

[Abstract:] Despite ample precedent in theology and social theory, few studies have systematically examined the role of religion in mitigating the harmful effects of socioeconomic deprivation on mental health. The present study outlines several arguments linking objective and subjective measures of financial hardship, as well as multiple aspects of religious life, with psychological distress. Relevant hypotheses are then tested using data on adults aged 18-59 from the 1998 USNORC General Social Survey. Findings confirm that both types of financial hardship are positively associated with distress, and that several different aspects of religious life buffer against these deleterious influences. Specifically, religious attendance and the belief in an afterlife moderate the deleterious effects of financial hardship on both objective and subjective financial hardship, while meditation serves this function only for objective hardship. No interactive relationships were found between frequency of prayer and financial hardship. A number of implications, study limitations, and directions for future research are identified.

Brauer, J. A., El Sehamy, A., Metz, J. M. and Mao, J. J. [Department of Medicine, Lenox Hill Hospital, New York, NY]. "**Complementary and alternative medicine and supportive care at leading cancer centers: a systematic analysis of websites.**" *Journal of Alternative & Complementary Medicine* 16, no. 2 (Feb 2010): 183-186.

Among the findings of this study of websites of 41 National Cancer Institute designated comprehensive cancer centers [from the abstract:] The most common CAM approaches mentioned were: acupuncture (59%), meditation/nutrition/spiritual support/yoga (56% for each), massage therapy (54%), and music therapy (51%).

Braun, U. K., Ford, M. E., Beyth, R. J. and McCullough, L. B. [Houston VA Health Services Research & Development Center of Excellence, Department of Veteran Affairs, Michael E. DeBakey VA Medical Center, Houston, TX; ubraun@bcm.edu]. "**The physician's professional role in end-of-life decision-making: voices of racially and ethnically diverse physicians.**" *Patient Education & Counseling* 80, no. 1 (Jul 2010): 3-9.

[From the abstract:] ... We aimed to describe values and beliefs guiding physicians' EOL decision-making and explore the relationship between physicians' race/ethnicity and their decision-making. METHODS: Seven focus groups (3 Caucasian, 2 African American, 2 Hispanic) with internists and subspecialists (n=26) were conducted. Investigators independently analyzed transcripts, assigned codes, compared findings, reconciled differences, and developed themes. RESULTS: Four themes appeared to transcend physicians' race/ethnicity: (1) strong support for the physician's role; (2) responding to "unreasonable" requests; (3) organizational factors; and (4) physician training and comfort with discussing EOL care. Five themes physicians seemed to manage differently based on race/ethnicity: (1) preventing and reducing the burden of surrogate decision-making; (2) responding to requests for "doing everything;" (3) influence of physician-patient racial/ethnic concordance/discordance; (4) cultural differences concerning truth-telling; and (5) spirituality and religious beliefs....

Bravis, V., Hui, E., Salih, S., Mehar, S., Hassanein, M. and Devendra. D. [Jeffrey Kelson Diabetes Centre, Central Middlesex Hospital, London, UK]. "**Ramadan Education and Awareness in Diabetes (READ) programme for Muslims with Type 2 diabetes who fast during Ramadan.**" *Diabetic Medicine* 27, no. 3 (Mar 2010): 327-331.

[Abstract:] BACKGROUND AND AIMS: During Ramadan, Muslims fast from dawn to dusk for one lunar month. The majority of Muslim diabetic patients are unaware of complications such as hypoglycaemia during fasting. The safety of fasting has not been assessed in the UK Muslim population with diabetes. The aim of this study was to determine the impact of Ramadan-focused education on weight and hypoglycaemic episodes during Ramadan in a Type 2 diabetic Muslim population taking oral glucose-lowering agents. METHODS: We retrospectively analyzed two groups. Group A attended a structured education programme about physical activity, meal planning, glucose monitoring, hypoglycaemia, dosage and timing of medications. Group B did not. Hypoglycaemia was defined as home blood glucose < 3.5 mmol/l. RESULTS: There was a mean weight loss of 0.7 kg after Ramadan in group A, compared with a 0.6-kg mean weight gain in group B (P < 0.001). The weight changes observed were independent of the class of glucose-lowering agents used. There was a significant decrease in the total number of hypoglycaemic events in group A, from nine to five, compared with an increase in group B from nine to 36 (P < 0.001). The majority were in patients treated with short-acting sulphonylureas (group A-100%, group B-94%). At 12 months after attending the programme, glycated haemoglobin (HbA(1c)) reduction was sustained in group A. CONCLUSIONS: Ramadan-focused education in diabetes can empower patients to change their lifestyle during Ramadan. It minimizes the risk of hypoglycaemic events and prevents weight gain during this festive period for Muslims, which potentially benefits metabolic control.

Briscoe, W. P. and Woodgate, R. L. [Red River College of Applied Arts, Science and Technology, Winnipeg, Canada; wbriscoe@rrc.mb.ca]. "**Sustaining self: the lived experience of transition to long-term ventilation.**" *Qualitative Health Research* 20, no. 1 (Jan 2010): 57-67.

This phenomenological study of 11 ventilated patients only mentions spirituality in passing, noting that the experience of long-term ventilation was perceived as "physically, spiritually, and psychologically demanding" [p. 60], but the overall theme of "sustaining self" should be insightful for providers of pastoral/spiritual care.

Brown, C. G., Mory, S. C., Williams, R. and McClymond, M. J. [Indiana University, Bloomington; browncg@indiana.edu]. "**Study of the therapeutic effects of proximal intercessory prayer (STEPP) on auditory and visual impairments in rural Mozambique.**" *Southern Medical Journal* 103, no. 9 (Sep 2010): 864-869. Comment by Peteet, J. R., on p. 853.

[Abstract:] BACKGROUND: Proximal intercessory prayer (PIP) is a common complementary and alternative medicine (CAM) therapy, but clinical effects are poorly understood, partly because studies have focused on distant intercessory prayer (DIP). METHODS: This prospective study used an audiometer (Earscan(R) 3) and vision charts (40 cm, 6 m "Illiterate E") to evaluate 24 consecutive Mozambican subjects (19 males/5 females) reporting impaired hearing (14) and/or vision (11) who subsequently received PIP interventions. RESULTS: We measured significant improvements in auditory (P < 0.003) and visual (P < 0.02) function across both tested populations. CONCLUSIONS: Rural Mozambican subjects exhibited improved audition and/or visual acuity subsequent to PIP. The magnitude of measured effects exceeds that

reported in previous suggestion and hypnosis studies. Future study seems warranted to assess whether PIP may be a useful adjunct to standard medical care for certain patients with auditory and/or visual impairments, especially in contexts where access to conventional treatment is limited. [For further summary and comment, see the September 2010 Article-of-the-Month feature of the ACPE Research Network (www.ACPEresearch.net).]

Bussell, V. A. and Naus, M. J. [Department of Behavioral Sciences, Houston Baptist University, Houston, TX; vbussell@hbu.edu]. "**A longitudinal investigation of coping and posttraumatic growth in breast cancer survivors.**" *Journal of Psychosocial Oncology* 28, no. 1 (Jan 2010): 61-78.

[Abstract:] This study supported several predictions for coping and distress during chemotherapy (Time 1), and coping, perceived stress, and posttraumatic growth two years later (Time 2) in women with breast cancer. At T1, the emotion-focused coping strategies of disengagement, denial, self-blame, and venting were positively related to physical and psychological distress. In addition, the cognitive strategies of religion, positive reframing, and acceptance together accounted for a significant amount of the variance in fatigue and distressed mood. Positive reframing and acceptance negatively related to chemotherapy distress, while using religion positively related. However, using religion at chemotherapy (T1) related to more posttraumatic growth at two-year follow-up (T2). Furthermore, at two-year follow-up, (1) using religion, positive reframing, and acceptance accounted for forty-six percent (46%) of the variance in posttraumatic growth; (2) positive reframing related to more posttraumatic growth; (3) instrumental and emotional support related to more posttraumatic growth; (4) acceptance related to less perceived stress; (5) self-blame related to more perceived stress; and (6) posttraumatic growth marginally related to lower perceived stress. These findings support the current theoretical model that posttraumatic growth is adaptive, that it results from cognitively processing trauma, and that coping may moderate this growth.

Bussing, A., Balzat, H. J. and Heusser, P. [Center for Integrative Medicine, Faculty of Medicine, University of Witten/Herdecke, Gerhard-Kienle-Weg, Herdecke, Germany; Arndt.Buessing@uni-wh.de]. "**Spiritual needs of patients with chronic pain diseases and cancer - validation of the spiritual needs questionnaire.**" *European Journal of Medical Research* 15, no. 6 (Jun 28, 2010): 266-273.

[Abstract:] PURPOSE: For many patients confronted with chronic diseases, spirituality/religiosity is a relevant resource to cope. While most studies on patients' spiritual needs refer to the care of patients at the end of life, our intention was to develop an instrument to measure spiritual, existential and psychosocial need of patients with chronic diseases. METHODS: In an anonymous cross-sectional survey, we applied the Spiritual Needs Questionnaire (SpNQ version 1.2.) to 210 patients (75% women, mean age 54 +/- 12 years) with chronic pain conditions (67%), cancer (28%), other chronic conditions (5%). Patients were recruited at the Community Hospital Herdecke, the Institute for Complementary Medicine (University of Bern), and at a conference of a cancer support group in Herten. RESULTS: Factor analysis of the 19-item instrument (Cronbach's alpha +/- .93) pointed to 4 factors which explain 67% of variance: Religious Needs, Need for Inner Peace, Existentialistic Needs (Reflection / Meaning), and Actively Giving. Within the main sample of patients with chronic pain and cancer, Needs for Inner Peace had the highest scores, followed by Self competent Attention; Existentialistic Needs had low scores, while the Religious Needs scores indicate no interest. Patients with cancer had significantly higher SpNQ scores than patients with chronic pain conditions. There were just some weak associations between Actively Giving and life satisfaction ($r +/- .17$; $p +/- .012$), and negatively with the symptom score ($r +/- -.29$; $p < .0001$); Need for Inner Peace was weakly associated with satisfaction with treatment efficacy ($r +/- .24$; $p < .0001$). Regression analyses reveal that the underlying disease (i.e., cancer) was of outstanding relevance for the patients' spiritual needs. CONCLUSION: The preliminary results indicate that spiritual needs are conceptually different from life satisfaction, and can be interpreted as the patients' longing for spiritual well-being. Methods how health care professionals may meet their patients' spiritual needs remain to be explored.

Bussing, A., Ostermann, T., Neugebauer, E. A. and Heusser, P. [Center for Integrative Medicine, University Witten/Herdecke Germany, Herdecke, Germany; arndt.buessing@uni-wh.de]. "**Adaptive coping strategies in patients with chronic pain conditions and their interpretation of disease.**" *BMC Public Health* 10 (2010): 507 [online journal article designation].

[Abstract:] BACKGROUND: We examined which adaptive coping strategies, referring to the concept of 'locus of disease control', were of relevance for patients with chronic pain conditions, and how they were interconnected with patients' life satisfaction and interpretation of disease. METHODS: In a multicenter cross-sectional anonymous survey with the AKU questionnaire, we enrolled 579 patients (mean age 54 +/- 14 years) with various chronic pain conditions. RESULTS: Disease as an adverse interruption of life was the prevalent interpretation of chronic pain conditions. As a consequence, patients relied on external powerful sources to control their disease (i.e., Trust in Medical Help; Search for Information and Alternative Help), but also on internal powers and virtues (i.e., Conscious Way of Living; Positive Attitudes). In contrast, Trust in Divine Help as an external transcendent source and Reappraisal: Illness as Chance as an internal (cognitive) strategy were valued moderately. Regression analyses indicated that Positive Attitudes and higher age were significant predictors of patients' life satisfaction, but none of the other adaptive coping strategies. While the adaptive coping strategies were not associated with negative interpretations of disease, the cognitive reappraisal attitude was of significant relevance for positive interpretations such as value and challenge. CONCLUSIONS: The experience of illness may enhance intensity and depth of life, and thus one may explain the association between internal adaptive coping strategies (particularly Reappraisal) and positive interpretations of disease. To restore a sense of self-control over pain (and thus congruence with the situation), and the conviction that one is not necessarily disabled by disease, is a major task in patient care. In the context of health services research, apart from effective pain management, a comprehensive approach is needed which enhances the psychospiritual well-being of patients.

Button, T. M., Hewitt, J. K., Rhee, S. H., Corley, R. P. and Stallings, M. C. [Institute for Behavioral Genetics, University of Colorado at Boulder; tanya.button@colorado.edu]. "**The moderating effect of religiosity on the genetic variance of problem alcohol use.**" *Alcoholism: Clinical & Experimental Research* 34, no. 9 (Sep 1, 2010): 1619-1624.

[Abstract:] BACKGROUND: Previous studies have demonstrated that the heritability of alcohol-related phenotypes depends upon the social background in which it is measured (e.g., urbanicity, marital status, and religiosity). The aim of the current study was to identify whether religiosity moderated the genetic variance of problem alcohol use in men and women at two time points: adolescence and early adulthood. METHOD: Participants were 312 male MZ pairs, 379 female MZ pairs, 231 male DZ pairs, 235 female DZ pairs, and 275 opposite sex DZ pairs participating in the University of Colorado Center on Antisocial Drug Dependence. Religiosity was measured using the Value on Religion Scale (Jessor and Jessor, 1977), and problem alcohol use was measured using the Composite International Diagnostic Interview-Substance Abuse Module (Cottler et al., 1989). Data were analyzed using a model-fitting approach to the twin data. RESULTS: In adolescence, genetic

variance of problem alcohol use decreased significantly with increasing levels of religiosity in both men and women, whereas in early adulthood, religiosity did not moderate the genetic variance of problem alcohol use in either men or women. CONCLUSION: Religiosity appears to moderate the genetic effects on problem alcohol use during adolescence, but not during early adulthood. The reduced genetic variance for problem alcohol use in adolescence may be the consequence of greater social control in adolescence than in young adulthood.

Callister, L. C. and Khalaf, I. [Brigham Young University College of Nursing in Provo, UT and University of Jordan, Amman, Jordan]. "**Spirituality in childbearing women.**" *Journal of Perinatal Education* 19, no. 2 (2010): 16-24. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Childbearing is the ideal context within which to enrich spirituality. The purpose of this study was to generate themes regarding spirituality and religiosity among culturally diverse childbearing women. A secondary analysis was performed, using existing narrative data from cross-cultural studies of childbearing women. The following themes emerged from the data: childbirth as a time to grow closer to God, the use of religious beliefs and rituals as powerful coping mechanisms, childbirth as a time to make religiosity more meaningful, the significance of a Higher Power in influencing birth outcomes, and childbirth as a spiritually transforming experience. In clinical settings, understanding the spiritual dimensions of childbirth is essential. Assessments of childbearing women may include the question, "Do you have any spiritual beliefs that will help us better care for you?"

Campbell, J. D., Yoon, D. P. and Johnstone, B. [Department of Family and Community Medicine, University of Missouri, Columbia; campbellj@health.missouri.edu]. "**Determining relationships between physical health and spiritual experience, religious practices, and congregational support in a heterogeneous medical sample.**" *Journal of Religion & Health* 49, no. 1 (Mar 2010): 3-17.

[Abstract:] Previous research indicates that increased religiosity/spirituality is related to better health, but the specific nature of these relationships is unclear. The purpose of this study was to determine the relationships between physical health and spiritual belief, religious practices, and congregational support using the Brief Multidimensional Measure of Religiousness/Spirituality and the Medical Outcomes Scale Shortform-36. A total of 168 participants were surveyed with the following medical disorders: Cancer, Spinal Cord Injury, Traumatic Brain Injury, and Stroke, plus a healthy sample from a primary care setting. The results show that individuals with chronic medical conditions do not automatically turn to religious and spiritual resources following onset of their disorder. Physical health is positively related to frequency of attendance at religious services, which may be related to better health leading to increased ability to attend services. In addition, spiritual belief in a loving, higher power, and a positive worldview are associated with better health, consistent with psychoneuroimmunological models of health. Practical implications for health care providers are discussed.

Carlozzi, B. L., Winterowd, C., Harrist, R. S., Thomason, N., Bratkovich, K. and Worth, S. [School of Applied Health and Education Psychology, Oklahoma State University, Stillwater; barb.carlozzi@okstate.edu]. "**Spirituality, anger, and stress in early adolescents.**" *Journal of Religion & Health* 49, no. 4 (Dec 2010): 445-459.

[Abstract:] The purpose of this study was to explore the relationship of spiritual beliefs and involvement with anger and stress in early adolescents. Early adolescents (n = 53) completed the Spiritual Involvement and Beliefs Scale (Hatch et al. 1998), the State-Trait Anger Expression Inventory (Spielberger 1999), and the Perceived Stress Scale (Cohen and Williamson 1988). Contrary to expectations, spirituality was significantly and positively related to anger and stress. Implications and possible explanations for the unanticipated findings in this study are discussed.

Carr, T. J. [University of New Brunswick, Canada; tcarr@unbsj.ca]. "**Facing existential realities: exploring barriers and challenges to spiritual nursing care.**" *Qualitative Health Research* 20, no. 10 (Oct 2010): 1379-1392.

[Abstract:] Although nurses of the past and present recognize the importance of spiritual care to health and healing, in practice and education, spiritual care dwells on the periphery of the profession. The purpose of this study was to gain a better understanding of the reasons behind this contradiction. Using the phenomenological approach, open-ended interviews were conducted with 29 individuals, including oncology nurses, patients and their families, chaplains, and hospital administrators. Their accounts reveal examples of how attitudes, beliefs, and practices of the larger organizational culture can shape the everyday lived experience of bedside nursing. Specifically, these influences tend to create a lived space that is uncaring, and a lived time that is "too tight." Moreover, lived body is experienced as an object for technical intervention, and lived other is experienced from a distance rather than "up close and personal." It was argued that, together, these existential experiences of lived time, space, body, and other create formidable barriers to spiritual nursing care.

Casarez, R. L., Engebretson, J. C., Ostwald, S. K. [School of Nursing, University of Texas Health Science Center at Houston; Rebecca.L.Casarez@uth.tmc.edu]. "**Spiritual practices in self-management of diabetes in African Americans.**" *Holistic Nursing Practice* 24, no. 4 (Jul-Aug 2010): 227-237.

[Abstract:] In this qualitative study, African Americans described 3 orientations about spiritual practices and diabetes self-management: Spiritual practice as effort toward self-management; spiritual practice and self-management as effort toward healing; and spiritual practice as effort toward healing. Spiritual practices may influence diabetes self-management in African Americans and be a resource in care.

Cavaliere, T. A., Daly, B., Dowling, D. and Montgomery, K. [Schneider Children's Hospital at North Shore, Manhasset, NY; tcavaliere@nshs.edu]. "**Moral distress in neonatal intensive care unit RNs.**" *Advances in Neonatal Care* 10, no. 3 (Jun 2010): 145-156.

Among the findings of this study involving 94 RNs [from the abstract:] "[four] RN characteristics were significantly related to moral distress: the desire to leave their current position, lack of spirituality, altered approach to patient care, and considering but not leaving a previous job because of moral distress."

Chang, B. H., Casey, A., Dusek, J. A. and Benson, H. [Department of Health Policy and Management, Boston University School of Public Health, Boston, MA; bhchang@bu.edu]. "**Relaxation response and spirituality: pathways to improve psychological outcomes in cardiac rehabilitation.**" *Journal of Psychosomatic Research* 69, no. 2 (Aug 2010): 93-100.

[Abstract:] OBJECTIVES: Studies have shown beneficial effects from practicing the relaxation response (RR). Various pathways for these effects have been investigated. Previous small studies suggest that spirituality might be a pathway for the health effects of the RR. In this study, we tested the hypothesis that increased spiritual well-being by eliciting the RR is one pathway resulting in improved psychological outcomes.

METHODS: This observational study included 845 outpatients who completed a 13-week mind/body Cardiac Rehabilitation Program. Patients self-reported RR practice time in a questionnaire before and after the 13-week program. Similarly, data on spiritual well-being, measured by the subscale of Spiritual Growth of the Health-Promoting Lifestyle Profile II, were collected. The psychological distress levels were measured by the Symptom Checklist-90-Revised. We tested the mediation effect of spiritual well-being using regression analyses. **RESULTS:** Significant increases in RR practice time (75 min/week, effect size/ES=1.05) and spiritual well-being scores (ES=0.71) were observed after participants completed the program (P<.0001). Patients also improved on measures of depression, anxiety, hostility and the global severity index with medium effect sizes (0.25 to 0.48, P<.0001). Greater increases in RR practice time were associated with enhanced spiritual well-being (beta=.08, P=.01); and enhanced spiritual well-being was associated with improvements in psychological outcomes (beta=-0.14 to -0.22, P<.0001). **CONCLUSION:** Our data demonstrated a possible dose-response relationship among RR practice, spiritual and psychological well-being. Furthermore, the data support the hypothesis that spiritual well-being may serve as a pathway of how RR elicitation improves psychological outcomes. These findings might contribute to improved psychological care of cardiac patients.

Chapman, L. K. and Steger, M. F. [Department of Psychological and Brain Sciences, University of Louisville, Louisville, KY; kevin.chapman@louisville.edu]. **"Race and religion: differential prediction of anxiety symptoms by religious coping in African American and European American young adults."** *Depression & Anxiety* 27, no. 3 (Mar 2010): 316-322.

[Abstract:] **BACKGROUND:** Psychosocial factors, including religious coping, consistently have been implicated in the expression of anxiety disorders. This study sought to investigate the relationship between religious coping on anxiety symptoms among a nonclinical sample of African American and European American young adults. **METHODS:** One hundred twenty-one European American and 100 African American young adults completed measures of anxiety and religious coping. **RESULTS:** As predicted, results differed according to race. African Americans reported significantly more positive religious coping, less negative religious coping, and experienced fewer anxiety symptoms than European Americans. European Americans demonstrated a significant, positive relationship between negative religious coping and anxiety symptoms, and an opposite trend related to anxiety and positive religious coping. However, no such relationships emerged among the African American sample. **CONCLUSIONS:** Implications and suggestions for future research are discussed.

Chatterjee, A. and O'Keefe, C. [Department of Pediatrics, Creighton University School of Medicine, Omaha, NE; achatter@creighton.edu]. **"Current controversies in the USA regarding vaccine safety."** *Expert Review of Vaccines* 9, no. 5 (Mau 2010): 497-502.

Among the points of this article: religious objection to vaccination based on some vaccine viruses being grown in cell lines from aborted fetal tissues.

Chaudhry, A. S. [Department of Religion, Colgate University, Hamilton, NY; achaudhry@colgate.edu]. **"Unlikely motherhood in the Qur'an: oncofertility as devotion."** *Cancer Treatment & Research* 156 (2010): 287-294.

This is one of a group of reviews in this issue of the journal regarding religious traditions and fertility issues in the context of cancer, See also articles by Ahmed, R.; Lauritzen, P.; Silber, S. J.; Zoloth, L.; and Zoloth, L. and Henning, A. A.; noted elsewhere in this bibliography.

Chaves, E. de C. L., Carvalho, E. C. de, Terra, F. de S. and Souza, L. de. [Universidade Federal de Alfenas, Brazil echaves@unifal-mg.edu.br]. **"Clinical validation of impaired spirituality in patients with chronic renal disease."** *Revista Latino-Americana de Enfermagem* 18, no. 3 (May-Jun 2010): 309-316. [Note: Medline incorrectly lists the lead author's name as De Cassia Lopes Chaves, E.]

[Abstract:] This study aimed to identify and validate the defining characteristics of the nursing diagnosis Impaired spirituality. The methodological framework proposed by Fehring for the clinical validation of nursing diagnosis was used. The investigation was carried out in a dialysis clinic and had as participants 120 patients with chronic renal disease. Data were collected by two expert nurses, through interviews. The prevalence of the nursing diagnosis Impaired spirituality in the sample was 27.5%. It was found that the most frequent defining characteristics were Expresses behavioral changes: rage, Inability to express creativity, Questions suffering and Expresses alienation. The clinical validation of Impaired spirituality contributed to refine this diagnosis. Its identification in patients with chronic renal disease undergoing dialysis treatment can offer alternatives for a safer and more effective intervention, aiming at the satisfaction of the spiritual needs of these patients.

Christopher, S. A. [Medical College of Wisconsin, Milwaukee; schristopher@mcw.edu]. **"The relationship between nurses' religiosity and willingness to let patients control the conversation about end-of-life care."** *Patient Education & Counseling* 78, no. 2 (Feb 2010): 250-255.

[Abstract:] **OBJECTIVE:** The study attempts to examine the relationship between nurses' religious beliefs and how nurses communicate with patients. **METHOD:** An online census survey was administered to graduate students in the School of Nursing at a Midwestern university. The survey was designed to measure: relational control, as measured by the subscales of dominance and task orientation in Burgoon and Hale's scale of relational communication; clinician empathy, as measured by the Jefferson scale of clinician empathy; and intrinsic and extrinsic religiosity, whether religious views are held for deep personal reasons or social reasons, as measured by the Maltby and Lewis scale. Data were analyzed using multiple regressions and one-way ANOVAs. **RESULTS:** Intrinsic religiosity and empathy were both associated with the willingness to relinquish relational control in certain, specific contexts, such as end-of-life care. **CONCLUSION:** Nurses who scored higher on a scale of intrinsic religious beliefs were more willing to let patients take control of conversations about end-of-life care. **PRACTICE IMPLICATIONS:** A nurse's religious beliefs can enhance the clinical experience without the nurse trying to impose his or her beliefs on the patient, as the nurse works to make sure the patient's religious beliefs are upheld.

Chokkhanhitchai, S., Tangarunsanti, T., Jaovisidha, S., Nantiruj, K. and Janwityanujit, S. [Department of Internal Medicine, Phranakhon Sri Ayutthaya Hospital, Bangkok, Thailand]. **"The effect of religious practice on the prevalence of knee osteoarthritis."** *Clinical Rheumatology* 29, no. 1 (Jan 2010): 39-44.

[Abstract:] The aim of this study is to evaluate the effect of religious practice on the prevalence, severity, and patterns of knee osteoarthritis (OA) in a Thai elderly population with the same ethnicity and culture but different religions. A house-to-house survey was conducted in two subdistricts of Phranakhon Sri Ayutthaya province where inhabitants are a mixture of Buddhists and Muslims. One hundred fifty-three Buddhists and 150 Muslims aged >or= 50 years were evaluated demographically, physically, and radiographically. Those suffering knee pains

were questioned about severity using the Western Ontario and McMaster University Osteoarthritis Index (WOMAC) scores and examined for their range of knee motion. Radiographic knee OA (ROA) was defined as Kellgren-Lawrence radiographic grade ≥ 2 while symptomatic knee OA (SOA) was defined as knee symptoms of at least 1 month in a knee with ROA. Muslims had on average a higher number of daily religious practices than their Buddhist neighbors ($p < 0.001$). The prevalence of knee pain and ROA was significantly higher in Buddhists than in Muslims (67.11 vs. 55.80, $p = 0.02$ for knee pain; 85.62 vs. 70.67, $p = 0.02$ for ROA). For SOA, Buddhists showed a trend towards higher prevalence than Muslims (47.71 vs. 37.32, $p = 0.068$). No significant difference was found when the range of motion and WOMAC scores were compared between the two groups. Muslims had a lower prevalence of OA than their Buddhists counterparts with the same ethnicity but different religious practice. The Muslim way of praying since childhood, forcing the knees into deep flexion, may stretch the soft tissue surrounding the knee and decrease stiffness and contact pressure of the articular cartilage.

Cobb, T. G. [Pacific University School of Physician Assistant Studies, Hillsboro, OR; torrycobb@pacificu.edu]. "**Strategies for providing cultural competent health care for Hmong Americans.**" *Journal of Cultural Diversity* 17, no. 3 (2010): 79-83.

See especially the section: Medical and Religious Beliefs [p. 80]. [Abstract:] In the early 1980's the United States gave the Hmong preferred refugee status and a large number immigrated to the U.S. The Hmong refugees brought with them their language, social structure and customs, religious beliefs and rituals as well as their health care beliefs and practices. They were uprooted from their community and social supports and now live where the culture, language and socioeconomics are vastly different. Despite having learned a great deal about the Hmong culture over the last three decades, providing culturally competent health care for this unique group continues to be a challenge. The purpose of this paper is to enumerate the barriers to providing health care to Hmong Americans and share strategies to respect Hmong culture when providing quality health care. Emphasis is placed on building relationships based on trust and mutual respect. Cultural exchange is encouraged as well as the need for basic cultural awareness.

Cohen, C. I., Jimenez, C. and Mittal, S. [Department of Psychiatry, SUNY Downstate Medical Center, Brooklyn, NY; carl.cohen@downstate.edu]. "**The role of religion in the well-being of older adults with schizophrenia.**" *Psychiatric Services* 61, no. 9 (Sep 2010): 917-922.

[Abstract:] OBJECTIVES: This study examined a community sample of older adults with schizophrenia to determine whether there were differences in religiousness with their age peers, to examine the relationship between religiousness and psychotic symptoms, and to see whether religiousness has direct or stress-buffering effects on quality of life. METHODS: The schizophrenia group consisted of 198 community-dwelling persons aged 55 and older who developed schizophrenia before age 45. A community comparison group ($N=113$) was recruited using randomly selected block groups. A seven-item religiousness scale was developed that consisted of three dimensions (salience, coping, and attendance). An adaptation of Pearlin and colleagues' Stress Process Model was used to examine the direct and buffering effects of religiousness on quality of life. RESULTS: Persons with schizophrenia had significantly lower levels of religiousness than their age peers, although this was due to less frequent religious attendance (four times a year versus once a month). Religiousness was not significantly associated with psychotic symptoms, nor did it have any buffering effects on the relationship between psychosis and quality of life. Religiousness had a significant, albeit modest, independent additive effect on quality of life, and it did not have any buffering effects on the four stressors that were significantly associated with quality of life. CONCLUSIONS: Religiousness may have a favorable impact on the quality of life of older adults with schizophrenia, and it must be considered along with other therapeutically important agents.

Coin, A., Perissinotto, E., Najjar, M., Girardi, A., Inelmen, E. M., Enzi, G., Manzato, E. and Sergi, G. [Geriatric Clinics, Department of Surgical and Medical Sciences, University of Padova, Italy; alessandra.coin@unipd.it]. "**Does religiosity protect against cognitive and behavioral decline in Alzheimer's dementia?**" *Current Alzheimer Research* 7, no. 5 (Aug 2010): 445-452.

[Abstract:] BACKGROUND: several studies have shown that religiosity has beneficial effects on health, mortality and pathological conditions; little is known about religiosity in Alzheimer's disease and the progression of its cognitive, behavioral and functional symptoms. Our aim was to identify any relationship between religiosity and the progression of cognitive impairment and behavioral disorders in mild-moderate Alzheimer's disease, and any relationship between the patient's religiosity and the stress in caregivers. MATERIALS AND METHODS: 64 patients with Alzheimer's disease were analyzed at baseline and 12 months later using the Mini-Mental State Examination (MMSE), the Behavioral Religiosity Scale (BRS) and the Francis Short Scale (FSS). Caregivers were also questioned on the patient's functional abilities (ADL, IADL), the behavioral disturbances (NPI), and on their stress (NPI-D, CBI). Patients were divided into 2 groups according to BRS: a score of < 24 meant no or low religiosity (LR), while a score of ≥ 24 meant moderate or high religiosity (HR). FINDINGS: LR patients had worsened more markedly after 12 months in their total cognitive and behavioral test scores. Stress was also significantly higher in the caregivers of the LR group. Global BRS and FSS scores correlated significantly with variations after 1 year in the MMSE ($r: 0.50$), NPI ($r: 0.51$), NPI-D ($r: -0.55$) and CBI ($r: -0.62$). A low religiosity coincided with a higher risk of cognitive impairment, considered as a 3-point decrease in MMSE score (OR 6.7, CI: 1.8-24.7). INTERPRETATION: higher levels of religiosity in Alzheimer's dementia seem to correlate with a slower cognitive and behavioral decline, with a corresponding significant reduction of the caregiver's burden.

Considine, J. and Miller, K. [Department of Communication, University of Wisconsin-Oshkosh]. "**The dialectics of care: communicative choices at the end of life.**" *Health Communication* 25, no. 2 (Mar 2010): 165-174.

[Abstract:] Communication at the end of life poses important challenges for patients, families, and caregivers. Previous research on end-of-life communication has concentrated on areas including the provision of bad news and clinical and personal decision making. In this study, we turn our attention to the processes through which caregivers provide comfort in palliative care. Our ethnographic and interview study of spiritual communication among hospice workers and their patients is guided by a dialectical framework. We find a central dialectic in which hospice workers recognize the tension between "leading" and "following" patients and families in discussions of spirituality at the end of life. Our analysis reveals that though some care providers choose one pole of this dialectic, most workers try to manage the dialectic by shifting between leading and following in different situations or different points in time or by transcending the dialectic and addressing the multiple goals of interaction.

Cotton, S., McGrady, M. E. and Rosenthal, S. L. [Department of Family and Community Medicine, University of Cincinnati Academic Health Center, Cincinnati, OH; sian.cotton@uc.edu]. "**Measurement of religiosity/spirituality in adolescent health outcomes research: trends and recommendations.**" *Journal of Religion & Health* 49, no. 4 (Dec 2010): 414-444.

[Abstract:] The relationship between religious/spiritual (R/S) factors and adolescent health outcomes has been studied for decades; however, the R/S measurement tools used may not be developmentally relevant for adolescents. A systematic literature review was conducted to review and evaluate trends in measuring R/S in adolescent health outcomes research. In this review a total of 100 articles met criteria for inclusion. Relatively few (n = 15) included adolescent-specific R/S measures or items accounting for developmentally relevant issues such as parental religiosity or age-appropriate language. Future R/S and health research with adolescents would be strengthened by incorporating developmentally relevant R/S measurement tools, psychometrics, and multidimensional measures.

Cowchock, F. S., Lasker, J. N., Toedter, L. J., Skumanich, S. A. and Koenig, H. G. [Center for Spirituality, Theology and Health, Duke University Medical Center, Durham, NC; fcowchock@nc.rr.com]. **"Religious beliefs affect grieving after pregnancy loss."** *Journal of Religion & Health* 49, no. 4 (Dec 2010): 485-497.

[Abstract:] Religious beliefs and practices may aid in coping with bereavement and grief after pregnancy loss. Data from 103 women enrolled in the original Lehigh Valley Perinatal Loss Project, and who were followed-up for at least 1 year, were evaluated for the impact of initial religious practices and beliefs on the course and severity of grief. Religious practices corresponding to standard scales of religiosity and agreement with specific beliefs were rated by the women on a Likert scale of 1-5. Neither agreement with statements corresponding to extrinsic and intrinsic religiosity or to positive religious coping, nor frequency of religious service attendance was predictive of follow-up scores on the Perinatal Grief Scale. Religious struggle, agreement with statements classified as negative religious coping, and continued attachment to the baby were all associated with more severe grief.

Cruz, M., Pincus, H. A., Welsh, D. E., Greenwald, D., Lasky, E. and Kilbourne, A. M. [Advanced Center for Intervention and Services, Research for Late-life Mood and Anxiety Disorders, Western Psychiatric Institute and Clinic, Pittsburgh, PA; cruzm@upmc.edu]. **"The relationship between religious involvement and clinical status of patients with bipolar disorder."** *Bipolar Disorders* 12, no. 1 (Feb 2010): 68-76.

[Abstract:] OBJECTIVE: Religion and spirituality are important coping strategies in depression but have been rarely studied within the context of bipolar disorder. The present study assessed the association between different forms of religious involvement and the clinical status of individuals treated for bipolar disorder. METHODS: A cross-sectional observation study of follow-up data from a large cohort study of patients receiving care for bipolar disorder (n = 334) at an urban Veterans Affairs mental health clinic was conducted. Bivariate and multivariate analyses were performed to assess the association between public (frequency of church attendance), private (frequency of prayer/meditation), as well as subjective forms (influence of beliefs on life) of religious involvement and mixed, manic, depressed, and euthymic states when demographic, anxiety, alcohol abuse, and health indicators were controlled. RESULTS: Multivariate analyses found significant associations between higher rates of prayer/meditation and participants in a mixed state [odds ratio (OR) = 1.29; 95% confidence interval (CI) = 1.10-1.52, chi square = 9.42, df = 14, p < 0.05], as well as lower rates of prayer/meditation and participants who were euthymic (OR = 0.84; 95% CI = 0.72-0.99, chi square = 4.60, df = 14, p < 0.05). Depression and mania were not associated with religious involvement. CONCLUSIONS: Compared to patients with bipolar disorder in depressed, manic, or euthymic states, patients in mixed states have more active private religious lives. Providers should assess the religious activities of individuals with bipolar disorder in mixed states and how they may complement/deter ongoing treatment. Future longitudinal studies linking bipolar states, religious activities, and treatment-seeking behaviors are needed.

Curtis, J. R. and Vincent, J. L. [Division of Pulmonary and Critical Care Medicine, Harborview Medical Center; University of Washington, Seattle; jrc@u.washington.edu]. **"Ethics and end-of-life care for adults in the intensive care unit."** *Lancet* 376, no. 9749 (Oct 16, 2010): 1347-1353.

The authors of this review note: "[An] important part of care in the ICU is to assess the spiritual needs of the families and then offer them spiritual care if desired. Family satisfaction with care is increased if spiritual care needs are assessed, and spiritual care is provided by a spiritual-care provider." [p. 1350]

Dabirian, A., Yaghmaei, F., Rassouli, M. and Tafreshi, M. Z. [Nursing and Midwifery School, Shahid Beheshti University of Medical Sciences, Tehran, Iran.]. **"Quality of life in ostomy patients: a qualitative study."** *Patient Preference & Adherence* 5 (2010): 1-5. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

Among the findings of this qualitative study involving 14 patients: "All of the participants in this study were Muslims, and most of them felt able to continue their religious rituals as usual. However, some considered that their religious rituals had been disrupted by colostomy. One of them said: 'When I am going to pray in the Mosque, I feel I am not worthy enough to join the praying group, because I worry about my cleanliness for worship, prayer, and other religious tasks.' However, none of the other participants reported any change in his/her belief in their God after colostomy." [p. 3] "As with many religions, it is important in Islam to be clean and free of any fecal material, especially when praying, so nurses need to optimize patient hygiene as far as possible." [p. 4]

Davidson, L. A., Pettis, C. T., Joiner, A. J., Cook, D. M. and Klugman, C. M. **"Religion and conscientious objection: a survey of pharmacists' willingness to dispense medications."** *Social Science & Medicine* 71, no. 1 (Jul 2010): 161-165.

[Abstract:] Some US states allow pharmacists to refuse to dispense medications to which they have moral objections, and federal rules for all health care providers are in development. This study examines whether demographics such as age, religion, gender influence 668 Nevada pharmacists' willingness to dispense or transfer five potentially controversial medications to patients 18 years and older: emergency contraception, medical abortifacients, erectile dysfunction medications, oral contraceptives, and infertility medications. Almost 6% of pharmacists indicated that they would refuse to dispense and refuse to transfer at least one of these medications. Religious affiliation significantly predicted pharmacists' willingness to dispense emergency contraception and medical abortifacients, while age significantly predicted pharmacists' willingness to distribute infertility medications. Evangelical Protestants, Catholics and other-religious pharmacists were significantly more likely to refuse to dispense at least one medication in comparison to non-religious pharmacists in multinomial logistic regression analyses. Awareness of the influence of religion in the provision of pharmacy services should inform health care policies that appropriately balance the rights of patients, physicians, and pharmacists alike. The results from Nevada pharmacists may suggest similar tendencies among other health care workers, who may be given latitude to consider morality and value systems when making clinical decisions about care.

- Davison, S. N. [Department of Medicine, University of Alberta, Canada; sara.davison@ualberta.ca]. "**End-of-life care preferences and needs: perceptions of patients with chronic kidney disease.**" *Clinical Journal of the American Society of Nephrology* 5, no. 2 (Feb 2010): 195-204. Comment on pp. 163-166.
 [Abstract:] BACKGROUND AND OBJECTIVES: Despite high mortality rates, surprisingly little research has been done to study chronic kidney disease (CKD) patients' preferences for end-of-life care. The objective of this study was to evaluate end-of-life care preferences of CKD patients to help identify gaps between current end-of-life care practice and patients' preferences and to help prioritize and guide future innovation in end-of-life care policy. DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: A total of 584 stage 4 and stage 5 CKD patients were surveyed as they presented to dialysis, transplantation, or predialysis clinics in a Canadian, university-based renal program between January and April 2008. RESULTS: Participants reported relying on the nephrology staff for extensive end-of-life care needs not currently systematically integrated into their renal care, such as pain and symptom management, advance care planning, and psychosocial and spiritual support. Participants also had poor self-reported knowledge of palliative care options and of their illness trajectory. A total of 61% of patients regretted their decision to start dialysis. More patients wanted to die at home (36.1%) or in an inpatient hospice (28.8%) compared with in a hospital (27.4%). Less than 10% of patients reported having had a discussion about end-of-life care issues with their nephrologist in the past 12 months. CONCLUSIONS: Current end-of-life clinical practices do not meet the needs of patients with advanced CKD.
- Davison, S. N. and Jhangri, G. S. [Department of Medicine, University of Alberta, Edmonton, Canada; sara.davison@ualberta.ca]. "**Existential and religious dimensions of spirituality and their relationship with health-related quality of life in chronic kidney disease.**" *Clinical Journal of the American Society of Nephrology* 5, no. 11 (Nov 2011): 1969-1976.
 [Abstract:] BACKGROUND AND OBJECTIVES: Spiritual aspects of health-related quality of life (HRQoL) in patients with chronic kidney disease (CKD) have not been fully assessed. This study described the religious and existential dimensions of spirituality of patients with CKD, provided evidence to support construct validity of the ESRD Spiritual Beliefs Scale, and examined the relationship between constructs of spirituality and HRQoL. DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: This was a prospective, cohort study of 253 predominantly white (81.5%) prevalent patients with stage 4 or 5 CKD or receiving long-term dialysis. Participants completed the Kidney Dialysis Quality of Life Short Form, the ESRD Spiritual Beliefs Scale, the Spiritual Perspective Scale, and the Spiritual Well-Being Scale. RESULTS: Three subscales of ESRD Spiritual Beliefs Scale were highly correlated with other measures of religiosity and weakly correlated with existential well-being. Mean of three subscales of ESRD Spiritual Beliefs Scale and overall Spiritual Perspective Scale scores were 8.8 to 9.9 and 3.3, respectively. Mean +/- SD existential and religious scores of the Spiritual Well-Being Scale were 42.9 +/- 8.8 and 38.8 +/- 11.4, respectively. Negligible correlations existed between religious scores and HRQoL. Conversely, existential well-being was moderately associated with several domains of HRQoL. CONCLUSIONS: Our study supports construct validity of the ESRD Spiritual Beliefs Scale as a measure of religiosity. It did not seem to capture the existential dimension of spirituality. The existential domain of spirituality was more clinically relevant to patients in this study and had a greater impact on HRQoL compared with measures of religiosity.
- Davison, S. N. and Jhangri, G. S. [Division of Nephrology & Immunology, University of Alberta, Edmonton, Alberta, Canada; sara.davison@ualberta.ca]. "**Existential and supportive care needs among patients with chronic kidney disease.**" *Journal of Pain & Symptom Management* 40, no. 6 (Dec 2010): 838-843.
 [Abstract:] CONTEXT: Living with chronic kidney disease (CKD) is associated with spiritual distress and frequently precipitates a search for meaning and hope; yet, very little is known about these patients' spiritual needs. OBJECTIVES: To describe the nature, prevalence, and predictors of spiritual and supportive care needs in CKD. METHODS: Prospective cohort study of 253 CKD patients who completed a seven-item spiritual and seven-item supportive care needs assessment. RESULTS: Patients reported a mean (standard deviation [SD]) number of 2.9 (2.6) spiritual needs, with 69.1% of patients reporting at least one spiritual need. The mean (SD) number of supportive care needs was 3.5 (2.1), with 91.4% of patients reporting at least one of these needs. Thirty-two percent of the patients had high spiritual needs (defined as reporting >=5 of the seven needs). Similarly, 37% of the patients reported high supportive care needs. Neither spiritual nor supportive care needs were associated with age, gender, race, marital status, dialysis modality, time on dialysis, or comorbidity. CONCLUSION: These patients had substantial spiritual and supportive care needs. There were no clear predictors of high spiritual or supportive care needs, highlighting the importance of evaluating all CKD patients for unmet needs. Health professionals will need to better understand and attend to CKD patients' spiritual needs to optimize quality care.
- Del Rio, N. [San Francisco Department of Public Health, San Francisco, CA; nidelrio@aol.com]. "**The influence of Latino ethnocultural factors on decision making at the end of life: withholding and withdrawing artificial nutrition and hydration.**" *Journal of Social Work in End-of-Life & Palliative Care* 6, nos. 3-4 (Jul 2010): 125-149.
 [Abstract:] In this article, the author reviews the legal precedents that underpin the policies and practices found in most medical settings in relation to artificial nutrition and hydration (ANH) as the context for exploring the end-of-life (EOL) care decision-making process of Latinos. The literature related to Latino beliefs and practices is reviewed. Specifically examined are the ways in which the values of familismo, filial duty, respect for authority figures, and personalismo play a major role in this group's decision-making process. Finally, the perspectives of ethicists who argue that Western bioethical approaches fail to recognize that cultural norms and values as well as religious convictions play a significant role in shaping moral deliberations, including the decision to withdraw ANH from individuals with a terminal illness, are explored. From a cross-cultural ethical perspective, it is important for health care providers to understand that in a pluralistic society, patients and their families bring multiple models of healing and decision making to clinical encounters based on different cultural and religious values.
- Dermatis, H., James, T., Galanter, M. and Bunt, G. [Department of Psychiatry, New York University Medical Center, New York, NY; hd7@nyu.edu]. "**An exploratory study of spiritual orientation and adaptation to therapeutic community treatment.**" *Journal of Addictive Diseases* 29, no. 3 (Jul 2010): 306-313.
 [Abstract:] The purpose of this study was to determine the extent to which spiritual orientation was associated with adaptation to therapeutic community treatment. Spiritual orientation was assessed by the Spirituality Self-Rating Scale, a measure consistent with the conceptualization of spirituality typically reflected in Alcoholics Anonymous members' views. Spiritual orientation was positively correlated with acceptance of therapeutic community principles and clinical progress. Further assessment of spirituality related characteristics and their relation to treatment outcomes is important in informing the design of interventions aimed at improving progress in the therapeutic community, particularly those aspects involving the relative value of integrating the 12-Step group approach in therapeutic community programs.

- Dezutter, J., Luyckx, K., Schaap-Jonker, H., Bussing, A., Corveleyn, J. and Hutsebaut, D. [Department of Psychology, Catholic University of Leuven, Belgium; jessie.dezutter@psy.kuleuven.be]. **"God image and happiness in chronic pain patients: the mediating role of disease interpretation."** *Pain Medicine* 11, no. 5 (May 2010): 765-773.
 [Abstract:] OBJECTIVE: The present study explored the role of the emotional experience of God (i.e., positive and negative God images) in the happiness of chronic pain (CP) patients. Framed in the transactional model of stress, we tested a model in which God images would influence happiness partially through its influence on disease interpretation as a mediating mechanism. We expected God images to have both a direct and an indirect (through the interpretation of disease) effect on happiness. DESIGN: A cross-sectional questionnaire design was adopted in order to measure demographics, pain condition, God images, disease interpretation, and happiness. One hundred thirty-six CP patients, all members of a national patients' association, completed the questionnaires. RESULTS: Correlational analyses showed meaningful associations among God images, disease interpretation, and happiness. Path analyses from a structural equation modeling approach indicated that positive God images seemed to influence happiness, both directly and indirectly through the pathway of positive interpretation of the disease. Ancillary analyses showed that the negative influence of angry God images on happiness disappeared after controlling for pain severity. CONCLUSION: The results indicated that one's emotional experience of God has an influence on happiness in CP patients, both directly and indirectly through the pathway of positive disease interpretation. These findings can be framed within the transactional theory of stress and can stimulate further pain research investigating the possible effects of religion in the adaptation to CP.
- Dezutter, J., Robertson, L. A., Luyckx, K. and Hutsebaut, D. [Department of Psychology, Catholic University of Leuven, Belgium]. **"Life satisfaction in chronic pain patients: the stress-buffering role of the centrality of religion."** *Journal for the Scientific Study of Religion* 49, no. 3 (2010): 507-516.
 [Abstract:] Chronic pain (CP) is a stressful condition that severely impacts individuals' lives. Researchers have begun to explore the role of religion for CP patients, but the literature is scarce, especially for West European populations. Drawing from the transactional theory of stress, this study examined the associations between the religious meaning system and the life satisfaction for a group of CP patients who were members of a Flemish patients' association. To take into account the religious landscape of West European countries, the centrality of one's religious meaning system, rather than religious content, was the focus. Results from the questionnaires completed by 207 patients suggest that the centrality of a meaning system is an important factor in the promotion of life satisfaction for this group, above and beyond the influence of several control variables. Furthermore, the centrality of the religious meaning system moderated or buffered the detrimental influence of pain severity on life satisfaction.
- Dew, R. E., Daniel, S. S., Goldston, D. B., McCall, W. V., Kuchibhatla, M., Schleifer, C., Triplett, M. F. and Koenig, H. G. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; rachel.dew@duke.edu]. **"A prospective study of religion/spirituality and depressive symptoms among adolescent psychiatric patients."** *Journal of Affective Disorders* 120, nos. 1-3 (Jan 2010): 149-157.
 [Abstract:] OBJECTIVE: Previous research has uncovered relationships between religion/spirituality and depressive disorders. Proposed mechanisms through which religion may impact depression include decreased substance use and enhanced social support. Little investigation of these topics has occurred with adolescent psychiatric patients, among whom depression, substance use, and social dysfunction are common. METHOD: 145 subjects, aged 12-18, from two psychiatric outpatient clinics completed the Beck Depression Inventory-II (BDI-II), the Fetzer multidimensional survey of religion/spirituality, and inventories of substance abuse and perceived social support. Measures were completed again six months later. Longitudinal and cross-sectional relationships between depression and religion were examined, controlling for substance abuse and social support. RESULTS: Of thirteen religious/spiritual characteristics assessed, nine showed strong cross-sectional relationships to BDI-II score. When perceived social support and substance abuse were controlled for, forgiveness, negative religious support, loss of faith, and negative religious coping retained significant relationships to BDI-II. In longitudinal analyses, loss of faith predicted less improvement in depression scores over 6 months, controlling for depression at study entry. LIMITATIONS: Self-report data, clinical sample. CONCLUSIONS: Several aspects of religiousness/spirituality appear to relate cross-sectionally to depressive symptoms in adolescent psychiatric patients. Findings suggest that perceived social support and substance abuse account for some of these correlations but do not explain relationships to negative religious coping, loss of faith, or forgiveness. Endorsing a loss of faith may be a marker of poor prognosis among depressed youth.
- Donohue, P. K., Boss, R. D., Aucott, S. W., Keene, E. A. and Teague, P. [Department of Pediatrics, Johns Hopkins School of Medicine, Baltimore, MD; pdonohu2@jhmi.edu]. **"The impact of neonatologists' religiosity and spirituality on health care delivery for high-risk neonates."** *Journal of Palliative Medicine* 13, no. 10 (Oct 2010): 1219-1224.
 [Abstract:] BACKGROUND: Ethical decision-making regarding life-sustaining therapies (LST) for high-risk neonates can be challenging for both neonatologists and parents. Parents depend on neonatologists to interpret complex information, identify critical opportunities for decision-making, and present options for care. How neonatologists' belief systems affect care delivery for critically ill newborns is unexplored. OBJECTIVE: To characterize the relationship between neonatologists' religiosity or spirituality and the provision of intensive care services for high-risk newborns. METHODS: Neonatologists practicing at an American Academy of Pediatrics Neonatal-Perinatal Training Program were surveyed about their religious/spiritual beliefs, provision of LST for critically ill neonates, and communication with families. RESULTS: Two hundred ninety-eight neonatologists responded to the survey; 66.4% consider themselves very or moderately spiritual, 40.8% very or moderately religious. In response to a hypothetical prenatal consultation for a fetus at 23 1/7 weeks gestation, 96.3% agreed that the physician has a moral obligation to present all options to parents, including the provision of comfort care. More than 95% had no objection to withholding or withdrawing LST, with religion playing almost no part in these decisions. 38% of participants reported no objection to resuscitating an infant with trisomy 13 or 18; 40% of these neonatologists considered themselves very/moderately religious, 60% slightly/not at all religious. Eighty-nine neonatologists reported that their religious beliefs influence their medical practice. These physicians had similar responses as those not influenced by religion. CONCLUSION: For the majority of neonatologists participating in this study, differences in critical care practice cannot be attributed to personal religious or spiritual views.
- Dubois, J. M. [Saint Louis University, St. Louis, MO; duboisjm@slu.edu]. **"The ethics of creating and responding to doubts about death criteria."** *Journal of Medicine & Philosophy* 35, no. 3 (Jun 2010): 365-380.
 This article explores the causes of various doubts about death criteria and suggests responses. See especially the section on Doubts Resulting from Religious or Worldview Beliefs [p. 370].

Dura-Vila, G., Dein, S. and Hodes, M. [Imperial College, London, UK]. "**Children with intellectual disability: a gain not a loss: parental beliefs and family life.**" *Clinical Child Psychology & Psychiatry* 15, no. 2 (Apr 2010): 171-184.

[Abstract:] Raising a child with intellectual disability (ID) has significant consequences for parents and family. The impact of the disability has been found to be influenced by the sociocultural context. This paper aims to show how for some parents the experience of an offspring with ID is not interpreted as a loss but as a gain because of the parents' attribution of sacred meaning. It is suggested that these beliefs influence parental care, and are related to a high level of parental concern and closeness. This has implications for family relationships and life-cycle, as well as help-seeking and service uptake. The article provides a brief review of relevant research studies, a description of two illustrative case reports and discussion, including possible future research directions.

Dy, S. M. and Apostol, C. C. [Health Policy and Management, Oncology, and Medicine, Johns Hopkins University, Baltimore, MD; sdy@jhsph.edu]. "**Evidence-based approaches to other symptoms in advanced cancer.**" *Cancer Journal* 16, no. 5 (Sep-Oct 2010): 507-513.

[From the abstract:] ...We updated previous systematic reviews of how these symptoms can be alleviated with targeted literature searches. The approach to these symptoms requires comprehensive symptom assessment; treating underlying causes when benefits exceed risks; prioritizing treatment, as patients usually have many symptoms; and addressing psychosocial and spiritual distress.... [See also in this same issue of the journal: Khan, L., et al., "Maintaining the will to live of patients with advanced cancer," pp. 524-531; noted elsewhere in this bibliography.]

Dyess, S., Chase, S. K. and Newlin, K. [College of Nursing, Florida Atlantic University, Boca Raton, FL; sdyess@fau.edu]. "**State of research for Faith Community Nursing, 2009.**" *Journal of Religion & Health* 49, no. 2 (Jun 2010): 188-199.

[Abstract:] The aim of this paper is to report the current state of research for Faith community Nursing (FCN), reviewing the related research literature dating back to 1993. Over 20 years old, the practice of FCN is a maturing specialty practice that links religious communities and health through professional nursing, but no review of research literature is published. The review of the literature was done utilizing the Cumulated Index to Nursing and Allied Health Literature (CINAHL) and PubMed. The keyword terms selected for search were: faith community nursing, parish nursing, and/or church nursing for the years 1993-2008. The review identifies four major content areas in the FCN research literature: (1) development and implementation of FCN practices; (2) roles and activities of faith community nurses; (3) FCN evaluation and documentation; and (4) congregation perceptions of FCN. Overall, findings indicate the FCN literature documents successful approaches for developing faith community programs, provides descriptive analyses of this specialty practice and perceptions associated with the practice, yet inadequately addresses the relationship of FCN to patient outcomes. To advance the effectiveness for this growing specialty, emphasis must be placed on measuring FCN components and related outcomes with analyses yielding evaluative data on the efficacy of this practice in terms of educational, psychosocial, spiritual, and physiological care. [45 refs.]

Dzul-Church, V., Cimino, J. W., Adler, S. R., Wong, P. and Anderson, W. G. [School of Medicine, UCSF, San Francisco, CA; virginia.dzul-church@ucsf.edu]. "**'I'm sitting here by myself...': experiences of patients with serious illness at an Urban Public Hospital.**" *Journal of Palliative Medicine* 13, no. 6 (Jun 2010): 695-701.

Among the findings of this study of 20 patients to describe experiences of serious illness: "Religion and spirituality played a significant part in the repertoire of coping strategies" [p. 698]. Patient quotes are offered as illustrations.

Edlund, M. J., Harris, K. M., Koenig, H. G., Han, X., Sullivan, G., Mattox, R. and Tang, L. [Department of Psychiatry, College of Medicine, University of Arkansas for Medical Sciences, Little Rock; mjedlund@uams.edu]. "**Religiosity and decreased risk of substance use disorders: Is the effect mediated by social support or mental health status?**" *Social Psychiatry & Psychiatric Epidemiology* 45, no. 8 (Aug 2010): 827-836.

[Abstract:] OBJECTIVE: The negative association between religiosity (religious beliefs and church attendance) and the likelihood of substance use disorders is well established, but the mechanism(s) remain poorly understood. We investigated whether this association was mediated by social support or mental health status. METHOD: We utilized cross-sectional data from the 2002 National Survey on Drug Use and Health (n = 36,370). We first used logistic regression to regress any alcohol use in the past year on sociodemographic and religiosity variables. Then, among individuals who drank in the past year, we regressed past year alcohol abuse/dependence on sociodemographic and religiosity variables. To investigate whether social support mediated the association between religiosity and alcohol use and alcohol abuse/dependence we repeated the above models, adding the social support variables. To the extent that these added predictors modified the magnitude of the effect of the religiosity variables, we interpreted social support as a possible mediator. We also formally tested for mediation using path analysis. We investigated the possible mediating role of mental health status analogously. Parallel sets of analyses were conducted for any drug use, and drug abuse/dependence among those using any drugs as the dependent variables. RESULTS: The addition of social support and mental health status variables to logistic regression models had little effect on the magnitude of the religiosity coefficients in any of the models. While some of the tests of mediation were significant in the path analyses, the results were not always in the expected direction, and the magnitude of the effects was small. CONCLUSIONS: The association between religiosity and decreased likelihood of a substance use disorder does not appear to be substantively mediated by either social support or mental health status.

Edwards, A., Pang, N., Shiu, V. and Chan, C. [Clinical Epidemiology Interdisciplinary Research Group, Department of Primary Care and Public Health, Cardiff University, UK; edwardsag@cf.ac.uk]. "**The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: a meta-study of qualitative research.**" *Palliative Medicine* 24, no. 8 (2010): 753-770.

[Abstract:] Spirituality and spiritual care are gaining increasing attention but their potential contribution to palliative care remains unclear. The aim of this study was to synthesize qualitative literature on spirituality and spiritual care at the end of life using a systematic ('meta-study') review. Eleven patient articles and eight with healthcare providers were included, incorporating data from 178 patients and 116 healthcare providers, mainly from elderly White and Judaeo-Christian origin patients with cancer. Spirituality principally focused on relationships, rather than just meaning making, and was given as a relationship. Spirituality was a broader term that may or may not encompass religion. A 'spirit to spirit' framework for spiritual care-giving respects individual personhood. This was achieved in the way physical care was given, by focusing on presence, journeying together, listening, connecting, creating openings, and engaging in reciprocal sharing. Affirmative relationships supported patients, enabling them to respond to their spiritual needs. The engagement of family caregivers in spiritual care appears

underutilized. Relationships formed an integral part of spirituality as they were a spiritual need, caused spiritual distress when broken and were the way spiritual care was given. Barriers to spiritual care include lack of time, personal, cultural or institutional factors, and professional educational needs. By addressing these, we may make an important contribution to the improvement of patient care towards the end of life.

Ettema, E. J., Derksen, L. D. and van Leeuwen, E. [Department of Metamedica, Vrije Universiteit Medical Centre Amsterdam, The Netherlands; EJ.Ettema@vumc.nl]. "**Existential loneliness and end-of-life care: a systematic review.**" *Theoretical Medicine & Bioethics* 31, no. 2 (Apr 2010): 141-169.

[Abstract:] Patients with a life-threatening illness can be confronted with various types of loneliness, one of which is existential loneliness (EL). Since the experience of EL is extremely disruptive, the issue of EL is relevant for the practice of end-of-life care. Still, the literature on EL has generated little discussion and empirical substantiation and has never been systematically reviewed. In order to systematically review the literature, we (1) identified the existential loneliness literature; (2) established an organising framework for the review; (3) conducted a conceptual analysis of existential loneliness; and (4) discussed its relevance for end-of-life care. We found that the EL concept is profoundly unclear. Distinguishing between three dimensions of EL-as a condition, as an experience, and as a process of inner growth-leads to some conceptual clarification. Analysis of these dimensions on the basis of their respective key notions-everpresent, feeling, defence; death, awareness, difficult communication; and inner growth, giving meaning, authenticity-further clarifies the concept. Although none of the key notions are unambiguous, they may function as a starting point for the development of care strategies on EL at the end of life. [67 refs.]

Fargeau, M. N., Jaafari, N., Ragot, S., Houeto, J. L., Pluchon, C. and Gil, R. [Department of Neurology, CHU of Poitiers, University of Poitiers, France]. "**Alzheimer's disease and impairment of the Self.**" *Consciousness & Cognition* 19, no. 4 (Dec 2010): 969-976.

Among the findings of this French study involving 47 patients was that while the Social Self was significantly impaired by Alzheimer's Disease, the Material Self and the Spiritual Self showed greater resilience.

Feinstein, M., Liu, K., Ning, H., Fitchett, G. and Lloyd-Jones, D. M. [Department of Preventive Medicine, Northwestern University, Chicago, IL]. "**Burden of cardiovascular risk factors, subclinical atherosclerosis, and incident cardiovascular events across dimensions of religiosity: the multi-ethnic study of atherosclerosis.**" *Circulation* 121, no. 5 (Feb 9, 2010): 659-666.

[Abstract:] BACKGROUND: Religious involvement has been associated with improved health practices and outcomes; however, no ethnically diverse community-based study has examined differences in cardiac risk factors, subclinical cardiovascular disease, and cardiovascular disease (CVD) events across levels of religiosity. METHODS AND RESULTS: We included 5474 White, Black, Hispanic, and Chinese participants who attended examination 2 of the National Heart, Lung, and Blood Institute's Multi-Ethnic Study of Atherosclerosis (MESA). We compared cross-sectional differences in cardiac risk factors and subclinical CVD and longitudinal CVD event rates across self-reported levels of religious participation, prayer/meditation, and spirituality. Multivariable-adjusted regression models were fitted to assess associations of measures of religiosity with risk factors, subclinical CVD, and CVD events. MESA participants (52.4% female; mean age, 63) with greater levels of religious participation were more likely to be female and black. After adjustment for demographic covariates, participants who attended services daily, compared with never, were significantly more likely to be obese (adjusted odds ratio 1.57, 95% confidence interval [CI] 1.12 to 1.72) but less likely to smoke (adjusted odds ratio 0.39, 95% CI 0.26 to 0.58). Results were similar for those with frequent prayer/meditation or high levels of spirituality. There were no consistent patterns of association observed between measures of religiosity and presence/extent of subclinical CVD at baseline or incident CVD events during longitudinal follow-up in the course of 4 years. CONCLUSIONS: Our results do not confirm those of previous studies associating greater religiosity with overall better health risks and status, at least with regard to CVD. There was no reduction in risk for CVD events associated with greater religiosity.

Flannelly, K. J. "**Expanding and improving chaplaincy research.**" *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 77-78.

This is an introductory to the issue of the journal, emphasizing research in chaplaincy. [See articles by Grosseohme, D. H., et al. (2); Jankowski, K. R., et al.; Murphy, P. E. & Fitchett, G.; Siltan, N. R., et al.; and Winter-Pfandler, U. & Morgenthaler, C.; noted elsewhere in this bibliography.

Flannelly, K. J., Galek, K., Ellison, C. G. and Koenig, H. G. "**Beliefs about God, psychiatric symptoms, and evolutionary psychiatry.**" *Journal of Religion & Health* 49, no. 2 (Jun 2010): 246-261.

[Abstract:] The present study analyzed the association between specific beliefs about God and psychiatric symptoms among a representative sample of 1,306 U.S. adults. Three pairs of beliefs about God served as the independent variables: Close and Loving, Approving and Forgiving, and Creating and Judging. The dependent variables were measures of General Anxiety, Depression, Obsessive-Compulsion, Paranoid Ideation, Social Anxiety, and Somatization. As hypothesized, the strength of participants' belief in a Close and Loving God had a significant salutary association with overall psychiatric symptomology, and the strength of this association was significantly stronger than that of the other beliefs, which had little association with the psychiatric symptomology. The authors discuss the findings in the context of evolutionary psychiatry, and the relevance of Evolutionary Threat Assessment Systems Theory in research on religious beliefs.

Flannelly, K. J., Galek, K., Kytte, J. and Siltan, N. R. "**Religion in America—1972-2006: religious affiliation, attendance, and strength of faith.**" *Psychological Reports* 106, no. 3 (Jun 2010): 875-890.

[Abstract:] The present study used data from the General Social Survey, collected between 1972 and 2006 (N = 45,463) to analyze changes over time in three aspects of religion among American adults: religious affiliation, frequency of attending religious services, and strength of faith. The last two measures were analyzed only for survey participants who had a religious affiliation. Ordinary least-squares regression confirmed a significant decrease in religious affiliation over time, after controlling for socio-demographic variables that are known to be associated with religion. A significant decrease in attending religious services was found among those survey participants who were religiously affiliated. As expected, participants who were African American, female, older, and from the South were more religious according to all three measures. No effect of birth-cohort was found for any religious measure. The results are discussed in the context of Stark and Bainbridge's 1996 theory of religion.

- Fletcher, C. E., Ronis, D. L., Hetzel, J. M. and Lowery, J. C. [Center for Clinical Management Research, VA Ann Arbor Healthcare System, Ann Arbor, MI; Carol.fletcher@va.gov]. "**A quick measure to guide allocation of chaplains' time with hospitalized veterans.**" *Journal of Pastoral Care & Counseling* 64, no. 4 (2010): 3.1-8 [electronic journal article designation].
[Abstract:] Assessing veterans' desire to see a chaplain can be difficult. Due to alleged personal weakness associated with seeing a chaplain while on active duty, veterans may still be reluctant to admit a need. Additionally chaplains may be challenged with multiple time demands. We devised and correlated with known instruments a single item containing four graded responses. One correlation was strong, suggesting the question's potential for serving as a useful tool for allocation of chaplains' time.
- Flugel Colle, K. F., Vincent, A., Cha, S. S., Loehrer, L. L., Bauer, B. A. and Wahner-Roedler, D. L. [Mayo Clinic and University of Minnesota, Minneapolis, MN]. "**Measurement of quality of life and participant experience with the mindfulness-based stress reduction program.**" *Complementary Therapies in Clinical Practice* 16, no. 1 (Feb 2010): 36-40.
[Abstract:] Clinical studies of MBSR have reported efficacy in treating pain, mood disorders, arthritis, sleep disturbances, and stress. Several academic medical institutions in the United States offer MBSR to their patients, but it has never been offered at Mayo Clinic. The objective of this study was to collect quality-of-life data from subjects who participated in the first MBSR program offered at Mayo Clinic. The class was taught as a collaborative effort with the University of Minnesota that had an established MBSR program. Sixteen participants completed a validated, 12-question, linear analogue self-assessment instrument, administered at the beginning and end of the program. Comparison of assessment scores using paired t-tests showed statistically significant improvement in overall quality of life (P=0.04), mental well-being (P=0.005), physical well-being (P<0.001), emotional well-being (P<0.001), level of social activity (P=.02), and spiritual well-being (P=0.006). Although positive changes also were observed for frequency of pain, severity of pain, level of fatigue, level of support from friends and family, and financial and legal concerns, they were not statistically significant. A short intervention in the education of mindfulness significantly improved quality of life for participants.
- Ford, D., Zapka, J., Gebregziabher, M., Yang, C. and Sterba, K. [Division of Pulmonary and Critical Care Medicine, Medical University of South Carolina, Charleston; fordd@musc.edu]. "**Factors associated with illness perception among critically ill patients and surrogates.**" *Chest* 138, no. 1 (Jul 2010): 59-67.
Among the findings of this study of illness perceptions among 23 critically ill patients and 77 surrogates in a university medical ICU: "Faith/religion was associated with more confidence in treatment efficacy... [p. 61]. [See also a comment on this article: Siegel, M. D. and Prigerson, H. G., "The perception gap: race, religion, and prognosis in the ICU, on pp. 8-9 of this issue of journal.
- Forrest, C. and Derrick, C. [Winthrop University, Rock Hill, SC; forrestc@winthrop.edu]. "**Interdisciplinary education in end-of-life care: creating new opportunities for social work, nursing, and clinical pastoral education students.**" *Journal of Social Work in End-of-Life & Palliative Care* 6, nos. 1-2 (Jan 2010): 91-116.
[Abstract:] This article describes an interdisciplinary, interuniversity program that prepares social work, nursing, and chaplaincy students for competent practice when working with individuals and families facing end-of-life circumstances. Built upon a teaching format that provides knowledge-to-skill-building opportunities, the program immerses students in a range of related content. To maximize integration, the program relies on interdisciplinary team teaching (building knowledge) followed by practice sessions (building skill), in which volunteer actors play the roles of care recipients. With year 3 completed, program administrators have important indicators of the program's effectiveness in offering content specific to end-of-life care using a combination of discipline-specific and interdisciplinary learning strategies. This process has provided valuable lessons related to the nature of interdisciplinary education in end-of-life care.
- Forster-Burke, D., Ritter, L. and Zimmer, S. [Westminster College, Salt Lake City, UT; dfburke@westminstercollege.edu]. "**Collaboration of a model osteoporosis prevention and management program in a faith community.**" *JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing* 39, no. 2 (Mar 2010): 212-219.
[Abstract:] This article describes the collaborative efforts of a parish nurse, family nurse practitioner, and a registered dietitian in a faith-based setting to address the women's health issue of osteoporosis. A model for education and treatment including lifestyle changes, nutrition, and pharmacological therapies is discussed. The whole person perspective of prevention and management for women with this chronic disease is explored. Implications for practice and education for women across the life span are described. [See also, regarding parish nursing: Solari-Twadell, P. A., "Providing coping assistance for women with behavioral interventions," on pp. 205-211 of the same issue of the journal, noted elsewhere in this bibliography.]
- Fortney, L. and Taylor, M. [Family Medicine, University of Wisconsin-Madison, Madison, WI; Luke.Fortney@fammed.wisc.edu]. "**Meditation in medical practice: a review of the evidence and practice.**" *Primary Care: Clinics in Office Practice* 37, no. 1 (Mar 2010): 81-90.
[Abstract:] Meditation practice in the medical setting is proving to be an excellent adjunctive therapy for many illnesses and an essential and primary means of maintaining holistic health and wellness. Rather than being a fringe or marginal concept, meditation is now widely known and accepted as a beneficial mind-body practice by the general public and in the scientific community. Extensive research shows and continues to show the benefits of meditation practice for a wide range of medical conditions. Further efforts are required to operationalize and apply meditation practice in clinical and medical educational settings in ways that are practical, effective, and meaningful. [58 refs.]
- Foster, T. L., Lafond, D. A., Reggio, C. and Hinds, P. S. [Vanderbilt University, Nashville, TN; terrah.L.foster@vanderbilt.edu]. "**Pediatric palliative care in childhood cancer nursing: from diagnosis to cure or end of life.**" *Seminars in Oncology Nursing* 26, no. 4 (Nov 2010): 205-221.
This review considers spirituality at a number of points, but see esp. the section: Spirituality [pp. 210-211].
- Fowler, D. N. and Rountree, M. A. [School of Social Work, University of Texas at Austin; dfowler@mail.utexas.edu]. "**Exploring the meaning and role of spirituality for women survivors of intimate partner abuse.**" *Journal of Pastoral Care & Counseling* 64, no. 2 (2010): 3.1-13 [electronic journal article designation].
[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.

Friedman, L. C., Barber, C. R., Chang, J., Tham, Y. L., Kalidas, M., Rimawi, M. F., Dulay, M. F. and Elledge, R. [Ireland Cancer Center, University Hospitals Case Medical Center, Cleveland, OH; Lois.Friedman@UHhospitals.org]. "**Self-blame, self-forgiveness, and spirituality in breast cancer survivors in a public sector setting.**" *Journal of Cancer Education* 25, no. 3 (Sep 2010): 343-348.

[Abstract:] Cognitive appraisal affects adjustment to breast cancer. A self-forgiving attitude and spirituality may benefit breast cancer survivors who blame themselves for their cancer. One hundred and eight women with early breast cancers completed questionnaires assessing self-blame, self-forgiveness, spirituality, mood and quality of life (QoL) in an outpatient breast clinic. Women who blamed themselves reported more mood disturbance ($p < 0.01$) and poorer QoL ($p < 0.01$). Women who were more self-forgiving and more spiritual reported less mood disturbance and better QoL (p 's < 0.01). Interventions that reduce self-blame and facilitate self-forgiveness and spirituality could promote better adjustment to breast cancer.

Fukui, S., Davidson, L. J., Holter, M. C. and Rapp, C. A. [University of Kansas, Lawrence; fsadaaki@ku.edu]. "**Pathways to recovery (PTR): impact of peer-led group participation on mental health recovery outcomes.**" *Psychiatric Rehabilitation Journal* 34, no. 1 (2010): 42-48.

[From the abstract:] OBJECTIVE: This study examined the positive effects on recovery outcomes for people with severe and persistent mental illness using peer-led groups based on Pathways to Recovery: A Strengths Recovery Self-Help Workbook (PTR). PTR translates the evidence-supported practice of the Strengths Model into a self-help approach, allowing users to identify and pursue life goals based on personal and environmental strengths. METHODS: A single-group pretest-posttest research design was applied. Forty-seven members in 6 consumer-run organizations in one Midwestern state participated in a PTR peer-led group, completing a baseline survey before the group and again at the completion of the 12-week sessions. The Rosenberg Self-Esteem Scale, the General Self-Efficacy Scale, Multidimensional Scale of Perceived Social Support, the Spirituality Index of Well-Being, and the Modified Colorado Symptom Index were employed as recovery outcomes. Paired Hotelling's T-square test was conducted to examine the mean differences of recovery outcomes between the baseline and the completion of the group. RESULTS: Findings revealed statistically significant improvements for PTR participants in self-esteem, self-efficacy, social support, spiritual well-being, and psychiatric symptoms....

Gaeta, S. and Price, K. J. [Department of Critical Care Medicine, University of Texas MD Anderson Cancer Center, Houston; sgaeta@mdanderson.org]. "**End-of-life issues in critically ill cancer patients.**" *Critical Care Clinics* 26, no. 1 (Jan 2010): 219-227.

This review includes the section: Addressing Patient's and Patient's Family Cultural Beliefs and Spiritual Values [pp. 222-223].

Galanter, M. [Division of Alcoholism and Drug Abuse, NYU School of Medicine, New York; marcgalanter@nyu.edu]. "**Spirituality in psychiatry: a biopsychosocial perspective.**" *Psychiatry* 73, no. 2 (2010): 145-157.

[Abstract:] This paper reviews a body of findings in order to define the nature of spirituality from a biopsychosocial perspective and to illustrate its relevance to the field of psychiatry. The emergence of spirituality within the common culture is described, after which a number of sociobiologically related studies are presented to illustrate how its component dimensions can be defined. These are evolutionary adaptation, affectional ties, subjective experiences, and positive psychology. The relevance of spiritually related issues in psychiatric diagnosis are illustrated, along with examples of their role in symptom relief. The paper concludes with a description of a program implemented to integrate the issue of spirituality into resident training and into group support for hospital-based patients. [68 refs.] [See also, in this same issue of the journal: Mohr, S., et al., "Delusions with religious content in patients with psychosis: how they interact with spiritual coping," pp. 158-172; noted elsewhere in this bibliography.]

Gataric, G., Kinsel, B., Currie, B. G. and Lawhorne, L. W. [Department of Geriatrics, Wright State University, Boonshoft School of Medicine, Dayton, OH; gordana.gataric@wright.edu]. "**Reflections on the under-researched topic of grief in persons with dementia: a report from a symposium on grief and dementia.**" *American Journal of Hospice & Palliative Medicine* 27, no. 8 (Dec 2010): 567-574.

[Abstract:] This article describes a symposium about the clinical challenges of providing care to persons with dementia and their families. The plenary session addressed the bereavement process in the general older adult population, neurocognitive processes that alter the grief process in persons with dementia, and therapeutic approaches to support grieving persons in different stages of dementia. Participants from diverse health care disciplines met in small groups to identify (1) current responses to persons with dementia and their families who experience a loss; (2) barriers to providing effective responses; and (3) possible interventions to improve care. Two general types of interventions emerged: practical/agency support and spiritual/affective engagement.

Gaydos, L. M., Smith, A., Hogue, C. J. and Blevins, J. [Department of Health Policy & Management, Emory University; Atlanta, GA; Lgaydos@emory.edu]. "**An emerging field in religion and reproductive health.**" *Journal of Religion & Health* 49, no. 4 (Dec 2010): 473-484.

[Abstract:] Separate from scholarship in religion and medicine, a burgeoning field in religion and population health, includes religion and reproductive health. In a survey of existing literature, we analyzed data by religious affiliation, discipline, geography and date. We found 377 peer-reviewed articles; most were categorized as family planning (129), sexual behavior (81), domestic violence (39), pregnancy (46), HIV/AIDS (71), and STDs (61). Most research occurred in North America (188 articles), Africa (52), and Europe (47). Article frequency increased over time, from 3 articles in 1980 to 38 articles in 2008. While field growth is evident, there is still no cohesive "scholarship" in religion and reproductive health.

- Gillum, F. and Griffith, D. M. [College of Medicine, Howard University, Silver Spring, MD; Frank.gillum@gmail.com]. "**Prayer and spiritual practices for health reasons among American adults: the role of race and ethnicity.**" *Journal of Religion & Health* 49, no. 3 (Sep 2010): 283-295.
 [Abstract:] Many studies find racial differences in prayer and religious practices, but few reports examine factors that help explain the effects of Hispanic ethnicity or African American race. A national survey conducted in 2002 collected data on 10 non-religious spiritual practices as well as on prayer for health reasons in 22,929 adults aged 18 years and over. We found marked racial and ethnic differences in the use of prayer and other spiritual practices for health reasons. Greater proportions of African Americans and Hispanic Americans than European Americans reported prayer for health reasons. Sociodemographic variables and health status could not explain these differences. Further, among those who reported prayer, African Americans were more likely than European Americans to report being prayed for by others. However, African American women and Hispanic women and men were significantly less likely than European Americans to use other spiritual practices such as meditation and Tai Chi. Surprisingly African American men were just as likely to report these practices as European American men. Sociodemographic variables and health status could not explain these differences.
- Gillum, R. F. and Holt, C. L. [College of Medicine, Howard University, Washington, DC; Frank.gillum@gmail.com]. "**Associations between religious involvement and behavioral risk factors for HIV/AIDS in American women and men in a national health survey.**" *Annals of Behavioral Medicine* 40, no. 3 (Dec 2010): 284-293.
 [Abstract:] **BACKGROUND:** Acquired immunodeficiency syndrome (AIDS), caused by human immunodeficiency virus (HIV), is a leading cause of death. **PURPOSE:** We tested the hypothesis that religious variables would be inversely associated with prevalence of HIV/AIDS risk factors. **METHODS:** A 2002 national survey included 9,837 individuals aged 15-44 years with complete data on religious involvement, sexual, and drug use behaviors. **RESULTS:** Women who never attended services had over two times greater odds of reporting HIV risk factors than those attending weekly or more after adjusting for age and race/ethnicity ($p < 0.0001$) and over 60% greater after adjusting for multiple confounders, but no significant association was seen in men. Mainline Protestants had lower odds of reporting risk factors than those with no affiliation. No significant independent associations were found with importance of religion. **CONCLUSIONS:** Women with public religious involvement had lower prevalence of any HIV risk factors while only affiliation was so associated in men.
- Gillum, R. F. and Holt, C. L. [Department of Public and Community Health, School of Public Health, University of Maryland, College Park, MD; frank.gillum@gmail.com]. "**Religious involvement and seroprevalence of six infectious diseases in US adults.**" *Southern Medical Journal* 103, no. 5 (May 2010): 403-408.
 [Abstract:] **OBJECTIVE:** In the United States, religious practice is inversely associated with several chronic conditions, but no reports show whether it is inversely associated with prevalence of positive serology for infections. **METHODS:** Data on a multiethnic, national sample included 11,507 persons aged 17 years and over with complete data on frequency of attendance at religious services (FARS) and serologic testing for six pathogens. **RESULTS:** Even after controlling for multiple confounders, persons attending religious services weekly (19.8%) or more (19.6%) were less likely to be seropositive for herpes simplex type 2 (HSV-2) than those attending less frequently (23.7%) or never (25.1%, $P = 0.001$). Analyses revealed the association to be partially accounted for by reduced risky sexual behavior and illegal drug use among frequent attenders. No associations were found with three enteric pathogens. **CONCLUSION:** Infection with HSV-2 and hepatitis C virus (HCV) was inversely associated with FARS, independent of multiple confounders.
- Gold, M. A., Sheftel, A. V., Chiappetta, L., Young, A. J., Zuckoff, A., DiClemente, C. C. and Primack, B. A. [University of Pittsburgh Student Health Service, Pittsburgh, PA]. "**Associations between religiosity and sexual and contraceptive behaviors.**" *Journal of Pediatric & Adolescent Gynecology* 23, no. 5 (Oct 2010): 290-297.
 [Abstract:] **STUDY OBJECTIVE:** To determine associations between religiosity and female adolescents' sexual and contraceptive behaviors. **DESIGN:** We conducted a secondary analysis on data from a randomized controlled trial comparing interventions designed to prevent pregnancy and sexually transmitted diseases (STDs). Multivariable modeling assessed the association between a religiosity index consisting of items related to religious behaviors and impact of religious beliefs on decisions and sexual outcomes. **PARTICIPANTS:** 572 female adolescents aged 13 to 21, recruited via a hospital-based adolescent clinic and community-wide advertisements. **MAIN OUTCOME MEASURES:** Sexual experience, pregnancy, STDs, number of lifetime partners, frequency of sexual activity, previous contraceptive use, and planned contraceptive use. **RESULTS:** Mean participant age was 17.4 +/- 2.2 years and 68% had been sexually active. Most (74.1%) had a religious affiliation and over half (52.8%) reported that their religious beliefs impact their decision to have sex at least "somewhat." Multivariate analyses showed that, compared with those with low religiosity, those with high religiosity were less likely to have had sexual intercourse (OR = 0.23, 95% CI = 0.14, 0.39). Among sexually active participants, those with high religiosity were less likely to have been pregnant (OR = 0.46, 95% CI = 0.22, 0.97), to have had an STD (OR = 0.42, 95% CI = 0.22, 0.81), or to have had multiple ($>=4$) lifetime partners (OR = 0.38, 95% CI = 0.21, 0.68) compared to those with low religiosity. Levels of religiosity were not significantly associated with frequency of intercourse, contraception use at last intercourse, or planned contraceptive use. **CONCLUSION:** In this cohort, religiosity appeared to be a protective factor rather than a risk factor with regard to sexual behavior and was not associated with contraception use.
- Grant, M. and Sun, V. [Nursing Research & Education, Department of Population Sciences, City of Hope, Duarte, CA]. "**Advances in quality of life at the end of life.**" *Seminars in Oncology Nursing* 26, no. 1 (Feb 2010): 26-35.
 The article addresses the importance of spirituality to well-being for patients at the end of life and the issue of nursing assessment. [See also a related article: Kagawa-Singer, M., et al., "Health-related quality of life and culture," on pp. 59-67 of the same issue of the journal.]
- Green, M. and Elliott, M. [Department of Sociology, University of Nevada Reno; mngunr@aol.com]. "**Religion, health, and psychological well-being.**" *Journal of Religion & Health* 49, no. 2 (Jun 2010): 149-163.
 [Abstract:] This study compares the effects of religiosity on health and well-being, controlling for work and family. With 2006 GSS data, we assess the effects of religiosity on health and well-being, net of job satisfaction, marital happiness, and financial status. The results indicate that people who identify as religious tend to report better health and happiness, regardless of religious affiliation, religious activities, work and family, social support, or financial status. People with liberal religious beliefs tend to be healthier but less happy than people with fundamentalist beliefs. Future research should probe how religious identity and beliefs impact health and well-being.

- Greil, A., McQuillan, J., Benjamins, M., Johnson, D. R., Johnson, K. M. and Heinz, C. R. [Alfred University, Alfred, NY; fgreil@alfred.edu]. **"Specifying the effects of religion on medical helpseeking: the case of infertility."** *Social Science & Medicine* 71, no. 4 (Aug 2010): 734-742.
 [Abstract:] Several recent studies have examined the connection between religion and medical service utilization. This relationship is complicated because religiosity may be associated with beliefs that either promote or hinder medical helpseeking. The current study uses structural equation modeling to examine the relationship between religion and fertility-related helpseeking using a probability sample of 2183 infertile women in the United States. We found that, although religiosity is not directly associated with helpseeking for infertility, it is indirectly associated through mediating variables that operate in opposing directions. More specifically, religiosity is associated with greater belief in the importance of motherhood, which in turn is associated with increased likelihood of helpseeking. Religiosity is also associated with greater ethical concerns about infertility treatment, which are associated with decreased likelihood of helpseeking. Additionally, the relationships are not linear throughout the helpseeking process. Thus, the influence of religiosity on infertility helpseeking is indirect and complex. These findings support the growing consensus that religiously-based behaviours and beliefs are associated with levels of health service utilization.
- Gries, C. J., Engelberg, R. A., Kross, E. K., Zatzick, D., Nielsen, E. L., Downey, L. and Curtis, J. R. [University of Washington, Division of Pulmonary and Critical Care, Seattle; jrc@u.washington.edu]. **"Predictors of symptoms of posttraumatic stress and depression in family members after patient death in the ICU."** *Chest* 137, no. 2 (Feb 2010): 280-287.
 [From the abstract:] ...Families of patients dying in the ICU or within 30 h of ICU discharge in 11 hospitals previously participated in a randomized trial. In the current study, we assessed these families for symptoms of posttraumatic stress disorder (PTSD) and depression with follow-up surveys. ...Surveys were completed by 226 families. Response rate was 46% in the original randomized trial and 82% in this study. ...Families with psychological symptoms were more likely to report that access to a counselor (PTSD, $P < .001$; depression, $P = .003$) and information about spiritual services might have been helpful while the patient was in the ICU (PTSD, $P = .024$; depression, $P = .029$)....
- Griffith, D. M., Campbell, B., Allen, J. O., Robinson, K. J. and Stewart, S. K. [Department of Health Behavior & Health Education, University of Michigan, Ann Arbor; derekmg@umich.edu]. **"YOUR Blessed Health: an HIV-prevention program bridging faith and public health communities."** *Public Health Reports* 125, Suppl. 1 (Jan-Feb 2010): 4-11.
 [Abstract:] African American faith-based institutions are not necessarily equipped to balance their moral and spiritual missions and interpretation of religious doctrine with complex health issues such as human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). YOUR Blessed Health (YBH) is a faith-based, six-month pilot project designed to increase the capacity of faith-based institutions and faith leaders to address HIV/AIDS and sexually transmitted infections (STIs) in 11- to 19-year-old African Americans. In addition to increasing the knowledge and skills of young people, the intervention seeks to change churches' norms to provide more open settings where young people can talk with faith leaders about sex, relationships, STIs, and HIV/AIDS. YBH expands the roles of adult faith leaders, particularly pastors' spouses, to include health education as they implement the intervention in their congregations and communities. The intervention includes a flexible menu of activities for faith leaders to select from according to their institutional beliefs, doctrines, and culture. [See also the related article: Griffith, D. M., et al., "YOUR Blessed Health: a faith-based CBPR approach to addressing HIV/AIDS among African Americans," *AIDS Education & Prevention* 22, no. 3 (Jun 2010): 203-217; noted elsewhere in this bibliography.]
- Griffith, D. M., Pichon, L. C., Campbell, B. and Allen, J. O. [Department of Health Behavior and Health Education, University of Michigan, Ann Arbor; derekmg@umich.edu]. **"YOUR Blessed Health: a faith-based CBPR approach to addressing HIV/AIDS among African Americans."** *AIDS Education & Prevention* 22, no. 3 (Jun 2010): 203-217.
 [Abstract:] Despite substantial federal, state, and local efforts to reduce the transmission of HIV/AIDS, African Americans experience higher rates of infection than any other ethnic or racial group in the United States. It is imperative to develop culturally and ecologically sensitive interventions to meet the sexual health needs of this population. Capitalizing on the assets, resources, and strengths of faith-based organizations, YOUR Blessed Health (YBH) is a community-based participatory research project developed to increase HIV/AIDS awareness and reduce HIV-related stigma among the African American faith community in Flint, Michigan. This article describes the historical context and development of YBH, discusses the results of the pilot study, and illustrates how YBH grew into a community mobilization effort led by faith leaders and their congregations to address HIV/AIDS. YBH highlights the importance of developing and testing intervention models that originate from community-based organizations to address complex and sensitive health issues among marginalized populations. [See also, in this same issue: Berkley-Patton, J., et al., "Taking It to the Pews: a CBPR-guided HIV awareness and screening project with Black churches," pp. 218-237; and see also the related article: Griffith, D. M., et al., "YOUR Blessed Health: an HIV-prevention program bridging faith and public health communities," *Public Health Reports* 125, Suppl. 1 (Jan-Feb 2010): 4-11; both noted elsewhere in this bibliography.]
- Groleau, D., Whitley, R., Lesperance, F. and Kirmayer, L. J. [Division of Social and Transcultural Psychiatry, McGill University, Montreal, Canada; danielle.groleau@mcgill.ca]. **"Spiritual reconfigurations of self after a myocardial infarction: influence of culture and place."** *Health & Place* 16, no. 5 (Sep 2010): 853-860.
 [Abstract:] This study explored illness narratives following a myocardial infarction (MI) in French Canadians. Qualitative interviews were completed using the McGill Illness Narrative Interview with 51 patients following a first MI. Content analysis of interviews suggested that the heart was perceived as a receptacle that contained an accumulation of life's ordeals, negative emotions and family traumas. This resulted in perceived heart strain, which was considered a direct cause of the MI. References to spirituality were central to the patients' narratives and were identified as instrumental in post-MI recovery. Results illustrate how place and culture interact to shape illness experience and recovery trajectories after a life-threatening health event.
- Grossoehme, D. H., Ragsdale, J., Cotton, S., Wooldridge, J. L., Grimes, L. and Seid, M. [Department of Pastoral Care, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Daniel.grossoehme@cchmc.org]. **"Parents' religious coping styles in the first year after their child's cystic fibrosis diagnosis."** *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 109-122.
 [Abstract:] Parents of children diagnosed with cystic fibrosis described it as "devastating." Given religion's importance to many Americans, parents may utilize religious coping. Relatively little is known about parents' use of religious coping to handle their child's illness. Interviews with 15 parents about their use of religion in the year following their child's cystic fibrosis diagnosis were coded for religious coping styles. Sixteen styles were identified. Positive religious coping styles were more frequent than negative styles (previously associated with poorer

health outcomes), and occurred more frequently than in other studies. Religious coping styles used to make meaning, gain control, or seek comfort/intimacy with God were equally prevalent. The most common styles were: Pleading, Collaboration, Benevolent Religious Reappraisals, and Seeking Spiritual Support. Parents described active rather than passive coping styles. Religious coping involving religious others was rare. Clinical attention to negative religious coping may prevent it becoming chronic and negatively affecting health. [See the related article: Grossoehme, D. H., et al., "We can handle this: parents' use of religion in the first year following their child's diagnosis with cystic fibrosis," on pp. 95-108 of the same issue of this journal; also noted in this bibliography.]

Grossoehme, D. H., Ragsdale, J., Wooldridge, J. L., Cotton, S. and Seid, M. [Department of Pastoral Care, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Daniel.grossoehme@cchmc.org]. **"We can handle this: parents' use of religion in the first year following their child's diagnosis with cystic fibrosis."** *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 95-108.

[Abstract:] The diagnosis of a child's life-shortening disease leads many American parents to utilize religious beliefs. Models relating religious constructs to health have been proposed. Still lacking are inductive models based on parent experience. The specific aims of this study were: 1. develop a grounded theory of parental use of religion in the year after diagnosis; 2. describe whether parents understand a relationship between their religious beliefs and their follow-through with their child's at-home treatment regimen. Fifteen parent interviews were analyzed using grounded theory method. Parents used religion to make meaning of their child's cystic fibrosis (CF) diagnosis. Parents imagined God as active, benevolent, and interventionist; found hope in their beliefs; felt supported by God; and related religion to their motivation to adhere to their child's treatment plan. Religious beliefs are clinically significant in working with many parents of children recently diagnosed with CF. Interventions that improve adherence to treatment may be enhanced by including religious aspects. [See the related article: Grossoehme, D. H., et al., "Parents' religious coping styles in the first year after their child's cystic fibrosis diagnosis," on pp. 109-122 of the same issue of this journal; also noted in this bibliography.]

Gullatte, M. M., Brawley, O., Kinney, A., Powe, B. and Mooney, K. [Emory Crawford Long Hospital of Emory Healthcare-Emory University, Atlanta, GA; Mary.gullatte@emoryhealthcare.org]. **"Religiosity, spirituality, and cancer fatalism beliefs on delay in breast cancer diagnosis in African American women."** *Journal of Religion & Health* 49, no. 1 (Mar 2010): 62-72.

[Abstract:] African American women are more likely than any other racial or ethnic group to present with a later stage of breast cancer at initial diagnosis. Delay in breast cancer detection is a critical factor in diagnosis at a later stage. Available data indicate a delay of 3 months or more is a significant factor in breast cancer mortality. Numerous factors have been reported as contributing to delay in time to seek medical care including religiosity, spirituality, and fatalistic beliefs. This study examined the influence of religiosity, spirituality, and cancer fatalism on delay in diagnosis and breast cancer stage in African American women with self-detected breast symptoms. A descriptive correlation, retrospective methodology using an open-ended questionnaire and three validated measurement scales were used: the Religious Problem Solving Scale (RPSS), the Religious Coping Activity Scale (RCAS) subscale measuring spiritually based coping, and the modified Powe Fatalism Inventory (mPFI). A convenience sample of 129 women ages between 30 and 84 years who self-reported detecting a breast symptom before diagnosis of breast cancer within the preceding 12 months were included in the study. Outcome variables were time to seek medical care and breast cancer stage. Other variables of interest included marital status, income, education, insurance status, and to whom the women spoke about their breast symptoms. Data were analyzed using descriptive statistics, logistic regression analysis, Pearson r correlations, Mann-Whitney U analysis, and Chi Square analysis. Participants were found to be highly religious and spiritual but not fatalistic. While most women delayed more than 3 months in seeking medical care, no associations were found between the three predictor variables and time to seek medical care. The median delay in time from self detection of a breast symptom to seeking medical care was 5.5 months. Women who were less educated, unmarried, and talked to God only about their breast change were significantly more likely to delay seeking medical care. An association was found between disclosing a breast symptom to God only and delay in seeking medical care. In contrast, women who had told a person about their breast symptom were more likely to seek medical care sooner. African American women who delayed seeking medical care for longer than 3 months were more likely to present with a later stage of breast cancer than women who sought care within 3 months of symptom discovery.

Gupta, V. B. [New York Medical College, Valhalla, NY; bhushan458@gmail.com]. **"Impact of culture on healthcare seeking behavior of Asian Indians."** *Journal of Cultural Diversity* 17, no. 1 (2010): 13-19.

This is an overview of some of the cultural challenges experienced by Asian Indians, with suggestions from non-Asian Indian providers in the US. Among the points: "Use of advance directives about the kind of care desired at the end of life is uncommon among religiously-oriented Asian-Indian Hindus who take healthcare decisions in consultation with their family" [p. 17].

Hall, D. E., Koenig, H. G. and Meador, K. G. [Duke University Medical Center, Durham, NC; hallde@upmc.edu]. **"Episcopal measure of faith tradition: a context-specific approach to measuring religiousness."** *Journal of Religion & Health* 49, no. 2 (Jun 2010): 164-178.

[Abstract:] Precise measurement of religiousness remains a vexing problem. In addition to relying almost exclusively on self-report, existing measures of religiousness pay little attention to the specific context of religious belief, and this may override distinctive norms of particular faith traditions and potentially confound the conclusions drawn from such research. To address these limitations, the authors describe a modified form of narrative content analysis that could eventually sort respondents into distinct theological traditions. A pilot test among Episcopalians demonstrates encouraging reliability ($\kappa = 0.74$, 95% LCI 0.47, $P < 0.0002$), and tests for convergent and discriminant validity suggest that the context of religious belief is both relevant and insufficiently assessed by the existing paradigm of religious measurements. If validated in a religiously diverse sample, this approach could be combined with existing, context-free measures of religiousness to generate more meaningful findings.

Halperin, E. C. [University of Louisville, Louisville, KY; edward.halperin@louisville.edu]. **"Preserving the humanities in medical education."** *Medical Teacher* 32, no. 1 (Jan 2010): 76-79.

Among the points in this article: "Medical schools should reach out to theological seminaries and schools of divinity to help create courses in medicine and spirituality. Clinicians understand that patients often make decisions about crucial health care issues by invoking their faith traditions." [p. 77]

- Hamilton, J. B., Crandell, J. L., Carter, J. K. and Lynn, M. R. [School of Nursing, University of North Carolina, Chapel Hill; jhamilto@email.unc.edu]. "**Reliability and validity of the perspectives of Support From God Scale.**" *Nursing Research* 59, no. 2 (Mar-Apr 2010): 102-109.
 [Abstract:] BACKGROUND: Existing spiritual support scales for use with cancer survivors focus on the support believed to come from a religious community, clergy, or health care providers. OBJECTIVE: The objective of this study was to evaluate the reliability and validity of a new measure of spiritual support believed to come from God in older Christian African American cancer survivors. METHODS: The Perceived Support From God Scale was administered to 317 African American cancer survivors aged 55-89 years. Psychometric evaluation involved identifying underlying factors, conducting item analysis and estimating reliability, and obtaining evidence on the relationship to other variables or the extent to which the Perceived Support From God Scale correlates with religious involvement and depression. RESULTS: The Perceived Support From God Scale consists of 15 items in two subscales (Support From God and God's Purpose for Me). The two subscales explained 59% of the variance. Cronbach's alpha coefficients were .94 and .86 for the Support From God and God's Purpose for Me subscales, respectively. Test-retest correlations were strong, supporting the temporal stability of the instrument. Pearson's correlations to an existing religious involvement and beliefs scale were moderate to strong. Subscale scores on Support From God were negatively correlated to depression. DISCUSSION: Initial support for reliability and validity was demonstrated for the Perceived Support From God Scale. The scale captures a facet of spirituality not emphasized in other measures. Further research is needed to evaluate the scale with persons of other racial/ethnic groups and to explore the relationship of spirituality to other outcome measures.
- Hampton, M. C., Halkitis, P. N. and Mattis, J. S. [Center for Health, Identity, Behavior, and Prevention Studies, Department of Applied Psychology, New York University, New York]. "**Coping, drug use, and religiosity/spirituality in relation to HIV serostatus among gay and bisexual men.**" *AIDS Education & Prevention* 22, no. 5 (Oct 2010): 417-429.
 [Abstract:] Cross-sectional data were collected on a sample of 259 gay and bisexual, male-identified individuals as part of a larger study of the psychosocial functioning of lesbian, gay, bisexual, and transgender persons. Analyses considered differences between HIV-positive and HIV-negative men in relation to active and religious coping strategies; avoidant coping strategies (specifically, illicit drug use); and the psychosocial states of anxiety, hostility, and depression in relation to self-reported HIV-status of the participants. As compared with HIV-negative men, the HIV positive participants indicated a greater likelihood of engaging in illicit substance use within the previous 3 months, as well as higher levels of both active and religious coping strategies. Illicit substance use also was found to be related to higher levels of depression, anxiety, and hostility. A multivariate model indicated a significant difference in substance-based and active coping strategies among the men surveyed, with persons with a self-reported HIV-positive serostatus endorsing higher levels of both strategies. These results and their implications for prevention and future research are discussed, rooted in the understanding that a complex reality for coping is often enacted by HIV-positive men.
- Harandy, T. F., Ghofranipour, F., Montazeri, A., Anosheh, M., Bazargan, M., Mohammadi, E., Ahmadi, F. and Niknami, S. [Department of Health Education, Tarbiat Modares University, Tehran, Iran]. "**Muslim breast cancer survivor spirituality: coping strategy or health seeking behavior hindrance?**" *Health Care for Women International* 31, no. 1 (Jan 2010): 88-98.
 [Abstract:] We explored the role of religiosity and spirituality on (i) feelings and attitudes about breast cancer, (ii) strategies for coping with breast cancer, and (iii) health care seeking behaviors among breast cancer survivors in Iran. We conducted in-depth semistructured interviews with 39 breast cancer survivors. We found that spirituality is the primary source of psychological support among participants. Almost all participants attributed their cancer to the will of God. Despite this, they actively have been engaged with their medical treatment. This is in surprising contrast to Western cultures in which a belief in an external health locus of control diminishes participation in cancer screening, detection, and treatment. These findings can help researchers to provide a framework for the development of appropriate and effective culturally sensitive health interventions.
- Harper, R. G., Wager, J. and Chacko, R. C. [Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX; rharper@bcm.edu]. "**Psychosocial factors in noncompliance during liver transplant selection.**" *Journal of Clinical Psychology in Medical Settings* 17, no. 1 (Mar 2010): 71-76.
 [From the abstract:] This exploratory study attempted to identify characteristics of patients selected for transplant compared to those who had not demonstrated 6 months alcohol, drug and tobacco abstinence at the time of candidacy assessment. ...Comparisons on psychometric measures of coping, social support, and health status revealed noncompliant patients to be significantly less authority abiding, less concerned about their illness, and less spiritually-oriented.
- Harris, B. A., Berger, A. M., Mitchell, S. A., Steinberg, S. M., Baker, K. L., Handel, D. L., Bolle, J. L., Bush, E. G., Avila, D. and Pavletic, S. Z. [Pain and Palliative Care Service, National Institutes of Health Clinical Center, National Cancer Institute, Bethesda, MD]. "**Spiritual well-being in long-term survivors with chronic graft-versus-host disease after hematopoietic stem cell transplantation.**" *Journal of Supportive Oncology* 8, no. 3 (May-Jun 2010): 119-125.
 [Abstract:] Spiritual well-being (Sp-WB) is a resource that supports adaptation and resilience, strengthening quality of life (QOL) in patients with cancer or other chronic illnesses. However, the relationship between Sp-WB and QOL in patients with chronic graft-versus-host disease (cGVHD) remains unexamined. Fifty-two participants completed the Functional Assessment of Chronic Illness Therapy-Spiritual WellBeing (FACIT-Sp) questionnaire as part of a multidisciplinary study of cGVHD. Sp-WB was generally high. Those with the lowest Sp-WB had a significantly longer time since diagnosis of cGVHD ($P = 0.05$) than those with higher Sp-WB. There were no associations between Sp-WB and demographics, cGVHD severity, or intensity of immunosuppression. Participants with the lowest Sp-WB reported inferior physical ($P = 0.0009$), emotional ($P = 0.003$), social ($P = 0.027$), and functional well-being ($P < 0.0001$) as well as lower overall QOL ($P < 0.0001$) compared with those with higher Sp-WB. They also had inferior QOL relative to population norms. Differences between the group reporting the lowest Sp-WB and those groups who reported the highest Sp-WB scores consistently demonstrated a significant difference for all QOL subscales and for overall QOL. Controlling for physical, emotional, and social well-being, Sp-WB was a significant independent predictor of contentment with QOL. Our results suggest that Sp-WB is an important factor contributing to the QOL of patients with cGVHD. Research is needed to identify factors that diminish Sp-WB and to test interventions designed to strengthen this coping resource in patients experiencing the late effects of treatment.

- Harvey, I. S. and Cook, L. [University of Illinois at Urbana Champaign; shevon@illinois.edu]. **"Exploring the role of spirituality in self-management practices among older African-American and non-Hispanic White women with chronic conditions."** *Chronic Illness* 6, no. 2 (Jun 2010): 111-124.
 [Abstract:] OBJECTIVE: The purpose of this study was to examine the role of spirituality in the self-management of chronic illness among older women with chronic conditions. METHODS: A sample of 41 African-American and non-Hispanic White women, of age 66 and older, participated in the process of self-care study. Data were collected from semi-structured interviews and analyzed for common themes using the Grounded Theory method. RESULTS: Audiotaped and transcribed interviews identified four categories that emerged to suggest the influence of spirituality in behavioral change and disease management: (1) God's involvement in illness management; (2) prayer as a mediator; (3) spirituality as a coping mechanism; and (4) the combination of conventional and spiritual practices. DISCUSSION: Older women with various chronic illnesses defined 'spirituality' in a broad, holistic way, and the findings suggest that spirituality played a part in documenting the self-management process. Knowledge of spirituality and the role it plays in illness management may assist public health gerontologists in designing effective and culturally appropriate self-management programs.
- Hasanovic, M. and Pajevic, I. [University Clinical Centre Tuzla, School of Medicine University of Tuzla, Bosna and Herzegovina. hameaz@bih.net.ba]. **"Religious moral beliefs as mental health protective factor of war veterans suffering from PTSD, depressiveness, anxiety, tobacco and alcohol abuse in comorbidity."** *Psychiatria Danubina* 22, no. 2 (Jun 2010): 203-210.
 [Abstract:] INTRODUCTION: Our aim was to investigate is there association between level of religious moral beliefs and severity of PTSD symptoms, depression symptoms, anxiety and severity of alcohol abuse we tested 152 war veterans on presence of PTSD, depression symptoms, anxiety, alcohol misuse and level of religious moral beliefs. SUBJECTS AND METHODS: We used Harvard trauma questionnaire (HTQ), Hopkins Check Scale SBCL 25, check list for alcohol misuse MAST. Subjects were assessed with regard to the level of belief in some basic ethical principles that arise from religious moral values. The score of religious moral belief index was used to correlate with severity of PTSD symptoms, depression symptoms, anxiety and severity of alcohol misuse. RESULTS: Mean age of tested subjects was 40.8 (SD=6.6) years. The score of the moral belief index was negatively correlated to PTSD symptom severity and depressiveness (Pearson's $r=-0.325$, $p<0.001$; $r=-0.247$, $p=0.005$, respectively). Besides that the score of moral belief index negatively correlated with presented anxiety (Pearson's $r=-0.199$, $p=0.026$). Related to severity of tobacco and alcohol misuse we found negative association of these with the moral belief index (Pearson's $r=-0.227$, $p=0.011$; $r=-0.371$, $p<0.001$, respectively). CONCLUSION: A higher index of religious moral beliefs in war veterans enables better control of distress, providing better mental health stability. It enables post traumatic conflicts typical for combatants' survivors to be more easily overcome. It also causes healthier reactions to external stimuli. A higher index of religious moral beliefs of war veterans provides a healthier and more efficient mechanism of tobacco and alcohol misuse control. In this way, it helps overcoming postwar psychosocial problems and socialization of the personality, leading to the improvement in mental health.
- Hawkins, N. A., Smith, T., Zhao, L., Rodriguez, J., Berkowitz, Z. and Stein, K. D. [Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control, Atlanta, GA; cyt4@cdc.gov]. **"Health-related behavior change after cancer: results of the American cancer society's studies of cancer survivors (SCS)."** *Journal of Cancer Survivorship* 4, no. 1 (Mar 2010): 20-32.
 [From the abstract:] INTRODUCTION: Cancer survivors are known to make positive health-related behavior changes after cancer, but less is known about negative behavior changes and correlates of behavior change. The present study was undertaken to examine positive and negative behavior changes after cancer and to identify medical, demographic, and psychosocial correlates of changes. METHODS: We analyzed data from a cross-sectional survey of 7,903 cancer survivors at 3, 6, and 11 years after diagnosis. RESULTS: Of 15 behaviors assessed, survivors reported 4 positive and 1 or 0 negative behavior changes. Positive change correlated with younger age, greater education, breast cancer, longer time since diagnosis, comorbidities, vitality, fear of recurrence, and spiritual well-being, while negative change correlated with younger age, being non-Hispanic African American, being widowed, divorced or separated, and lower physical and emotional health. Faith mediated the relationship between race/ethnicity and positive change....
- Heinz, A. J., Disney, E. R., Epstein, D. H., Glezen, L. A., Clark, P. I. and Preston, K. L. [Clinical Pharmacology and Therapeutics Branch, Intramural Research Program, National Institute on Drug Abuse, Baltimore, MD]. **"A focus-group study on spirituality and substance-user treatment."** *Substance Use & Misuse* 45, nos. 1-2 (2010): 134-153.
 [Abstract:] Focus groups were conducted in 2005-2006 with 25 urban methadone-maintained outpatients to examine beliefs about the role of spirituality in addiction and its appropriateness in formal treatment. Thematic analyses suggested that spirituality and religious practices suffered in complex ways during active addiction, but went "hand in hand" with recovery. Participants agreed that integration of a voluntary spiritual discussion group into formal treatment would be preferable to currently available alternatives. One limitation was that all participants identified as strongly spiritual. Studies of more diverse samples will help guide the development and evaluation of spiritually based interventions in formal treatment.
- Heuberger, R. A. [Department of Human Environmental Studies, Central Michigan University, Mt. Pleasant; heube1ra@cmich.edu]. **"Artificial nutrition and hydration at the end of life."** *Journal of Nutrition for the Elderly* 29, no. 4 (Oct 2010): 347-385.
 In this general review of issues and literature, see esp. the section: Religious Issues in End of Life Care [pp. 362-368].
- Hilbers, J., Haynes, A. S. and Kivikko, J. G. [Prince of Wales Hospital, Australia; julianne.hilbers@sesiahs.health.nsw.gov.au]. **"Spirituality and health: an exploratory study of hospital patients' perspectives."** *Australian Health Review* 34, no. 1 (Mar 2010): 3-10.
 [Abstract:] The relationship between spirituality/religion and health is receiving increasing academic interest, but few studies have explored the experience of Australians. This paper presents data from an exploratory survey of patients and families in a public teaching hospital in Sydney. The findings show that the majority of hospital service users believe there are links between spirituality/religion and health, believe that rituals and customs can help people when they are sick/suffering, have valued practices associated with their beliefs, feel it is helpful for health staff to know their patients' beliefs, are willing to be asked about their beliefs, or want hospital staff to respect and support the beliefs and practices of all patients. Spirituality and religion, and the beliefs and practices associated with them, were found to be eclectic, individualized and evolving in response to life events such as loss and health crises. This paper concludes that a person-centred framework of health practice includes attention to the religious/spiritual dimension of patients and their families.

- Hills, M. and Albarran, J. W. "**After death 1: caring for bereaved relatives and being aware of cultural differences.**" *Nursing Times* 106, no. 27 (Jul 13-19, 2010): 19-20.
 [Abstract:] This first in a two-part unit on bereavement and last offices discusses relatives' grief reactions and caring for deceased patients, taking into account spiritual and cultural differences. [Part 2, "Exploring the procedures for laying out and preparing the body for viewing," by the same authors, appears in *Nursing Times* 106, no. 28 (Jul 20-26, 2010): 22-24.]
- Hodge, D. R. and Limb, G. E. [School of Social Work, Arizona State University, Phoenix]. "**A Native American perspective on spiritual assessment: the strengths and limitations of a complementary set of assessment tools.**" *Health & Social Work* 35, no. 2 (May 2010): 121-131.
 [Abstract:] Mental health practitioners are increasingly called on to administer spiritual assessments with Native American clients, in spite of limited training on the topic. To help practitioners better understand the strengths and limitations of various assessment instruments from a Native perspective, this study used a sample of recognized experts in Native American culture (N = 50) to evaluate a complementary set of spiritual assessment instruments or tools. Specifically, each instrument's degree of consistency with Native culture was evaluated along with its strengths and limitations for use with Native clients. A brief overview of each instrument is provided, along with the results, to familiarize readers with a repertoire of spiritual assessment tools so that the most culturally appropriate method can be selected in a given clinical context.
- Holt, G. R. [Center for Medical Humanities and Ethics, University of Texas Health Science Center, San Antonio; holtg@uthscsa.edu]. "**Challenges and rewards.**" *Archives of Facial Plastic Surgery* 12, no. 2 (Mar-Apr 2010): 128-129.
 Among the points in this brief article on ethics in medical practice is the note: "Spirituality and faith: it is becoming more acceptable in our society for a physician and patient to have discussions regarding the role faith and spirituality might play in the patient's treatment process" [p. 129].
- Homan, K. J. and Boyatzis, C. J. "**The protective role of attachment to God against eating disorder risk factors: concurrent and prospective evidence.**" *Brunner-Mazel Eating Disorders Monograph Series* 18, no. 3 (May 2010): 239-258.
 [Abstract:] This short-term longitudinal study explored whether a secure relationship with God would protect young women (N = 231, M = 19.2) from the impact of four risk factors for eating disturbance: pressure to be thin; thin-ideal internalization, body dissatisfaction; and dieting. Analyses showed that women with secure attachment to God experienced reduced levels of each risk factor. Prospective data showed that pressure to be thin and thin-ideal internalization predicted body dissatisfaction only for women with an anxious insecure attachment to God. The data indicate that women who feel loved and accepted by God are buffered from eating disorder risk factors.
- Hook, J. N., Worthington, E. L., Jr., Davis, D. E., Jennings, D. J. 2nd, Gartner, A. L. and Hook, J. P. [Virginia Commonwealth University, Richmond, VA]. "**Empirically supported religious and spiritual therapies.**" *Journal of Clinical Psychology* 66, no. 1 (Jan 2010): 46-72.
 [Abstract:] This article evaluated the efficacy status of religious and spiritual (R/S) therapies for mental health problems, including treatments for depression, anxiety, unforgiveness, eating disorders, schizophrenia, alcoholism, anger, and marital issues. Religions represented included Christianity, Islam, Taoism, and Buddhism. Some studies incorporated a generic spirituality. Several R/S therapies were found to be helpful for clients, supporting the further use and research on these therapies. There was limited evidence that R/S therapies outperformed established secular therapies, thus the decision to use an R/S therapy may be an issue of client preference and therapist comfort. [75 refs.]
- House, L. D., Mueller, T., Reininger, B., Brown, K. and Markham, C. M. [Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, GA; Lhouse1@cdc.gov]. "**Character as a predictor of reproductive health outcomes for youth: a systematic review.**" *Journal of Adolescent Health* 46, Suppl. 3 (Mar 2011): S59-74.
 [From the abstract:] To review research examining the influence of character on adolescent sexual and reproductive health (ASRH). We defined character as comprising two positive youth development constructs: prosocial norms and spirituality. We conducted a systematic review of behavioral research published from 1985 through 2007 that examined the association between two character constructs (prosocial norms and spirituality) and ASRH outcomes. We coded results as showing a protective association, risk association, or no association, and as longitudinal, or cross-sectional. We considered consistent associations from at least two longitudinal studies for a given outcome to be sufficient evidence for a protective or risk association. There is sufficient evidence to indicate that prosocial norms and spirituality can be protective factors for some ASRH outcomes including intention to have sex, early sex or ever having sex, contraceptive and condom use, frequency of sex, and pregnancy.... [211 refs.]
- Huguelet, P., Mohr, S., Gilliéron, C., Brandt, P. Y. and Borrás, L. [Division of Adult Psychiatry, University Hospital of Geneva and University of Geneva, Switzerland; Philippe.Huguelet@hcuge.ch]. "**Religious explanatory models in patients with psychosis: a three-year follow-up study.**" *Psychopathology* 43, no. 4 (2010): 230-239.
 [Abstract:] BACKGROUND/AIMS: Spirituality and religiousness have been shown to be highly prevalent in patients with psychosis. Yet the influence of religious denomination as it affects coping methods and/or as an explanatory model for illness and treatment remains to be determined. This study aims (1) to investigate if religious denomination is associated with explanatory models, (2) to assess the evolution over time of these explanatory models, and (3) to examine the relationship between these explanatory models and the spiritual vision of treatment and adherence to such treatment. SAMPLING AND METHODS: Of an initial cohort of 115 outpatients, 80% (n = 92) participated in a 3-year follow-up study. The evolution of their religious explanatory models was assessed in order to evaluate if religious denomination, as a meaning-making coping tool, is associated with the patients' explanatory models. Finally, we examined the relationship between these representations and the patients' spiritual visions of treatment and treatment adherence. RESULTS: A spiritual vision of the illness (as part of an explanatory model) was more frequent in patients with psychosis for whom the subjective dimension of religion was important. However, there was no association between the patients' religious denomination and their spiritual vision of the illness. The analyses showed that the various contents of spiritual visions of illness were not positive or negative per se; instead, they depended on how this religious vision was integrated into the person's experience. Examining longitudinal aspects of coping showed that the spiritual vision sometimes changed, but was not associated with clinical or social outcome. CONCLUSIONS: For patients with psychosis, explanatory models frequently involve a religious component which is independent of denomination and likely to change over time. Clinicians should address this issue on a regular basis, by asking patients about their explanatory model before trying to build a bridge with the medical model.

- Hui, E. and Devendra, D. [Department of Investigative Sciences, Imperial College London, UK.]. "**Diabetes and fasting during Ramadan.**" *Diabetes/Metabolism Research Reviews* 26, no. 8 (Nov 2010): 606-610.
 [Abstract:] Abstinence from food and liquid during daylight hours is observed by Muslim individuals during the month of Ramadan. Even though the Koran exempts the sick from fasting, many people with diabetes still fast during this religious period. It is essential for patients, family and healthcare professionals to be aware of the religious attitude to and health implications of fasting. Major changes in dietary habits, daily physical activities and sleeping patterns during Ramadan have significant impact on the glycaemic control, lipid profile, weight and dietary intake. Hence, the patient is encouraged to have appropriate pre-Ramadan assessment and education in order to stratify and modify his or her risk with fasting. Dose and timing adjustments to insulin and to some oral hypoglycaemic agents, especially sulphonylureas, may well be necessary during Ramadan.
- Ingersoll-Dayton, B., Torges, C. and Krause, N. [University of Michigan, Ann Arbor; bid@umich.edu]. "**Unforgiveness, rumination, and depressive symptoms among older adults.**" *Aging & Mental Health* 14, no. 4 (May 2010): 439-449.
 [Abstract:] The experience of feeling unforgiven for past transgressions may contribute to depressive symptoms in later life. This article tests a model in which feeling unforgiven by God and by other people have direct effects on depressive symptoms while self-unforgiveness and rumination mediate this relationship. The sample consisted of 965 men and women aged 67 and older who participated in a national probability sample survey, the Religion, Aging, and Health survey. Results from a latent variable model indicate that unforgiveness by others has a significant direct effect on depressive symptoms and an indirect effect via self-unforgiveness and rumination. However, rather than having a direct effect on depressive symptoms, unforgiveness by God operates only indirectly through self-unforgiveness and rumination. Similarly, self-unforgiveness has an indirect effect on depressive symptoms through rumination.
- Ireland, J. [Marie Curie Nursing Service in Grampian, Scotland]. "**Palliative care: a case study and reflections on some spiritual issues.**" *British Journal of Nursing* 19, no. 4 (Feb 25-Mar 10, 2010): 237-240.
 [Abstract:] Being aware of notions of spirituality and ethnicity are perhaps at no time as important in nursing as at the end of a patient's life. This paper reflects on a case study of a patient receiving palliative care who was a nurse from Africa. One key reflection that arose from this case is 'what is spirituality?' How this is expressed is a dynamic process, and cannot necessarily be captured by a one-off question and answer session. The following case study highlights that what we want at the end of life, or may think we would want is not at all fixed. Therefore, nurses caring for dying patients need to be open-minded, and check regularly that the patient's chosen pathway is being followed. Also, there must be space for patients to change their minds. Tools are available and might be usefully adapted to suit individual patients' needs.
- Jankowski, K. R., Sifton, N. R., Galek, K., and Montonye, M. G. [College of Pastoral Care, Healthcare Chaplaincy, New York, NY; kjankowski@healthcarechaplaincy.org]. "**Complementary alternative medicine practices used by religious professionals.**" *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 172-182.
 [Abstract:] Religious professionals completed an online survey of their use of health related practices currently known as complementary and alternative medicine (CAM). They indicated how often they engaged in these practices and how often they had used these practices when helping other people. The majority of religious professionals used at least one of the practices when alone and when helping other people. The most frequently used practices were meditation and deep breathing exercises used both when alone and when helping others. Female respondents were more likely to use these practices on their own and when helping others than were males, and older respondents were more likely to use multiple CAM practices than their younger counterparts. Other Faith/Humanists used the most CAM practices when alone and Jewish respondents used the fewest. In general, religious professionals used fewer practices when helping others than they used for themselves. Limitations of this study and suggestions for future studies for examining CAM practices among religious professionals are discussed.
- Jenko, M., Gonzalez, L. and Alley, P. [Lakeland Regional Medical Center, Lakeland, FL]. "**Life review in critical care: possibilities at the end of life.**" *Critical Care Nurse* 30, no. 1 (Feb 2010): 17-27; quiz on p. 28.
 This article considers spirituality throughout, as well as in the section, Life Review and Spirituality [pp. 25-26], which notes: "In order to avoid clinical practice that is 'technically and scientifically rich, yet spiritually poor,' facilitators of review activities should be considerate of the religious or spiritual beliefs of a patient and the patient's family" [p. 25]. The authors draw especially on the work of Christina Puchalski. The article also notes in a table of elements of Life Review: "When someone is in crisis, challenging existing belief systems is rarely beneficial. Their beliefs may be supportive to them in a larger context. Consult the chaplain for additional assistance and support." [p. 23] [See also the article: Yeager, S., et al., "Embrace Hope: an end-of-life intervention to support neurological critical care patients and their families," on pp. 47-58 of this same journal issue; noted elsewhere in this bibliography.]
- Jenkins, E. D., Yip, M., Melman, L., Frisella, M. M. and Matthews, B. D. [Department of Surgery, Washington University School of Medicine, St. Louis, MO]. "**Informed consent: cultural and religious issues associated with the use of allogeneic and xenogeneic mesh products.**" *Journal of the American College of Surgeons* 210, no. 4 (Apr 2010): 402-410.
 [Abstract:] BACKGROUND: Our aim was to investigate the views of major religions and cultural groups regarding the use of allogeneic and xenogeneic mesh for soft tissue repair. STUDY DESIGN: We contacted representatives from Judaism, Islam, Buddhism, Hinduism, Scientology, and Christianity (Baptists, Methodists, Seventh-Day Adventists, Catholics, Lutherans, Church of Jesus Christ of Latter-Day Saints, Evangelical, and Jehovah's Witnesses). We also contacted American Vegan and People for the Ethical Treatment of Animals (PETA). Standardized questionnaires were distributed to the religious and cultural authorities. Questions solicited views on the consumption of beef and pork products and the acceptability of human-, bovine-, or porcine-derived acellular grafts. RESULTS: Dietary restrictions among Jews and Muslims do not translate to tissue implantation restriction. Approximately 50% of Seventh-day Adventists and 40% of Buddhists practice vegetarianism, which may translate into a refusal of the use of xenogeneic tissue. Some Hindus categorically prohibit the use of human tissue and animal products; others allow the donation and receipt of human organs and tissues. PETA is opposed to all uses of animals, but not to human acellular grafts or organ transplantation. Some vegans prefer allogeneic to xenogeneic tissue. Allogeneic and xenogeneic acellular grafts are acceptable among Scientologists, Baptists, Lutherans, Evangelicals, and Catholics. Methodists, Jehovah's Witnesses, and The Church of Jesus Christ of Latter-Day Saints leave the decision up to the individual. CONCLUSIONS: Knowledge of religious and cultural preferences regarding biologic mesh assists the surgeon in obtaining a culturally sensitive informed consent for procedures involving acellular allogeneic or xenogeneic grafts.

- Jo, A. M., Maxwell, A. E., Yang, B. and Bastani, R. [David Geffen School of Medicine, University of California, Los Angeles; ajo@mednet.ucla.edu]. **"Conducting health research in Korean American churches: perspectives from church leaders."** *Journal of Community Health* 35, no. 2 (Apr 2010): 156-164.
 [Abstract:] Korean Americans experience many challenges to obtaining adequate health care coverage and access to needed services. Because a large proportion of Korean Americans attend churches on a regular basis, churches may be a promising venue where health programs can be delivered. In order to gain an in-depth understanding of Korean American churches with respect to conducting future health intervention research, we conducted exploratory interviews and focus groups with 58 leaders from 23 Korean American churches and three community organizations. From these interviews and focus groups, we found that Korean churches and church leaders seek to meet a variety of social and health needs of their congregation and their surrounding community. Several leaders have stated that assisting with social and medical needs of their members is an important component of their current ministry. They described profound health needs of their congregations and have suggested various ways in which the university can partner with the local churches to help address these needs through research. Additionally, they described various resources churches can provide to researchers such as: their personal assistance, church volunteer base, church facility, and church network and contacts. Our findings suggest that Korean churches have a high potential to serve an important role in the health of Korean Americans. On the basis of the promising results of the present study, we are planning to conduct a cross sectional survey of Korean church leaders and members in Los Angeles County to substantiate our findings in a larger representative sample.
- John, L. D. [School of Nursing, University of Texas, Arlington; ljohn@uta.edu]. **"Self-care strategies used by patients with lung cancer to promote quality of life."** *Oncology Nursing Forum* 37, no. 3 (May 2010): 339-347.
 [From the abstract:] PURPOSE/OBJECTIVES: To describe self-care strategies used by patients with lung cancer to promote quality of life (QOL). RESEARCH APPROACH: Qualitative study using a phenomenologic approach. SETTING: Cancer clinics in central Texas. PARTICIPANTS: Purposive sampling was used to enroll 10 adults with lung cancer who had completed primary treatment within the prior two years. METHODOLOGIC APPROACH: One-on-one, semistructured, audiotaped interviews were conducted. MAIN RESEARCH VARIABLES: QOL and self-care strategies. FINDINGS: Participants identified family and social support, functional independence, physical well-being, and spirituality as important aspects of QOL. Participants identified fatigue as the factor most negatively affecting QOL. Self-care strategies identified to improve QOL were primarily related to fatigue management. Rest was the primary self-care strategy reportedly recommended by healthcare providers, but this strategy was ineffective. Helpful self-care strategies included budgeting time and energy, maintaining contact with family and friends for support, and prayer....
- Jonassaint, C. R., Jonassaint, J. C., Stanton, M. V., De Castro, L. M. and Royal, C. D. [Institute for Genome Sciences and Policy, Duke University, Durham, NC]. **"Clinical and sociodemographic factors predict coping styles among adults with sickle cell disease."** *Journal of the National Medical Association* 102, no. 11 (Nov 2010): 1045-1049.
 Among the findings of this study of 46 adult patients [from the abstract]: There were significant gender differences in coping, with women reporting greater use of venting, positive reframing, and religion as coping strategies than men.
- Jose, M. M. [University of Texas Medical Branch, Galveston; mmjose@utmb.edu]. **"Cultural, ethical, and spiritual competencies of health care providers responding to a catastrophic event."** *Critical Care Nursing Clinics of North America* 22, no. 4 (Dec 2010): 455-464.
 [Abstract:] Compassion is a language that is understood across cultures, religions, and nations. Being compassionate and empathetic is a basic responsibility of health care providers responding to disasters. Compassion and empathy cannot be operationalized unless providers show culturally competent, ethically right, and spiritually caring behavior. In addition to being accepting of cultures other than their own, providers must read literature and familiarize themselves with the predominant cultures of the affected population. Ethically right decision making is essentially an act of balancing the risks and benefits to the entire society. Spiritual care is an important dimension of total health, and therefore recognition and resolution of the spiritual needs of disaster victims is an essential role of health care providers. Disaster management is teamwork and therefore requires that health care providers draw on the expertise and support of other team members; coordinating efforts with local religious, social governmental organizations, and NGOs to deal with the intangible effects of the cultural and spiritual impact of a disaster and to prevent further demoralization of the affected community is imperative. Disasters occur, and the only thing that can ameliorate their devastating effects is to improve disaster preparedness and respond collectively and courageously to every catastrophic event. [See also in the same issue of the journal: Varghese, S. B., "Cultural, ethical, and spiritual implications of natural disasters from the survivors' perspective," pp. 515-522; noted elsewhere in this bibliography.]
- Jotkowitz, A. and Zivotofsky, A. Z. [Faculty of Health Sciences, Ben-Gurion University of the Negev, Jakobovits Center for Jewish Medical Ethics, Beer-Sheva, Israel]. **"Love your neighbor like yourself": a Jewish ethical approach to the use of pain medication with potentially dangerous side effects."** *Journal of Palliative Medicine* 13, no. 1 (Jan 2010): 67-71.
 [Abstract:] Palliation of pain is universally regarded as a cardinal aspect of end-of-life care. In the early days of the palliative care and hospice movement there was concern that aggressive pain control with opioids could potentially hasten the death of the patient primarily through respiratory depression. For many ethicists and theologians who were opposed to active euthanasia, this raised the difficult question of whether it is permissible to use these potentially harmful medications. Traditional Jewish decisors also addressed this question and their writings can shed light on their attitudes toward terminal care. The purpose of this article is to analyze the view of three highly respected authorities on the use of pain medications with potentially significant side effects in terminal patients. The Jewish position demonstrates how an ancient tradition struggles to develop an ethic consistent with modern sensibilities. Religious decisors scour the ancient sources to find precedents and then apply that wisdom to contemporary questions. Jewish medical ethics by its very nature is highly pluralistic because there is no central body that determines policy and a wide spectrum of opinions are usually found. However, regarding pain treatment there appears to be a broad consensus mandating its aggressive use even at the risk of significant side effects as long as the motivation is relief of suffering.
- Jurkowski, J. M., Kurlanska, C. and Ramos, B. M. [Department of Health Policy, University at Albany School of Public Health, Rensselaer, NY; jjurkowski@albany.edu]. **"Latino women's spiritual beliefs related to health."** *American Journal of Health Promotion* 25, no. 1 (Sep-Oct 2010): 19-25.
 [Abstract:] PURPOSE: This study employed qualitative research to describe the relationship between spirituality and overall health among a sample of Latino women. A framework is presented for understanding this complex relationship. DESIGN: Findings are presented from a

qualitative analysis of six 1.5-hour focus group sessions. **SETTING:** The research was conducted among Latino women living in Chicago, Illinois, and Northeastern New York communities. We employed a community-based participatory research approach in which community members were active participants throughout the research process. **SUBJECTS:** Subjects were 47 Latino women 31 to 81 years, all of whom were Christian and the majority (43%) of whom had less than a high school education. Twenty-seven percent reported having high school diplomas, and the same percentage reported at least some college. Of the women who answered the questions, one did not have health insurance, 69% had public health insurance, and 29% had private health insurance. **MEASURES:** Grounded theory using selective coding was employed to understand the relationship between spirituality and health and to develop the conceptual framework. **RESULTS:** Spirituality was expressed as a vital component of health, and the belief in a need for balance of physical, mental, and spiritual health was described. An active and a passive relationship between spirituality and health emerged, with active being most common. Asking God for help or faith as a coping strategy were subdomains of the active relationship, and God responsible for health fell under the passive domain. These relationship types influenced beliefs about participation in one's own health. **CONCLUSION:** The findings that emerged contribute to an understanding of how spirituality plays a role in health beliefs among Latino women, which has implications for health promotion research and program development for addressing health disparities.

Katz, J., Solari-Twadell, P. A., Cameron, J. and Schultz, R. [Sanford Women's Health, Sioux Falls, SD]. **"Coping with endometriosis."** *JOGNN: Journal of Obstetric, Gynecologic, and Neonatal Nursing* 39, no. 2 (Mar 2010): 220-225; quiz on pp. 225-226.

The authors mention briefly at a number points a spiritual dimension of endometriosis and state: "Physical symptoms, whether treated or untreated, can create significant emotional and spiritual distress" [p. 222].

Kagawa-Singer, M., Padilla, G. V. and Ashing-Giwa, K. [Department of Asian American Studies, University of California Los Angeles]. **"Health-related quality of life and culture."** *Seminars in Oncology Nursing* 26, no. 1 (Feb 2010): 59-67.

This article addresses spirituality at various points, but especially in the section: Existential/Spiritual Well-being in HRQOL (pp. 62-63). [See also a related article: Grant, M. and Sun, V., "Advances in quality of life at the end of life," on pp. 26-35 of the same issue of the journal.]

Kamper, R., Van Cleve, L. and Savedra, M. [Riverside Medical Clinic, Riverside, CA]. **"Children with advanced cancer: responses to a spiritual quality of life interview."** *Journal for Specialists in Pediatric Nursing* 15, no. 4 (Oct 2010): 301-306.

[Abstract:] **PURPOSE:** The purpose of this study was to describe the responses of children with advanced cancer to a spiritual quality of life (SQL) interview. **DESIGN AND METHODS:** Sixty children, ages 6-17, responded to an SQL interview every 2 weeks, for 5 months. The questionnaires were analyzed using content analysis. **RESULTS:** Children's responses were primarily relational in nature, particularly to their parents. Seventy-eight percent of the interviewees reported they did something to "feel close to God." Children prayed for a "sense of normalcy" (59%) and relational concerns (31%). **PRACTICE IMPLICATIONS:** Children's care will be enhanced when given the opportunity to express their spiritual and relational concerns.

Karademas, E. C. [Department of Psychology, University of Crete, Rethymnon, Greece; karademas@psy.soc.uoc.gr]. **"Illness cognitions as a pathway between religiousness and subjective health in chronic cardiac patients."** *Journal of Health Psychology* 15, no. 2 (Mar 2010): 239-247.

[Abstract:] The aim of this study was to examine the role of illness cognitions as a possible pathway between religiousness and subjective health in chronic illness. A sample of 135 chronic cardiac patients completed questionnaires about intrinsic religiousness, frequency of church service attendance, basic illness cognitions (i.e., helplessness, illness acceptance, perceived benefits), and physical and emotional well-being. According to the results, religiousness was significantly associated with subjective health. However, this relationship was indirect, with helplessness and illness acceptance serving as mediators between intrinsic religiousness and health. This finding is significant for understanding the complex relation of religiousness to chronic patients' well-being.

Karamat, M. A., Syed, A. and Hanif, W. [University of Birmingham, UK; wasim.hanif@uhb.nhs.uk]. **"Review of diabetes management and guidelines during Ramadan."** *Journal of the Royal Society of Medicine* 103, no. 4 (Apr 2010): 139-147.

This is a concise review for clinicians, covering basic issues of the physiology of fasting and the care of Muslim patients observing the Ramadan fast, a review of evidence, and specific suggestions treatment plans for Type 1 and Type 2 diabetes, including a guide for medications.

Kegler, M. C., Hall, S. M. and Kiser, M. [Rollins School of Public Health, Emory University, Atlanta, GA; mkegler@sph.emory.edu]. **"Facilitators, challenges, and collaborative activities in faith and health partnerships to address health disparities."** *Health Education & Behavior* 37, no. 5 (Oct 2010): 665-679.

[Abstract:] Interest in partnering with faith-based organizations (FBOs) to address health disparities has grown in recent years. Yet relatively little is known about these types of partnerships. As part of an evaluation of the Institute for Faith and Public Health Collaborations, representatives of 34 faith-health teams (n = 61) completed semi-structured interviews. Interviews were tape recorded, transcribed, and coded by two members of the evaluation team to identify themes. Major facilitators to faith-health collaborative work were passion and commitment, importance of FBOs in communities, favorable political climate, support from community and faith leaders, diversity of teams, and mutual trust and respect. Barriers unique to faith and health collaboration included discomfort with FBOs, distrust of either health agencies or FBOs, diversity within faith communities, different agendas, separation of church and state, and the lack of a common language. Findings suggest that faith-health partnerships face unique challenges but are capable of aligning resources to address health disparities.

Kernberg, O. [New York Presbyterian Hospital, New York; okernber@med.cornell.edu]. **"Some observations on the process of mourning."** *International Journal of Psycho-Analysis* 91, no. 3 (Jun 2010): 601-619.

[Abstract:] The main proposal of this paper is that normal mourning is not completed after six months to a year or two as suggested in earlier literature, but may bring about a permanent alteration of psychological structures that affect various aspects of the mourning persons' lives. These structural consequences of mourning consist in the setting up of a persistent internalized object relationship with the lost object that affects ego and superego functions. The persistent internalized object relationship develops in parallel to the identification with the lost object, and the superego modification includes the internalization of the value systems and life project of the lost object. A new dimension of spiritual

orientation, the search for transcendental value systems, is one consequence of this superego modification. [The author considers spirituality a number of points, throughout.]

Khan, L., Wong, R., Li, M., Zimmermann, C., Lo, C., Gagliese, L. and Rodin, G. [Department of Radiation Oncology, University Health Network, University of Toronto, Toronto, Canada.]. "**Maintaining the will to live of patients with advanced cancer.**" *Cancer Journal* 16, no. 5 (Sep-Oct 2010): 524-531.

In this review, the authors note the potential importance of spiritual well-being and emphasize the critical role of the alleviation psychosocial as well as physical symptoms. [See also in this same issue of the journal: Dy, S. M. and Apostol, C. C., "Evidence-based approaches to other symptoms in advanced cancer," pp. 507-513; noted elsewhere in this bibliography.]

Kim, Y. and Spillers, R. L. [Behavioral Research Center, American Cancer Society, Atlanta, GA; ykim@psy.miami.edu]. "**Quality of life of family caregivers at 2 years after a relative's cancer diagnosis.**" *Psycho-Oncology* 19, no. 4 (Apr 2010): 431-440.

[From the abstract:] ...A total of 1635 caregivers of cancer survivors participated in the nationwide Quality of Life Survey for Caregivers. Multidimensional aspects of QOL were assessed, including mental and physical health, as well as psychological adjustment and spirituality at 2 years post-diagnosis of their relatives' cancer. ...Family caregivers reported normal levels of QOL after 2 years post-diagnosis, except that they were more likely to experience increased awareness of spirituality than do individuals who personally experience a chronic illness. In addition, caregivers' age and income and care-recipients' poor mental and physical functioning were significant predictors of their QOL at 2 years post-diagnosis. ...The findings suggest that younger, relatively poor caregivers who are providing care to relatives with poor mental and physical functioning may benefit from interventions to help in their spirituality and psychological and physical adjustment, 2 years after the initial cancer diagnosis.

Koenig, H. G., Hooten, E. G., Lindsay-Calkins, E. and Meador, K. G. [Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Spirituality in medical school curricula: findings from a national survey.**" *International Journal of Psychiatry in Medicine* 40, no. 4 (2010): 391-398.

[Abstract:] OBJECTIVE: No systematic information exists on what U.S. medical schools are teaching on spirituality and health or on the attitudes of faculty toward inclusion of this subject in the medical curriculum. We systematically surveyed U.S. medical school deans and assessed both attitudes about and the extent to which spirituality is addressed in medical school curricula. METHODS: The responses to a questionnaire were solicited from deans representing 122 U.S. medical schools accredited by the Liaison Committee for Medical Education. Completed surveys were received from 85% (n = 104), with 94% (n = 115) responding to the primary question. Outcomes were proportion of medical schools with curricular content on spirituality and attitudes of deans toward such material. RESULTS: Ninety percent (range 84%-90%) of medical schools have courses or content on spirituality and health (S&H), 73% with content in required courses addressing other topics and 7% with a required course dedicated to S&H. Although over 90% indicate that patients emphasize spirituality in their coping and health care, only 39% say that including S&H is important. When asked if their institution needs more S&H curricular content, 43% indicated they did; however, even if funding and training support were available, only 25% would open additional curricular time. National policy statements, established competencies, or methods to evaluate student competencies in S&H were generally considered unimportant. CONCLUSIONS: Most U.S. medical schools have curricular content on S&H, although this varies greatly in scope. Despite acknowledging its importance to patients, the majority of deans are uncertain about including spirituality and do not think more content is needed.

Kon, A. A. and Ablin, A. R. [Department of Pediatrics and Program in Bioethics, University of California, Davis, CA; aakon@ucdavis.edu]. "**Palliative treatment: redefining interventions to treat suffering near the end of life.**" *Journal of Palliative Medicine* 13, no. 6 (Jun 2010): 643-646.

This article notes "spiritual suffering" at various points, as the authors attempt to shift conceptions of palliative care. See especially Table 1 on p. 645: "Forms of Suffering."

Koszycki, D., Raab, K., Aldosary, F. and Bradwejn, J. [University of Ottawa, Ontario, Canada; dkoszyck@uottawa.ca]. "**A multifaith spiritually based intervention for generalized anxiety disorder: a pilot randomized trial.**" *Journal of Clinical Psychology* 66, no. 4 (Apr 2010): 430-441.

[Abstract:] This pilot trial evaluated the efficacy of a multifaith spiritually based intervention (SBI) for generalized anxiety disorder (GAD). Patients meeting DSM-IV criteria for GAD of at least moderate severity were randomized to either 12 sessions of the SBI (n=11) delivered by a spiritual care counselor or 12 sessions of psychologist-administered cognitive-behavioral therapy (CBT; n=11). Outcome measures were completed at baseline, post-treatment, and 3-month and 6-month follow-ups. Primary efficacy measures included the Hamilton Anxiety Rating Scale, Beck Anxiety Inventory, and Penn State Worry Questionnaire. Data analysis was performed on the intent-to-treat sample using the Last Observation Carried Forward method. Eighteen patients (82%) completed the study. The SBI produced robust and clinically significant reductions from baseline in psychic and somatic symptoms of GAD and was comparable in efficacy to CBT. A reduction in depressive symptoms and improvement in social adjustment was also observed. Treatment response occurred in 63.6% of SBI-treated and 72.3% of CBT-treated patients. Gains were maintained at 3-month and 6-month follow-ups. These preliminary findings are encouraging and suggest that a multifaith SBI may be an effective treatment option for GAD. Further randomized controlled trials are needed to establish the efficacy of this intervention.

Kozak, L., Boynton, L., Bentley, J. and Bezy, E. [Department of Veteran Affairs, VA Puget Sound Health Care System, Department of Veterans Affairs Medical Center, Seattle, WA; leila.kozak@va.gov]. "**Introducing spirituality, religion and culture curricula in the psychiatry residency programme.**" *Medical Humanities* 36, no. 1 (Jun 2010): 48-51. [Note: 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 suggests that religion and spirituality may have a positive effect on mental and physical health. Medical schools have been increasingly offering courses in spirituality and health, particularly about the multi-cultural dimensions of religion and spirituality. There is a trend towards integrating the teaching of cross-cultural issues related to spirituality and religion into medical education.

This trend is particularly evident in the field of psychiatry, where an increasing number of residency programmes are developing curriculum in this area. This article describes a specific curriculum in spirituality, religion and culture that was introduced in 2003 at the University of Washington Psychiatry Residency Program in Seattle, Washington. Reflections about the present and future of subject areas such as spirituality and religion in medical education and psychiatry residency are discussed.

Kruger, D. J., Lewis, Y. and Schlemmer, E. [Prevention Research Center, University of Michigan, Ann Arbor; djk2012@gmail.com]. **"Mapping a message for faith leaders: encouraging community health promotion with local health data."** *Health Promotion Practice* 11, no. 6 (Nov 2010): 837-844.

[Abstract:] This study reports the use of a community-based health survey to share local health information with faith leaders. Geographical information systems software identified survey respondents within 2 km (1.25 miles) of places of worship. Results were tabulated for the community surrounding each place of worship and were compared with city- and county-level data. Faith leaders were presented with community-specific reports describing the health attributes of residents who lived in the surrounding area, in order to assist with the identification issues of concern and opportunities to develop health ministries to address these issues. Faith leaders were encouraged to share this information with members of their faith community and develop means of obtaining additional information on the people of interest. We believe that engaging faith leaders with neighborhood-specific health information will be critical in providing an understanding of the importance of their voice in improving health outcomes of their faith community, the surrounding neighborhood, and the community at large. Our goal is to empower faith leaders to understand personal and community health issues and to act as a conduit for health-related information and health promotion at a local level. Church health teams developed an HIV and sexually transmitted infection prevention program for African American adolescents and young adults.

Labbe, E. E. and Fobes, A. [Department of Psychology, University of South Alabama, Mobile, AL; elabbe@usouthal.edu]. **"Evaluating the interplay between spirituality, personality and stress."** *Applied Psychophysiology & Biofeedback* 35, no. 2 (Jun 2010): 141-146.

[Abstract:] Spirituality and the big five personality traits may be risk or protective factors for coping with stress. We hypothesized young adults who reported higher spirituality ratings would demonstrate lower sympathetic nervous system arousal and better emotional coping when exposed to a laboratory stressor compared to those who rated themselves lower in spirituality. We also compared spirituality groups on trait anger, neuroticism, conscientiousness, extraversion, agreeableness and openness to experience. Eighty participants completed trait-state anger, personality and spirituality questionnaires and were grouped into low, average and high spirituality. Participants' physiological responses were monitored before and during a stressful event. Significant differences were found between low, average and high spirituality groups' respiration rate and emotional response to the stressor. Significant differences were also found between spirituality groups in extraversion, agreeableness, conscientiousness, trait anger and neuroticism. Females reported higher levels of spirituality and conscientiousness than males.

la Cour, P. and Hvidtm, N. C. [Rigshospitalet, Crossdisciplinary Pain Center, Copenhagen, Denmark; peterlacour@mail.dk]. **"Research on meaning-making and health in secular society: secular, spiritual and religious existential orientations."** *Social Science & Medicine* 71, no. 7 (Oct 2010): 1292-1299.

[Abstract:] This article proposes a framework of concepts for the field of existential meaning-making in secular cultures such as those of Northern Europe. Seeking an operational approach, we have narrowed the field's components down to a number of basic domains and dimensions that provide a more authentic cultural basis for research in secular society. Reviewing the literature, three main domains of existential meaning-making emerge: Secular, spiritual, and religious. In reconfirming these three domains, we propose to couple them with the three dimensions of cognition (knowing), practice (doing), and importance (being), resulting in a conceptual framework that can serve as a fundamental heuristic and methodological research tool for mapping the field of existential meaning-making and health. The proposed grid might contribute to clearer understanding of the multidimensional nature of existential meaning-making and as a guide for posing adequate research and clinical questions in the field.

Lankarani-Fard, A., Knapp, H., Lorenz, K. A., Golden, J. F., Taylor, A., Feld, J. E., Shugarman, L. R., Malloy, D., Menkin, E. S. and Asch, S. M. **"Feasibility of discussing end-of-life care goals with inpatients using a structured, conversational approach: the Go Wish card game."** *Journal of Pain & Symptom Management* 39, no. 4 (Apr 2010): 637-643.

This study, involving 33 patients, used a card game to provide a nonconfrontational means for them to assess the importance of common issues at the end of life. "The value considered most important when adjusted for frequency and rank in the top 10 was 'to be free from pain,' an issue that could be addressed by a medical provider. The next most commonly selected values concerned spirituality and faith" [p. 642].

Lanzetta, B. [Religious Studies/Feminist Research Institute, University of New Mexico]. **"Spirituality."** *Alternative Therapies in Health & Medicine* 16, no. 1 (Jan-Feb 2010): 20-25.

This is an excerpt (chapter 6) of *Integrative Women's Health*, ed. by Victoria Maizes and Tieraona Low Dog (Oxford University Press, 2010). [55. refs.] [Note: The article is incorrectly indexed in the journal as "Women, Soul Wounds, and Integrative Medicine."]

Lauritzen, P. [Department of Religious Studies, John Carroll University, University Heights, OH; plauritzen@jcu.edu]. **"Technology and wholeness: oncofertility and Catholic tradition."** *Cancer Treatment & Research* 156 (2010): 295-306.

This is one of a group of reviews in this issue of the journal regarding religious traditions and fertility issues in the context of cancer. See also articles by Ahmed, R.; Chaudhry, A. S.; Silber, S. J.; Zoloth, L.; and Zoloth, L. and Henning, A. A.; noted elsewhere in this bibliography.

Lawrence, R. E., Rasinski, K. A., Yoon, J. D. and Curlin, F. A. [Pritzker School of Medicine and MacLean Center for Clinical Medical Ethics, University of Chicago, Chicago, IL; rlawrence@uchicago.edu]. **"Obstetrician-gynecologists' beliefs about assisted reproductive technologies."** *Obstetrics & Gynecology* 116, no. 1 (Jul 2010): 127-135.

Among the findings of this study of a national probability sample mail survey of 1,800 practicing US obstetrician-gynecologists was that [from the abstract:] Male...and religious physicians...were more likely to discourage using assisted reproductive technologies if the patient was lesbian, single, or unmarried.

Lazenby, J. M. [School of Nursing, Yale University, New Haven, CT; mark.lazenby@yale.edu]. **"On 'spirituality,' 'religion,' and 'religions': a concept analysis."** *Palliative & Supportive Care* 8, no. 4 (Dec 2010): 469-476.

[Abstract:] OBJECTIVE: With increasing research on the role of religion and spirituality in the well-being of cancer patients, it is important to define distinctly the concepts that researchers use in these studies. METHOD: Using the philosophies of Frege and James, this essay argues that the terms "religion" and "spirituality" denote the same concept, a concept that is identified with the Peace/Meaning subscale of the Functional Assessment of Chronic Illness Therapy--Spiritual Well-being Scale (FACIT-Sp). RESULTS: The term "Religions" denotes the concept under which specific religious systems are categorized. SIGNIFICANCE OF RESULTS: This article shows how muddling these concepts causes researchers to make claims that their findings do not support, and it ends in suggesting that future research must include universal measures of the concept of religion/spirituality in order to investigate further the role of interventions in the spiritual care of people living with cancer. [See also in the same issue of the journal: Penderell, A. & Brazil, K., "The spirit of palliative practice: a qualitative inquiry into the spiritual journey of palliative care physicians," pp. 415-420; and Travado, L., et al., "Do spirituality and faith make a difference?..." pp. 405-413; noted elsewhere in this bibliography.]

Lee, C. C., Czaja, S. J. and Schulz, R. [University of Miami Miller School of Medicine, Miami, FL; clee@med.miami.edu]. "**The moderating influence of demographic characteristics, social support, and religious coping on the effectiveness of a multicomponent psychosocial caregiver intervention in three racial ethnic groups.**" *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 65B, no. 2 (Mar 2010): 185-194.

[Abstract:] This article extends the findings from the Resources for Enhancing Alzheimer's Caregiver Health (REACH II) program, a multisite randomized clinical trial of a multicomponent psychosocial intervention, to improve the well-being of informal caregivers (CGs) of persons with dementia. We used residual change scores and stepwise hierarchical regression analyses to explore separately in 3 racial ethnic groups (Hispanic or Latino, Black or African American, and White or Caucasian) how the effects of the intervention were moderated by CG characteristics (sex, age, education, and relationship), CG resources (social support), and religious coping. The results indicated that CG's age and religious coping moderated the effects of the intervention for Hispanics and Blacks. The older Hispanic and Black CGs who received the intervention reported a decrease in CG burden from baseline to follow-up. Black CGs with less religious coping who received the intervention also reported a decrease in depressive symptoms from baseline to follow-up.

Lee, D. and Higgins, P. A. [dao5@cwru.edu]. "**Adjunctive therapies for the chronically critically ill.**" *AACN Advanced Critical Care* 21, no. 1 (Jan-Mar 2010): 92-106.

This general review considers spirituality in the section, Spiritual Care [pp. 98-100] and includes two tables: one outlining the FICA spiritual history guide and one suggesting Internet resources to further explore the concept of spirituality.

Lee, H. Y. and Vang, S. [University of Minnesota, Saint Paul; hylee@umn.edu]. "**Barriers to cancer screening in Hmong Americans: the influence of health care accessibility, culture, and cancer literacy.**" *Journal of Community Health* 35, no. 3 (Jun 2010): 302-314.

[Abstract:] Among the potential barriers for health care identified is Hmong belief in the spiritual etiology of diseases.

Lewis, L. M., Askie, P., Randleman, S. and Shelton-Dunston, B. [School of Nursing, University of Pennsylvania, Philadelphia; lism1@nursing.upenn.edu]. "**Medication adherence beliefs of community-dwelling hypertensive African Americans.**" *Journal of Cardiovascular Nursing* 25, no. 3 (May-Jun 2010): 199-206.

Among the findings of this focus group study of 40 hypertensive and low-income African American adults [--from the abstract]: Behavioral beliefs associated with medication adherence identified both positive and negative outcomes. Family, friends, neighbors, and God were associated with normative beliefs.

Lichtenthal, W. G., Currier, J. M., Neimeyer, R. A. and Keesee, N. J. [Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, New York, NY; lichtenw@mskcc.org]. "**Sense and significance: a mixed methods examination of meaning making after the loss of one's child.**" *Journal of Clinical Psychology* 66, no. 7 (Jul 2010): 791-812.

[Abstract:] The purpose of this mixed methods study was to identify specific themes of meaning making (sense making and benefit finding) among bereaved parents, as well as to examine associations of these themes to the severity of grief symptomatology. A sample of 156 bereaved parents responded in writing to open-ended questions about sense making and benefit finding. We assessed normative grief symptoms with the Core Bereavement Items (Burnett, Middleton, Raphael, & Martinek, 1997) and maladaptive grief symptoms with the Inventory of Complicated Grief (Prigerson et al., 1995). Qualitative analyses revealed 45% of the sample could not make sense of their loss, and 21% could not identify benefits related to their loss experience. These parents had more severe normative and maladaptive grief symptoms. Overall, parents discussed 32 distinct approaches to finding meaning in their child's death, 14 of which involved sense making, and 18 involved themes of benefit finding. The most common sense-making themes involved spirituality and religious beliefs, and the most common benefit-finding themes entailed an increase in the desire to help and compassion for others' suffering. These results further reinforce the importance of meaning making for many bereaved parents and suggest the utility of developing and evaluating meaning-centered grief interventions with this population.

Lizardi, D. and Gearing, R. E. [School of Social Work, Columbia University, New York, NY; dl2298@columbia.edu]. "**Religion and suicide: Buddhism, Native American and African religions, Atheism, and Agnosticism.**" *Journal of Religion & Health* 49, no. 3 (Sep 2010): 377-384.

[Abstract:] Research has repeatedly demonstrated that religiosity can potentially serve as a protective factor against suicidal behavior. A clear understanding of the influence of religion on suicidality is required to more fully assess for the risk of suicide. The databases PsycINFO and MEDLINE were used to search peer-reviewed journals prior to 2008 focusing on religion and suicide. Articles focusing on suicidality across Buddhism, Native American and African religions, as well as on the relationship among Atheism, Agnosticism, and suicide were utilized for this review. Practice recommendations are offered for conducting accurate assessment of religiosity as it relates to suicidality in these populations. Given the influence of religious beliefs on suicide, it is important to examine each major religious group for its unique conceptualization and position on suicide to accurately identify a client's suicide risk.

Loike, J., Gillick, M., Mayer, S., Prager, K., Simon, J. R., Steinberg, A., Tendler, M. D., Willig, M. and Fischbach, R. L. [Center for Bioethics, College of Physicians and Surgeons, Columbia University, New York]. "**The critical role of religion: caring for the dying patient from an Orthodox Jewish perspective.**" *Journal of Palliative Medicine* 13, no. 10 (Oct 2010): 1267-1271.

[Abstract:] **BACKGROUND AND OBJECTIVE:** Culturally competent medical care for the dying patient by families and health care professionals is a challenging task especially when religious values, practices, and beliefs influence treatment decisions for patients at the end of life. This article describes end-of-life guidelines for hospital health care professionals caring for Orthodox Jewish patients and their families. Religious perspectives on advance directives, comfort care and pain control, nutrition and hydration, do not resuscitate/do not intubate (DNR/DNI), and extubation are often unfamiliar to the American medical community. **DESIGN:** The guidelines for the care of the dying Orthodox Jewish patient were mutually agreed upon by the authors, recognized authorities in medicine, ethics, and Jewish law, who presented their perspectives during a 1-day symposium and who participated in an active working-group session. **CONCLUSIONS:** Care of the religious patient close to death is enormously complex especially when balancing religious obligations, the role of the rabbi, medical procedures, and personal preferences. These guidelines address from a religious perspective profound issues such as the definition of death, organ donation, and caring for the patient at life's end. The guidelines can be useful for any hospital that serves an Orthodox Jewish population.

Lynn, C. D., Paris, J., Frye, C. A. and Schell, L. M. [Department of Anthropology, University of Alabama, Tuscaloosa; cdlynn@ua.edu]. "**Salivary alpha-amylase and cortisol among Pentecostals on a worship and nonworship day.**" *American Journal of Human Biology* 22, no. 6 (Nov 2010): 819-822.

[Abstract:] **OBJECTIVES:** This investigation used a biomarker of sympathetic nervous system activity novel to biocultural research to test the hypothesis that engaging in religious worship activities would reduce baseline stress levels on a non-worship day among Pentecostals. **METHODS:** As detailed in Lynn et al. (submitted for publication), stress was measured via salivary cortisol and -amylase among 52 Apostolic Pentecostals in New York's mid-Hudson Valley. Saliva samples were collected at four predetermined times on consecutive Sundays and Mondays to establish diurnal profiles and compare days of worship and non-worship. These data were reanalyzed using separate analyses of covariance on -amylase and cortisol to control for individual variation in Pentecostal behavior, effects of Sunday biomarkers on Monday, and other covariates. **RESULTS:** There was a significant decrease in cortisol and an increase in -amylase on a non-worship day compared with a service day. Models including engagement in Pentecostal worship behavior explained 62% of the change in non-service day cortisol and 73% of the change in non-service day -amylase. **CONCLUSIONS:** Engagement in Pentecostal worship may be associated with reductions in circulatory cortisol and enhancements in -amylase activity.

Mackinlay, E. and Trevitt, C. [Centre for Ageing and Pastoral Studies School of Theology, Charles Sturt University, Barton, Australia; emackinlay@csu.edu.au]. "**Living in aged care: using spiritual reminiscence to enhance meaning in life for those with dementia.**" *International Journal of Mental Health Nursing* 19, no. 6 (Dec 2010): 394-401.

[Abstract:] Spiritual reminiscence is a way of telling a life story with emphasis on meaning. Spiritual reminiscence can identify meaning associated with joy, sadness, anger, guilt, or regret. Exploring these issues in older age can help people to reframe some of these events and come to new understanding of the meaning and purpose of their lives. A total of 113 older adults with dementia, living in aged-care facilities, participated in this study. They were allocated to small groups for spiritual reminiscence, to meet weekly over 6weeks or 6months. Quantitative data were gathered using a behavioral scale before and after each spiritual reminiscence session. Qualitative data included taped and transcribed reminiscence sessions, individual interviews, and observer journals. A facilitator led the small-group discussion based on spiritual reminiscence. New relationships were developed among group members that improved life for these people in aged care. This paper examines aspects of the qualitative data around the themes of 'meaning in life' and 'vulnerability and transcendence'. Spiritual reminiscence offers nursing staff a way of knowing those with dementia in a deeper and more meaningful way.

Maliski, S. L., Connor, S. E., Williams, L. and Litwin, M. S. [UCLA School of Nursing, David Geffen School of Medicine, University of California-Los Angeles; smaliski@sonnet.ucla.edu]. "**Faith among low-income, African American/Black men treated for prostate cancer.**" *Cancer Nursing* 33, no. 6 (Nov-Dec 2010): 470-478.

[Abstract:] **BACKGROUND:** Understanding how low-income, uninsured African American/Black men use faith to cope with prostate cancer provides a foundation for the design of culturally appropriate interventions to assist underserved men cope with the disease and its treatment. Previous studies have shown spirituality to be a factor related to health and quality of life, but the process by which faith, as a promoter of action, supports coping merits exploration. **OBJECTIVE:** Our purpose was to describe the use of faith by low-income, uninsured African American/Black men in coping with prostate cancer and its treatment and adverse effects. **METHODS:** We analyzed data from a qualitative study that used in-depth individual interviews involving 18 African American men ranging in ages from 53 to 81 years. Our analysis used grounded theory techniques. **RESULTS:** Faith was used by African American men to overcome fear and shock engendered by their initial perceptions of cancer. Faith was placed in God, health care providers, self, and family. Men came to see their prostate cancer experience a new beginning that was achieved through purposeful acceptance or resignation. **CONCLUSIONS:** Faith was a motivator of and source for action. Faith empowered men to be active participants in their treatment and incorporate treatment outcomes into their lives meaningfully. **IMPLICATION:** By understanding faith as a source of empowerment for active participation in care, oncology nurses can use men's faith to facilitate reframing of cancer perceptions and to acknowledge the role of men's higher being as part of the team. Studies are needed to determine if this model is relevant across various beliefs and cultures.

Mann, J. R., Mannan, J., Quiñónez, L. A., Palmer, A. A. and Torres, M. [Department of Family and Preventive Medicine, University of South Carolina School of Medicine, Columbia; joshua.mann@uscmcd.sc.edu]. "**Religion, spirituality, social support, and perceived stress in pregnant and postpartum Hispanic women.**" *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing* 39, no. 6 (Nov 2010): 645-657.

[Abstract:] **OBJECTIVE:** To examine the association between religion/spirituality and perceived stress in prenatal and postpartum Hispanic women. **Design:** Cross-sectional survey. **Setting:** An urban, publicly funded hospital in California. **Participants:** Two hundred and forty-eight pregnant and postpartum Hispanic women between age 18 and 45 years. **METHOD:** Patients presenting for prenatal or postpartum care or for the first infant visit were recruited to participate in the current study. Participants completed surveys consisting of questions about demographic characteristics, religiosity, spirituality, social support, and stress. **RESULTS:** Most participants were unmarried, low-income women with low educational attainment. Ninety percent of women reported a religious affiliation, with more than one half (57.4%) listing their religious affiliation as "Catholic." Overall religiosity/spirituality was significantly associated with increased negative experiences of stress in women who selected English language instruments (Spearman's $r=.341$, $p=.007$); there was no such relationship in women who selected Spanish language instruments. Social support and greater relationship quality with a significant other were significantly associated with reduced perceived stress in Spanish reading and English reading women. **CONCLUSIONS:** In this sample of pregnant and postpartum Latinas,

religiousness/spirituality was not associated with reduced perceived stress and was in fact associated with increased perceived stress among women who selected English-language surveys. Additional research is needed to investigate this association. On the other hand, the current study reinforces the importance of social support and relationship quality for pregnant and postpartum women.

Mao, J. J., Cronholm, P. F., Stein, E., Straton, J. B., Palmer, S. C. and Barg, F. K. [Department of Family Medicine and Community Health, University of Pennsylvania, Philadelphia; maoj@uphs.upenn.edu]. **"Positive changes, increased spiritual importance, and complementary and alternative medicine (CAM) use among cancer survivors."** *Integrative Cancer Therapies* 9, no. 4 (Dec 2010): 339-347.

[Abstract:] PURPOSE: Spirituality is an important component of the cancer experience. This study aims to assess characteristics of spiritual health following a cancer diagnosis, and evaluate the relationship between spiritual change and the use of complementary and alternative medicine (CAM) among a population-based cohort of cancer survivors. METHOD: A mailed, cross-sectional survey was completed by 614 cancer survivors identified through the Pennsylvania Cancer Registry. All subjects were 3 to 4.5 years postdiagnosis. Relationships between various characteristics of spiritual health and CAM use were examined, along with clinical and sociodemographic factors. RESULTS: Although large proportions of individuals reported that having cancer had positively affected their spiritual well-being (eg, 40.3% experienced highly positive spiritual changes, 68% felt a high sense of purpose, 75.9% reported being very hopeful), some individuals experienced negative spiritual change (36.1%) and continued to experience high levels of uncertainty (27.2%). In multivariate analyses, those survivors who felt spiritual life became more important (adjusted odds ratio [AOR] = 1.92, 95% confidence interval (CI) = 1.21-3.04, P = .006), or experienced positive changes resulting from the cancer experience (AOR = 1.99, 95% CI = 1.26-3.15, P = .003), were more likely to use CAM than those who stated otherwise. CONCLUSIONS: Having cancer affects many different aspects of spiritual well-being, both positively and negatively. Positive changes and increased spiritual importance appear to be associated with the use of CAM. Prospective research is needed to test whether integrating CAM into conventional cancer care systems will facilitate positive, spiritually transformative processes among diverse groups of cancer survivors.

Martin, S. S., Trask, J., Peterson, T., Martin, B. C., Baldwin, J. and Knapp, M. [School of Social Work, University of Alabama, Tuscaloosa; samartin@bama.ua.edu]. **"Influence of culture and discrimination on care-seeking behavior of elderly African Americans: a qualitative study."** *Social Work in Public Health* 25, no. 3 (May 2010): 311-326.

[Abstract:] In this study, the influence of culture and discrimination on care-seeking behavior of elderly African Americans was explored. This was a qualitative phenomenological study that involved in-depth interviews with 15 African American men and women aged 60 and older in Alabama. The sample size of 15 was adequate for the phenomenological method of this study. While this was a small exploratory study and was not intended for any generalizations, it did provide a unique opportunity to hear the voices, the concerns, and the stories of elderly African Americans, which have often been overlooked in the literature. The following themes emerged from the analysis of data: (1) perception of health as ability to be active, (2) reluctance toward prescription medicine use, (3) lack of trust in doctors, (4) avoidance of bad news, (5) race of doctors, (6) use of home remedies, and (7) importance of God and spirituality on health, illness, and healing.

Mazanec, S. R., Daly, B. J., Douglas, S. L. and Lipson, A. R. [School of Nursing, Case Western Reserve University, Cleveland, OH; susan.mazanec@case.edu]. **"The relationship between optimism and quality of life in newly diagnosed cancer patients."** *Cancer Nursing* 33, no. 3 (May-Jun 2010): 235-243.

This study of 163 patients with mixed diagnoses and stages who were within 180 days since diagnosis found that Optimism was significantly correlated with spiritual well-being, anxiety, depression, and health-related quality of life. Spirituality is considered throughout, with a good sense of earlier research. The authors note in a section non clinical implications: "Patients with spiritual distress or concerns should be referred to a trained spiritual care provider... [p. 241]; and in their suggestions for future research, they ask, "[D]oes dispositional optimism mediate the relationship between spiritual well-being and HRQOL?" [p. 242].

Mazzarino-Willett, A. [Yale University School of Nursing, New Haven, CT; april.mazzarino-willett@yale.edu]. **"Deathbed phenomena: its role in peaceful death and terminal restlessness."** *American Journal of Hospice & Palliative Medicine* 27, no. 2 (Mar 2010): 127-133.

[Abstract:] Dying patients and their caregivers frequently experience that which is known as deathbed phenomena, that is, visions of past deceased relatives or friends, religious figures, and a visionary language pertaining to travel. Collective research supports mounting evidence that deathbed visions typically yield peaceful deaths. Yet within the literature, numerous hospice patients experience the symptoms of terminal restlessness and frequently succumb to anguished deaths. Why are some patients and caregivers guided by peaceful deathbed phenomena and others are not? Does a relationship exist between the lack of deathbed phenomena and the onset of terminal restlessness in dying patients? This clinical paper intends to answer these questions and might elucidate the factors that contribute to a dying patient's death ending as either a peaceful event or the one affected by terminal restlessness. This knowledge gained could lessen the occurrence of anguished deaths and perhaps change our way of viewing dying.

McBrien, B. **"Emergency nurses' provision of spiritual care: a literature review."** *British Journal of Nursing* 19, no. 12 (Jun 24-Jul 7, 2010): 768-773.

[Abstract:] The emergency setting has undergone significant changes in recent years. Notably, the throughput and acuity of patients has increased, with a concomitant improvement in the clinical and technical management of these patients (Dolan, 1998; Coughlan and Corry, 2007). However, there is evidence to suggest that the increase in workload and proliferation of technology, at such a fast pace, has potentially threatened the caring component of nursing, including spiritual care (Wilkin and Selvin, 2004). During hospitalization, the majority of patients tend to become anxious because of the fear of the unknown, an uncertain future, and possible resultant complications of their respective illnesses. In this regard, patients being treated in emergency departments are at vulnerable periods of their lives. Consequently, while the emergency department can be physically demanding, nurses spend considerable time in intense interactions with patients. In spite of this, changes have brought associated pressures on both nurses and patients (Bailie, 2005). Therefore, although advances in technology can enable nurses to objectively measure responses to care; conversely, it can supersede the premise of holistic health care. Nonetheless, it has been empirically shown that caring and the provision of spiritual care is not only possible within the technological world of emergency nursing, but it can be positively enhanced by the mastery of the technological environment (Locin, 1995; Little, 2000). [102 refs.]

- McFarland, M. J. [Department of Sociology, University of Texas, Austin; mmcfarland@prc.utexas.edu]. **"Religion and mental health among older adults: Do the effects of religious involvement vary by gender?"** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 65, no. 5 (Sep 2010): 621-630.
 [Abstract:] OBJECTIVES: Few studies explore how the relationship between religious involvement and mental health varies by gender among the aging population. This article outlines a series of arguments concerning the effects of gender in moderating the effect of religious involvement on mental health and examines them empirically. METHODS: Using two waves (2001 and 2004) of the Religion, Aging, and Health Survey, this study estimates the differential effect of gender in the religion-mental health connection using multivariate analyses for a nationally representative sample of U.S. adults aged 66-95 years. RESULTS: Results suggest that (a) men obtain more mental health benefits from religious involvement than women, (b) women with higher levels of organizational religious involvement have similar levels of mental health as those with moderate and lower levels of organizational religious involvement, (c) men with very high levels of organizational religious involvement tend to have much higher levels of mental health than all other men. DISCUSSION: The relationship between organizational religious involvement and mental health is found to be mostly a nonlinear one such that those with the highest levels of religiosity receive all the benefits. The findings suggest a number of promising research directions on the religion-mental health connection among older Americans.
- McLaughlin, S. S., McLaughlin, A. D. and Van Slyke, J. A. [Department of Psychiatry, Naval Medical Center Portsmouth, VA; mclaughlin@med.navy.mil]. **"Faith and religious beliefs in an outpatient military population."** *Southern Medical Journal* 103, no. 6 (Jun 2010): 527-531.
 [Abstract:] BACKGROUND: This study of outpatients at a military medical center seeks to evaluate the extent that this population relies on religion and spirituality to cope with health-related stress. This study also assesses outpatients' desire for spiritual intervention in the context of their medical appointments. METHODS: A cross-sectional survey was conducted using a convenience sample of 670 outpatients presenting at a military medical center. RESULTS: The majority of respondents endorsed a Christian religious affiliation (87%), a belief in God (91%), and attendance at religious services at least a few times a month (53%). Respondents who were male, younger than age 43, and on active duty were significantly less likely to attend religious services, believe in God (or a 'higher power'), or rely on religion or spirituality to cope with illness. Outpatients presenting for procedures or treatments were more likely to desire prayer or other religious intervention, as compared to patients who had regular clinic appointments. CONCLUSIONS: Compared to the general US population, a higher percentage of this patient population believes in God (91% vs. 78%), attends religious services once a week or more (42% vs. 30%), and endorses a Christian religious affiliation (87% vs. 73%). Because one-third of the surveyed outpatients desired prayer or other religious support, we concluded that all outpatients should be explicitly notified of the pastoral care and counseling services that are available for them.
- McParland, J. L. and Knussen, C. [Division of Psychology, Glasgow Caledonian University, Glasgow, UK; j.mcparland@gcal.ac.uk]. **"Just world beliefs moderate the relationship of pain intensity and disability with psychological distress in chronic pain support group members."** *European Journal of Pain* 14, no. 1 (Jan 2010): 71-76.
 [Abstract:] The impact of pain beliefs on coping and adjustment is well established. However, less is known about how beliefs unrelated to pain might impact upon this experience. In particular, just world beliefs could impact upon and be influenced by chronic pain, given that pain is not experienced in a vacuum but instead is experienced in a social context where justice issues are potentially salient. The focus of this study was the ability of personal and general just world beliefs to moderate the relationships psychological distress held with pain intensity and disability in chronic pain. The sample (N=95) was recruited from members of arthritis and fibromyalgia support groups to investigate these social beliefs in a controlled community pain context. A cross-sectional, questionnaire design was adopted. The personal just world belief was endorsed significantly more than the general just world belief, and endorsement of the personal just world belief was negatively correlated with pain intensity, disability and psychological distress, while the general just world belief was unrelated to these variables. When interaction terms relating to personal and general just world beliefs were entered simultaneously into regression analyses, the personal just world belief did not predict psychological distress. However, pain intensity positively predicted psychological distress at low but not high levels of the general just world belief, while disability predicted psychological distress at low and high levels of this belief. This suggests that a strong general just world belief has implications for psychological well-being in chronic pain, and as such this belief may occupy a potential coping function in this context.
- Menezes, A. Jr. and Moreira-Almeida, A. **"Religion, spirituality, and psychosis."** *Current Psychiatry Reports* 12, no. 3 (Jun 2010): 174-179.
 [Abstract:] This review discusses the relationships between religion, spirituality, and psychosis. Based on the DSM-IV, we comment on the concept of spiritual and religious problems, which, although they may seem to be psychotic episodes, are actually manifestations of nonpathological spiritual and religious experiences. Studies reporting that hallucinations also occur in the nonclinical population and thus are not exclusive to the diagnosed population are presented. Then, other studies pointing to the strong presence of religious content in psychotic patients are also presented. Finally, the criteria that could be used to make a differential diagnosis between healthy spiritual experiences and mental disorders of religious content are discussed. We conclude that the importance of this theme and the lack of quality investigations point to the necessity of further investigation. [37 refs.] [This is essentially a shorter version of the authors' earlier article: "Differential diagnosis between spiritual experiences and mental disorders of religious content," *Revista de Psiquiatria Clínica* 36, no. 2 (2009): 75-82.]
- Michalsen, A. [Immanuel Hospital Berlin, Department of Internal and Complementary Medicine, Institute of Social Medicine, Epidemiology and Health Economics, Charite-University Medical Centre, Germany; a.michalsen@immanuel.de]. **"Prolonged fasting as a method of mood enhancement in chronic pain syndromes: a review of clinical evidence and mechanisms."** *Current Pain & Headache Reports* 14, no. 2 (Apr 2010): 80-87.
 [Abstract:] Periods of deliberate fasting with restriction to intake of solid food are practiced worldwide, mostly based on a traditional, cultural, or religious background. Recent evidence from clinical trials shows that medically supervised modified fasting (200-500 kcal nutritional intake/day) with periods from 7 to 21 days is efficacious in the treatment of rheumatic diseases and chronic pain syndromes. Here, fasting is frequently accompanied by increased alertness and mood enhancement. The beneficial claims of fasting are supported by experimental research, which has found fasting to be associated with increased brain availability of serotonin, endogenous opioids, and endocannabinoids. Fasting-induced neuroendocrine activation and mild cellular stress response with increased production of neurotrophic factors may also

contribute to the mood enhancement of fasting. Fasting treatments may be useful as an adjunctive therapeutic approach in chronic pain patients. The mood-enhancing and pain-relieving effect of therapeutic fasting should be further evaluated in randomized clinical trials. [59 refs.]

Mohr, S., Borrás, L., Betrisey, C., Pierre-Yves, B., Gilliéron, C. and Huguelet, P. [Department of Psychiatry, University Hospital of Geneva, Geneva, Switzerland; sylvia.mohr@hcuge.ch]. **"Delusions with religious content in patients with psychosis: how they interact with spiritual coping."** *Psychiatry* 73, no. 2 (2010): 158-172.

[Abstract:] Delusions with religious content have been associated with a poorer prognosis in schizophrenia. Nevertheless, positive religious coping is frequent among this population and is associated with a better outcome. The aim of this study was to compare patients with delusions with religious content (n = 38), patients with other sorts of delusions (n = 85) and patients without persistent positive symptoms (n = 113) clinically and spiritually. Outpatients (n = 236) were randomly selected for a quantitative and qualitative evaluation of religious coping. Patients presenting delusions with religious content were not associated with a more severe clinical status compared to other deluded patients, but they were less likely to adhere to psychiatric treatment. For almost half of the group (45%), spirituality and religiousness helped patients cope with their illness. Delusional themes consisted of: persecution (by malevolent spiritual entities), influence (being controlled by spiritual entities), and self-significance (delusions of sin/guilt or grandiose delusions). Both groups of deluded patients valued religion more than other patients, but patients presenting delusions with religious content received less support from religious communities. In treating patients with such symptoms, clinicians should go beyond the label of "religious delusion," likely to involve stigmatization, by considering how delusions interact with patients' clinical and psychosocial context. [See also, in this same issue of the journal: Galanter, M., "Spirituality in psychiatry: a biopsychosocial perspective," pp. 145-157; noted elsewhere in this bibliography.]

Mohr, S., Borrás, L., Rieben, I., Betrisey, C., Gilliéron, C., Brandt, P. Y., Perroud, N. and Huguelet, P. [Division of Adult Psychiatry, University Hospital of Geneva and University of Geneva, Switzerland.]. **"Evolution of spirituality and religiousness in chronic schizophrenia or schizo-affective disorders: a 3-years follow-up study."** *Social Psychiatry & Psychiatric Epidemiology* 45, no. 11 (Nov 2010): 1095-1103.

[From the abstract:] PURPOSE: Spirituality and religiousness have been shown to be highly prevalent in patients with schizophrenia. Religion can help instill a positive sense of self, decrease the impact of symptoms and provide social contacts. Religion may also be a source of suffering. In this context, this research explores whether religion remains stable over time. METHODS: From an initial cohort of 115 outpatients, 80% completed the 3-years follow-up assessment. In order to study the evolution over time, a hierarchical cluster analysis using average linkage was performed on factorial scores at baseline and follow-up and their differences. A sensitivity analysis was secondarily performed to check if the outcome was influenced by other factors such as changes in mental states using mixed models. RESULTS: Religion was stable over time for 63% patients; positive changes occurred for 20% (i.e., significant increase of religion as a resource or a transformation of negative religion to a positive one) and negative changes for 17% (i.e., decrease of religion as a resource or a transformation of positive religion to a negative one). Change in spirituality and/or religiousness was not associated with social or clinical status, but with reduced subjective quality of life and self-esteem; even after controlling for the influence of age, gender, quality of life and clinical factors at baseline....

Moloney, S. [James Cook University, Rasmussen, Townsville, Australia; sharon.moloney@jcu.edu.au]. **"How menstrual shame affects birth."** *Women & Birth: Journal of the Australian College of Midwives* 23, no. 4 (Dec 2010): 153-159.

[From the abstract:] In Western, industrialized culture, menstruation and birth are commonly seen as unstable, pathological processes requiring medical control. Girls learn to see menstruation as shameful and secretive. Menarche is a nodal event around which girls' beliefs and attitudes to being female are organized. The perception of menstruation as a liability has foundational implications for future female experiences, particularly birth. Other cultures have recognized menstruation and birth as spiritual phenomena, with menarche and childbirth experienced as powerful initiatory processes. ...[M]y research...unearthed a counter-cultural group of women who had transformed their relationship with both menstruation and birth. Redesignating menstruation as a spiritual phenomenon enabled these women to dismantle their menstrual shame, connect with their female spirituality and give birth fearlessly and powerfully. For others, the profound spirituality of birth transformed their understanding of menstruation. Contrary to cultural norms, both menstruation and birth can be sacred female experiences which are sources of authority and empowerment.

Monay, V., Mangione, C. M., Sorrell-Thompson, A. and Baig, A. A. [University of California, Los Angeles]. **"Services delivered by faith-community nurses to individuals with elevated blood pressure."** *Public Health Nursing* 27, no. 6 (Nov-Dec 2010): 537-543.

[Abstract:] OBJECTIVE: Our study describes the services faith-community nurses provide to a community-dwelling sample of patients with elevated blood pressure. DESIGN AND SAMPLE: The faith-community nurses completed a survey describing services provided to study participants at each patient encounter. We describe the type of contact and the frequency and types of services provided to these patients. From October 2006 to October 2007, we conducted a partnered study with a faith-community nursing program and enrolled 100 adults with elevated blood pressure from church health fairs. MEASURES: Patient demographics and faith-community nurse services provided. RESULTS: Data from 63 of 108 (58%) visits to faith-community nurses made by 33 participants were collected from surveys completed by the nurses. The majority of the participants were female (64%), Latino (61%), with an average age of 59 (SD=11) years and incomes below US\$30,000 (83%). The most frequent services patients received from faith-community nurses were blood pressure measurement (73%), hypertension-specific education on dietary changes (67%), and supportive counseling (56%). CONCLUSIONS: Faith-community nurses represent a new method of supportive self-management for low-income individuals with a chronic condition who may otherwise have limited access to health services. Further research is needed to understand the effect of faith-community nurse interventions on improving chronic disease health outcomes in these communities.

Monod, S. M., Rochat, E., Bula, C. J., Jobin, G., Martin, E. and Spencer, B. [Service of Geriatric Medicine & Geriatric Rehabilitation, University of Lausanne Medical Center (CHUV), Lausanne, Switzerland; stefanie.monod-zorzi@chuv.ch]. **"The spiritual distress assessment tool: an instrument to assess spiritual distress in hospitalised elderly persons."** *BMC Geriatrics* 10 (2010): 88 [electronic journal article designation]. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Although spirituality is usually considered a positive resource for coping with illness, spiritual distress may have a negative influence on health outcomes. Tools are needed to identify spiritual distress in clinical practice and subsequently address identified

needs. This study describes the first steps in the development of a clinically acceptable instrument to assess spiritual distress in hospitalized elderly patients. **METHODS:** A three-step process was used to develop the Spiritual Distress Assessment Tool (SDAT): 1) Conceptualisation by a multidisciplinary group of a model (Spiritual Needs Model) to define the different dimensions characterizing a patient's spirituality and their corresponding needs; 2) Operationalisation of the Spiritual Needs Model within geriatric hospital care leading to a set of questions (SDAT) investigating needs related to each of the defined dimensions; 3) Qualitative assessment of the instrument's acceptability and face validity in hospital chaplains. **RESULTS:** Four dimensions of spirituality (Meaning, Transcendence, Values, and Psychosocial Identity) and their corresponding needs were defined. A formalised assessment procedure to both identify and subsequently score unmet spiritual needs and spiritual distress was developed. Face validity and acceptability in clinical practice were confirmed by chaplains involved in the focus groups. **CONCLUSIONS:** The SDAT appears to be a clinically acceptable instrument to assess spiritual distress in elderly hospitalised persons. Studies are ongoing to investigate the psychometric properties of the instrument and to assess its potential to serve as a basis for integrating the spiritual dimension in the patient's plan of care.

Mueller, C. R. [University of Texas at Austin]. **"Spirituality in children: understanding and developing interventions."** *Pediatric Nursing* 36, no. 4 (Jul-Aug 2010): 197-203, 208.

[Abstract:] Children are born with "spiritual competence," an inner quality or power for faith development. Traditions from early nursing practice address the care of those who are in distress, suffering, questioning the reason for illness or pain, or seeking meaning and purpose in their lives. Increased demands on time and rapidly changing complex medical cases allow less time and energy directed toward spiritual issues for the nurse, while at the same time increasing the possibility of spiritual needs of the child and family. The following discussion is a synthesis of faith development theory, effects of spirituality in children, spiritual assessment techniques, and intervention strategies for children.

Murphy, P. E., Canada, A. L., Fitchett, G., Stein, K., Portier, K., Crammer, C. and Peterman, A. H. [Rush University Medical Center, Chicago, IL; patricia_murphy@rush.edu]. **"An examination of the 3-factor model and structural invariance across racial/ethnic groups for the FACIT-Sp: a report from the American Cancer Society's Study of Cancer Survivors-II (SCS-II)."** *Psycho-Oncology* 19, no. 3 (Mar 2010): 264-272.

[Abstract:] **OBJECTIVES:** Recent confirmatory factor analysis (CFA) of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) Scale in a sample of predominantly white women demonstrated that three factors, Meaning, Peace, and Faith, represented a psychometric improvement over the original 2-factor model. The present study tested these findings in a more diverse sample, assessed the stability of the model across racial/ethnic groups, and tested the contribution of a new item. **METHODS:** In a study by the American Cancer Society, 8805 cancer survivors provided responses on the FACIT-Sp, which we tested using CFA. **RESULTS:** A 3-factor model provided a better fit to the data than the 2-factor model in the sample as a whole and in the racial/ethnic subgroups (Deltachi(2), $p < 0.001$, for all comparisons), but was not invariant across the groups. The model with equal parameters for racial/ethnic groups was a poorer fit to the data than a model that allowed these parameters to vary (Deltachi(2)(81)=2440.54, $p < 0.001$), suggesting that items and their associated constructs might be understood differently across racial/ethnic groups. The new item improved the model fit and loaded on the Faith factor. **CONCLUSIONS:** The 3-factor model is likely to provide more specific information for studies in the field. In the construction of scales for use with diverse samples, researchers need to pay greater attention to racial/ethnic differences in interpretation of items.

Murphy, P. E. and Fitchett, G. [Department of Religion, Health and Human Values, Rush University Medical Center, Chicago, IL; Patricia_Murphy@rush.edu]. **"Introducing chaplains to research: 'This could help me.'"** *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 79-94.

[Abstract:] Health care chaplains are beginning to recognize the need to become an evidence-based profession. This will require that all chaplains become informed consumers of research. There has been little investigation into the barriers that chaplains face as they attempt to become research literate. This study employed comments of 94 chaplains who attended pastoral research workshops to examine attitudes chaplains report about research that might represent these barriers. The study also assessed the effects of the workshops on changing chaplains' feelings about research. Initially, many chaplains reported feeling anxious and inadequate when they thought about research. After the workshops, they reported a significant change to more positive feelings such as encouragement. As one chaplain wrote, "I feel hopeful. This could help me in my work." This study suggests that, if provided with appropriate education, many chaplains are ready to become more active research consumers and a few would consider becoming investigators.

Murray, S. A., Kendall, M., Boyd, K., Grant, L., Highet, G. and Sheikh, A. [Primary Palliative Care Research Group, Centre for Population Health Sciences: General Practice Section, University of Edinburgh, Scotland; scott.murray@ed.ac.uk]. **"Archetypal trajectories of social, psychological, and spiritual wellbeing and distress in family care givers of patients with lung cancer: secondary analysis of serial qualitative interviews."** *BMJ* 340 (2010): c2581 [electronic journal article designation].

[Abstract:] **OBJECTIVE:** To assess if family care givers of patients with lung cancer experience the patterns of social, psychological, and spiritual wellbeing and distress typical of the patient, from diagnosis to death. **DESIGN:** Secondary analysis of serial qualitative interviews carried out every three months for up to a year or to bereavement. **SETTING:** South east Scotland. **PARTICIPANTS:** 19 patients with lung cancer and their 19 family carers, totaling 88 interviews (42 with patients and 46 with carers). **RESULTS:** Carers followed clear patterns of social, psychological, and spiritual wellbeing and distress that mirrored the experiences of those for whom they were caring, with some carers also experiencing deterioration in physical health that impacted on their ability to care. Psychological and spiritual distress were particularly dynamic and commonly experienced. In addition to the "Why us?" response, witnessing suffering triggered personal reflections in carers on the meaning and purpose of life. Certain key time points in the illness tended to be particularly problematic for both carers and patients: at diagnosis, at home after initial treatment, at recurrence, and during the terminal stage. **CONCLUSIONS:** Family carers witness and share much of the illness experience of the dying patient. The multidimensional experience of distress suffered by patients with lung cancer was reflected in the suffering of their carers in the social, psychological, and spiritual domains, with psychological and spiritual distress being most pronounced. Carers may need to be supported throughout the period of illness not just in the terminal phase and during bereavement, as currently tends to be the case.

Muturi, N. and An, S. **"HIV/AIDS stigma and religiosity among African American women."** *Journal of Health Communication* 15, no. 4 (Jun 2010): 388-401.

[Abstract:] African American women are disproportionately affected by HIV/AIDS compared with other ethnicities, accounting for two-thirds (67%) of all women diagnosed with HIV. Despite their increased risk of HIV infection, few studies have been conducted to understand culture-specific factors leading to their vulnerability. Given the central role of religious organizations in African American communities, this study explored whether and to what extent religiosity plays a role in stigma toward HIV/AIDS. Results of hierarchical regression showed that after controlling for key factors, religiosity was a significant factor predicting the level of religious stigma. Those with high religiosity displayed significantly higher stigma, associating HIV/AIDS with a curse or punishment from God. Verbatim responses to an open-ended question also revealed seemingly ingrained prejudice against HIV/AIDS from a religious perspective. The findings point to the important role of faith-based organizations (FBOs) in addressing HIV/AIDS issues within African American communities.

Najafizadeh, K., Ghorbani, F., Hamidinia, S., Emamhadi, M. A., Moinfar, M. A., Ghobadi, O. and Assari, S. [Lung Transplantation Research Center, National Research Institute of TB and Lung Disease, Shaheed Beheshti Medical University, Iran; katayounnajafizadeh@gmail.com]. "**Holy month of Ramadan and increase in organ donation willingness.**" *Saudi Journal of Kidney Diseases & Transplantation* 21, no. 3 (May 2010): 443-446.

[Abstract:] Organ shortage is the most significant factor in restricting the activities of transplantation systems. We herein report the positive impact of Muslims' holy month of Ramadan on willingness to donate organs in Iran. Data were derived from the database of Donation Willingness Registries, affiliated to the organ procurement unit of Masih Daneshvari Hospital during March 2007 till March 2008. The number of applications for organ donation was compared between Ramadan and its previous month, and the socio-economic characteristics of the applicants were compared between those who applied in Ramadan and those who did so in the previous month. In addition, the mean number of daily applications was compared between Ramadan and the other months of the same year. A total of 11528 applications for organ donation cards were registered for the Ramadan of 2007 as opposed to 4538 applications in the previous month, showing an increasing rate of 154%. The mean number of daily applications was significantly higher in Ramadan than that of the other months of the same year ($P < 0.001$). There was also a significant difference in terms of the socio-economic characteristics between the applicants in Ramadan and those in the previous month. The increase in organ donation willingness in Ramadan may be the result of the propagation of altruism by the mass media and religious organizations. Ramadan seems to provide a great opportunity to promote organ donation across the Muslim world.

Nance, J. G., Quinn Griffin, M. T., McNulty, S. R. and Fitzpatrick, J. J. [School of Nursing, Case Western Reserve University, Cleveland, OH; Joyce.fitzpatrick@case.edu]. "**Prayer practices among young adults.**" *Holistic Nursing Practice* 24, no. 6 (Nov-Dec 2010): 338-344.

[Abstract:] Prayer is the most common complementary and alternative intervention used by most Americans. Yet, little is known about the prayer practices of young adults. In this exploratory study, 4 types of prayer practices of 62 young adults (21-30 years old) are described. The 4 different categories of prayer were: contemplative-meditative, ritualistic, petitionary, and colloquial. Participants most often used colloquial prayer practice, that is, asking God to provide guidance or talking to God in their own words. Recommendations for future research are included.

Newlin, K., Melkus, G. D., Peyrot, M., Koenig, H. G., Allard, E. and Chyun, D. [New York University College of Nursing, New York, NY; kelley.newlin@nyu.edu]. "**Coping as a mediator in the relationships of spiritual well-being to mental health in black women with type 2 diabetes.**" *International Journal of Psychiatry in Medicine* 40, no. 4 (2010): 439-459.

[Abstract:] OBJECTIVE: Examine coping as a mediator in the relationships of spiritual well-being to mental health in Black women with type 2 diabetes (T2DM). METHODS: Using a cross-sectional design, data were collected from a convenience sample of 45 Black women with T2DM. Measures of coping strategies, spiritual well-being (religious and existential well-being), and mental health, as measured by diabetes-specific distress (DSED), were collected. Bivariate findings informed mediational, trivariate model development. RESULTS: Religious well-being was significantly related to cognitive reframing (CR) coping strategies ($p = 0.026$) but not DSED ($p = 0.751$). Existential well-being was significantly related to CR ($\beta = 0.575, p < 0.001$), direct assistance (DA) coping ($\beta = 0.368, p = 0.006$) and DSED ($\beta = -0.338, p = 0.023$). Although CR ($\beta = -0.305, p = 0.021$) and DA ($\beta = -0.262, p = 0.041$) had significant bivariate associations with DSED, the relationships were not significant when existential well-being was controlled. However, the relationship of existential well-being to DSED was mediated by specific CR and DA strategies that were associated with DSED to varying degrees -"I came up with a couple different solutions to the problem" ($\beta = -0.301, p = 0.049$); "I came out of the experience better than I went in" ($\beta = -0.308, p = 0.061$); and "I talked to someone who could do something concrete about the problem" ($\beta = -0.272, p = 0.078$). CONCLUSION: Findings indicate that diabetes care address spiritual well-being, both its religious and existential components, in Black women with T2DM.

Nicholson, A., Rose, R. and Bobak., M. [Department of Epidemiology & Public Health, University College London, UK; a.c.nicholson@bsms.ac.uk]. "**Associations between different dimensions of religious involvement and self-rated health in diverse European populations.**" *Health Psychology* 29, no. 2 (Mar 2010): 227-235.

[Abstract:] OBJECTIVE: Existing evidence on the relationship between religious involvement and health indicates that organizational religious involvement, such as attendance at services, is associated with better health. Findings concerning other dimensions of religious involvement, such as prayer, are inconsistent and analyses often neglect the potential influence of other correlated dimensions. DESIGN: Using cross-sectional data from 22 diverse European countries in the European Social Survey, including 18,129 men and 21,205 women, three dimensions of religious involvement (frequency of attendance at religious services; frequency of private prayer; self-assessment as a religious person) were studied. MAIN OUTCOME MEASURE: Poor self-rated health (SRH). RESULTS: When analyzed separately, less frequent attendance was associated with poor health in men and women. Associations were weaker with less frequent prayer and lower religiousness. In models with all dimensions together, the association with attendance was strengthened and prayer became significantly inversely associated with health. CONCLUSIONS: The frequency of attendance at religious services and private prayer had opposite associations with self-rated health, resulting in negative confounding. These results are consistent with social contact being important in any health benefits from religious involvement and highlight the importance of using multidimensional measures.

Nixon, A. and Narayanasamy, A. [School of Biomedical Sciences, Queens Medical Centre, University of Nottingham, Nottingham, UK.]. "**The spiritual needs of neuro-oncology patients from patients' perspective.**" *Journal of Clinical Nursing* 19, nos. 15-16 (Aug 2010): 2259-2370.

[Abstract:] AIMS: This study aimed to identify the spiritual needs of neuro-oncology patients from a patient perspective and how nurses currently support patients with spiritual needs. BACKGROUND: Spiritual needs of cancer patients should be assessed and discussed by healthcare professionals from diagnosis. Nurses should assess and support neuro-oncology patients with their spiritual needs during their hospital stay. DESIGN: Qualitative research. METHODS: Data were collected through a Critical Incident Technique questionnaire from neuro-oncology patients and were subjected to thematic content analysis. RESULTS: Some patients with brain tumors do report spiritual needs during their hospital stay and some of these needs are not met by nurses. CONCLUSIONS: There is clearly a need for healthcare professionals to provide spiritual care for neuro-oncology patients and their relatives. Further research is required to explore how effective nurses are at delivering spiritual care and if nurses are the most appropriate professionals to support neuro-oncology patients with spiritual care. RELEVANCE TO CLINICAL PRACTICE: The study illuminates that some neuro-oncology patients' have spiritual needs that could be met by nurses. Spiritual needs include supportive family relationships, emotional support, loneliness, religious needs, need to talk, reassurance, anxiety, solitude, denial, plans for the future, thoughts about meaning of life, end of life decisions and discussion of beliefs. The implications of the findings of this study are that nurses need to be aware and respond to these spiritual needs.

Noble, A. and Jones, C. [Clatterbridge Centre for Oncology, Bebington, Wirral, UK]. **"Getting it right: oncology nurses' understanding of spirituality."** *International Journal of Palliative Nursing* 16, no. 11 (Nov 2010): 565-569.

[From the abstract:] METHOD: The study used a qualitative cross-sectional design, inspired by a grounded theory approach. A non-probability sample of seven nurses took part in a focus group and individual semi-structured interviews. Inspired by the framework analysis technique, the data were displayed and reduced to underlying themes. FINDINGS: Five major themes were identified: understanding of spirituality, the nurses' own spirituality, skills required, constraints and barriers to providing spiritual care, and education and support needs. The study found diverse definitions of spirituality, which was viewed as a vague and ambiguous concept, with some participants finding it difficult to differentiate between spirituality and religion. The impact of nurses' own spirituality was also uncovered, with unique findings of guilt, inadequacy, and stress in attempting to address patients' spiritual needs. Lack of time was seen as the main barrier to addressing spiritual needs, along with the emotional demands on the nurse, and a lack of training and education.

Norenzayan, A. and Lee, A. [University of British Columbia, Vancouver, Canada]. **"It was meant to happen: explaining cultural variations in fate attributions."** *Journal of Personality & Social Psychology* 98, no. 5 (May 2010): 702-720.

[Abstract:] People often perceive important and improbable life outcomes as "meant to happen," that is, predetermined and inevitable. In 4 studies, we constructed diverse measures of such fate attributions and examined the cultural correlates of this attributional tendency, focusing on ethnic culture and religious affiliation differences. Independently of ethnic culture, Christians were found to endorse fate attributions more than did the nonreligious; and independently of religious affiliation, East Asian Canadians attributed events to fate more than did European Canadians. Consistent with theoretical predictions, the religious affiliation difference was mediated by belief in God, whereas the ethnic cultural difference was mediated by a measure of causal complexity, although not by a measure of acculturation. Experimentally inducing thoughts of causal complexity in one domain increased fate attributions in unrelated domains. These results point to 2 independent psychological sources of fate attributions which also explain observed cultural differences in this tendency.

O'Connor, T. S., Chow, M., Payne, G., Young, J., Rivera, M., Meakes, E., McGregor, L. and Howitt, J. [toconnor@wlu.ca]. **"In the beginning: a Canadian ethnographic study on sources and definitions of spiritual reflection used by health care professionals who are not chaplains."** *Journal of Pastoral Care & Counseling* 64, no. 1 (2010): 2.1-14 [electronic journal article designation].

[Abstract:] This qualitative study presents a literature review, methodology, findings and discussion from a sample of 20 health care professional around their experiences of sources and definitions of spiritual reflection. The sample includes nursing, social work, occupational therapy, medicine, physiotherapy, music therapy, psychology and recreational therapy. Major sources are music, poetry, stories and sacred texts. Definitions are meaning making and encountering the divine along with personal reflection on values and assumptions. Limitations of the research and recommendations for education, practice and future research are also presented. [48 refs.]

O'Mahony, S., Goulet, J. L. and Payne, R. [Palliative Care Service, Montefiore Medical Center, Bronx, New York]. **"Psychosocial distress in patients treated for cancer pain: a prospective observational study."** *Journal of Opioid Management* 6, no. 3 (May-Jun 2010): 211-222.

[Abstract:] INTRODUCTION: Untreated emotional distress negatively impacts the management of cancer pain. OBJECTIVES: The authors evaluated 64 patients with cancer pain who completed baseline and follow-up measures to identify if (1) measures of psychosocial wellbeing, pain intensity, and pain management were associated with survival time; (2) higher opioid doses were associated with less psychosocial distress; and (3) intrasubject correlations across time altered the relationship between pain, depression, social support, spirituality, and increased desire for hastened death (DHD). METHODS: The main outcome measures included the Brief Pain Inventory (BPI), Daily Morphine Equivalent Dose (DMED), Beck Depression Inventory-II (BDI-II), DHD scale, Bottomley Social Support Scale, FACIT Spiritual Well-Being Scale (FACIT-Sp), Karnofsky Performance Rating Scale (KPRS), and State-Trait Anxiety Inventory (STAI). RESULTS: There were significant differences between baseline and follow-up DHD (0.84 vs. 1.38, $p = 0.021$) and BPI scores (6.36 vs. 4.86, $p < 0.001$). Lower existential wellbeing was associated with reduced survival (HR = 0.78, $p = 0.019$); improvement in pain was associated with longer survival (HR = 1.33, $p = 0.034$). Higher religious wellbeing was associated with higher probability of survival to 1 year (HR = 0.41, $p = 0.014$), as was higher KPRS (HR = 0.97, $p = 0.001$) but not DMED >300 mg. Higher existential distress and lower Bottomley scores were associated with higher hazard ratios for death at 1 year (HR = 2.78, $p = 0.02$) and (HR = 14.94, $p = 0.002$). There were significant differences in average BDI-J for persons with BPI > 7 versus those with moderate or mild pain (12.12 vs. 6.82, $p < 0.0001$) and in DHD (1.71 vs. 0.64, $p = 0.002$). Depression decreased in persons with DMED >300 mg between baseline and follow-up (-1.67 vs. 2.72, $p = 0.024$). Mean DHD was lower for persons whose pain improved versus others (0.96 vs. 2.0, $p = 0.026$). A generalized linear model was conducted with DHD as the dependent variable and the other above variables as predictors. Higher existential wellbeing and KPRS were associated with lower DHD (beta = -0.135, $p = 0.049$) and (P = -0.79, $p = 0.006$), respectively. CONCLUSIONS: The major findings of this study are that in persons with cancer pain, lower social support and existential wellbeing, but not higher DMED, were associated with shorter survival time. Treatment of cancer pain was associated with lessening of emotional distress. Lower levels of existential wellbeing and physical performance status appear to be associated with greater DHD.

- O'Mahony, S., McHenry, J., Blank, A. E., Snow, D., Eti Karakas, S., Santoro, G., Selwyn, P. and Kvetan, V. [Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, New York; somahony@montefiore.org]. **"Preliminary report of the integration of a palliative care team into an intensive care unit."** *Palliative Medicine* 24, no. 2 (Mar 2010): 154-165.
Among the findings of this "descriptive report of a convenience sample of 157 consecutive patients served by a palliative care team which was integrated into the operations of an ICU at Montefiore Medical Center in the Bronx, New York, from August 2005 until August 2007...: ...Exploration of the patients' and families' needs identified significant spiritual needs in 62.4% of cases" [--from the abstract, and see p. 159].
- Ott, B. B. [College of Nursing, Villanova University, Villanova, PA; barbara.ott@villanova.edu]. **"Progress in ethical decision making in the care of the dying."** *DCCN - Dimensions of Critical Care Nursing* 29, no. 2 (Mar-Apr 2010): 73-80.
[Abstract:] Practitioners in critical care have made a significant progress in caring for dying patients in critical care by taking advantage of the suggestions from their professional groups. Progress has been made in responding to and controlling patients' pain. Major initiatives from the Joint Commission and the American Pain Society have helped direct this improvement. Palliative care consultations as well as ethics consultations have improved symptom control in the critically ill. Issues of consent have been problematic for dying patients in critical care especially in the area of discontinuing therapies. But, better policies related to advance directives have been developed to ensure good care. Spiritual care has received more attention, and now chaplains are recognized by the Society for Critical Care Medicine as integral to the critical care team. The American Association of Critical-Care Nurses has been a leader in improving end-of-life issues and continues to spearhead many projects to improve end-of-life care.
- Paley, J. [University of Stirling, UK.]. **"Spirituality and reductionism: three replies."** *Nursing Philosophy* 11, no. 3 (Jul 2010): 178-190.
[Abstract:] Several authors have commented on my reductionist account of spirituality in nursing, describing it variously as naive, disrespectful, demeaning, paternalistic, arrogant, reifying, indicative of a closed mind, akin to positivism, a procrustean bed, a perpetuation of fraud, a matter of faith, an attempt to secure ideological power, and a perspective that puritanically forbids interesting philosophical topics. In responding to this list of felonies and misdemeanors, I try to justify my excesses by arguing that the critics have not really understood what reductionism involves; that rejecting reductionism is not the same as providing arguments against it; that the ethical dilemmas allegedly associated with reductionist views are endemic to health care; that 'reifying' is what believers in the spiritual realm do; and that the closed minds belong to those who dismiss reductionist science without having studied its achievements. [This article is the latest in an ongoing debate over the author's 2008 article: "Spirituality and nursing: a reductionist approach," *Nursing Philosophy* 9, no. 1 (January 2008): 3-18.]
- Pantilat, S. Z., O'Riordan, D. L., Dibble, S. L. and Landefeld, C. S. [Palliative Care Program, University of California, San Francisco; stevep@medicine.ucsf.edu]. **"Hospital-based palliative medicine consultation: a randomized controlled trial."** *Archives of Internal Medicine* 170, no. 22 (Dec 13, 2010): 2038-2040.
Among the findings of this report of a study of 107 patients 65 years or older with heart failure, cancer, chronic obstructive pulmonary disease, or cirrhosis, at a 560-bed academic medical center: only 31% said that someone on the health care team talk with them about their religious beliefs.
- Paranjape, A. and Kaslow, N. [Section of General Internal Medicine, Temple University School of Medicine, Philadelphia, PA; anuradha.paranjape@temple.edu]. **"Family violence exposure and health outcomes among older African American women: Do spirituality and social support play protective roles?"** *Journal of Women's Health* 19, no. 10 (Oct 2010): 1899-1904.
[Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
[Abstract:] BACKGROUND: Family violence (FV), spirituality, and social support are salient psychosocial determinants of health. FV is associated with poor health among older African American women. The effect of spirituality and social support levels on the health of older African American women is unknown. METHODS: To assess the role of spirituality and social support as culturally relevant determinants of health status for older African American women independent of FV levels, we used a cross-sectional observational study. Two hundred twelve African American women, aged ≥ 50 , were interviewed in two urban primary care practices. The measures used were (1) Family Violence Against Older Women (FVOW) scale, (2) Physical and Mental Composite Scores of the Short-Form 8 scale, (3) Medical Outcomes of Social Support survey (MOSS), and (4) Spiritual Well-Being Scale (SWBS). Spearman correlation coefficients estimated to test associations among lifetime FV exposure, spirituality, social support, and health status outcomes and multivariate regression models were used to examine the independent effect of spirituality and social support on physical and mental health status, controlling for FV and significant demographic variables. RESULTS: Mean participant age was 63.9 years. Higher spirituality levels were significantly associated with better physical health status after adjusting for FV levels and demographic factors ($F = 6.17, p = 0.0001$). Similarly, higher levels of spirituality and social support both significantly correlated with better mental health status in the multivariate model ($F = 13.45, p < 0.0001$) that controlled for lifetime FV levels and demographic factors. CONCLUSIONS: Spirituality and social support are two potentially modifiable determinants of health for older African American women. Culturally appropriate mechanisms to enhance social support and spirituality levels need to be explored as potential interventions to improve the health of those African American women who have been exposed to FV.
- Park, C. L., Chmielewski, J. and Blank, T. O. [University of Connecticut, CT; crystal.park@uconn.edu]. **"Post-traumatic growth: finding positive meaning in cancer survivorship moderates the impact of intrusive thoughts on adjustment in younger adults."** *Psycho-Oncology* 19, no. 11 (Nov 2010): 1139-1147.
[Abstract:] OBJECTIVE: We examined whether post-traumatic growth would moderate the impact of intrusive thoughts on a range of dimensions of well-being in a sample of younger adult survivors of various types of cancer. METHODS: 167 participants completed questionnaires regarding intrusive thoughts, post-traumatic growth, mental and physical health-related quality of life, positive and negative affect, life satisfaction, and spiritual well-being. Multiple regression analyses controlling for relevant background and cancer-related variables tested the interaction effects of post-traumatic growth and intrusive thoughts. RESULTS: Intrusive thoughts were related to poorer adjustment on all indices except physical health-related quality of life. However, post-traumatic growth moderated the effects of intrusive thoughts on positive and negative affect, life satisfaction, and spiritual well-being in a protective fashion. That is, for those higher in post-traumatic growth, higher levels of intrusive thoughts were related to better adjustment. CONCLUSIONS: The positive meaning that individuals assign to their cancer experience as reflected in their reports of post-traumatic growth appears to be important in determining the impact of intrusive thoughts on post-cancer adjustment.

- Park, J. and Nachman, S. [School of Medicine, Stony Brook University, Stony Brook, NY; james.park@hsc.stonybrook.edu]. "**The link between religion and HAART adherence in pediatric HIV patients.**" *AIDS Care* 22, no. 5 (2010): 556-561. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
 [Abstract:] HIV is a chronic illness that requires strict adherence to medication regimens. This study attempts to examine the patterns of highly active antiretroviral therapy adherence relative to religious beliefs in a population of perinatally HIV-infected adolescents. Eligible subjects included perinatally HIV-infected youth aged 14-22 years who knew their HIV status. Assessment tools included an antiretroviral adherence form, a standardized depression questionnaire, and a religious observance questionnaire. All of these forms were completed at the time of study enrollment. Twenty subjects met entry criteria and were enrolled. Subjects who had excellent adherence had significantly higher religious belief scores than those who had poor adherence (3.46 +/- 0.46 vs. 2.34 +/- 0.69, $p < 0.05$). Those with excellent adherence also had higher religious practice scores than those with poor adherence (2.66 +/- 1.02 vs. 2.23 +/- 1.45, $p = 0.46$). Beck Depression Inventory (BDI)-II depression score was also lower in those with excellent adherence versus those with poor adherence (4.64 +/- 3.41 vs. 8.86 +/- 9.77, $p = 0.39$). Physicians may be able to consider spirituality as a factor that may influence medication adherence in pediatric HIV patients. As perinatally HIV-infected youth age into adulthood, future studies will be needed to explore the ongoing intimate relationship between a patient's religious views and their compliance to medical regimens.
- Parker, V. G., Coles, C., Logan, B. N. and Davis, L. [School of Nursing, Clemson University, Clemson, SC; veronic@clemson.edu]. "**The LIFE project: a community-based weight loss intervention program for rural African American women.**" *Family & Community Health* 33, no. 2 (Apr-Jun 2010): 133-143. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
 [Abstract:] Obesity continues to be a significant health problem for African American women. While a number of obesity interventions target urban African American women, few target rural ones. The LIFE Project is a 10-week intervention designed to reduce obesity in this rural population. Two different interventions (spiritually based and nonspiritually based) were pilot tested, each utilizing a pretest, posttest design. Results demonstrated that both interventions led to significant reductions in weight, but the spiritually based intervention led to additional improvements. The LIFE Project also demonstrated that churches are appropriate settings to deliver health interventions to these women.
- Payman, V. and Ryburn, B. [Peter James Centre, Eastern Health, VIC, Australia; Vahid.Payman@peterjames.org.au]. "**Religiousness and recovery from inpatient geriatric depression: Findings from the PEJAMA Study.**" *Australian & New Zealand Journal of Psychiatry* 44, no. 6 (Jun 2010): 560-567.
 [Abstract:] OBJECTIVE: To determine whether religiousness, in particular intrinsic religiosity, influences the prognosis of elderly inpatients with major depression, and, if so, whether this effect is related to social support. METHOD: A total of 94 patients (71% women; mean age = 76) with DSM-IV major depression were assessed on admission to a psychogeriatric unit in Melbourne, and then reviewed at 6, 12 and 24 months. Depression was measured using the Geriatric Depression Rating Scale - short form, religiousness, using the five-item Duke University Religion Index, and social support using the Social Support Questionnaire. RESULTS: Just over one-third of the sample was highly intrinsically religious. High intrinsic religiosity on admission predicted lower depression scores at 24 months (standardized beta = 0.252; $P < 0.05$). Intrinsic religiosity's effect was independent of social support as well as other demographic, treatment and health variables. CONCLUSION: Intrinsic religiosity (i.e. a person's commitment to and motivation by religious beliefs) predicts lower depression scores over time among inpatients with geriatric depression. Psychogeriatricians should consider a patient's religious history in order to make informed judgements about depression prognosis.
- Penderell, A. and Brazil, K. [Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, Ontario, Canada]. "**The spirit of palliative practice: a qualitative inquiry into the spiritual journey of palliative care physicians.**" *Palliative & Supportive Care* 8, no. 4 (Dec 2010): 415-420.
 [Abstract:] OBJECTIVE: Much is known about the important role of spirituality in the delivery of multidimensional care for patients at the end of life. Establishing a strong physician-patient relationship in a palliative context requires physicians to have the self-awareness essential to establishing shared meaning and relationships with their patients. However, little is known about this phenomenon and therefore, this study seeks a greater understanding of physician spirituality and how caring for the terminally ill influences this inner aspect. METHOD: A qualitative descriptive study was used involving face-to-face interviews with six practicing palliative care physicians. RESULTS: Conceptualized as a separate entity from religion, spirituality was described by participants as a notion relating to meaning, personal discovery, self-reflection, support, connectedness, and guidance. Spirituality and the delivery of care for the terminally ill appeared to be interrelated in a dynamic relationship where a physician's spiritual growth occurred as a result of patient interaction and that spiritual growth, in turn, was essential for providing compassionate care for the palliative patient. Spirituality also served as an influential force for physicians to engage in self-care practices. SIGNIFICANCE OF RESULTS: With spirituality as a pervasive force not only in the lives of palliative care patients, but also in those of healthcare providers, it may prove to be beneficial to use this information to guide future practice in training and education for palliative physicians in both the spiritual care of patients and in practitioner self care. [See also in the same issue of the journal: Travado, L., et al., "Do spirituality and faith make a difference?...", pp. 405-413; and Lazenby, J. M., "On 'spirituality,' 'religion,' and 'religions': a concept analysis," pp. 469-476; noted elsewhere in this bibliography.]
- Pereira, D. B., Christian, L. M., Patidar, S., Bishop, M. M., Dodd, S. M., Athanason, R., Wingard, J. R. and Reddy, V. S. [Department of Clinical and Health Psychology, University of Florida, Gainesville; dpereira@php.ufl.edu]. "**Spiritual absence and 1-year mortality after hematopoietic stem cell transplant.**" *Biology of Blood & Marrow Transplantation* 16, no. 8 (Aug 2010): 1171-1179.
 [Abstract:] Religiosity and spirituality have been associated with better survival in large epidemiologic studies. This study examined the relationship between spiritual absence and 1-year all-cause mortality in allogeneic hematopoietic stem cell transplant (HSCT) recipients. Depression and problematic compliance were examined as possible mediators of a significant spiritual absence-mortality relationship. Eighty-five adults (mean = 46.85 years old, SD = 11.90 years) undergoing evaluation for allogeneic HSCT had routine psychologic evaluation prior to HSCT admission. The Millon Behavioral Medicine Diagnostic was used to assess spiritual absence, depression, and problematic compliance, the psychosocial predictors of interest. Patient status at 1 year and survival time in days were abstracted from medical records. Cox regression analysis was used to examine the relationship between the psychosocial factors of interest and mortality after adjusting for relevant

biobehavioral factors. Twenty-nine percent (n = 25) of participants died within 1 year of HSCT. After covarying for disease type, individuals with the highest spiritual absence and problematic compliance scores were significantly more likely to die 1-year post-HSCT (hazard ratio [HR] = 2.49, P = .043 and HR = 3.74, P = .029, respectively), particularly secondary to infection, sepsis, or graft-versus-host disease (GVHD) (HR = 4.56, P = .01 and HR = 5.61, P = .014), relative to those without elevations on these scales. Depression was not associated with 1-year mortality, and problematic compliance did not mediate the relationship between spiritual absence and mortality. These preliminary results suggest that both spiritual absence and problematic compliance may be associated with poorer survival following HSCT. Future research should examine these relations in a larger sample using a more comprehensive assessment of spirituality.

Pesut, B. [University of British Columbia Okanagan, Canada; barb.pesut@ubc.ca]. "**Ontologies of nursing in an age of spiritual pluralism: closed or open worldview?**" *Nursing Philosophy* 11, no. 1 (Jan 2010): 15-23. Comment on p. 24.

[Abstract:] North American society has undergone a period of sacralization where ideas of spirituality have increasingly been infused into the public domain. This sacralization is particularly evident in the nursing discourse where it is common to find claims about the nature of persons as inherently spiritual, about what a spiritually healthy person looks like and about the environment as spiritually energetic and interconnected. Nursing theoretical thinking has also used claims about the nature of persons, health, and the environment to attempt to establish a unified ontology for the discipline. However, despite this common ground, there has been little discussion about the intersections between nursing philosophic thinking and the spirituality in nursing discourse, or about the challenges of adopting a common view of these claims within a spiritually pluralist society. The purpose of this paper is to discuss the call for ontological unity within nursing philosophic thinking in the context of the sacralization of a diverse society. I will begin with a discussion of secularization and sacralization, illustrating the diversity of beliefs and experiences that characterize the current trend towards sacralization. I will then discuss the challenges of a unified ontological perspective, or closed world view, for this diversity, using examples from both a naturalistic and a unitary perspective. I will conclude by arguing for a unified approach within nursing ethics rather than nursing ontology.

Pesut, B. and Reimer-Kirkham, S. [University of British Columbia, Okanagan, Kelowna, Canada; barb.pesut@ubc.ca]. "**Situated clinical encounters in the negotiation of religious and spiritual plurality: a critical ethnography.**" *International Journal of Nursing Studies* 47, 7 (Jul 2010): 815-825.

[Abstract:] BACKGROUND: Despite increasingly diverse, globalized societies, little attention has been paid to the influence of religious and spiritual diversity on clinical encounters within healthcare. OBJECTIVES: The purpose of the study was to analyze the negotiation of religious and spiritual plurality in clinical encounters, and the social, gendered, cultural, historical, economic and political contexts that shape that negotiation. DESIGN: Qualitative: critical ethnography. SETTINGS: The study was conducted in Western Canada between 2006 and 2009. Data collection occurred on palliative, hospice, medical and renal in-patient units at two tertiary level hospitals and seven community hospitals. PARTICIPANTS: Participants were recruited through purposive sampling and snowball technique. Twenty healthcare professionals, seventeen spiritual care providers, sixteen patients and families and twelve administrators, representing diverse ethnicities and religious affiliations, took part in the study. METHODS: Data collection included 65 in-depth interviews and over 150h of participant observation. RESULTS: Clinical encounters between care providers and recipients were shaped by how individual identities in relation to religion and spirituality were constructed. Importantly, these identities did not occur in isolation from other lines of social classification such as gender, race, and class. Negotiating difference was a process of seeing spirituality as a point of connection, eliciting the meaning systems of patients and creating safe spaces for the expression of that meaning. CONCLUSIONS: The complexity of religious and spiritual identity construction and negotiation raises important questions about language and about professional competence and boundaries in clinical encounters where religion and spirituality are relevant concerns.

Peterson, J. C., Allegrante, J. P., Pirraglia, P. A., Robbins, L., Lane, K. P., Boschert, K. A. and Charlson, M. E. [Center for Complementary and Integrative Medicine, Weill Cornell Medical College, New York, NY; jcpeters@med.cornell.edu]. "**Living with heart disease after angioplasty: a qualitative study of patients who have been successful or unsuccessful in multiple behavior change.**" *Heart & Lung* 39, no. 2 (Mar-Apr 2010): 105-115.

[From the abstract:] Purposive and maximum-variation sampling were used to assemble a demographically diverse patient cohort (N=61) who had been successful or unsuccessful at post-angioplasty multibehavior change. Semistructured interviews and grounded theory methods were used to collect and analyze qualitative data. RESULTS: Themes showed the following: a) Patients reported surviving a life-threatening event and feared disease recurrence and death; b) the perception of a turning point and self-determination facilitated behavior change; c) social support and spiritual beliefs promoted coping with the uncertainty of living with heart disease; and d) unsuccessful behavior change was related to physical limitations, a sense that "nothing helps," and the belief that angioplasty "cures" heart disease.

Pierini, D. and Stuitbergen, A. K. [University of Texas at Austin, School of Nursing; dianapierini@utexas.edu]. "**Psychological resilience and depressive symptoms in older adults diagnosed with post-polio syndrome.**" *Rehabilitation Nursing* 35, no. 4 (Jul-Aug 2010): 167-175.

[Abstract:] Depression is a serious comorbidity in people with disabilities; however, few studies have focused on depressive symptoms in older adults with post-polio syndrome (PPS). This study used a resilience conceptual framework that focused on patient psychosocial strengths to investigate the relationship between psychological resilience factors (e.g., acceptance, self-efficacy, personal resources, interpersonal relationships, self-rated health, spiritual growth, stress management) and depressive symptoms in a large sample (N = 630) of people older than 65 years who were diagnosed with PPS. Forty percent of the sample scored > or = 10 on the Center for Epidemiologic Studies Short Depression Scale (CES-D10), which is a higher percentage than what has been previously cited in other studies; however, 53% of the sample had good or excellent self-rated health, suggesting psychological resilience. Depression scores were regressed on seven selected resilience factors after controlling for functional limitations. Four of the seven variables accounted for 30% of the variance in depressive symptoms, with spiritual growth representing the main predictor (beta = -.26). The implications for rehabilitation nurses in developing a patient-strengths perspective in the assessment and counseling of older adults with PPS are discussed.

Pipe, T. B., Mishark, K., Hansen, R. P., Hentz, J. G. and Hartsell, Z. [Mayo Clinic Hospital, Phoenix, AZ; pipe.teri@mayo.edu]. "**Rediscovering the art of healing connection by creating the Tree of Life poster.**" *Journal of Gerontological Nursing* 36, no. 6 (Jun 2010): 47-55.

[Abstract:] The goal of this project was to provide a way for hospital staff to form meaningful therapeutic relationships with patients in the fast-paced hospital environment. Watson's Theory of Human Caring was the framework guiding the project. The Lifestory intervention was a Tree of Life poster depicting sources of encouragement and enjoyment, special memories, life lessons, family, and roots. Preintervention and postintervention measures included quality of life (QOL) and spirituality scales with established psychometrics. A one-sample t test was used to analyze data. Mean age of participants (n = 15) was 73.8. Ten (67%) patients reported the intervention positively affected their QOL. Improvements were noted in overall QOL (p = 0.05), as well as emotional (p = 0.005), physical (p = 0.02,) and spiritual well-being, as measured by the Expanded Version of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (p = 0.02). This simple Lifestory intervention was feasible and associated with improvement in several QOL dimensions in hospitalized older adults.

Popovsky, R. M. [New York Presbyterian Hospital, Manhattan; markpopovsky@earthlink.net]. "**Special issues in the care of ultra-orthodox Jewish psychiatric in-patients.**" *Transcultural Psychiatry* 47, no. 4 (Sep 2010): 647-672.

[Abstract:] This article reviews the literature regarding psychiatric care of ultra-orthodox Jewish patients. The discussion describes common areas of difficulty working with members of this population in an in-patient setting, including ritual observance, gender dynamics, and countertransference. It provides guidelines for mental health professionals to distinguish between culturally-appropriate and pathological behavior in an effort to avoid misdiagnosis, and offers strategies for overcoming these challenges. It suggests possible adjustments to standard treatment plans which may prove effective in this population and recommends further resources, including the involvement of trained chaplains, for especially complicated situations.

Prince-Paul, M. and Exline, J. J. [School of Nursing, Case Western Reserve University, Cleveland, OH; mxp42@case.edu]. "**Personal relationships and communication messages at the end of life.**" *Nursing Clinics of North America* 45, no. 3 (Sep 2010): 449-463.

The authors consider spirituality throughout the article, but see especially the section on Spiritual Relationships (pp. 451-452). [Abstract:] The diagnosis of advanced illness often brings with it an element of limited time. Being diagnosed with a life-limiting illness and facing death can evoke many painful emotions including anxiety, sadness, and uncertainty. However, it can also create the potential for profound growth and transformation. The end of life is a time-intensive crucible in which patients and family members have important things to express to one another. Embedded in this time are 2 elements of daily functioning: personal relationships and communication. Having conversations about the relationship and communicating love, gratitude, and/or forgiveness may have potential benefits for the dying person and those considered close and important.

Pugh, E. J., Smith, S. and Salter, P. [University of Teesside, Middlesbrough, England]. "**Offering spiritual support to dying patients and their families through a chaplaincy service.**" *Nursing Times* 106, no. 28 (Jul 20-26, 2010): 18-20.

[Abstract:] Despite its importance in end of life care, spiritual care is poorly addressed. This article presents the results of an innovative service in which nurses notify hospital chaplains of all patients placed on the Liverpool Care Pathway and the chaplains then visit to offer spiritual support to both patients and their carers. Nurses reported that the service was valuable not only for patients and their families but also for themselves and the whole clinical team. All nurses said they wanted the service to continue.

Quinn, M. E. and Guion, W. K. "**A faith-based and cultural approach to promoting self-efficacy and regular exercise in older African American women.**" *Gerontology & Geriatrics Education* 31, no. 1 (Jan 2010): 1-18.

[Abstract:] The health benefits of regular exercise are well documented, yet there has been limited success in the promotion of regular exercise in older African American women. Based on theoretical and evidence-based findings, the authors recommend a behavioral self-efficacy approach to guide exercise interventions in this high-risk population. Interventions should be developed that are age appropriate, group delivered in the community, focused on a single behavior, and only include general health education as a secondary purpose. Suggested cultural tailoring of exercise interventions includes addressing beliefs about exercise, focusing on the "possible self," promoting participants as "cultural consultants," and spiritual and religious strategies. [93 refs.]

Rabinowitz, Y. G., Hartlaub, M. G., Saenz, E. C., Thompson, L. W. and Gallagher-Thompson, D. [Department of Psychology, Texas A&M University, Corpus Christi; rubes0509@gmail.com]. "**Is religious coping associated with cumulative health risk? An examination of religious coping styles and health behavior patterns in Alzheimer's dementia caregivers.**" *Journal of Religion & Health* 49, no. 4 (Dec 2010): 498-512.

[Abstract:] The current study explored the relationship between religious coping and cumulative health risk associated with health behavior patterns in a sample of 256 Latina and Caucasian female caregivers of elderly relatives with dementia. Primary analyses examined the relationship between religious coping (both positive and negative) and an overall index of cumulative health risk. Secondary analyses were conducted on the individual health behaviors subsumed in the broader index. Findings revealed that negative religious coping was significantly associated with increased cumulative health risk. Positive religious coping was predictive of decreased cumulative health risk among Latina caregivers but not among Caucasians. Negative religious coping was significantly associated with both an increased likelihood for weight gain and increased dietary restriction. Positive religious coping was associated with decreased likelihood for weight gain in Latinas. Implications for both caregivers and clinicians are discussed.

Rakita, R. M., Hagar, B. A., Crome, P. and Lammert, J. K. "**Mandatory influenza vaccination of healthcare workers: a 5-year study.**" *Infection Control & Hospital Epidemiology* 31, no. 9 (Sep 2010): 881-888.

This article reports data from 2005 to 2010 at Virginia Mason Medical Center, a tertiary care, multispecialty medical center in Seattle, WA, with approximately 5,000 employees. The number of employees receiving a religious exemption from vaccination per year are as follows: 2005-2006: 19 (0.4%); 2006-2007: 7 (0.1%); 2007-2008: 8 (0.2%); 2008-2009: 8 (0.2%); and 2009-2010: 12 (0.2%).

Register, M. E. and Herman, J. [College of Nursing, University of South Carolina, Columbia; endoxie2@aol.com]. "**Quality of life revisited: the concept of connectedness in older adults.**" *Advances in Nursing Science* 33, no. 1 (Jan-Mar 2010): 53-63.

This review and synthesis notes the importance of spirituality throughout and addresses "spiritual connectedness" in particular. See especially the discussion on pp. 60-61. Implications for research are explored.

- Revheim, N., Greenberg, W. M. and Citrome, L. [Nathan S. Kline Institute for Psychiatric Research, Orangeburg, NY; revheim@nki.rfmh.org]. **"Spirituality, schizophrenia, and state hospitals: program description and characteristics of self-selected attendees of a spirituality therapeutic group."** *Psychiatric Quarterly* 81, no. 4 (Dec 2010): 285-292.
 [Abstract:] Spiritual matters can be an important part in the recovery process of patients with schizophrenia. A spirituality-based therapeutic group was developed for patients hospitalized on a research specialty unit jointly operated by a state hospital and a research institute. This report offers a description of this program and examines potential associations between spirituality and coping in patients with schizophrenia who either attended or did not attend the inpatient spirituality group. We compared group attendees (n = 20) with non-attendees (n = 20) cross-sectionally, using measures of spirituality, self-efficacy (i.e. the confidence in one's ability), quality of life, and hopefulness, and religious/personal demographic profiles. For the total sample, spirituality status was significantly correlated with self-efficacy for both social functioning and negative symptoms. Significant differences were found between group attendees and non-attendees for spirituality status, but not for self-efficacy or quality of life. For group attendees, spirituality status was significantly correlated with self-efficacy for positive symptoms, negative symptoms and social functioning. Group attendees were significantly more hopeful than non-attendees and hopefulness was significantly associated with degree of spirituality status. These findings lend support for offering spirituality groups and positive coping during recovery from psychiatric disabilities.
- Richmond, J. A., Bailey, D. E. Jr., McHutchison, J. G. and Muir, A. J. [Gastroenterology/Hepatology Research Program, Duke Clinical Research Institute, Durham, NC; Jacqui.Richmond@svhm.org.au]. **"The use of mind-body medicine and prayer among adult patients with chronic hepatitis C."** *Gastroenterology Nursing* 33, no. 3 (May-Jun 2010): 210-216.
 [Abstract:] The use of mind-body medicine by patients with chronic hepatitis C has not been reported. The prevalence and reasons for using mind-body medicine and prayer among a cohort of patients with chronic hepatitis C are described. Use of mind-body medicine and prayer was investigated as a component of a larger exploratory, descriptive study of the use of complementary and alternative medicine by patients with hepatitis C attending a tertiary healthcare facility in the United States. An investigator-designed self-administered questionnaire (n = 149) and semistructured interview (n = 28) were completed by participants. Eighty-eight percent (n = 105) of participants had used mind-body medicine in the past 12 months. The most commonly used therapies were prayer for health reasons (90%), deep breathing (29%), and meditation (29%). Mind-body medicine was most commonly used to relieve tension and promote general well-being. The use of mind-body medicine was widespread among patients with chronic hepatitis C. To provide patient-centered healthcare, health providers need to be aware of the alternative support strategies, including mind-body medicine, used by patients.
- Rigby, J., Payne, S. and Froggatt, K. [East Cheshire Hospice, Macclesfield, Cheshire, UK]. **"What evidence is there about the specific environmental needs of older people who are near the end of life and are cared for in hospices or similar institutions? A literature review."** *Palliative Medicine* 24, no. 3 (Apr 2010): 268-285.
 [Abstract:] Relatively little is known about the type of physical environment which is needed and preferred by patients aged 65 and over, with a prognosis of 1 year or less, who are receiving care in hospitals, care homes and hospices, and their families and staff. A narrative literature review was conducted to identify and analyse evidence on this issue, with twenty-nine papers meeting the inclusion criteria. The patients were found to have a wide range of views on their environment, but there was some variation between the views of patients and those of their families and staff. Four main themes emerged: the physical environment should be 'homely'; it should support patients' need for social interaction and privacy; it should support the caring activities of staff, family members and patients; and it should allow opportunities for spiritual expression. It is evident that the physical environment contributes significantly to the quality of life of older people with a life-limiting illness, and there is a need for more research in this area. Regular assessment of patients' environmental needs should form part of care planning. [61 refs.]
- Roeland, E., Mitchell, W., Elia, G., Thornberry, K., Herman, H., Cain, J., Atayee, R., Bardwell, W. and von Gunten, C. F. [Moore's UCSD Comprehensive Cancer Center, University of California, San Diego Medical Center, La Jolla, CA]. **"Symptom control in stem cell transplantation: a multidisciplinary palliative care team approach. Part 2: psychosocial concerns."** *Journal of Supportive Oncology* 8, no. 4 (Jul-Aug 2010): 179-183.
 This article contains a section on Spiritual Pain: "Spirituality is what gives meaning to our lives. From the moment a patient hears the diagnosis of cancer, he or she may begin to question the meaning of his or her own existence. A diagnosis of cancer can remain theoretical, or cognitively understood, until a patient begins to experience physical suffering. Due to the nature of the process, SCT patients will experience unpleasant symptoms. This fact makes the cancer diagnosis more real. Spiritual pain can be viewed through four basic domains: meaning, hope, forgiveness, and relatedness. Presence and the asking of open-ended questions make up the core of treating spiritual pain. Clinicians cannot expect to fix the distress with a specified dose of medication. Patients need time to mull over new thoughts and to examine the meaning of their lives. Asking key questions, waiting, and showing up again create the impetus for this process: "What is the most difficult part of this illness for you?" "As you think about what lies ahead, what is most important to you?" "When you think of the future, what are you hoping for?" "How do you make sense of what is happening to you?" "What do you think happens when people die?" "What are you most proud of in your life?" Interventions for spiritual pain include journaling, dream work, music therapy, life review, breathwork/relaxation breathing, meditation or mindfulness, 12-step exercises, religious ritual, and healing touch." [pp. 182-183]. [Note: For part 1, by the same authors, see: Roeland, E., et al., "Symptom control in stem cell transplantation: a multidisciplinary palliative care team approach. Part 1: Physical symptoms," *Journal of Supportive Oncology* 8, no. 3 (May-Jun 2010): 100-116, with comment on pp. 117-118.]
- Salmon, B., Bruick-Sorge, C., Beckman, S. J. and Boxley-Harges, S. [Department of Nursing, College of Health and Human Services, Indiana University-Purdue University, Fort Wayne]. **"The evolution of student nurses' concepts of spirituality."** *Holistic Nursing Practice* 24, no. 2 (Mar-Apr 2010): 73-78.
 [Abstract:] Spirituality has different meanings to individuals from diverse backgrounds with minimal definitions documented in academe. This qualitative research study was to determine the evolution of student nurses' concepts of spirituality by comparing their definitions on admission and at completion of their nursing education. Student responses are discussed.
- Sasser, C. G. and Puchalski, C. M. **"The humanistic clinician: traversing the science and art of health care."** *Journal of Pain & Symptom Management* 39, no. 5 (May 2010): 936-940.
 This commentary considers the biopsychosocial-spiritual model of care in a palliative context, noting the spiritual aspect at a number of points.

- Sartori, P. **"Spirituality 1: Should spiritual and religious beliefs be part of patient care?"** *Nursing Times* 106, no. 28 (Jul 20-26, 2010): 14-17.
 [Abstract:] Despite spirituality being an important aspect of patient care, few nurses feel they meet patients' needs in this area. This first in a two part series examines definitions of spirituality and the difference between this concept and religion. It also discusses spirituality at certain points in the patient pathway, such as at the end of life, and finding meaning in illness. [See Part 2 in vol. 106, no. 29 (Jul 27-Aug 2210): 23-25.]
- Sartori, P. **"Spirituality 2: Exploring how to address patients' spiritual needs in practice."** *Nursing Times* 106, no. 29 (Jul 27-Aug 2210): 23-25.
 [From the abstract:] Although meeting patients' spiritual needs is important, many nurses are uncertain about what spiritual care involves and lack confidence in this area. This second article in a two part series on spirituality considers ways of addressing spiritual needs and provides an overview of the principles of assessment and implementation. [See Part 1 in vol. 106, no. 28 (Jul 20-26, 2010): 14-17.] [Note: See also Pugh, E., et al., "Offering spiritual support to dying patients and their families through a chaplaincy service," on pp. 18-20 of this same issue of the journal, listed elsewhere in this bibliography.]
- Schaal, S., Jacob, N., Dusingizemungu, J. P. and Elbert, T. [Department of Psychology, University of Konstanz, Germany; Susanne.Schaal@uni-konstanz.de]. **"Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocide survivors."** *BMC Psychiatry* 10 (2010): 55 [electronic journal article designation].
 Among the findings of this study of 206 orphans or half orphans and to 194 widows who were survivors of the 1994 Rwandan genocide [from the abstract]: ...Grief was predicted mainly by time since the loss, by the violent nature of the loss, the severity of symptoms of posttraumatic stress disorder (PTSD) and the importance given to religious/spiritual beliefs. ...Religious beliefs may facilitate the mourning process and help to find meaning in the loss.
- Schenk, L. K. and Kelley, J. H. [School of Nursing, University of Mississippi Medical Center, Jackson; Ischenk@son.umsmed.edu]. **"Mothering an extremely low birth-weight infant: a phenomenological study."** *Advances in Neonatal Care* 10, no. 2 (Apr 2010): 88-97.
 This qualitative study of nine mothers notes the importance of spirituality/spiritual support at a number of points. See especially the section, Spiritual Care: Prayer (pp. 95-96).
- Schieman, S., Bierman, A. and Ellison, C. G. [University of Toronto]. **"Religious involvement, beliefs about God, and the sense of mattering among older adults."** *Journal for the Scientific Study of Religion* 49, no. 3 (2010): 517-535.
 [Abstract:] Using data from a 2001-2002 sample of adults aged 65 and older living in the Washington, DC metropolitan area, we examine the associations among religious involvement (as measured by the frequency of attendance at religious services and praying), the belief in divine control, and the sense of mattering—a key component of the self-concept. We also assess the extent to which these patterns vary by gender, race, and education. Findings indicate indirect effects of religious attendance on mattering through divine control beliefs and the frequency of social contact. Praying increases mattering indirectly only through divine control beliefs. Moreover, divine control beliefs are more strongly associated with mattering among women, African Americans, and individuals with less education. We discuss the contribution of these findings for theory about the links between religious involvement, beliefs about God, and psychosocial resources, and the influence of core dimensions of social status and stratification.
- Schnall, E., Wassertheil-Smoller, S., Swencionis, C., Zemon, V., Tinker, L., O'Sullivan, M. J., Van Horn, L. and Goodwin, M. [Yeshiva College, Yeshiva University, New York, NY; Schnall@yu.edu]. **"The relationship between religion and cardiovascular outcomes and all-cause mortality in the Women's Health Initiative Observational Study."** *Psychology & Health* 25, no. 2 (Feb 2010): 249-263.
 [Abstract:] Some studies suggest that religiosity may be related to health outcomes. The current investigation, involving 92,395 Women's Health Initiative Observational Study participants, examined the prospective association of religious affiliation, religious service attendance, and strength and comfort from religion with subsequent cardiovascular outcomes and death. Baseline characteristics and responses to religiosity questions were collected at enrollment. Women were followed for an average of 7.7 years and outcomes were judged by physician adjudicators. Cox proportional regression models were run to obtain hazard ratios (HR) of religiosity variables and coronary heart disease (CHD) and death. After controlling for demographic, socioeconomic, and prior health variables, self-report of religious affiliation, frequent religious service attendance, and religious strength and comfort were associated with reduced risk of all-cause mortality [HR for religious affiliation = 0.84; 95% confidence interval (CI): 0.75-0.93] [HR for service attendance = 0.80; CI: 0.73-0.87] [HR for strength and comfort = 0.89; CI: 0.82-0.98]. However, these religion-related variables were not associated with reduced risk of CHD morbidity and mortality. In fact, self-report of religiosity was associated with increased risk of this outcome in some models. In conclusion, although self-report measures of religiosity were not associated with reduced risk of CHD morbidity and mortality, these measures were associated with reduced risk of all-cause mortality.
- Schuermans-Stekhoven, J. [Charles Sturt University, New South Wales, Australia; jschuermans-stekhoven@csu.edu.au]. **"Moved by the spirit': does spirituality moderate the interrelationships between subjective well-being subscales?"** *Journal of Clinical Psychology* 66, no. 7 (Jul 2010): 709-725.
 [Abstract:] Despite the recent escalation of research into the spirituality and well-being link, past efforts have been plagued by methodological problems. However, the potential for measurement error within psychometric instruments remains largely unexplored. After reviewing theory and evidence suggesting spirituality might represent an affective misattribution, moderation modeling—with each subjective well-being (SWB) subscale as a dependent variable as predicted by the remaining SWB subscales—is utilized to test the assumption of scale invariance. These interrelationships were shown to vary in conjunction with spirituality; that is the analysis revealed significant spirituality x subscale interactions. Importantly, in all models the spirituality main effect was either nonsignificant or accounted for by other predictors. In combination, the findings suggest the interrelationship between the subscales rather than the level of SWB varies systematically with spirituality and casts considerable doubt on the previously reported "belief-as-benefit" effect.

- Sharpnack, P. A., Griffin, M. T., Benders, A. M. and Fitzpatrick, J. J. [School of Graduate and Professional Studies, Ursuline College, Pepper Pike, OH; psharpnack@ursuline.edu]. "**Spiritual and alternative healthcare practices of the Amish.**" *Holistic Nursing Practice* 24, no. 2 (Mar-Apr 2010): 64-72.
[Abstract:] Although the use of spiritual and alternative healthcare practices is increasing, knowledge of these practices among the Amish is limited. This study explored the spiritual and healthcare practices of 134 Amish. Information about the diversity and prevalence of these practices among the Amish may be useful to nurses in practice.
- Sheppard, V. B., Christopher, J. and Nwabukwu, I. [Georgetown University, Cancer Control Program, Washington, DC]. "**Breaking the silence barrier: opportunities to address breast cancer in African-born women.**" *Journal of the National Medical Association* 102, no. 6 (Jun 2010): 461-468.
This report of a focus group study involving 20 African women includes a section on Spiritual Beliefs and Familial Influences [pp. 465-466], which chiefly addresses the influence of issues for Muslim women. Also [from the abstract:] ...Findings indicated that women's knowledge and exposure to breast cancer prevention and screening were limited, and common explanations for breast cancer were that it is a boil or is a punishment from God. Barriers included limited knowledge, lack of insurance, spiritual beliefs, and secrecy....
- Shinbara, C. G. and Olson, L. [White River Junction Veterans' Hospital, Vermont]. "**When nurses grieve: spirituality's role in coping.**" *Journal of Christian Nursing* 27, no. 1 (Jan-Mar 2010): 32-37.
[Abstract:] This study explored spirituality as an aspect of support for nurses grieving the loss of patients. Previous research has sought to understand the grief support needs of nurses; spirituality is one support nurses describe. Fifty-eight nurses responded to questions related to spirituality from a Needs Assessment Questionnaire (NAQ) designed to study grief support for nurses. Nurses reported spirituality as important in their daily lives (75%) and in helping them cope with patient-related grief (70%), and cited spiritual-based resources as beneficial in coping. Spirituality can play an important role in coping with grief and should be included in nurses' support.
- Shores, C. I. [University of North Carolina, Greensboro; cishores@uncg.edu]. "**Spiritual perspectives of nursing students.**" *Nursing Education Perspectives* 31, no. 1 (Jan-Feb 2010): 8-11.
[Abstract:] Holistic nursing care requires attention to spiritual aspects of a person. The purpose of this descriptive, non-experimental study was to describe spiritual perspectives of nursing students. Students' spiritual perspectives were measured and described using Reed's Spiritual Perspective Scale (SPS). The convenience sample consisted of 205 nursing students enrolled in a baccalaureate nursing program in the southeastern United States. Data were analyzed using descriptive statistics. Findings suggest that nursing students in this sample perceived themselves as having a high level of spirituality as indicated by scores on the SPS (M = 5.04, SD = 0.9). Reliability of the SPS was estimated by determining Cronbach's alpha (0.94). Findings of this study contribute to the body of nursing knowledge concerning the spirituality of nursing students. Research into the spiritual domain is necessary to provide a scientific knowledge base for nursing.
- Silber, S. J. [Infertility Center of St. Louis, St. Luke's Hospital, St. Louis, MO; sharon@infertile.com]. "**Judaism and reproductive technology.**" *Cancer Treatment & Research* 156 (2010): 471-480.
This is one of a group of reviews in this issue of the journal regarding religious traditions and fertility issues in the context of cancer. See also articles by Ahmed, R.; Chaudhry, A. S.; Lauritzen, P.; Zoloth, L.; and Zoloth, L. and Henning, A. A.; noted elsewhere in this bibliography.
- Silton, N. R., Asekoff, C. A., Taylor, B., and Silton, P. B. [Spears Research Institute, Healthcare Chaplaincy, New York, NY; nsilton@healthcarechaplaincy.org]. "**Shema, Vidui, Yivarechecha: what to say and how to pray with Jewish patients in chaplaincy.**" *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 149-160.
[Abstract:] A 90-minute focus group was conducted with five male and two female Jewish professional chaplains from Reform, Conservative, and Orthodox backgrounds. This study describes and discusses eight principal themes that emerged from the focus group: (a) the identity, (b) role, and (c) practices of a chaplain; (d) Jewish chaplaincy prayers; (e) practices for chronic versus acute care; (f) patients' reactions to the chaplain's gender; (g) general and spiritual interventions; and, finally, (h) challenges in chaplaincy.
- Sisask, M., Varnik, A., Kolves, K., Bertolote, J. M., Bolhari, J., Botega, N. J., Fleischmann, A., Vijayakumar, L. and Wasserman, D. [Estonian-Swedish Mental Health and Suicidology Institute, Tallinn, Estonia; merike.sisask@neti.ee]. "**Is religiosity a protective factor against attempted suicide: a cross-cultural case-control study.**" *Archives of Suicide Research* 14, no. 1 (2010): 44-55.
[Abstract:] This cross-cultural study investigates whether religiosity assessed in three dimensions has a protective effect against attempted suicide. Community controls (n = 5484) were more likely than suicide attempters (n = 2819) to report religious denomination in Estonia (OR = 0.5) and subjective religiosity in four countries: Brazil (OR = 0.2), Estonia (OR = 0.5), Islamic Republic of Iran (OR = 0.6), and Sri Lanka (OR = 0.4). In South Africa, the effect was exceptional both for religious denomination (OR = 5.9) and subjective religiosity (OR = 2.7). No effects were found in India and Vietnam. Organizational religiosity gave controversial results. In particular, subjective religiosity (considering him/herself as religious person) may serve as a protective factor against non-fatal suicidal behavior in some cultures.
- Solari-Twadell, P. A. [Loyola University Chicago, School of Nursing, Chicago, IL; psolari@luc.edu]. "**Providing coping assistance for women with behavioral interventions.**" *JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing* 39, no. 2 (Mar 2010): 205-211.
[Abstract:] OBJECTIVE: To describe what parish nurses believe is essential to their practice and identify what nursing interventions they most frequently use. DESIGN: Descriptive cross sectional study. PARTICIPANTS: The International Parish Nurse Resource Center provided a list of nurses who completed the standardized core curriculum on parish nursing and were currently working in parish nurse roles in faith communities in the United States. METHODS: The Nursing Intervention Classification System Survey was mailed to 2,330 parish nurses with return envelopes. RESULTS: The 1,161 parish nurse respondents (50% return) resided in faith communities in 47 states and represented major religious denominations from Christian and non-Christian religious affiliations. Participants identified the most frequently used nursing interventions were in the behavioral domain and coping assistance system. CONCLUSIONS: Nurses working in faith communities are frequently using nursing interventions related to health promotion and coping assistance. The findings are valuable to all nurses in identifying strategies and collaborations for enhancing the well-being of women and their families. Improving quality of life through the collaborative

support of community agencies, health care providers, and members of the faith community are integral to women's health. [See also, regarding parish nursing: Forster-Burke, D., et al., "Collaboration of a model osteoporosis prevention and management program in a faith community," on pp. 212-219 of the same issue of the journal, noted elsewhere in this bibliography.]

Solari-Twadell, P. A. and Hackbarth, D. P. [School of Nursing, Loyola University, Chicago, IL; psolari@luc.edu]. "**Evidence for a new paradigm of the ministry of parish nursing practice using the nursing intervention classification system.**" *Nursing Outlook* 58, no. 2 (Mar-Apr 2010): 69-75.

[Abstract:] A national study of parish nurses used the Nursing Intervention Classification (NIC) Use Survey (3rd Ed.) to characterize parish nursing practice. The study categorized NIC interventions based on frequency of use by parish nurses. The majority of nursing interventions focused on the Behavioral Domain, which supports psychosocial functioning and facilitates lifestyle changes and the Coping Assistance Class, which includes spiritual support. Data provides evidence to further understand what parish nurses do in their daily practice, as well as clarifies the complexity and scope of this specialty practice. Findings confirm that parish nursing is a specialty nursing practice as well as a ministry. Objective descriptions of parish nurse practice, including the identification of the most commonly used parish nurse interventions, will assist in providing direction for defining the role of the parish nurse and providing a basis for reviewing the current content of parish nurse curriculum. The database, which uses a standardized nursing language, also provides evidence for a new paradigm of the ministry of parish nursing practice that is intelligible to other nurses, policy makers, and funders.

Solomon, R., Kirwin, P., Van Ness, P. H., O'Leary, J. and Fried, T. R. [Department of Medicine, New York University School of Medicine, New York]. "**Trajectories of quality of life in older persons with advanced illness.**" *Journal of the American Geriatrics Society* 58, no. 5 (May 2010): 837-843.

Among the findings of this observational cohort study with interviews at least every 4 months for up to 2 years conducted between December 1999 and December 2002: "...feeling closer to one's religious community [was] significantly associated with higher QoL ratings" [p. 841].

Stempsey, W. E. [Department of Philosophy, College of the Holy Cross, Worcester, MA; wstempsey@holycross.edu]. "**The role of religion in the debate about physician-assisted dying.**" *Medicine, Health Care & Philosophy* 13, no. 4 (Nov 2010): 383-387.

[Abstract:] This paper explores the role of religious belief in public debate about physician-assisted dying and argues that the role is essential because any discussion about the way we die raises the deepest questions about the meaning of human life and death. For religious people, such questions are essentially religious ones, even when the religious elements are framed in secular political or philosophical language. The paper begins by reviewing some of the empirical data about religious belief and practice in the United States and Europe. It then explores the question of the proper role of religion in public policy debate and concludes with a discussion of the importance of religion and religious practices in considerations of how we die.

Stephens, C., Stein, K. and Landrine, H. [American Cancer Society, Atlanta, GA; cgheorgh@kennesaw.edu]. "**The role of acculturation in life satisfaction among Hispanic cancer survivors: results of the American Cancer Society's study of cancer survivors.**" *Psycho-Oncology* 19, no. 4 (Apr 2010): 376-383.

[From the abstract:] ...We compared life satisfaction among the high- vs low-accultured Hispanics who participated in a national, cross-sectional study of quality of life among cancer survivors. RESULTS: Despite fewer socio-economic resources, low-accultured Hispanic survivors had higher life satisfaction (Beta=5.08, p<0.05). This relationship was mediated by higher levels of social support and spirituality found among low-accultured survivors, with spirituality being the strongest predictor (Beta=0.379, p<0.001).

Stulberg, D. B., Lawrence, R. E., Shattuck, J. and Curlin, F. A. [Department of Family Medicine, University of Chicago, IL; stulberg@uchicago.edu]. "**Religious hospitals and primary care physicians: conflicts over policies for patient care.**" *Journal of General Internal Medicine* 25, no. 7 (Jul 2010): 725-730.

[Abstract:] BACKGROUND: Religiously affiliated hospitals provide nearly 20% of US beds, and many prohibit certain end-of-life and reproductive health treatments. Little is known about physician experiences in religious institutions. OBJECTIVE: Assess primary care physicians' experiences and beliefs regarding conflict with religious hospital policies for patient care. DESIGN: Cross-sectional survey. PARTICIPANTS: General internists, family physicians, and general practitioners from the AMA Masterfile. MAIN MEASURES: In a questionnaire mailed in 2007, we asked physicians whether they had worked in a religiously affiliated hospital or practice, whether they had experienced conflict with the institution over religiously based patient care policies and how they believed physicians should respond to such conflicts. We used chi-square and multivariate logistic regression to examine associations between physicians' demographic and religious characteristics and their responses. KEY RESULTS: Of 879 eligible physicians, 446 (51%) responded. In analyses adjusting for survey design, 43% had worked in a religiously affiliated institution. Among these, 19% had experienced conflict over religiously based policies. Most physicians (86%) believed when clinical judgment conflicts with religious hospital policy, physicians should refer patients to another institution. Compared with physicians ages 26-29 years, older physicians were less likely to have experienced conflict with religiously based policies [odds ratio (95% confidence interval) compared with 30-34 years: 0.02 (0.00-0.11); 35-46 years: 0.07 (0.01-0.72); 47-60 years: 0.02 (0.00-0.10)]. Compared with those who never attend religious services, those who do attend were less likely to have experienced conflict [attend once a month or less: odds ratio 0.06 (0.01-0.29); attend twice a month or more: 0.22 (0.05-0.98)]. Respondents with no religious affiliation were more likely than others to believe doctors should disregard religiously based policies that conflict with clinical judgment (13% vs. 3%; p = 0.005). CONCLUSIONS: Hospitals and policy-makers may need to balance the competing claims of physician autonomy and religiously based institutional policies.

Sudore, R. L., Villars, P. and Carey, E. C. [Department of Medicine, University of California, San Francisco; Rebecca.Sudore@ucsf.edu]. "**Sitting with you in your suffering: lessons about intractable pain at the end of life.**" *Journal of Palliative Medicine* 13, no. 6 (Jun 2010): 779-782.

This is a case report of a hospice patient, noting the struggle of the care team to attend to his suffering. See especially the section: Spiritual and Psychological Issues [pp. 781-782]. The involvement of a chaplain is noted at several points.

Surbone, A. and Baidar, L. [Department of Medicine, Medical Oncology Division, New York University Medical School, New York, NY]. "**The spiritual dimension of cancer care.**" *Critical Reviews in Oncology-Hematology* 73, no. 3 (Mar 2010): 228-235.

[Abstract:] Spirituality is more about constant questioning than about providing fixed or final answers. Cancer patients do not expect spiritual solutions from oncology team members, but they wish to feel comfortable enough to raise spiritual issues and not be met with fear, judgmental attitudes, or dismissive comments. Spiritual needs may not be explicit in all illness phases, yet spirituality is not only confined to the areas of palliative or end-of-life care. Sensitive and effective methods to assess and address spiritual needs of cancer patients are being developed and qualitative research on the topic is underway. In addition, formal education and training in communication about cancer patients' spiritual issues and in how to assess and address them in the clinical context is being increasingly provided. Spirituality can be a major resource for both patients and physicians, yet it can never be imposed but only shared. Those oncology professionals who are familiar with their own spirituality will be better at recognizing, understanding and attending to their patients' spiritual needs and concerns. [78 refs.]

Surbone, A., Baider, L., Weitzman, T. S., Brames, M. J., Rittenberg, C. N. and Johnson, J., for the MASCC Psychosocial Study Group. [Department of Medicine, New York University Medical School, New York, NY; dr.surbone@libero.it]. **"Psychosocial care for patients and their families is integral to supportive care in cancer: MASCC position statement."** *Supportive Care in Cancer* 18, no. 2 (Feb 2002): 255-263.

This position paper, written on behalf of the Multinational Association of Supportive Care in Cancer (MASCC) Psychosocial Study Group, includes a review of the role of culture, spirituality, and religion in care. See especially the section on The Spiritual Dimension of Supportive Care in Cancer [pp. 259-259]. [From the abstract:] Deficits in recognizing and meeting patients' psychosocial needs at the system level are examined, and international guidelines and models of psychosocial care are reviewed, including their potential applications to local contexts. The paper calls for a shift to a new paradigm of care through adoption of an integrated approach to identify and meet the psychosocial needs of cancer patients and survivors as part of supportive care worldwide.

Sulmasy, D. P., Astrow, A. B., He, M. K., Seils, D. M., Meropol, N. J., Micco, E. and Weinfurt, K. P. [Department of Medicine, MacLean Center for Clinical Medical Ethics, and Divinity School, University of Chicago, IL; dsulmasy@uchicago.edu]. **"The culture of faith and hope: patients' justifications for their high estimations of expected therapeutic benefit when enrolling in early phase oncology trials."** *Cancer* 116, no. 15 (Aug 1, 2010): 3702-3711.

[Abstract:] BACKGROUND: Patients' estimates of their chances of therapeutic benefit from participation in early phase trials greatly exceed historical data. Ethicists worry that this therapeutic misestimation undermines the validity of informed consent. METHODS: The authors interviewed 45 patients enrolled in phase 1 or 2 oncology trials about their expectations of therapeutic benefit and their reasons for those expectations. They used a phenomenological, qualitative approach with 1 primary coder to identify emergent themes, verified by 2 independent coders. RESULTS: Median expectations of therapeutic benefit varied from 50% to 80%, depending on how the question was asked. Justifications universally invoked hope and optimism, and 27 of 45 participants used 1 of these words. Three major themes emerged: 1) optimism as performative, that is, the notion that positive thoughts and expressions improve chances of benefit; 2) fighting cancer as a battle; and 3) faith in God, science, or both. Many participants described a culture in which optimism was encouraged and expected, such that trial enrollment became a way of reflecting this expectation. Many reported they had been told few patients would benefit and appeared to understand the uncertainties of clinical research, yet expressed high expected personal therapeutic benefit. More distressed participants were less likely to invoke performative justifications for their expectations (50% vs 84%; $P=.04$). CONCLUSIONS: Expressions of high expected therapeutic benefit had little to do with reporting knowledge and more to do with expressing optimism. These results have implications for understanding how to obtain valid consent from participants in early phase clinical trials.

Swinton, J. and Pattison, S. [University of Aberdeen, UK; j.swinton@abdn.ac.uk]. **"Moving beyond clarity: towards a thin, vague, and useful understanding of spirituality in nursing care."** *Nursing Philosophy* 11, no. 4 (Oct 2010): 226-237.

[Abstract:] Spirituality is a highly contested concept. Within the nursing literature, there are a huge range and diversity of definitions, some of which appear coherent whereas others seem quite disparate and unconnected. This vagueness within the nursing literature has led some to suggest that spirituality is so diverse as to be meaningless. Are the critics correct in asserting that the vagueness that surrounds spirituality invalidates it as a significant aspect of care? We think not. It is in fact the vagueness of the concept that is its strength and value. In this paper, we offer a critique of the general apologetic that surrounds the use of the language of spirituality in nursing. With the critics, we agree that the term 'spirituality' is used in endlessly different and loose ways. Similarly, we agree that these varied definitions may not refer to constant essences or objects within people or in the world. However, we fundamentally disagree that this makes spirituality irrelevant or of little practical utility. Quite the opposite; properly understood, the vagueness and lack of clarity around the term spirituality is actually a strength that has powerful political, social, and clinical implications. We develop an understanding of spirituality as a way of naming absences and recognizing gaps in healthcare provision as well as a prophetic challenge to some of the ways in which we practise health care within a secular and sometimes secularizing context such as the National Health Service.

Tallman, B., Shaw, K., Schultz, J. and Altmaier, E. [Department of Psychological and Quantitative Foundations, University of Iowa, Iowa City]. **"Well-being and posttraumatic growth in unrelated donor marrow transplant survivors: a nine-year longitudinal study."** *Rehabilitation Psychology* 55, no. 2 (May 2010): 204-210.

Among the findings of this study involving 25 cancer survivors: "A median split on age yielded a significant effect in the domain of spiritual growth, ...with older participants reporting more spiritual growth than younger participants" [p. 206]. Curiously, "The spiritual growth domain assessed by the [Posttraumatic Growth Inventory (PTGI)] had the second highest item mean..., but when assessed by open-ended question, it had the lowest level of reported growth (20%)" [p. 208].

Tanabe, P., Porter, J., Creary, M., Kirkwood, E., Miller, S., Ahmed-Williams, E. and Hassell, K. [Department of Emergency Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL; ptanabe2@nmff.org]. **"A qualitative analysis of best self-management practices: sickle cell disease."** *Journal of the National Medical Association* 102, no. 11 (Nov 2010): 1033-1041.

This is a report of a Best Self-management Practices workshop, involving 7 adult patients with sickle cell disease and 1 social worker, at a Sickle Cell Disease Association of America meeting. Among the themes raised was emotional support, and "All participants identified spiritual support as the most important source of emotional support" [p. 1035].

Tayeb, M. A., Al-Zamel, E., Fareed, M. M. and Abouellail, H. A. [North West Armed Forces Hospitals, Tabuk, Saudi Arabia; drtayebweb@hotmail.com]. "A **'good death': perspectives of Muslim patients and health care providers.**" *Annals of Saudi Medicine* 30, no. 3 (May-Jun 2010): 215-221. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND AND OBJECTIVES: Twelve "good death" principles have been identified that apply to Westerners. This study aimed to review the TFHCOP good death perception to determine its validity for Muslim patients and health care providers, and to identify and describe other components of the Muslim good death perspective. SUBJECTS AND METHODS: Participants included 284 Muslims of both genders with different nationalities and careers. We used a 12-question questionnaire based on the 12 principles of the TFHCOP good death definition, followed by face-to-face interviews. We used descriptive statistics to analyze questionnaire responses. However, for new themes, we used a grounded theory approach with a "constant comparisons" method. RESULT: On average, each participant agreed on eight principles of the questionnaire. Dignity, privacy, spiritual and emotional support, access to hospice care, ability to issue advance directives, and to have time to say goodbye were the top priorities. Participants identified three main domains. The first domain was related to faith and belief. The second domain included some principles related to self-esteem and person's image to friends and family. The third domain was related to satisfaction about family security after the death of the patient. Professional role distinctions were more pronounced than were gender or nationality differences. CONCLUSION: Several aspects of "good death," as perceived by Western communities, are not recognized as being important by many Muslim patients and health care providers. Furthermore, our study introduced three novel components of good death in Muslim society.

Teas, J. [University of South Carolina Cancer Center, University of South Carolina, Columbia; teas@sc.edu]. "**Medicine can give me a diagnosis, and faith can give me a different prognosis: faith and healing in the American South.**" *Explore: The Journal of Science & Healing* 6, no. 1 (Jan 2010): 17-21.

This study of how people define answered prayers for healing involved interviews with 47 self-identified Christians of various backgrounds/affiliations. The authors state that their main finding can be summed up with the response of one of the participants: "Healing is coming to a sense of wholeness. One may not be totally rid of the physical or physiological manifestations of an illness, but if the disease in the mental and emotional sense is no longer there then there's a healing. A person could die with a disease but die whole, which is healing." [p. 21]

Terri, R., Fried, T. R. and Drickamer, M. [Department of Medicine, Yale University School of Medicine, New Haven, CT; terri.fried@yale.edu]. "**Garnering support for Advance Care Planning.**" *JAMA* 303, no. 3 (Jan 20, 2010): 269-270.

Among the points of this commentary: "The prominent role of religious beliefs in shaping attitudes toward ACP also calls for outreach to religious institutions" [p. 270].

Thambyrajah, C., Herold, J., Altman, K. and Llewellyn, C. [Brighton & Sussex Medical School, Falmer, Sussex, UK.]. "**Cancer doesn't mean curtains: benefit finding in patients with head and neck cancer in remission.**" *Journal of Psychosocial Oncology* 28, no. 6 (Nov 2010): 666-682.

[Abstract:] There is an increasing awareness that there are often aspects of the experience of cancer that patients view as positive or beneficial despite substantial physical and psychological impacts. Individuals with head and neck cancer (HNC) are unique with respect to the possible facial disfigurement and functional limitations following disease and treatment. This qualitative study aimed to explore whether patients with HNC experience positive consequences posttreatment, and to investigate the nature of any benefit finding. Emerging master themes included a change in life priorities, greater closeness to family and friends, a greater awareness of self, for example, an increase in self-confidence and empowerment, and a greater awareness of faith and spirituality. Despite the adverse affects often associated with HNC, patients report some degree of positive growth following treatment.

Thompson, G. N. and Chochinov, H. M. [Manitoba Palliative Care Research Unit, CancerCare Manitoba, Canada]. "**Reducing the potential for suffering in older adults with advanced cancer.**" *Palliative & Supportive Care* 8, no. 1 (Mar 2010): 83-93.

This review considers changes in physical, psychological, social, and spiritual well-being in light of unique needs of older adults, and how such changes [from the abstract:] not only the risk of causing distress but also the potential for growth and development during the final stages of advanced cancer. [131 refs.]

Thompson, P. [Moravian College, Bethlehem, PA; pt@moravian.edu]. "**Clergy knowledge and attitudes concerning faith community nursing: toward a three-dimensional scale.**" *Public Health Nursing* 27, no. 1 (Jan-Feb 2010): 71-78.

[Abstract:] OBJECTIVE: Research has described faith community nursing practice, including positive aspects and barriers to practice. Barriers to faith community nursing practice must be identified and addressed to facilitate faith community nursing programs. The primary purpose of this study was to pilot test a newly developed instrument to measure knowledge and attitudes concerning faith community nursing. DESIGN AND SAMPLE: A survey design was used. The sample included clergy in the United Church of Christ (n=34). MEASURES: An investigator developed survey entitled Knowledge, Attitudes, and Opinions Concerning Faith Community Nursing was administered. RESULTS: Psychometric evaluation of the survey included content validity and internal consistency reliability for each of 3 scales. Coefficient alpha was high, ranging from .88 to .95. The results of the survey indicate that clergy, within the selected Christian denomination, generally have adequate knowledge and positive attitudes about faith community nursing. Knowledge scores on one item indicated some uncertainty among clergy about spiritual counseling as a nursing intervention. A major limitation to this study was the small, homogeneous sample. Future research should include further psychometric evaluation of validity and reliability in a larger, diverse sample. CONCLUSION: The results of this study indicate that, with further testing, the Knowledge, Attitudes, and Opinions Concerning Faith Community Nursing Survey has the potential to expand assessment of barriers to faith community nursing.

Timmons, S. M. [Clemson University, South Carolina]. "**African American church health programs: What works?**" *Journal of Christian Nursing* 27, no. 2 (Apr-Jun 2010): 100-105.

[Abstract:] The church is a community resource that can help address areas of health disparity for African Americans by offering programs focused on primary prevention. Use of a logic model as a program evaluation tool highlights church priorities and program linkages (problems, goals, objectives, activities, outputs, and outcomes), providing clear evidence about meeting program expectations. Faith community nurses can lead program development, easily incorporating logic models within programming efforts. Church-based programs that document positive outcomes enhance program usefulness and value as a community health resource.

- Ting, L. [University of Maryland, Baltimore; LTing@umbc.edu]. **"Out of Africa: coping strategies of African immigrant women survivors of intimate partner violence."** *Health Care for Women International* 31, no. 4 (Apr 2010): 345-364.
[From the abstract]: We explored the coping behaviors of 15 immigrant African survivors of intimate partner violence (IPV) in the United States. ...Results from the qualitative analysis are that African immigrant survivors utilized multiple coping strategies including beliefs in spirituality and divine retribution....
- Travado, L., Grassi, L., Gil, F., Martins, C., Ventura, C. and Bairradas, J. (Southern European Psycho-Oncology Study Group). [Clinical Psychology Unit, Central Lisbon Hospital Center-Hospital S. Jose, Lisbon, Portugal; luzia.travado@chlc.min-saude.pt]. **"Do spirituality and faith make a difference? Report from the Southern European Psycho-Oncology Study Group."** *Palliative & Supportive Care* 8, no. 4 (Dec 2010): 405-413.
[Abstract:] OBJECTIVE: In the last decade, some attention has been given to spirituality and faith and their role in cancer patients' coping. Few data are available about spirituality among cancer patients in Southern European countries, which have a big tradition of spirituality, namely, the Catholic religion. As part of a more general investigation (Southern European Psycho-Oncology Study--SEPOS), the aim of this study was to examine the effect of spirituality in molding psychosocial implications in Southern European cancer patients. METHOD: A convenience sample of 323 outpatients with a diagnosis of cancer between 6 to 18 months, a good performance status (Karnofsky Performance Status > 80), and no cognitive deficits or central nervous system (CNS) involvement by disease were approached in university and affiliated cancer centers in Italy, Spain, Portugal, and Switzerland (Italian speaking area). Each patient was evaluated for spirituality (Visual Analog Scale 0-10), psychological morbidity (Hospital Anxiety and Depression Scale--HADS), coping strategies (Mini-Mental Adjustment to Cancer--Mini-MAC) and concerns about illness (Cancer Worries Inventory--CWI). RESULTS. The majority of patients (79.3%) referred to being supported by their spirituality/faith throughout their illness. Significant differences were found between the spirituality and non-spirituality groups ($p \leq 0.01$) in terms of education, coping styles, and psychological morbidity. Spirituality was significantly correlated with fighting spirit ($r = -0.27$), fatalism ($r = 0.50$), and avoidance ($r = 0.23$) coping styles and negatively correlated with education ($r = -0.25$), depression ($r = -0.22$) and HAD total ($r = -0.17$). SIGNIFICANCE OF RESULTS: Spirituality is frequent among Southern European cancer patients with lower education and seems to play some protective role towards psychological morbidity, specifically depression. Further studies should examine this trend in Southern European cancer patients. [See also in the same issue of the journal: Penderell, A. & Brazil, K., "The spirit of palliative practice: a qualitative inquiry into the spiritual journey of palliative care physicians," pp. 415-420; and Lazenby, J. M., "On 'spirituality,' 'religion,' and 'religions': a concept analysis," pp. 469-476; noted elsewhere in this bibliography.]
- Trepanowski, J. F. and Bloomer, R. J. [Cardiorespiratory/Metabolic Laboratory, University of Memphis, TN]. **"The impact of religious fasting on human health."** *Nutrition Journal* 9 (2010): 57 [electronic journal article designation].
[Abstract:] The past two decades have seen a rise in the number of investigations examining the health-related effects of religiously motivated fasts. Islamic Ramadan is a 28 - 30 day fast in which food and drink are prohibited during the daylight hours. The majority of health-specific findings related to Ramadan fasting are mixed. The likely causes for these heterogeneous findings are the differences between studies in the following: 1) the amount of daily fasting time; 2) the percentage of subjects who smoke, take oral medications, and/or receive intravenous fluids; and 3) the subjects' typical food choices and eating habits. Greek Orthodox Christians fast for a total of 180 - 200 days each year, and their main fasting periods are the Nativity Fast (40 days prior to Christmas), Lent (48 days prior to Easter), and the Assumption (15 days in August). The fasting periods are more similar than dissimilar, and they can each be described as a variant of vegetarianism. Some of the more favorable effects of these fasts include the lowering of body mass, total cholesterol, LDL-C, and the LDL-C/HDL-C ratio. The Biblical-based Daniel Fast prohibits the consumption of animal products, refined carbohydrates, food additives, preservatives, sweeteners, flavorings, caffeine, and alcohol. It is most commonly partaken for 21 days, although fasts of 10 and 40 days have been observed. Our initial investigation of the Daniel Fast noted favorable effects on several health-related outcomes, including: blood pressure, blood lipids, insulin sensitivity, and biomarkers of oxidative stress. This review summarizes the health-specific effects of these fasts and provides suggestions for future research.
- Trevino, K. M., Pargament, K. I., Cotton, S., Leonard, A. C., Hahn, J, Caprini-Faigin, C. A. and Tsevat, J. [Psychology Department, Bowling Green State University, Bowling Green, OH; trevino.kelly@gmail.com]. **"Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: cross-sectional and longitudinal findings."** *AIDS & Behavior* 14, no. 2 (Apr 2010): 379-389.
[Abstract:] The present study investigated the relationships between positive religious coping (e.g., seeking spiritual support) and spiritual struggle (e.g., anger at God) versus viral load, CD4 count, quality of life, HIV symptoms, depression, self-esteem, social support, and spiritual well-being in 429 patients with HIV/AIDS. Data were collected through patient interview and chart review at baseline and 12-18 months later from four clinical sites. At baseline, positive religious coping was associated with positive outcomes while spiritual struggle was associated with negative outcomes. In addition, high levels of positive religious coping and low levels of spiritual struggle were associated with small but significant improvements over time. These results have implications for assessing religious coping and designing interventions targeting spiritual struggle in patients with HIV/AIDS.
- Tufts, K. A., Wessell, J. and Kearney, T. [Old Dominion University School of Nursing, Norfolk, VA]. **"Self-care behaviors of African American women living with HIV: a qualitative perspective."** *Journal of the Association of Nurses in AIDS Care* 21, no. 1 (Feb 2010): 36-52.
Among the findings of this focus group study of 21 women in South Carolina, the theme of "prayer, singing, and church" was a major theme of healthy living; and "spirituality" was a major theme of facilitation of self-care.
- Turner-Cobb, J. M., Palmer, J., Aronson, D., Russell, L., Purnell, S., Osborn, M. and Jessop, D. S. [Department of Psychology, University of Bath, UK; pssjmtc@bath.ac.uk]. **"Diurnal cortisol and coping responses in close relatives of persons with acquired brain injury: a longitudinal mixed methods study."** *Brain Injury* 24, no. 6 (2010): 893-903.
Among the findings of this study of 15 close relatives of adults with severe brain injury admitted to a specialist rehabilitation facility: "Associations between the coping responses of acceptance and religion with cortisol output and diurnal decline indicate these to be adaptive coping mechanisms of particular relevance to this cohort" [p. 900]. This was a significant association across the four assessment points of the study: at admission, at 6 weeks, 3 months and 6 months post-admission.

- Tyszka, A. C. and Farber, R. S. [Temple University, Philadelphia, PA]. "**Exploring the relation of health-promoting behaviors to role participation and health-related quality of life in women with multiple sclerosis: a pilot study.**" *American Journal of Occupational Therapy* 64, no. 4 (Jul-Aug 2010): 650-659.
Among the findings of this study of 48 participants: "Experiencing spiritual growth was significantly correlated with mental health-related quality of life and all three measures of role participation. Spiritual growth items included having goals and a purpose in life, contentment, personal growth challenges, and a connection to a force greater than oneself. Therapists may need to help clients realistically reframe personal growth goals and spiritual growth activities affected by ever-changing abilities and limitations inherent with MS. This aspect of treatment can be easily overlooked, yet it may be of utmost importance." [p. 656]
- Ulrich, C. M., Hamric, A. B. and Grady, C. [University of Pennsylvania School of Nursing, Philadelphia, PA]. "**Moral distress: a growing problem in the health professions?**" *Hastings Center Report* 40, no. 1 (Jan-Feb 2010): 20-22.
This brief essay touches upon the nature of moral distress, its effect on health care providers, and the need for addressing this problem. A case illustration is offered.
- Ueno, N. T., Ito, T. D., Grigsby, R. K., Black, M. V. and Apter, J. [Department of Breast Medical Oncology, University of Texas MD Anderson Cancer Center, Houston; nueno@mdanderson.org]. "**ABC conceptual model of effective multidisciplinary cancer care.**" *Nature Reviews Clinical Oncology* 7, no. 9 (Sep 2010): 544-547.
[Abstract] The treatment of cancer requires that health care providers and caregivers from many disciplines work together on the intertwined physical, psychological, social and spiritual needs of oncology patients. Providing a conceptual framework explaining how the members of multidisciplinary oncology treatment teams may best interact with each other and the patient helps drive patient-centered care and clarifies the roles of specific team members at various times over the course of treatment. The ABC model of multidisciplinary care in cancer treatment describes the roles of the active caregivers (for example, physicians or nurses), basic supportive caregivers (for example, psychologists or chaplains) and community support (for example, advocacy groups or hospital staff) providing the full continuum of the cancer treatment experience. Teams trained in the ABC model should better understand the function and importance of each member's role, increase patient involvement and satisfaction with treatment, and ultimately improve patient outcomes.
- Urgesi, C., Aglioti, S. M., Skrap, M. and Fabbro, F. [Universita di Udine, Italy; cosimo.urgesi@uniud.it]. "**The spiritual brain: selective cortical lesions modulate human self-transcendence.**" *Neuron* 65, no. 3 (Feb 11, 2010): 309-319.
[Abstract:] The predisposition of human beings toward spiritual feeling, thinking, and behaviors is measured by a supposedly stable personality trait called self-transcendence. Although a few neuroimaging studies suggest that neural activation of a large fronto-parieto-temporal network may underpin a variety of spiritual experiences, information on the causative link between such a network and spirituality is lacking. Combining pre- and post-neurosurgery personality assessment with advanced brain-lesion mapping techniques, we found that selective damage to left and right inferior posterior parietal regions induced a specific increase of self-transcendence. Therefore, modifications of neural activity in temporoparietal areas may induce unusually fast modulations of a stable personality trait related to transcendental self-referential awareness. These results hint at the active, crucial role of left and right parietal systems in determining self-transcendence and cast new light on the neurobiological bases of altered spiritual and religious attitudes and behaviors in neurological and mental disorders.
- ur Rehman, H. and Asfour, N. A. [Department of Internal Medicine, Regina General Hospital, Regina, Canada]. "**Clinical images: Prayer nodules.**" *CMAJ: Canadian Medical Association Journal* 182, no. 1 (Jan 12, 2010): E19.
The article documents bilateral lichenified, crusted and hemorrhagic nodules over the dorsum of the feet and around the lateral malleoli of a 59-year-old Buddhist monk who spent extended periods of time (sometimes days) in a cross-legged sitting position for meditation. The authors also note: "Though rarely as pronounced as those of our patient, prayer marks are relatively common in people who pray regularly. Among Muslim people who pray five times daily (with the dorsa of their feet touching or rubbing against the floor under the weight of the body), prayer marks have been reported in up to 75% of men and 25% of women." [E19]
- Vail, K. E. 3rd., Rothschild, Z. K., Weise, D. R., Solomon, S., Pyszczynski, T. and Greenberg, J. [University of Missouri-Columbia; kev7v3@mail.missouri.edu]. "**A terror management analysis of the psychological functions of religion.**" *Personality & Social Psychology Review* 14, no. 1 (Feb 2010): 84-94.
[Abstract:] From a terror management theory (TMT) perspective, religion serves to manage the potential terror engendered by the uniquely human awareness of death by affording a sense of psychological security and hope of immortality. Although secular beliefs can also serve a terror management function, religious beliefs are particularly well suited to mitigate death anxiety because they are all encompassing, rely on concepts that are not easily disconfirmed, and promise literal immortality. Research is reviewed demonstrating that mortality salience produces increased belief in afterlife, supernatural agency, human ascension from nature, and spiritual distinctions between mind and body. The social costs and benefits of religious beliefs are considered and compared to those of secular worldviews. The terror management functions of, and benefits and costs associated with, different types of religious orientation, such as intrinsic religiosity, quest, and religious fundamentalism, are then examined. Finally, the TMT analysis is compared to other accounts of religion.
- Vance, T., Maes, H. H. and Kendler, K. S. [Department of Psychology, Virginia Commonwealth University, Richmond, VA]. "**Genetic and environmental influences on multiple dimensions of religiosity: a twin study.**" *Journal of Nervous & Mental Disease* 198, no. 10 (Oct 2010): 755-761.
[Abstract:] In recent years there has been a renewed scientific interest in the study of religiosity, including research on genetic and environmental contributions to religiosity. In this article, we investigate genetic and environmental effects on 7 religiosity factors and explore how genetic and environmental effects covary across these factors. Seven religiosity factors estimated from 78 items were examined in a sample of adult male and female twins. The 7 religiosity factors were largely influenced by additive genetic and unique environmental effects, with relatively little influence from common environmental effects. Multivariate genetic analyses found the 7 religiosity factors were influenced by 1 common additive genetic factor, 3 common unique environmental factors, and unique environmental effects specific to each religiosity factor. The results suggest that for the population studied, additive genetic and unique environmental effects largely account for the variance across the religiosity construct.

VandeCreek, L. **"Defining and advocating for spiritual care in the hospital."** *Journal of Pastoral Care & Counseling* 64, no. 2 (2010): 5.1-10 [electronic journal article designation].

[Abstract:] A definition of spiritual care and attention to the scientific literature can strengthen the advocacy efforts of hospital funded chaplaincy programs. Adapting Pargament's work, spiritual care is defined here as giving professional attention to the subjective spiritual and religious worlds of patients, worlds comprised of perceptions, assumptions, feelings, and beliefs concerning the relationship of the sacred to their illness, hospitalization, and recovery or possible death. Results from the scientific literature are then presented in response to four advocacy related questions: 1) How do hospital decision makers and chaplains perceive the experience of hospitalization, 2) Does a need for spiritual care exist; is it relevant, 3) Who can best provide spiritual care, and 4) Are chaplain visits helpful? This definition and advocacy material can be useful when decision makers review the funding of spiritual care. [45 refs.]

van Laarhoven, H. W., Schilderman, J., Vissers, K. C., Verhagen, C. A. and Prins, J. [Department of Medical Oncology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; h.vanlaarhoven@onco.umcn.nl]. **"Images of god in relation to coping strategies of palliative cancer patients."** *Journal of Pain & Symptom Management* 40, no. 4 (Oct 2010): 495-501.

[Abstract:] CONTEXT: Religious coping is important for end-of-life treatment preferences, advance care planning, adjustment to stress, and quality of life. The currently available religious coping instruments draw on a religious and spiritual background that presupposes a very specific image of God, namely God as someone who personally interacts with people. However, according to empirical research, people may have various images of God that may or may not exist simultaneously. It is unknown whether one's belief in a specific image of God is related to the way one copes with a life-threatening disease. OBJECTIVES: To examine the relation between adherence to a personal, a nonpersonal, and/or an unknowable image of God and coping strategies in a group of Dutch palliative cancer patients who were no longer receiving antitumor treatments. METHODS: In total, 68 palliative care patients completed and returned the questionnaires on Images of God and the COPE-Easy. RESULTS: In the regression analysis, a nonpersonal image of God was a significant positive predictor for the coping strategies seeking advice and information ($=0.339$, $P<0.01$), seeking moral support ($=0.262$, $P<0.05$), and denial ($=0.26$, $P<0.05$), and a negative predictor for the coping strategy humor ($=-0.483$, $P<0.01$). A personal image of God was a significant positive predictor for the coping strategy turning to religion ($=0.608$, $P<0.01$). Age was the most important sociodemographic predictor for coping and had negative predictive value for seeking advice and information ($=-0.268$, $P<0.05$) and seeking moral support ($=-0.247$, $P<0.05$). CONCLUSION: A nonpersonal image of God is a more relevant predictor for different coping strategies in Dutch palliative cancer patients than a personal or an unknowable image of God. [See also in the same journal issue a related article: Fegg, M. J., Brandstatter, M., Kramer, M., Kogler, M., Haarmann-Doetkotte, S. and Borasio, G. D., "Meaning in life in palliative care patients," pp. 502-509.]

Varghese, S. B. [University of Houston Victoria, Sugar Land, TX; vargheses@uhv.edu]. **"Cultural, ethical, and spiritual implications of natural disasters from the survivors' perspective."** *Critical Care Nursing Clinics of North America* 22, no. 4 (Dec 2010): 515-522.

[Abstract:] Cultural, ethical, and spiritual implications of disaster depend on various factors. The impact of a disaster on a particular culture depends on the people in that culture and the strength and resilience of the culture. Disasters may slow cultural development; however, typically the customs, beliefs, and value systems remain the same even if the outward expressions of culture change. Critical to survivors is the implication of aid that is culturally sensitive. Ethical questions and dilemmas associated with disasters and their management are profound. Adhering to ethical principles does not solve all of the issues related to disaster management, but awareness of their utility is important. People affected by a disaster may not be capable of responding to human rights violations, so it is the first responders who must be cognizant of their responsibility to protect the victims' dignity and rights. Ethical treatment of survivors entails a crucial blend of knowledge about ethnic culture, religious beliefs, and human rights. A strong awareness of ethical principles is merely a beginning step to well-informed decision making in disaster situations. The literature also suggests that during a crisis, spirituality helps victims to cope. Important to any catastrophic event is the understanding that every disaster creates unique circumstances that require relief responses tailored to the specific situation. [See also in the same issue of the journal: Jose, M. M., "Cultural, ethical, and spiritual competencies of health care providers responding to a catastrophic event," pp. 455-464; noted elsewhere in this bibliography.]

Verhagen, P. J. [Meerkanten GGZ Outpatient Clinic, Harderwijk, The Netherlands; verhagen.p@wxs.nl]. **"The case for more effective relationships between psychiatry, religion and spirituality."** *Current Opinion in Psychiatry* 23, no. 6 (Nov 2010): 550-555.

[Abstract:] PURPOSE OF REVIEW: The purpose of this review is to highlight that the indifferent, undecided, and rarely positive attitude of psychiatrists toward the relationship between psychiatry, religion and spirituality stands in contradiction to extensive data. RECENT FINDINGS: The evidence reveals a largely positive relationship between religiosity/spirituality and different indices of health. Despite the attitude of psychiatrists in general, the neglect of this fact is difficult to justify. However, religious and spiritual beliefs are powerful forces and may impart harmful as well as beneficial effects. SUMMARY: Whatever disagreements there might be on definition and use, spirituality and religion are concerned with the core beliefs, values and experiences of human beings. A consideration of their relevance should, therefore, be a central part of clinical and academic psychiatry.

Visser, A., Garssen, B. and Vingerhoets, A. [Helen Dowling Institute, Centre for Psycho-Oncology, Utrecht, The Netherlands; a.visser@hdi.nl]. **"Spirituality and well-being in cancer patients: a review."** *Psycho-Oncology* 19, no. 6 (Jun 2010): 565-572.

[Abstract:] OBJECTIVE: Cancer places many demands on the patient and threatens the person's sense of meaning to life. It has been shown that cancer patients use their spirituality to cope with these experiences. The present literature review summarizes the research findings on the relationship between spirituality and emotional well-being. Special attention is given to the strength of the research findings. METHODS: A literature search was performed in Pubmed and Web of Science. Spirituality does not necessarily coincide with religiosity. Therefore, studies were excluded that focused on religiosity. Forty publications met the inclusion criteria: Twenty-seven studies that investigated the relationship between spirituality and well-being, and 13 publications that explored the relationship between meaning in life and well-being. RESULTS: The majority of the cross-sectional studies (31 of 36) found a positive association between spirituality and well-being. The four studies with a longitudinal design showed mixed results. The significance of the findings is challenged, because most spirituality questionnaires contain several items that directly refer to emotional well-being. CONCLUSIONS: Despite that the majority of the studies concluded that spirituality was associated with higher well-being, no definitive conclusions on this relationship can be drawn due to major methodological shortcomings of these studies. Longitudinal research utilizing spirituality and well-being measures that do not overlap in content is recommended. [87 refs.]

- Walsh, F. [University of Chicago, IL; fwalsh@uchicago.edu]. "**Spiritual diversity: multifaith perspectives in family therapy.**" *Family Process* 49, no. 3 (Sep 2010): 330-348.
 [Abstract:] This paper addresses the growing diversity and complexity of spirituality in society and within families. This requires a broadly inclusive, multifaith approach in clinical training and practice. Increasingly, individuals, couples, and families seek, combine, and reshape spiritual beliefs and practices--within and among faiths and outside organized religion--to fit their lives and relationships. With rising faith conversion and interfaith marriages, the paper examines challenges in multifaith families, particularly with marriage, childrearing, and the death of a loved one. Clinical guidelines, cautions, and case examples are offered to explore the role and significance of spiritual beliefs and practices in couple and family relationships; to identify spiritual sources of distress and relational conflict; and to draw potential spiritual resources for healing, well-being, and resilience, fitting client values and preferences.
- Weatherhead, S. and Daiches, A. [Community Care Western Cheshire, Chester, UK; s.weatherhead@nhs.net]. "**Muslim views on mental health and psychotherapy.**" *Psychology & Psychotherapy: Theory, Research & Practice* 83, pt. 1 (Mar 2010): 75-89.
 [Abstract:] OBJECTIVES: The aim of this research was to explore with a heterogeneous Muslim population their understanding of the concept of mental health and how any mental distress experienced by an individual can best be addressed. DESIGN: A qualitative approach was taken. Participants were interviewed, and data analyzed thematically. METHODS: A sample of 14 Muslims was interviewed according to a semi-structured interview schedule. Participants were recruited via electronic mailing lists, and communications with local Muslim organizations. Interviews were transcribed verbatim, and data were analyzed using thematic analysis. RESULTS: Thematic analysis identified seven operationalizing themes that were given the labels 'causes', 'problem management', 'relevance of services', 'barriers', 'service delivery', 'therapy content', and 'therapist characteristics'. CONCLUSIONS: The results highlight the interweaving of religious and secular perspectives on mental distress and responses to it. Potential barriers are discussed, as are the important characteristics of therapy, therapists, and service provision. Clinical implications are presented along with the limitations of this study and suggestions for future research.
- Wehmer, M. A., Quinn Griffin, M. T., White, A. H. and Fitzpatrick, J. J. [Vincennes University; mawehmer@vinu.edu]. "**An exploratory study of spiritual dimensions among nursing students.**" *International Journal of Nursing Education Scholarship* 7, no. 1 (2010): 40 [electronic journal article designation].
 [Abstract:] This exploratory descriptive study of spiritual experiences, well-being, and practices was conducted among 126 nursing students. Participants reported a higher level of spiritual well-being and life scheme than self-efficacy for well-being and life-scheme. Thus, students appeared to view the world and their role in it slightly more positively than their ability to affect their lives and make decisions. The students reported the most frequent spiritual experiences as being thankful for blessings; the next most frequent spiritual experiences having a desire to be close to God, feeling a selfless caring for others, and finding comfort in one's religion and spirituality. Students used both conventional and unconventional spiritual practices. Further study is necessary to study the relationship among spiritual practices, daily spiritual experiences, and spiritual well-being among nursing students and to evaluate these before and after implementation of specific educational offerings focused on spirituality and spiritual care in nursing.
- Weiland, S. A. [College of Nursing, Texas Woman's University, Denton; rhweiland@earthlink.net]. "**Integrating spirituality into critical care: an APN perspective using Roy's adaptation model.**" *Critical Care Nursing Quarterly* 33, no. 3 (Jul-Sep 2010): 282-291.
 [Abstract:] Integration of the spiritual domain into the nursing plan of care positively influences health and wellness. Applying nursing theory to practice reinforces the advanced practice nurse's (APN's) responsibility to integrate spiritual care into the critical care environment. Indeed, all nurses have an obligation to integrate spiritual care because the focus of nursing care is beneficence. Moreover, the focus of APN care is not curing, but healing. Healing can be assisted by entering into the patient's suffering to help reconstruct life plans and facilitate realizing meaning from the despair of illness even while facing extreme adversity and death. This article describes spiritual care of the critically ill adult patient and the role that the APN must, can, and should take to assimilate spiritual care into care of these patients and their families.
- Weinberger-Litman, S. L., Muncie, M. A., Flannelly, L. T. and Flannelly, K. J. [Spears Research Institute, HealthCare Chaplaincy, 307 E 60th Street, New York, NY; sweinberger-litman@healthcarechaplaincy.org]. "**When do nurses refer patients to professional chaplains?**" *Holistic Nursing Practice* 24, no. 1 (Jan-Feb 2010): 44-48.
 [Abstract:] Nursing has historically realized the importance of spirituality in patient care, and more than other healthcare staff, they also have recognized the integral role of chaplains in meeting the spiritual needs of patients. The present study examines specific patient and family issues for which nurses make referrals to chaplains. A previously piloted questionnaire asking how often nurses and allied staff refer patients to chaplains was distributed to 133 staff members at a New York area hospital, the majority of whom were registered nurses (RNs). ANOVA revealed significant differences with respect to the kinds of issues that nurses are likely to refer to chaplains, with referrals being most likely for family issues and least likely for treatment-related issues. A significant interaction between staff type (nurses vs allied staff) and issues was also found. The results are discussed in relation to the nurses' desire to meet patients' spiritual needs and how this can be achieved.
- White, B., Driver, S. and Warren, A. M. [Department of Kinesiology, Health Promotion and Recreation, University of North Texas, Denton]. "**Resilience and indicators of adjustment during rehabilitation from a spinal cord injury.**" *Rehabilitation Psychology* 55, no. 1 (Feb 2010): 23-32.
 [From the abstract:] The sample consisted of 42 individuals with a SCI, including 33 men and 9 women who were inpatients for a mean stay of 51 days (SD = 14.63). A repeated measures design was employed, with questionnaires completed at 3 times during the rehabilitation program (admit, 3 weeks, and discharge). RESULTS: Results from the repeated measures multivariate analysis of covariance and post hoc follow-up tests indicated that there was no significant change in resilience, but that there was significant change for each indicator of adjustment during inpatient rehabilitation. Findings also indicated significant correlations between resilience, satisfaction with life, spirituality, and depressive symptoms.
- Whiters, D. L., Santibanez, S., Dennison, D. and Clark, H. W. "**A case study in collaborating with Atlanta-based African-American churches: a promising means for reaching inner-city substance users with rapid HIV testing.**" *Journal of Evidence-Based Social Work* 7, no. 1 (Jan 2010): 103-114.

[Abstract:] This case study examined programmatic data from a federally funded faith-based rapid HIV testing initiative. In 2004, Recovery Consultants of Atlanta, Inc. (RCA, Inc.) began providing rapid HIV testing in collaboration with six Atlanta-based African-American churches. Of the 1,947 persons tested from January 2004 to July 2005, 1,872 (96.1%) were African-American, 1,247 (64%) were male, and 1,612 (82.8%) were between the age of 26 and 56. A total of 85 HIV-infected individuals were identified and 72 were identified as previously undiagnosed cases (positivity rate of 3.7%). This case study highlights and promotes rapid HIV testing offered in partnership with African American churches as a strategy for raising HIV awareness among inner-city substance users.

Whitley, R. [Dartmouth Psychiatric Research Center, Lebanon, NH; rob.whitley@dartmouth.edu]. "**Atheism and mental health.**" *Harvard Review of Psychiatry* 18, no. 3 (Jun 2010): 190-194.

[Abstract:] The exploration of the impact of religiosity on mental health is an enduring, if somewhat quiet, tradition. There has been virtually no exploration, however, of the influence of atheism on mental health. Though not a "religion," atheism can be an orienting worldview that is often consciously chosen by its adherents, who firmly believe in the "truth" of atheism—a phenomenon known as "positive atheism." Atheism, especially positive atheism, is currently enjoying something of a renaissance in the Western liberal democracies—a trend often referred to as the "new atheism." I argue that atheism, especially positive atheism, should be treated as a meaningful sociocultural variable in the study of mental health. I argue that atheism (just like theism) is an appropriate domain of study for social and cultural psychiatrists (and allied social scientists) interested in exploring socio-environmental stressors and buffers relating to mental health. Specifically, I argue that (1) atheism needs to be accurately measured as an individual-level exposure variable, with the aim of relating that variable to psychiatric outcomes, (2) there needs to be greater systematic investigation into the influence of atheism on psychiatry as an institution, and (3) the relation of atheism to mental health needs to be explored by examining atheistic theory and its practical application, especially as it relates to the human condition, suffering, and concepts of personhood.

Wiist, W. H., Sullivan, B. M., Wayment, H. A. and Warren, M. [Department of Health Sciences, Northern Arizona University, Flagstaff, AZ; Bill.Wiist@nau.edu]. "**A web-based survey of the relationship between Buddhist religious practices, health, and psychological characteristics: research methods and preliminary results.**" *Journal of Religion & Health* 49, no. 1 (Mar 2010):18-31.

[Abstract:] A Web-based survey was conducted to study the religious and health practices, medical history and psychological characteristics among Buddhist practitioners. This report describes the development, advertisement, administration and preliminary results of the survey. Over 1200 Buddhist practitioners responded. Electronic advertisements were the most effective means of recruiting participants. Survey participants were mostly well educated with high incomes and white. Participants engaged in Buddhist practices such as meditation, attending meetings and obtaining instruction from a monk or nun, and practiced healthful behaviors such as regular physical activity and not smoking. Buddhist meditative practice was related to psychological mindfulness and general health.

Wilcox, S., Laken, M., Parrott, A. W., Condrasky, M., Saunders, R., Addy, C. L., Evans, R., Baruth, M. and Samuel, M. [Arnold School of Public Health, University of South Carolina, Columbia; swilcox@sc.edu]. "**The faith, activity, and nutrition (FAN) program: design of a participatory research intervention to increase physical activity and improve dietary habits in African American churches.**" *Contemporary Clinical Trials* 31, no. 4 (Jul 2010): 323-335.

[Abstract:] BACKGROUND: African Americans are at increased risk for cardiovascular disease and cancer morbidity and mortality. Physical activity and healthy dietary practices can reduce this risk. The church is a promising setting to address health disparities, and community-based participatory research is a preferred approach. OBJECTIVES: Using a community-based participatory approach and the social ecologic model, the FAN trial aims to increase self-reported moderate-intensity physical activity and fruit and vegetable consumption and reduce blood pressure in African American church members. Secondary aims are to increase objectively measured moderate-intensity physical activity and fiber/whole grain consumption and reduce fat consumption. DESIGN: FAN is a group randomized trial (GRT) with two levels of clustering: participants (N=1279; n=316 accelerometer subgroup) within church and church within church cluster. In the first wave, seven clusters including 23 churches were randomized to an immediate intervention or delayed intervention. In subsequent waves, 51 churches were randomized to an immediate or delayed intervention. METHODS: Church committee members, pastors, and cooks participate in full-day trainings to learn how to implement physical activity and dietary changes in the church. Monthly mailings and technical assistance calls are delivered over the 15-month intervention. Members complete measurements at baseline and 15 months. A detailed process evaluation is included. SUMMARY: FAN focuses on modifying the social, cultural, and policy environment in a faith-based setting. The use of a community-based participatory research approach, engagement of church leaders, inclusion of a detailed process evaluation, and a formal plan for sustainability and dissemination make FAN unique.

Williams, A. [McMaster University, Ontario, Canada; awill@mcmaster.ca]. "**Spiritual therapeutic landscapes and healing: a case study of St. Anne de Beaupre, Quebec, Canada.**" *Social Science & Medicine* 70, no. 10 (May 2010): 1633-1640.

[Abstract:] Very little work has addressed spirituality in relation to health and well-being using the therapeutic landscape framework. Certainly the larger geographical literature, and specifically that of cultural geography, has identified the spiritual aspects of landscapes/places, and in so doing, has highlighted their importance for both secular groups and broader society alike. The increased recognition of the positive relationship between being spiritually active and health begs the examination of spiritual places reputed for their healing and healthful qualities. This paper provides a case study, conducted in 2006-2007, of a Christian pilgrimage site named St. Anne de Beaupre (Quebec, Canada); the analysis contributes to filling the spirituality gap in the therapeutic landscapes literature and offers a number of suggested research directions to better understand spiritual landscapes/places and their association with health.

Williams, J. K., Erwin, C., Juhl, A., Mills, J., Brossman, B. and Paulsen, J. S (I-RESPOND-HD Investigators of the Huntington Study Group) [College of Nursing, The University of Iowa, Iowa City]. "**Personal factors associated with reported benefits of Huntington disease family history or genetic testing.**" *Genetic Testing & Molecular Biomarkers* 14, no. 5 (Oct 2010): 629-636.

[From the abstract:] ...Seventy-four of 433 people completing the International Response of a Sample Population to HD risk (I-RESPOND-HD) survey reported benefits. Knowledge and understanding was perceived as the most common benefit from participants in both groups. The next most frequent perceived benefits from a family history were connecting with others and achieving life meaning and insights. The next most common perceived benefits from genetic testing were life planning and social support. The least common perceived benefit for both

groups was renewed hope and optimism. Older age and spirituality were significantly associated with benefits in both groups. CONCLUSIONS: Perceptions of benefit may not be as likely until later years in people with prodromal HD. A developed sense of spirituality is identified as a personal resource associated with the perception of benefit from genetic testing for HD. Associations among spirituality, perceived benefits, and other indicators of personal and family well-being may be useful in genetic counseling and health care of people with prodromal HD.

Wilson, D. W. [Department of Nursing, Delaware State University, Dover; dwwilson@desu.edu]. "**Culturally competent psychiatric nursing care.**" *Journal of Psychiatric & Mental Health Nursing* 17, no. 8 (Oct 2010): 715-724.

Among the findings of this qualitative study: interviews with 15 patients from university teaching hospital in the Northeast United States found three patient themes [from the abstract:] (1) encouraging and reassuring me; (2) speaking up for me; and (3) praying a lot as essential to their care. [Also, from nurse interviews:] ... Nurses perceived that they provided culturally competent care but actually lacked specific knowledge and skills to do so effectively.

Wingard, J. R., Huang, I. C., Sobocinski, K. A., Andrykowski, M. A., Cella, D., Rizzo, J. D., Brady, M., Horowitz, M. M. and Bishop, M. M. [Department of Medicine, University of Florida College of Medicine, Gainesville; wingajr@ufl.edu]. "**Factors associated with self-reported physical and mental health after hematopoietic cell transplantation.**" *Biology of Blood & Marrow Transplantation* 16, no. 12 (Dec 2010): 1682-1692.

[From the abstract:] ...In this study, we evaluated demographic and clinical factors before and after HCT and selected psychosocial factors after HCT, exploring their association with self-reported physical and mental health. We studied a cohort of 662 survivors at a median of 6.6 years after HCT. Pre-HCT demographic and clinical factors accounted for only a small amount of the variance in physical and mental health post-HCT (3% and 1%, respectively). Adding post-HCT clinical variables to the pre-HCT factors accounted for 32% and 7% of physical and mental outcomes, respectively. ...When both clinical and psychosocial factors were considered, better mental health after HCT was associated with more severe transplantation experience, less social constraint, greater spiritual well being, and less trait anxiety.

Winter-Pfandler, U. and Morgenthaler, C. [Swiss Institute of Pastoral-Sociology, St. Gallen, Switzerland; u.winter@gmx.ch]. "**Are surveys on quality improvement of healthcare chaplaincy emotionally distressing for patients? A pilot study.**" *Journal of Health Care Chaplaincy* 16, nos. 3-4 (Jul 2010): 140-148.

[Abstract:] In recent years, much research work has been done in the field of religion/spirituality and healthcare. Many chaplains are wary of doing research because they assume it is cumbersome or potentially deleterious to ill patients. The aim of the present pilot study is, therefore, to find out if research on quality improvement of healthcare chaplaincy is emotionally distressing for patients. In connection with a questionnaire about quality improvement proceeding of healthcare chaplaincy, patients were asked subsequently to assess whether the completion of the questionnaire was emotionally distressing for them. A total of 91.89% of the 37 respondents said that the completion of the questionnaire was not or only slightly emotionally distressing for them. Furthermore, analyses for significant differences showed no effect, except for a significant association with the anxiety scale. Findings from this study suggest that participants found no objective reasons not to do research in healthcare chaplaincy.

Wolpert, N. S. [Jewish Hospital, Cincinnati, OH]. "**Blessing of the hands.**" *Nursing Management* 41, 5 (May 2010): 28-30.

This article describes the use of a blessing ritual recommended for Nursing Week in hospitals, with a practical description of its implementation at one hospital.

Wong, F. L., Francisco, L., Togawa, K., Bosworth, A., Gonzales, M., Hanby, C., Sabado, M., Grant, M., Forman, S. J. and Bhatia, S. [City of Hope National Medical Center, Duarte, CA; lwong@coh.org]. "**Long-term recovery after hematopoietic cell transplantation: predictors of quality-of-life concerns.**" *Blood* 115, no. 12 (Mar 25, 2010): 2508-2519.

This prospective longitudinal study of 312 adult autologous and allogeneic hematopoietic cell transplantation (HCT) patients considers spirituality at a number of points, with complex relationships to other variables. However, in general, spiritual well-being improved from before HCT to 6 months and remained stable through 3 years.

Yang, W., Staps, T. and Hijmans, E. [Taborhouse, Groesbeek, The Netherlands; w.yang@tiscali.nl]. "**Existential crisis and the awareness of dying: the role of meaning and spirituality.**" *Omega - Journal of Death & Dying* 61, no. 1 (2010): 53-69.

[Abstract:] An existential crisis may occur in cancer patients when they realize that their death may be imminent. We explore the ways in which patients deal with this crisis, in which the meaning of life itself is at stake. In dealing with an existential crisis, it is important to have the courage to confront the loss of meaning and security. Then, a new sense of meaning may emerge which is essentially a receptive experience of connectedness with an ego-transcending reality, such as mankind, nature, or God. This reduces existential fear and despair and leads to acceptance of "life-as-it-is", including its finitude. The article concludes with implications for healthcare workers.

Yeager, S., Doust, C., Epting, S., Iannantuono, B., Indian, C., Lenhart, B., Manche, D., Morris, M., Newton, B., Ortman, L., Young, K. and Thomas, K. [Ohio State University Medical Center in Columbus; syeager@columbus.rr.com]. "**Embrace Hope: an end-of-life intervention to support neurological critical care patients and their families.**" *Critical Care Nurse* 30, no. 1 (Feb 2010): 47-58; quiz on p. 59.

The article describes an initiative on the neurocritical care (NCC) unit at Riverside Methodist Hospital in Columbus, OH. See especially the following on Cultural/Spiritual Assessment [pp. 53-54]: "An additional way to provide comfort is to involve the patient and the patient's family in defining what a 'good death' means to them. This process begins by staff understanding the family's cultural beliefs and expectations. Evidence shows that families are more satisfied when clinicians spend time listening to and valuing the families' input regarding their desires for their loved one during the dying process. Spirituality also plays an important role in end-of-life coping and should not be strictly defined as religion. In order to respect and honor the dignity of each family's cultural and spiritual beliefs, the NCC staff developed a cultural needs assessment. Through baseline subjective data obtained from staff, it was clear that beginning these conversations was challenging for some NCC nurses. To minimize this discomfort, a structured format was created to begin the process of engaging the family in defining what they needed from us to support the respectful death they wanted. As we aimed for a succinct process, The End Of Life/Cultural Assessment was developed by using the pastoral care department's cultural expertise and contacts... [available online]. The assessment addresses 3 main topics: religious/spiritual practices, specific beliefs about illness/death, and what is most important to the patient/family at this time? Generally this

assessment is reviewed by the physician/neurological nurse practitioner/nurse initially but as other disciplines interact with the family, additional requests often surface. The awareness and use of family preferences assist all staff in implementing the plan of care to make the journey through death a positive experience for the patient's family." [See also the article: Jenko, M., et al., "Life review in critical care: possibilities at the end of life," on pp. 17-27 of this same journal issue; noted elsewhere in this bibliography.]

Yennurajalingam, S., Dev, R., Walker P. W., Reddy, S. K. and Bruera, E. [Department of Palliative Care and Rehabilitation Medicine, University of Texas, M. D. Anderson Cancer Center, Houston; syennu@mdanderson.org]. "**Challenges associated with spinal opioid therapy for pain in patients with advanced cancer: a report of three cases.**" *Journal of Pain & Symptom Management* 39, no. 5 (May 2010): 930-935.

The authors hold that before an invasive procedure, a thorough assessment of "total pain" should be conducted, including the aspect of spiritual pain. A case illustration is offered in which a chaplain was part of the interdisciplinary team.

Zelcer, S., Cataudella, D., Cairney, A. E. and Bannister, S. L. [Pediatric Hematology Oncology, Children's Hospital, London, Ontario, Canada; shayna.zelcer@lhsc.on.ca]. "**Palliative care of children with brain tumors: a parental perspective.**" *Archives of Pediatrics & Adolescent Medicine* 164, no. 3 (Mar 2010): 225-230.

Among the findings of this semistructured focus group study involving 25 parents of 17 children who had died of brain tumors were these points regarding Sources of Spiritual Strength: "Maintaining Hope. This domain encompassed the importance of hope as giving strength to the child and family in the face of adversity. Maintaining hope for a cure was a prominent theme across all focus groups, even at the end stages of life. Families described the ability to hold on to 2 dichotomous beliefs: the realism that their child's prognosis was poor and the search for a miracle. Resilience. This theme encompassed parental descriptions of the strength and resilience that their child displayed during the illness. Most of these accounts were by parents of adolescents. These descriptions were in the context of awe of and admiration for their child because many parents believed that they themselves did not have the same fortitude." [p. 28]

Ziebarth, .D J. and Miller, C. L. [Waukesha Memorial Hospital and Oconomowoc Memorial Hospital, Waukesha, WI]. "**Exploring parish nurses' perspectives of parish nurse training.**" *Journal of Continuing Education in Nursing* 41, no. 6 (Jun 2010): 273-280.

[Abstract:] BACKGROUND: Little research has explored parish nurses' perceptions of their preparation for their new role transition. This article studied role preparation from the perspective of practicing parish nurses. METHODS: A qualitative descriptive design used in-person interviews and open-ended questions. Interviews with practicing parish nurses within 2 years of attending a training course were transcribed and coded. Participants shared their perceptions of role preparation and the interventions that were most helpful in transitioning to the role of parish nurse. RESULTS: Participants identified some deficiencies in training that led to feelings of inadequacy in areas such as spirituality and community nursing knowledge. Lack of role models and inadequate practice hours were challenges for role transition. Group activities during training and peer support were cited as helpful interventions for the new parish nurse. CONCLUSION: The findings will help parish nurse educators to understand factors that affect role transition for parish nurses and contribute to the improvement of training models to support successful role transition.

Zoloth, L. [Center for Bioethics, Science and Society, Northwestern University, Chicago, IL; lzoloth@northwestern.edu]. "**Jewish perspectives on oncofertility: the complexities of tradition.**" *Cancer Treatment & Research* 156 (2010): 307-317.

This is one of a group of reviews in this issue of the journal regarding religious traditions and fertility issues in the context of cancer, See also articles by Ahmed, R.; Chaudhry, A. S.; Lauritzen, P.; Silber, S. J.; and Zoloth, L. and Henning, A. A.; noted elsewhere in this bibliography.

Zoloth, L. and Henning, A. A. [Center for Bioethics, Science and Society, Northwestern University, Chicago, IL; lzoloth@northwestern.edu]. "**Bioethics and oncofertility: arguments and insights from religious traditions.**" *Cancer Treatment & Research* 156 (2010): 261-278.

This is one of a group of reviews in this issue of the journal regarding religious traditions and fertility issues in the context of cancer, See also articles by Ahmed, R.; Chaudhry, A. S.; Lauritzen, P.; Silber, S. J.; and Zoloth, L.; noted elsewhere in this bibliography.

NOTE: Article additions to the original 4/28/11 version of this bibliography:
Holt, G. R.; Newlin, K., et al.; Pantilat, S. Z., et al.; and Terri, R., et al.

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.ups.upenn.edu/pastoral (--see the Research & Staff Education section of the site).