

Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2011

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The following is a selection of 394 *Medline*-indexed journal articles pertaining to spirituality & health published during 2011, from among the more than 1700 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*.

Abu-Ras, W. and Laird, L. [School of Social Work, Adelphi University, Garden City, NY; abu-ras@adelphi.edu]. "**How Muslim and non-Muslim chaplains serve Muslim patients? Does the interfaith chaplaincy model have room for Muslims' experiences?**" *Journal of Religion & Health* 50, no. 1 (Mar 2011): 46-61.

[Abstract:] Chaplaincy is typically practiced within the contexts of the Jewish and Christian traditions, and little attention has been paid to the influence of the Islamic perspective of nursing and caring. Therefore, many Muslim patients might not receive appropriate care for their religious and spiritual needs, especially as they relate to daily religious practices and worship, medical ethics, and end-of-life treatment choices. This study examined Muslim and non-Muslim chaplains' approaches to pastoral care used with Muslim patients in New York City hospitals. The study used in-depth interviews with 33 Muslim and non-Muslim chaplains. The results indicate areas of both convergence and divergence. [More about this article may be found in the description by the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the March 2011 Article-of-the-Month at <http://www.acperesearch.net/mar11.html>.]

Adams-Leander, S. [St. Louis University, School of Nursing, St. Louis, MO; leanders@slu.edu]. "**The experiences of African-American living kidney donors.**" *Nephrology Nursing Journal: Journal of the American Nephrology Nurses' Association* 38, no. 6 (Nov-Dec 2011): 499-508.

Among the findings of this study of 8 patients: "A consistent subtheme emerged concerning spiritual and religious beliefs and values; each participant mentioned they believed their God had something to do with the experience. All participants described reliance on spiritual beliefs and religious practices (such as prayer) to make the decision to be tested and give them strength during difficult situations encountered during donation. All participants stated at some point during their interviews that they did not believe the healthcare providers respected their spiritual beliefs." [p. 503]

Ai, A. L. and Hall, D. E. [Department of Family Medicine and School of Social Work, University of Pittsburgh, PA]. "**Divine love and deep connections: a long-term followup of patients surviving cardiac surgery.**" *Journal of Aging Research* (2011): 841061 [electronic journal article/page designation]. [Note: This article was still listed on *Medline's In-Process* database at the time of this bibliography's completion.]

[Abstract:] We examined experiencing divine love as an indicator of affective spiritual growth in a prospective cohort of 200 patients surviving cardiac surgery. These patients previously completed two-wave preoperative interviews when standardized cardiac surgery data were also collected. The information included left ventricular ejection fraction, New York Heart Association Classification, baseline health (physical and mental), optimism, hope, religiousness, prayer coping, religious/spiritual coping, and demographics. We then measured divine love [assessed with the 4-item subscale of the *Sorokin Multidimensional Inventory of Love*, assessing religious love] at 900 days postoperatively. Hierarchical linear regression indicated the direct effect of positive religious coping on experiences of divine love, controlling for other key variables. Postoperatively perceived spiritual support was entered at the final step as an explanatory factor, which appeared to mediate the coping effect. None of the other faith factors predicted divine love. Further research regarding divine love and spiritual support may eventually guide clinical attempts to support patients' spiritual growth as an independently relevant outcome of cardiac surgery.

Ai, A. L., Wink, P. and Shearer, M. [School of Social Work and Department of Family Medicine, University of Pittsburgh, PA; amyai8@gmail.com]. "**Secular reverence predicts shorter hospital length of stay among middle-aged and older patients following open-heart surgery.**" *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 532-541.

[Abstract:] This study explored the role of both traditional religiousness and of experiencing reverence in religious and secular (e.g., naturalistic, moralistic) contexts in postoperative hospital length of stay among middle-aged and older patients undergoing open-heart surgery. Reverence was broadly defined as "feeling or attitude of deep respect, love, and awe, as for something sacred." Information on demographics, faith factors, mental health, and medical comorbidities was collected from 400 + patients (age 62 +/- 12) around 2 weeks before surgery via personal interview. Standardized medical indices were retrieved from the Society of Thoracic Surgeons' national database. Hierarchical multiple regression showed that reverence in secular contexts predicted shorter hospitalization, after controlling for key demographics, medical indices, depression, and psychosocial protectors. Other hospital length of stay predictors included female gender, older age, more medical comorbidities, low left ventricular ejection fraction, long perfusion time, and coronary bypass graft surgery. Secular reverence exerts a protective impact on physical health. [More about this article may be found in the description by the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the March 2012 Article-of-the-Month at <http://www.acperesearch.net/mar12.html>.]

[NOTE: This article by Ai, et al., is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

Amoah, C. F. [St. Nicholas Hospice Care, Suffolk, England; fifiamoah@yahoo.com]. "**The central importance of spirituality in palliative care.**" *International Journal of Palliative Nursing* 17, no. 7 (Jul 2011): 353-358.

[Abstract:] The potential of spirituality to contribute to improving the quality of life of those experiencing life-threatening illness is yet to be fully realized in most palliative care settings. This may be due to many health professionals relegating spiritual issues to the background of palliative care instead of regarding spirituality as a domain equal to the physical, social, and psychological domains. The aim of this paper is to demonstrate, by reviewing the literature and providing examples from the author's personal experience as a chaplain, why spirituality should be considered on an equal footing with other key themes in palliative care, like relieving pain and advance care planning. It is hoped that this will create more self-awareness and generate greater discussion about the subject.

Austin, S. A. and Claiborne, N. [School of Social Welfare, University at Albany, SUNY, Albany, NY; saustin@albany.edu]. "**Faith wellness collaboration: a community-based approach to address type II diabetes disparities in an African-American community.**" *Social Work in Health Care* 50, no. 5 (2011): 360-375.

[Abstract:] Community-based participatory action research was utilized to form a collaboration that developed a Health Ministry program in four Northeastern urban Black Churches, in which they designed and implemented a culturally competent Type II Diabetes self management education program. Minister sponsorship and a program coordinator synchronized the four Health Ministries' development and diabetes program planning. A case study design, and participant observations and a focus group methodology were used to explore the faith-based community residents' collaboration development, and design and implementation of the health promotion program. The implementation process can be described as occurring in four essential elements: (1) the development of the health ministry in each of the four churches; (2) the process in which the four ministries coordinated their activities to create the diabetes education program; (3) the process of delivering the diabetes education program; and (4) the challenges in promoting the diabetes education program across the community. Practice implications, as well as cultural competency issues related to social work practice with faith-based organizations and African-American communities, are also presented.

Baeke, G., Wils, J. P. and Broeckaert, B. [Faculty of Theology (Interdisciplinary Centre for the Study of Religion and World View), Katholieke Universiteit Leuven, Belgium; Goedele.Baeke@theo.kuleuven.be] "**Orthodox Jewish perspectives on withholding and withdrawing life-sustaining treatment.**" *Nursing Ethics* 18, no. 6 (Nov 2011): 835-846.

[Abstract:] The Jewish religious tradition summons its adherents to save life. For religious Jews preservation of life is the ultimate religious commandment. At the same time Jewish law recognizes that the agony of a moribund person may not be stretched. When the time to die has come this has to be respected. The process of dying should not needlessly be prolonged. We discuss the position of two prominent Orthodox Jewish authorities - the late Rabbi Moshe Feinstein and Rabbi J David Bleich - towards the role of life-sustaining treatment in end-of-life care. From the review, the characteristic *halachic* and heterogeneous character of Jewish ethical reasoning appears. The specificity of Jewish dealing with ethical dilemmas in health care indicates the importance for contemporary healthcare professionals of providing care which is sensitive to a patient's culture and worldview.

Baeke, G., Wils, J. P. and Broeckaert, B. [Katholieke Universiteit Leuven, Belgium; Goedele.Baeke@theo.kuleuven.be]. "**'There is a time to be born and a time to die' (Ecclesiastes 3:2a): Jewish perspectives on euthanasia.**" *Journal of Religion & Health* 50, no. 4 (Dec 2011): 778-795.

[Abstract:] Reviewing the publications of prominent American rabbis who have (extensively) published on Jewish biomedical ethics, this article highlights Orthodox, Conservative and Reform opinions on a most pressing contemporary bioethical issue: euthanasia. Reviewing their opinions against the background of the halachic character of Jewish (biomedical) ethics, this article shows how from one traditional Jewish textual source diverse, even contradictory, opinions emerge through different interpretations. In this way, in the Jewish debate on euthanasia the specific methodology of Jewish (bio)ethical reasoning comes forward as well as a diversity of opinion within Judaism and its branches.

Badger, T. A., Segrin, C., Figueredo, A. J., Harrington, J., Sheppard, K., Passalacqua, S., Pasvogel, A. and Bishop, M. [College of Nursing, University of Arizona, Tucson; tbadger@nursing.arizona.edu]. "**Psychosocial interventions to improve quality of life in prostate cancer survivors and their intimate or family partners.**" *Quality of Life Research* 20, no. 6 (Aug 2011): 833-844.

[From the abstract:] PURPOSE: The primary purpose was to test the effectiveness of two telephone-delivered psychosocial interventions for maintaining and improving quality of life (QOL) (psychological, physical, social, and spiritual well-being) among 71 prostate cancer survivors and the 70 intimate or family partners who were supporting them in their recovery. METHODS: This study used a three-wave repeated measures experimental design. Both the interpersonal counseling intervention (TIP-C) and health education attention condition (HEAC) were delivered using the telephone. RESULTS: Improvements in depression, negative affect, stress, fatigue, and spiritual well-being were significantly higher for survivors in the HEAC than for those in the TIP-C condition. Partners in the HEAC condition showed significantly greater improvements in depression, fatigue, social support from family members, social well-being, and spiritual well-being compared to partners in the TIP-C condition....

Balboni, M. J., Babar, A., Dillinger, J., Phelps, A. C., George, E., Block, S. D., Kachnic, L., Hunt, J., Peteet, J., Prigerson, H. G., VanderWeele, T. J. and Balboni, T. A. [Center for Psycho-Oncology and Palliative Care Research, Department of Psycho-Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, MA; michael_balboni@dfci.harvard.edu]. "**It depends': viewpoints of patients, physicians, and nurses on patient-practitioner prayer in the setting of advanced cancer.**" *Journal of Pain & Symptom Management* 41, no. 5 (May 2011): 836-847.

[Abstract:] CONTEXT: Although prayer potentially serves as an important practice in offering religious/spiritual support, its role in the clinical setting remains disputed. Few data exist to guide the role of patient-practitioner prayer in the setting of advanced illness. OBJECTIVES: To inform the role of prayer in the setting of life-threatening illness, this study used mixed quantitative-qualitative methods to describe the viewpoints expressed by patients with advanced cancer, oncology nurses, and oncology physicians concerning the appropriateness of clinician prayer. METHODS: This is a cross-sectional, multisite, mixed-methods study of advanced cancer patients (n=70), oncology physicians

(n=206), and oncology nurses (n=115). Semistructured interviews were used to assess respondents' attitudes toward the appropriate role of prayer in the context of advanced cancer. Theme extraction was performed based on interdisciplinary input using grounded theory. RESULTS: Most advanced cancer patients (71%), nurses (83%), and physicians (65%) reported that patient-initiated patient-practitioner prayer was at least occasionally appropriate. Furthermore, clinician prayer was viewed as at least occasionally appropriate by the majority of patients (64%), nurses (76%), and physicians (59%). Of those patients who could envision themselves asking their physician or nurse for prayer (61%), 86% would find this form of prayer spiritually supportive. Most patients (80%) viewed practitioner-initiated prayer as spiritually supportive. Open-ended responses regarding the appropriateness of patient-practitioner prayer in the advanced cancer setting revealed six themes shaping respondents' viewpoints: necessary conditions for prayer, potential benefits of prayer, critical attitudes toward prayer, positive attitudes toward prayer, potential negative consequences of prayer, and prayer alternatives. CONCLUSION: Most patients and practitioners view patient-practitioner prayer as at least occasionally appropriate in the advanced cancer setting, and most patients view prayer as spiritually supportive. However, the appropriateness of patient-practitioner prayer is case specific, requiring consideration of multiple factors.

Balboni, T., Balboni, M., Paulk, M. E., Phelps, A., Wright, A., Peteet, J., Block, S., Lathan, C., Vanderweele, T. and Prigerson, H. [Center for Psycho-Oncology and Palliative Care Research, Dana-Farber Cancer Institute, Boston, MA; tbalboni@iroc.harvard.edu]. **"Support of cancer patients' spiritual needs and associations with medical care costs at the end of life."** *Cancer* 117, no. 23 (Dec 1, 2011): 5383-5391.

[Abstract:] BACKGROUND: Although spiritual care is associated with less aggressive medical care at the end of life (EOL), it remains infrequent. It is unclear if the omission of spiritual care impacts EOL costs. METHODS: A prospective, multisite study of 339 advanced cancer patients accrued subjects from September 2002 to August 2007 from an outpatient setting and followed them until death. Spiritual care was measured by patients' reports that the health care team supported their religious/spiritual needs. EOL costs in the last week were compared among patients reporting that their spiritual needs were inadequately supported versus those who reported that their needs were well supported. Analyses were adjusted for confounders (e.g., EOL discussions). RESULTS: Patients reporting that their religious/spiritual needs were inadequately supported by clinic staff were less likely to receive a week or more of hospice (54% vs. 72.8%; $P = .01$) and more likely to die in an intensive care unit (ICU) (5.1% vs. 1.0%, $P = .03$). Among minorities and high religious coping patients, those reporting poorly supported religious/spiritual needs received more ICU care (11.3% vs. 1.2%, $P = .03$ and 13.1% vs. 1.6%, $P = .02$, respectively), received less hospice (43.3% vs. 75.3% ≥ 1 week of hospice, $P = .01$ and 45.3% vs. 73.1%, $P = .007$, respectively), and had increased ICU deaths (11.2% vs. 1.2%, $P = .03$ and 7.7% vs. 0.6%, $P = .009$, respectively). EOL costs were higher when patients reported that their spiritual needs were inadequately supported (\$4947 vs. \$2833, $P = .03$), particularly among minorities (\$6533 vs. \$2276, $P = .02$) and high religious copers (\$6344 vs. \$2431, $P = .005$). CONCLUSIONS: Cancer patients reporting that their spiritual needs are not well supported by the health care team have higher EOL costs, particularly among minorities and high religious coping patients. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the June 2011 Article-of-the-Month at <http://www.acperesearch.net/jun11.html>.]

Baldacchino, D. [Faculty of Health Sciences, University of Malta]. **"Myocardial infarction: a turning point in meaning in life over time."** *British Journal of Nursing* 20, no. 2 (Jan 27-Feb 9, 2011): 107-114.

[Abstract:] Finding meaning in illness appears to give individuals purpose in life, which may motivate them to maintain a healthy lifestyle. Research to date has mainly used cross-sectional designs in the acute phase of recovery. This article describes a longitudinal exploratory study which explored patients' search for meaning in life across the first 5 years following myocardial infarction (MI). Interviews were conducted between 2000 and 2007 on patients with first MI (n=70; mean=61.9 years; SD=12.1). The qualitative data underwent thematic analysis guided by the analysis framework of Burnard (1991). Finding meaning appeared to increase patients' awareness of their current holistic state of life, and to provide impetus for making lifestyle changes. In the immediate aftermath of MI, patients restructured and re-evaluated their attitudes towards self, life, religious beliefs and others. However, from the third year onwards, as time passed patients lapsed in their behavior, tending to become non-compliant with treatment and less aware or concerned about the risk of another heart attack. Further education on the spiritual dimension in care may guide nurses and health professionals in order to promote patients' rehabilitation process and persevere with a long-term healthy lifestyle. Further longitudinal comparative research with mixed method approach on various groups of patients is recommended to support these findings.

Baldacchino, D. R. [Institute of Health Care, University of Malta; donia.baldacchino@um.edu.mt]. **"Teaching on spiritual care: the perceived impact on qualified nurses."** *Nurse Education in Practice* 11, no. 1 (Jan 2011): 47-53.

[Abstract:] This study unit as part of the Continuing Professional Development (CPD) programme aimed at reviving the spiritual dimension in nursing care. This paper discusses the perceived impact of the study unit Spiritual Coping in Illness and Care on qualified nurses. The paucity of literature demonstrates some benefits perceived by the learners namely, clarification of the concepts of spirituality and spiritual care, self-awareness of personal spirituality and their current clinical practice which neglects the spiritual dimension. The ASSET model [Narayanasamy, A., 1999, "ASSET: a model for actioning spirituality and spiritual care education and training in nursing." *Nurse Education Today* 19, 274-285] guided the teaching of this study unit. The nature of this study unit demanded an exploratory method of teaching to encourage the nurses to be active participants. Qualitative data were collected by a self-administered questionnaire from the three cohort groups of qualified nurses who undertook this study unit in 2003-2004 (A: n=33), 2004-2005 (B: n=35) and 2006-2007 (C: n=35). Learners found the study unit as a resource for updating their knowledge on spirituality in care and increased self-awareness of their own spirituality and nursing care. They acknowledged their role as change agents in order to implement holistic care in collaboration with the multidisciplinary team. Recommendations were proposed to integrate the spiritual dimension in education and patient care.

Banerjee, A. T., Watt, L., Gulati, S., Sung, L., Dix, D., Klassen, R. and Klassen, A. F. [Department of Pediatrics, McMaster University, Hamilton, Ontario, Canada]. **"Cultural beliefs and coping strategies related to childhood cancer: the perceptions of South Asian immigrant parents in Canada."** *Journal of Pediatric Oncology Nursing* 28, no. 3 (May-Jun 2011): 169-178.

This study interviewed 25 South Asian parents with a child at least 6 months postdiagnosis. Findings indicated "2 central themes related to culture and coping emerged: (a) cultural beliefs about childhood cancer being incurable, rare, unspeakable, and understood through religion and (b) parental coping strategies included gaining information about the child's cancer, practicing religious rituals and prayers, trusting the health care professionals, and obtaining mutual support from other South Asian parents" [p. 169, abstract]. See especially the sections: "Cancer Is Understood through Religion" (p. 173) and "Engaging in Religious Practices" (pp. 173-174) and the Discussion (esp. p. 175).

- Banning M. [School of Health Sciences & Social Care, Brunel University-Uxbridge, Middlesex, UK; maggi.banning@brunel.ac.uk]. **"Black women and breast health: a review of the literature."** *European Journal of Oncology Nursing* 15, no. 1 (Feb 2011): 16-22.
This review concludes that findings from US-based studies identifying spiritual and religious beliefs and other factors as influential for African American women should inform research and practice for British Black women.
- Barnack-Tavlaris, J. L., Reddy, D. M. and Ports, K. [Comprehensive San Diego State University/University of California San Diego Cancer Center Partnership, San Diego, CA; jbarneck@projects.sdsu.edu]. **"Psychological adjustment among women living with genital herpes."** *Journal of Health Psychology* 16, no. 1 (Jan 2011): 12-21.
[Abstract:] This study investigated the psychosocial factors that influence psychological adjustment among women with genital herpes, while taking into account the physical factors. Women with herpes (N = 105, age 18-30) completed an on-line survey about factors related to their diagnosis and herpes-related quality of life. Perceived stigma, acceptance coping, denial coping, support from the Internet, and support from religious/spiritual figures accounted for 65.9 percent of the variance in quality of life scores. The findings reveal the importance of specific coping strategies and sources of support on psychological adjustment to herpes. Furthermore, a significant interaction between stigma and acceptance coping suggests a complex relationship between these two psychosocial factors that warrants future research.
- Barry, D. T., Beitel, M., Breuer, T., Cutter, C. J., Savant, J., Peters, S., Schottenfeld, R. S. and Rounsaville, B. J. [Department of Psychiatry, Yale University School of Medicine, New Haven, CT; declan.barry@yale.edu]. **"Group-based strategies for stress reduction in methadone maintenance treatment: what do patients want?"** *Journal of Addiction Medicine* 5, no. 3 (Sep 2011): 181-187.
Among the findings of this study of 150 methadone maintenance treatment (MMT) patients [from the abstract:] Levels of treatment willingness and perceived efficacy for both conventional and unconventional treatments were relatively high; however, ratings for conventional interventions were, on average, significantly higher than those for unconventional ones. The highest rated conventional and unconventional treatments in terms of willingness and perceived efficacy were nutrition and spiritual counseling, respectively, whereas the lowest rated conventional and unconventional group treatments were anger management and visualization training, respectively.
- Bediako, S. M., Lattimer, L., Haywood, C. Jr., Ratanawongsa, N., Lanzkron, S. and Beach, M. C. [Department of Psychology, University of Maryland, Baltimore; bediako@umbc.edu]. **"Religious coping and hospital admissions among adults with sickle cell disease."** *Journal of Behavioral Medicine* 34, no. 2 (Apr 2011): 120-127.
[Abstract:] Although a well-established literature implicates religiosity as a central element of the African American experience, little is known about how individuals from this group utilize religion to cope with specific health-related stressors. The present study examined the relation between religious coping and hospital admissions among a cohort of 95 adults with sickle cell disease—a genetic blood disorder that, in the United States, primarily affects people of African ancestry. Multiple regression analyses indicated that positive religious coping uniquely accounted for variance in hospital admissions after adjusting for other demographic and diagnostic variables. Specifically, greater endorsement of positive religious coping was associated with significantly fewer hospital admissions ($\beta = -.29, P < .05$). These results indicate a need for further investigation of the roles that religion and spirituality play in adjustment to sickle cell disease and their influence on health care utilization patterns and health outcomes.
- Bedir, A. and Aksoy, S. [Harran University, Faculty of Divinity, Department of Tafsir (Islamic Exegesis), Sanliurfa, Turkey]. **"Brain death revisited: it is not 'complete death' according to Islamic sources."** *Journal of Medical Ethics* 37, no. 5 (May 2011): 290-294.
[Abstract:] Concepts, such as death, life and spirit cannot be known in their quintessential nature, but can be defined in accordance with their effects. In fact, those who think within the mode of pragmatism and Cartesian logic have ignored the metaphysical aspects of these terms. According to Islam, the entity that moves the body is named the soul. And the aliment of the soul is air. Cessation of breathing means leaving of the soul from the body. Those who agree on the diagnosis of brain death may not be able to agree unanimously on the rules that lay down such diagnosis. That is to say, there are a heap of suspicions regarding the diagnosis of brain death, and these suspicions are on the increase. In fact, Islamic jurisprudence does not put provisions, decisions on suspicious grounds. By virtue of these facts, it can be asserted that brain death is not absolute death according to Islamic sources; for in the patients diagnosed with brain death the soul still has not abandoned the body. Therefore, these patients suffer in every operation performed on them.
- Behringer, B. and Krishnan, K. [Office of Rural and Community Health and Community Partnerships and East Tennessee State University Cancer Center, Johnson City, TN]. **"Understanding the role of religion in cancer care in Appalachia."** *Southern Medical Journal* 104, no. 4 (Apr 2011): 295-296.
[Abstract:] Religion and spirituality may influence outcomes in cancer prevention and therapy and contribute to cancer disparities in deeply religious communities like the Appalachian region of the United States. Finding a method to bridge this division is essential to reduce cancer health disparities in this population. Religious beliefs may lead patients to seek less aggressive medical care, influence them to believe that the diagnosis of cancer is a mandate from God and cannot be managed by the healthcare system, ultimately compromising outcomes and contributing to disparities in healthcare in such communities. The significant role of religion and spirituality in decision making relevant to cancer care has been reinforced through clinical experience and conversations with Appalachian focus groups. The influence needs to be recognized, emphasized and handled appropriately by healthcare providers. Physicians in practice need to be able to relate to this dimension and work with local spiritual support systems to provide both a medical and spiritual prescription for the individual's journey through cancer care or prevention approaches. [This is a brief article in another of the journal's Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; Dyer, A. R. (two articles); Grosch, W. N.; Herrell, H. E.; Mehta, J. B.; and Purow B., et al.; noted elsewhere in this bibliography.]
- Benjamins, M. R., Ellison, C. G., Krause, N. M. and Marcum, J. P. [Sinai Urban Health Institute, Mt. Sinai Hospital, Chicago, IL; Maureen.benjamins@sinai.org]. **"Religion and preventive service use: do congregational support and religious beliefs explain the relationship between attendance and utilization?"** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 462-476.

[Abstract:] Religious individuals are more likely to engage in healthy practices, including using preventive services; however, the underlying mechanisms have not been adequately explored. To begin addressing this, the current study examines the association between religious attendance, four aspects of congregational support, two health-related religious beliefs, and the use of preventive services (cholesterol screening, flu shot, and colonoscopy) among a national sample of Presbyterian adults (n = 1,076). The findings show that two aspects of congregational support are relevant to these types of behavioral health. First, church-based health activities are significantly related to the use of cholesterol screenings and flu shots (OR = 1.13, P < .05; OR = 1.10, P < .05, respectively). Second, discussing health-related issues with fellow church members is also significantly associated with reporting a cholesterol screening (OR = 1.15, P < .05), as well as moderately predictive of colonoscopy use (OR = 1.10, P < .10). Neither of the religious beliefs related to health, such as the God locus of health control scale or beliefs about the sanctity of the body, are related to preventive service use in this population. Although attendance is predictive of service use in unadjusted models, the association appears to be explained by age rather than by the congregational or belief variables. These findings contribute to a more nuanced understanding of the various ways in which religion might impact health behaviors and may also help to shape and refine interventions designed to improve individual well-being. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

Benzar, E., Hansen, L., Kneitel, A. W. and Fromme, E. K. [Oregon Health & Science University, School of Medicine, Portland]. **"Discharge planning for palliative care patients: a qualitative analysis."** *Journal of Palliative Medicine* 14, no. 1 (Jan 2011): 65-69.

The authors report a study at the Oregon Health and Science University, describing and analyzing the discharge planning process for palliative care patients. They mention spirituality as a theme at several points and note: "the Palliative Medicine and Comfort Care Team consisted of two physicians and a clinical nurse specialist who work closely with hospital case managers, social workers, and chaplains employed on each hospital unit." (p. 66)

Berg, G. [Chaplain Service, Department of Veterans Affairs Medical Center Saint Cloud, MN; garyberg@charter.net]. **"The relationship between spiritual distress, PTSD and depression in Vietnam combat veterans."** *Journal of Pastoral Care & Counseling* 65, nos. 1-2 (Spring-Summer 2011): 6:1-11 [electronic journal article/page designation].

[Abstract:] Presents empirical data showing the relationship between combat-related posttraumatic stress disorder (PTSD), depression and spiritual distress. Uses spiritual injury scale to measure distress; scale measures guilt, anger or resentment, sadness/grief, lack of meaning, feeling God/life has treated one unfairly, religious doubt, and fear of death. Shows high association between spiritual injuries and both PTSD and depression. Also finds inverse relationship between intrinsic religious faith and these two diagnostic categories. An inverse relationship also exists between religious faith as measured by regular worship with a faith community and both depression and PTSD.

Bergman, J., Fink, A., Kwan, L., Maliski, S. and Litwin, M. S. [Departments of Urology, University of California, Los Angeles; jbergman@mednet.ucla.edu]. **"Spirituality and end-of-life care in disadvantaged men dying of prostate cancer."** *World Journal of Urology* 29, no. 1 (Feb 2011): 43-49.

[Abstract:] PURPOSE: Despite the positive influence of spiritual coping on the acceptance of a cancer diagnosis, higher spirituality is associated with receipt of more high intensity care at the end of life. The purpose of our study was to assess the association between spirituality and type of end-of-life care received by disadvantaged men with prostate cancer. METHODS: We studied low-income, uninsured men in IMPACT, a state-funded public assistance program, who had died since its inception in 2001. Of the 60 men who died, we included the 35 who completed a spirituality questionnaire at program enrollment. We abstracted sociodemographic and clinical information as well as treatment within IMPACT, including zolendroic acid, chemotherapy, hospice use, and palliative radiation therapy. We measured spirituality with the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being questionnaire (FACIT-Sp) and compared end-of-life care received between subjects with low and high FACIT-Sp scores using chi-squared analyses. RESULTS: A higher proportion of men with high (33%) versus low (13%) spirituality scores enrolled in hospice, although our analysis was not adequately powered to demonstrate statistical significance. Likewise, we saw a trend toward increased receipt of palliative radiation among those with higher spirituality (37% vs. 25%, P=0.69). The differences in end-of-life care received among those with low and high spirituality varied little by the FACIT-Sp peace and faith subscales. CONCLUSIONS: End-of-life care was similar between men with lower and higher spirituality. Men with higher spirituality trended toward greater hospice use, suggesting that they redirected the focus of their care from curative to palliative goals.

Berry, D. M., Bass, C. P., Forawi, W., Neuman, M. and Abdallah, N. [College of Nursing, University of Cincinnati, OH; devon.berry@uc.edu]. **"Measuring religiosity/spirituality in diverse religious groups: a consideration of methods."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 841-851.

[Abstract:] Minority religious groups continue to grow in the United States, and traditional religious groups are becoming more diverse. The purpose of this paper is to detail the methodology of the measure adaptation and psychometric phase of an ongoing study that is designed to describe the relationship between R/S, emotional extremes, and risk behaviors in Christian, Jewish, and Muslim high school students as they transition to college. Unique challenges associated with measurement, recruitment, and research team dynamics were encountered. These challenges and possible solutions are discussed in the context of conducting research that focuses on religious minority groups.

Bingen, K., Kupst, M. J. and Himelstein, B. [Pediatric Hematology/Oncology/Blood and Marrow Transplant, Medical College of Wisconsin, Milwaukee; kbingen@mcw.edu]. **"Development of the Palliative Care Parental Self-Efficacy Measure."** *Journal of Palliative Medicine* 14, no. 9 (Sep 2011): 1009-1016.

This article presents the Pediatric Palliative Care Parental Self-Efficacy Measure (PCPEM), containing six palliative care domains: 1) medical discussion/decisions; 2) symptom management/medication; 3) daily activities; 4) feelings/concerns; 5) spirituality; and 6) end-of-life care.

Blank, R. H. [Political Science, University of Canterbury in Christchurch, New Zealand]. **"End-of-life decision making across cultures."** *Journal of Law, Medicine & Ethics* 39, no. 2 (2011): 201-214.

[Abstract:] Even more so than in other areas of medicine, issues at the end of life elucidate the importance of religion and culture, as well as the role of the family and other social structures, in how these issues are framed. This article presents an overview of the variation in end-of-life

treatment issues across 12 highly disparate countries [Brazil, China, Germany, India, Israel, Japan, Kenya, the Netherlands, Taiwan, Turkey, the UK, and the US]. It finds that many assumptions held in the western bioethics literature are not easily transferred to other cultural settings.

Boltri, J. M., Davis-Smith, M., Okosun, I. S., Seale, J. P. and Foster, B. [Department of Family Medicine, Mercer University School of Medicine and the Medical Center of Central Georgia in Macon; boltri.john@mccg.org]. **"Translation of the National Institutes of Health Diabetes Prevention Program in African American churches."** *Journal of the National Medical Association* 103, no. 3 (Mar 2011): 194-202.

[Abstract:] OBJECTIVE: To translate the Diabetes Prevention Program (DPP) for delivery in African American churches. METHODS: Two churches participated in a 6-week church-based DPP and 3 churches participated in a 16-week church-based DPP, with follow-up at 6 and 12 months. The primary outcomes were changes in fasting glucose and weight. RESULTS: There were a total of 37 participants; 17 participated in the 6-session program and 20 participated in the 16-session program. Overall, the fasting glucose decreased from 108.1 to 101.7 mg/dL post intervention ($p=.037$), and this reduction persisted at the 12-month follow-up without any planned maintenance following the intervention. Weight decreased 1.7 kg post intervention with 0.9 kg regained at 12 months. Body mass index (BMI) decreased from 33.2 to 32.6 kg/m² post intervention with a final mean BMI of 32.9 kg/m² at the 12-month check ($P<.05$). Both the 6- and 16-session programs demonstrated similar reductions in glucose and weight; however, the material costs of implementing the modified 6-session DPP were \$934.27 compared to \$1075.09 for the modified 16-session DPP. CONCLUSION: Translation of DPP can be achieved in at-risk African Americans if research teams build successful community-based relationships with members of African American churches. The 6-session modified DPP was associated with decreased fasting glucose and weight similar to the 16-session program, with lowered material costs for implementation. Further trials are needed to test the costs and effectiveness of church-based DPPs across different at-risk populations.

Bopp, M. and Fallon, E. A. [Department of Kinesiology, Pennsylvania State University, University Park, PA; mjb73@psu.edu]. **"Individual and institutional influences on faith-based health and wellness programming."** *Health Education Research* 26, no. 6 (Dec 2011): 1107-1119.

[Abstract:] The majority of the US population is affiliated with faith-based organizations (FBO). Health and wellness activities (HWAs) within FBOs have great potential for reach, though the factors influencing faith-based HWA are not well understood. The purpose of this study was to examine individual faith leader and institutional influences on HWAs offered within FBOs. A national convenience sample of faith leaders ($N = 844$) completed an online survey assessing individual (demographics, health, health behaviors and attitudes) and institutional influences (size, location and external support) on health and HWA within FBO. Respondents were primarily White (93%), male (72%), middle-aged and affiliated with Methodist (42.5%) or Lutheran (20.2%) religions. Respondents reported 4.8 +/- 3.2 HWA within their FBO per year. Faith leader education, length of service to the FBO, physical activity and fruit/vegetable intake were positively related to HWA and body mass index was negatively related. Denomination, congregation diversity, location and size were also related to HWA. Results show a strong relationship between faith leaders' health and HWA, indicating the influence of the social environment on health promotion in FBOs. Institutional variables, though not modifiable, were significant predictors of HWA and should be considered when delivering interventions to achieve a significant impact.

Bopp, M., Fallon, E. A. and Marquez, D. X. [Department of Kinesiology, Community Health Institute, Kansas State University, Manhattan; mbopp@ksu.edu]. **"A faith-based physical activity intervention for Latinos: outcomes and lessons."** *American Journal of Health Promotion* 25, no. 3 (Jan-Feb 2011): 168-171.

[Abstract:] PURPOSE: To develop, implement, and evaluate a pilot faith-based physical activity (PA) intervention for Latinos. DESIGN: Randomized trial, with two churches receiving the intervention and one church serving as a comparison group. SETTING: Three Catholic churches near Manhattan, Kansas. SUBJECTS: A subsample of the congregation from the intervention churches ($n=24$) and comparison church ($n=23$) volunteered to take part in the assessment. INTERVENTION: Culturally and spiritually relevant education materials and activities were developed promoting the health benefits of PA. Educational materials included flyers, bulletin inserts, and posters. An 8-week team based walking contest promoted social support for PA. A health "fiesta" provided hands-on educational opportunities for PA. MEASURES: Organizational and individual process evaluation outcomes were assessed at baseline and 6 months. Interviews with church contacts at 6 months documented successes and struggles with implementation. Individual-level variables assessed knowledge related to PA and exposure to the intervention. ANALYSIS: Basic frequencies and descriptive statistics were used. RESULTS: Compared with 36% of comparison participants, 66% of intervention participants identified health reasons for participating in PA, and 47% accurately described PA recommendations, compared with 16% of comparison participants. Process evaluation revealed implementation successes and struggles, including communication problems with church contacts and difficulty in creating a large exposure to intervention materials. CONCLUSIONS: This pilot study provides formative research for developing larger faith-based PA interventions targeting Latinos.

Boston, P., Bruce, A. and Schreiber, R. [Division of Palliative Care, Department of Family Practice, University of British Columbia, Vancouver, Canada; patricia.boston@familymed.ubc.ca]. **"Existential suffering in the palliative care setting: an integrated literature review."** *Journal of Pain & Symptom Management* 41, no. 3 (Mar 2011): 604-618.

[Abstract:] CONTEXT: Existential and spiritual concerns in relation to palliative end-of-life care have received increasing attention over the past decade. OBJECTIVES: To review the literature specifically related to existential suffering in palliative care in terms of the significance of existential suffering in end-of-life care, definitions, conceptual frameworks, and interventions. METHODS: A systematic approach was undertaken with the aim of identifying emerging themes in the literature. Databases using CINAHL (1980-2009), MEDLINE (1970-2009), and PsychINFO (1980-2009) and the search engine of Google Scholar were searched under the key words existential suffering, existential distress, existential pain, palliative and end of life care. RESULTS: The search yielded a total of 156 articles; 32% were peer-reviewed empirical research articles, 28% were peer-reviewed theoretical articles, and 14% were reviews or opinion-based articles. After manually searching bibliographies and related reference lists, 64 articles were considered relevant and are discussed in this review. Overall analysis identifies knowledge of the following: 1) emerging themes related to existential suffering, 2) critical review of those identified themes, 3) current gaps in the research literature, and 4) recommendations for future research. Findings from this comprehensive review reveal that existential suffering and deep personal anguish at the end of life are some of the most debilitating conditions that occur in patients who are dying, and yet the way such suffering is treated in the last days is not well understood. CONCLUSION: Given the broad range of definitions attributed to existential suffering, palliative care clinicians may need to be mindful of their own choices and consider treatment options from a critical perspective.

- Botosaneanu, A., Alexander, J. A. and Banaszak-Holl, J. [University of Michigan, Ann Arbor; andabm@umich.edu]. **"To test or not to test? The role of attitudes, knowledge, and religious involvement among U.S. adults on intent-to-obtain adult genetic testing."** *Health Education & Behavior* 38, no. 6 (Dec 2011): 617-628.
Among the findings of this study involving responses from 1,824 U.S. adults [from the abstract:] A majority of respondents indicate willingness to test, especially for curable disorders. Attitudes, knowledge, and previous experience have significant direct effects, and religious involvement has an indirect effect, through its negative effect on attitudes, on intent-to-test. High religious involvement is associated with more negative attitudes toward genetic testing. The findings underscore the need to refine genetic testing outreach efforts to account for multiple influences on consumer intent-to-test.
- Bremner, R. H., Koole, S. L. and Bushman, B. J. [University of Michigan, Ann Arbor]. **"Pray for those who mistreat you': effects of prayer on anger and aggression."** *Personality & Social Psychology Bulletin* 37, no. 6 (Jun 2011): 830-837.
[Abstract:] Although some religious teachings have been used to justify aggression, most religious teachings promote peace in human affairs. Three experiments tested the hypothesis that praying for others brings out the more peaceful side of religion by reducing anger and aggression after a provocation. In Experiment 1, praying for a stranger led provoked participants to report less anger than control participants who thought about a stranger. In Experiment 2, provoked participants who prayed for the person who angered them were less aggressive toward that person than were participants who thought about the person who angered them. In Experiment 3, provoked participants who prayed for a friend in need showed a less angry appraisal style than did people who thought about a friend in need. These results are consistent with recent evolutionary theories, which suggest that religious practices can promote cooperation among nonkin or in situations in which reciprocity is highly unlikely.
- Broger, B. and Zeni, M. B. [Southeastern Center for Infectious Disease, Tallahassee, FL; blb0913@yahoo.com]. **"Fathers' coping mechanisms related to parenting a chronically ill child: implications for advanced practice nurses."** *Journal of Pediatric Health Care* 25, no. 2 (Mar-Apr 2011): 96-104.
A principal finding of this study of 54 fathers of chronically ill children was that [from the abstract:] A majority of fathers used an emotion-focused coping process with a religious dimension.
- Brown, M. V. [Department of Public and Community Health, Utah Valley University, Orem; browma@uvu.edu]. **"How they cope: a qualitative study of the coping skills of hospice volunteers."** *American Journal of Hospice & Palliative Medicine* 28, no. 6 (Sep 2011): 398-402.
This analysis of interview with 15 hospice volunteers who had at least 1 year of experience looked at problem-focused coping, emotion-focused coping, meaning making through appraisal, and physical techniques. Religion is discussed in terms of emotion-focused coping and meaning making through appraisal. However [from the abstract:] The most significant coping mechanism utilized for the volunteer was talking with the volunteer coordinator.
- Bruce, A., Schreiber, R., Petrovskaya, O. and Boston, P. [School of Nursing, University of Victoria, British Columbia, Canada. abruce@uvic.ca]. **"Longing for ground in a ground(less) world: a qualitative inquiry of existential suffering."** *BMC Nursing* 10 (2011): 2 [electronic journal article/page designation]. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
[Abstract:] BACKGROUND: Existential and spiritual concerns are fundamental issues in palliative care and patients frequently articulate these concerns. The purpose of this study was to understand the process of engaging with existential suffering at the end of life. METHODS: A grounded theory approach was used to explore processes in the context of situated interaction and to explore the process of existential suffering. We began with in vivo codes of participants' words, and clustered these codes at increasingly higher levels of abstractions until we were able to theorize. RESULTS: Findings suggest the process of existential suffering begins with an experience of groundlessness that results in an overarching process of Longing for Ground in a Ground(less) World, a wish to minimize the uncomfortable or anxiety-provoking instability of groundlessness. Longing for ground is enacted in three overlapping ways: by turning toward one's discomfort and learning to let go (engaging groundlessness), turning away from the discomfort, attempting to keep it out of consciousness by clinging to familiar thoughts and ideas (taking refuge in the habitual), and learning to live within the flux of instability and unknowing (living in-between). CONCLUSIONS: Existential concerns are inherent in being human. This has implications for clinicians when considering how patients and colleagues may experience existential concerns in varying degrees, in their own fashion, either consciously or unconsciously. Findings emphasize a fluid and dynamic understanding of existential suffering and compel health providers to acknowledge the complexity of fear and anxiety while allowing space for the uniquely fluid nature of these processes for each person. Findings also have implications for health providers who may gravitate towards the transformational possibilities of encounters with mortality without inviting space for less optimistic possibilities of resistance, anger, and dependency that may concurrently arise.
- Bruce, A., Shields, L. and Molzahn, A. [School of Nursing, University of Victoria, British Columbia, Canada; abruce@uvic.ca]. **"Language and the (im)possibilities of articulating spirituality."** *Journal of Holistic Nursing* 29, no. 1 (Mar 2011): 44-52.
[Abstract:] Despite growing interest in spiritual matters throughout society, definitions and descriptions of spirituality seem incomplete or otherwise unsatisfactory. In this article, the authors consider the possibility that such incompleteness is perhaps necessary and welcomed in addressing spirituality. In particular, they investigate the challenges of using metaphor and metonymic approaches to "language" spirituality. By exploring these figures of speech they hope to diversify how nurses articulate deeply personal and perhaps enigmatic human phenomena such as spirituality. Metaphoric language uses everyday structures to help make sense of complex, emotional, and abstract experience. Whereas metaphor creates substitutive relationships between things and provides insights into conceptualizing spirituality, metonymy and metonymic writing establish relationships of contiguity. Whereas metaphor functions to represent and facilitates understanding and feelings about spirituality, metonymy disrupts while opening possibilities of moving beyond binary thinking. Attending to language and its various ontological assumptions opens diverse and potentially more inclusive possibilities.
- Burkhart, L., Schmidt, L. and Hogan, N. [School of Nursing, Loyola University Chicago, IL; eburkha@luc.edu]. **"Development and psychometric testing of the Spiritual Care Inventory instrument."** *Journal of Advanced Nursing* 67, no. 11 (Nov 2011): 2463-2472.

[Abstract:] AIM: This article is a report of the development and psychometric testing of the Spiritual Care Inventory. BACKGROUND: Research supporting the positive association between spirituality and health has led to interest in providing spiritual care in healthcare settings. Few instruments exist that measure the provision of spiritual care. METHOD: In February/March 2007, a convenience sample of 298 adult and paediatric acute care, ambulatory, home health, hospice staff and rehab nurses at two hospitals (n = 248) and graduate students at a school of nursing (n = 50) completed a 48-item initial version of the Spiritual Care Inventory. In study 2 from July through August 2007, 78 staff nurses at one hospital (n = 30) and a different cohort of graduate students at a school of nursing (n = 48) completed the 18-item second version of the Spiritual Care Inventory. RESULTS: Exploratory factor analysis in study 1 supported a 3-factor solution (spiritual care interventions, meaning making and faith rituals) with internal consistency measures for the subscales above 0.80. In study 2, internal consistency remained high. CONCLUSION: Factor structures identify that spiritual care is a process of intervention, meaning making and faith rituals.

Butler, P. M., McNamara, P. and Durso, R. [Dept. of Neurology, Boston University School of Medicine, MA; pmbutler@bu.edu]. **"Side of onset in Parkinson's disease and alterations in religiosity: novel behavioral phenotypes."** *Behavioural Neurology* 24, no. 2 (Jan 1, 2011): 133-141.

[Abstract:] Behavioral neurologists have long been interested in changes in religiosity following circumscribed brain lesions. Advances in neuroimaging and cognitive experimental techniques have been added to these classical lesion-correlational approaches in attempt to understand changes in religiosity due to brain damage. In this paper we assess processing dynamics of religious cognition in patients with Parkinson's disease (PD). We administered a four-condition story-based priming procedure, and then covertly probed for changes in religious belief. Story-based priming emphasized mortality salience, religious ritual, and beauty in nature (Aesthetic). In neurologically intact controls, religious belief-scores significantly increased following the Aesthetic prime condition. When comparing effects of right (RO) versus left onset (LO) in PD patients, a double-dissociation in religious belief-scores emerged based on prime condition. RO patients exhibited a significant increase in belief following the Aesthetic prime condition and LO patients significantly increased belief in the religious ritual prime condition. Results covaried with executive function measures. This suggests lateral cerebral specialization for ritual-based (left frontal) versus aesthetic-based (right frontal) religious cognition. Patient-centered individualized treatment plans should take religiosity into consideration as a complex disease-associated phenomenon connected to other clinical variables and health outcomes.

Butler, P. M., McNamara, P., Ghofrani, J. and Durso, R. [Department of Neurology, Boston University School of Medicine, MA; pmbutler@bu.edu]. **"Disease-associated differences in religious cognition in patients with Parkinson's disease."** *Journal of Clinical & Experimental Neuropsychology: Official Journal of the International Neuropsychological Society* 33, no. 8 (Oct 2011): 917-928.

[Abstract:] OBJECTIVE: We sought to establish whether patients with Parkinson's disease (PD) exhibit change in religiosity as a function of disease progression and asymmetry, medication regimens, mood dysfunction, sex, and age. METHOD: We assessed both controlled (conscious reflection) and automatic (semantic priming) modes of religiosity. In the main study, self-reported religiosity, cognitive, and clinical measures were assessed in 71 patients with midstage PD and 75 age-matched controls with non-neurological chronic health conditions. To understand a potential mechanism associated with change in religiosity in PD patients, we supplemented the findings with pilot investigations. The pilot included 21 PD patients and utilized a different self-report measure than that of the main study and assessed automatic activation of religious concepts both on and off levodopa. RESULTS: The main study results demonstrated that PD patients consistently scored lower in five of six dimensions of religiosity. Multivariate linear regression demonstrated that self-reported religiosity was related to disease stage, asymmetry, and male gender. Results are discussed in the context of other neurologic correlates of religiosity. The pilot study on religious concept activation suggested that the mechanism is organic and hemisphere dependent. On/off drug testing confirmed these findings to be independent of medication effects. Gain/decay semantic modeling suggested that right and left forebrain pathways selectively mediated the time constant of gain and decay, respectively, for religious concepts. CONCLUSION: PD patients exhibit significant differences in both controlled and automatic access to religious concepts with mid/late-stage, male, left-onset patients most impaired in access to religious cognition. The findings indicate that aspects of religious/spiritual cognition appear related to specific cerebral structures.

Button, T. M., Stallings, M. C., Rhee, S. H., Corley, R. P. and Hewitt, J. K. [Institute for Behavioral Genetics, University of Colorado at Boulder; tanya.button@colorado.edu]. **"The etiology of stability and change in religious values and religious attendance."** *Behavior Genetics* 41, no. 2 (Mar 2011): 201-210.

[Abstract:] Studies have demonstrated little to no heritability for adolescent religiosity but moderate genetic, shared environmental, and nonshared environmental influences on adult religiosity. Only one longitudinal study of religiosity in female twins has been conducted (Koenig et al., *Dev Psychol* 44:532-543, 2008), and reported that persistence from mid to late adolescence is due to shared environmental factors, but persistence from late adolescence to early adulthood was due to genetic and shared environmental factors. We examined the etiology of stability and change in religious values and religious attendance in males and females during adolescence and early adulthood. The heritability of both religious values and religious attendance increased from adolescence to early adulthood, although the increase was greater for religious attendance. Both genetic and shared environmental influences contributed to the stability of religious values and religious attendance across adolescence and young adulthood. Change in religious values was due to both genetic and nonshared environmental influences specific to early adulthood, whereas change in religious attendance was due in similar proportions to genetic, shared environmental, and non-shared environmental influences.

Cadge, W., Calle, K. and Dillinger, J. [Department of Sociology, Brandeis University, Waltham, MA; wcadge@brandeis.edu]. **"What do chaplains contribute to large academic hospitals? The perspectives of pediatric physicians and chaplains."** *Journal of Religion & Health* 50, no. 2 (Jun 2011): 300-312.

[Abstract:] This article analyzes interviews with pediatric physicians (N = 30) and chaplains (N = 22) who work at the same large academic medical centers (N = 13). We ask how pediatric physicians understand and work with chaplains and how chaplains describe their own work. We find that physicians see chaplains as part of interdisciplinary medical teams where they perform rituals and support patients and families, especially around death. Chaplains agree but frame their contributions in terms of the perspectives related to wholeness, presence, and healing they bring. Chaplains have a broader sense of what they contribute to patient care than do physicians. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the July 2011 Article-of-the-Month at <http://www.acperesearch.net/jul11.html>.]

- Calder, A., Badcoe, A. and Harms, L. [Uniting Church in Australia, Melbourne, Australia]. **"Broken bodies, healing spirits: road trauma survivor's perceptions of pastoral care during inpatient orthopaedic rehabilitation."** *Disability & Rehabilitation* 33, nos. 15-16 (2011) :1358-1366.
 [Abstract:] PURPOSE: The aim of this article is to present findings from an Australian study that explored road trauma survivors' perceptions of spirituality and of a hospital-based pastoral care service throughout their inpatient rehabilitation. All participants had experienced severe orthopaedic injury. METHOD: A mixed-method research design was used. The survey method elicited demographic, pastoral care contact and hospitalisation data. It included the Posttraumatic Growth Inventory (PTGI; Tedeschi and Calhoun 1996) and an adapted World Health Organisation Pastoral Intervention (WHO 2002) coding schema (Constitution of the World Health Organisation, basic documents, supplement. 45 ed.). An interview method was used to elicit information about participants' prior and current experiences of faith and spirituality, expectations, and experiences of the pastoral care service, and perceptions of the role of pastoral care in their rehabilitation. RESULTS: A thematic analysis of both quantitative and qualitative data identified nine core themes of supportive pastoral care. Pastoral care was seen as a valued and supportive intervention. Participants who completed the PTGI reported at least some degree of posttraumatic growth. CONCLUSIONS: Further research is recommended to examine the role and efficacy of pastoral care that is integral to road trauma recovery support.
- Callen, B. L., Mefford, L., Groer, M. and Thomas, S. P. [University of Tennessee, College of Nursing, Knoxville]. **"Relationships among stress, infectious illness, and religiousness/spirituality in community-dwelling older adults."** *Research in Gerontological Nursing* 4, no. 3 (Jul 2011): 195-206.
 [Abstract:] The purpose of this study was to examine the relationships among stress, infectious illness, and religiousness/spirituality in community-dwelling older adults in the southeastern United States. Four assessment tools were completed by 82 older adults (mean age = 74, age range = 65 to 91): the Perceived Stress Scale, the Carr Infection Symptom Checklist (SCL), the Brief Multidimensional Measurement of Religiousness/Spirituality, and a demographic form. A significant correlation was found between stress and SCL scores; however, four dimensions of religiousness/spirituality moderated the relationship between stress and infection. Older adults who were unable to forgive themselves or forgive others, or feel forgiven by God, were more likely to have had an infection in the previous month. Increased infections also occurred when older participants did not feel they had religious support from their congregations. Using these findings, gerontological nurses are well positioned to deliver tailored stress management and forgiveness interventions when older adults report increased stress.
- Camp, M. E. [University of Texas Southwestern Medical Center, Dallas, TX; Mary.Camp@phhs.org]. **"Religion and spirituality in psychiatric practice."** *Current Opinion in Psychiatry* 24, no. 6 (Nov 2011): 507-513.
 [Abstract:] PURPOSE OF REVIEW: The role of religion and spirituality in psychiatric practice has long been a topic of discussion among mental health providers, patients, and faith communities. This review examines the recent findings in the literature that shape current dialogues on this topic and provide implications for patient care. RECENT FINDINGS: An increasing body of evidence correlates certain aspects of religion/spirituality with mental and physical health outcomes, and researchers continue to explore how and when psychiatrists should intervene in matters of faith. As this topic is inherently multidisciplinary, many encourage approaches that incorporate neurobiology, faith, and psychology for enhanced understanding of patient experience. Many also stress the importance of effective interpersonal communication between providers and patients, using a person-centered framework. In all of these dialogues, implications for patient care are highlighted. SUMMARY: The proper role of religion and spirituality in psychiatry continues as a matter of debate. However, current publications attempt to clarify issues that may lead to more evidence-based and empathic care in this area.
- Cannon, A. J., Darrington, D. L., Reed, E. C. and Loberiza, F. R. Jr. [Department of Internal Medicine, University of Nebraska Medical Center, Omaha]. **"Spirituality, patients' worry, and follow-up health-care utilization among cancer survivors."** *Journal of Supportive Oncology* 9, no. 4 (Jul-Aug 2011): 141-148.
 [Abstract:] BACKGROUND: Spirituality may aid cancer survivors as they attempt to interpret the meaning of their experience. OBJECTIVE: We examined the relationship between spirituality, patient-rated worry, and health-care utilization among 551 cancer survivors with different malignancies, who were evaluated prospectively. METHODS: Baseline spirituality scores were categorized into low and high spirituality groups. Patient-rated worries regarding disease recurrence/progression, developing new cancer, and developing complications from treatment were collected at baseline and at 6 and 12 months. Follow-up health-care utilization was also examined at 6 and 12 months. RESULTS: Among the survivors, 271 (49%) reported low spirituality and 280 (51%) reported high spirituality. Of the cohort, 59% had some kind of worry regarding disease recurrence/progression, development of new cancers, and treatment complications. Highly spiritual survivors were less likely to have high levels of worries at both 6 and 12 months. Highly worried survivors were significantly more likely to place phone calls to their follow-up providers and had more frequent follow-up visits at 6 and 12 months. No interactions between spirituality and level of worry were noted to affect follow-up health-care utilization. CONCLUSION: Given spirituality's effect on anxiety, spirituality-based intervention may have a role in addressing cancer survivors' worries but may not improve health-care utilization.
- Capps, L. L. [Resurrection University, Oak Park, IL; lisa.capps@resu.edu]. **"Ua neeb khu: a Hmong American healing ceremony."** *Journal of Holistic Nursing* 29, no. 2 (Jun 2011): 98-106.
 [Abstract] *Ua neeb khu* (pronounced "oo-ah neng kue") is a ceremonial healing practice engaged in by Hmong Americans for the treatment of various health problems involving spiritually focused concerns that only a shaman practitioner is qualified to treat. A qualitative ethnographic case study method with participant observation was used to analyze a spiritual healing ceremony performed by a shaman healer (*txiv neeb*) for an elderly Hmong American male residing in a midwestern city in the United States. The healing ritual was filmed and reviewed with the shaman healer to identify symbolic meanings and processes. Through ritual exchange and reciprocal transaction between the spirit and living world, the shaman facilitated the resolution of the spiritual problem and promoted the patient's healing and sense of well-being. Awareness of the symbolic aspects of ritual in *ua neeb khu* and the relationship to the patient's world view is useful to health practitioners for a holistic understanding of Hmong American healing practices.
- Chatters, L. M., Mattis, J. S., Woodward, A. T., Taylor, R. J., Neighbors, H. W. and Grayman, N. A. [University of Michigan, Ann Arbor; chatters@umich.edu]. **"Use of ministers for a serious personal problem among African Americans: findings from the national survey of American life."** *American Journal of Orthopsychiatry* 81, no. 1 (Jan 2011): 118-127.

[Abstract:] This study examined use of ministers for assistance with a serious personal problem within a nationally representative sample of African Americans (National Survey of American Life-2001-2003). Different perspectives on the use of ministers-social stratification, religious socialization, and problem-oriented approach-were proposed and tested using logistic regression analyses with demographic, religious involvement, and problem type factors as predictors. Study findings supported religious socialization and problem-oriented explanations indicating that persons who are heavily invested in religious pursuits and organizations (i.e., women, frequent attenders) are more likely than their counterparts to use ministerial assistance. Contrary to expectations from the social stratification perspective, positive income and education effects indicated that higher status individuals were more likely to report use of ministers. Finally, problems involving bereavement are especially suited for assistance from ministers owing to their inherent nature (e.g., questions of ultimate meaning) and the extensive array of ministerial support and church resources that are available to address the issue.

Chaves Ede, C., Carvalho, E. C., Beijo, L. A., Goyata, S. L. and Pillon, S. C. [Universidade Federal de Alfenas, Brazil; echaves@unifal-mg.edu.br]. **"Efficacy of different instruments for the identification of the nursing diagnosis spiritual distress."** *Revista Latino-Americana de Enfermagem* 19, no. 4 (Aug 2011): 902-910.

[Abstract:] The study aims to identify the nursing diagnosis Spiritual distress in 120 patients with Chronic Renal Insufficiency, using different instruments, and to evaluate the effectiveness of these instruments in support of this identification. Data were collected separately by two nurses using a questionnaire containing sociodemographic information and the defining characteristics of Spiritual distress, as well as direct questioning to the patient regarding the presence of the diagnosis and the instruments: the Spirituality Rating Scale; Pinto and Pais-Ribeiro's Spirituality Scale; and the Spiritual Well-being Scale. The study found that 25.8% to 35.8% of the patients had the diagnosis. The diagnostic evaluation developed by the expert nurses presented no divergence between the two and obtained a perfect concordance coefficient (96.7%) with the opinion of the patient; this demonstrated substantial concordance with the Existential Well-being Sub-scale (83.3%) and with the Pinto e Pais-Ribeiro's Spirituality Scale (87.5%), which demonstrated their usefulness for diagnostic identification.

Chlan, K. M., Zebracki, K. and Vogel, L. C. [Department of Clinical Research, Shriners Hospitals for Children, Chicago, IL; kchlan@shrinenet.org]. **"Spirituality and life satisfaction in adults with pediatric-onset spinal cord injury."** *Spinal Cord* 49, no. 3 (Mar 2011): 371-375.

[Abstract:] STUDY DESIGN: This study was a cross-sectional, follow-up survey. OBJECTIVES: To examine the role of importance of religion and spiritual coping on life satisfaction in adults with pediatric-onset spinal cord injury (SCI). SETTING: This study was carried out in a specialty hospital system. METHODS: Individuals who sustained an SCI before age 18 completed a structured telephone interview at ages 24-45. Demographic/medical questionnaires along with standardized measures were administered: Brief COPE, FIM, Craig Handicap Assessment and Reporting Technique (CHART), 12-item Short-Form Health Survey (SF-12) and Satisfaction with Life (SWL) scales. Spirituality was measured with a question assessing importance of religion and using the spiritual coping domain of the Brief COPE. RESULTS: A total of 298 individuals (62% men; 56% with tetraplegia) participated in this study. Approximately half (141) of the participants reported that religion is 'important to very important' to them and 55% (163) used spiritual coping. Importance of religion and spiritual coping was significantly associated with older age ($P<0.01$), longer duration of injury ($P<0.01$) and higher SWL ($P<0.05$). Importance of religion was also related to higher SF-12 mental component ($P<0.05$). Spiritual coping was negatively associated with motor independence ($P<0.05$) and CHART occupation ($P<0.05$). Moreover, spiritual coping emerged as a predictor of SWL, whereas importance of religion did not. CONCLUSION: Over half of the participants endorsed importance of religion and the use of spiritual coping. Spiritual coping, in particular, may serve a unique role in promoting SWL. Consequently, assessment of spirituality needs to become a standard part of care in the treatment of individuals with SCI and the use of spirituality-focused interventions to promote SWL should be explored.

Chochinov, H. M., Kristjanson, L. J., Breitbart, W., McClement, S., Hack, T. F., Hassard, T. and Harlos, M. [Department of Psychiatry, University of Manitoba, Winnipeg, Canada; harvey.chochinov@cancercare.mb.ca]. **"Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomised controlled trial."** *Lancet Oncology* 12, no. 8 (Aug 2011): 753-762.

[From the abstract:] BACKGROUND: Dignity therapy is a unique, individualised, short-term psychotherapy that was developed for patients (and their families) living with life-threatening or life-limiting illness. We investigated whether dignity therapy could mitigate distress or bolster the experience in patients nearing the end of their lives. METHODS: Patients (aged ≥ 18 years) with a terminal prognosis (life expectancy ≤ 6 months) who were receiving palliative care in a hospital or community setting (hospice or home) in Canada, USA, and Australia were randomly assigned to dignity therapy, client-centered care, or standard palliative care in a 1:1:1 ratio. ... The primary outcomes--reductions in various dimensions of distress before and after completion of the study--were measured with the Functional Assessment of Chronic Illness Therapy Spiritual Well-Being Scale, Patient Dignity Inventory, Hospital Anxiety and Depression Scale, items from the Structured Interview for Symptoms and Concerns, Quality of Life Scale, and modified Edmonton Symptom Assessment Scale. Secondary outcomes of self-reported end-of-life experiences were assessed in a survey that was undertaken after the completion of the study. ... FINDINGS: 165 of 441 patients were assigned to dignity therapy, 140 standard palliative care, and 136 client-centered care. 108, 111, and 107 patients, respectively, were analyzed. No significant differences were noted in the distress levels before and after completion of the study in the three groups. For the secondary outcomes, patients reported that dignity therapy was significantly more likely than the other two interventions to have been helpful ($\chi^2=35.50$, $df=2$; $p<0.0001$), improve quality of life ($\chi^2=14.52$; $p=0.001$), increase sense of dignity ($\chi^2=12.66$; $p=0.002$), change how their family saw and appreciated them ($\chi^2=33.81$; $p<0.0001$), and be helpful to their family ($\chi^2=33.86$; $p<0.0001$). Dignity therapy was significantly better than client-centered care in improving spiritual wellbeing ($\chi^2=10.35$; $p=0.006$), and was significantly better than standard palliative care in terms of lessening sadness or depression ($\chi^2=9.38$; $p=0.009$); significantly more patients who had received dignity therapy reported that the study group had been satisfactory, compared with those who received standard palliative care ($\chi^2=29.58$; $p<0.0001$). INTERPRETATION: Although the ability of dignity therapy to mitigate outright distress, such as depression, desire for death or suicidality, has yet to be proven, its benefits in terms of self-reported end-of-life experiences support its clinical application for patients nearing death....

Clarke, C., McCorry, N. K. and Dempster, M. [Northern Health & Social Care Trust, Northern Ireland, UK]. **"The role of identity in adjustment among survivors of oesophageal cancer."** *Journal of Health Psychology* 16, no. 1 (Jan 2011): 99-108.

[From the abstract:] The study sought to contextualize the physical, social and emotional adjustments that are faced by oesophageal cancer patients following surgery. Semi-structured interviews were conducted with five survivors, guided by the principles of Interpretative

Phenomenological Analysis (IPA). Participants' accounts encompassed descriptions of personal, social and medical relationships, illness and treatment experiences, eating behaviours, and spiritual and religious perspectives, representing myriad challenges to the self-concept....

Cogbill, S. A., Thompson, V. L. and Deshpande, A. D. [Health Communication Research Laboratory, School of Social Work, Washington University in St. Louis, MO; salimahcogbill@gmail.com]. "**Selected sociocultural correlates of physical activity among African-American adults.**" *Ethnicity & Health* 16, no. 6 (Dec 2011): 625-641.

Among the findings of this analysis of data from a colorectal cancer communication intervention trial involving 446 African-American men and women: "High religiosity and collectivism was significantly associated with meeting PA [physical activity] recommendations in the age-adjusted and full models for women. Women with high religiosity and high collectivism were more than 80% more likely to be meeting recommended PA levels than women categorized as having low collectivism or religiosity (OR=1.87 and 1.85, respectively)." [p. 634]

Coleman-Brueckheimer, K. and Dein, S. [Centre for Behavioural and Social Sciences in Medicine, University College London, UK; kvhcoleman@yahoo.co.uk]. "**Health care behaviours and beliefs in Hasidic Jewish populations: a systematic review of the literature.**" *Journal of Religion & Health* 50, no. 2 (Jun 2011): 422-436.

[Abstract:] Cultural issues impact on health care, including individuals' health care behaviours and beliefs. Hasidic Jews, with their strict religious observance, emphasis on kabbalah, cultural insularity and spiritual leader, their Rebbe, comprise a distinct cultural group. The reviewed studies reveal that Hasidic Jews may seek spiritual healing and incorporate religion in their explanatory models of illness; illness attracts stigma; psychiatric patients' symptomatology may have religious content; social and cultural factors may challenge health care delivery. The extant research has implications for clinical practice. However, many studies exhibited methodological shortcomings with authors providing incomplete analyses of the extent to which findings are authentically Hasidic. High-quality research is required to better inform the provision of culturally competent care to Hasidic patients.

Cooke, L., Chung, C. and Grant, M. [Division of Nursing Research and Education, City of Hope, Duarte, CA; lcooke@coh.org]. "**Psychosocial care for adolescent and young adult hematopoietic cell transplant patients.**" *Journal of Psychosocial Oncology* 29, no. 4 (Jul-Aug 2011): 394-414.

This longitudinal study of 24 patients identified Existential/Spiritual issues in terms of "religion/spirituality"; "fear of future, uncertainty, life, death"; and "meaning in life and role /more appreciate in life, 'don't sweat the small stuff'" [p. 406] Among the authors' recommendations for clinical practice: "Spirituality and end of life: Strong spiritual support for the existential and identity crisis that can occur during this time may be very helpful in patient coping with isolation, identity issues, peers who do not understand, distraught families, and a sense of meaning of the experience. Factors that build hope may include God, future, and organizing life in a new way.... In an exquisite model proposed by Corbeil et al. (2009), the cancer diagnosis causes a deviation from the normal developmental path. The cancer journey causes a detour in which uncertainty can be helpful, for example, 'looking at things differently' and has potential for an enlightened path, such as 'believing.' Many patients in the current study expressed existential crisis such as 'why did this transplant happen to me?' and 'why am I alive, and what does it mean?' Frustration with losses, spiritual questions, fear of the future, finding meaning, and other existential issues were mentioned in the qualitative data. We found that using trained chaplains can be very effective; often it is the 'being present' with the suffering that is therapeutic in this crisis rather than offering solutions to unanswerable questions. Likewise, the information preparation for the end-of-life transition has been identified as important to AYA patients as they cope with uncertainty.... Up-front palliative discussion and the inclusion of palliative care principles before the beginning of transplant to assist with end-of-life issues may help prepare the family and patient who face mortality." [pp. 410-411]

Cooper, R. S. [Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD; rcoope23@jhmi.edu]. "**Case study of a chaplain's spiritual care for a patient with advanced metastatic breast cancer.**" *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 19-37.

[Abstract:] The case study seeks to describe an oncology chaplain's pastoral relationship with a 64-year-old woman with advanced metastatic breast cancer. The patient's distress was complicated by a history of anxiety and other chronic medical conditions. Approximately 16 pastoral encounters occurred during the last year of the patient's life. The patient, chaplain, and the pastoral conversations are presented as well as a retrospective assessment of them. The chaplain's interventions were appropriate for the patient's spiritual needs, particularly in regard to her fear of death, loneliness, grief that her life was "too short" and estrangement from her inherited faith tradition, with observable benefits for the patient. The oncology chaplain has a distinctive role in the healthcare team as one who can meet the patient at the point of their spiritual need, provide appropriate interventions and, thereby, ameliorate the distress, particularly in regard to death anxiety, peace of mind, and issues of meaning.

Cottam, S., Paul, S. N., Doughty, O. J., Carpenter, L., Al-Mousawi, A., Karvounis, S. and Done, D. J. [University of East London, UK]. "**Does religious belief enable positive interpretation of auditory hallucinations?: A comparison of religious voice hearers with and without psychosis.**" *Cognitive Neuropsychiatry* 16, no. 5 (Sep 2011): 403-421.

[Abstract:] Introduction. Hearing voices occurs in people without psychosis. Why hearing voices is such a key pathological feature of psychosis whilst remaining a manageable experience in nonpsychotic people is yet to be understood. We hypothesized that religious voice hearers would interpret voices in accordance with their beliefs and therefore experience less distress. Methods. Three voice hearing groups, which comprised: 20 mentally healthy Christians, 15 Christian patients with psychosis, and 14 nonreligious patients with psychosis. All completed (1) questionnaires with rating scales measuring the perceptual and emotional aspects of hallucinated voices, and (2) a semistructured interview to explore whether religious belief is used to make sense of the voice hearing experience. Results. The three groups had perceptually similar experiences when hearing the voices. Mentally healthy Christians appeared to assimilate the experience with their religious beliefs (schematic processing) resulting in positive interpretations. Christian patients tended not to assimilate the experience with their religious beliefs, frequently reporting nonreligious interpretations that were predominantly negative. Nearly all participants experienced voices as powerful, but mentally healthy Christians reported the power of voices positively. Conclusion. Religious belief appeared to have a profound, beneficial influence on the mentally healthy Christians' interpretation of hearing voices, but had little or no influence in the case of Christian patients.

- Coulehan, J. [Center for Medical Humanities, Compassionate Care, and Bioethics, Stony Brook University, Stony Brook, NY; jcoul44567@aol.com]. **"Deep hope: a song without words."** *Theoretical Medicine & Bioethics* 32, no. 3 (Jun 2011): 143-160.
This is an essay that considers hope at several points in light of spiritual/theological perspectives. [Abstract:] Hope helps alleviate suffering. In the case of terminal illness, recent experience in palliative medicine has taught physicians that hope is durable and often thrives even in the face of imminent death. In this article, I examine the perspectives of philosophers, theologians, psychologists, clinicians, neuroscientists, and poets, and provide a series of observations, connections, and gestures about hope, particularly about what I call "deep hope." I end with some proposals about how such hope can be sustained and enhanced at the end of life. Studies of terminally ill patients have revealed clusters of personal and situational factors associated with enhancement or suppression of hope at the end of life. Interpersonal connectedness, attainable goals, spiritual beliefs and practices, personal attributes of determination, courage, and serenity, lightheartedness, uplifting memories, and affirmation of personal worth enhance hope, while uncontrollable pain and discomfort, abandonment and isolation, and devaluation of personhood suppress hope. I suggest that most of these factors can be modulated by good medical care, utilizing basic interpersonal techniques that demonstrate kindness, humanity, and respect.
- Cowchock, F. S., Ellestad, S. E., Meador, K. G., Koenig, H. G., Hooten, E. G. and Swamy, G. K. [Center for Spirituality, Theology and Health, Duke University Medical Center, Durham, NC; fsusan.cowchock@duke.edu]. **"Religiosity is an important part of coping with grief in pregnancy after a traumatic second trimester loss."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 901-910.
[Abstract:] Women (n=15) who were pregnant after a traumatic late pregnancy loss (termination because of fetal death or serious anomalies) completed psychometric screening tests and scales, including the Perinatal Grief Scale (PGS), the Impact of Event Scale (IES), the Duke Depression Inventory (DDI), the Generalized Anxiety Disorder-7 (GAD), and the Hoge Scale for Intrinsic Religiosity (IR). Despite a mean elapsed time since the prior loss of 27 (range, 7-47) months, half (7/15, 47%) of the combined groups had high levels of grief on the PGS. Multiple positive scores on psychometric tests were frequent: Sixty percent (9/15) had high scores on the PGS Active Grief subscale or on the IES. Forty percent (6/15) had a high score on the DDI, and 17% (3/15) on the GAD. IR scores significantly and negatively correlated with scores on the Despair subscale of the PGS. The results from this pilot study suggest that high levels of grief and PTS symptoms are significant problems for pregnant women who have suffered late loss of a wanted pregnancy. Religiosity may play an important part in maternal coping during these stressful pregnancies.
- Cowchock, F. S., Meador, K. G., Floyd, S. E. and Swamy, G. K. [Center for Spirituality, Theology & Health, Duke University Medical Center, NC; fcowchock@nc.rr.com]. **"Spiritual needs of couples facing pregnancy termination because of fetal anomalies."** *Journal of Pastoral Care & Counseling* 65, nos. 1-2 (Spring-Summer 2011): 4.1-10 [electronic journal article/page designation].
[Abstract:] The spiritual needs of couples (9 mothers and 5 fathers) who were planning to terminate wanted second trimester pregnancies because of serious fetal anomalies were surveyed. Their greatest needs were for a "guidance from a higher power" and for "someone to pray for them." Unlike other reported groups of patients, they did not want or expect their healthcare team to discuss their faith, or to pray with them. Most would prefer support from their own pastors, but their religious community was involved to only a small extent. They would welcome support from hospital chaplains, who could play a substantive and unique pastoral role in this clinical context.
- Cramer, C., Kaw, C., Gansler, T. and Stein, K. D. [Behavioral Research Center, American Cancer Society, Atlanta, GA; corinne08@earthlink.net]. **"Cancer survivors' spiritual well-being and use of complementary methods: a report from the American Cancer Society's Studies of Cancer Survivors."** *Journal of Religion & Health* 50, no. 1 (Mar 2011): 92-107.
[Abstract:] We examined associations between spiritual well-being and CAM use among 4,139 cancer survivors. We also explored the classification of religious/spiritual practices (R/S) as CAMs and alternative subscale structures of the Functional Assessment of Chronic Illness Therapy--Spiritual Well-being (FACIT-Sp). We evaluated three aspects of spirituality, Faith, Peace, and Meaning, and use of 19 CAMs in 5 domains. Mind-body methods were subdivided into R/S and non-R/S. All FACIT-Sp factors were associated with CAM use, but in different directions: Meaning and Faith were positively associated; Peace was negatively associated. Peace was negatively associated with R/S CAMs, but not non-R/S CAMs. The prevalence of CAM use dropped from 79.3 to 64.8% when R/S items were excluded. These findings confirm an association between spiritual well-being and CAM use, including some non-R/S CAMs, and provide evidence of the benefits of using the three-factor FACIT-Sp solution and treating R/S CAMs as a separate category.
- Cuadrado, M., Lieberman, L. [Institute for Policy & Economic Development, University of Texas at El Paso; mcuadrado@utep.edu]. **"The Virgin of Guadalupe as an ancillary modality for treating Hispanic substance abusers: Juramentos in the United States."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 922-930.
[Abstract:] During a 6-month research study of substance abuse outreach and retention methods in Mexico, the authors learned about the common practice of a self-control mechanism to abstain from substance abuse: Juramentos. Juramentos are pledges usually made to the Virgin of Guadalupe in the presence of a Catholic priest. The Jurado promises not to drink during a specified period of time. The authors discuss the dynamics of Juramentos and present data from an exploratory study indicating that Juramentos are being used among Mexican migrants in Florida and may provide a culturally sensitive adjunct for treatment of Mexican and other Hispanic clients in the United States.
- Davenport, L. and Schopp, G. [South University, Savannah, GA]. **"Breaking bad news: communication skills for difficult conversations."** *JAAPA: Journal of the Academy of Physician Assistants* 24, no. 2 (Feb 2011): 46-50.
This article contains a section on Providing Spiritual Care, which begins: "One emerging and vital concept when approaching a patient with bad news is the awareness of the many dimensions in which the patient will be impacted. Medicine has long concentrated solely on the body. We now recognize that both mental and spiritual suffering must be addressed for both patients and their families. Although addressing such suffering was once confined to end-of-life care, clinicians employ this approach with patients who are not terminally ill as well." The authors go on to recommend taking a spiritual history of patients by such means as the FICA assessment. They conclude by saying: "When faced with grave or terminal illness, patients can receive comfort and relief (and, in some instances, redemption) from suffering through their faith. Religious leaders from the patient's faith practice or hospital chaplains can become key members of the care team. It is, therefore, important to identify and notify them as early as possible." [page numbers not available in online journal format.]

- Deal, B. [College of Nursing and Health Sciences, University of Texas at Tyler; bdeal@uttyler.edu]. "**Finding meaning in suffering.**" *Holistic Nursing Practice* 25, no. 4 (Jul-Aug 2011): 205-210.
 [Abstract:] Nurses commonly encounter pain and suffering, and alleviation of pain and suffering is a focus of the nurse's job. Spirituality and religion may assist patients who are suffering, and understanding the relationship between spiritual influences and suffering can help nurses better care for patients. Finding meaning in suffering has been described as a transcendent experience. Nurses can help patients find meaning through interventions such as listening to and witnessing suffering, connecting suffering and spirituality, creating a healing environment, and inviting reflections on suffering. Patients are "wounded story tellers" who can use their stories to make sense of their illness. Little research however has looked at patients' stories and caregivers' response in relation to patients' suffering. This article describes how patients find meaning in suffering and how nursing interventions can assist suffering patients. The process of caring for a suffering person is painful for the nurse and requires exceptional effort on the nurse's part, but the very act that drains the nurse can also create the fuel for compassionate care.
- Deen, T. L. and Bridges, A. J. [Central Arkansas Veterans Healthcare System, North Little Rock, AR; tdeen@uams.edu]. "**Depression literacy: rates and relation to perceived need and mental health service utilization in a rural American sample.**" *Rural & Remote Health* 11, no. 4 (Oct 2011): 1803 [electronic journal article/page designation; article is 13 pp.]
 Among the findings of this study of a convenience sample of 99 participants [from the abstract:] Multivariable regression analyses revealed that, after including demographic and symptoms variables in the regression equation, depression literacy did not significantly predict perceived need for a doctor, counselor, or religious leader, but depression literacy did significantly predicted utilization of a religious leader (but not a doctor or counselor).
- Delaney, C., Barrere, C. and Helming, M. [University of Connecticut, School of Nursing, Storrs; Colleen.Delaney@uconn.edu]. "**The influence of a spirituality-based intervention on quality of life, depression, and anxiety in community-dwelling adults with cardiovascular disease: a pilot study.**" *Journal of Holistic Nursing* 29, no. 1 (Mar 2011): 21-32.
 [Abstract:] PURPOSE AND DESIGN: The specific aims of this pre-experimental pilot study were to determine the feasibility and preliminary efficacy of an individualized spirituality-based intervention on health-related outcomes (quality-of-life [QOL], depression, and anxiety) in community-dwelling patients with cardiovascular disease (CVD). METHODS: Self-reported QOL, depression, and anxiety data were provided by cardiac patients recruited from three community-based organizations, (N = 27) at baseline and one month later. The Spirituality Scale developed by the principal investigator assessed study participants' level of spirituality and scoring on the subscales activated one or more of three spirituality-based interventions. Repeated measures analysis of variance was used to evaluate temporal changes. FINDINGS: Patients who participated in the 1-month intervention demonstrated a significant modest increase in overall QOL. There was a trend toward lower depression scores but this was not significant. No significant changes were seen in anxiety scores. Content analysis of patients' perceptions of feasibility supports the acceptability of the intervention. CONCLUSION: Results from this small pilot study provide preliminary evidence that the individualized spirituality-based intervention used in this study holds promise as an addition to traditional cardiac care and has the potential to improve QOL in community-dwelling adults with CVD.
- Delgado-Guay, M. O., Hui, D., Parsons, H. A., Govan, K., De la Cruz, M., Thorney, S. and Bruera, E. [Division of Geriatrics and Palliative Medicine, University of Texas Medical School at Houston]. "**Spirituality, religiosity, and spiritual pain in advanced cancer patients.**" *Journal of Pain & Symptom Management* 41, no. 6 (Jun 2011): 986-994.
 [Abstract:] CONTEXT: Spirituality, religiosity, and spiritual pain may affect advanced cancer patients' symptom expression, coping strategies, and quality of life. OBJECTIVES: To examine the prevalence and intensity of spirituality, religiosity, and spiritual pain, and how spiritual pain was associated with symptom expression, coping, and spiritual quality of life. METHODS: We interviewed 100 advanced cancer patients at the M.D. Anderson palliative care outpatient clinic in Houston, TX. Self-rated spirituality, religiosity, and spiritual pain were assessed using numeric rating scales (0=lowest, 10=highest). Patients also completed validated questionnaires assessing symptoms (Edmonton Symptom Assessment Scale [ESAS] and Hospital Anxiety and Depression Scale), coping (Brief COPE and Brief R-COPE), the value attributed by the patient to spirituality/religiosity in coping with cancer (Systems of Belief Inventory-15R), and spiritual quality of life (Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being-Expanded [FACIT-Sp-Ex]). RESULTS: The median age was 53 years (range 21-85) and 88% were Christians. Almost all patients considered themselves spiritual (98%) and religious (98%), with a median intensity of 9 (interquartile range 7-10) of 10 and 9 (range 5-10) of 10, respectively. Spiritual pain was reported in 40 (44%) of 91 patients, with a median score of 3 (1-6) among those with spiritual pain. Spiritual pain was significantly associated with lower self-perceived religiosity (7 vs. 10, P=0.002) and spiritual quality of life (FACIT-Sp-Ex 68 vs. 81, P=0.001). Patients with spiritual pain reported that it contributed adversely to their physical/emotional symptoms (P<0.001). There was a trend toward increased depression, anxiety, anorexia, and drowsiness, as measured by the ESAS, among patients with spiritual pain (P<0.05), although this was not significant after Bonferroni correction. CONCLUSION: A vast majority of advanced cancer patients receiving palliative care considered themselves spiritual and religious. Spiritual pain was common and was associated with lower self-perceived religiosity and spiritual quality of life.
- De Marco, M., Weiner, B., Meade, S. A., Hadley, M., Boyd, C., Goldmon, M., Green, M., Manning, M., Howard, D. L., Godley, P. and Corbie-Smith, G. [Center for Health Promotion & Disease Prevention, University of North Carolina at Chapel Hill; mdemarco@schsr.unc.edu]. "**Assessing the readiness of black churches to engage in health disparities research.**" *Journal of the National Medical Association* 103, nos. 9-10 (Sep-Oct 2011): 960-967.
 [Abstract:] We assessed church readiness to engage in health disparities research using a newly developed instrument, examined the correlates of readiness, and described strategies that churches used to promote health. We pilot tested the instrument with churches in a church-academic partnership (n = 12). We determined level of readiness to engage in research and assessed correlates of readiness. We also conducted interviews with participating pastors to explore strategies they had in place to support research engagement. Churches scored fairly high in readiness (average of 4.04 out of 5). Churches with a pastor who promoted the importance of good nutrition in a sermon or had a budget for health-related activities had significantly higher readiness scores than churches without such practices. Having a tool to evaluate church readiness to engage in research will inform targeted technical assistance and research projects that will strengthen church-academic partnerships and improve capacity to address health disparities.
- Denny, K. J. [School of Economics, University College Dublin, Ireland; kevin.denny@ucd.ie]. "**Instrumental variable estimation of the effect of prayer on depression.**" *Social Science & Medicine* 73, no. 8 (Oct 2011): 1194-1199.

[Abstract:] This paper uses a cross-country representative sample of Europeans over the age of 50 to analyze whether individuals' religiosity is associated with higher levels of well-being as a large number of studies by mental health researchers and economists have suggested. It is shown that in simple models which take no account of possible simultaneity that religiosity, as measured by the frequency of prayer, is associated with a higher level of depression. To circumvent possible reverse causality, the paper utilizes a quasi-experimental/instrumental variable design which allows one to interpret the findings as causal. This leads to the conclusion that prayer has a positive effect i.e. it leads to a lower level of depressive symptoms.

Derose, K. P., Mendel, P. J., Palar, K., Kanouse, D. E., Bluthenthal, R. N., Castaneda, L. W., Corbin, D. E., Dominguez, B. X., Hawes-Dawson, J., Mata, M. A. and Oden, C. W. [RAND Corporation, 1776 Main Street, PO Box 2138, Santa Monica, CA 90407-2138; USA. derose@rand.org]. **"Religious congregations' involvement in HIV: a case study approach."** *AIDS & Behavior* 15, no. 6 (Aug 2011): 1220-1232.

[Abstract:] Comparative case studies were used to explore religious congregations' HIV involvement, including types and extent of activities, interaction with external organizations or individuals, and how activities were initiated and have changed over time. The cases included 14 congregations in Los Angeles County representing diverse faith traditions and races-ethnicities. Activities fell into three broad categories: (1) prevention and education; (2) care and support; and (3) awareness and advocacy. Congregations that engaged early in the epidemic focused on care and support while those that became involved later focused on prevention and education. Most congregations interacted with external organizations or individuals to conduct their HIV activities, but promoting abstinence and teaching about condoms were conducted without external involvement. Opportunities exist for congregations to help address a variety of HIV-related needs. However, activities that are mission-congruent, such as providing pastoral care for people with HIV, raising HIV awareness, and promoting HIV testing, appear easier for congregations to undertake than activities aimed at harm reduction.

Dervic, K., Carballo, J. J., Baca-Garcia, E., Galfalvy, H. C., Mann, J. J., Brent, D. A. and Oquendo, M. A. [Department of Molecular Imaging and Neuropathology, Columbia University, and New York State Psychiatric Institute, New York]. **"Moral or religious objections to suicide may protect against suicidal behavior in bipolar disorder."** *Journal of Clinical Psychiatry* 72, no. 10 (Oct 2011): 1390-1396.

[Abstract:] OBJECTIVE: Patients with bipolar disorder are prone to suicidal behavior, yet possible protective mechanisms are rarely studied. We investigated a possible protective role for moral or religious objections to suicide against suicidal ideation and attempts in depressed bipolar patients. METHOD: A retrospective case control study of 149 depressed bipolar patients (DSM-III-R criteria) in a tertiary care university research clinic was conducted. Patients who reported religious affiliation were compared with 51 patients without religious affiliation in terms of sociodemographic and clinical characteristics and history of suicidal behavior. The primary outcome measure was the moral or religious objections to suicide subscale of the Reasons for Living Inventory (RFLI). RESULTS: Religiously affiliated patients had more children and more family-oriented social networks than nonaffiliated patients. As for clinical variables, religiously affiliated patients had fewer past suicide attempts, had fewer suicides in first-degree relatives, and were older at the time of first suicide attempt than unaffiliated patients. Furthermore, patients with religious affiliation had comparatively higher scores on the moral or religious objections to suicide subscale of the RFLI, lower lifetime aggression, and less comorbid alcohol and substance abuse and childhood abuse experience. After controlling for confounders, higher aggression scores ($P = .001$) and lower score on the moral or religious objections to suicide subscale of the RFLI ($P < .001$) were significantly associated with suicidal behavior in depressed bipolar patients. Moral or religious objections to suicide mediated the effects of religious affiliation on suicidal behavior in this sample. CONCLUSIONS: Higher score on the moral or religious objections to suicide subscale of the RFLI is associated with fewer suicidal acts in depressed bipolar patients. The strength of this association was comparable to that of aggression scores and suicidal behavior, and had an independent effect. A possible protective role of moral or religious objections to suicide deserves consideration in the assessment and treatment of suicidality in bipolar disorder.

Dettmore, D. and Gabriele, L. C. [Henry P. Becton School of Nursing and Allied Health, Fairleigh Dickinson University, Teaneck, NJ; dettmore@fdu.edu]. **"Don't just do something, stand there: responding to unrelieved patient suffering."** *Journal of Psychosocial Nursing & Mental Health Services* 49, no. 4 (Apr 2011): 34-38.

[Abstract:] Nurses are taught a variety of interventions to relieve patient suffering. They are often more comfortable with patient suffering that is physical in nature rather than psychological, existential, and spiritual. Remaining present for patients and families whose suffering cannot be easily relieved is particularly challenging. This article describes how an expert nurse responded to unrelieved suffering and offers insight into ways of being present for patients and families.

Dezutter, J., Wachholtz, A. and Corveleyn, J. [Department of Psychology, Catholic University of Leuven, Belgium; Jessie.Dezutter@psy.kuleuven.be]. **"Prayer and pain: the mediating role of positive re-appraisal."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 542-549.

[Abstract:] The present study explored in a sample of Flemish pain patients the role of prayer as a possible individual factor in pain management. The focus on prayer as a personal religious factor fits with the current religious landscape in Western-Europe where personal religious factors are more important than organizational dimensions of religion. Our study is framed in the transactional theory of stress and coping by testing first, whether prayer was related with pain severity and pain tolerance and second, whether cognitive positive re-appraisal was a mediating mechanism in the association between prayer and pain. We expected that prayer would be related to pain tolerance in reducing the impact of the pain on patient's daily life, but not necessarily to pain severity. A cross-sectional questionnaire design was adopted in order to measure demographics, prayer, pain outcomes (i.e., pain severity and pain tolerance), and cognitive positive re-appraisal. Two hundred and two chronic pain (CP) patients, all members of a Flemish national patients association, completed the questionnaires. Correlational analyses showed that prayer was significantly related with pain tolerance, but not with pain severity. However, ancillary analyses revealed a moderational effect of religious affiliation in the relationship between prayer and pain severity as well as pain tolerance. Furthermore, mediation analysis revealed that cognitive positive re-appraisal was indeed an underlying mechanism in the relationship between prayer and pain tolerance. This study affirms the importance to distinguish between pain severity and pain tolerance, and indicates that prayer can play a role in pain management, especially for religious pain patients. Further, the findings can be framed within the transactional theory of stress and coping as the results indicate that positive re-appraisal might be an important underlying mechanism in the association between prayer and pain. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A.

L., et al.; Benjamins, M. R., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

DiIorio, C., Steenland, K., Goodman, M., Butler, S., Liff, J. and Roberts, P. [Rollins School of Public Health, Emory University, Atlanta, GA; cdiiori@sph.emory.edu]. "**Differences in treatment-based beliefs and coping between African American and white men with prostate cancer.**" *Journal of Community Health* 36, no. 4 (Aug 2011): 505-512.

[From the abstract:] The purpose of the study was to explore racial differences related to treatment-based beliefs (trust in physician, physician bias, access to care, and self-efficacy) and coping (religious coping and social support). The study was conducted in a 33-county area located in southwest Georgia (SWG). ...Participants completed three interviews during a 12-month period post-diagnosis. The 320 participants in this analysis ranged in age from 44 to 75 years with a mean age of 63 years, and 42% were African American. After controlling for confounders, African American participants were more likely to report physician bias, financial problems with access to care, and use of religious coping strategies....

Doka, K. J. [Department of Gerontology and Thanatology, College of New Rochelle, New Rochelle, NY; KnDok@aol.com]. "**Religion and spirituality: assessment and intervention.**" *Journal of Social Work in End-of-Life & Palliative Care* 7, no. 1 (Jan 2011): 99-109.

[Abstract:] In this article, the author explores the ways that an individual's spirituality influences responses to life-threatening illness and dying. He begins by differentiating between religion and spirituality, and then delineates the spiritual issues that arise in a life-threatening illness including the spiritual needs that arise in the final phases of illness. Recommendations for spiritual assessments and interventions are offered.

Dolan, E. A., Paice, J. A. and Wile, S. [University Hospitals Seidman Cancer Center, Cleveland, OH; elisabethdolan@gmail.com]. "**Managing cancer-related pain in critical care settings.**" *AACN Advanced Critical Care* 22, no. 4 (Oct-Dec 2011): 365-378.

This article includes a consideration of spiritual/existential distress and offers a table [Table 5, p. 375] of Questions/Statements Associated with Spiritual Pain in the categories of hopelessness/despair, grief/loss, guilt/shame, reconciliation/forgiveness, isolation, and religious/spiritual struggle.

Donley, G. and Danis, M. [Department of Bioethics, Clinical Center, National Institutes of Health, Bethesda, MD]. "**Making the case for talking to patients about the costs of end-of-life care.**" *Journal of Law, Medicine & Ethics* 39, no. 2 (2011): 183-193.

The authors argue for raising the issue of health care costs with patients and offer some practical guidance, precisely to "avoid abruptly and insensitively introducing financial issues at the very conclusion of a person's life when one would prefer to address the painful and important issues of spiritual and existential loss that are appropriately the focus when a person is dying" [p. 183, abstract].

Dowshen, N., Forke, C. M., Johnson, A. K., Kuhns, L. M., Rubin, D. and Garofalo, R. [The Children's Hospital of Philadelphia, PA; dowshenn@email.chop.edu]. "**Religiosity as a protective factor against HIV risk among young transgender women.**" *Journal of Adolescent Health* 48, no. 4 (Apr 2011): 410-414.

[Abstract:] PURPOSE: Young transgender women (YTW) face many challenges to their well-being, including homelessness, joblessness, victimization, and alarming rates of HIV infection. Little has been written about factors that might help in preventing HIV in this population. Our objective was to examine the role of religion in the lives of YTW and its relationship to HIV risk. METHODS: This study is derived from baseline data collected for an HIV prevention intervention. A convenience sample of YTW aged 16-25 years from Chicago were recruited consecutively and completed an audio computer-assisted self-interview. Logistic regression models were used to evaluate the relationship between sexual risk taking (sex work, multiple anal sex partners, unprotected receptive anal sex), alcohol use, formal religious practices (service attendance, reading/studying scripture), and God consciousness (prayer, thoughts about God). RESULTS: A total of 92 YTW participated in the study, their mean age being 20.4 years; 58% were African American, 21% white, and 22% other. On multivariate logistic regression, alcohol use was significantly associated with sexual risk in both models, with adjusted odds ratio (OR) of 5.28 (95% confidence intervals [CI]: 1.96-14.26) in the Formal Practices model and 3.70 (95% CI: 1.53-8.95) in the God Consciousness model. Controlling for alcohol use, it was found that Formal Practices was significantly associated with sexual risk (OR = .29, 95% CI: .11-.77), but God Consciousness was not (OR = .60, 95% CI: .25-1.47). CONCLUSION: Among YTW, formal religious practices may attenuate sexual risk-taking behaviors and therefore HIV risk. Further research is needed to explore the role of the religion in the lives of YTW as a protective asset.

Drerup, M. L., Johnson, T. J. and Bindl, S. [Department of Psychology, Indiana State University, Terre Haute]. "**Mediators of the relationship between religiousness/spirituality and alcohol problems in an adult community sample.**" *Addictive Behaviors* 36, no. 12 (Dec 2011): 1317-1320.

[Abstract:] Johnson et al. (2008b) reported that, in a college student sample, the effect of religiousness on alcohol use was mediated by negative beliefs about alcohol, social influences, and spiritual well-being, and that these variables in turn impacted alcohol use and problems both directly and indirectly via motives for drinking. This study attempted to replicate those findings in a sample of community dwelling adults (N=211). The effect of Religious/Spiritual Involvement was mediated by Negative Beliefs about Alcohol, Social Modeling, and Spiritual-Well-Being. However, Social Modeling had stronger relationships with motives for drinking and alcohol consumption than the other two mediators. The effect of Religious Struggle on Alcohol Problems was mediated by Spiritual Well-Being and coping motives for drinking. Results provide further support for the motivational model of alcohol use and suggest plausible mechanisms by which religiousness could causally impact alcohol use and problems. Religious struggle may be a clinically significant correlate of alcohol problems.

Dyer, A. R. [International Medical Corps, Washington, DC; adyer@internationalmedicalcorps.org]. "**The need for a new 'new medical model': a bio-psychosocial-spiritual model.**" *Southern Medical Journal* 104, no. 4 (Apr 2011): 297-298.

This is a brief article in another of the journal's Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; a second article by Dyer, A. R.; Grosch, W. N.; Herrell, H. E.; Mehta, J. B.; and Purow B., et al.; noted elsewhere in this bibliography.

Dyer, A. R. [International Medical Corps, Washington, DC; adyer@imcworldwide.org]. "**Spirituality and cancer: an introduction.**" *Southern Medical Journal* 104, no. 4 (Apr 2011): 287-288.

This is the introduction to an installment of the journal's series of Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; a second article by Dyer, A. R.; Grosch, W. N.; Herrell, H. E.; Mehta, J. B.; and Purow B., et al.; noted elsewhere in this bibliography.

Dyess, S. M. [Florida Atlantic University, College of Nursing, Boca Raton; sdyess@fau.edu]. **"Faith: a concept analysis."** *Journal of Advanced Nursing* 67, no. 12 (Dec 2011): 2723-2731.

[Abstract:] AIM: This paper reports a concept analysis of faith. BACKGROUND: There are numerous scholars who consider spirituality and religiosity as they relate to health and nursing. Faith is often implied as linked to these concepts but deserves distinct exploration. In addition, as nursing practice conducted within communities of faith continues to emerge, concept clarification of faith is warranted. METHOD: Qualitative analysis deliberately considered the concept of faith within the lens of Margaret Newman's health as expanding consciousness. Data sources used included a secondary analysis of stories collected within a study conducted in 2008, two specific reconstructed stories, the identification of attributes noted within these various stories and selected philosophical literature from 1950 to 2009. FINDINGS: A definition was identified from the analysis; faith is an evolving pattern of believing, that grounds and guides authentic living and gives meaning in the present moment of inter-relating. Four key attributes of faith were also identified as focusing on beliefs, foundational meaning for life, living authentically in accordance with beliefs, and interrelating with self, others and/or Divine. CONCLUSION: Although a seemingly universal concept, faith was defined individually. Faith appeared to be broader than spiritual practices and religious ritual and became the very foundation that enabled human beings to make sense of their world and circumstances. More work is needed to understand how faith community nursing can expand the traditional understanding of denominationally defined faith community practices and how nurses can support faith for individuals with whom they encounter within all nursing practice.

Ebrahim, S., Bance, S. and Bowman, K. W. [Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, and Joint Centre for Bioethics, University of Toronto, Canada; shanil.ebrahim@utoronto.ca]. **"Sikh perspectives towards death and end-of-life care."** *Journal of Palliative Care* 27, no. 2 (2011): 170-174.

Edwards, L. M., Haglund, K., Fehring, R. J. and Pruszynski, J. [Marquette University, Milwaukee, WI; lisa.edwards@mu.edu]. **"Religiosity and sexual risk behaviors among Latina adolescents: trends from 1995 to 2008."** *Journal of Women's Health* 20, no. 6 (Jun 2008): 871-887.

[Abstract:] PURPOSE: The purpose of this study was to determine trends in the influence of religiosity on sexual activity of Latina adolescents in the United States from 1995 to 2008 and to determine if differences existed between the Mexican American and other Latina groups. METHODS: The sample comprised the subset of unmarried, 15-21-year-old (mean 17 years) Latina female respondents in the 1995 (n=267), 2002 (n=306), and 2006-2008 (n=400) National Survey of Family Growth (NSFG) datasets. Associations between religiosity (importance of religion and service attendance) and history of ever having sex, number of sex partners, and age of sexual debut were investigated. RESULTS: Less than one half of Latinas in 1995 (44%) and in 2006-2008 (44%) reported that religion was very important to them, whereas in 2002, 50% reported it was important. Only in 1995 did Latinas who viewed religion as very important have a significantly lower level of sexual initiation. In 1995 and in 2006-2008, Latinas who held religion as very important had significantly fewer partners. In all three cohorts, the higher religious importance group had higher virgin survival rates. Across cohorts, approximately one third of respondents reported frequent religious attendance. In all cohorts, frequent attenders were less likely to have had sex, had fewer partners, and had older age at sexual debut. The survival rate as virgins for Mexican origin Latinas was higher in 1995 and 2002 compared to non-Mexican Latinas but was almost the same in 2006-2008. CONCLUSIONS: Religiosity had a protective association with sexual activity among Latina adolescents. The association of importance of religion with sexual activity has diminished from 1995 to 2008, however, whereas the importance of service attendance has remained stable. The influence of religion was more apparent among the Latinas of Mexican origin, but this greater influence also diminished by 2006-2008.

Egan, K., Harcourt, D. and Rumsey, N., for the Appearance Research Collaboration [University of the West of England, Bristol, UK; katie.egan@nhs.net]. **"A qualitative study of the experiences of people who identify themselves as having adjusted positively to a visible difference."** *Journal of Health Psychology* 16, no. 5 (Jul 2011): 739-749.

Among the findings of this qualitative study of 12 individuals with visible difference (disfigurement) was: "Some participants identified how having, or finding, a sense of spirituality and faith had been important: 'I am Buddhist now...through being different and questioning life and finding it difficult...made me look for answers and try and understand. So it [visible difference] did have a big impact on my spiritual life'.... Meanwhile several referred to not questioning why they had their visible difference: 'To my recollection I've never said 'why me?' Never, you know. 'Why not me?' more the case'... [p. 744]. The authors note the limited attention to spirituality in the disfigurement literature [--see p. 746].

Eisenberg, N., Castellani, V., Panerai, L., Eggum, N. D., Cohen, A. B., Pastorelli, C. and Caprara, G. V. [Arizona State University, Department of Psychology, Tempe; nancy.eisenberg@asu.edu]. **"Trajectories of religious coping from adolescence into early adulthood: their form and relations to externalizing problems and prosocial behavior."** *Journal of Personality* 79, no. 4 (Aug 2011): 841-873.

[Abstract:] Little is known about changes in religious coping and their relations to adolescents' and young adults' functioning. In 686 Italian youths, trajectories of religious coping were identified from age 16-17 years to age 22-23 years; cohorts of youths reported at 3 of the 4 assessments. Four trajectories of religious coping were identified: decreasing, low stable, high stable, and increasing. A decline in religious coping was associated with high levels of externalizing problems at age 16-17, whereas an increase in religious coping was associated with higher externalizing problems at ages 18-19 and 20-21 years and with relatively high involvement with deviant peers. High stable religious copers were high in prosocial behavior at three ages; low stable religious copers were higher than people undergoing change in their religious coping from mid-adolescence into early adulthood. These results can expand our current thinking about religious coping and adolescent adjustment.

Eti, S. [Department of Pain Medicine and Palliative Care, Beth Israel Medical Center, New York, NY; seti@chpnet.org]. **"Palliative care: an evolving field in medicine."** *Primary Care: Clinics in Office Practice* 38, no. 2 (Jun 2011): 159-171, vii.

This review notes the importance of spirituality *passim*, including spiritual distress and a potentially unmet need.

- Exline, J. J., Park, C. L., Smyth, J. M. and Carey, M. P. [Department of Psychology, Case Western Reserve University, Cleveland, OH; julie.exline@case.edu]. "**Anger toward God: social-cognitive predictors, prevalence, and links with adjustment to bereavement and cancer.**" *Journal of Personality & Social Psychology* 100, no. 1 (Jan 2011): 129-148.
[Abstract:] Many people see themselves as being in a relationship with God and see this bond as comforting. Yet, perceived relationships with God also carry the potential for experiencing anger toward God, as shown here in studies with the U.S. population (Study 1), undergraduates (Studies 2 and 3), bereaved individuals (Study 4), and cancer survivors (Study 5). These studies addressed 3 fundamental issues regarding anger toward God: perceptions and attributions that predict anger toward God, its prevalence, and its associations with adjustment. Social-cognitive predictors of anger toward God paralleled predictors of interpersonal anger and included holding God responsible for severe harm, attributions of cruelty, difficulty finding meaning, and seeing oneself as a victim. Anger toward God was frequently reported in response to negative events, although positive feelings predominated. Anger and positive feelings toward God showed moderate negative associations. Religiosity and age correlated negatively with anger toward God. Reports of anger toward God were slightly lower among Protestants and African Americans in comparison with other groups (Study 1). Some atheists and agnostics reported anger involving God, particularly on measures emphasizing past experiences (Study 2) and images of a hypothetical God (Study 3). Anger toward God was associated with poorer adjustment to bereavement (Study 4) and cancer (Study 5), particularly when anger remained unresolved over a 1-year period (Study 5). Taken together, these studies suggest that anger toward God is an important dimension of religious and spiritual experience, one that is measurable, widespread, and related to adjustment across various contexts and populations.
- Fang, C. K., Li, P. Y., Lai, M. L., Lin, M. H., Bridge, D. T. and Chen, H. W. [Department of Psychiatry, Mackay Memorial Hospital, Taipei, Taiwan]. "**Establishing a 'Physician's Spiritual Well-being Scale' and testing its reliability and validity.**" *Journal of Medical Ethics* 37, no. 1 (Jan 2011): 6-12.
[Abstract:] The purpose of this study was to develop a Physician's Spiritual Well-Being Scale (PSPWBS). The significance of a physician's spiritual well-being was explored through in-depth interviews with and qualitative data collection from focus groups. Based on the results of qualitative analysis and related literature, the PSPWBS consisting of 25 questions was established. Reliability and validity tests were performed on 177 subjects. Four domains of the PSPWBS were devised: physician's characteristics; medical practice challenges; response to changes; and overall well-being. The explainable total variance was 65.65%. Cronbach alpha was 0.864 when the internal consistency of the whole scale was calculated. Factor analysis showed that the internal consistency Cronbach alpha value for each factor was between 0.625 and 0.794 and the split-half reliability was 0.865. The scale has satisfactory reliability and validity and could serve as the basis for assessment of the spiritual well-being of a physician.
- Fenske, J. M. [jmfenske@aol.com]. "**Soul mate: exploring the concept of soul.**" *Journal of Holistic Nursing* 29, no. 3 (Sep 2011): 229-232.
This brief article essentially describes from a quite academic perspective a nurse's self-observed process of meaning-making after her developmentally disabled son's untimely death. The author describes [from the abstract:] how individuals create their own healing narratives when confronted with grief and tragedy. Nursing interventions, sensitive to this process, support and promote the grief process. Eliciting, recognizing, and accepting a patient's unique self-made rituals and ceremonies as they cope with a beloved's death and dying enhances their nursing interventions....
- Fenwick, P. and Brayne, S. [King's College Institute of Psychiatry, London, UK; peter_fenwick@compuserve.com]. "**End-of-life experiences: reaching out for compassion, communication, and connection-meaning of deathbed visions and coincidences.**" *American Journal of Hospice & Palliative Medicine* 28, no. 1 (Feb 2011): 7-15.
[Abstract:] A recent study shows that the greatest fear for many Britons is to die alone. More than half the complaints received by the UK National Health Service (NHS) concern end-of-life care, with an emphasis on spiritual matters. Much has been written on the spiritual needs of the dying, but many doctors and nurses still find this a difficult area to approach. They lack the confidence and/or training to recognize or discuss spiritual aspects of death and dying or to affirm the spiritual needs of the dying person. Our end-of-life experience (ELE) research suggests that deathbed visions (DVs) and deathbed coincidences (DCs) are not uncommon, and that the dying process appears to involve an instinctive need for spiritual connection and meaning, requiring compassionate understanding and respect from those who provide end-of-life care.
- Finocchiaro-Kessler, S., Catley, D., Berkley-Patton, J., Gerkovich, M., Williams, K., Banderas, J. and Goggin, K. [Project MOTIV8, Department of Psychology, University of Missouri-Kansas City; kesslersa@umkc.edu]. "**Baseline predictors of ninety percent or higher antiretroviral therapy adherence in a diverse urban sample: the role of patient autonomy and fatalistic religious beliefs.**" *AIDS Patient Care & STDs* 25, no. 2 (Feb 2011): 103-111.
[Abstract:] The role of patient autonomy and influence of religious/spiritual beliefs on antiretroviral therapy (ART) adherence is to date not fully understood. This study assessed baseline predictors of high ART adherence ($\geq 90\%$) measured by electronic drug monitors (EDM) at 12 and 24 weeks after enrollment in a randomized controlled trial testing behavioral interventions to improve ART adherence. Baseline data were collected with audio computer-assisted self interviews (ACASI) surveys among a diverse urban sample of HIV-infected participants ($n=204$) recruited from community clinics in a large midwestern city. Baseline variables included a range of established ART adherence predictors as well as several less frequently studied variables related to patient autonomy and religious/spiritual beliefs. Statistically significant ($p<0.05$) variables identified in univariate analyses were included in subsequent multivariate analyses predicting higher than 90% adherence at 12 and 24 weeks. Several baseline predictors retained statistical significance in multivariate analysis at 24 weeks. Baseline levels of autonomous support from friends and family, motivation to adhere, and having an active coping style were all positively associated with adherence, while the belief that God is in control of one's health was negatively associated with adherence. Results indicate that effective interventions should include a focus on promoting patients' autonomous regulation and religious/spiritual beliefs regarding ART adherence.
- Finlay, C. J. and Krueger, G. [Visiting Scholar, Annenberg School for Communication, The University of Pennsylvania, Philadelphia, PA]. "**A space for mothers: grief as identity construction on memorial websites created by SIDS parents.**" *Omega - Journal of Death & Dying* 63, no. 1 (2011): 21-44.

[Abstract:] In this article we conduct a textual analysis of memorial websites created by mothers who have experienced a loss due to sudden infant death syndrome (SIDS). Using an online Internet ethnographic approach, we reviewed a series of 20 sites in an attempt to analyze the motivations of the site creators as manifested in their online projects. We spent time on the sites, moving through all facets of them, following links, and experiencing them the way a visitor would encounter them. In this virtual exploration we uncovered personal narratives, community building, religious imagery, and numerous examples of social networking. We also analyzed guest books in order to understand who visits these sites and their reasons for doing so. We conclude that development of these sites are a process that helps some mothers in their grief and gives them a focus and activity that is helpful and perhaps healing. More importantly perhaps is the potential for community building and networking that this type of activity allows. As an extension of a real-world memorial such as a gravesite, a virtual mourning space provides more in the way of these types of communications. Our work suggests that memorial websites constructed by SIDS parents help in meaning and identity reconstruction after loss.

Fitchett, G. [Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago, IL; George_Fitchett@rush.edu]. "**Making our case(s).**" *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 3-18.

[Abstract:] Health care chaplaincy needs to develop a body of published case studies. Chaplains need these case studies to provide a foundation for further research about the efficacy of chaplains' spiritual care. Case studies can also play an important role in training new chaplains and in continuing education for experienced chaplains, not to mention educating health care colleagues and the public about the work of health care chaplains. Guidelines for writing case studies are described, herein, as is a project in which three experienced oncology chaplains worked together to write case studies about their work. Steps that chaplains, and professional chaplain organizations, can take to further the writing and publishing of case studies are described. [See also in the same issue of the journal: McCurdy, D. B. and Fitchett, G., "Ethical issues in case study publication: 'making our case(s)' ethically," pp. 55-74.]

Fitchett, G., Lyndes, K. A., Cadge, W., Berlinger, N., Flanagan, E. and Misasi, J. [Rush University Medical Center, Chicago, IL; george_fitchett@rush.edu]. "**The role of professional chaplains on pediatric palliative care teams: perspectives from physicians and chaplains.**" *Journal of Palliative Medicine* 14, no. 6 (Jun 2011): 704-707.

[Abstract:] CONTEXT: Pediatric palliative care (PPC) specialists recognize spiritual care as integral to the services offered to seriously ill children and their families. Little is known about how PPC programs deliver spiritual care. OBJECTIVE: The goal of this pilot study was to begin to describe the role of professional chaplains in established PPC programs in children's hospitals in the United States. METHODS: In 2009 we surveyed 28 PPC programs to ascertain how spiritual care was provided. Of the 19 programs with staff chaplains who met additional study criteria, we randomly selected eight to study in detail. Based on interviews with the medical director and staff chaplain in these eight programs, we qualitatively delineated chaplains' roles in PPC. RESULTS: Twenty-four of the 28 surveyed programs (86%) reported having a staff chaplain on their clinical team. Among the 8 interviewed programs, there was considerable variation in how chaplains functioned as members of interdisciplinary teams. Despite these variations, physicians and chaplains agreed that chaplains address patients' and families' spiritual suffering, improve family-team communication, and provide rituals valued by patients, families, and staff. CONCLUSIONS: Our survey of these PPC programs found that spiritual care was typically provided by staff chaplains, and our interviews indicated that chaplains appeared to be well-integrated members of these teams. Further research is needed to evaluate how well the spiritual needs of patients, families, and staff are being met, and the organizational factors that support the delivery of spiritual care in children's hospitals. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the July 2011 Article-of-the-Month at <http://www.acperesearch.net/jul11.html>.]

Flavelle, S. C. [Izaak Walton Killam Health Centre and Department of Pediatrics, Dalhousie University, Halifax, Canada; flavelle@dal.ca]. "**Experience of an adolescent living with and dying of cancer.**" *Archives of Pediatrics & Adolescent Medicine* 165, no. 1 (Jan 2011): 28-32.

This is a case report of a 15-year-old boy with osteosarcoma who died a year after diagnosis. It is based upon an analysis of his 90-page personal journal, which revealed five themes: adolescent development, escape from illness, changing relationships, symptoms, and spirituality. See esp. the section on Spirituality on p. 31.

Foster, A. M., Dennis, A. and Smith, F. [Memorial Medical Center, Springfield, IL]. "**Do religious restrictions influence ectopic pregnancy management? A national qualitative study.**" *Women's Health Issues* 21, no. 2 (Mar-Apr 2011): 104-109.

[Abstract:] INTRODUCTION: In the United States, ectopic pregnancies are relatively common and associated with significant maternal morbidity and mortality. The Ethical and Religious Directives for Catholic Health Care Services (the Directives) govern the provision of care in Catholic-affiliated hospitals and prohibit the provision of abortion in almost all circumstances. Although ectopic pregnancies are not viable, some Catholic ethicists have argued that the Directives preclude physicians at Catholic hospitals from managing tubal pregnancies with methods and procedures that involve "direct" action against the embryo. METHODS: We undertook this qualitative study to explore the relationship between the Directives, hospital policies regarding ectopic pregnancy management, and clinical practices. We recruited participants at non-Catholic, longstanding Catholic, and recently merged facilities and conducted focused interviews with 24 physicians at 16 hospitals in 10 states. FINDINGS: Participants from three Catholic facilities reported that medical therapy with methotrexate was not offered because of their hospitals' religious affiliation. The lack of methotrexate resulted in changes in counseling and practice patterns, including managing ectopic pregnancies expectantly, providing the medication surreptitiously, and transferring patients to other facilities. Further, several physicians reported that, before initiating treatment, they were required to document nonviability through what they perceived as unnecessary paperwork, tests, and imaging studies. CONCLUSION: Our findings suggest that some interpretations of the Directives are precluding physicians from providing women with ectopic pregnancies with information about and access to a full range of treatment options and are resulting in practices that delay care and may expose women to unnecessary risks.

Foster, M. L., Arnold, E., Rebchook, G. and Kegeles, S. M. [Center for AIDS Prevention Studies, Department of Medicine, University of California, San Francisco]. "**It's my inner strength': spirituality, religion and HIV in the lives of young African American men who have sex with men.**" *Culture, Health & Sexuality* 13, no. 9 (Oct 2011): 1103-1117.

[Abstract:] Young black men who have sex with men account for 48% of 13-29-year-old HIV-positive men who have sex with men in the USA. It is important to develop an effective HIV prevention approach that is grounded in the context of young men's lives. Towards this goal, we conducted 31 interviews with 18-30-year-old men who have sex with men in the San Francisco-Oakland Bay Area. This paper examines the

roles of religion and spirituality in men who have sex with men's lives, which is central in the lives of many African Americans. Six prominent themes emerged: (1) childhood participation in formal religious institutions, (2) the continued importance of spirituality among men who have sex with men, (3) homophobia and stigmatization in traditional black churches, (4) tension between being a man who has sex with men and being a Christian, (5) religion and spirituality's impact on men's sense of personal empowerment and coping abilities and (6) treatment of others and building compassion. Findings suggest that integrating spiritual practice into HIV prevention may help programs be more culturally grounded, thereby attracting more men and resonating with their experiences and values. In addition, faith-based HIV/AIDS ministries that support HIV-positive men who have sex with men may be particularly helpful. Finally, targeting pastors and other church leaders through anti-stigma curricula is crucial.

Frenk, S. M., Foy, S. L. and Meador, K. G. [Department of Sociology, Duke University, Durham, NC; steven.frenk@duke.edu]. "**It's medically proven!': Assessing the dissemination of religion and health research.**" *Journal of Religion & Health* 50, no. 4 (Dec 2011): 996-1006.

[Abstract:] The recent proliferation of research on the connection between religion and health has raised concerns among some scholars about how these studies affect people's understanding of that connection. However, such concerns assume that religion and health research reaches religious audiences and informs their understanding of the connection between religion and health. We explore the veracity of these assumptions, asking two questions: (1) Is religion and health research disseminating into the American public? (2) Do religious persons incorporate religion and health research into their understanding of the connection between religion and health? We conduct two studies to answer these questions. First, we search three newspapers (The New York Times, The Los Angeles Times, and The Atlanta Journal-Constitution) and three news magazines (Newsweek, Time, and U. S. News and World Report) for articles that mention religion and health research. In the second study, we analyze interview transcripts for respondents' mentions of religion and health research when discussing the relationship between religion and health. Our results indicate substantial growth over time in media reporting on religion and health research but reveal that only a limited portion of religious persons cite such research in explaining their conceptualizations of the connection between religion and health.

Frost, D. W., Cook, D. J., Heyland, D. K. and Fowler, R. A. [Division of General Internal Medicine, University Health Network, University of Toronto, Canada]. "**Patient and healthcare professional factors influencing end-of-life decision-making during critical illness: a systematic review.**" *Critical Care Medicine* 39, no. 5 (May 2011): 1174-1189.

This review notes several studies where religion was a factor patient and provider decision-making. See the summary table (#3) on pp. 1178-1183.

Galanter, M., Dermatis, H., Talbot, N., McMahon, C. and Alexander, M. J. [Division of Alcoholism and Drug Abuse and Center for Spirituality and Healthcare, New York University Langone Medical Center and Bellevue Hospital, New York, NY]. "**Introducing spirituality into psychiatric care.**" *Journal of Religion & Health* 50, no. 1 (Mar 2011): 81-91.

[Abstract:] Spirituality is important to many psychiatric patients, and these patients may be moved toward recovery more effectively if their spiritual needs are addressed in treatment. This, however, is rarely given expression in the psychiatric services of teaching hospitals. In order to develop this potential area of improved care, we (1) evaluated the differential attitudes of patients and psychiatric trainees toward the value of spirituality in the recovery process, (2) established a program of group meetings conducted by psychiatric residents and staff where patients can discuss how to draw on their spirituality in coping with their problems, and (3) established related training experiences for psychiatric residents. The results and implications of these three initiatives are presented.

Galek, K., Flannelly, K. J., Jankowski, K. R. and Handzo, G. F. [Spears Research Institute, Healthcare Chaplaincy, New York, NY; kgalek@healthcarechaplaincy.org]. "**A methodological analysis of chaplaincy research: 2000-2009.**" *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 126-145.

[Abstract:] The present article presents a comprehensive review and analysis of quantitative research conducted in the United States on chaplaincy and closely related topics published between 2000 and 2009. A combined search strategy identified 49 quantitative studies in 13 journals. The analysis focuses on the methodological sophistication of the studies, compared to earlier research on chaplaincy and pastoral care. Cross-sectional surveys of convenience samples still dominate the field, but sample sizes have increased somewhat over the past three decades. Reporting of the validity and reliability of measures continues to be low, although reporting of response rates has improved. Improvements in the use of inferential statistics and statistical controls were also observed, compared to previous research. The authors conclude that more experimental research is needed on chaplaincy, along with an increased use of hypothesis testing, regardless of the research designs that are used. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperresearch.net) --see the January/February 2012 Article-of-the-Month at <http://www.acperresearch.net/jan12.html>.]

Gall, T. L., Charbonneau, C. and Florack, P. [Saint Paul University, Ottawa, Canada; tgall@ustpaul.ca]. "**The relationship between religious/spiritual factors and perceived growth following a diagnosis of breast cancer.**" *Psychology & Health* 26, no. 3 (Mar 2011): 287-305.

[Abstract:] This study investigates the role of religious salience, God image and religious coping in relation to perceived growth following a diagnosis of breast cancer. Eighty-seven breast cancer patients were followed from pre-diagnosis up to 24 months post-surgery. The findings of this study provided limited support for the role of positive aspects of spirituality in relation to perceived growth. Religious involvement at pre-diagnosis was predictive of less growth at 24 months post-surgery while a positive image of God had no association with growth. While some forms of positive religious coping demonstrated positive associations, others evidenced no relationship or negative relationships with growth. Negative aspects of spirituality were more consistently related to growth with the nature of the association again depending on the type of negative spirituality being assessed. For example, passive deferral coping was related to less growth while spiritual discontent coping was related to greater growth across time. Such findings underscore the need to attend to negative aspects of spirituality from early on in the process of cancer adjustment as such expressions may have implications for women's ability to develop and maintain a positive perspective in their coping over the long-term.

Galvez, J. F., Thommi, S. and Ghaemi, S. N. [Tufts University School of Medicine, Boston, MA]. "**Positive aspects of mental illness: a review in bipolar disorder.**" *Journal of Affective Disorders* 128, no. 3 (Feb 2011): 185-190.

[Abstract:] INTRODUCTION: There is growing interest to understand the role of positive psychological features on the outcomes of medical illnesses. Unfortunately this topic is less studied in relation to mental health, and almost completely neglected in relation to one of the most common severe psychiatric illnesses, bipolar disorder. Certain specific psychological characteristics, that are generally viewed as valuable and beneficial morally or socially, may grow out of the experience of having this affective disorder. OBJECTIVE: We describe the sources, research and impact of these positive psychological traits in the lives of persons with bipolar disorder based on the few published literature available to date. These include, but are not limited to: spirituality, empathy, creativity, realism, and resilience. METHODS: After an extensive search in the literature, we found 81 articles that involve descriptions of positive psychological characteristics of bipolar disorder. RESULTS: We found evidence for enhancement of the five above positive psychological traits in persons with bipolar disorder. CONCLUSIONS: Bipolar disorder is associated with the positive psychological traits of spirituality, empathy, creativity, realism, and resilience. Clinical and research attention to preserving and enhancing these traits may improve outcomes in bipolar disorder.

Garlick, M., Wall, K., Corwin, D. and Koopman, C. [Institute of Transpersonal Psychology, Palo Alto, CA]. **"Psycho-spiritual integrative therapy for women with primary breast cancer."** *Journal of Clinical Psychology in Medical Settings* 18, no. 1 (Mar 2011): 78-90.

[Abstract:] Breast cancer presents physical and psychological challenges, but can also result in posttraumatic growth (PTG). Twenty-four women completed Psycho-Spiritual Integrative Therapy (PSIT) treatment and completed assessments for PTG and QOL before, immediately following, and 1 month after treatment. Women showed improvement ($p < .01$) on the FACT-B (Functional Assessment of Cancer Therapy-Breast) Physical Well-being, Emotional Well-being, and Functional Well-being subscales, on the Profile of Mood States (POMS) Depression, Anger, and Fatigue subscales ($p < .05$), and on their POMS Tension, Vigor and Total Mood Disturbance (TMD) scores ($p < .01$). Also, women showed improvement on the FACIT-Sp-Ex (Functional Assessment of Chronic Illness Therapy-Spiritual) Meaning/Peace subscale, the Spiritual Well-being total scale ($p < .01$), and on the New Possibilities ($p < .01$) and Personal Strength ($p < .05$) subscales of the Posttraumatic Growth Inventory (PTGI). This preliminary study suggests that PSIT may improve well being and stimulate PTG in breast cancer patients.

Garrett, D. [Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Scunthorpe, UK]. **"Spirituality: how should we assess the spiritual needs of our patients?"** *Nursing Older People* 23, no. 10 (Dec 2011): 10.

This brief resource for nurses presents sample questions for patients and addresses patient with "no religion." It draws particularly on Furness, S. and Gilligan, P., "Social work, religion and belief developing a framework for practice," *British Journal of Social Work* 40, no. 7 (2010): 2185-2202.

Gearing, R. E., Alonzo, D., Smolak, A., McHugh, K., Harmon, S. and Baldwin, S. [Columbia University, New York, NY; rg2372@columbia.edu], **"Association of religion with delusions and hallucinations in the context of schizophrenia: implications for engagement and adherence."** *Schizophrenia Research* 126, nos. 1-3 (Mar 2011): 150-163.

[Abstract:] OBJECTIVE: The relationship of religion and schizophrenia is widely acknowledged, but often minimized by practitioners and under investigated by researchers. In striving to help fill this gap, this paper focuses on examining four aims: 1) how research has investigated the association between religiosity and schizophrenia; 2) how is religiosity associated with delusions and hallucinations; 3) what are the risk and protective factors associated with religiosity and schizophrenia; and 4) does religion influence treatment adherence with individuals diagnosed with schizophrenia. METHODS: A systematic literature search of PsycINFO and MEDLINE databases from January 1, 1980 through January 1, 2010 was conducted using the terms schizophrenia, schizoaffective, schizophreniform, psychotic disorder not otherwise specified (NOS) and religion, religiosity, spirituality, or faith. Seventy ($n=70$) original research studies were identified. RESULTS: Religion can act as both a risk and protective factor as it interacts with the schizophrenia symptoms of hallucination and delusions. Cultural influences tend to confound the association of religion and schizophrenia. Adherence to treatment has a mixed association with religiosity. CONCLUSION: The relationship between religion and schizophrenia may be of benefit to both clinicians and researchers through enhancing adherence to treatment, and enhancement of the protective aspects while minimizing associated risk. The relationship of religion and schizophrenia needs further research that is more nuanced and methodologically rigorous, specifically concerning its influence on engagement and adherence to treatment.

Geary, C. and Rosenthal, S. L. [Department of Pediatrics, University of Texas Medical Branch, Galveston; cageary@utmb.edu]. **"Sustained impact of MBSR on stress, well-being, and daily spiritual experiences for 1 year in academic health care employees."** *Journal of Alternative & Complementary Medicine* 17, no. 10 (Oct 2011): 939-944.

[Abstract:] OBJECTIVES: The objectives of the study were (1) to evaluate self-reported stress levels and daily spiritual experiences in academic health care employees before, immediately after, and 1 year after enrolling in a mindfulness-based stress reduction (MBSR) course; and (2) to evaluate the correlation between a potential measure of pulse rate variability and self-reported stress levels. SUBJECTS: Fifty-nine (59) participants in the MBSR course offered to employees at the University of Texas Medical Branch in Galveston (UTMB) comprised the intervention group, and 94 health care providers in the neonatal nurseries comprised the control group. INTERVENTION: MBSR is an 8-week course that introduces mindfulness meditation practices. No intervention was offered to the control group. All participants were employees (or relatives of employees) at UTMB. DESIGN: All MBSR participants completed Cohen's Perceived Stress Scale, the SCL-90, the SF-36 Measure of Health and Well-Being, the Daily Spiritual Experiences Scale, and a 5-minute measure of pulse rate coherence. This testing was done before and after the MBSR course and 1 year later. Ninety-four (94) neonatal health care providers completed the same series of questionnaires and pulse rate variability (PRV) measures, with 49 of the 94 completing the questionnaires 2 months and 1 year later. RESULTS: MBSR participants improved on all measures except the physical component score of the SF-36 upon completion of the MBSR course, and these results were maintained at the 1-year follow-up. The control group did not significantly change on any of the measures. PRV as measured by the Heart Math system did not correlate with any of the self-report questionnaires. CONCLUSIONS: MBSR effectively reduces self-report measures of stress and increases daily spiritual experiences in employees in an academic health care setting, and these effects are stable for at least 1 year. Using a simple measure of PRV was not a clinically reliable biologic measure of stress.

Gervais, W. M. [University of British Columbia, Vancouver, Canada; will@psych.ubc.ca]. **"Finding the faithless: perceived atheist prevalence reduces anti-atheist prejudice."** *Personality & Social Psychology Bulletin* 37, no. 4 (Apr 2011): 543-556.

[Abstract:] Although prejudice is typically positively related to relative outgroup size, four studies found converging evidence that perceived atheist prevalence reduces anti-atheist prejudice. Study 1 demonstrated that anti-atheist prejudice among religious believers is reduced in

countries in which atheists are especially prevalent. Study 2 demonstrated that perceived atheist prevalence is negatively associated with anti-atheist prejudice. Study 3 demonstrated a causal relationship: Reminders of atheist prevalence reduced explicit distrust of atheists. These results appeared distinct from intergroup contact effects. Study 4 demonstrated that prevalence information decreased implicit atheist distrust. The latter two experiments provide the first evidence that mere prevalence information can reduce prejudice against any outgroup. These findings offer insights about anti-atheist prejudice, a poorly understood phenomenon. Furthermore, they suggest both novel directions for future prejudice research and potential interventions that could reduce a variety of prejudices.

Gijsberts, M. J., Ehteld, M. A., van der Steen, J. T., Muller, M. T., Otten, R. H., Ribbe, M. W. and Deliëns, L. [EMGO Institute, VU University Medical Center, Amsterdam, The Netherlands; m.gijsberts@vumc.nl]. **"Spirituality at the end of life: conceptualization of measurable aspects-a systematic review."** *Journal of Palliative Medicine* 14, no. 7 (Jul 2011): 852-863.

[Abstract:] Although spiritual caregiving is a key domain of palliative care, it lacks a clear definition, which impedes both caregiving and research in this domain. The aim of this study was to conceptualize spirituality by identifying dimensions, based on instruments measuring spirituality in end-of-life populations. A systematic literature review was conducted. Literature published between 1980 and 2009, focusing on instruments measuring spirituality at the end of life was collected from the PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO databases. Inclusion criteria were: (1) the studies provide empirical data collected with an instrument measuring spirituality or aspects of spirituality at the end of life; (2) the data report on a (subgroup) of an end-of-life population, and (3) the instrument is available in the public domain. Content validity was assessed according to a consensus-based method. From the items of the instruments, three investigators independently derived dimensions of spirituality at the end of life. In 36 articles that met the inclusion criteria we identified 24 instruments. Nine instruments with adequate content validity were used to identify dimensions of spirituality. To adequately represent the items of the instruments and to describe the relationships between the dimensions, a model defining spirituality was constructed. The model distinguishes the dimensions of Spiritual Well-being (e.g., peace), Spiritual Cognitive Behavioral Context (Spiritual Beliefs, Spiritual Activities, and Spiritual Relationships), and Spiritual Coping, and also indicates relationships between the dimensions. This model may help researchers to plan studies and to choose appropriate outcomes, and assist caregivers in planning spiritual care.

Gill, C. J., Sander, A. M., Robins, N., Mazzei, D. K. and Struchen, M. A. [Department of Disability and Human Development, University of Illinois, Chicago; cg16@uic.edu]. **"Exploring experiences of intimacy from the viewpoint of individuals with traumatic brain injury and their partners."** *Journal of Head Trauma Rehabilitation* 26, no. 1 (Jan-Feb 2011): 56-68.

Among the findings from this study of 18 persons with traumatic brain injury and their intimate partners at a mean length of 4.78 years postinjury was 0[from the abstract:] Factors that were perceived as helping relationships remain strong included unconditional commitment, spending time together, open communication, a strong preinjury relationship, bonding through surviving the injury together, social support, family bonds, spirituality, experience with overcoming hardship, and coping skills.

Glass, A. P. and Samuel, L. F. [Institute of Gerontology, College of Public Health, University of Georgia, Athens; aglass@uga.edu]. **"A comparison of attitudes about cremation among Black and White middle-aged and older adults."** *Journal of Gerontological Social Work* 54, no. 4 (May 2011): 372-389.

[Abstract:] Social workers must be instrumental in educating elders and their families to make informed decisions about death and dying. As part of a larger qualitative study, we explored attitudes about cremation of 25 older and 25 middle-aged adults, evenly split between Black and White respondents. Major themes emerged about disposition of the body after death. Costs and land conservation influenced support for cremation; reasons against cremation include religious beliefs, lack of closure, and sense of place. Additionally, some respondents were against cremation primarily because of lack of exposure, as it was not their family tradition, suggesting a role for education.

Glicksman, S. [Women's League Community Residences, 1556 38th St., Brooklyn, NY; sglicksman@womensleague.org]. **"Supporting religion and spirituality to enhance quality of life of people with intellectual disability: a Jewish perspective."** *Intellectual & Developmental Disabilities* 49, no. 5 (Oct 2011): 397-402.

This is a general review and commentary. The author concludes with a six-dimension model to guide questions about the use of religion/spirituality in the enhancement of quality of life of people with intellectual disability: events as transitions, normative experiences, religious experiences, inclusive experiences, experiences leading to an enhancement of self-image, and as peak life experiences.

Goldstein, H. R., Marin, D. and Umpierre, M. [Department of Pastoral Care, Mount Sinai Medical Center, New York, NY; Rafael.Goldstein@mountsinai.org]. **"Chaplains and access to medical records."** *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 162-168.

[Abstract:] This study was initiated by a Pastoral Care Department of a large academic medical center in order to establish hospital chaplaincy policies and procedures. Four basic questions were asked about professional hospital chaplains and record keeping. The results of the survey show that the standard of practice is that chaplains access the medical record, enter notes in the record, have access to the electronic medical record, and that no special credentialing beyond Clinical Pastoral Education (CPE) is required for chaplains to have this access. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the November 2011 Article-of-the-Month at <http://www.acperesearch.net/nov11.html>.]

Gomez-Batiste, X., Buisan, M., Gonzalez, M. P., Velasco, D., de Pascual, V., Espinosa, J., Novellas, A., Martinez-Munoz, M., Simon, M., Calle, C., Lanaspa, J. and Breitbart, W. [The 'Qualy' End-of-Life Observatory/WHO Collaborating Center for Palliative Care Programs, Catalan Institute of Oncology, Barcelona, Spain; xgomez.whocc@iconcologia.net]. **"The 'La Caixa' Foundation and WHO Collaborating Center Spanish National Program for enhancing psychosocial and spiritual palliative care for patients with advanced diseases, and their families: preliminary findings."** *Palliative & Supportive Care* 9, no. 3 (Sep 2011): 239-249.

[Abstract:] OBJECTIVE: The psycho-social needs of patients with advanced chronic illness and their families include emotional, spiritual, and bereavement care. With a funding initiative by the La Caixa Foundation and design by the WHO Collaborating Center, we developed and implemented a program for the comprehensive care of terminally-ill individuals and their families, in Spain. The intent was to improve the psycho-social and spiritual dimensions of care, to generate experience and evidence, to explore models, and to act as catalyst in the Spanish National Strategy for Palliative Care. METHOD: We reviewed the process of design, implementation, and initial evaluation of the program at

18 months. RESULTS: Thirty psycho-social teams' (PST) acting as support teams projects were initiated. There were 120 full-time healthcare professionals appointed (58% clinical psychologists). These professionals received training through a comprehensive postgraduate course, and all used the same documentation. Some results were collated 18 months post-implementation. The total number of patients attended to was 10,954, and the number of relatives was 17,715. The preliminary clinical outcomes show a significant improvement in well-being, and a decrease in anxiety and insomnia, although there was a smaller impact on alleviating depression. Healthcare professionals collated results on satisfaction with palliative care (PC) services. SIGNIFICANCE OF RESULTS: Based on these preliminary results, we suggest that the PST can be a model of organization that is effective and efficient in improving the psycho-social and spiritual aspects of care of terminally ill patients. Further follow-up and evaluation with validated tools are the main goals for the immediate future.

Gottheil, E. A. and Groth-Marnat, G. [Children and Family Clinic, Santa Barbara County, CA; elisantoniet@yahoo.com]. "**A grounded theory study of spirituality: using personal narratives suggested by spiritual images.**" *Journal of Religion & Health* 50, no. 2 (Jun 2011): 452-463.

[Abstract] This study expanded on traditional concepts of spirituality through an analysis of narratives derived from images with spiritual content. Twenty-five participants were selected based on their being actively involved in spiritual practices. They were requested to tell TAT-type stories to a series of twelve images that revolved around spiritual themes. The resulting 300 stories were coded according to Grounded Theory procedures. A theory of spirituality emerged that centered upon the expression of suffering and the expectation of it being relieved. Results suggest that the personal spiritual process is one that expects and seeks transformation of the suffering through a connection with another, a connection with the transcendent, acquiring wisdom, or transforming the internal state.

Gow, A. J., Watson, R., Whiteman, M. and Deary, I. J. [Centre for Cognitive Ageing and Cognitive Epidemiology, Department of Psychology, University of Edinburgh, Edinburgh, UK; Alan.Gow@ed.ac.uk]. "**A stairway to heaven? Structure of the religious involvement inventory and spiritual well-being scale.**" *Journal of Religion & Health* 50, no. 1 (Mar 2011): 5-19.

[Abstract:] Being religious or having spiritual beliefs has been linked to improved health and well-being in several empirical studies. Potential underlying mechanisms can be suggested by psychometrically reliable and valid indices. Two self-report measures of religiosity/spirituality were completed by a cohort of older adults: the Religious Involvement Inventory and the Spiritual Well-being Scale. Both were analyzed using principal components analysis and the Mokken scaling procedure. The latter technique examines whether items can be described as having a hierarchical structure. The results across techniques were comparable and hierarchical structures were discovered in the scales. Analysis of the hierarchy in the RII items suggested the latent trait assesses the extent to which an individual's belief in God influences their life. Examining scales with a range of psychometric techniques may give a better indication of the latent construct being assessed, particularly the hierarchies within these which may be of interest to those investigating religiosity-health associations.

Grajower, M. M. [Department of Medicine, Albert Einstein College of Medicine, Bronx, NY; grajower@msn.com]. "**24-Hour Fasting with Diabetes: guide to physicians advising patients on medication adjustments prior to religious observances (or outpatient surgical procedures).**" *Diabetes/Metabolism Research Reviews* 27, no. 5 (Jul 2011): 413-418.

[Abstract:] Patients with diabetes may undergo an approximately 24-h fast for a voluntary religious observance or in preparation for a medical procedure. Commonly, patients will manage their diabetes before and during such fasting without guidelines from their doctors, often because they did not ask for advice. The physician should therefore take the lead in advising patients how to fast safely, in order to avoid the situation wherein the patient manages medication changes on his/her own. Furthermore, it sends a message to the patient that having diabetes does not preclude living a reasonably 'normal' life, even when it comes to religious observances.

Gravitt, W. J. [University of Kentucky Good Samaritan Hospital, Lexington, KY; togravitt@insightbb.com]. "**God's ruthless embrace: religious belief in three women with borderline personality disorder.**" *Issues in Mental Health Nursing* 32, no. 5 (2011): 301-317.

[Abstract:] This exploratory study was designed to determine if three people with the diagnosis of Borderline Personality Disorder (BPD) viewed religion in characteristic and unique ways. The data was analyzed using Object Relations Theory, Attachment Theory, and an integrated cognitive, affect, and object relations theory. I concluded that the participants shared a faith style that resulted from an early developmental failure and that their image and response to God and the moral universe were a re-enactment of the dysfunctional mother/infant dyad. Specifically, God's character was seen as (1) self-evident and inescapable and (2) stationary and large. God was envisioned (3) as a person who is (4) magical; (5) inexplicable, and therefore, unreliable. Participants believed that (6) God's task was to provide and that (7) God created a moral universe. Their responses had an intense and desperate quality, were typified by ambivalence, and emphasized a power differential. Finally, the women's relationship with God took the form of a deal: if she was dependent, then God would provide. The interface between BPD and psychological and spiritual well-being is discussed and a tentative application of the findings is made to the field of mental health nursing. I suggest that an understanding of BPD religious constructs and the sensitive application of a few principles can contribute to the spiritual and psychological well-being of the BPD inpatient.

Gray, K., Knickman, T. A. and Wegner, D. M. [Department of Psychology, University of Maryland, MD; kurtgray@umd.edu]. "**More dead than dead: perceptions of persons in the persistent vegetative state.**" *Cognition* 121, no. 2 (Nov 2011): 275-280.

[Abstract:] Patients in persistent vegetative state (PVS) may be biologically alive, but these experiments indicate that people see PVS as a state curiously more dead than dead. Experiment 1 found that PVS patients were perceived to have less mental capacity than the dead. Experiment 2 explained this effect as an outgrowth of afterlife beliefs, and the tendency to focus on the bodies of PVS patients at the expense of their minds. Experiment 3 found that PVS is also perceived as "worse" than death: people deem early death better than being in PVS. These studies suggest that people perceive the minds of PVS patients as less valuable than those of the dead - ironically, this effect is especially robust for those high in religiosity.

Grazi, R. V. and Wolowelsky, J. B. [Maimonides Medical Center, Department of Jewish Philosophy, Yeshivah of Flatbush, Brooklyn, NY; rgrazi@genesisfertility.com]. "**Understanding culturally motivated requests from Orthodox Jewish women to delay ovulation.**" *Journal of Reproductive Medicine* 56, nos. 9-10 (Sep-Oct 2011): 381-384.

This brief summary of issues contains sections of "Menstruation and Sexual Relations in an Orthodox Jewish Family" and "Halakhic Infertility," and the authors offer a Comment relating to ethics in medical practice.

- Green, M. R., Emery, C. F., Kozora, E., Diaz, P. T. and Make, B. J. [Department of Psychology, Ohio State University, Columbus; emery.33@osu.edu]. **"Religious and spiritual coping and quality of life among patients with emphysema in the National Emphysema Treatment Trial."** *Respiratory Care* 56, no. 10 (Oct 2011): 1514-1521.
 [Abstract:] BACKGROUND: Although prior research indicates that religious and spiritual coping is associated with positive health outcomes, few studies have examined religious and spiritual coping among patients with emphysema. OBJECTIVE: To describe the utilization of religious and spiritual coping and its relationship to quality of life among patients with emphysema, in a 2-year longitudinal follow-up study. METHODS: Forty patients with emphysema (mean age 63.5 +/- 6.0 y, 8 women) who participated in the National Emphysema Treatment Trial were matched on age, sex, race, and education with 40 healthy individuals recruited from the community. We conducted baseline assessment of overall coping strategies, psychological functioning, quality of life, pulmonary function, and exercise capacity, and we assessed overall coping strategies and religious and spiritual coping at 2-year follow-up. RESULTS: Ninety percent of the patients with emphysema considered themselves at least slightly religious and spiritual. The patients reported using both negative religious coping (e.g., questioning God) and positive religious coping (e.g., prayer) more than the healthy control subjects at follow-up. However, greater use of religious and spiritual coping was associated with poorer illness-related quality of life. CONCLUSIONS: Patients with emphysema appear to use various coping strategies in responding to their illness. Future research should investigate if patients using religious and spiritual coping would benefit from interventions to address emotional distress and reduced quality of life.
- Greenawalt, D. S., Tsan, J. Y., Kimbrel, N. A., Meyer, E. C., Kruse, M. I., Tharp, D. F., Gulliver, S. B. and Morissette, S. B. [VISN 17 Center of Excellence for Research on Returning War Veterans, Department of Veterans Affairs, Waco, TX]. **"Mental health treatment involvement and religious coping among African American, Hispanic, and White veterans of the wars of Iraq and Afghanistan."** *Depression Research and Treatment* (2011): 192186 [electronic journal article/page designation]. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
 [Abstract:] Although racial/ethnic differences have been found in the use of mental health services for depression in the general population, research among Veterans has produced mixed results. This study examined racial/ethnic differences in the use of mental health services among 148 Operation Enduring/Iraqi Freedom (OEF/OIF) Veterans with high levels of depression and posttraumatic stress disorder (PTSD) symptoms and evaluated whether religious coping affected service use. No differences between African American, Hispanic, and Non-Hispanic white Veterans were found in use of secular mental health services or religious counseling. Women Veterans were more likely than men to seek secular treatment. After controlling for PTSD symptoms, depression symptom level was a significant predictor of psychotherapy attendance but not medication treatment. African American Veterans reported higher levels of religious coping than whites. Religious coping was associated with participation in religious counseling, but not secular mental health services.
- Greeson, J. M., Webber, D. M., Smoski, M. J., Brantley, J. G., Ekblad, A. G., Suarez, E. C. and Wolever, R. Q. [Duke Integrative Medicine, Duke University Medical Center, Durham, NC; jeffrey.greeson@duke.edu]. **"Changes in spirituality partly explain health-related quality of life outcomes after Mindfulness-Based Stress Reduction."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 508-518.
 [Abstract:] Mindfulness-Based Stress Reduction is a secular behavioral medicine program that has roots in meditative spiritual practices. Thus, spirituality may partly explain Mindfulness-Based Stress Reduction outcomes. Participants (N = 279; M (SD) age = 45(12); 75% women) completed an online survey before and after an 8-week Mindfulness-Based Stress Reduction program. Structural equation modeling was used to test the hypothesis that, following Mindfulness-Based Stress Reduction, the relationship between enhanced mindfulness and improved health-related quality of life is mediated by increased daily spiritual experiences. Changes in both spirituality and mindfulness were significantly related to improvement in mental health. Although the initial mediation hypothesis was not supported, an alternate model suggested that enhanced mindfulness partly mediated the association between increased daily spiritual experiences and improved mental health-related quality of life (indirect effect: $\hat{\alpha} = 0.07$, $P = 0.017$). Effects on physical health-related quality of life were not significant. Findings suggest a novel mechanism by which increased daily spiritual experiences following Mindfulness-Based Stress Reduction may partly explain improved mental health as a function of greater mindfulness. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]
- Gregg, G. [Adelphi University School of Social Work, Garden City, NY; Gregg@adelphi.edu]. **"I'm a Jesus girl: coping stories of Black American women diagnosed with breast cancer."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 1040-1053.
 [Abstract:] Breast cancer continues to be the most diagnosed cancer for all women, excluding non-melanoma skin cancer, in the United States. Incidence rates are 1 in 8 for an American woman being diagnosed. Moreover, statistics indicate that every 13 min. an American woman dies from complications related to breast cancer. Despite all the gains made in the area of cancer research, Black American women continue to have a 67% higher mortality rate than their White counterparts. There is no preparation for a diagnosis of breast cancer. Upon hearing the words: you have breast cancer, a woman's life is forever altered. The woman's initial reactions of denial and/or anger yield to strategic responses. These responses may strengthen the woman's resiliency both during and following treatments. Research indicates that Black Americans, specifically Black American women, exhibit greater religiosity/spirituality than do other racial/ethnic groups. In addition, the use of religiosity/spirituality by Black Americans increases during a crisis. This qualitative study examines how religiosity/spirituality was utilized as a coping mechanism by a group of Black American women following their diagnoses of breast cancer.
- Grosch, W. N. [groschW@mail.amc.edu]. **"Reflections on cancer and spirituality."** *Southern Medical Journal* 104, no. 4 (Apr 2011): 292-293.
 This is a brief article in another of the journal's Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; Dyer, A. R. (two articles); Herrell, H. E.; Mehta, J. B.; and Purow B., et al.; noted elsewhere in this bibliography.
- Grossoehme, D. H. [Division of Pulmonary Medicine and Dept. of Pastoral Care, Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. **"Research as a chaplaincy intervention."** *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 97-99.
 "I want to suggest that if the questions we ask during a clinical encounter are "interventions," which we believe contribute to another person's wholeness, then questions asked in the context of a research study are also interventions with potentially helpful outcomes. I also want to take a

further step and suggest that chaplaincy research is not an activity that takes time away from chaplains' care; research is a form of the care that chaplains provide." [p. 98]

Gryczynski, J. and Ward, B. W. [Social Research Center, Baltimore, MD; jgryczynski@friendsresearch.org]. "**Social norms and the relationship between cigarette use and religiosity among adolescents in the United States.**" *Health Education & Behavior* 38, no. 1 (Feb 2011): 39-48.

[Abstract:] This study investigated the social dynamics that underlie the negative association between religiosity and cigarette use among U.S. adolescents. Using data from the 2007 National Survey on Drug Use and Health, the authors used a theory-based conceptual model (vicarious learning networks [VLN]) to examine the role that key reference group norms play in the religiosity-smoking relationship. This relationship is partially mediated by parents' and close friends' perceived disapproval for smoking. However, religiosity maintains a strong negative association with smoking. Consistent with the VLN model, cigarette use varied substantively based on reference group normative configurations. To the extent that the protective effects of religiosity arise from its influence in structuring the social milieu, some of religiosity's benefits could potentially be leveraged through interventions that promote healthy norms among reference groups within the social network. The VLN model may be a useful tool for conceptualizing the transmission of health behavior through social learning processes.

Guenther, M. B. [St. Columba's Episcopal Church, Washington, DC; mbguenther@earthlink.net]. "**Healing: the power of presence: a reflection.**" *Journal of Pain & Symptom Management* 41, no. 3 (Mar 2011): 650-654.

[Abstract:] The focus of my work as a teacher and Episcopal priest has been pastoral. In my work of chaplaincy, spiritual director, and trainer of spiritual directors, I have been powerfully aware of the importance of presence. Furthermore, I have concentrated on the significance of healing-physical, emotional, and spiritual-as distinguished from curing. This article is a reflection, based on my decades of experience, as contrasted with an academic exploration of the history, various traditions, or the methodology of healing.

Guiahi, M., Maguire, K., Ripp, Z. T., Goodman, R. W. and Kenton, K. [Department of Obstetrics and Gynecology, Columbia University Medical Center, New York, NY; Mg2852@columbia.edu]. "**Perceptions of family planning and abortion education at a faith-based medical school.**" *Contraception* 84, no. 5 (Nov 2011): 520-524.

[Abstract:] BACKGROUND: Because of religious beliefs against contraception and abortion, family planning education is limited at faith-based institutions. The purpose of this study was to assess medical students' satisfaction with family planning education at a faith-based medical school. STUDY DESIGN: A self-administered anonymous questionnaire was designed and distributed to all second- and fourth-year students (n=273) at a faith-based medical school during the 2008-2009 academic year. The questionnaire included items on adequacy of and preference for amount and content of family planning preclinical education and clinical training. RESULTS: A total of 220 students completed the questionnaire for a response rate of 80.6%. The majority of respondents described the preclinical education as inadequate and preferred increased content on contraception (73.9%), sterilization (68.6%) and abortion (65.2%). The majority of fourth-year students reported appropriate contraceptive clinical training (69.0%), but inadequate sterilization training (54.8%) and abortion training (71.4%) during their third-year OB/GYN clerkship. Approximately half of fourth-year students (51.8%) desired clinical abortion training. CONCLUSION: The majority of students enrolled at a faith-based medical school rated their current family planning education as inadequate and desired additional opportunities.

Haber, J. R., Koenig, L. B. and Jacob, T. [VAPAHCs, Menlo Park, CA; randyhaber@gmail.com]. "**Alcoholism, personality, and religion/spirituality: an integrative review.**" *Current Drug Abuse Reviews* 4, no. 4 (Dec 2011): 250-260.

[Abstract:] A review of the literature on the relationships between alcoholism, personality, and religion identified patterns that may help explain the inverse association between alcoholism and religion/spirituality (R/S). Personality plays a central role in two etiological models of alcoholism. The personality traits of high behavioral undercontrol (low Agreeableness and low Conscientiousness) and high negative affect (high Neuroticism) are both significantly related to higher alcohol use. Religiosity is also correlated with these traits, but in the opposite direction (e.g., with low behavioral undercontrol and low negative affect). Thus, the personality profiles associated with alcoholism and religion are the inverse of one another. In addition, evidence suggests that R/S moderates genetic variation on both Neuroticism and Disinhibition (part of behavioral undercontrol). Implications are discussed in terms of competing explanatory models: a basic research model which argues for genetically-determined stability in personality and alcoholism risk, and a clinical treatment model which argues for the primacy of environmental interventions in treatment and the possibility of personality change as a pathway to recovery.

Hall, R. E. and Breland-Noble, A. [Michigan State University, East Lansing; hallr@msu.edu]. "**Spirituality vis-à-vis Islam as prerequisite to Arab American well being: the implications of Eurocentrism for mainstream psychology.**" *American Journal of Psychotherapy* 65, no. 2 (2011): 151-162.

[Abstract:] Due to the historical preponderance of racial and/or intellectual homogeneity in the field of psychology, Eurocentrism set the "gold standard" for its method of intervention. As such, it might be argued that psychology remains a bastion of Eurocentric thought despite the globalization of knowledge and the influx of racially and ethnically diverse scientists into the research endeavor. At the same time and the significant increase in the immigrant Arab population, Arab Americans remain a less familiar component of society. Among the various Arab populations, spirituality through Islam is fundamental. Thus, psychologists would be remiss to exclude a critical aspect of Arab American life from intervention when it is essential to well-being.

Handzo, G. [HealthCare Chaplaincy, New York]. "**Spiritual care for palliative patients.**" *Current Problems in Cancer* 35, no. 6 (Nov-Dec 2011): 365-371.

This article presents "The Case for Spiritual Care," "Models of Spiritual Care," (a description of) "Chaplaincy Care," and "The Process of Spiritual Care."

Harris, J. I., Erbes, C. R., Engdahl, B. E., Thuras, P., Murray-Swank, N., Grace, D., Ogden, H., Olson, R. H., Winskowski, A. M., Bacon, R., Malec, C., Campion, K. and Le, T. [VA Medical Center, Minneapolis, MN; jeanette.harris2@med.va.gov]. "**The effectiveness of a trauma focused spiritually integrated intervention for veterans exposed to trauma.**" *Journal of Clinical Psychology* 67, no. 4 (Apr 2011): 425-438.

[Abstract:] Building Spiritual Strength (BSS) is an 8-session, spiritually integrated group intervention designed to address religious strain and enhance religious meaning making for military trauma survivors. It is based upon empirical research on the relationship between spirituality

and adjustment to trauma. To assess the intervention's effectiveness, veterans with histories of trauma who volunteered for the study were randomly assigned to a BSS group (n = 26) or a wait-list control group (n = 28). BSS participants showed statistically significant reductions in PTSD symptoms based on self-report measures as compared with those in a wait-list control condition. Further research on spiritually integrated interventions for trauma survivors is warranted.

Harris, L. H., Cooper, A., Rasinski, K. A., Curlin, F. A. and Lyerly, A. D. [Department of Obstetrics and Gynecology, University of Michigan, Ann Arbor; lharris@med.umich.edu]. "**Obstetrician-gynecologists' objections to and willingness to help patients obtain an abortion.**" *Obstetrics & Gynecology* 118, no. 4 (Oct 2011): 905-912.

[From the abstract:] ...METHODS: We conducted a mailed survey of 1,800 U.S. ob-gyns. We presented seven scenarios in which patients sought abortions. For each, respondents indicated if they morally objected to abortion and if they would help patients obtain an abortion. We analyzed predictors of objection and assistance. RESULTS: The response rate was 66%. Objection to abortion ranged from 16% (cardiopulmonary disease) to 82% (sex selection); willingness to assist ranged from 64% (sex selection) to 93% (cardiopulmonary disease). Excluding sex selection, objection was less likely among ob-gyns who were female (odds ratio [OR] 0.5, 95% confidence interval [CI] 0.4-0.8), urban (OR 0.3, 95% CI 0.1-0.7), or Jewish (OR 0.3, 95% CI 0.1-0.7) compared with male, rural, or religiously unaffiliated ob-gyns. Objection was more likely among ob-gyns from the South (OR 1.9, 95% CI 1.2-3.0) or Midwest (OR 1.9, 95% CI 1.2-3.1), and among Catholic, Evangelical Protestant, or Muslim ob-gyns, or those for whom religion was most important, compared with reference. Among ob-gyns who objected to abortion in a given case, approximately two-thirds would help patients obtain an abortion. Excluding sex selection, assistance despite objection was more likely among female (OR 1.8, 95% CI 1.1-2.9) and United States-born ob-gyns (OR 2.2, 95% CI 1.1-4.7) and less likely among southern ob-gyns (OR 0.3, 95% CI 0.2-0.6) or those for whom religion was most important (OR 0.3, 95% CI 0.1-0.7)....

Harris, M. D. [Volunteer Resources Department at Abington Memorial Hospital in Abington, PA]. "**Nursing in the faith community.**" *Nursing* 41, no. 1 (Jan 2011): 46-48.

This is a brief and practical introductory overview of Faith Community Nursing (also known as Parish Nursing).

Hasnain, M., Connell, K. J., Menon, U. and Tranmer, P. A. [Department of Family Medicine, College of Medicine, University of Illinois at Chicago, IL; memoona@uic.edu]. "**Patient-centered care for Muslim women: provider and patient perspectives.**" *Journal of Women's Health* 20, no. 1 (Jan 2011): 73-83.

[Abstract:] OBJECTIVE: The purpose of this study was twofold: (1) to address the gap in existing literature regarding provider perspectives about provision of high-quality, culturally appropriate, patient-centered care to Muslim women in the United States and (2) to explore congruence between provider and patient perceptions regarding barriers to and recommendations for providing such care. METHODS: Using a cross-sectional study design, a written survey was administered to a convenience sample of healthcare providers (n=80) and Muslim women (n=27). RESULTS: There was considerable congruence among patients and providers regarding healthcare needs of Muslim women. A majority (83.3%) of responding providers reported encountering challenges while providing care to Muslim women. A majority (93.8%) of responding patients reported that their healthcare provider did not understand their religious or cultural needs. Providers and patients outlined similar barriers/challenges and recommendations. Key challenges included lack of providers' understanding of patients' religious and cultural beliefs; language-related patient-provider communication barriers; patients' modesty needs; patients' lack of understanding of disease processes and the healthcare system; patients' lack of trust and suspicion about the healthcare system, including providers; and system-related barriers. Key recommendations included provider education about basic religious and cultural beliefs of Muslim patients, provider training regarding facilitation of a collaborative patient-provider relationship, addressing language-related communication barriers, and patient education about disease processes and preventive healthcare. CONCLUSIONS: Both providers and patients identify significant barriers to the provision of culturally appropriate care to Muslim women. Improving care would require a flexible and collaborative care model that respects and accommodates the needs of patients, provides opportunities for training providers and educating patients, and makes necessary adjustments in the healthcare system. The findings of this study can guide future research aimed at ensuring high-quality, culturally appropriate, patient-centered healthcare for Muslim women in the United States and other western countries.

Hawthorne, D., Youngblut, J. M. and Brooten, D. [Florida International University, College of Nursing and Health Sciences, Kissimmee; dmh5589@gmail.com]. "**Psychometric evaluation of the Spanish and English versions of the Spiritual Coping Strategies scale.**" *Journal of Nursing Measurement* 19, no. 1 (2011): 46-54.

[Abstract:] The Spiritual Coping Strategies (SCS) Scale measures how frequently religious and nonreligious (spiritual) coping strategies are used to cope with a stressful experience. This study's purpose is to evaluate the psychometric properties of the newly translated Spanish version of the SCS. A total of 51 bilingual adults completed the SCS in Spanish and English, with 25 completing them again 2-3 weeks later. Internal consistency reliability for the Spanish (r = 0.83) and English (r = 0.82) versions of the SCS in the total sample were good. Test-retest reliability was .84 for the Spanish and .80 for the English version. Spanish and English responses to the SCS items and the resulting score for the subscales and the total scale were not significantly different. Scores on the English and Spanish versions were correlated as expected with time since the stressful event and happiness with family and with spouse or partner, supporting the validity of the Spanish SCS. Study findings support the reliability and validity of the newly translated Spanish SCS.

Hayden, D. [Our lady's Hospice & Care Services, School of Nursing Midwifery and Health Systems, University College Dublin, Ireland; dhayden@olh.ie]. "**Spirituality in end-of-life care: attending the person on their journey.**" *British Journal of Community Nursing* 16, no. 11 (Nov 2011): 546, 548-551.

[Abstract:] Spirituality is a fundamental element to the human experience of health and healing, illness and dying. Spiritual care is an essential component of palliative and end-of-life care provision and is the responsibility of all staff and carers involved in the care of patients and families. As end-of-life care is a significant element of community nursing, this article explores the relevancy of spirituality to end-of-life practice, the challenge of defining spirituality and the attributes and skills required for the practice of spiritual care. The aim of is to encourage self reflection and open dialogue about the subject, thus enhancing community nurses' understanding of spiritual care practice. By reflecting and generating talk about the practice of spiritual care, it may become more normalized, recognized, and practically meaningful, thereby retaining its significance in holistic nursing.

- Hays, J. C., Wood, L., Steinhauser, K., Olson, M. K., Lindquist, J. H. and Tulsy, J. A. [Duke University School of Nursing, Durham, NC; judith.hays@duke.edu]. **"Clergy-laity support and patients' mood during serious illness: a cross-sectional epidemiologic study."** *Palliative & Supportive Care* 9, no. 3 (Sep 2011): 273-280.
 [Abstract:] OBJECTIVES: Religious participation is positively associated with mental health, but attendance at worship services declines during serious illness. This study assessed whether home visits by clergy or laity provide benefits to seriously ill patients who may have difficulty attending religious services. METHOD: A cross-sectional study design nested in an observational epidemiologic cohort study was used. The regionally representative sample of patients had metastatic lung, colorectal, breast, and prostate cancer (n = 70); Class III and IV congestive heart failure (n = 70); or chronic obstructive pulmonary disease with hypercapnea (n = 70) and were observed regarding clergy-laity support in their natural environments. DEPENDENT VARIABLE: 10-item Center for Epidemiologic Studies - Depression Scale. Independent variable: A one-item question measuring how much helpful support patients received from clergy or other persons from church, temple, synagogue, or mosque. Covariates: demographic, health, social support, religiousness. RESULTS: Depressed mood was negatively associated with clergy-laity support in a non-linear pattern. Depressed mood was also positively associated with functional deficits and a lifetime history of difficulties related to religious involvement. SIGNIFICANCE OF RESULTS: In lieu of worship attendance when people are sick, home visits by members of a patient's religious community may bolster mood by providing continuity of instrumental, emotional, and spiritual support.
- Hegarty, M. M., Abernethy, A. P., Olver, I. and Currow, D. C. [Palliative and Supportive Services, Flinders University, Adelaide, Australia]. **"Former palliative caregivers who identify that additional spiritual support would have been helpful in a population survey."** *Palliative Medicine* 25, no. 3 (Apr 2011): 266-277.
 [Abstract:] BACKGROUND: Palliative care encompasses physical, psychosocial and spiritual care for patients and caregivers. No population data are available on bereaved people who subsequently report that additional spiritual support would have been helpful. METHODS: In a population survey, a respondent-defined question was asked regarding 'additional spiritual support' that would have been helpful if someone 'close to them had died' an expected death in the previous five years. Data (socio-demographic [respondent]); clinical [deceased]) directly standardized to the whole population were analyzed. RESULTS: There were 14,902 participants in this study (71.6% participation rate), of whom 31% (4665) experienced such a death and 1084 (23.2%) provided active hands-on (day-to-day or intermittent) care. Fifty-one of the 1084 (4.7%) active caregivers identified that additional spiritual support would have been helpful. The predictors in a regression analysis were: other domains where additional support would have been helpful (OR 1.69; 95% CI 1.46-1.94; p<0.001); and being female (OR 3.23; 95% CI 1.23 to 8.33; p=0.017). 'Additional spiritual support being helpful' was strongly associated with higher rates where additional support in other domains would also have been helpful in: all bereaved people (2.7 vs. 0.6; p<0.0001); and in active caregivers (3.7 vs. 0.8; p<0.0001). CONCLUSION: People who identify that additional spiritual support would have been helpful have specific demographic characteristics. There is also a strong association with the likelihood of identifying that a number of other additional supports would have been helpful. Clinically, the need for additional spiritual support should open a conversation about other areas where the need for further support may be identified.
- Heiney, S. P., Hazlett, L. J., Weinrich, S. P., Wells, L. M., Adams, S. A., Underwood, S. M. and Parrish, R. S. [Palmetto Health Cancer Centers, Columbia, SC; heineys@mailbox.sc.edu]. **"Antecedents and mediators of community connection in African American women with breast cancer."** *Research & Theory for Nursing Practice* 25, no. 4 (2011): 252-270.
 [Abstract:] OBJECTIVE: To describe the theory of community connection defined as close relationships with women and men who are members of a neighborhood, a church, a work group, or an organization. Antecedent and mediator variables related to community connection are identified. DESIGN/METHODS: A cross-sectional design was used to assess for relationships among theorized antecedents and mediators of community connection in a sample of 144 African American women aged 21 years and older (mean = 54.9) who had been diagnosed with invasive/infiltrating ductal carcinoma. MEASUREMENT AND ANALYSES: Community connection was measured with the relational health indices-community subscale. Mediator analysis was conducted to assess significance of the indirect effects of the mediator variables, which were fear, breast cancer knowledge, and isolation. RESULTS: Community connection was found to be associated with three of the four antecedents, cancer stigma, stress, and spirituality, but not associated with fatalism. Effects were mediated primarily through fear and isolation with isolation as was more dominant of the two mediators. Surprisingly, breast cancer knowledge showed no significant mediator role. CONCLUSIONS: The importance of isolation and fear as mediators of community connection is highlighted by this research. The study could serve as a model for other researchers seeking to understand connection in ethnic groups and communities.
- Helming, M. B. [Department of Nursing, Quinnipiac University, Hamden, CT; maryapr@aol.com]. **"Healing through prayer: a qualitative study."** *Holistic Nursing Practice* 25, no. 1 (Jan-Feb 2011): 33-44.
 [Abstract:] A qualitative study using a semistructured interview process explored the experience of being healed through prayer in 20 participants from several Protestant Christian faith traditions. Five cluster themes and their subthemes were identified, such as Spirituality and Suffering (subthemes of Purpose of Suffering and Spiritual Meaning of Suffering); The Healing Experience (subthemes of Problems that Were Healed, Incomplete Healings or Recurrences, and Healing of Friends and Family Members); The Connecting Network of Prayer (subthemes of Connection to God, Connection to Others, Meaning of Prayer, Methods of Prayer, and Unanswered Prayer); Spiritual Transformation of Prayer (subthemes of Changed Lives and Sense of Purpose); and Spiritual Phenomena (subthemes of Sense of God's Presence, Use of Complementary and Alternative Practices, and Mysterious Phenomena).
- Herrell, H. E. [Department of Obstetrics and Gynecology, East Tennessee State University, Johnson City, TN; herrellh@etsu.edu]. **"The role of spirituality in Hippocratic medicine."** *Southern Medical Journal* 104, no. 4 (Apr 2011): 289-291.
 This is a brief article in another of the journal's Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; Dyer, A. R. (two articles); Grosch, W. N.; Mehta, J. B.; and Purov B., et al.; noted elsewhere in this bibliography.
- Hexem, K. R., Mollen, C. J., Carroll, K., Lanctot, D. A. and Feudtner, C. [Pediatric Advanced Care Team, Children's Hospital of Philadelphia, Philadelphia, PA]. **"How parents of children receiving pediatric palliative care use religion, spirituality, or life philosophy in tough times."** *Journal of Palliative Medicine* 14, no. 1 (Jan 2011): 39-44.
 [Abstract:] BACKGROUND: How parents of children with life threatening conditions draw upon religion, spirituality, or life philosophy is not empirically well described. METHODS: Participants were parents of children who had enrolled in a prospective cohort study on parental

decision-making for children receiving pediatric palliative care. Sixty-four (88%) of the 73 parents interviewed were asked an open-ended question on how religion, spirituality, or life philosophy (RSLP) was helpful in difficult times. Responses were coded and thematically organized utilizing qualitative data analysis methods. Any discrepancies amongst coders regarding codes or themes were resolved through discussion that reached consensus. RESULTS: Most parents of children receiving palliative care felt that RSLP was important in helping them deal with tough times, and most parents reported either participation in formal religious communities, or a sense of personal spirituality. A minority of parents, however, did not wish to discuss the topic at all. For those who described their RSLP, their beliefs and practices were associated with qualities of their overall outlook on life, questions of goodness and human capacity, or that "everything happens for a reason." RSLP was also important in defining the child's value and beliefs about the child's afterlife. Prayer and reading the bible were important spiritual practices in this population, and parents felt that these practices influenced their perspectives on the medical circumstances and decision-making, and their locus of control. From religious participation and practices, parents felt they received support from both their spiritual communities and from God, peace and comfort, and moral guidance. Some parents, however, also reported questioning their faith, feelings of anger and blame towards God, and rejecting religious beliefs or communities. CONCLUSIONS: RSLP play a diverse and important role in the lives of most, but not all, parents whose children are receiving pediatric palliative care.

Hirschmann, J. [Phelps Memorial Hospital Center, 701 North Broadway, Sleepy Hollow, NY; johirschmann28@gmail.com]. **"Psychological and theological dynamics in an inpatient psychiatric chaplaincy group."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 964-974.

[Abstract:] This article describes the structure and goals of chaplaincy groups in an inpatient psychiatric setting. The article also explores their therapeutic benefits for patients and offers a theological framework for thinking about the conversations that unfolded in these groups. The article focuses in particular on the value of discussion and reflection in a group setting, the significance of receiving and answering questions, and the experience of participating in a simple ritual to name hopes.

Ho, L. A., Engelberg, R. A., Curtis, J. R., Nelson, J., Luce, J., Ray, D. E. and Levy, M. M. [Department of Medicine, University of Washington School of Medicine, Seattle]. **"Comparing clinician ratings of the quality of palliative care in the intensive care unit."** *Critical Care Medicine* 39, no. 5 (May 2011): 975-983.

Among the findings of this survey of a convenience sample of 188 physicians working in critical care (attending physicians, critical care fellows, resident physicians) and 289 critical care nurses: "We noted that three domains in particular received relatively lower ratings: the provision of education about palliative care to clinicians, the assessment of spiritual and religious needs of the patient and family, and the provision of emotional support for clinicians caring for dying patients." [p. 980]

Hodge, D. R. [School of Social Work, Arizona State University]. **"Alcohol treatment and cognitive-behavioral therapy: enhancing effectiveness by incorporating spirituality and religion."** *Social Work* 56, no. 1 (Jan 2011): 21-31.

[Abstract:] Cognitive-behavioral therapy (CBT) is an effective modality for the treatment of alcoholism. Given widespread interest in incorporating spirituality into professional treatment, this article orients practitioners to spiritually modified CBT, an approach that may enhance outcomes with some spiritually motivated clients. More specifically, by integrating clients' spiritual beliefs and practices into treatment, this modality may speed recovery, enhance treatment compliance, prevent relapse, and reduce treatment disparities by providing more culturally congruent services. The process of constructing spiritually modified CBT self-statements is described and illustrated, and suggestions are provided for working with client spirituality in an ethical manner. The article concludes by emphasizing the importance of this approach in light of the growing spiritual diversity that characterizes contemporary society.

Hodge, D. R. [School of Social Work, Arizona State University, Phoenix]. **"Using spiritual interventions in practice: developing some guidelines from evidence-based practice."** *Social Work* 56, no. 2 (Apr 2011): 149-158.

[Abstract:] Research indicates that many social work practitioners are interested in using spiritual interventions in clinical settings. Unfortunately, studies also indicate that practitioners have frequently received minimal training on the topic during their graduate education. Drawing from the evidence-based practice movement, this article develops some guidelines to assist practitioners in using spiritual interventions in an ethical, professional manner that fosters client well-being. These guidelines can be summarized under the following four rubrics: (1) client preference, (2) evaluation of relevant research, (3) clinical expertise, and (4) cultural competency. The article concludes by emphasizing that these overlapping guidelines should be considered concurrently, in a manner that privileges clients' needs and desires in the decision-making process.

Hodge, D. R. and Horvath, V. E. [School of Social Work, Arizona State University, Phoenix]. **"Spiritual needs in health care settings: a qualitative meta-synthesis of clients' perspectives."** *Social Work* 56, no. 4 (Oct 2011): 306-316.

[Abstract:] Spiritual needs often emerge in the context of receiving health or behavioral health services. Yet, despite the prevalence and salience of spiritual needs in service provision, clients often report their spiritual needs are inadequately addressed. In light of research suggesting that most social workers have received minimal training in identifying spiritual needs, this study uses a qualitative meta-synthesis (N=11 studies) to identify and describe clients' perceptions of their spiritual needs in health care settings. The results revealed six interrelated themes: (1) meaning, purpose, and hope; (2) relationship with God; (3) spiritual practices; (4) religious obligations; (5) interpersonal connection; and (6) professional staff interactions. The implications of the findings are discussed as they intersect social work practice and education.

Hodge, D. R. and Limb, G. E. [School of Social Work, Arizona State University, Phoenix]. **"Spiritual assessment and Native Americans: establishing the social validity of a complementary set of assessment tools."** *Social Work* 56, no. 3 (Jul 2011): 213-223.

[Abstract:] Although social work practitioners are increasingly likely to administer spiritual assessments with Native American clients, few qualitative assessment instruments have been validated with this population. This mixed-method study validates a complementary set of spiritual assessment instruments. Drawing on the social validity literature, a sample of experts in Native culture (N = 50) evaluated the instruments' cultural consistency, strengths, limitations, and areas needing improvement. Regarding the degree of congruence with Native American culture, verbally based spiritual histories ranked highest and diagrammatically oriented spiritual genograms ranked lowest, although all instruments demonstrated at least moderate levels of consistency with Native culture. The results also suggest that practitioners' level of spiritual competence plays a crucial role in ensuring the instruments are operationalized in a culturally appropriate manner.

- Holt, C. L., Oster, R. A., Clay, K. S., Urmie, J. and Fouad, M. [School of Public Health, Department of Public and Community Health, University of Maryland, College Park; cholt14@umd.edu]. **"Religiosity and physical and emotional functioning among African American and White colorectal and lung cancer patients."** *Journal of Psychosocial Oncology* 29, no. 4 (Jul-Aug 2011): 372-393.
 [Abstract:] The literature suggests that religiosity helps cope with illness. The present study examined the role of religiosity in functioning among African Americans and Whites with a cancer diagnosis. Patients were recruited from an existing study and mailed a religiosity survey. Participants (N = 269; 36% African American, 56% women) completed the mail survey, and interview data from the larger cohort was utilized in the analysis. Multivariate analyses indicated that in the overall sample religious behaviors were marginally and positively associated with mental health and negatively with depressive symptoms. Among women, religious behaviors were positively associated with mental health and negatively with depressive symptoms. Religiosity was not a predictor of study outcomes for men. Among African Americans, religious behaviors were positively associated with mental health and vitality. Among Whites, religious behaviors were negatively associated with depressive symptoms. These findings suggest a mixed role of religious involvement in cancer outcomes. The current findings may have applied potential in the areas of emotional functioning and depression.
- Holt, C. L., Shipp, M., Eloubeidi, M., Fouad, M. N., Britt, K. and Norena, M. [Department of Public and Community Health, University of Maryland School of Public Health, College Park; cholt14@umd.edu]. **"Your body is the temple: impact of a spiritually based colorectal cancer educational intervention delivered through community health advisors."** *Health Promotion Practice* 12, no. 4 (Jul 2011): 577-588.
 [Abstract:] Colorectal cancer (CRC) is third in cancer incidence and mortality, due in part to lack of awareness and low rates of screening. The purpose of the present study was to evaluate the efficacy of a spiritually based CRC educational intervention delivered by trained Community Health Advisors, in Alabama churches. The aim of the intervention was to increase knowledge and awareness of CRC and early detection, and to eventually increase CRC screening rates. Participants age-eligible for screening (N = 122) completed baseline, 6-month, and 12-month surveys by telephone. Increases in CRC knowledge, perceived benefits of CRC screening, and awareness of the screening modalities and decreases in perceived barriers to screening suggested that this type of intervention may be promising for CRC control and should be examined further.
- Holt, C. L., Wang, M. Q., Caplan, L., Schulz, E., Blake, V. and Southward, V. L. [Department of Behavioral and Community Health, School of Public Health, University of Maryland, College Park; cholt14@umd.edu]. **"Role of religious involvement and spirituality in functioning among African Americans with cancer: testing a mediational model."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 437-448.
 [Abstract:] The present study tested a mediational model of the role of religious involvement, spirituality, and physical/emotional functioning in a sample of African American men and women with cancer. Several mediators were proposed based on theory and previous research, including sense of meaning, positive and negative affect, and positive and negative religious coping. One hundred patients were recruited through oncologist offices, key community leaders and community organizations, and interviewed by telephone. Participants completed an established measure of religious involvement, the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-SP-12 version 4), the Positive and Negative Affect Schedule (PANAS), the Meaning in Life Scale, the Brief RCOPE, and the SF-12, which assesses physical and emotional functioning. Positive affect completely mediated the relationship between religious behaviors and emotional functioning. Though several other constructs showed relationships with study variables, evidence of mediation was not supported. Mediational models were not significant for the physical functioning outcome, nor were there significant main effects of religious involvement or spirituality for this outcome. Implications for cancer survivorship interventions are discussed. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]
- Holt-Lunstad, J., Steffen, P. R., Sandberg, J. and Jensen, B. [Department of Psychology, Brigham Young University, Provo, UT; julianne_holt-lunstad@byu.edu]. **"Understanding the connection between spiritual well-being and physical health: an examination of ambulatory blood pressure, inflammation, blood lipids and fasting glucose."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 477-488.
 [Abstract:] Growing research has demonstrated a link between spiritual well-being and better health; however, little is known about possible physiological mechanisms. In a sample of highly religious healthy male and female adults (n = 100) ages 19–59 (m = 28.28) we examined the influence of spiritual well-being, as measured by the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp-Ex), on physiological risk factors for heart disease. Specifically we examined 24-h ambulatory blood pressure (BP), inflammation (hs-C-reactive protein), fasting glucose, and blood lipids. Regression analyses reveal that higher levels of spiritual-wellness (total FACIT-Sp-Ex score) was significantly related to lower systolic ambulatory BP ($\hat{\alpha} = -.345$; $P < .001$), diastolic ambulatory BP ($\hat{\alpha} = -.24$; $P = .02$), hs-C-reactive protein ($\hat{\alpha} = -.23$; $P = .04$), fasting glucose ($\hat{\alpha} = -.28$; $P = .006$), and marginally lower triglycerides ($\hat{\alpha} = -.21$; $P = .09$) and VLDL ($\hat{\alpha} = -.21$; $P = .10$) controlling for age, gender, and church attendance. Results remained generally consistent across the Meaning, Peace, Faith and Additional Spiritual Concerns subscales of the FACIT-Sp-Ex. Spiritual well-being may be cardio protective. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]
- Hotez, P. J. and Aksoy, S. [Baylor College of Medicine, Houston, TX, and the Yale School of Public Health, New Haven, CT]. **"An interfaith dialogue on the neglected tropical diseases."** *PLoS Neglected Tropical Diseases* 5, no. 12 (Dec 2011): e1240 [electronic journal].
 This editorial calls for greater involvement of religious institutions in the promotion of mass drug administration to combat 17 neglected tropical diseases (NTD), noting that "adherents of Islam, Roman Catholicism, and Hinduism comprise roughly 47% of the world's population," and an inordinately high percentage of people suffering from NTDs: "up to 80% of the world's cases of intestinal helminth infections and 85%

of the world's registered leprosy cases, in addition to almost two-thirds of the global cases of schistosomiasis and one-quarter of the trachoma cases." [e1240, p. 1]

Huguelet, P., Mohr, S., Betrisey, C., Borrás, L., Gillieron, C., Marie, A. M., Rieben, I., Perroud, N. and Brandt, P. Y. [Department of Psychiatry, University Hospitals of Geneva and University of Geneva, Switzerland; philippe.huguelet@hcuge.ch]. **"A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience."** *Psychiatric Services* 62, no. 1 (Jan 2011): 79-86.

[Abstract:] OBJECTIVE: Recovery-oriented care for patients with schizophrenia involves consideration of cultural issues, such as religion and spirituality. However, there is evidence that psychiatrists rarely address such topics. This study examined acceptance of a spiritual assessment by patients and clinicians, suggestions for treatment that arose from the assessment, and patient outcomes--in terms of treatment compliance and satisfaction with care (as measured by treatment alliance). METHODS: Outpatients with psychosis were randomly assigned to two groups: an intervention group that received traditional treatment and a religious and spiritual assessment (N=40) and a control group that received only traditional treatment (N=38). Eight psychiatrists were trained to administer the assessment to their established and stable patients. After each administration, the psychiatrist attended a supervision session with a psychiatrist and a psychologist of religion. Baseline and three-month data were collected. RESULTS: The spiritual assessment was well accepted by patients. During supervision, psychiatrists reported potential clinical uses for the assessment information for 67% of patients. No between-group differences in medication adherence and satisfaction with care were found at three months, although patients in the intervention group had significantly better appointment attendance during the follow-up period. Their interest in discussing religion and spirituality with their psychiatrists remained high. The process was not as well accepted by psychiatrists. CONCLUSIONS: Spiritual assessment can raise important clinical issues in the treatment of patients with chronic schizophrenia. Cultural factors, such as religion and spirituality, should be considered early in clinical training, because many clinicians are not at ease addressing such topics with patients. [See also: Mohr, S., Perroud, N., Gillieron, C., Brandt, P. Y., Rieben, I., Borrás, L. and Huguelet, P., "Spirituality and religiousness as predictive factors of outcome in schizophrenia and schizo-affective disorders," *Psychiatry Research* 186, nos. 2-3 (Apr 30, 2011): 177-182; noted elsewhere in this bibliography.]

Hui, D., de la Cruz, M., Thorney, S., Parsons, H. A., Delgado-Guay, M. and Bruera, E. [Department of Palliative Care and Rehabilitation Medicine, University of Texas MD Anderson Cancer Center, Houston]. **"The frequency and correlates of spiritual distress among patients with advanced cancer admitted to an acute palliative care unit."** *American Journal of Hospice & Palliative Medicine* 28, no. 4 (Jun 2011): 264-270.

[Abstract:] Limited research is available on the frequency of spiritual distress and its relationship with physical and emotional distress. We reviewed patients admitted to our acute palliative care unit (APCU) and determined the association between patient characteristics, symptom severity using the Edmonton Symptom Assessment scale (ESAS), and spiritual distress as reported by a chaplain on initial visit. In all, 50 (44%) of 113 patients had spiritual distress. In univariate analysis, patients with spiritual distress were more likely to be younger (odds ratio [OR] = 0.96, P = .004), to have pain (OR = 1.2, P = .010) and depression (OR = 1.24, P = .018) compared to those without spiritual distress. Spiritual distress was associated with age (OR = 0.96, P = .012) and depression (OR = 1.27, P = .020) in multivariate analysis. Our findings support regular spiritual assessment as part of the interdisciplinary approach to optimize symptom control. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the September 2011 Article-of-the-Month at <http://www.acperesearch.net/sep11.html>.]

Hui, D., Parsons, H. A., Damani, S., Fulton, S., Liu, J., Evans, A., De La Cruz, M. and Bruera, E. [Department of Palliative Care & Rehabilitation Medicine, University of Texas MD Anderson Cancer Center, Houston; dhui@mdanderson.org]. **"Quantity, design, and scope of the palliative oncology literature."** *Oncologist* 16, no. 5 (2011): 694-703.

[From the abstract:] The current state of the palliative oncology literature is unclear. ...We systematically searched MEDLINE, PsychInfo, EMBASE, ISI Web of Science, and CINAHL for original studies, review articles, and systematic reviews related to "palliative care" and "cancer" during the first 6 months of 2004 and 2009. ...We found a consistent decrease in the proportion of oncology studies related to palliative care between 2004 and 2009, despite an absolute increase in the total number of palliative oncology studies. ...The most common topics were physical symptoms, health services research, and psychosocial issues. Communication, decision making, spirituality, education, and research methodologies all represented <5% of the literature....

Hunter, L., Bormann, J., Belding, W., Sobo, E. J., Axman, L., Reseter, B. K., Hanson, S. M. and Miranda Anderson, V. [School of Nursing, San Diego State University, CA; lhunter@mail.sdsu.edu]. **"Satisfaction and use of a spiritually based mantram intervention for childbirth-related fears in couples."** *Applied Nursing Research* 24, no. 3 (Aug 2011): 138-146.

[Abstract:] This study assessed patient satisfaction with the use of a spiritually based (mantram/sacred word) intervention in expecting couples. A mixed-methods design, experimental repeated measures with interviews at 6-month follow-up was conducted. Satisfaction was moderate to high. Mantram was used for labor pains and uncertainty. Implications include scheduling flexible classes earlier in pregnancy. A larger randomized study is needed to assess intervention effectiveness.

Hurlbut, J. M., Robbins, L. K. and Hoke, M. M. [College of Nursing, University of Southern Nevada, Henderson; jhurlbut@usn.edu]. **"Correlations between spirituality and health-promoting behaviors among sheltered homeless women."** *Journal of Community Health Nursing* 28, no. 2 (Apr 2011): 81-91.

[Abstract:] This study examined the relationship between spirituality and health-promoting behaviors in a convenience sample of 90 sheltered homeless women using the Health Promotion Lifestyle Profile II, the Spiritual Well-Being Scale, and a demographic questionnaire. A moderate positive correlation was found between spiritual well-being and overall health promoting lifestyle ($r = .426$). Moderate to strong positive correlations were found between the Spiritual Well-Being Scale and the Health Promotion Lifestyle Profile II dimension subscales (physical activity, nutrition, spiritual growth, interpersonal relations, and stress management). The results support the importance of spirituality in relation to health-promoting behaviors among sheltered homeless women.

Hutchinson, S., Hersch, G., Davidson, H. A., Chu, A. Y. and Mastel-Smith, B. [College of Nursing, Texas Woman's University, Houston; SHutchinson@twu.edu]. **"Voices of elders: culture and person factors of residents admitted to long-term care facilities."** *Journal of Transcultural Nursing* 22, no. 4 (Oct 2011): 397-404.

[Abstract:] PURPOSE: The aim of this study was to investigate person and environment factors of elders that facilitate adaptation to relocation to long-term care skilled nursing facilities. Results represent findings from Phase 1 of three phases of a 2-year study to develop and test a cultural heritage intervention to improve adaptation to nursing home relocation. DESIGN: Qualitative interviews were conducted with 23 newly admitted Caucasians and African Americans residing in skilled nursing facilities. FINDINGS/RESULTS: Themes that emerged include (a) spirituality, death and dying, and philosophy of life; (b) life experiences with change; (c) cultural heritage; (d) health; (e) ethnicity; (f) social support, family and friends; (g) long-term care facility (LTCF) relationships; (h) LTCF system maintenance; and (i) LTCF support of personal growth. Comparison of African Americans and Caucasians showed more similarities than differences between the groups. DISCUSSION: Implications for research, clinical practice, and cultural heritage interventions for LTCF adaptation are discussed.

Hwang, K., Hammer, J. H. and Cragun, R. T. [Department of Outcomes Research, Kessler Foundation Research Center, University of Medicine and Dentistry of New Jersey, West Orange; khwang67@verizon.net]. "**Extending religion-health research to secular minorities: issues and concerns.**" *Journal of Religion & Health* 50, no. 3 (Sep 2011): 608-622.

[Abstract:] Claims about religion's beneficial effects on physical and psychological health have received substantial attention in popular media, but empirical support for these claims is mixed. Many of these claims are tenuous because they fail to address basic methodological issues relating to construct validity, sampling methods or analytical problems. A more conceptual problem has to do with the near universal lack of atheist control samples. While many studies include samples of individuals classified as "low spirituality" or religious "nones", these groups are heterogeneous and contain only a fraction of members who would be considered truly secular. We illustrate the importance of including an atheist control group whenever possible in the religiosity/spirituality and health research and discuss areas for further investigation.

Inhorn, M. C. and Serour, G. I. [Department of Anthropology and Council on Middle East Studies, Yale University, New Haven, CT; marcia.inhorn@yale.edu]. "**Islam, medicine, and Arab-Muslim refugee health in America after 9/11.**" *Lancet* 378, no. 9794 (Sep 3, 2011): 935-943.

[Abstract:] Islam is the world's second largest religion, representing nearly a quarter of the global population. Here, we assess how Islam as a religious system shapes medical practice, and how Muslims view and experience medical care. Islam has generally encouraged the use of science and biomedicine for the alleviation of suffering, with Islamic authorities having a crucial supportive role. Muslim patients are encouraged to seek medical solutions to their health problems. For example, Muslim couples who are infertile throughout the world are permitted to use assisted reproductive technologies. We focus on the USA, assessing how Islamic attitudes toward medicine influence Muslims' engagement with the US health-care system. Nowadays, the Arab-Muslim population is one of the fastest growing ethnic-minority populations in the USA. However, since Sept 11, 2001, Arab-Muslim patients--and particularly the growing Iraqi refugee population--face huge challenges in seeking and receiving medical care, including care that is judged to be religiously appropriate. We assess some of the barriers to care--i.e., poverty, language, and discrimination. Arab-Muslim patients' religious concerns also suggest the need for cultural competence and sensitivity on the part of health-care practitioners. Here, we emphasize how Islamic conventions might affect clinical care, and make recommendations to improve health-care access and services for Arab-Muslim refugees and immigrants, and Muslim patients in general.

Instone, S. and Mueller, M. R. [Hahn School of Nursing and Health Science, University of San Diego, CA; sinstone@sandiego.edu]. "**Religious influences on the reproductive health decisions of HIV-positive Latinas on the border.**" *Journal of Religion & Health* 50, no. 4 (Dec 2011): 942-949.

[Abstract:] The number of HIV-positive Latinas of child-bearing age living on the US-Mexico border is a growing concern. Little is known about how religious beliefs influence the reproductive health decisions of these women in light of disease demands and cultural and religious norms that support high fertility rates and childbearing. Such decisions may be further complicated by the stigma of HIV/AIDS and structural issues related to immigration status and trans-border lives. This paper analyzes extant literature and supports the need for further research so that policy makers and health and social service providers can develop meaningful and comprehensive reproductive-health related interventions.

Ironson, G., Stuetzle, R., Ironson, D., Balbin, E., Kremer, H., George, A., Schneiderman, N. and Fletcher, M. A. [Department of Psychology, University of Miami, Coral Gables, FL; gironson@aol.com]. "**View of God as benevolent and forgiving or punishing and judgmental predicts HIV disease progression.**" *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 414-425.

[Abstract:] This study assessed the predictive relationship between View of God beliefs and change in CD4-cell and Viral Load (VL) in HIV positive people over an extended period. A diverse sample of HIV-seropositive participants (N = 101) undergoing comprehensive psychological assessment and blood draws over the course of 4 years completed the View of God Inventory with subscales measuring Positive View (benevolent/forgiving) and Negative View of God (harsh/judgmental/punishing). Adjusting for initial disease status, age, gender, ethnicity, education, and antiretroviral medication (at every 6-month visit), a Positive View of God predicted significantly slower disease-progression (better preservation of CD4-cells, better control of VL), whereas a Negative View of God predicted faster disease-progression over 4 years. Effect sizes were greater than those previously demonstrated for psychosocial variables known to predict HIV-disease-progression, such as depression and coping. Results remained significant even after adjusting for church attendance and psychosocial variables (health behaviors, mood, and coping). These results provide good initial evidence that spiritual beliefs may predict health outcomes. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) -- see the December 2011 Article-of-the-Month at <http://www.acperesearch.net/dec11.html>.] [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

Ivry, T., Teman, E. and Frumkin, A. [University of Haifa, Department of Sociology and Anthropology, Mt. Carmel, Haifa, Israel; tsipy.ivry@gmail.com]. "**God-sent ordeals and their discontents: ultra-orthodox Jewish women negotiate prenatal testing.**" *Social Science & Medicine* 72, no. 9 (May 2011): 1527-1533.

[Abstract:] Through narrative interviews with 20 pregnant ultra-orthodox [Haredi] Jewish women in Israel conducted between 2007 and 2009, we examine the implications for such women of prenatal testing, and of pregnancy as a gendered route of piety. We found that pregnancy signified both a divine mission and possible reproductive misfortunes. Bearing a child with a disability was taken as a test of faith and God's decree was to be accepted. Fetal anomaly created anxiety about the women's ability to fulfill their God-given task and about their position in an

unwritten hierarchy of gendered righteousness. Challenging reproductive decisions were often assigned to rabbis, but this did not exempt women from viewing themselves as inadequate in their religious devotion. We conclude that prenatal testing becomes a spiritual ordeal that aggravates pregnancy tensions.

Iwamasa, G. Y. and Iwasaki, M. [Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health Operations, Indianapolis, IN; gayle.iwamasa@va.gov]. "**A new multidimensional model of successful aging: perceptions of Japanese American older adults.**" *Journal of Cross-Cultural Gerontology* 26, no. 3 (Sep 2011): 261-278.

Findings from this focus group study involving 77 Japanese American older adults from two senior facilities in Los Angeles, CA, suggested a multidimensional model of successful aging with dimensions of Physical Health, Psychological Health, Cognitive Functioning, Socialization, Spirituality, and Financial security. Subcategories of the Spiritual dimension were: 1) Religion: "go to church"; "pray to God"; "listen [and] return to God"; Shinto beliefs and practices, etc.; 2) Internal Peace: "being serene"; "live in repose"; "heals mind"; etc.; 3) Faith: "faith"; "be more faithful"; "faith is very important"; etc.; 4) Altruistic Behavior: "give a lot of love to people"; "care [for] other people with love"; "volunteering"; "volunteer at Keiro [a nursing home]; etc.; and Appreciation: "appreciate for so many things"; "grow old gracefully"; etc. [see Table 2, pp. 269-270]

Iwamoto, R., Yamawaki, N. and Sato, T. [Faculty of Medicine, Saga University, Saga, Japan]. "**Increased self-transcendence in patients with intractable diseases.**" *Psychiatry & Clinical Neurosciences* 65, no. 7 (Dec 2011): 638-647.

[Abstract:] AIMS: Patients with intractable disease require long-term treatment and experience repeated bouts of progressive symptoms and resolutions, which cause them severe suffering. The aim of this study was to elucidate the concepts of self-transcendence and subjective well-being in patients with intractable disease. METHODS: Forty-four patients with intractable disease (men/women: 22/22) participated. The diseases of the participants were classified into five systems: (i) neural/muscle system; (ii) digestive system; (iii) immunity/blood system; (iv) visual system; and (v) bone/joint system. The controls were 1854 healthy individuals (men/women: 935/869). Participants completed the Self-Transcendence Scale (STS) and the Japanese version of the World Health Organization-Subjective Inventory. The Japanese version of the Mini-International Neuropsychiatric Interview was also used for the intractable disease group. RESULTS: Analysis of covariance found a significant increase in STS score among the intractable disease group ($P < 0.001$). Multiple regression analysis showed that the positive affect measured by the World Health Organization-Subjective Inventory showed the greatest effect on the STS score for the intractable disease group ($\beta = 0.539$, $P < 0.001$). CONCLUSION: As a life-changing experience, an intractable disease may influence an increase in self-transcendence. The results also showed that there was a strong correlation between self-transcendence and respondents' subjective well-being. Our results suggest that patients with life-changing intractable disease can have a high level of self-transcendence, which may lead them to regain mental well-being, and increase their psychological health even in situations that cause physical and mental suffering.

Jackson, C. [Department of Nursing, Eastern University, St. Davids, PA; cjackson@eastern.edu]. "**Addressing spirituality: a natural aspect of holistic care.**" *Holistic Nursing Practice* 25, no. 1 (Jan-Feb 2011): 3-7.

This is an editorial overview, including a table on Distinguishing Between Spirituality and Religion [p. 4] and suggestions for spiritual assessment strategies (e.g., CSI-MEMO and FACT).

James, J., Cottle, E. and Hodge, R. D. [University of the West of England, Department of Nursing, Glenside Campus, Avon, UK; Jayne.James@uwe.ac.uk]. "**Registered nurse and health care chaplains experiences of providing the family support person role during family witnessed resuscitation.**" *Intensive & Critical Care Nursing* 27, no. 1 (Feb 2011): 19-26.

[Abstract:] OBJECTIVE: To provide an in-depth exploration regarding the Registered Nurse (RN) and Healthcare Chaplains' (HCC) perspective of the role of the family support person (FSP) during family witnessed resuscitation (FWR). RESEARCH METHODOLOGY/DESIGN: A phenomenological approach utilizing in-depth interviews were undertaken outside of the work setting. A purposive sample of 4 RN's and 3 HCC were recruited from four sites within the United Kingdom. All interviews were tape recorded, transcribed verbatim and analyzed utilizing Husserl's framework. FINDINGS: Seven key themes emerged which included assessment, managing choice, navigating the setting, on-going commentary, coming to terms with death, conflicts and support. CONCLUSIONS: This study has provided an insight regarding the intense clinical engagement associated with the role of the FSP and highlighted the importance of this role for family member's optimal care and support. It is vital that adequate professional development is instigated and that support mechanisms are in place for those health care professionals (HCP) undertaking this role in order to help family members through this difficult experience.

Jankowski, K. R., Handzo, G. F. and Flannelly, K. J. [Professional and Continuing Studies, Healthcare Chaplaincy, New York, NY; kjankowski@healthcarechaplaincy.org]. "**Testing the efficacy of chaplaincy care.**" *Journal of Health Care Chaplaincy* 17, nos. 3-4 (2011): 100-125.

[Abstract:] The current article reviews the research conducted in the United States on the clinical practice of chaplains with patients and family members, referrals to chaplains, patient satisfaction with chaplaincy services, and the limited literature on the efficacy of chaplain interventions. It also discusses the methodological limitations of studies conducted on these topics and makes suggestions for improving future chaplaincy research. The authors conclude that past studies have not adequately defined chaplain interventions, nor sufficiently documented the clinical practice of chaplains, and that more and better designed studies are needed to test the efficacy of chaplaincy interventions. The authors recommend that chaplains generate research-based definitions of spirituality, spiritual care, and chaplaincy practice; and that more research be conducted to describe the unique contributions of chaplains to spiritual care, identify best chaplaincy practices to optimize patient and family health outcomes, and test the efficacy of chaplaincy care. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the January/February 2012 Article-of-the-Month at <http://www.acperesearch.net/jan12.html>.]

Jenerette, C. M., Leak, A. N. and Sandelowski, M. [University of North Carolina at Chapel Hill School of Nursing; coretta.jenerette@unc.edu]. "**Life stories of older adults with sickle cell disease.**" *ABNF Journal* 22, no. 3 (2011): 58-63.

Semi-structured interviews with 12 adults with sickle cell disease indicated four themes: self-care, supportive family/friends, a higher power, and medical care. Regarding a higher power: "Eight participants who spoke about their longevity referred to a higher power. Two of the five men shared the belief that a higher power deserved credit for their longevity. A 62 year-old man with SCD-SS disease noted that his 'stubbornness' and 'God almighty' were the reasons he was still here. The 72 year-old woman who 'has no regrets' concluded, 'I would say the

good Lord wasn't ready for me to go. He kept me here for a reason. And I ain't going nowhere until he get ready for me to go." [p. 60] Also: "Because many respondents credited their longevity to a higher power, it was not unexpected that some would say they obtained satisfaction from religious activities. The 72 year-old respondent who had 'no regrets' and would like to be able to do more in church commented that 'going to church and trying to live a Christian life and singing in the choir-just doing my church work and stuff-that was satisfying to me.'" [p. 61]

Johnson, D. C., Polusny, M. A., Erbes, C. R., King, D., King, L., Litz, B. T., Schnurr, P. P., Friedman, M., Pietrzak, R. H. and Southwick, S. M. [Warfighter Performance, Naval Health Research Center, San Diego, CA]. **"Development and initial validation of the Response to Stressful Experiences Scale."** *Military Medicine* 176, no. 2 (Feb 2011): 161-169.

[Abstract:] This report describes the development and initial validation of the Response to Stressful Experiences Scale (RSES), a measure of individual differences in cognitive, emotional, and behavioral responses to stressful life events. We validated this instrument with active-duty and reserve components of military and veterans samples (N = 1,014). The resulting 22-item scale demonstrated sound internal consistency ($\alpha = 0.91-0.93$) and good test-retest reliability ($r = 0.87$). Factor analysis suggested 5 protective factors: (a) meaning-making and restoration, (b) active coping, (c) cognitive flexibility, (d) spirituality, and (e) self-efficacy. Associations with other measures supported convergent, discriminant, and concurrent validity. In separate military samples, the RSES accounted for unique variance in posttraumatic stress disorder symptoms above and beyond existing scales measuring resilience-related constructs, thereby demonstrating incremental validity. The RSES provides a brief, reliable, and valid measure of individual differences in cognitive, emotional, and behavioral responses to life's most stressful events.

Johnson, K. S., Tulskey, J. A., Hays, J. C., Arnold, R. M., Olsen, M. K., Lindquist, J. H. and Steinhauser, K. E. [Duke University School of Medicine, Durham, NC; johns196@mc.duke.edu]. **"Which domains of spirituality are associated with anxiety and depression in patients with advanced illness?"** *Journal of General Internal Medicine* 26, no. 7 (Jul 2011): 751-758.

[Abstract:] BACKGROUND: Anxiety and depression are common in seriously ill patients and may be associated with spiritual concerns. Little research has examined how concerns in different domains of spirituality are related to anxiety and depression. OBJECTIVE: To examine the association of spiritual history and current spiritual well-being with symptoms of anxiety and depression in patients with advanced illness. DESIGN: Cross-sectional cohort study PARTICIPANTS: Two hundred and ten patients with advanced illness, of whom 1/3 were diagnosed with cancer, 1/3 COPD, and 1/3 CHF. The mean age of the sample was 66 years, and 91% were Christian. MEASUREMENTS: Outcome measures were the Profile of Mood States' Anxiety Subscale (POMS) and 10-item Center for Epidemiologic Studies Depression Scale (CESD). Predictors were three subscales of the Spiritual History Scale measuring past religious help-seeking and support, past religious participation, and past negative religious experiences and two subscales of the Functional Assessment of Chronic Illness Therapy Spiritual Well-Being Scale measuring the role of faith in illness and meaning, peace, and purpose in life. We conducted multiple regression analyses, controlling for demographics, disease type and severity, self-rated religiousness/spirituality, and frequency of religious attendance and devotion. RESULTS: In adjusted analyses, greater spiritual well-being, including both beliefs about the role of faith in illness and meaning, peace, and purpose in life were associated with fewer symptoms of anxiety ($P \leq 0.001$) and depression ($P < 0.001$). Greater past negative religious experiences were associated with more symptoms of anxiety ($P = 0.04$) and depression ($P = 0.004$). No other measures of spiritual history were associated with the outcomes. CONCLUSIONS: In this diverse sample of seriously ill patients, current spiritual well-being and past negative religious experiences were associated with symptoms of anxiety and depression. Healthcare providers should consider asking about current spiritual well-being and past negative religious experiences in their assessment of seriously ill patients with symptoms of anxiety and depression.

Johnson, M. [University of Utah Health Sciences Center, Salt Lake City; Michael.johnson@hsc.utah.edu]. **"A randomized study of a novel Zen dialogue method for producing spiritual and well-being enhancement: implications for end-of-life care."** *Journal of Holistic Nursing* 29, no. 3 (Sep 2011): 201-210.

[Abstract:] OBJECTIVES: To test the hypothesis that a novel Zen dialogue-based method can bring about significant improvements in spiritual, meditation, and well-being parameters. DESIGN: A pretest-posttest design was used with participants being randomly assigned to either treatment or no treatment group at the Zen Center. The participants were 14 females and 2 males within each group with no prior formal Zen or meditation training. Those participants in the treatment group received intensive interaction for 1 day with an experienced Zen teacher using a dialogue method to induce a deep meditative state without instruction in formal meditation sitting practice. The outcome was measured with multiple previously standardized instruments designed to assess meditation states, well-being, and spirituality. RESULTS: A repeated-measures analysis of variance showed statistically significant differences between the treatment and control groups for all parameters measured. In addition, the meditative state measure suggested qualities consistent with deep meditation experiences. The results justify further investigation of the technique as a rapid spiritual intervention tool particularly for clients facing end-of-life issues.

Kang, P. P. and Romo, L. F. [Graduate School of Education, University of California Santa Barbara, CA; kang.piljoo.5@gmail.com]. **"The role of religious involvement on depression, risky behavior, and academic performance among Korean American adolescents."** *Journal of Adolescence* 34, no. 4 (Aug 2011): 767-778.

[Abstract:] Structural equation modeling was used to test a theoretical path model of church engagement, personal spirituality, and mentoring relationships on depressive symptoms, involvement in risky behaviors, and self-reported grades among Korean American adolescents. It was hypothesized that personal spirituality and mentoring relationship quality would mediate the relation between church engagement and adolescent outcomes. Data were obtained through a self-report survey from 248 Korean American adolescents in grades 7 through 12. High levels of church engagement, as characterized by years of attendance, choice to attend, and participation in activities, predicted deeper personal spirituality and better mentoring relationships. Personal spirituality, as measured by one's daily religious experiences, beliefs, and private spiritual practices, was a mediator of the relationship between church engagement and adolescent outcomes. Specifically, higher levels of church engagement was linked to stronger personal spirituality, which in turn predicted less depressive symptoms for girls and higher grades for boys.

Karanfil, L. V., Bahner, J., Hovatter, J. and Thomas, W. L. [MedStar Health, Columbia, MD; lynne.v.karanFil@medstar.net]. **"Championing patient safety through mandatory influenza vaccination for all healthcare personnel and affiliated physicians."** *Infection Control & Hospital Epidemiology* 32, no. 4 (Apr 2011): 375-379.

This report of data from the 2009-2010 influenza season for a health system of 4,000 physicians and 25,000 other healthcare personnel, indicating that there were 338 approved medical exemptions and 18 approved religious exemptions to the mandatory influenza vaccination program.

Karlsson, H., Hirvonen, J., Salminen, J. K. and Hietala, J. [Department of Psychiatry, University of Helsinki, Turku, Finland; hasse.karlsson@helsinki.fi]. **"No association between serotonin 5-HT 1A receptors and spirituality among patients with major depressive disorders or healthy volunteers."** *Molecular Psychiatry* 16, no. 3 (Mar 2011): 282-285.

[Abstract:] An earlier study (Borg et al., Am J Psychiatry 2003) found an inverse correlation between [carbonyl-(11)C]WAY-100635 ligand binding to 5-HT(1A) receptors and scores for self-transcendence, but no other of the six dimensions of the Temperament and Character Inventory, in a group of healthy males. The aim of this study was to investigate if the finding of an inverse correlation between spirituality and 5-HT(1A) could be seen in patients suffering from major depressive disorder or replicated among healthy volunteers. A total of 23 patients with major depressive disorder and 20 healthy volunteers were examined with PET using [carbonyl-(11)C]WAY-100635 as the radioligand. The personality traits were measured using the Finnish version of the Temperament and Character Inventory and correlated with ligand binding (BP). No significant correlations were found between the different Temperament and Character Inventory subscales and BP in any of the studied brain regions (amygdala, anterior cingulate cortex, dorsal raphe nuclei, dorsolateral prefrontal cortex, angular gyrus, inferior, middle, and superior temporal gyri, medial prefrontal cortex orbitofrontal cortex, hippocampus, insular cortex, subgenual anterior cingulate cortex, supramarginal gyrus, ventrolateral prefrontal cortex, and posterior cingulate cortex). These results do not support the idea that the serotonin system forms the biological basis of spiritual experiences among patients suffering from major depressive disorder or among healthy volunteers.

Kassab, V. A. and MacDonald, D. A. [Department of Psychology, University of Detroit Mercy, Detroit, MI]. **"Examination of the psychometric properties of the Spiritual Fitness Assessment."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 975-985.

[Abstract:] Using a sample of 196 undergraduate students, the present study investigated the psychometric properties of the Spiritual Fitness Assessment, a measure of spiritual fitness designed for use by health and fitness professionals. Examination of inter-item consistency produced satisfactory alpha coefficients for the total test and its three subscales. Correlations of the SFA with measures of spirituality and spiritual well-being provide support for convergent validity. Significant positive correlations with a measure of self-esteem suggest that the test has satisfactory criterion validity. Correlations with age, sex, and a measure of social desirability indicate that the SFA is significantly, though only moderately, affected by demographic variables and motivated response tendencies. Factor analysis of the SFA items indicate that the test is factorially complex and subscales may need to be refined to better measure their intended constructs. Overall, the results of the study suggest that the test may be useful for evaluations of spiritual fitness. Further research with samples drawn from different populations is needed on the test to better establish its reliability and validity.

Katz, J. N., Lyons, N., Wolff, L. S., Silverman, J., Emrani, P., Holt, H. L., Corbett, K. L., Escalante, A. and Losina, E. [Orthopaedic and Arthritis Center for Outcomes Research, Brigham and Women's Hospital, Boston, MA; jnkatz@partners.org]. **"Medical decision-making among Hispanics and non-Hispanic Whites with chronic back and knee pain: a qualitative study."** *BMC Musculoskeletal Disorders* 12 (2011): 78 [electronic journal designation].

Among the findings of this focus group study [from the abstract:] Hispanics emphasized the role of faith and religion in coping with musculoskeletal disability.

Kelly, J. F., Pagano, M. E., Stout, R. L. and Johnson, S. M. [Department of Psychiatry, Harvard Medical School, Boston, MA; jkelly11@partners.org]. **"Influence of religiosity on 12-step participation and treatment response among substance-dependent adolescents."** *Journal of Studies on Alcohol & Drugs* 72, no. 6 (Nov 2011): 1000-1011.

[Abstract:] OBJECTIVE: Religious practices among adults are associated with more 12-step participation which, in turn, is linked to better treatment outcomes. Despite recommendations for adolescents to participate in mutual-help groups, little is known about how religious practices influence youth 12-step engagement and outcomes. This study examined the relationships among lifetime religiosity, during-treatment 12-step participation, and outcomes among adolescents, and tested whether any observed beneficial relation between higher religiosity and outcome could be explained by increased 12-step participation. METHOD: Adolescents (n = 195; 52% female, ages 14-18) court-referred to a 2-month residential treatment were assessed at intake and discharge. Lifetime religiosity was assessed with the Religious Background and Behaviors Questionnaire; 12-step assessments measured meeting attendance, step work (General Alcoholics Anonymous Tools of Recovery), and Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)-related helping. Substance-related outcomes and psychosocial outcomes were assessed with toxicology screens, the Adolescent-Obsessive Compulsive Drinking Scale, the Children's Global Assessment Scale, and the Narcissistic Personality Inventory. RESULTS: Greater lifetime formal religious practices at intake were associated with increased step work and AA/NA-related helping during treatment, which in turn were linked to improved substance outcomes, global functioning, and reduced narcissistic entitlement. Increased step work mediated the effect of religious practices on increased abstinence, whereas AA/NA-related helping mediated the effect of religiosity on reduced craving and entitlement. CONCLUSIONS: Findings extend the evidence for the protective effects of lifetime religious behaviors to an improved treatment response among adolescents and provide preliminary support for the 12-step proposition that helping others in recovery may lead to better outcomes. Youth with low or no lifetime religious practices may assimilate less well into 12-step-oriented treatment and may need additional 12-step facilitation, or a different approach, to enhance treatment response.

Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S. and Pagano, M. E. [Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston; jkelly11@partners.org]. **"Spirituality in recovery: a lagged mediational analysis of alcoholics anonymous' principal theoretical mechanism of behavior change."** *Alcoholism: Clinical & Experimental Research* 35, no. 3 (Mar 2011): 454-463. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Evidence indicates Alcoholics Anonymous (AA) can play a valuable role in recovery from alcohol use disorder. While AA itself purports it aids recovery through "spiritual" practices and beliefs, this claim remains contentious and has been only rarely formally investigated. Using a lagged, mediational analysis, with a large, clinical sample of adults with alcohol use disorder, this study examined the relationships among AA, spirituality/religiousness, and alcohol use, and tested whether the observed relation between AA and

better alcohol outcomes can be explained by spiritual changes. METHOD: Adults (N = 1,726) participating in a randomized controlled trial of psychosocial treatments for alcohol use disorder (Project MATCH) were assessed at treatment intake, and 3, 6, 9, 12, and 15 months on their AA attendance, spiritual/religious practices, and alcohol use outcomes using validated measures. General linear modeling (GLM) and controlled lagged mediational analyses were utilized to test for mediational effects. RESULTS: Controlling for a variety of confounding variables, attending AA was associated with increases in spiritual practices, especially for those initially low on this measure at treatment intake. Results revealed AA was also consistently associated with better subsequent alcohol outcomes, which was partially mediated by increases in spirituality. This mediational effect was demonstrated across both outpatient and aftercare samples and both alcohol outcomes (proportion of abstinent days; drinks per drinking day). CONCLUSIONS: Findings suggest that AA leads to better alcohol use outcomes, in part, by enhancing individuals' spiritual practices and provides support for AA's own emphasis on increasing spiritual practices to facilitate recovery from alcohol use disorder.

Kemper, K., Bulla, S., Krueger, D., Ott, M. J., McCool, J. A. and Gardiner, P. [Center for Integrative Medicine, Wake Forest University Baptist Medical Center; Winston-Salem, NC; kkemper@wfubmc.edu]. **"Nurses' experiences, expectations, and preferences for mind-body practices to reduce stress."** *BMC Complementary & Alternative Medicine* (2011): 11:26 [online journal article/page designation].

[Abstract:] BACKGROUND: Most research on the impact of mind-body training does not ask about participants' baseline experience, expectations, or preferences for training. To better plan participant-centered mind-body intervention trials for nurses to reduce occupational stress, such descriptive information would be valuable. METHODS: We conducted an anonymous email survey between April and June, 2010 of North American nurses interested in mind-body training to reduce stress. The e-survey included: demographic characteristics, health conditions and stress levels; experiences with mind-body practices; expected health benefits; training preferences; and willingness to participate in future randomized controlled trials. RESULTS: Of the 342 respondents, 96% were women and 92% were Caucasian. Most (73%) reported one or more health conditions, notably anxiety (49%); back pain (41%); GI problems such as irritable bowel syndrome (34%); or depression (33%). Their median occupational stress level was 4 (0 = none; 5 = extreme stress). Nearly all (99%) reported already using one or more mind-body practices to reduce stress: intercessory prayer (86%), breath-focused meditation (49%), healing or therapeutic touch (39%), yoga/tai chi/qi gong (34%), or mindfulness-based meditation (18%). The greatest expected benefits were for greater spiritual well-being (56%); serenity, calm, or inner peace (54%); better mood (51%); more compassion (50%); or better sleep (42%). Most (65%) wanted additional training; convenience (74% essential or very important), was more important than the program's reputation (49%) or scientific evidence about effectiveness (32%) in program selection. Most (65%) were willing to participate in a randomized trial of mind-body training; among these, most were willing to collect salivary cortisol (60%), or serum biomarkers (53%) to assess the impact of training. CONCLUSIONS: Most nurses interested in mind-body training already engage in such practices. They have greater expectations about spiritual and emotional than physical benefits, but are willing to participate in studies and to collect biomarker data. Recruitment may depend more on convenience than a program's scientific basis or reputation. Knowledge of participants' baseline experiences, expectations, and preferences helps inform future training and research on mind-body approaches to reduce stress.

Kim, S. S., Reed, P. G., Hayward, R. D., Kang, Y and. Koenig, H. G. [Center for Spirituality, Theology and Health, Duke University, Durham, NC]. **"Spirituality and psychological well-being: testing a theory of family interdependence among family caregivers and their elders."** *Research in Nursing & Health* 34, no. 2 (Apr 2011): 103-115.

[Abstract:] The family spirituality-psychological well-being model was developed and tested to explore how spirituality influences psychological well-being among elders and caregivers in the context of Korean family caregiving. The sample consisted of 157 Korean elder-family caregiver dyads in Seoul, Korea. The intraclass correlation coefficient and the actor-partner interdependence statistical model were used to analyze the data. There were significant correlations between elders' and caregivers' spirituality and between elders' and caregivers' psychological well-being. Elders' and caregivers' spirituality significantly influenced their own psychological well-being. The caregiver's spirituality significantly influenced the elder's psychological well-being, but the elder's spirituality did not significantly influence the caregiver's psychological well-being. Findings suggest that elders' and caregivers' spirituality should be assessed within the family to provide holistic nursing interventions.

Kim, Y., Carver, C. S., Spillers, R. L., Crammer, C. and Zhou, E. S. [American Cancer Society, Atlanta, GA; ykim@miami.edu]. **"Individual and dyadic relations between spiritual well-being and quality of life among cancer survivors and their spousal caregivers."** *Psycho-Oncology* 20, no. 7 (Jul 2011): 762-770.

[Abstract:] OBJECTIVES: There is evidence that cancer generates existential and spiritual concerns for both survivors and caregivers, and that the survivor's spiritual well-being (SWB) is related to his/her own quality of life (QOL). Yet the degree to which the SWB of each member of the couple has an independent association with the partner's QOL is unknown. Thus, this study examined individual and dyadic associations of SWB with the QOL of couples dealing with cancer. METHODS: A total of 361 married survivor-caregiver dyads participating in the American Cancer Society's Study of Cancer Survivors-I and Quality of Life Survey for Caregivers provided complete data for the study variables. SWB was measured using 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (assessing faith, meaning, and peace) and QOL was measured using Medical Outcomes Study 36-Item Short Form Health Survey. RESULTS: Actor and Partner Interdependence Model analyses revealed that each person's SWB was the strongest correlate of his or her own mental health (higher SWB, better mental health). Each person's SWB was also positively related to his or her partner's physical health. CONCLUSIONS: Results suggest that the ability to find meaning and peace may be an important part of overall well-being during the cancer experience for both survivors and caregivers. Interventions designed to assist survivors and caregivers to enhance their ability to find meaning and peace in the cancer experience may help them improve mental health of their own and the physical health of partners when they are dealing with cancer beyond the initial phase of the illness trajectory.

King, M. A. [School of Nursing, Duquesne University, Pittsburgh, PA; michalene1@comcast.net]. **"Parish nursing: holistic nursing care in faith communities."** *Holistic Nursing Practice* 25, no. 6 (Nov-Dec 2011): 309-315.

[Abstract:] Modern-day parish nursing is a specialized practice in professional nursing that addresses the spiritual, physical, and emotional health needs of clients within a faith community. Parish nursing care has been described as holistic care; however, few studies have focused on the holistic nature of parish nursing care. A qualitative study was conducted with the clients of parish nurses. Seventeen clients utilizing the services of 3 parish nurses in Christian faith communities participated in the study. Following the institutional review board approval, the

clients were recruited with the assistance of the parish nurses. The clients completed a 7-item demographic questionnaire, followed by a face-to-face interview with the author who used a semistructured interview tool. The interview questions encompassed 6 aspects of parish nursing: education, personal counseling, health screenings, spiritual support, referrals, and health advocacy. The interviews were transcribed and analyzed by the author. The results of the study indicated that the clients in all 3 churches received holistic care from their parish nurses. The care they received addressed their spiritual, physical, and emotional health needs. Recommendations for future research and implications for the clinical practice of parish nursing, using a holistic approach, are included. The findings of future research and the holistic interventions of parish nurses could influence the funding and positions for parish nurses in the future.

Knapp, C., Madden, V., Wang, H., Curtis, C., Sloyer, P. and Shenkman, E. [Department of Health Outcomes and Policy, University of Florida, Gainesville; cak@ichp.ufl.edu]. "**Spirituality of parents of children in palliative care.**" *Journal of Palliative Medicine* 14, no. 4 (Apr 2011): 437-443.

[Abstract:] AIMS: To determine the spirituality of parents whose children have life-limiting illnesses and to determine the factors associated with parents' spirituality. METHODS: Telephone survey of 129 parents whose children were enrolled in a pediatric palliative care program in Florida. The Functional Assessment of Chronic Illness Therapy-Spiritual Well-being (FACIT-Sp) scale was used to measure parents' spirituality. The Health Utilities Index (HUI) was used to measure health status. RESULTS: Parents' average score on the FACIT-Sp meaning/peace subscale was 24.1 out of 32, and 12.5 out of 16 for the faith subscale. Parents' average total FACIT-Sp score was 36.6 of 48. Multivariate analyses show that parental black non-Hispanic race, "other" race, being married, as well as children's higher vision and hearing health status were associated with higher spirituality, as measured by the total FACIT-Sp. Two parent household and children's higher speech health status were associated with lower FACIT-Sp scores. CONCLUSIONS: Our results suggest that non-white parents have greater faith-based and overall spirituality than white parents. Spiritual assessments should be conducted for all parents as differing supportive services may be needed. The palliative care team should ensure that parents' spirituality is being incorporated, as appropriate, into their children's routine care.

Kohls, N., Sauer, S., Offenbacher, M. and Giordano, J. [Generation Research Program, Human Science Center, Ludwig-Maximilians-University, Prof.-Max-Lange-Platz 11, 83646 Bad Tolz, Germany; kohls@grp.hwz.uni-muenchen.de]. "**Spirituality: an overlooked predictor of placebo effects?**" *Philosophical Transactions of the Royal Society of London - Series B: Biological Sciences* 366, no. 1572 (June 27, 2011): 1838-1848.

[Abstract:] Empirical findings have identified spirituality as a potential health resource. Whereas older research has associated such effects with the social component of religion, newer conceptualizations propose that spiritual experiences and the intrapersonal effects that are facilitated by regular spiritual practice might be pivotal to understanding potential salutogenesis. Ongoing studies suggest that spiritual experiences and practices involve a variety of neural systems that may facilitate neural 'top-down' effects that are comparable if not identical to those engaged in placebo responses. As meaningfulness seems to be both a hallmark of spirituality and placebo reactions, it may be regarded as an overarching psychological concept that is important to engaging and facilitating psychophysiological mechanisms that are involved in health-related effects. Empirical evidence suggests that spirituality may under certain conditions be a predictor of placebo response and effects. Assessment of patients' spirituality and making use of various resources to accommodate patients' spiritual needs reflect our most current understanding of the physiological, psychological and socio-cultural aspects of spirituality, and may also increase the likelihood of eliciting self-healing processes. We advocate the position that a research agenda addressing responses and effects of both placebo and spirituality could therefore be (i) synergistic, (ii) valuable to each phenomenon on its own, and (iii) contributory to an extended placebo paradigm that is centered around the concept of meaningfulness.

Krause, N. [Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor; nkrause@umich.edu]. "**Religion and health: making sense of a disheveled literature.**" *Journal of Religion & Health* 50, no. 1 (Mar 2011): 20-35.

[Abstract:] A growing body of research suggests that religion may exert a beneficial effect on both physical and mental health. Unfortunately, the rapid growth of this literature has made it difficult to get a clear picture of what has been accomplished. This issue is addressed by presenting a conceptual model that focuses on the needs that are satisfied by religion. In the process, an effort is made to show how this conceptual scheme can be used to add greater coherence to the field.

Krause, N. and Bastida, E. [Department of Health Behavior and Health Education, University of Michigan, Ann Arbor; nkrause@umich.edu]. "**Religion, suffering, and self-rated health among older Mexican Americans.**" *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 66, no. 2 (Mar 2011): 207-216.

[Abstract:] OBJECTIVES: The purpose of this study is to examine the relationship between religiously based beliefs about suffering and health among older Mexicans. METHODS: A nationwide survey of older Mexican Americans was conducted (N=1,005). Questions were administered to assess beliefs about finding positive outcomes in suffering, the benefits of suffering in silence, other dimensions of religion, and health. RESULTS: The findings suggest that older Mexican Americans who use their faith to find something positive in the face of suffering tend to rate their health more favorably. In contrast, older Mexican Americans who believe that it is important to suffer in silence tend to rate their health less favorably. DISCUSSION: Moving beyond measures of church attendance to explore culturally relevant beliefs about suffering provides important insight into the relationship between religion and health among older Mexican Americans.

Kreikebaum, S., Guarneri, E., Talavera, G., Madanat, H. and Smith, T. [Graduate School of Public Health, San Diego State University, San Diego, CA; sarakreike@yahoo.com]. "**Evaluation of a holistic cardiac rehabilitation in the reduction of biopsychosocial risk factors among patients with coronary heart disease.**" *Psychology Health & Medicine* 16, no. 3 (May 2011): 276-290.

[Abstract:] The purpose of this pilot study is to evaluate the effectiveness of the Lifestyle Change Program (LSCP). LSCP was a holistic cardiac rehabilitation (CR) intervention focusing on several psychosocial and biological predictors of coronary heart disease including depression, hostility, low social support, high perceived stress, low spirituality, low life satisfaction, overall health status and cholesterol levels. Utilizing a quasi-experimental design, overall health scores of LSCP patients were compared with those of a control group. To assess differences within-and between- groups, two (program type) x 2 (age) x 2 (gender) x 2 (time) mixed design ANOVAs were used. Within-group relationships for psychosocial assessments and cholesterol levels were analyzed using paired-samples t-tests. Results suggest that there were no

significant differences between the LSCP group and the control group with regard to overall health status. However, the LSCP participants reported significantly lower levels of depression and perceived stress, as well as significantly higher levels of life satisfaction and spirituality upon program completion. In addition, lipid panels changed significantly: A significant decrease in total cholesterol, low-density lipoproteins and triglycerides, as well as a significant increase in high-density lipoproteins. These trends suggest that holistic CR may be effective at reducing biopsychosocial risk factors for future cardiac events. Future studies, utilizing an experimental design, are necessary to determine whether holistic programs are more effective than traditional programs in the reduction of cardiac risk factors.

Kristeller, J. L., Sheets, V., Johnson, T. and Frank, B. [Department of Psychology, Indiana State University, Terre Haute; Jean.Kristeller@indstate.edu]. **"Understanding religious and spiritual influences on adjustment to cancer: individual patterns and differences."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 550-561.

[Abstract:] Higher levels of religious and spiritual engagement have been shown to be associated with better adjustment in dealing with serious illness. Nevertheless, the pattern of such engagement may vary substantially among individuals. This paper presents exploratory research with the goal of identifying subgroups of individuals with non-terminal cancer who vary along multiple dimensions of religious/spiritual (R/S) involvement and well-being. Cluster analysis utilized both R/S (FACIT-Sp) and quality of life variables (e.g., FACT-G) to identify subgroups within 114 individuals (Median age=65; 59% female) under care for cancer. Additional R/S and adjustment variables were used to explore further distinctions among these groups. Four clusters were identified: High R/S (45%), with the lowest depression; Low R/High S (25%), also with good adjustment; Negative Religious Copers (14%), with the highest depression; and Low R/S (16%), with the poorest adjustment to cancer. The results support the value of differentiating patterns of religious and spiritual engagement in relation to well-being, with implications for matching psycho-social interventions with individuals. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

Kudel, I., Cotton, S., Szaflarski, M., Holmes, W. C. and Tsevat, J. [Cincinnati Veterans Affairs Medical Center, OH; ian.kudel2@va.gov]. **"Spirituality and religiosity in patients with HIV: a test and expansion of a model."** *Annals of Behavioral Medicine* 41, no. 1 (Feb 2011): 92-103.

[Abstract:] BACKGROUND: A causal model developed by Koenig suggests that higher levels of spirituality and religiosity effect intermediary variables and eventually result in better mental health, which then positively affects physical function. PURPOSE/METHODS: Using structural equation modeling, we tested the model and expanded versions that use self-report data of patients with HIV (n=345). RESULTS: All models demonstrated good overall fit with significant parameters. The final model found that increased spirituality/religiosity predicted increased religious coping, which influenced social support. Social support, in turn, positively influenced depressed mood (as a measure of mental health); depressed mood affected fatigue; and both variables predicted self-reported physical function. These three variables predicted health rating/utility for one's health state. Additional analyses found that two covariates, religiosity and race, differentially predicted spirituality/religiosity and religious coping. CONCLUSION: In patients with HIV, an expanded version of Koenig's model found that increased spirituality/religiosity is positively associated with self-reported outcomes.

Kurita, A., Takase, B., Shinagawa, N., Kodani, E., Okada, K., Iwahara, S., Kusama, Y. and Atarashi, H. [Special Nursing Home for Elderly, Fukuinkai Clinic, Tokyo, Japan]. **"Spiritual activation in very elderly individuals assessed as heart rate variability and plasma IL-10/IL-6 ratios."** *International Heart Journal* 52, no. 5 (2011): 299-303.

[Abstract:] Proinflammatory cytokine responses might occur in elderly individuals with cardiovascular (CV) disease, cerebro-vascular (CVA) disease, and/or pulmonary disease (PD). Spiritual activation is an important coping mechanism, since psychiatric depression is an important risk factor for these individuals. Thirty-three very elderly individuals (87 +/- 8 years) with previous CVD, CVA and/or PD participated in weekly 30 minute sermons by chaplains for over 20 months of chaplain liturgy (CL group). All underwent Holter ECG during the procedures and cardiac autonomic activities were assessed by maximum entropy analysis. Plasma IL-10 and IL-6 levels were compared with 26 age-matched (85 +/- 10 years) individuals who did not participate in these activities (non-CL group). Both high frequency (HF) and pNN50 of heart rate variability (HRV) were higher in the CL group than in the non-CL group (HF, 190 +/- 55 versus 92 +/- 43 nu, P < 0.05; pNN50, 10.5 +/- 16% versus 3.6 +/- 3.8%, P < 0.05), whereas LF/HF was lower (1.4 +/- 1.5 versus 2.2 +/- 2.8, P < 0.05). Levels of IL-10/IL-6 were higher in the CL group (3.96 +/- 5.0 versus 1.79 +/- 1.6, P < 0.05). Hospitalization rates due to CVD and/or PD were lower in the CL group than in the non-CL group (4/33 versus 11/26, P < 0.05). We conclude that spiritual activation can modify proinflammatory cytokines and suppress CVD, CVA and/or PD via vagal modifications. Spiritual activation might be helpful for health in these very elderly individuals.

Kwiatkowski, K., Arnold, R. M. and Barnard, D. [General Internal Medicine University of Pittsburgh, PA; rabob@pitt.edu]. **"Physicians and prayer requests #120."** *Journal of Palliative Medicine* 14, no. 11 (Nov 2011): 1259-1260.

This is a reprint of a "fast facts" resource for physicians. The authors present three options in response to prayer requests: "1) Pray with/for the patient: It is entirely appropriate for physicians to pray if they feel comfortable doing so and such prayer is consistent with their own spirituality.... 2) Sit with patient while patient prays: A physician who is uncomfortable praying with/for the patient may choose instead to sit quietly in supportive company while the patient prays. In this way, physicians lend support to the patient and his/her spiritual beliefs without explicitly endorsing a particular belief system themselves. 3) Respectfully decline: Physicians who are uncomfortable with either of the above options may respectfully decline to pray with/for the patient. To avoid the patient feeling rejected, the physician may want to say: I am really sorry, I am not comfortable with that (e.g., leading a prayer). In such cases, physicians are encouraged to make non-religious supportive comments: You will be in my thoughts." The authors also address pitfalls and note the possible use of chaplains.

Lambe, S., Cantwell, N., Islam, F., Horvath, K. and Jefferson, A. L. [Alzheimer's Disease Center and Department of Neurology, Boston University School of Medicine, Boston, MA]. **"Perceptions, knowledge, incentives, and barriers of brain donation among African American elders enrolled in an Alzheimer's research program."** *Gerontologist* 51, no. 1 (Feb 2011): 28-38.

This focus group study involving 15 older African-Americans from the Boston University Alzheimer's Disease Core Center participant research registry includes a consideration of the Influence of Religion and Spirituality: "Religion and spirituality were also associated with African Americans' donation decisions, including a desire to be buried intact and the belief that churches in Black communities do not support organ donation." [p. 35] "Participants spontaneously spoke about the influence of religion and spirituality on their donation decision. A

nondonor mentioned a personal desire to remain intact: '... I came in this world with a ... brain, I'd kinda want to leave with one.' Other participants spoke about the lack of support from churches for donation and African Americans' desire to be buried intact. One nondonor suggested church involvement as a means to increase donation rates: '... really, you have to get to the churches and community groups and just talk about research that's been done in other areas, like they've discovered that Blacks have more hypertension than Caucasians do' A nondonor stated: 'African American persons are also more likely to believe in the importance of being buried intact ... the Black church does not necessarily ... advocate organ donations.' One donor stated that religious beliefs would not prevent him from donating because while his body will be buried, his spirit would be with the Lord." [p. 33]

Larzelere, M. M., Campbell, J. and Adu-Sarkodie, N. Y. [Family Medicine Residency, Louisiana State University Health Sciences Center, Kenner, LA]. **"Psychosocial factors in aging."** *Clinics in Geriatric Medicine* 27, no. 4 (Nov 2011): 645-660.

[Abstract:] Many psychosocial factors have been associated with successful aging. The impact of social relationships, personality factors, self-perceptions, and religiosity/spirituality is reviewed in this article and recommendations for enhancing psychological aging are provided.

Lavin, R. and Park, J. [Department of Neurology, University of Maryland School of Medicine, Baltimore]. **"Depressive symptoms in community-dwelling older adults receiving opioid therapy for chronic pain."** *Journal of Opioid Management* 7, no. 4 (Jul-Aug 2011): 309-319.

Among the findings of this study of 163 older adults receiving opioid medications for chronic pain through 11 outpatient clinics affiliated with the Baltimore Veterans Affairs Medical Center and the University of Maryland Medical System [from the abstract:] Nearly 40 percent of the elderly opioid therapy patients had depressive symptoms on the CESD-10. Bivariate analysis revealed that higher levels of pain severity were related to higher levels of depressive symptoms. OLS regression analysis revealed four risk factors significantly associated with higher depressive symptoms: higher pain severity, lower levels of functional status, lower levels of spirituality, and lower levels of social support. Age, gender, living alone, and perception of health status were not significantly associated with depressive symptoms.

Lawrence, R. E., Rasinski, K. A., Yoon, J. D. and Curlin, F. A. [Pritzker School of Medicine, University of Chicago, IL; rlawrence@uchicago.edu]. **"Obstetrician-gynecologists' views on contraception and natural family planning: a national survey."** *American Journal of Obstetrics & Gynecology* 204, no. 2 (Feb 2011): 124.e1-7 [electronic page designation].

Among the findings of this mailed survey of 1800 US obstetrician-gynecologists was that religious physicians were more likely to object to contraception (odds ratio, 7.4) and to refuse to provide a contraceptive (odds ratio, 1.9). "Although religious physicians were more likely to object to and withhold some contraceptives, not all religious physicians took this approach. For instance, among Catholic physicians, who belong to an organization that teaches that all birth control except natural family planning is 'intrinsically evil' ... a large percentage had no objections and would provide birth control if requested." [p. 124.e6]

Lengacher, C. A., Johnson-Mallard, V., Barta, M., Fitzgerald, S., Moscoso, M. S., Post-White, J., Jacobsen, P. B., Molinari Shelton, M., Le, N., Budhrani, P., Goodman, M. and Kip, K. E. [Univ. of South Florida College of Nursing, Tampa; clengach@health.usf.edu]. **"Feasibility of a mindfulness-based stress reduction program for early-stage breast cancer survivors."** *Journal of Holistic Nursing* 29, no. 2 (Jun 2011): 107-117.

[Abstract:] PURPOSE: To assess the feasibility of whether mindfulness-based stress reduction (MBSR) has a positive effect on breast cancer survivors' psychological status, psychosocial characteristics, symptoms, and quality of life (QOL) during the critical transition period from end of treatment to resumption of daily activities. DESIGN: Single-group, quasi-experimental, pretest-posttest design. METHOD: A sample of 19 women who completed breast cancer treatment with lumpectomy, radiation, and/or chemotherapy was recruited from the Moffitt Cancer Center and Research Institute, a National Cancer Institute- designated cancer center, and the University of South Florida. The authors assessed the feasibility, compliance, and whether an 8-week MBSR program positively influenced changes in psychological status (fear of recurrence, perceived stress, anxiety, depression), psychosocial characteristics (optimism, social support, spirituality), physical symptoms, and QOL. FINDINGS: Seventeen women (89.5%) completed the study. The mean age was 57 years; the majority of participants (94%) were White. The estimated compliance rate for the program was 67%. Paired t tests indicated significant improvements fear of recurrence, perceived stress, anxiety, depression, and QOL through MBSR participation. CONCLUSIONS: Participants enrolled in the MBSR classes generally were compliant. Significant improvement in psychological status, symptoms, and QOL can be achieved with MBSR use in this population.

Leone, A. F. [Palmetto Health Senior Primary Care, Columbia, SC]. **"Improving compliance: does it matter to your patients if you are spiritual?"** *Journal - South Carolina Medical Association* 107, no. 2 (Apr 2011): 42-47.

"The purpose of the study was to determine if there is an association between the perception that a patient has about his/her physician's spirituality and the patient's diabetes outcome by determining : (1) the prevalence of spirituality and religiosity among health providers and patients (2) the number of times a patient discussed spirituality and religion with his medical provider, (3) the perception of this discussions or spiritual/ religious elements in his/her compliance, (4) comparison of objective markers of diabetes management (glycemic control measured by HbA1c, random finger stick blood glucose) and subjective perception of appropriate management of diabetes. (5) Evaluation of compliance to diabetes treatment using standardized and widely recognized tools." [p. 42] The study involved 50 patients from an outpatient clinic and 13 providers. "Most medical providers and patients of this Family Medicine Outpatient Clinic considered themselves very spiritual. This in turn appeared to translate into the practice of talking about spirituality during the medical encounter, using spiritual topics to illustrate health teaching, prayer in and outside the medical office. No negative comments were received about unwelcome use of spiritual or religious topics. Results appear to point that the interaction between patient and health provider that included spiritual discussions were positive. There was a clear trend for patients who stated they were more compliant with exercise and following their doctor's advice and the perception of spirituality in the physician. Further studies with bigger samples and multiple sites will bring more light on the subject. A tactful and measured approach to discussing health and spirituality not only appears to be appropriate during a medical encounter but may provide a closer and stronger relationship between doctors and patients that can translate in improved compliance and better outcomes. Objective measures of Hemoglobin A1c and FSBG were not statistically linked to the perception of spirituality in the care provider."

Levin, J. [Institute for Studies of Religion, Baylor University, Waco, TX; jeff_levin@baylor.edu]. **"Health impact of Jewish religious observance in the USA: findings from the 2000-01 National Jewish Population Survey."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 852-868.

[Abstract:] Using data from the 2000-01 National Jewish Population Survey (NJPS) (N=5,148), effects of eight religious measures were investigated in relation to two health outcomes, standard single-item indicators of self-rated health and presence of an activity-limiting health condition. Seven of the religious measures were associated bivariately with one or both health indicators. Through two-step OLS regression of each health indicator onto all of the religious measures, adjusting for age and other sociodemographic correlates, two measures of synagogue involvement remained statistically significant. Follow-up analysis revealed a net health impact of religious observance primarily limited to Orthodox and Conservative Jews.

Levin, J., Chatters, L. M. and Taylor, R. J. [Institute for Studies of Religion, Baylor University, Waco, TX; jeff_levin@baylor.edu]. **"Theory in religion, aging, and health: an overview."** *Journal of Religion & Health* 50, no. 2 (Jun 2011): 389-406.

[Abstract:] This paper provides an overview of theory in religion, aging, and health. It offers both a primer on theory and a roadmap for researchers. Four "tenses" of theory are described--distinct ways that theory comes into play in this field: grand theory, mid-range theory, use of theoretical models, and positing of constructs which mediate or moderate putative religious effects. Examples are given of both explicit and implicit uses of theory. Sources of theory for this field are then identified, emphasizing perspectives of sociologists and psychologists, and discussion is given to limitations of theory. Finally, reflections are offered as to why theory matters.

Levin, J. and Prince, M. F. [Baylor University, Waco, TX; jeff_levin@baylor.edu]. **"Judaism and health: reflections on an emerging scholarly field."** *Journal of Religion & Health* 50, no. 4 (Dec 2011): 765-777.

[Abstract:] This paper surveys the field of Judaism and health. The authors trace the history of discourse on health and healing within Judaism, from the biblical and rabbinic eras to contemporary research and writing on Jewish bioethics, pastoral care, communal services, and aging, including congregational and community programming related to health and illness and the emergence of the Jewish healing movement. The work of the Kalsman Institute on Judaism and Health is described, focusing on efforts to unite these various threads into a scholarly field emphasizing basic and applied research on the instrumental functions of Jewish religious life for health and well-being.

Levin, J., Taylor, R. J. and Chatters, L. M. [Institute for Studies of Religion, Baylor University, Waco, TX; jeff_levin@baylor.edu]. **"Prevalence and sociodemographic correlates of spiritual healer use: findings from the National Survey of American Life."** *Complementary Therapies in Medicine* 19, no. 2 (Apr 2011): 63-70.

[Abstract:] OBJECTIVES: This study investigates sociodemographic and health-related correlates of use of a spiritual healer for medical help. A large national, multiracial-multiethnic data source permits a more comprehensive investigation than was possible in previous studies. It also enables a closer focus on socioeconomic disadvantage and health need as determinants of utilization. DESIGN AND SETTING: Respondents are from the National Survey of American Life: Coping with Stress in the 21st Century (NSAL), a nationally representative multi-stage area-probability survey of U.S. adult African Americans, Caribbean Blacks, and non-Hispanic Whites conducted from 2001 to 2003. The sample contains 6082 adults aged 18 and over. MAIN OUTCOME MEASURES: NSAL respondents were surveyed about lifetime use of alternative providers for medical care or advice. Response categories included two types of spiritual healers: faith healers and psychics. These outcomes were logistically regressed, separately, onto 10 sociodemographic or health-related indicators: race/ethnicity, age, gender, marital status, education, household income, region, medical care use, insurance coverage, and self-rated health. RESULTS: Lifetime utilization of a faith healer is more prevalent among respondents in good health and less prevalent among Caribbean Blacks and never married persons. Users of a psychic healer are more likely to be educated, residents of the Northeast or West, and previously married, and less likely to report excellent health. CONCLUSIONS: Use a spiritual healer is not due, on average, to poor education, marginal racial/ethnic or socioeconomic status, dire health straits, or lack of other healthcare options. To some extent, the opposite appears to be true. Use of a spiritual healer is not associated with fewer social and personal resources or limitations in health or healthcare.

Levy, H. C., Conoscenti, L. M., Tillery, J. F., Dickstein, B. D. and Litz, B. T. [National Center for PTSD, VA Boston Healthcare System, MA; ha_levy@live.concordia.ca]. **"Deployment stressors and outcomes among Air Force chaplains."** *Journal of Traumatic Stress* 24, no. 3 (Jun 2011): 342-346.

[Abstract:] Military chaplains are invaluable caregiver resources for service members. Little is known about how chaplains respond to the challenge of providing spiritual counsel in a warzone. In this exploratory study, 183 previously deployed Air Force chaplains completed an online survey assessing operational and counseling stress exposure, posttraumatic stress disorder (PTSD) symptoms, compassion fatigue, and posttraumatic growth. Despite reporting exposure to stressful counseling experiences, Air Force chaplains did not endorse high compassion fatigue. Rather, chaplains experienced positive psychological growth following exposure to stressful counseling experiences. However, 7.7% of Air Force chaplains reported clinically significant PTSD symptoms, suggesting that they are not immune to deployment-related mental health problems. Simultaneous regression analyses revealed that counseling stress exposure predicted compassion fatigue (beta = .20) and posttraumatic growth (beta = .24), suggesting that caretaking in theatre is stressful enough to spur positive psychological growth in chaplains. Consistent with findings from previous studies, hierarchical regression analyses revealed that operational stress exposure predicted PTSD symptom severity (beta = .33) while controlling for demographic variables.

Lewis, L. M. [School of Nursing, Division of Family and Community Health, University of Pennsylvania, Philadelphia; lisaml@nursing.upenn.edu]. **"Medication adherence and spiritual perspectives among African American older women with hypertension: a qualitative study."** *Journal of Gerontological Nursing* 37, no. 6 (Jun 2011): 34-41.

[Abstract:] The purpose of this qualitative study was to explore how African American older adults use spirituality to adhere to their antihypertensive medications. Data collection included in-depth individual interviews with 21 older African American women. Content analysis revealed five themes: The Lord Helps Those Who Help Themselves; Staying in the Lord for Guidance; God Is My Rock; Guardian Angels and Saints; and Brings Me Peace, Ease of Burdens, and Ability to Cope. Findings of this study suggest that spirituality is perceived as a positive resource that helps study participants adhere to their antihypertensive medication regimen. Possible faith-based interventions for nurses and other health care professionals to use with their patients are discussed.

Limb, G. E. and Hodge, D. R. [School of Social Work, Brigham Young University, Provo, UT; gordon_limb@byu.edu]. **"Utilizing spiritual ecograms with Native American families and children to promote cultural competence in family therapy."** *Journal of Marital & Family Therapy* 37, no. 1 (Jan 2011): 81-94.

[Abstract:] This study signifies an initial step at giving family therapists an important assessment tool as they seek to increase cultural competence with Native American families and children. To determine the relevancy and consistency of utilizing a spiritual ecogram

assessment tool with Native Americans, 50 Native American participants, with extensive experience with this population, reviewed, rated, and gave feedback on its use. Although some limitations were noted, results showed that spiritual ecograms were moderately consistent with Native American culture and, if used properly, can help family therapists develop culturally appropriate interventions with Native American families and children.

Lind, B., Sendelbach, S. and Steen, S. [Abbott Northwestern Hospital, Minneapolis, MN; bradley.lind@allina.com]. **"Effects of a spirituality training program for nurses on patients in a progressive care unit."** *Critical Care Nurse* 31, no. 3 (Jun 2011): 87-90.

This article reports the evaluation of a 2-hour spirituality educational program for staff nurses that included key concepts for spiritual care, discussion, viewing part of the film *Wit*, a case presentation, and the HOPE spiritual assessment. Effects were measured in terms of subsequent increases in patient satisfaction scores and referrals to chaplains.

Lo, C., Burman, D., Swami, N., Gagliese, L., Rodin, G. and Zimmermann, C. [Department of Psychosocial Oncology and Palliative Care, Princess Margaret Hospital, Toronto, Canada]. **"Validation of the QUAL-EC for assessing quality of life in patients with advanced cancer."** *European Journal of Cancer* 47, no. 4 (Mar 2011): 554-560.

[From the abstract:] METHODS: Data were analyzed for 464 patients with advanced cancer who were participating in a randomized controlled trial of early palliative care intervention versus routine care. Patients completed the 26-item QUAL-E, the Functional Assessment of Cancer Therapy (FACT-G) quality of life measure and measures of spiritual well-being, performance status, symptom burden, satisfaction with care and communication with health care providers. We conducted a confirmatory factor analysis on the QUAL-E to test for the hypothesized four-factor structure and examined construct validity by calculating correlations with relevant scales. RESULTS: A 17-item reduced version of the QUAL-E, the QUAL-E-Cancer (QUAL-EC) achieved an acceptable fit to a four-factor model. Both the full and reduced versions of the QUAL-E were internally reliable and showed good construct validity. Symptom Control was correlated with other measures of physical functioning; Relationship with Healthcare Provider was correlated with satisfaction with care and better physician and nurse communication; Preparation for End of Life was strongly associated with emotional well-being; and Life Completion was strongly associated with social and spiritual well-being.

Lomax, J. W. [Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX; jlomax@bcm.edu]. **"Learning from losing: ethical, psychoanalytic, and spiritual perspectives on managing the incremental losses of the distributed self in dementia."** *Journal of Psychiatric Practice* 17, no. 1 (Jan 2011): 41-48.

[Abstract:] The author describes his experiences making decisions about the care of his mother, who was suffering from dementia, and the profound effect this process had on him as a psychotherapist. As background, he first presents an overview of writings from Jerry M. Lewis, George Pollock, and George Vaillant on issues related to attachment, death, loss, and mourning. The author equates his experiences caring for his mother with a type of involuntary "continuing education" and describes the lessons he learned as he was faced with decisions about his mother's level of care and as he mourned the slow, piecemeal loss of her distributed self. A case vignette is presented to illustrate how the author applied the lessons he had learned in psychotherapy with a distressed patient caring for her aging mother. The article concludes with a summary of the clinical and ethical questions raised by this case and the author's experience with his mother and a discussion of principles that can help psychotherapists provide treatment for patients who are caring for family members with dementia.

Lomax, J. W., Kripal, J. J. and Pargament, K. I. [Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX; jlomax@bcm.edu]. **"Perspectives on 'sacred moments' in psychotherapy."** *American Journal of Psychiatry* 168, no. 1 (Jan 2011): 12-18.

This is a discussion of a psychotherapy case by a psychoanalyst, a psychotherapy researcher, and a historian of religions. See especially the comments by Kenneth I. Pargament on Research Perspectives on the Sacred Moment as a Significant Aspect of Psychotherapy [pp. 15-17].

Long, C. O. [Capstone Healthcare Group, Phoenix, AZ; carollong@cox.net]. **"Cultural and spiritual considerations in palliative care."** *Journal of Pediatric Hematology/Oncology* 33, suppl. 2 (Oct 2011): S96-101.

[Abstract:] Culture is a fundamental part of one's being. Spirituality is integrated with culture and both play a significant role in a person's journey through life. Yet, culture and spirituality are often misunderstood and may not seem to be important in healthcare settings. For adults with cancer and their families, this cannot be ignored. This paper reviews The Purnell Model of Cultural Competence as a framework for considering culture and spirituality in healthcare and discusses the importance of acknowledging and incorporating practices that support culture and spirituality in healthcare settings. Examples of how to include cultural and spiritual care in palliative and end-of-life care in healthcare settings are provided.

Loustalot, F., Wyatt, S. B., Sims, M., Ellison, C. G., Taylor, H. A. and Underwood, L. [School of Nursing, University of Mississippi Medical Center, Jackson; floustalot@cdc.gov]. **"Psychometric testing of the Daily Spiritual Experiences Scale among African Americans in the Jackson Heart Study."** *Journal of Religion & Health* 50, no. 3 (Sep 2011): 675-685. Erratum appears on p. 686.

[Abstract:] This study provided the first examination of the psychometric properties of the 6-item Daily Spiritual Experiences Scale (DSES) in a large African American sample, the Jackson Heart Study (JHS). The JHS included measures of spiritual (DSES) and religious practices. Internal reliability, dimensionality, fit indices, and correlation were assessed. DSES scores reflected frequent daily spiritual experiences (12.84+/-4.72) and reliability scores were high (alpha=0.85; 95% CI 0.84-0.86). The DSES loaded on a single factor, with significant goodness-of-fit scores (RMSEA=0.094, P<0.01). Moderate significant correlations were noted among DSES items. Our findings confirm that the 6-item DSES had excellent psychometric properties in this sample.

Lucchetti, G., Lucchetti, A. L. G., Badan-Neto, A. M., Peres, P. T., Peres, M. F., Moreira-Almeida, A., Gomes, C. and Koenig, H. G. [Service of Geriatrics, Santa Casa of Sao Paulo, Sao Paulo, Brazil; g.lucchetti@yahoo.com.br]. **"Religiosity affects mental health, pain and quality of life in older people in an outpatient rehabilitation setting."** *Journal of Rehabilitation Medicine* 43, no. 4 (Mar 2011): 316-322.

[Abstract:] OBJECTIVES: To evaluate the relationship between religiousness and mental health, hospitalization, pain, disability and quality of life in older adults from an outpatient rehabilitation setting in Sao Paulo, Brazil. DESIGN: Cross-sectional study. SUBJECTS/PATIENTS: A total of 110 patients aged 60 years or older were interviewed during attendance at an outpatient rehabilitation service. METHODS: Researchers administered a standardized questionnaire that assessed socio-demographic data, religiousness, self-reported quality of life, anxiety, physical activity limitation, depression, pain and cognition. Predictors were included in each model analysis, and a backward conditional method was used for variable selection using logistic regression (categorical outcomes) or linear regression (continuous outcomes). RESULTS: Thirty-one patients (28.2%) fulfilled criteria for significant depressive symptoms, 27 (24.5%) for anxiety, and 10 (9.6%) for cognitive impairment. Pain was present in 89 (80.7%) patients. Limited depressive symptoms (as assessed by the Geriatric Depression Scale), and greater self-reported quality of life were related to greater self-reported religiousness, as were scores on the Mini-Mental State Examination (less cognitive impairment), and lower ratings of pain. CONCLUSION: Religiousness is related to significantly less depressive symptoms, better quality of life, less cognitive impairment, and less perceived pain. Clinicians should consider taking a spiritual history and ensuring that spiritual needs are addressed among older patients in rehabilitation settings.

Lucchetti, G., Lucchetti, A. L. G. and Koenig, H. G. [Sao Paulo Medical Spiritist Association, Sao Paulo, Brazil; g.lucchetti@yahoo.com.br]. **"Impact of spirituality/religiosity on mortality: comparison with other health interventions."** *Explore: The Journal of Science & Healing* 7, no. 4 (Jul-Aug 2011): 234-238.

[Abstract:] Scientists have been interested in the influence of religion on mortality for at least 130 years. Since this time, many debates have been held by researchers who believe or do not believe in this association. The objective of this study is to compare the impact of spirituality and religiosity (S/R) with other health interventions on mortality. The authors selected 25 well-known health interventions. Then, a search of online medical databases was performed. Meta-analyses between 1994 and 2009 involving mortality were chosen. The same was done for religiosity and spirituality. The combined hazard ratio was obtained directly by the systematic reviews and the mortality reductions by S/R and other health interventions were compared. Twenty-eight meta-analyses with mortality outcomes were selected (25 health interventions and three dealing with S/R). From these three meta-analyses, considering those with the most conservative results, persons with higher S/R had an 18% reduction in mortality. This result is stronger than 60.0% of the 25 systematic reviews analyzed (similar to consumption of fruits and vegetables for cardiovascular events and stronger than statin therapy). These results suggest that S/R plays a considerable role in mortality rate reductions, comparable to fruit and vegetable consumption and statin therapy.

Lyon, M. E., Garvie, P. A., Kao, E., Briggs, L., He, J., Malow, R., D'Angelo, L. J. and McCarter, R. [Children's National Medical Center, Division of Adolescent and Young Adult Medicine, and George Washington School of Medicine and Health Sciences, Washington, DC; mlyon@cnmc.org]. **"Spirituality in HIV-infected adolescents and their families: Family Centered (FACE) Advance Care Planning and medication adherence."** *Journal of Adolescent Health* 48, no. 6 (Jun 2011): 633-636.

[Abstract:] PURPOSE: To explore the effect of spirituality and religious beliefs on Family Centered (FACE) Advance Care Planning and medication adherence among human immunodeficiency virus (HIV) positive adolescents and their surrogate decision-makers. METHODS: A sample of HIV-positive adolescents (n = 40) and their surrogates, aged ≥ 21 years, (n = 40), was randomized to an active Healthy Living Control group or the FACE Advance Care Planning intervention, guided by transactional stress and coping theory. Adolescents' spirituality and their belief that HIV is a punishment from God were assessed at baseline and 3 months after the intervention, using the Functional Assessment of Chronic Illness Therapy-Spiritual Well Being Scale, Expanded, Version 4. RESULTS: Control adolescents increased faith and meaning/purpose more than FACE adolescents (p = .02). At baseline, more behaviorally infected adolescents (16%) believed that HIV was a punishment from God as compared with those who were infected perinatally (8%). Adolescents endorsing that HIV was a punishment scored lower on spirituality (p = .05) and adherence to Highly Active Antiretroviral Therapy (HAART) (p = .04). Surrogates were more spiritual than adolescents (p \leq .0001). CONCLUSION: Providing family support in a friendly, facilitated environment enhanced spirituality among adolescents. Facilitated family conversations had an especially positive effect on medication adherence and spiritual beliefs among behaviorally infected adolescents.

Magaldi-Dopman, D., Park-Taylor, J. and Ponterotto, J. G. [Lehman College, Bronx, NY]. **"Psychotherapists' spiritual, religious, atheist or agnostic identity and their practice of psychotherapy: a grounded theory study."** *Psychotherapy Research* 21, no. 3 (May 2011): 286-303.

[Abstract:] In this present grounded theory study, 16 experienced psychologists, who practiced from varied theoretical orientations and came from diverse religious/spiritual/nonreligious backgrounds, explored their personal religious/spiritual/nonreligious identity development journeys, their experiences with clients' religious/spiritual content in psychotherapy sessions, and how their identity may have influenced the way they interacted with religious/spiritual material during sessions. Results revealed that psychologists' spiritual/religious/nonreligious identity is conflicted and complex and that their academic and clinical training did not provide sufficient opportunity to examine how this may affect their therapeutic work. A tentative grounded theory emerged suggesting that psychologists both identified with and were activated by clients' spiritual/religious conflicts and their internal experiences about the spiritual/religious content, both of which presented significant challenges to therapeutic work.

Manglos, N. D. and Trinitapoli, J. [Department of Sociology, University of Texas at Austin; nmanglos@prc.utexas.edu]. **"The third therapeutic system: faith healing strategies in the context of a generalized AIDS epidemic."** *Journal of Health & Social Behavior* 52, no. 1 (Mar 2011): 107-122.

[Abstract:] Faith healing in sub-Saharan Africa has primarily been studied qualitatively among Pentecostal-Charismatic groups, and considered as its own phenomenon with little attention to its relationship to other modes of healing. Using data from Malawi, a religiously diverse African country with high HIV prevalence, we find that faith healing is pervasive across multiple religious traditions. For individuals, attending a faith healing congregation is associated with lower levels of generalized worry about AIDS, and this association is driven by those who switched churches before AIDS became widespread in rural areas. Use of condoms and traditional medicine are, on the other hand, positively associated with worry about AIDS. We argue that faith healing can be understood as a third therapeutic system that coexists with the well-documented biomedical and traditional systems. The success of faith healing approaches lies in their unique ability to combine individual-pragmatic and communal-ritualized aspects of healing to inform interpretations of the AIDS epidemic and its consequences.

- Martinez, N. C. and Sousa, V. D. [University of Texas at El Paso; ncmartinez@utep.edu]. **"Cross-cultural validation and psychometric evaluation of the Spanish Brief Religious Coping Scale (S-BRCS)."** *Journal of Transcultural Nursing* 22, no. 3 (Jul 2011): 248-256.
 [Abstract:] PURPOSE: To evaluate the psychometric properties of the Spanish Brief Religious Coping Scale (S-BRCS). DESIGN: A descriptive correlational design was used to conduct the study among a convenience sample of 121 Mexican Americans with diabetes. RESULTS: The positive and negative religious coping subscales had Cronbach's alphas of .85 and .86, respectively. All interitem and item-to-total correlations for each subscale were above the recommended criteria of .30. Factor loadings of the positive subscale using oblique (oblimin) and orthogonal (varimax) rotation ranged from .71 to .86 and from .72 to .86, respectively. Factor loadings of the negative subscale using oblimin and varimax rotation ranged from .64 to .83 and from .63 to .83, respectively. DISCUSSION AND CONCLUSIONS: The S-BRCS was found to be a valid and reliable instrument to measure religious coping among Spanish-speaking Mexican Americans with type 2 diabetes. IMPLICATIONS FOR FURTHER RESEARCH AND PRACTICE: Further psychometric evaluation of the S-BRCS among larger sample of Mexican Americans and other Hispanic ethnic groups is warranted. The S-BRCS has the potential to become a standard instrument that can be used by clinicians who work with Hispanic clients with diabetes mellitus to provide culturally competent diabetes care.
- Maselko, J., Hughes, C. and Cheney, R. [Department of Psychiatry and Behavioral Sciences, Duke Global Health Institute, Duke University, Durham, NC; Joanna.maselko@duke.edu]. **"Religious social capital: its measurement and utility in the study of the social determinants of health."** *Social Science & Medicine* 73, no. 5 (Sep 2011): 759-767.
 [Abstract:] As a social determinant of health, religiosity remains not well understood, despite the prevalence of religious activity and prominence of religious institutions in most societies. This paper introduces a working measure of Religious Social Capital and presents preliminary associations with neighborhood social capital and urban stressors. Religious social capital is defined as the social resources available to individuals and groups through their social connections with a religious community. Domains covered include group membership, social integration, values/norms, bonding/bridging trust as well as social support. Cross-sectional data come from a convenience sample of 104 community dwelling adults residing in a single urban neighborhood in a large US city, who also provided information on neighborhood social capital, and experiences of urban stressors. Results suggest that religious social capital is a valid construct that can be reliably measured. All indicators of religious social capital were higher among those who frequently attended religious services, with the exception of bridging trust (trust of people from different religious groups). A weak, inverse, association was also observed between religious and neighborhood social capital levels. Levels of religious social capital were correlated with higher levels of reported urban stressors, while neighborhood social capital was correlated with lower urban stressor levels. A significant percent of the sample was unaffiliated with a religious tradition and these individuals were more likely to be male, young and more highly educated. Social capital is a promising construct to help elucidate the influence of religion on population health.
- Mason, K. E., Polischuk, P., Pendleton, R., Bousa, E., Good, R. and Wines, J. D. Jr. [Gordon-Conwell Theological Seminary, South Hamilton, MA; kmason@gordonconwell.edu]. **"Clergy referral of suicidal individuals: a qualitative study."** *Journal of Pastoral Care & Counseling* 65, nos. 3-4 (Fall-Winter 2011): 1-11 [online journal article/page designation].
 [Abstract:] In a national study, 25% of help-seekers contacted clergy; suicidal behavior was one of the significant predictors for making contact. Clergy have been found to refer 10% of help-seekers to mental health providers. This qualitative study explored the referral practices of 15 northeastern Mainline and Evangelical Protestant clergy when contacted by suicidal individuals; all referred to mental health providers. Participants reported low confidence with risk identification and provided moving examples of pastoral care.
- Masters, K. S. and Knestel, A. [Dept. of Psychology, University of Colorado Denver, Denver, CO; Kevin.Masters@ucdenver.edu]. **"Religious motivation and cardiovascular reactivity among middle aged adults: is being pro-religious really that good for you?"** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 449-461.
 [Abstract:] Religiosity has been observed to have a beneficial relationship with blood pressure, however, specific aspects of religiosity that interact with physiological mechanisms to influence this relationship are not known. This study explored laboratory cardiovascular reactivity (blood pressure, heart rate) to psychological stress among middle aged community dwelling individuals grouped by religious motivation (Intrinsic, Pro-religious, Non-religious). Measures of personality, cynical hostility, aggression, sense of coherence, and compassion were administered. Results indicated that the Pro-religious group demonstrated dampened reactivity compared to the other research groups. However, the Pro-religious also demonstrated a less positive psychological profile (e.g., greater cynicism, aggression, and neuroticism; less compassion and sense of coherence) and poorer self-reported health compared with the Intrinsic group and behavioral observations demonstrated that the Pro-religious were unreliable in keeping appointments and appeared rushed during the experiment. These findings indicate a complicated interface between personality, coping, and religious motivation in response to stressors and emphasize the need for naturalistic and longitudinal investigations of individuals who vary in terms of religious motivation. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]
- Mazzotti, E., Mazzuca, F., Sebastiani, C., Scoppola, A. and Marchetti, P. [Division of Oncology and Oncological Dermatology, Istituto Dermopatico dell'Immacolata, Istituto di Ricovero e Cura a Carattere Scientifico, Rome, Italy; eva.mazzotti@tiscali.it]. **"Predictors of existential and religious well-being among cancer patients."** *Supportive Care in Cancer* 19, no. 12 (Dec 2011): 1931-1937.
 [Abstract:] Well-being and mental health are not only direct functions of amount of stress, but also depend on how people appraise and face critical situations. Spiritual well-being seems to be a central component of psychological health in physically healthy individuals and it offers some protection against end-of-life despair in those with chronic diseases. In this study, 250 out and in-patients with a cancer diagnosis were interviewed with standardized instruments to measure two aspects of spirituality, existential and religious well-being, coping strategies, psychological state, and quality of life (QoL). Using multivariate logistic regression models we found that coping strategies characterized by acceptance and positive reinterpretation of the stressor, and the absence of anxiety disorder, independently increased the likelihood of the existential well-being (Odds Ratio, OR, 7.7, and OR, 4.5, respectively), whereas religious well-being was not significantly associated with these variables. Our findings show that existential and religious well-being may be very different. A spirituality-based intervention could be

differently utilized by patients with different beliefs, cognitive and behavior characteristics. Measure of coping strategies and psychological state should be part of routine management of cancer patients.

McCaughey, J., Haaz, S., Tarpley, M. J., Koenig, H. G. and Bartlett, S. J. [Johns Hopkins School of Medicine, Baltimore, MD; jmccauley430@yahoo.com]. "**A randomized controlled trial to assess effectiveness of a spiritually-based intervention to help chronically ill adults.**" *International Journal of Psychiatry in Medicine* 41, no. 1 (2011): 91-105.

[Abstract:] OBJECTIVE: Creative, cost-effective ways are needed to help older adults deal effectively with chronic diseases. Spiritual beliefs and practices are often used to deal with health problems. We evaluated whether a minimal intervention, consisting of a video and workbook encouraging use of patient spiritual coping, would be inoffensive and improve perceived health status. METHODS: A randomized clinical trial of 100 older, chronically ill adults were assigned to a Spiritual (SPIRIT) or Educational (EDUC--standard cardiac risk reduction) intervention. Individuals in each group were shown a 28-minute video and given a workbook to complete over 4 weeks. Selected psychosocial and health outcome measures were administered at baseline and 6 weeks later. RESULTS: Participants were mostly female (62%), with a mean age of 65.8 +/- 9.6 years and had an average of three chronic illnesses. More than 90% were Christian. At baseline, frequent daily spiritual experiences (DSE) were associated with being African American ($p < .05$) and increased pain ($p < .01$) and co-morbidities ($p < .05$). Energy increased significantly ($p < .05$) in the SPIRIT group and decreased in the EDUC group. Improvements in pain, mood, health perceptions, illness intrusiveness, and self-efficacy were not statistically significant. CONCLUSIONS: A minimal intervention encouraging spiritual coping was inoffensive to patients, associated with increased energy, and required no additional clinician time.

McConnell, T. R., Trevino, K. M. and Klinger, T. A. [Bloomsburg University, Bloomsburg, PA; tmconne@bloomu.edu]. "**Demographic differences in religious coping after a first-time cardiac event.**" *Journal of Cardiopulmonary Rehabilitation & Prevention* 31, no. 5 (Sep-Oct 2011): 298-302.

[Abstract:] PURPOSE: The purpose of this project was to describe demographic characteristics of patients who may use religion as a coping response to a first-time cardiac event. METHODS: Patients (N = 105), who were enrolled in cardiac rehabilitation after a first-time myocardial infarction or coronary artery revascularization bypass surgery, completed the Religious Coping Activities Scale. Independent variables included age, gender, religious affiliation, diagnosis, marital status, and education level. The 6 types of religious coping activities were compared for each level of the independent variables. RESULTS: Significant differences emerged for gender, religious affiliation, marital status, and level of education. Women scored higher than men on spiritually based activities (T = 1550, P = .03), good deeds (T = 1504, P = .08), and religious avoidance coping (T = 1505, P = .08). Participants who claimed no religious affiliation scored lowest on good deeds (H[2] = 9.7, P = .008) and interpersonal religious support coping (H[2] = 13.4, P = .001) and higher on discontent coping (H[2] = 5.4, P = .07). Single participants scored higher on spiritually based coping than did married participants (T = 1251, P = .04) and lower on discontent coping (H[1] = 4.3, P = .04). Plead coping was an inverse function of education (H[3] = 6.8, P = .08). CONCLUSIONS: Patients beginning cardiac rehabilitation, particularly those with the demographic characteristics discussed in this study, may benefit from assessment of their desire for pastoral intervention.

McCurdy, D. B. and Fitchett, G. [Advocate Health Care, Park Ridge, IL; David.McCurdy@advocatehealth.com]. "**Ethical issues in case study publication: 'making our case(s)' ethically.**" *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 55-74.

[Abstract:] As chaplains develop richly detailed case studies for publication, ethical questions about case study construction and publication are emerging. Concerns about seeking patients' permission to publish material about them suggest additional questions and raise broad confidentiality and privacy issues. Confidentiality-related practices in health care and psychotherapy provide the most extensive guidance for chaplains, but healthcare chaplaincy has roots in religious and professional traditions with distinct notions of confidentiality that deserve consideration. Single case studies do not appear to be "research" requiring informed consent, yet their publication exposes patients to some risk of harm. Obtaining the patient's/"case study subject's" permission to publish, disguising non-essential information, and allowing the patient to review the case study can mitigate the risks. Striking a balance between protecting patients and providing sufficient detail to make case studies useful is a central ethical challenge of case study publication. [See also in the same issue of the journal: Fitchett, G., "Making our case(s)," pp. 3-18.]

McFadden, D., Croghan, I. T., Piderman, K. M., Lundstrom, C., Schroeder, D. R. and Hays, J. T. [Department of General Internal Medicine, Mayo Clinic, Rochester, MN; mcfadden.david@mayo.edu]. "**Spirituality in tobacco dependence: a Mayo Clinic survey.**" *Explore: The Journal of Science & Healing* 7, no. 3 (May-Jun 2011): 162-167.

[Abstract:] CONTEXT: With widespread interest in natural remedies and "holistic" treatments, there has been a renewed focus on the impact of spirituality related alternative therapy for many current chronic diseases. OBJECTIVE: To assess the potential impact of spiritual beliefs on lifestyle choices such as tobacco use, we conducted a patient survey. DESIGN/SETTING: This cross-section study was conducted using a 27-question survey of patients seen at the Mayo Clinic over a 14-week period. PATIENTS: We invited all patients (smokers and nonsmokers) seen in several Mayo Clinic divisions to participate in this voluntary survey. INTERVENTIONS: The survey included demographic information, history of tobacco use or nonuse, and assessment of spirituality. MAIN OUTCOME MEASURE: Among the 501 patients who participated, 370 were nonsmokers and 131 were smokers. Compared with smokers, nonsmokers more often participated in religious activities such as regular weekly church attendance (48% vs. 24%), daily prayer, and Bible study (49% vs. 24%; $P < .001$). Current smoking was negatively correlated with religious activities. However, after adjustment for demographic factors, there was no significant difference in intrinsic spirituality (importance of religion) between the two groups ($P < .130$). RESULT: Nonsmokers are more likely to engage in religious activities such as prayer, Bible study, and regular church attendance. Further studies may be helpful to clearly define the potential impact of spirituality on smoking cessation.

McIntosh, D. N., Poulin, M. J., Silver, R. C. and Holman, E. A. [Department of Psychology, University of Denver, CO; daniel.mcintosh@du.edu]. "**The distinct roles of spirituality and religiosity in physical and mental health after collective trauma: a national longitudinal study of responses to the 9/11 attacks.**" *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 497-507.

[Abstract:] Researchers have identified health implications of religiosity and spirituality but have rarely addressed differences between these dimensions. The associations of religiosity and spirituality with physical and mental health were examined in a national sample (N = 890) after the September 11, 2001 terrorist attacks (9/11). Health information was collected before 9/11 and health, religiosity, and spirituality were

assessed longitudinally during six waves of data collection over the next 3 years. Religiosity (i.e., participation in religious social structures) predicted higher positive affect (beta = .12), fewer cognitive intrusions (beta = -.07), and lower odds of new onset mental (incidence rate ratio [IRR] = .88) and musculoskeletal (IRR = .94) ailments. Spirituality (i.e., subjective commitment to spiritual or religious beliefs) predicted higher positive affect (beta = .09), lower odds of new onset infectious ailments (IRR = 0.83), more intrusions (beta = .10) and a more rapid decline in intrusions over time (beta = -.10). Religiosity and spirituality independently predict health after a collective trauma, controlling for pre-event health status; they are not interchangeable indices of religion. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

McKinney, M. M. [St. Francis Hospital and Medical Center; mmckinne@stfranciscare.org]. "**Treatment of survivors of torture: spiritual domain.**" *Torture* 21, no. 1 (2011): 61-66.

This review notes the lack of good research in this area but does list eight studies suggesting the promise of treatment for survivors of torture, emphasizing the spiritual domain and the potentially practical role of religious groups/organizations. An appendix gives a short list of "Highly Recommended Readings" in addition to the article's references.

McKnight, C. M. and Juillerat, S. [Department of Exercise and Sport Science, Azusa Pacific University, CA; cmcknight@apu.edu]. "**Perceptions of clinical athletic trainers on the spiritual care of injured athletes.**" *Journal of Athletic Training* 46, no. 3 (2011): 303-311.

[Abstract:] CONTEXT: Treating both the body and the mind of an injured or ill patient is accepted as necessary for full healing to occur. However, treating the spiritual needs of the patient has less consensus. OBJECTIVE: To determine the perceptions and practices of certified athletic trainers (ATs) working in the college/university setting pertaining to spiritual care of the injured athlete. DESIGN: Cross-sectional study. SETTING: A survey instrument was e-mailed to a stratified random sample of 2000 ATs at 4-year colleges and universities. PATIENTS OR OTHER PARTICIPANTS: Five hundred sixty-four. MAIN OUTCOME MEASURE(S): We measured the ATs' perceptions and practices related to spiritual care for athletes. RESULTS: We found that 82.4% of respondents agreed that addressing spiritual concerns could result in more positive therapeutic outcomes for athletes; however, 64.3% disagreed that ATs are responsible for providing the spiritual care. Positive correlations were found between personal spirituality and items favoring implementing spiritual care. CONCLUSIONS: Athletic trainers have a conceptual appreciation of the importance of spiritual care for athletes, but the practicalities of how to define, acquire skills in, and practice spiritual care are unresolved.

McSherry, W. and Jamieson, S. [Centre for Practice and Service Improvement, Faculty of Health, Staffordshire University, Stafford, UK; wilf.mcsherry@staffs.ac.uk]. "**An online survey of nurses' perceptions of spirituality and spiritual care.**" *Journal of Clinical Nursing* 20, nos. 11-12 (Jun 2011): 1757-1767.

[Abstract:] AIM: This paper presents the preliminary descriptive findings from an online survey commissioned by the Royal College of Nursing to ascertain members' perceptions of spirituality and spiritual care. BACKGROUND: There is a professional requirement for nurses to achieve competence in the delivery of spiritual care and to assess and meet the spiritual needs of their patients. Recently, the area of spirituality has come under criticism bringing into question the role of the nurse with regard to the provision of spiritual care. DESIGN: A descriptive online survey was conducted with all Royal College of Nursing members to obtain their perceptions of spirituality and spiritual care in an attempt to identify what action they feel is required with regard to this aspect of nursing practice. METHOD: An online survey consisting of a five-part questionnaire was developed incorporating the Spirituality and Spiritual Care Rating Scale. Members were asked to complete the survey during a three-week period in March 2010. RESULTS: Overall, 4054 Royal College of Nursing members responded, making this probably the largest UK survey ascertaining nurses' perceptions of spirituality and spiritual care. Descriptive statistics, frequencies and percentages were used to identify key findings. A Cronbach's alpha of 0.80 was obtained for the Spirituality and Spiritual Care Rating Scale. The preliminary analysis confirms that nurses across the full health economy in the United Kingdom consider spirituality to be a fundamental aspect of nursing. CONCLUSION: The findings indicate that nurses recognize that attending to the spiritual needs of patients enhances the overall quality of nursing care. However, despite all the attention given to the spiritual dimension, the majority of nurses still feel that they require more guidance and support from governing bodies to enable them to support and effectively meet their patients' spiritual needs.

Mehta, J. B. [Internal Medicine, Quillen College of Medicine, East Tennessee State University, Johnson City, TN; mehtaj@etsu.edu]. "**Spirituality and medicine: dying with grace.**" *Southern Medical Journal* 104, no. 4 (Apr 2011): 294.

This is a brief article in another of the journal's Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; Dyer, A. R. (two articles); Grosch, W. N.; Herrell, H. E.; and Purow B., et al.; noted elsewhere in this bibliography.

Mellor, J. M. and Freeborn, B. A. [Department of Economics and Thomas Jefferson Program in Public Policy, College of William and Mary, Williamsburg, VA; jmmell@wm.edu]. "**Religious participation and risky health behaviors among adolescents.**" *Health Economics* 20, no. 10 (Oct 2011): 1226-1240.

[Abstract:] Previous studies have shown that adolescent religious participation is negatively associated with risky health behaviors such as cigarette smoking, alcohol consumption, and illicit drug use. One explanation for these findings is that religion directly reduces risky behaviors because churches provide youths with moral guidance or with strong social networks that reinforce social norms. An alternative explanation is that both religious participation and risky health behaviors are driven by some common unobserved individual trait. We use data from the National Longitudinal Study of Adolescent Health and implement an instrumental variables approach to identify the effect of religious participation on smoking, binge drinking, and marijuana use. Following Gruber (2005), we use a county-level measure of religious market density as an instrument. We find that religious market density has a strong positive association with adolescent religious participation, but not with secular measures of social capital. Upon accounting for unobserved heterogeneity, we find that religious participation continues to have a significant negative effect on illicit drug use. On the contrary, the estimated effects of attendance in instrumental variables models of binge drinking and smoking are statistically imprecise.

Meraviglia, M. G. and Stuijbergen, A. [School of Nursing, University of Texas at Austin; mmeraviglia@mail.utexas.edu]. "**Health-promoting behaviors of low-income cancer survivors.**" *Clinical Nurse Specialist* 25, no. 3 (May-Jun 2011): 118-124.

Among the findings from this qualitative study of 13 ethnically diverse low-income cancer survivors [from the abstract:] Participants described their use of various HP behaviors primarily walking, maintaining a positive mental attitude, and changing their diet. Participants discussed their perspectives on having a diagnosis of cancer as well as the meaning of being a cancer survivor. They described spiritual growth through prayer, renewing their faith, maintaining a hopeful outlook, and expressing thankfulness toward God. Participants expressed interested in learning about effective physical exercises, healthy eating, and stress management strategies.

Mezzich, J. E., Cohen, N. L., Ruiperez, M. A., Banzato, C. E. and Zapata-Vega, M. I. [Mount Sinai School of Medicine, New York University, NY; juanmezzich@aol.com]. "**The Multicultural Quality of Life Index: presentation and validation.**" *Journal of Evaluation in Clinical Practice* 17, no. 2 (Apr 2011): 357-364.

This measure includes Spiritual Fulfillment ("having a high philosophy of life; religiousness; transcendence beyond ordinary material life" [p. 358]) as one of ten dimensions of quality of life. The authors conclude that this instrument is [from the abstract:] a brief and culturally informed instrument that appears to be easy to complete, reliable, internally consistent and valid.

Mihaljevic, S., Vuksan-Cusa, B., Marcinko, D., Koic, E., Kusevic, Z. and Jakovljevic, M. [Psychiatry Department, General Hospital Virovitica, Virovitica, Croatia; saneanadj@gmail.com]. "**Spiritual well-being, cortisol, and suicidality in Croatian war veterans suffering from PTSD.**" *Journal of Religion & Health* 50, no. 2 (Jun 2011): 464-473.

[Abstract:] We present our preliminary results of work that aims to observe the relationship between the cortisol level, the level of spiritual well-being, and suicidal tendencies in Croatian war veterans suffering from PTSD. The survey was conducted on 17 PTSD veterans who completed the Spiritual Well-Being Scale and the Beck Hopelessness Scale. The plasma cortisol level was obtained by venepuncture at 8.00, 12.00, 13.00, 16.00, and 22.00 h. Results showed that veterans with higher spiritual well-being scores had lower cortisol levels, and evening cortisol levels showed significant correlation with suicidal risk. The results of the present study could be a stimulus for further investigation into spiritually based interventions, exploring their impact both on mental status and physical health.

Miller, M. L. and Saunders, S. M. [Department of Psychology, Marquette University, Milwaukee WI; melissa.l.miller@mu.edu]. "**A naturalistic study of the associations between changes in alcohol problems, spiritual functioning, and psychiatric symptoms.**" *Psychology of Addictive Behaviors* 25, no. 3 (Sep 2011): 455-461.

[Abstract:] The study evaluated how spiritual and religious functioning (SRF), alcohol-related problems, and psychiatric symptoms change over the course of treatment and follow-up. Problem drinkers (n = 55, including 39 males and 16 females) in outpatient treatment were administered questionnaires at pretreatment, posttreatment, and follow up, which assessed two aspects of SRF (religious well-being and existential well-being), two aspects of alcohol misuse (severity and consequences), and two aspects of psychiatric symptoms (depression and anxiety). Significant improvements in SRF, psychiatric symptoms and alcohol misuse were observed from pretreatment to follow-up. Although SRF scores were significantly correlated with psychiatric symptoms at all three time points, improvement in the former did not predict improvement in the latter. When measured at the same time points, SRF scores were not correlated with the measures of alcohol misuse. However, improvement in SRF (specifically in existential well-being) over the course of treatment was predictive of improvement in the alcohol misuse measures at follow-up. These results suggest that the association between SRF, emotional problems, and alcohol misuse is complex. They further suggest that patients who improve spiritual functioning over the course of treatment are more likely to experience improvement in drinking behavior and alcohol-related problems after treatment has ended.

Mohr, S., Perroud, N., Gillieron, C., Brandt, P. Y., Rieben, I., Borrás, L. and Huguelet, P. [University of Geneva, Division of Adult Psychiatry, 1207 Geneva, Switzerland; Sylvia.Mohr@hcuge.ch]. "**Spirituality and religiousness as predictive factors of outcome in schizophrenia and schizo-affective disorders.**" *Psychiatry Research* 186, nos. 2-3 (Apr 30, 2011): 177-182.

[Abstract:] Spirituality and religiousness have been shown to be highly prevalent in patients with schizophrenia. This study assesses the predictive value of helpful vs. harmful use of religion to cope with schizophrenia or schizo-affective disorder at 3 years. From an initial cohort of 115 outpatients, 80% were reassessed for positive, negative and general symptoms, clinical global impression, social adaptation and quality of life. For patients with helpful religion at baseline, the importance of spirituality was predictive of fewer negative symptoms, better clinical global impression, social functioning and quality of life. The frequencies of religious practices in community and support from religious community had no effect on outcome. For patients with harmful religion at baseline, no relationships were elicited. This result may be due to sample size. Indeed, helpful spiritual/religious coping concerns 83% of patients, whereas harmful spiritual/religious coping concerns only 14% of patients. Our study shows that helpful use of spirituality is predictive of a better outcome. Spirituality may facilitate recovery by providing resources for coping with symptoms. In some cases, however, spirituality and religiousness are a source of suffering. Helpful vs. harmful spiritual/religious coping appears to be of clinical significance. [See also: Huguelet, P., Mohr, S., Betrisey, C., Borrás, L., Gillieron, C., Marie, A. M., Rieben, I., Perroud, N. and Brandt, P. Y., "A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience," *Psychiatric Services* 62, no. 1 (Jan 2011): 79-86; noted elsewhere in this bibliography.]

Monod, S., Brennan, M., Rochat, E., Martin, E., Rochat, S. and Bula, C. J. [Service of Geriatric Medicine and Geriatric Rehabilitation, University of Lausanne Medical Center, Epalinges, Switzerland; Stefanie.monod-zorzi@chuv.ch]. "**Instruments measuring spirituality in clinical research: a systematic review.**" *Journal of General Internal Medicine* 26, no. 11 (Nov 2011): 1345-1357.

[Abstract:] INTRODUCTION: Numerous instruments have been developed to assess spirituality and measure its association with health outcomes. This study's aims were to identify instruments used in clinical research that measure spirituality; to propose a classification of these instruments; and to identify those instruments that could provide information on the need for spiritual intervention. METHODS: A systematic literature search in MEDLINE, CINHALL, PsycINFO, ATLA, and EMBASE databases, using the terms "spirituality" and "adults," and limited to journal articles was performed to identify clinical studies that used a spiritual assessment instrument. For each instrument identified, measured constructs, intended goals, and data on psychometric properties were retrieved. A conceptual and a functional classification of instruments were developed. RESULTS: Thirty-five instruments were retrieved and classified into measures of general spirituality (N = 22), spiritual well-being (N = 5), spiritual coping (N = 4), and spiritual needs (N = 4) according to the conceptual classification. Instruments most frequently used in clinical research were the FACIT-Sp and the Spiritual Well-Being Scale. Data on psychometric properties were mostly limited to content validity and inter-item reliability. According to the functional classification, 16 instruments were identified that included at least one item measuring a current spiritual state, but only three of those appeared suitable to address the need for spiritual intervention.

CONCLUSIONS: Instruments identified in this systematic review assess multiple dimensions of spirituality, and the proposed classifications should help clinical researchers interested in investigating the complex relationship between spirituality and health. Findings underscore the scarcity of instruments specifically designed to measure a patient's current spiritual state. Moreover, the relatively limited data available on psychometric properties of these instruments highlight the need for additional research to determine whether they are suitable in identifying the need for spiritual interventions.

Monroe, C. [Methodist Hospital, Indianapolis, IN; cmonroe@iuhealth.org]. "**Spirituality shines through in a magnet moment.**" *Critical Care Nurse* 31, no. 4 (Aug 2011): 98-99.

This brief report describes the multidisciplinary efforts of hospital staff to provide for a baptism by immersion for an intubated patient near the end of her life.

Moreira-Almeida, A. and Cardena, E. [Research Center in Spirituality and Health, School of Medicine, Universidade Federal de Juiz de Fora (UFJF), Juiz de Fora, Brazil; alex.ma@ufjf.edu.br]. "**Differential diagnosis between non-pathological psychotic and spiritual experiences and mental disorders: a contribution from Latin American studies to the ICD-11.**" *Revista Brasileira de Psiquiatria* 33, suppl. 1 (May 2011): S21-36.

[Abstract:] OBJECTIVE: To review research articles in psychiatry and psychology involving Latin American populations and/or produced by Latin American scholars to investigate the differential diagnosis between spiritual/anomalous experiences and mental disorders in order to contribute to the validity of the International Classification of Diseases towards its 11th edition in this area. METHOD: We searched electronic databases (PubMed, PsycINFO, Scopus, and SciELO) using relevant keywords (possession, trance, religious experience, spiritual experience, Latin, Brazil) for articles with original psychiatric and psychological data on spiritual experiences. We also analyzed the references of the articles found and contacted authors for additional references and data. RESULTS: There is strong evidence that psychotic and anomalous experiences are frequent in the general population and that most of them are not related to psychotic disorders. Often, spiritual experiences involve non-pathological dissociative and psychotic experiences. Although spiritual experiences are not usually related to mental disorders, they may cause transient distress and are commonly reported by psychotic patients. CONCLUSION: We propose some features that suggest the non-pathological nature of a spiritual experience: lack of suffering, lack of social or functional impairment, compatibility with the patient's cultural background and recognition by others, absence of psychiatric comorbidities, control over the experience, and personal growth over time.

Moritz, S., Kelly, M. T., Xu, T. J., Toews, J. and Rickhi, B. [Canadian Institute for Natural and Integrative Medicine, Calgary, Canada; s.moritz@cinim.org]. "**A spirituality teaching program for depression: qualitative findings on cognitive and emotional change.**" *Complementary Therapies in Medicine* 19, no. 4 (Aug 2011): 201-207.

[Abstract:] OBJECTIVES: This study was conducted with participants from a trial evaluating an 8-week spirituality teaching program to treat unipolar major depression. The objectives of this study were to understand the nature of the observed mood following participation in the spirituality based intervention. DESIGN: This study used the methods of a naturalistic inquiry. SETTING: A total of 15 interviewees were purposefully sampled from the trial population. INTERVENTION: The intervention consisted of audio CDs for home-based use that delivered lectures and stories about spirituality, suggested behavioral applications and included relaxation practices. MAIN OUTCOME MEASURES: In-depth, semi-structured interviews were conducted with each participant 6 months post program completion. Interviews were audio recorded and transcribed verbatim. The data were coded for patterns of substantive core meaning in terms of the participants' subjective and behavioral experiences of the program materials. RESULTS: Participants described an expanded spiritual awareness, characterized by a sense of connection with self, others, the world and universal energy. The primary influences participants reported occurred as a result of practicing forgiveness, compassion, gratitude and acceptance in their daily lives and included reduced negative thinking patterns, being less judgmental, reduced ego-centricity, and improved self-esteem. Concurrent with these shifts, participants experienced an improved mood characterized by reduced anxiety and/or depression, mental clarity, calmness and improved relationships. CONCLUSION: Findings suggest that the spirituality teaching program impacts depression by expanding spiritual beliefs and shifting perspectives of life situations, oneself and others. Spiritual teachings and practices could be an innovative and valuable adjunct intervention to treat depression.

Mundle, R. G. [St. Mary's of the Lake Hospital Site, Providence Care, Kingston, Canada; robert.mundle@utoronto.ca]. "**The spiritual strength story in end-of-life care: two case studies.**" *Palliative & Supportive Care* 9, no. 4 (Dec 2011): 419-424.

[Abstract:] In this article I analyze two brief case studies to propose that a "spiritual strength story" has five defining characteristics: (1) it is brief; (2) it is ontological; (3) it uses symbols and metaphors; (4) it is a "big story" or meta-narrative with a positive spiritual and/or religious focus that informs other narrative data; and (5) most conspicuously of all, it repeats. Cultivating awareness of the "spiritual strength" narrative type can help to improve the quality of inter-professional patient-centered care teamwork and understanding, especially in regard to the reflexive, embodied, and relational aspects of palliative and end-of-life care.

Munoz-Laboy, M., Garcia, J., Moon-Howard, J., Wilson, P. A. and Parker, R. [Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY]. "**Religious responses to HIV and AIDS: understanding the role of religious cultures and institutions in confronting the epidemic.**" *Global Public Health* 6, suppl. 2 (2011): S127-131.

"Since the beginning of the HIV epidemic, few institutions have been as important as religion in shaping the ways in which individuals, communities and societies have responded to HIV and AIDS. ...Over the course of three decades now, religious meaning systems have mediated the attitudes and policies related to the epidemic and public health programs and religious organizations have been central to the response to HIV and AIDS in countries and cultures around the world.... This impact has been profoundly complex and often contradictory. ...At the same time, religious organizations play a key role globally in providing front-line access to primary and terminal care, advocating for health and social welfare resources, and influencing public health and social policies." [p. S127]

Nardi, D. and Rooda, L. [Doctor of Nursing Practice Program, University of St. Francis, Joliet, IL; dnardi@stfrancis.edu]. "**Spirituality-based nursing practice by nursing students: an exploratory study.**" *Journal of Professional Nursing* 27, no. 4 (Jul-Aug 2011): 255-263.

[Abstract:] This exploratory mixed-method study examines the nature of awareness and application of spirituality in senior nursing students in two separate nursing baccalaureate degree nursing programs. A comprehensive study of the literature yielded 45 statements on personal

spirituality and its use in patient care, which were converted to a Likert-type scale questionnaire used as the instrument for this study. A purposive sample consisted of 86 senior-level nursing students in their final semester of study in both schools. Independent t tests, stepwise regression analysis, and factor analysis were used to determine the nature of spiritual-based nursing practice by these students in terms of their awareness, use, and understanding of this metaphysical dimension of health care. Combined mean spirituality score was 128.76; spirituality scores from the two groups were not significantly different, $t(64) = 0.668$, $P = .507$. Factor analysis extracted five dimensions of spirituality-based nursing. Results were used to support the development of a practice theory of spirituality-based nursing practice. Findings can be used to advance nursing theory, provide direction for curricular development, and strengthen nursing practice.

Nelson, C., Chand, P., Sortais, J., Oloimooja, J. and Rembert, G. [South Bay Medical Center in Harbor City, CA; craig.m.nelson@kp.org]. "**Inpatient palliative care consults and the probability of hospital readmission.**" *Permanente Journal* 15, no. 2 (2011): 48-51. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Many patients and their families have difficulty making decisions when confronted with complex medical problems. Often their expectations and hopes are beyond what medical science can deliver, and at times their desires seem to conflict with their treatment plans. Additionally, costly tests and treatments with little or no benefit are often explored. Inpatient palliative care consultation services for end-of-life-care planning can help patients navigate this complexity, arrive at a care plan consistent with their personal values, and be good stewards of precious medical resources. OBJECTIVE: We conducted a study to assess the effect that one function of our organization's Inpatient Palliative Care Service-consultation regarding end-of-life-care planning-has on readmission rates. We believed that our study would show that interdisciplinary end-of-life-care planning improves resource use by reducing the probability and rate of hospital readmission. METHODS: We retrospectively reviewed electronic records for Kaiser Permanente HealthConnect at Kaiser Permanente South Bay Medical Center in Harbor City, CA, for 200 consecutive patients referred to our Inpatient Palliative Care Service between November 2006 and February 2010, comparing hospital readmissions between two groups of patients. Members of both groups (100 patients in each) all had an Inpatient Palliative Care consult ordered for end-of-life-care planning; members of group A were seen solely by an inpatient palliative care registered nurse (RN), whereas members of group B were seen by an interdisciplinary team consisting of a physician, a bioethicist, a social worker, an RN, and a hospital chaplain. RESULTS: We found that with the post-team consultation, readmissions to the hospital per patient per six months after consultation decreased from 1.15 to 0.7 admissions per patient.

Nelson, J. E., Gay, E. B., Berman, A. R., Powell, C. A., Salazar-Schicchi, J. and Wisnivesky, J. P. [Division of Pulmonary, Critical Care, and Sleep Medicine, Department of Medicine, Mount Sinai School of Medicine, New York, NY]. "**Patients rate physician communication about lung cancer.**" *Cancer* 117, no. 22 (Nov 15, 2011): 5212-5220.

Among the findings of this study of 276 patients [from the abstract:] Low ratings [of physician communication] were frequent for discussion of emotional symptoms (56%; 95% confidence interval [CI], 49%-62%), practical needs (71%; 95% CI, 65%-76%), spiritual concerns (80%; 95% CI, 75%-85%), proxy appointment (63%; 95% CI, 57%-69%), living will preparation (90%; 95% CI, 85%-93%), life support preferences (80%; 95% CI, 75%-84%), and hospice (88%; 95% CI, 86%-94%).

Neuman, M. E. [neumanml@email.uc.edu]. "**Addressing children's beliefs through Fowler's stages of faith.**" *Journal of Pediatric Nursing* 26, no. 1 (Feb 2011): 44-50.

[Abstract:] Knowledge of child development, including faith development, is important in providing holistic care to the child. Pediatric nurses and nurse practitioners may be inadequately prepared to meet the spiritual needs of children in developmentally appropriate ways. This article demonstrates why it is necessary to assess a child's or an adolescent's religious and spiritual beliefs and when and how a nurse intervenes. Modeled here is one way in which pediatric nurses can effectively combine their knowledge of child development and Fowler's theory of faith development to address the child and adolescent's spiritual needs.

Neville Miller, A. and Teel, S. [Nicholson School of Communication, University of Central Florida, Orlando; aemiller@mail.ucf.edu]. "**A content analysis of research on religion and spirituality in general communication and health communication journals.**" *Health Communication* 26, no. 7 (Oct 2011): 615-620.

[Abstract:] Little research has been conducted within the field of communication regarding the intersection of religious faith and health communication. One step toward addressing the existing gap in health communication literature is to establish an accurate picture of the present state of affairs. The purpose of this study was to describe publication patterns in communication journals over the past 10 years with respect to the intersection and faith and health communication. We conducted a content analysis on four broad-based communication journals that have been identified as central in the communication field, and two health communication journals. We present results regarding specific health conditions, nationalities, faith communities, channels of communication, domains of religion, and purposes of communication studied; methods used; trends in publication across time and communication journals; and comparison to other disciplines.

Nightingale, V. R., Sher, T. G., Thilges, S., Niel, K., Rolfsen, N. and Hansen, N. B. [Yale University, New Haven, CT; vienna.nightingale@yale.edu]. "**Non-conventional practices and immune functioning among individuals receiving conventional care for HIV.**" *Journal of Health Psychology* 16, no. 8 (Nov 2011): 1241-1250.

[From the abstract:] ...METHODS: 92 participants completed an interview on non-conventional practices (complementary and alternative medicines (CAM), psychosocial therapies, and religious practice). They also completed the Psychiatric Symptom Index and the AIDS Clinical Trials Group Adherence Follow-up Questionnaire. Medical chart reviews determined CD4 count and viral load. RESULTS: Hierarchical logistic regressions revealed religious practice was associated with adherence and CAM was associated with viral load....

Nolan, J. A., Whetten, K. and Koenig, H. G. [Center for Child and Family Policy, Social Science Research Institute, Duke University, Durham, NC; jan13@duke.edu]. "**Religious, spiritual, and traditional beliefs and practices and the ethics of mental health research in less wealthy countries.**" *International Journal of Psychiatry in Medicine* 42, no. 3 (2011): 267-277. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] This discussion article contributes to ethics reform by introducing the contribution of religious, spiritual, and traditional beliefs and practices to both subject vulnerability and patient improvement. A growing body of evidence suggests that religious, spiritual, and traditional beliefs and practices may provide positive benefits, although in some cases mixed or negative consequences to mental and physical health.

These beliefs and practices add a new level of complexity to ethical deliberations, in terms of what ignoring them may mean for both distributive justice and respect for persons. International ethical guidelines need to be created that are expansive enough to cover an array of social groups and circumstances. It is proposed that these guidelines incorporate the religious, spiritual, and/or traditional principles that characterize a local population. Providing effective mental healthcare requires respecting and understanding how differences, including ones that express a population's religious, spiritual, or traditional belief systems, play into the complex deliberations and negotiations that must be undertaken if researchers are to adhere to ethical imperatives in research and treatment.

Nolan, S. [Psychosocial and Spiritual Care Team, Princess Alice Hospice, Esher, UK; chaplain@pah.org.uk]. "**Hope beyond (redundant) hope: how chaplains work with dying patients.**" *Palliative Medicine* 25, no. 1 (Jan 2011): 21-25.

[Abstract:] Using Grounded Theory, this study examines the experience of 19 palliative care chaplains in counseling dying people. Taking a broad-based definition of counseling, and using unstructured individual interviews and group work, the study aimed to understand how palliative care chaplains work with patients at the point when it has been decided to cease active treatment, the point where they risk losing hope and falling into despair. Analyzing the data using code-based theory building software, the author identified four organic moments in the chaplain-patient relationship, each moment being a discernable development in the chaplain's being-with the patient: 'evocative presence'; 'accompanying presence'; 'comforting presence'; and 'hopeful presence'. The author represents the four moments as a theory of 'chaplain as hopeful presence', and offers a description of the way in which the quality of presence can facilitate patients to develop 'a hopeful manner' in which hope is reconfigured into an attribute of being. The author concludes (with Levinas) that chaplains and other palliative care staff should be aware that simply being-with another can, in itself, be hope fostering. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the February 2011 Article-of-the-Month at <http://www.acperesearch.net/feb11.html>.]

Norton, C. K., Hobson, G. and Kulm, E.. [School of Nursing and Health Studies, Georgetown University, Washington, DC; nortonc@georgetown.edu]. "**Palliative and end-of-life care in the emergency department: guidelines for nurses.**" *Journal of Emergency Nursing* 37, no. 3 (May 2011): 240-245.

This review mentions spirituality at several points and contains a section on Cultural and Spiritual Considerations. The authors define the provision of pastoral care very broadly as a "willingness to be present in another person's time of need" [p. 243].

Offenbacher, M., Sauer, S., Hieblinger, R., Hufford, D. J., Walach, H. and Kohls, N. [Human Science Center, Generation Research Program, University of Munich, Germany; martin.offenbaecher@med.uni-muenchen.de]. "**Spirituality and the International Classification of Functioning, Disability and Health: content comparison of questionnaires measuring mindfulness based on the International Classification of Functioning.**" *Disability & Rehabilitation* 33, nos. 25-26 (2011): 2434-2445.

[Abstract:] PURPOSE: To identify and compare the concepts contained in questionnaires measuring mindfulness using the International Classification of Functioning (ICF) as external reference. METHOD: Questionnaires which are published in peer-reviewed journals and listed in Pubmed or PsycInfo were included. The questionnaires were analyzed and, using a content-analytical approach, the respective items were categorized and linked to the ICF. RESULTS: Ten questionnaires were included. Ninety-four per cent (N = 341) of the concepts could be linked to 37 different ICF categories. One hundred and seventy-one (50.1%) concepts were linked to ICF categories of the component Body Function, 74 (21.7%) to categories of the component Activity and Participation and none to categories of the component Environmental Factors. In total, 28.2% of the linked concepts belonged to Personal factors, which are not yet classified in the ICF. The questionnaires exhibited considerable differences regarding content density (i.e. the average number of concepts per item) and content diversity (i.e. the number of ICF categories per concept). CONCLUSIONS: The ICF provides an useful external reference to identify and compare the concepts contained in mindfulness questionnaires. Also, mindfulness questionnaire concepts suggest potentially useful factors for classification within the ICF.

Oliver, M., Woywodt, A., Ahmed, A. and Saif, I. [Department of Nephrology, Lancashire Teaching Hospitals, Lancashire, UK; Alex.Woywodt@lthtr.nhs.uk]. "**Organ donation, transplantation and religion.**" *Nephrology Dialysis Transplantation* 26, no. 2 (Feb 2011): 437-444.

This paper was spurred by the authors' experience of the case of a 46-year old Muslim woman awaiting kidney transplant with religious issues about transplantation. Brief characterizations of religious traditions' views on transplantation are offered for Christianity, Jehovah's Witness, Judaism, Hinduism, Sikhism, Buddhism, Confucianism, Shintoism, and Taoism. The context is Great Britain and Western Europe, and the descriptions are not definitive, but the article serves as a basic introduction to diverse religious perspectives. The authors write with the hope that greater knowledge in this area may lead to an increase in transplantations.

O'Neill, M. T. and Mako, C. [Catholic Health Services of Long Island, Rockville Centre, NY]. "**Addressing spiritual pain.**" *Health Progress* 92, no. 1 (Jan-Feb 2011): 42-45.

This is a concise explication of the concept of spiritual pain and its assessment.

O'Shea, E. R., Wallace, M., Griffin, M. Q. and Fitzpatrick, J. J. [Fairfield University, Fairfield, CT; eoshea@mail.fairfield.edu]. "**The effect of an educational session on pediatric nurses' perspectives toward providing spiritual care.**" *Journal of Pediatric Nursing* 26, no. 1 (Feb 2011): 34-43.

[Abstract:] This study evaluated the effect of a spiritual education session on pediatric nurses' perspectives toward providing spiritual care. A one-group pretest and posttest design was used to evaluate the effectiveness of the educational session. Participants consisted of 41 pediatric and neonatal nurses that worked in a large university-affiliated children's hospital. Findings confirmed that the spiritual education session had a positive effect on nurses' perspectives toward providing spiritual care. In addition, a positive correlation was identified between the pediatric nurses' perception of their own spirituality and their perspective toward providing care.

Owen, A. D., Hayward, R. D., Koenig, H. G., Steffens, D. C. and Payne, M. E. [Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, NC]. "**Religious factors and hippocampal atrophy in late life.**" *PLoS ONE* 6, no. 3 (2011): e17006 [electronic journal article number].

[Abstract:] Despite a growing interest in the ways spiritual beliefs and practices are reflected in brain activity, there have been relatively few studies using neuroimaging data to assess potential relationships between religious factors and structural neuroanatomy. This study examined

prospective relationships between religious factors and hippocampal volume change using high-resolution MRI data of a sample of 268 older adults. Religious factors assessed included life-changing religious experiences, spiritual practices, and religious group membership. Hippocampal volumes were analyzed using the GRID program, which is based on a manual point-counting method and allows for semi-automated determination of region of interest volumes. Significantly greater hippocampal atrophy was observed for participants reporting a life-changing religious experience. Significantly greater hippocampal atrophy was also observed from baseline to final assessment among born-again Protestants, Catholics, and those with no religious affiliation, compared with Protestants not identifying as born-again. These associations were not explained by psychosocial or demographic factors, or baseline cerebral volume. Hippocampal volume has been linked to clinical outcomes, such as depression, dementia, and Alzheimer's Disease. The findings of this study indicate that hippocampal atrophy in late life may be uniquely influenced by certain types of religious factors.

Padela, A. I., Killawi, A., Heisler, M., Demonner, S. and Fetters, M. D. [Robert Wood Johnson Foundation Clinical Scholars Program, Department of General Internal Medicine, University of Michigan, Ann Arbor; aasim@umich.edu]. **"The role of imams in American Muslim health: perspectives of Muslim community leaders in Southeast Michigan."** *Journal of Religion & Health* 50, no. 2 (Jun 2011): 359-373.

[Abstract:] American Muslims are a diverse and growing population, numbering nearly 200,000 in Southeast Michigan. Little empirical work exists on the influence of Islam upon the healthcare behaviors of American Muslims, and there is to date limited research on the roles that imams, Muslim religious leaders, play in the health of this community. Utilizing a community-based participatory research (CBPR) model through collaboration with four key community organizations, we conducted semi-structured interviews with 12 community leaders and explored their perceptions about the roles imams play in community health. Respondents identified four central roles for imams in healthcare: (1) encouraging healthy behaviors through scripture-based messages in sermons; (2) performing religious rituals around life events and illnesses; (3) advocating for Muslim patients and delivering cultural sensitivity training in hospitals; and (4) assisting in healthcare decisions for Muslims. Our analysis also suggests several challenges for imams stemming from medical uncertainty and ethical conflicts. Imams play key roles in framing concepts of health and disease and encouraging healthy lifestyles outside of the healthcare system, as well as advocating for Muslim patient needs and aiding in healthcare decisions within the hospital. Healthcare partnerships with these religious leaders and their institutions may be an important means to enhance the health of American Muslims.

Padela, A. I. and Rodriguez del Pozo, P. [Robert Wood Johnson Foundation Clinical Scholars Program, Department of General Internal Medicine, University of Michigan, Ann Arbor; aasim@umich.edu]. **"Muslim patients and cross-gender interactions in medicine: an Islamic bioethical perspective."** *Journal of Medical Ethics* 37, no. 1 (Jan 2011): 40-44.

[Abstract:] As physicians encounter an increasingly diverse patient population, socioeconomic circumstances, religious values and cultural practices may present barriers to the delivery of quality care. Increasing cultural competence is often cited as a way to reduce healthcare disparities arising from value and cultural differences between patients and providers. Cultural competence entails not only a knowledge base of cultural practices of disparate patient populations, but also an attitude of adapting one's practice style to meet patient needs and values. Gender roles, relationship dynamics and boundaries are culture specific, and are frequently shaped by religious teachings. Consequently, religion may be conceptualized as a cultural repertoire, or dynamic tool-kit, by which members of a faith adapt and negotiate their identity in multicultural societies. The manner in which Islamic beliefs and values inform Muslim healthcare behaviors is relatively under-investigated. In an effort to explore the impact of Islam on the relationship between patients and providers, we present an Islamic bioethical perspective on cross-gender relations in the patient-doctor relationship. We will begin with a clinical scenario highlighting three areas of gender interaction that bear clinical relevance: dress code, seclusion of members of the opposite sex and physical contact. Next, we provide a brief overview of the foundations of Islamic law and ethical deliberation and then proceed to develop ethicolegal guidelines pertaining to gender relations within the medical context. At the end of this reflection, we offer some practice recommendations that are attuned to the cultural sensitivities of Muslim patient populations.

Paice, J. A. and Ferrell, B. [Division of Hematology-Oncology, Feinberg School of Medicine, Northwestern University, Chicago, IL]. **"The management of cancer pain."** *CA: A Cancer Journal for Clinicians* 61, no. 3 (May-Jun 2011): 157-182.

This review notes spirituality at a number of points, including: "There is growing interest in attention to spiritual needs in cancer care and the existential concerns often associated with pain. Pain has been associated with suffering and may be interpreted as a necessary part of illness or an act of redemption. Our increasingly culturally diverse population means that patients have diverse religious and spiritual beliefs and practices. Involvement of chaplains and other spiritual care providers is essential. Spiritual needs should be routinely assessed and oncology settings should incorporate spiritual care as a component of comprehensive pain assessment and treatment." [p. 182]

Paisley, M. A., Kang, T. I., Insogna, I. G. and Rheingold, S. R. [Children's Hospital of Philadelphia, Division of Oncology, Philadelphia, PA]. **"Complementary and alternative therapy use in pediatric oncology patients with failure of frontline chemotherapy."** *Pediatric Blood & Cancer* 56, no. 7 (July 1, 2011): 1088-1091.

[Abstract:] BACKGROUND: The use of CAM by the relapsed pediatric oncology population has largely gone unstudied. The main objective of this study was to describe the prevalence of and change in CAM use in oncology patients for whom frontline therapy had failed. ...PROCEDURE: Fifty-four patients 0-25 years of age, for whom frontline therapy had failed, were enrolled. The subjects completed an anonymous one-time self-administered questionnaire. RESULTS: Eighty-two percent of respondents reported using CAM, 52% of which reported initiating or increasing CAM use after failure of frontline therapy. The most commonly used CAM categories were prayer/spiritual healing (83%) and oral/dietary supplements (31%). Prayer/spiritual healing was most commonly used to cure or slow the progression of cancer (59%). ...Most participants who used non-spiritual/prayer CAM continued use while hospitalized or while receiving chemotherapy....

Pargament, K. I. and Sweeney, P. J. [Department of Psychology, Bowling Green State University, OH; kpargam@bgsu.edu]. **"Building spiritual fitness in the Army: an innovative approach to a vital aspect of human development."** *American Psychologist* 66, no. 1 (Jan 2011): 58-64.

[Abstract:] This article describes the development of the spiritual fitness component of the Army's Comprehensive Soldier Fitness (CSF) program. Spirituality is defined in the human sense as the journey people take to discover and realize their essential selves and higher order aspirations. Several theoretically and empirically based reasons are articulated for why spirituality is a necessary component of the CSF program: Human spirituality is a significant motivating force, spirituality is a vital resource for human development, and spirituality is a source

of struggle that can lead to growth or decline. A conceptual model developed by Sweeney, Hannah, and Snider (2007) is used to identify several psychological structures and processes that facilitate the development of the human spirit. From this model, an educational, computer-based program has been developed to promote spiritual resilience. This program consists of three tiers: (a) building awareness of the self and the human spirit, (b) building awareness of resources to cultivate the human spirit, and (c) building awareness of the human spirit of others. Further research will be needed to evaluate the effectiveness of this innovative and potentially important program. [This article is part of theme issue on the Army's Comprehensive Soldier Fitness program. Other articles mention spirituality as well. See esp.: Peterson, C., Park, N. and Castro, C. A., "Assessment for the U.S. Army Comprehensive Soldier Fitness program: the Global Assessment Tool," *American Psychologist* 66, no. 1 (Jan 2011): 10-18; noted elsewhere in this bibliography.]

Park, C. L., Wortmann, J. H. and Edmondson, D. [Dept. of Psychology, University of Connecticut, Storrs; crysdara@aol.com]. **"Religious struggle as a predictor of subsequent mental and physical well-being in advanced heart failure patients."** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 426-436.

[Abstract:] Patients with congestive heart failure (CHF) often report high levels of religiousness, which may mitigate the stressfulness of their condition. However, religious struggle, reflecting negative attitudes toward God and a strained meaning system, may be detrimental to well-being. Little is known about religious struggle in those with CHF, particularly in relation to physical health and well-being over time. We examined associations of religious struggle and subsequent mental and physical well-being in 101 endstage CHF patients who completed questionnaires twice over 3 months. Religious struggle predicted higher number of nights subsequently hospitalized, higher depression, and marginally lower life satisfaction. When controlling for baseline levels of well-being, effectively assessing change in those outcomes, religious struggle remained a significant predictor of hospitalization and also emerged as a marginally significant predictor of lower physical functioning. Struggle was unrelated to health-related quality of life. Post-hoc analyses suggest that these effects were particularly strong for those endorsing greater religious identification. Religious struggle appears to have a potentially negative impact on well-being in advanced CHF; therefore, helping patients to address issues of struggle may meaningfully lessen the personal and societal costs of CHF. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

Parker, J. A., Mandleco, B., Olsen Roper, S., Freeborn, D. and Dyches, T. T. [Brigham Young University, Provo, UT]. **"Religiosity, spirituality, and marital relationships of parents raising a typically developing child or a child with a disability."** *Journal of Family Nursing* 17, no. 1 (Feb 2011): 82-104.

[Abstract:] In order to discover if differences or relationships exist between religiosity, spirituality, and marital relationships, 111 parents raising a child with a disability (CWD) and 34 parents raising typically developing children independently completed self-report questionnaires assessing religiosity, spirituality, and marital relationships. Parents raising typically developing children scored higher on private and public religiosity and marital satisfaction than parents raising a CWD; mothers scored higher on religiosity variables than fathers. Mothers' ratings of spirituality and family type (disability or typically developing child) predicted their ratings of marital conflict. Higher spirituality and raising typically developing children were associated with higher ratings of marital satisfaction for both mothers and fathers. However, spirituality also moderated the relationship between private/public religiosity and marital satisfaction only for fathers. This information helps improve interventions for families raising CWD and adds to the literature on the interplay of religiosity/spirituality/marital relationship.

Parrill, R. and Kennedy, B. R. [Cedarville University Department of Nursing, Cedarville, OH]. **"Partnerships for health in the African American community: moving toward community-based participatory research."** *Journal of Cultural Diversity* 18, no. 4 (2011): 150-154.

[From the abstract:] ...This article is an analytical review of current research addressing key factors of the home, the church, the community, and the healthcare system for creating partnerships to enhance community-based research in the African American community. The results of this literature review provide culturally appropriate approaches to eliminating health disparities by building upon the strengths and resources within the African American community. Best practices involve recognizing the pastor as the entry into the community, utilizing a Community-Based Participatory Research process, and establishing trust through open communication and relationship building.

Pattison, N. A. and Lee, C. [Royal Marsden Hospital, Sutton, Surrey, UK; Natalie.pattison@rmh.nhs.uk]. **"Hope against hope in cancer at the end of life."** *Journal of Religion & Health* 50, no. 3 (Sep 2011): 731-742.

[Abstract:] Hope has many facets to it in the context of cancer. This article outlines an instrumental case study for a patient with aggressive lymphoma who rapidly deteriorated to the point of dying. How her and her family's hope was managed is outlined here from various perspectives. Interviews were carried out with the patient's family, medical consultant-in-charge (attending physician) and nurses caring for her at the end of life. The findings outline the transition from hope for cure to hope for a good death and the role that the patient and family's Christian hope played in this. Religiosity and spirituality of hope in terms of Christian hope is explored from the theological perspective. Practical aspects of care in the face of changing hope are discussed. Conclusions are drawn about reframing hope in a changing clinical situation with reference to theories of hope. The importance of acknowledging hope, coping, spirituality and religiosity, especially at end of life, is emphasized.

Penrod, J. D., Luhrs, C. A., Livote, E. E., Cortez, T. B. and Kwak, J. [VA Medical Center, Bronx, NY; joan.penrod@mssm.edu]. **"Implementation and evaluation of a network-based pilot program to improve palliative care in the intensive care unit."** *Journal of Pain & Symptom Management* 42, no. 5 (Nov 2011): 668-671.

[From the abstract:] BACKGROUND: Intensive care unit (ICU) care could be improved by implementation of time-triggered evidence-based interventions including identification of a patient/family medical decision maker, the patient's advance directive status, and cardiopulmonary resuscitation preferences by Day 1; offer of social work and spiritual support by Day 3; and a family meeting establishing goals of care by Day 5. We implemented a program to improve care for ICU patients in five Department of Veterans Affairs' ICUs. ...OUTCOMES: Pre- and postintervention care were compared. Offering social work and spiritual support, identification of the medical decision maker, and documentation of family meetings significantly improved.

Perez, J. E., Smith, A. R., Norris, R. L., Canenguez, K. M., Tracey, E. F. and Decristofaro, S. B. [Department of Psychology, University of San Francisco, San Francisco, CA; jperez6@usfca.edu]. **"Types of prayer and depressive symptoms among**

cancer patients: the mediating role of rumination and social support." *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 519-530. [Erratum appears on p. 531.]

[Abstract:] We examined the association between different types of prayer and depressive symptoms--with rumination and social support as potential mediators--in a sample of predominantly White, Christian, and female ambulatory cancer patients. In a cross-sectional design, 179 adult cancer outpatients completed measures of prayer, rumination, social support, depressive symptoms, and demographic variables. Type and stage of cancer were collected from electronic medical charts. Depressive symptoms were negatively correlated with adoration prayer ($r = -.15$), reception prayer ($r = -.17$), thanksgiving prayer ($r = -.29$), and prayer for the well-being of others ($r = -.26$). In the path analysis, rumination fully mediated the link between thanksgiving prayer and depressive symptoms (beta for indirect effect = $-.05$), whereas social support partially mediated the link between prayer for others and depressive symptoms (beta for indirect effect = $-.05$). These findings suggest that unique mechanisms may link different prayer types to lower depressive symptoms among cancer patients. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; and Pirutinsky, S., et al.]

Peteet, J. R. [Department of Psychiatry, Brigham and Women's Hospital, Boston, MA; jpeteet@partners.org]. **"Approaching emptiness: subjective, objective and existential dimensions." *Journal of Religion & Health* 50, no. 3 (Sep 2011): 558-563.**

[Abstract:] Clinicians have lacked a coherent approach to emptiness, which is both a pervasive metaphor for loss, deficiency, or alienation and a frequently cited spiritual goal. We suggest a framework for approaching emptiness that distinguishes among its subjective, objective, and existential dimensions. Clinicians can use psychodynamic and cognitive behavioral approaches to clarify schemas that distort patients' perceptions of others and of themselves, behavioral and relational approaches to help them deal with real deficiency and loss, and spiritually oriented approaches to put these into a larger context.

Peterson, C., Park, N. and Castro, C. A. [Department of Psychology, University of Michigan, Ann Arbor; chrispet@umich.edu]. **"Assessment for the U.S. Army Comprehensive Soldier Fitness program: the Global Assessment Tool." *American Psychologist* 66, no. 1 (Jan 2011): 10-18.**

This article reviews the Global Assessment Tool, which includes a spiritual domain. Regarding the concept of spirituality, the authors state: "Spiritual fitness reflects whether one has a sense of meaning, purpose, and accomplishment in life that extends beyond the self (e.g., "I believe there is a purpose for my life"...). A comment on spiritual fitness is in order. The U.S. Army, for reasons based in the First Amendment to the U.S. Constitution, does not want to measure or encourage religiousness. Given that the psychosocial and indeed physical health benefits of a sense of purpose and meaning are well established..., it was important to measure meaning and purpose but without reference to their possible basis in specific religious beliefs and practices.... The GAT therefore includes questions about meaning and purpose (also known as core values and beliefs), recognizing that for some soldiers, their—unassessed—religious faith provides these, whereas for others, there are secular roots.... Spiritual was deemed an acceptable word although an imperfect one because of possible but unintended New Age connotations." (p. 13) [This article is part of theme issue on the Army's Comprehensive Soldier Fitness program. Other articles mention spirituality as well. See esp.: Pargament, K. I. and Sweeney, P. J., "Building spiritual fitness in the Army: an innovative approach to a vital aspect of human development," *American Psychologist* 66, no. 1 (Jan 2011): 58-64; noted elsewhere in this bibliography.]

Peterson, J. A. [University of Missouri Kansas City, School of Nursing, Kansas City, MO; petersonja@umkc.edu]. **"Evaluation of the Heart and Soul Physical Activity Program by African American women." *ABNF Journal* 22, no. 3 (2011): 64-72.**

[Abstract:] The purpose of this study was to determine the perceptions of African American (AA) women regarding an active lifestyle, and to evaluate the Heart and Soul Physical Activity Program (HSPAP) as a potential strategy to promote physical activity. The HSPAP is a church-based physical activity intervention conceptualized in appraisal, belonging, tangible and self-esteem domains of social support. Seven midlife, sedentary AA women from a Midwestern urban church participated in the group discussion after completing the HSPAP. Guiding questions were utilized to solicit their attitudes about physical activity and the HSPAP. The study participants believed that physical activity improves health and prevents chronic diseases however, their primary responsibility is to family and jobs, leaving little time or energy for their personal health needs. They further believed that physical activity would increase if recommended by health professionals and encouraged by family, friends, and church members; and, that spiritual messages and prayer would strengthen their commitment to attain an active lifestyle.

Peterson, J. A. and Cheng, A. L. [University of Missouri Kansas City; petersonja@umkc.edu]. **"Heart and soul physical activity program for African American women." *Western Journal of Nursing Research* 33, no. 5 (Aug 2011): 652-670.**

[Abstract:] African American women are less physically active than White women and have a higher prevalence of inactivity-related diseases. Increased physical activity is known to reduce the risks for many chronic diseases. Positive health behavior changes have resulted from health promotion interventions conducted in African American churches. Eighteen midlife African American women participated in the Heart and Soul Physical Activity Program (HSPAP), a church-based physical activity intervention conceptualized in appraisal, belonging, tangible, and self-esteem domains of social support. Feasibility of the HSPAP was tested by determining changes in time and intensity of physical activity and social support for physical activity from baseline to 6 weeks. Data analyses were conducted utilizing paired t tests. Significant increases in time spent in physical activity from a mean of 412 min/week at baseline to 552 min/week at 6 weeks were noted. Participants reported increases in social support for physical activity in the 6-week study.

Phillips, J. and Cohen, M. Z. [Center for Clinical Cancer Genetics and Global Health, University of Chicago Medical Center, IL; Janice.phillips@att.net]. **"The meaning of breast cancer risk for African American women." *Journal of Nursing Scholarship* 43, no. 3 (Sep 2011): 239-247.**

Interviews with 20 African American women at high risk for breast cancer identified five themes of meaning: 1) life-changing experience; 2) relationships: fears, support, and concerns; 3) the healthcare experience; 4) raising awareness; and 5) strong faith. The theme of strong faith is illustrated on p. 244 and discussed on p. 245.

Piderman, K. M., Lapid, M. I., Stevens, S. R., Ryan, S. M., Somers, K. J., Kronberg, M. T., Clark, M. M. and Rummans, T. A. [Mayo College of Medicine, Mayo Clinic, Department of Chaplain Services, Rochester, MN; piderman.katherine@mayo.edu].

"Spiritual well-being and spiritual practices in elderly depressed psychiatric inpatients." *Journal of Pastoral Care & Counseling* 65, nos. 1-2 (Spring-Summer 2011): 3:1-11 [electronic journal article/page designation].

[Abstract:] This study's aims were to describe the spirituality of depressed elderly psychiatric inpatients and to examine associations among spirituality, depression, and quality of life (QOL). Forty-five persons participated. Most reported frequent, stable spiritual practices and experiencing spiritual comfort and guidance. Some reported spiritual distress and changes in spirituality. During hospitalization, participants demonstrated increased spiritual well-being (SWB) and peacefulness, and reduced hopelessness, worthlessness, and guilt. Positive associations were found between SWB and QOL and negative associations between SWB and depression.

Piderman, K. M., Mueller, P. S., Theneau, T. M., Stevens, S. R., Hanson, A. C. and Reeves, R. K. [Department of Chaplain Services, Department of Psychiatry & Psychology, Mayo Clinic, Rochester, MN; piderman.katherine@mayo.edu]. **"A pilot study of spirituality and inpatient rehabilitation outcomes in persons with spinal cord dysfunction and severe neurological illnesses."** *Journal of Pastoral Care & Counseling* 65, nos. 3-4 (Fall-Winter 2011): 1-13 [online journal article/page designation].

[Abstract:] This prospective, observational pilot study was conducted on an academic inpatient rehabilitation unit. Ninety-three persons with spinal cord dysfunction or severe neurological illness participated. All completed admission surveys; 46 completed surveys six months after discharge. The aims were to describe admission and post-discharge spirituality and associations between spirituality and rehabilitation outcomes. At admission, participants reported spirituality similar to that of other samples of medical patients. After discharge, frequency of private spiritual practices increased and spiritual and existential well-being decreased. No significant associations were detected between spirituality and rehabilitation outcomes. Findings suggest the importance of spirituality to the participants and future research with a larger sample and modifications to the methodology.

Pike, J. [Institute for Health, Medical Sciences and Society, Glyndwr University, Wrexham, UK]. **"Spirituality in nursing: a systematic review of the literature from 2006-10."** *British Journal of Nursing* 20, no. 12 (Jun 24-Jul 7, 2011): 743-749.

[Abstract:] Spirituality in nursing care has been discussed for many years in the nursing press. There has been no literature review that explores only UK literature, and this article updates a literature review carried out in 2006 (Ross, 2006). AIM: The review was designed to investigate the current nursing evidence underpinning the concept of spirituality and its application. METHOD: A systematic review of the literature was undertaken and a thematic analysis performed following a search for literature using defined dates, databases and search terms. RESULTS: Four major themes emerged from the literature: concept clarification; spiritual care-giving; religion and spirituality; and nurse education. CONCLUSION: Definitions of spiritual care vary, and the concept of spirituality in nursing is still under development. However, until a common language of spirituality is developed, models of spiritual care developed through research involving mainly nursing staff will be difficult for nurses to apply.

Pirutinsky, S., Rosmarin, D. H., Holt, C. L., Feldman, R. H., Caplan, L. S., Midlarsky, E. and Pargament, K. I. [Department of Clinical and Counseling Psychology, Teachers College, Columbia University, New York, NY; sp2813@columbia.edu]. **"Does social support mediate the moderating effect of intrinsic religiosity on the relationship between physical health and depressive symptoms among Jews?"** *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 489-496.

[Abstract:] Previous research in the general population suggests that intrinsic religiosity moderates (mitigates) the effect of poor physical health on depression. However, few studies have focused specifically on the Jewish community. We therefore examined these variables in a cross-sectional sample of 89 Orthodox and 123 non-Orthodox Jews. Based on previous research suggesting that non-Orthodox Judaism values religious mental states (e.g., beliefs) less and a collectivist social religiosity more, as compared to Orthodox Judaism, we hypothesized that the moderating effect of intrinsic religiosity would be mediated by social support among non-Orthodox but not Orthodox Jews. As predicted, results indicated that the relationship between physical health and depression was moderated by intrinsic religiosity in the sample as a whole. Furthermore, this effect was mediated by social support among non-Orthodox Jews, but not among the Orthodox. The importance of examining religious affiliation and potential mediators in research on spirituality and health is discussed. [NOTE: This article is part of a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M. R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; and Perez, J. E., et al.]

Pirutinsky, S., Rosmarin, D. H., Pargament, K. I. and Midlarsky, E. [Department of Clinical and Counseling Psychology, Columbia University, New York, NY; sp2813@columbia.edu]. **"Does negative religious coping accompany, precede, or follow depression among Orthodox Jews?"** *Journal of Affective Disorders* 132, no. 3 (Aug 2011): 401-405.

[Abstract:] BACKGROUND: Cross sectional research suggests that negative religious coping (e.g., anger at God and religious disengagement) strongly correlates with depression and anxiety. However, causality is difficult to establish as negative coping can accompany, cause, or result from distress. Among Orthodox Jews, some studies have found correlations between negative religious coping and anxiety and depression, while others found that high levels of negative coping related with decreased distress. We therefore examined longitudinal relationships between negative coping and depressive symptoms among Orthodox Jews. METHODS: Participants (80 Orthodox Jews) completed the Jewish Religious Coping Scale and the Center for Epidemiologic Studies' Depression Scale at two times. Using Structural Equation Modeling, we compared four models describing possible causal patterns. RESULTS: Negative religious coping and depressive symptoms were linearly related. Furthermore, a model including negative coping as a predictor of future depression fit the data best and did not significantly differ from a saturated model. LIMITATIONS: This research was limited by reliance on self-report measures, an internet sample, and examination of only negative religious coping. CONCLUSIONS: Consistent with a "primary spiritual struggles" conceptualization, negative religious coping appears to precede and perhaps cause future depression among Orthodox Jews. Clinical interventions should target spiritual struggles, and more research integrating this construct into theory and practice is warranted.

Planalp, S., Trost, M. R. and Berry, P. H. [University of Texas at Austin; sally.planalp@austin.utexas.edu]. **"Spiritual feasts: meaningful conversations between hospice volunteers and patients."** *American Journal of Hospice & Palliative Medicine* 28, no. 7 (Nov 2011): 483-486.

[Abstract:] Conversations between hospice volunteers and patients provide patients with emotional and social support, and they are meaningful and satisfying to volunteers. Through questionnaires and interviews, hospice volunteers were asked to describe a meaningful conversation with

a patient. Many volunteers stated that all conversations were meaningful. Most, however, were able to describe one specific conversation, though they noted that meaningful conversations cannot be forced and often arise after many interactions. Prominent themes were the meaning of life, experiences and life stories, talk about death and spirituality, discussions of families and relationships, and shared interests. Volunteers expressed appreciation for the opportunity to learn about patients' lives and to gain life lessons. They also indicated the need to listen and respond without judgment.

Proserpio, T., Piccinelli, C. and Clerici, C. A. [Pastoral Care Unit, IRCCS Foundation National Cancer Institute of Milan, Italy; tullio.proserpio@istitutotumori.mi.it]. "**Pastoral care in hospitals: a literature review.**" *Tumori* 97, no. 5 (Sep-Oct 2011): 666-671.

[Abstract:] AIMS AND BACKGROUND: This literature review investigates the potential contribution of the pastoral care provided in hospitals by hospital chaplains, as part of an integrated view of patient care, particularly in institutions dealing with severe disease. METHODS AND STUDY DESIGN: A search was conducted in the Medline database covering the last 10 years. RESULTS: Ninety-eight articles were considered concerning the modern hospital chaplains' relationships and the principal procedures and practices associated with their roles, i.e., their relations with the scientific world, with other religious figures in the community, with other faiths and religious confessions, with other public health professionals and operators, with colleagues in professional associations and training activities, and with the hospital organization as a whole, as well as their patient assessment activities and the spiritual-religious support they provide, also for the patients' families. CONCLUSIONS: Improvements are needed on several fronts to professionalize the pastoral care provided in hospitals and modernize the figure of the hospital chaplain. These improvements include better relations between modern chaplains and the hospital organization and scientific world; more focus on a scientific approach to their activities and on evaluating the efficacy of pastoral care activities; greater clarity in the definition of the goals, methods and procedures; the design of protocols and a stance on important ethical issues; respect for the various faiths, different cultures and both religious and nonreligious or secularized customs; greater involvement in the multidisciplinary patient care teams, of which the hospital chaplains are an integral part; stronger integration with public health operators and cooperation with the psychosocial professions; specific training on pastoral care and professional certification of chaplains; and the development of shared ethical codes for the profession.

Purnell, T. S., Powe, N. R., Troll, M. U., Wang, N. Y., LaVeist, T. A. and Boulware, L. E. [Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; lboulwa@jhmi.edu]. "**Donor designation: racial and ethnic differences in US nondesignators' preferred methods for disclosing intent to donate organs.**" *Transplant International* 24, no. 10 (Oct 2011): 999-1007.

[From the abstract:] Little is known about racial/ethnic differences in preferred methods of disclosing deceased organ donation intentions among persons not previously designating their organ donation preferences publicly or the association of medical mistrust with preferences. We surveyed 307 United States (US) adults who had not yet designated their donation intentions via drivers' licenses or organ donor cards (nondesignators)... In multivariable models, we assessed racial/ethnic differences in preferences and the influence of medical mistrust on preferences. Nondesignators most preferred discussions with physicians (65%) or family members (63%). After adjustment, African Americans (AAs) were more likely than Whites to prefer discussion with religious representatives. ...Encouraging donation intention disclosure via discussions with physicians, family, and religious representatives and addressing medical mistrust could enhance strategies to improve nondesignators' donation rates.

Purow, B., Alisanski, S., Putnam, G. and Ruderman, M. [Neuro-Oncology Center, University of Virginia Health System, Charlottesville; bwp5g@virginia.edu]. "**Spirituality and pediatric cancer.**" *Southern Medical Journal* 104, no. 4 (Apr 2011): 299-302.

[Abstract:] Spiritual beliefs are an important source of comfort and support to many cancer patients and their families, but they may play a particularly large role when the patient is a child. Parents facing a child's serious illness and possible death, and children themselves trying to make sense of illness, suffering, and death, often look beyond the material world for comfort and explanations. [This is a brief article in another of the journal's Special Sections for the "Spirituality/Medicine Interface Project." See also other articles in this issue by Behringer, B., et al.; Dyer, A. R. (two articles); Grosch, W. N.; Herrell, H. E.; and Mehta, J. B.; noted elsewhere in this bibliography.]

Ramondetta, L., Brown, A., Richardson, G., Urbauer, D., Thaker, P. H., Koenig, H. G., Gano, J. B. and Sun, C. [Department of Gynecologic Oncology, University of Texas MD Anderson Cancer Center, Houston; lramonde@mdanderson.org]. "**Religious and spiritual beliefs of gynecologic oncologists may influence medical decision making.**" *International Journal of Gynecological Cancer* 21, no. 3 (Apr 2011): 573-581.

[Abstract:] BACKGROUND: Religious (R) and spiritual (S) beliefs often affect patients' health care decisions, particularly with regard to care at the end of life. Furthermore, patients desire more R/S involvement by the medical community; however, physicians typically do not incorporate R/S assessment into medical interviews with patients. The effects of physicians' R/S beliefs on willingness to participate in controversial clinical practices such as medical abortions and physician-assisted suicide has been evaluated, but how a physician's R/S beliefs may affect other medical decision-making is unclear. METHODS: Using SurveyMonkey, an online survey tool, we surveyed 1972 members of the International Gynecologic Oncologists Society and the Society of Gynecologic Oncologists to determine the R/S characteristics of gynecologic oncologists and whether their R/S beliefs affected their clinical practice. Demographics, religiosity, and spirituality data were collected. Physicians were also asked to evaluate 5 complex case scenarios. RESULTS: : Two hundred seventy-three (14%) physicians responded. Sixty percent "agreed" or "somewhat agreed" that their R/S beliefs were a source of personal comfort. Forty-five percent reported that their R/S beliefs ("sometimes," "frequently," or "always") play a role in the medical options they offered patients, but only 34% "frequently" or "always" take a R/S history from patients. Interestingly, 90% reported that they consider patients' R/S beliefs when discussing end-of-life issues. Responses to case scenarios largely differed by years of experience, although age and R/S beliefs also had influence. CONCLUSIONS: Our results suggest that gynecologic oncologists' R/S beliefs may affect patient care but that most physicians fail to take an R/S history from their patients. More work needs to be done to evaluate possible barriers that prevent physicians from taking a spiritual history and engaging in discussions over these matters with patients.

Rasic, D., Robinson, J. A., Bolton, J., Bienvenu, O. J. and Sareen, J. [Department of Psychiatry, Dalhousie University, Halifax, Nova Scotia, Canada; dn704128@dal.ca]. "**Longitudinal relationships of religious worship attendance and spirituality with major**

depression, anxiety disorders, and suicidal ideation and attempts: findings from the Baltimore epidemiologic catchment area study." *Journal of Psychiatric Research* 45, no. 6 (Jun 2011): 848-854.

[Abstract:] We present findings on the longitudinal relationships of religious worship attendance and seeking spiritual comfort with subsequent major depression, anxiety disorders and suicidal ideation/attempts using data from Waves 3 and 4 of the Baltimore Epidemiologic Catchment Area Study (N=1091). Respondents who attended religious services at least once per year had decreased odds of subsequent suicide attempts compared with those who did not attend religious services (AOR=0.33, 95% CI: 0.13-0.84). Seeking spiritual comfort at baseline was associated with decreased odds of suicidal ideation (AOR=0.55, 95% CI: 0.31-0.99). These findings were independent of the effects of the presence of the suicidal ideation/attempts, comorbid mental disorders, social supports and chronic physical conditions at baseline. These results suggest that religious attendance is possibly an independent protective factor against suicide attempts.

Rasinski, K. A., Kalad, Y. G., Yoon, J. D. and Curlin, F. A. [Department of Medicine, University of Chicago, IL; krasinsk@uchicago.edu]. **"An assessment of US physicians' training in religion, spirituality, and medicine."** *Medical Teacher* 33, no. 11 (2011): 944-945.

[Abstract:] This study examined US physicians' training in religion and medicine and its association with addressing religious and spiritual issues in clinical encounters. Reports of receiving training were higher for highly spiritual physicians, psychiatrists, and physicians with high numbers of critically ill patients. Discussing religion or spirituality with patients was associated with having received training through a book or CME literature or during Grand Rounds, through one's religious tradition and from other unspecified sources but not with having received such training in medical school.

Rausch, S. M., Winegardner, F., Kruk, K. M., Phatak, V., Wahner-Roedler, D. L., Bauer, B. and Vincent, A. [Integrative Medicine, Moffitt Cancer Center, Tampa, FL; Sarah.rausch@moffitt.org]. **"Complementary and alternative medicine: use and disclosure in radiation oncology community practice."** *Supportive Care in Cancer* 19, no. 4 (Apr 2011): 521-529.

[Abstract:] PURPOSE: The aims of this study were to evaluate the frequency of complementary and alternative medicine (CAM) use among radiation oncology patients, the coping strategies that influenced this use, and the rates of disclosure of CAM use to their healthcare providers. METHODS: One hundred fifty-three patients undergoing radiation therapy for various neoplasms at rural cancer centers in Minnesota completed the Mayo Complementary and Alternative Medicine Use Survey and the Coping Inventory for Stressful Situations questionnaires. Data regarding CAM use was also compared with provider consultation notes in the medical record at the onset of radiation therapy to determine rates of patient disclosure of CAM use to their healthcare providers. RESULTS: A total of 153 participants completed the study with 61.4% females and 38.6% males and a mean age of 64.9 years. The two most frequent diagnoses of participants were breast cancer (43.8%) and prostate cancer (22.9%). CAM use was reported in 95% of the participants and was categorized into three domains: treatments and techniques, vitamins, and herbs and supplements. The three most frequently reported treatments and techniques were spiritual healing/prayer (62.1%), exercise (19.6%), and music (17.6%). The top three most frequently used biologically based CAM therapies were multivitamins (48.1%), calcium (37.3%), and vitamin with minerals (21.5%). The most frequently used herbs and other dietary supplements were fish oil (19.0%), flaxseed (15.0%), glucosamine (15.0%), and green tea (15.0%). The most common reason cited for CAM treatments and techniques use was previous use (26.1%), for use of vitamins and minerals was recommendation by a physician (33.0%), and for use of herbs and other supplements was previous use (19.0%). One hundred twelve participants reported taking vitamins, minerals, or supplements, and 47% of those 112 did not disclose this use to their providers. CONCLUSIONS: Consistent with previous research, our study found that the majority of cancer patients used CAM treatments. Spiritual healing/prayer was the most commonly reported, followed by multivitamins. Patients reported using CAM primarily due to previous use and physician recommendation. Unfortunately, disclosure of CAM use to healthcare providers was relatively low.

Register, M. E., Herman, J. and Tavakoli, A. S. [College of Nursing, University of South Carolina, Columbia; endoxie2@aol.com]. **"Development and psychometric testing of the Register-Connectedness Scale for Older Adults."** *Research in Nursing & Health* 34, no. 1 (Feb 2011): 60-72.

[Abstract:] Connectedness, maintaining active engagement with life, is crucial to successful aging. Yet, no instruments were found to measure connectedness. The purpose of this study was to develop and test a connectedness scale for older adults. A 72-item instrument was administered to 428 community-dwelling older adults. The sample was largely female, White widows/widowers, with a mean age of 76 (SD 6.95) years. The instrument was reduced to 45 items representing five factors with loadings ranging from .40 to .86. The factor labels and their reliability estimates were: (a) self-regulating (.86), (b) facing aging (.85), (c) being part of a family (.87), (d) having friends (.87), and (e) being spiritual (.88). This promising instrument may advance the science of successful aging.

Rickhi, B., Moritz, S., Reesal, R., Xu, T. J., Paccagnan, P., Urbanska, B., Liu, M. F., Ewing, H., Toews, J., Gordon, J. and Quan, H. [Canadian Institute of Natural and Integrative Medicine, Calgary, Canada]. **"A spirituality teaching program for depression: a randomized controlled trial."** *International Journal of Psychiatry in Medicine* 42, no. 3 (2011): 315-329. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: This randomized controlled trial assessed the efficacy of a Spirituality Teaching Program to treat unipolar major depression. METHOD: A randomized controlled, assessor blinded trial design was used. A total of 84 individuals aged 18 years or older with unipolar major depression of mild to moderate severity were recruited in Calgary, Canada and randomized to two study arms: 1) Spirituality Teaching Program Group (8 week, home-based Spirituality Teaching Program); and 2) Waitlist Control Group (no intervention followed by Spirituality Teaching Program starting at week 9). Outcome measures (depression severity, response rate, remission rate) were assessed at baseline, 8, 16, and 24 weeks using the Hamilton Depression Rating Scale (HAM-D). RESULTS: The two trial groups were similar in their demographic and disease characteristics at baseline. At the 8-week point, the change in depression severity was significantly different between the two groups (change in HAM-D score: 8.5 for the Spirituality Group and 2.3 for the Waitlist Control Group, $p < 0.001$). The Spirituality Teaching Program Group had significantly higher response (36% vs. 4.4%, $p < 0.001$) and remission rates (31% vs. 4.4%, $p < 0.001$) than the Waitlist Control Group. The benefits remained throughout the observation period for the Spirituality Teaching Program Group participants with response rates of 56.4% at 16 weeks and 58.9% at 24 weeks. CONCLUSION: The Spirituality Program significantly reduced depression severity and increased response and remission rates. This non-drug treatment program should be investigated further as a treatment option for depression.

- Robinson, E. A., Krentzman, A. R., Webb, J. R. and Brower, K. J. [University of Michigan Addiction Research Center, Ann Arbor; earobin@med.umich.edu]. "**Six-month changes in spirituality and religiousness in alcoholics predict drinking outcomes at nine months.**" *Journal of Studies on Alcohol & Drugs* 72, no. 4 (Jul 2011): 660-668.
 [Abstract:] OBJECTIVE: Although spiritual change is hypothesized to contribute to recovery from alcohol dependence, few studies have used prospective data to investigate this hypothesis. Prior studies have also been limited to treatment-seeking and Alcoholics Anonymous (AA) samples. This study included alcohol-dependent individuals, both in treatment and not, to investigate the effect of spiritual and religious (SR) change on subsequent drinking outcomes, independent of AA involvement. METHOD: Alcoholics (N = 364) were recruited for a panel study from two abstinence-based treatment centers, a moderation drinking program, and untreated individuals from the local community. Quantitative measures of SR change between baseline and 6 months were used to predict 9-month drinking outcomes, controlling for baseline drinking and AA involvement. RESULTS: Significant 6-month changes in 8 of 12 SR measures were found, which included private SR practices, beliefs, daily spiritual experiences, three measures of forgiveness, negative religious coping, and purpose in life. Increases in private SR practices and forgiveness of self were the strongest predictors of improvements in drinking outcomes. Changes in daily spiritual experiences, purpose in life, a general measure of forgiveness, and negative religious coping also predicted favorable drinking outcomes. CONCLUSIONS: SR change predicted good drinking outcomes in alcoholics, even when controlling for AA involvement. SR variables, broadly defined, deserve attention in fostering change even among those who do not affiliate with AA or religious institutions. Last, future research should include SR variables, particularly various types of forgiveness, given the strong effects found for forgiveness of self.
- Rodriguez, E. A., Johnson, G., Culbertson, T. and Grant, W. [Department of Emergency Medicine, SUNY Upstate Medical University, Syracuse, NY; rodrigue@upstate.edu]. "**An educational program for spiritual care providers on end of life care in the critical care setting.**" *Journal of Interprofessional Care* 25, no. 5 (Sep 2011): 375-377.
 This educational strategy utilizes simulation learning.
- Rosenbaum, J. L., Smith, J. R. and Zollfrank, R. [Department of Pediatrics, Washington University School of Medicine, St Louis Children's Hospital St. Louis, MO; rosenbaum@kids.wustl.edu]. "**Neonatal end-of-life spiritual support care.**" *Journal of Perinatal & Neonatal Nursing* 25, no. 1 (Jan-Mar 2011): 61-69; quiz pp. 70-71.
 [Abstract:] The death of an infant is a profound loss that may complicate, disrupt, or end relationships between parents; and lead to maladaptive grieving, long-term decreased quality of life, and symptoms related to psychological morbidity. Facing neonatal loss is frequently experienced as traumatic assault on parents' spiritual and existential world of meaning. This article highlights the importance of supporting parents through loss by providing comprehensive care that focuses not only on the neonate's physical needs, but also addresses parents' and families' spiritual, religious, and existential needs. Our objective is to increase practitioners' awareness of spiritual and existential distress and to provide strategies to address such needs, particularly at the end of life.
- Rosmarin, D. H., Pirutinsky, S., Auerbach, R. P., Bjorgvinsson, T., Bigda-Peyton, J., Andersson, G., Pargament, K. I. and Krumrei, E. J. [McLean Hospital/Harvard Medical School, Belmont, MA; drosmarin@mclean.harvard.edu]. "**Incorporating spiritual beliefs into a cognitive model of worry.**" *Journal of Clinical Psychology* 67, no. 7 (Jul 2011): 691-700.
 [Abstract:] Cognitive theory and research have traditionally highlighted the relevance of the core beliefs about oneself, the world, and the future to human emotions. For some individuals, however, core beliefs may also explicitly involve spiritual themes. In this article, we propose a cognitive model of worry, in which positive/negative beliefs about the Divine affect symptoms through the mechanism of intolerance of uncertainty. Using mediation analyses, we found support for our model across two studies, in particular, with regards to negative spiritual beliefs. These findings highlight the importance of assessing for spiritual alongside secular convictions when creating cognitive-behavioral case formulations in the treatment of religious individuals.
- Rosmarin, D. H., Pirutinsky, S. and Pargament, K. I. [McLean Hospital/Harvard Medical School, Belmont, MA; drosmarin@mclean.harvard.edu]. "**A brief measure of core religious beliefs for use in psychiatric settings.**" *International Journal of Psychiatry in Medicine* 41, no. 3 (2011): 253-261.
 [Abstract:] Results from several national studies in the United States suggests that: (1) religious beliefs and practices are highly prevalent; (2) spirituality and religion are statistically and clinically relevant to mental health and symptoms; and (3) many patients have a preference for spiritually integrated care. However, existing protocols that assess for salient religious themes in psychiatric settings are time-consuming to administer, relevant only to specific populations (e.g., Christians), and have poor psychometric properties. Further, evidence suggests that religious beliefs can take on a positive and negative valence, and both of these dimensions are worthy of assessment. We, therefore, developed a brief (six-item) self-report measure of positive and negative core beliefs about God which is uniquely suited for use with a broad range of religious patients. Across three studies, we evaluated its psychometric properties and ability to predict symptoms of anxiety and depression. Results provide support for the validity and reliability of our measure and further highlight the salience of both positive and negative religious beliefs to psychiatric symptoms. It is hoped that this measure will help to decrease the burden of spiritual assessment in psychiatric and medical settings, and further have research utility for this area of study.
- Rosmarin, D. H., Wachholtz, A. and Ai, A. [Harvard Medical School, McLean Hospital, Belmont, MA; drosmarin@mclean.harvard.edu]. "**Beyond descriptive research: advancing the study of spirituality and health.**" *Journal of Behavioral Medicine* 34, no. 6 (Dec 2011): 409-413.
 [Abstract:] The past three decades have witnessed a surge in research on spirituality and health. This growing body of literature has linked many aspects of spirituality as well as religion to both positive and negative indices of human functioning. However, studies have primarily been descriptive, focusing on identifying associations between spirituality and health, rather than explanatory, focusing on identifying mechanisms underlying observed relationships. Earlier research is also limited by failure to control for salient covariates, apply prospective design, and use sophisticated measurements with well defined and empirically-validated factors. Recent research, however, is advancing the study of spirituality and health by examining not only whether religious factors are relevant to human health, but also how spirituality may functionally impact medical and psychological wellbeing and illness. This article introduces a special issue on Spirituality and Health containing 12 full-length research reports to further this welcomed, emerging trend. [NOTE: This is the introductory article in a theme issue of the journal on spirituality & health. See other articles in this issue (also noted in the present bibliography) by: Ai, A. L., et al.; Benjamins, M.

R., et al.; Dezutter, J., et al.; Greeson, J. M., et al.; Holt, C. L., et al.; Holt-Lunstad, J., et al.; Ironson, G., et al.; Kristeller, J. L., et al.; Masters, K. S., et al.; McIntosh, D. N., et al.; Park, C. L., et al.; Perez, J. E., et al.; and Pirutinsky, S., et al.]

Rowthorn, R. [Faculty of Economics, Cambridge University, Cambridge, UK; rer3@econ.cam.ac.uk]. "**Religion, fertility and genes: a dual inheritance model.**" *Proceedings of the Royal Society of London - Series B: Biological Sciences* 278, no. 1717 (Aug 22, 2011): 2519-2527.

[Abstract:] Religious people nowadays have more children on average than their secular counterparts. This paper uses a simple model to explore the evolutionary implications of this difference. It assumes that fertility is determined entirely by culture, whereas subjective predisposition towards religion is influenced by genetic endowment. People who carry a certain 'religiosity' gene are more likely than average to become or remain religious. The paper considers the effect of religious defections and exogamy on the religious and genetic composition of society. Defections reduce the ultimate share of the population with religious allegiance and slow down the spread of the religiosity gene. However, provided the fertility differential persists, and people with a religious allegiance mate mainly with people like themselves, the religiosity gene will eventually predominate despite a high rate of defection. This is an example of 'cultural hitch-hiking', whereby a gene spreads because it is able to hitch a ride with a high-fitness cultural practice. The theoretical arguments are supported by numerical simulations.

Rubinstein, R. L., Black, H. K., Doyle, P. J., Moss, M. and Moss, S. Z. [Department of Sociology and Anthropology, University of Maryland, Baltimore]. "**Faith and end of life in nursing homes.**" *Journal of Aging Research* (2011): 390427 [electronic journal article/page designation]. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] This paper explores the role of religious belief in the experiences of dying and death in a Catholic nursing home. The home appeals to residents and their families due to the active religious presence. Thus, religion is a salient element of the "local culture" which exists in this long-term care setting. The preeminence of faith within the organization and the personal religious convictions of staff, residents, and families may drive how death and dying are discussed and experienced in this setting, as well as the meanings that are attached to them. This paper examines the relationship between faith and the experience and meaning of death in this nursing home. We present themes that emerged from open-ended interviews with residents, family members, and staff, gathered between 1996 and 2004. The data indicate that people select the home due to their Catholic faith and the home's religious tone. Themes also show that belief in God and an afterlife helps shape the experience of dying and death for our informants. Our paper does not compare ease of dying with other nursing homes or within other belief systems.

Sacco, L. M., Griffin, M. T., McNulty, R. and Fitzpatrick, J. J. [Emergency Department, Naval Medical Center San Diego, CA]. "**Use of the Serenity Prayer among adults with type 2 diabetes: a pilot study.**" *Holistic Nursing Practice* 25, no. 4 (Jul-Aug 2011): 192-198.

[Abstract:] The incidence of type 2 diabetes is rising rapidly with significant associated morbidity and mortality. Treatment efforts are focused on control of serum blood glucose levels. It was anticipated that the use of the Serenity Prayer would assist those who need to gain control over their physiological symptoms. A pilot study of the effect of daily recitation of the Serenity Prayer for 6 weeks on serum blood glucoses in patients with uncontrolled type 2 diabetes was implemented. Thirty-six participants were enrolled in the study; there was a very high attrition rate over the course of the study. Serum blood glucose levels over the duration of the study were analyzed. At 4 to 6 weeks, time 2, there were 2 participants who had lower serum blood glucose levels, 2 had increased serum blood glucose levels, and 4 had no change. Challenges in completing this research and specific recommendations for future research are addressed.

Saguil, A., Fitzpatrick, A. L. and Clark, G. [Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD; aaron.saguil@usuhs.mil]. "**Are residents willing to discuss spirituality with patients?"** *Journal of Religion & Health* 50, no. 2 (Jun 2011): 279-288.

[Abstract:] Family medicine is redefining itself in the wake of the Future of Family Medicine Project, the move to the Patient-Centered Medical Home, and the 2010 Patient Protection and Affordable Care Act's emphasis on primary care. This effort has included representing family doctors as physicians who "care for the whole person" and who "specialize in you." Many patients believe that whole person care involves attention to spirituality and wish to share their beliefs in the medical encounter. This national survey investigated whether a random sample of family medicine residents were willing to address spirituality upon patient request. With varying degrees of willingness, most doctors said that they would discuss patient beliefs if asked. Denominational preference, residency training in addressing spirituality, and self-rated spirituality were all predictive of the strength of reported willingness. These results indicate that training in addressing spirituality may create residents more likely to discuss the topic in clinical practice.

Saguil, A., Fitzpatrick, A. L. and Clark, G. [Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD; aaron.saguil@usuhs.mil]. "**Is evidence able to persuade physicians to discuss spirituality with patients?"** *Journal of Religion & Health* 50, no. 2 (Jun 2011): 289-299.

[Abstract:] Patients believe that spirituality informs health; frequently, they wish to share their beliefs with physicians. Although a large number of physicians believe it their responsibility to be aware of patient beliefs, many do not address spirituality because they do not believe it their role to do so. These physicians would perhaps feel differently if presented with evidence that associated spirituality with positive health outcomes. This national sample of family medicine residents were asked if, presented with evidence that spirituality was associated with improved outcomes, they would be more likely to initiate discussions of spirituality with patients. To varying degrees, most residents agreed that they would be more willing to initiate spirituality discussions if presented with good evidence. Geographic region of training, religious preference, and Spiritual Well-Being Scale quartile predicted both strength of agreement and whether a resident would be as responsive to spirituality oriented research as to investigations of traditional therapeutic modalities. Although residents indicated that they would be more responsive to publications on traditional medical therapies, familiarity with the spirituality literature as part of a residency educational curriculum may help break down barriers to addressing this issue with patients. [See also the accompanying article in the same journal issue by the same authors: "Are residents willing to discuss spirituality with patients?" pp. 279-288.]

Salmoirago-Blotcher, E., Fitchett, G., Ockene, J. K., Schnall, E., Crawford, S., Granek, I., Manson, J., Ockene, I., O'Sullivan, M. J., Powell, L. and Rapp, S. [Division of Cardiovascular Medicine, University of Massachusetts Medical School, Worcester, MA;

Elena.Salmoirago-Blotcher@umassmed.edu]. **"Religion and healthy lifestyle behaviors among postmenopausal women: the women's health initiative."** *Journal of Behavioral Medicine* 34, no. 5 (Oct 2011): 360-371.

[Abstract:] Worship attendance has been associated with longer survival in prospective cohort studies. A possible explanation is that religious involvement may promote healthier lifestyle choices. Therefore, we examined whether attendance is associated with healthy behaviors, i.e. use of preventive medicine services, non-smoking, moderate drinking, exercising regularly, and with healthy dietary habits. The population included 71,689 post-menopausal women enrolled in the Women's Health Initiative observational study free of chronic diseases at baseline. Attendance and lifestyle behaviors information was collected at baseline using self-administered questionnaires. Healthy behaviors were modeled as a function of attendance using logistic regression. After adjustment for confounders, worship attendance (less than weekly, weekly, and more than weekly vs. never) was positively associated with use of preventive services [OR for mammograms: 1.34 (1.19, 1.51), 1.41 (1.26, 1.57), 1.33 (1.17, 1.52); breast self exams: 1.14 (1.02, 1.27), 1.33 (1.21, 1.48), 1.25 (1.1, 1.43); PAP smears: 1.22 (1.01, 1.47-weekly vs. none)]; non-smoking: [1.41 (1.35, 1.48), 1.76 (1.69, 1.84), 2.27 (2.15, 2.39)]; moderate drinking [1.35 (1.27, 1.45), 1.60 (1.52, 1.7), 2.19 (2.0, 2.4)]; and fiber intake [1.08 (1.03, 1.14), 1.16 (1.11, 1.22), 1.31 (1.23, 1.39), respectively], but not with regular exercise or with lower saturated fat and caloric intake. These findings suggest that worship attendance is associated with certain, but not all, healthy behaviors. Further research is needed to get a deeper understanding of the relationship between religious involvement and healthy lifestyle behaviors and of the inconsistent patterns in this association.

Salsman, J. M., Yost, K. J., West, D. W. and Cella, D. [Department of Medical Social Sciences, Feinberg School of Medicine at Northwestern University, Chicago, IL; j-salsman@northwestern.edu]. **"Spiritual well-being and health-related quality of life in colorectal cancer: a multi-site examination of the role of personal meaning."** *Supportive Care in Cancer* 19, no. 6 (Jun 2011): 757-764.

[Abstract:] PURPOSE: Individuals diagnosed and treated for cancer often report high levels of distress, continuing even after successful treatment. Spiritual well-being (SpWB) has been identified as an important factor associated with positive health outcomes. This study had two aims: (1) examine the associations between SpWB (faith and meaning/peace) and health-related quality of life (HRQL) outcomes and (2) examine competing hypotheses of whether the relationship among distress, SpWB, and HRQL is better explained by a stress-buffering (i.e., interaction) or a direct (main effects) model. METHODS: Study 1 consisted of 258 colorectal cancer survivors (57% men) recruited from comprehensive cancer centers in metropolitan areas (age, M=61; months post-diagnosis, M=17). Study 2 consisted of 568 colorectal cancer survivors (49% men) recruited from a regional cancer registry (age, M=67; months post-diagnosis, M=19). Participants completed measures of SpWB (functional assessment of chronic illness therapy-spiritual well-being (FACIT-Sp)) and HRQL (functional assessment of cancer therapy-colorectal) in both studies. Measures of general distress (profile of mood states-short form) and cancer-specific distress were also completed in study 1 and study 2, respectively. RESULTS: After controlling for demographic and clinical variables, faith and meaning/peace were positively associated with HRQL. However, meaning/peace emerged as a more robust predictor of HRQL outcomes than faith. Planned analyses supported a direct rather than stress-buffering effect of meaning/peace. CONCLUSIONS: This study provides further evidence of the importance of SpWB, particularly meaning/peace, to HRQL for people with colorectal cancer. Future studies of SpWB and cancer should examine domains of the FACIT-Sp separately and explore the viability of meaning-based interventions for cancer survivors.

Sands, D., Repetto, T., Dupont, L. J., Korzeniewska-Eksterowicz, A., Catastini, P. and Madge, S. [Institute of Mother and Child, Paediatric Department-CF Centre, Warsaw, Poland; dorotasands@onet.eu]. **"End of life care for patients with cystic fibrosis."** *Journal of Cystic Fibrosis* 10 Suppl. 2 (Jun 2011): S37-44.

This review mentions the importance of spiritual issues at several points and notes: "Treating the symptom of pain also involves the psychological and spiritual aspects of palliation and has been defined by the World Health Organisation (WHO) for both adults and children" [p. S38].

Schafer, R. M., Handal, P. J., Brawer, P. A. and Ubinger, M. [Psychology Department, Saint Louis University, St. Louis, MO]. **"Training and education in religion/spirituality within APA-accredited clinical psychology programs: 8 years later."** *Journal of Religion & Health* 50, no. 2 (Jun 2011): 232-239.

[Abstract:] This study was a follow up investigation of Brawer et al.'s (Prof Psychol Res Pr 33(2):203-206, 2002) survey of education and training of clinical psychologists in religion/spirituality. Directors of clinical training were surveyed to determine whether changes had occurred in the coverage of religion and spirituality through course work, research, supervision, and in the systematic coverage of the content area. Results indicated an increased coverage in the areas of supervision, dedicated courses, inclusion as part of another course, and research. There was no increase in systematic coverage, but significantly more programs provided at least some coverage. The current study also assesses other areas of incorporation as well as directors' opinions regarding the importance of religion/spirituality in the field of psychology.

Schieffler, D. A. Jr., Owens, D. P. Jr. and Kahn, M. J. [Office of Graduate Medical Education, School of Medicine, Tulane University, New Orleans, LA; dschief@tulane.edu]. **"The medical school curate: an examination of student need."** *Journal of Religion & Health* 50, no. 1 (Mar 2011): 75-80

This article describes the role of chaplaincy at the Tulane University School of Medicine and offers parameters for the application of the model at other medical schools.

Schreiber, J. A. [School of Nursing, University of Louisville, KY; judy.schreiber@louisville.edu]. **"Image of God: effect on coping and psychospiritual outcomes in early breast cancer survivors."** *Oncology Nursing Forum* 38, no. 3 (May 2011): 293-301.

[Abstract:] PURPOSE/OBJECTIVES: To examine the effect of breast cancer survivors' views of God on religious coping strategies, depression, anxiety, stress, concerns about recurrence, and psychological well-being. DESIGN: Exploratory, cross-sectional, comparative survey. SETTING: Outpatients from community and university oncology practices in the southeastern United States. SAMPLE: 130 early breast cancer survivors (6-30 months postdiagnosis). METHODS: Self-report written survey packets were mailed to practice-identified survivors. MAIN RESEARCH VARIABLES: Image of God, religious coping strategies, depression, anxiety, stress, concerns about recurrence, and psychological well-being. FINDINGS: Women who viewed God as highly engaged used more coping strategies to promote spiritual conservation in proportion to coping strategies that reflect spiritual struggle. Women who viewed God as highly engaged maintained psychological well-being when either spiritual conservation or spiritual struggle coping styles were used. No differences in variables were

noted for women who viewed God as more or less angry. CONCLUSIONS: The belief in an engaged God is significantly related to increased psychological well-being, decreased psychological distress, and decreased concern about recurrence. IMPLICATIONS FOR NURSING: Addressing survivors' issues related to psychological adjustment and concern about recurrence within their world view would allow for more personalized and effective interventions. Future research should be conducted to establish how the view that God is engaged affects coping and psychological adjustment across diverse groups of cancer survivors and groups with monotheistic, polytheistic, and naturalistic world views. This could lead to a practical method for examining the influence of these world views on individuals' responses to cancer diagnosis, treatment, and survivorship.

- Schroder, D. M. "**Presidential Address: Can prayer help surgery?**" *American Journal of Surgery* 201, no. 3 (Mar 2011): 275-178.
This is a presidential address to the Midwest Surgical Association by Don M. Schroder, MD, Department of Surgery, St. John Hospital, Detroit, MI. He notes, among other things, that shared prayer between a patient and surgeon may help with preoperative anxiety.
- Schulman-Green, D., Ercolano, E., Lacoursiere, S., Ma, T., Lazenby, M. and McCorkle, R. [Yale School of Nursing, New Haven, CT; dena.schulman-green@yale.edu]. "**Developing and testing a web-based survey to assess educational needs of palliative and end-of-life health care professionals in Connecticut.**" *American Journal of Hospice & Palliative Medicine* 28, no. 4 (Jun 2011): 219-229.
[Abstract:] Institute of Medicine reports have identified gaps in health care professionals' knowledge of palliative and end-of-life care, recommending improved education. Our purpose was to develop and administer a Web-based survey to identify the educational needs of multidisciplinary health care professionals who provide this care in Connecticut to inform educational initiatives. We developed an 80-item survey and recruited participants through the Internet and in person. Descriptive and correlational statistics were calculated on 602 surveys. Disciplines reported greater agreement on items related to their routine tasks. Reported needs included dealing with cultural and spiritual matters and having supportive resources at work. Focus groups confirmed results that are consistent with National Consensus Project guidelines for quality palliative care and indicate the End-of-Life Nursing Education Consortium modules for education.
- Schwarz, E. R. and Rosanio, S. [Division of Cardiology, Cedars Sinai Heart Institute, Cedars Sinai Medical Center, Los Angeles, CA; ernst.schwarz@cshs.org]. "**Religion and the Catholic church's view on (heart) transplantation: a recent statement of Pope Benedict XVI and its practical impact.**" *Journal of Religion & Health* 50, no. 3 (Sep 2011): 564-574.
[Abstract:] Heart transplantation is performed on approximately 4,000 patients per year worldwide and is considered the last resort for treatment of end-stage heart diseases. Due to persistent organ shortage, resources are limited, waiting periods are extensive, and patients still die while being on a waiting list for transplantation. The role of all churches and the support of the representatives of the churches are critical for the spiritual wellbeing of patients awaiting heart transplantation as well as for prospective individual organ donors and their families. The supportive role of the Roman Catholic Church and the recent statement of Pope Benedict XVI on organ donation are discussed.
- Seddon, R. L., Jones, E. and Greenberg, N. [Weston Education Centre, 10 Cutcombe Road, London, UK]. "**The role of chaplains in maintaining the psychological health of military personnel: an historical and contemporary perspective.**" *Military Medicine* 176, no. 12 (Dec 2011): 1357-1361.
[Abstract:] For many hundred of years, military forces have included chaplains of various faiths. Although these personnel mainly concentrate on providing for the religious and spiritual needs of the armed forces, they also contribute to the mental health of service personnel. This article provides a historical overview of military chaplains, examines their contributions to the psychological health of allied forces in World War I and World War II, and offers an overview of the scope of their present and future mental health related activities. The importance of the relationship between medical officers and chaplains in diagnosing and treating mental health problems is also discussed. We conclude that chaplains are capable of contributing significantly to the mental health of armed forces personnel if they are able to do so in informal and collaborative way.
- Selman, L., Harding, R., Gysels, M., Speck, P. and Higginson, I. J. [Department of Palliative Care, Policy and Rehabilitation, King's College London, London, UK; lucy.selman@kcl.ac.uk]. "**The measurement of spirituality in palliative care and the content of tools validated cross-culturally: a systematic review.**" *Journal of Pain & Symptom Management* 41, no. 4 (Apr 2011): 728-753.
[Abstract:] CONTEXT: Despite the need to assess spiritual outcomes in palliative care, little is known about the properties of the tools currently used to do so. In addition, measures of spirituality have been criticized in the literature for cultural bias, and it is unclear which tools have been validated cross-culturally. OBJECTIVES: This systematic review aimed to identify and categorize spiritual outcome measures validated in advanced cancer, human immunodeficiency virus (HIV), or palliative care populations; to assess the tools' cross-cultural applicability; and for those measures validated cross-culturally, to determine and categorize the concepts used to measure spirituality. METHODS: Eight databases were searched to identify relevant validation and research studies. An extensive search strategy included search terms in three categories: palliative care, spirituality, and outcome measurement. Tools were evaluated according to two criteria: 1) validation in advanced cancer, HIV, or palliative care and 2) validation in an ethnically diverse context. Tools that met Criterion 1 were categorized by type; tools that also met Criterion 2 were subjected to content analysis to identify and categorize the spiritual concepts they use. RESULTS: One hundred ninety-one articles were identified, yielding 85 tools. Fifty different tools had been reported in research studies; however, 30 of these had not been validated in palliative care populations. Thirty-eight tools met Criterion 1: general multidimensional measures (n=21), functional measures (n=11), and substantive measures (n=6). Nine measures met Criterion 2; these used spiritual concepts relating to six themes: Beliefs, practices, and experiences; Relationships; Spiritual resources; Outlook on life/self; Outlook on death/dying; and Indicators of spiritual well-being. A conceptual model of spirituality is presented on the basis of the content analysis. Recommendations include consideration of both the clinical and cultural population in which spiritual instruments have been validated when selecting an appropriate measure for research purposes. Areas in need of further research are identified. CONCLUSION: The nine tools identified in this review are those that have currently been validated in cross-cultural palliative care populations and, subject to appraisal of their psychometric properties, may be suitable for cross-cultural research.
- Selman, L., Siegert, R., Harding, R., Gysels, M., Speck, P. and Higginson, I. J. [Department of Palliative Care, Policy and Rehabilitation, Cicely Saunders Institute, King's College London, UK; lucy.selman@kcl.ac.uk]. "**A psychometric evaluation of**

measures of spirituality validated in culturally diverse palliative care populations." *Journal of Pain & Symptom Management* 42, no. 4 (Oct 2011): 604-622.

[Abstract:] CONTEXT: Despite the need to accurately measure spiritual outcomes in diverse palliative care populations, little attention has been paid to the properties of the tools currently in use. OBJECTIVES: This systematic review aimed to appraise the psychometric properties, multifaith appropriateness, and completion time of spiritual outcome measures validated in multicultural advanced cancer, HIV, or palliative care populations. METHODS: Eight databases were searched to identify relevant validation and research studies. A comprehensive search strategy included search terms in three categories: palliative care, spirituality, and outcome measurement. Inclusion criteria were: validated in advanced cancer, HIV, or palliative care populations and in an ethnically diverse context. Included tools were evaluated with respect to psychometric properties (validity, reproducibility, responsiveness, and interpretability), multifaith appropriateness, and time to complete. RESULTS: A total of 191 articles were identified, yielding 85 tools. Twenty-six tools (representing four families of measures and five individual tools) met the inclusion criteria. Twenty-four tools demonstrated good content validity and 12 demonstrated adequate internal consistency. Only eight tools demonstrated adequate construct validity, usually because specific hypotheses were not stated and tested. Seven tools demonstrated adequate test-retest reliability; two tools showed adequate responsiveness, and two met the interpretability criterion. Data on the religious faith of the population of validation were available for 11 tools; of these, eight were tested in multifaith populations. CONCLUSION: Results suggest that, at present, the McGill Quality of Life Questionnaire, the Measuring the Quality of Life of Seriously Ill Patients Questionnaire, and the Palliative Outcome Scale are the most appropriate multidimensional measures containing spiritual items for use in multicultural palliative care populations. However, none of these measures score perfectly on all psychometric criteria, and their multifaith appropriateness requires further testing.

Sessanna, L., Finnell, D. S., Underhill, M., Chang, Y. P. and Peng, H. L. [D'Youville College, Buffalo, NY; sessanna@dyc.edu]. **"Measures assessing spirituality as more than religiosity: a methodological review of nursing and health-related literature." *Journal of Advanced Nursing* 67, no. 8 (Aug 2011): 1677-1694.**

[Abstract:] AIMS: This paper is a report of a methodological review conducted to analyze, evaluate and synthesize the rigor of measures found in nursing and health-related literature used to assess and evaluate patient spirituality as more than religiosity. BACKGROUND: Holistic healthcare practitioners recognize important distinctions exist about what constitutes spiritual care needs and preferences and what constitutes religious care needs and preferences in patient care practice. DATA SOURCES: Databases searched, limited to the years 1982 and 2009, included AMED, Alt Health Watch, CINAHL Plus with Full Text, EBSCO Host, EBSCO Host Religion and Philosophy, ERIC, Google Scholar, HAPI, HUBNET, IngentaConnect, Mental Measurements Yearbook Online, Ovid MEDLINE, Social Work Abstracts and Hill and Hood's Measures of Religiosity text. Review methods: A methodological review was carried out. Measures assessing spirituality as more than religiosity were critically reviewed including quality appraisal, relevant data extraction and a narrative synthesis of findings. RESULTS: Ten measures fitting inclusion criteria were included in the review. Despite agreement among nursing and health-related disciplines that spirituality and religiosity are distinct and diverse concepts, the concept of spirituality was often used interchangeably with the concept religion to assess and evaluate patient spirituality. The term spiritual or spirituality was used in a preponderance of items to assess or evaluate spirituality. CONCLUSIONS: Measures differentiating spirituality from religiosity are grossly lacking in nursing and health-related literature.

Seth, S. G., Goka, T., Harbison, A., Hollier, L., Peterson, S., Ramondetta, L. and Noblin, S. J. [Department of Pediatrics, University of Texas Health Science Center at Houston, TX; sarah.a.seth@uth.tmc.edu]. **"Exploring the role of religiosity and spirituality in amniocentesis decision-making among Latinas." *Journal of Genetic Counseling* 20, no. 6 (Dec 2011): 660-673.**

[Abstract:] Given the complex array of emotional and medical issues that may arise when making a decision about amniocentesis, women may find that their spiritual and/or religious beliefs can comfort and assist their decision-making process. Prior research has suggested that Latinas' spiritual and/or religious beliefs directly influence their amniocentesis decision. A more intimate look into whether Latinas utilize their beliefs during amniocentesis decision-making may provide an opportunity to better understand their experience. The overall goal of this study was to describe the role structured religion and spirituality plays in Latinas' daily lives and to evaluate how religiosity and spirituality influences health care decisions, specifically in prenatal diagnosis. Semi-structured interviews were conducted with eleven women who were invited to describe their religious beliefs and thoughts while considering the option of amniocentesis. All participants acknowledged the influence of religious and/or spiritual beliefs in their everyday lives. Although the women sought comfort and found validation in their beliefs and in their faith in God's will during their amniocentesis decision-making process, results suggest the risk of procedure-related complications played more of a concrete role than their beliefs.

Setrakian, H. V., Rosenman, M. B. and Szucs, K. A. [Department of Pediatrics, Indiana University School of Medicine, Indianapolis]. **"Breastfeeding and the Baha'i Faith." *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine* 6, no. 4 (Aug 2011): 221-225.**

[Abstract:] The Baha'i Sacred Writings reference breastfeeding literally and symbolically and provide guidance as to its practice. Breastfeeding is endorsed as the ideal form of infant nutrition. The importance of breastfeeding is underscored by the exemption of breastfeeding women from fasting, as well as by the identification of breastfeeding as being linked to the moral development of children. Several of the central principles of the Baha'i Faith, such as the equality of women and men and the harmony of science and religion, may engender attitudes that support the practice of breastfeeding. The implications of the Baha'i Writings with regard to breastfeeding are explored and summarized here.

Sharif, A., Jawad, H., Nightingale, P., Hodson, J., Lipkin, G., Cockwell, P., Ball, S. and Borrows, R. [Department of Nephrology and Transplantation, Queen Elizabeth Hospital Birmingham, UK; sharif_adnan@hotmail.com]. **"A quantitative survey of Western Muslim attitudes to solid organ donation." *Transplantation* 92, no. 10 (Nov 27, 2011): 1108-1114.**

[Abstract:] BACKGROUND: It is imperative for healthcare providers to examine Western Muslim attitudes on organ donation, because they are reluctant donors. We explored such opinion with the aid of a quantitative survey. METHODS: Voluntary completion of an anonymous survey was promoted (online and paper sampling). For a population target of approximately 1.6 billion, we targeted a completed sample size of 664 to achieve 5% error margins and 99% confidence intervals (assuming 50% response distribution). Logistic regression analysis was performed to assess independent predictors for organ donation approval. RESULTS: In total, 891 global Muslims took the survey with 728 full completions (81.7% completion rate). Paper survey (14% of total) response rate was 62% (124 completed/200 distributed). Western Muslims comprised 76% of participants (n=675) and formed the basis of the analysis. A total of 68.5% of Western Muslims agreed with organ donation, but just 39.3% believed it was compatible with Islam (only 12.7% were registered donors). A total of 1.9% would refuse an organ transplant if

required, with 72.4% happy to receive and 25.7% undecided. The main constraints cited by Western Muslims were interpretation of religious scripture (76.5%) and advice from local mosque (70.2%). Predictors for organ donation approval among all global Muslims included younger age, lesser degree of self-rated religiosity, awareness of organ shortages, higher education, and knowing someone with kidney disease/dialysis (all $P < 0.05$). **CONCLUSION:** Concern exists among Western Muslims regarding organ donation. Our speculative work should form the basis of larger and more representative assessment of global Muslims to facilitate targeted initiatives to raise awareness.

Sharpnack, P. A., Quinn Griffin, M. T., Benders, A. M. and Fitzpatrick, J. J. [Ursuline College, OH; psharpnack@ursuline.edu]. "**Self-transcendence and spiritual well-being in the Amish.**" *Journal of Holistic Nursing* 29, no. 2 (Jun 2011): 91-97.

[Abstract:] Self-transcendence, the ability to expand one's relationship to others and the environment, has been found to provide hope which helps a person adapt and cope with illness. Spiritual well-being, the perception of health and wholeness, can boost self-confidence and self-esteem. The purpose of this descriptive correlational study was to describe the relationship between self-transcendence and spiritual well-being in adult Amish. A random sample of Old Order Amish was surveyed by postal mail; there were 134 respondents. Two valid and reliable questionnaires were used to measure the key variables. The participants had high levels of self-transcendence and spiritual well-being and there was a statistically significant positive relationship between the two variables. The findings from this study will increase nurses' awareness of the holistic nature of the Amish beliefs and assist nurses in serving this population. Additional research is needed to develop further understanding of the study variables among the Amish.

Sheppard, V. B., Adams, I. F., Lamdan, R. and Taylor, K. L. [Georgetown University Medical Center, Cancer Control Program, Washington, DC; vls3@georgetown.edu]. "**The role of patient-provider communication for black women making decisions about breast cancer treatment.**" *Psycho-Oncology* 20, no. 12 (Dec 2011): 1309-1316.

Among the findings of this study of 49 participants [from the abstract:] Spiritual beliefs were important to all participants and did seem to help them cope with and reframe their illness experiences.

Sheppard, V. B., Davis, K., Boisvert, M., Jennings, Y. and Montalvo, B. [Cancer Control Program, Georgetown University, Washington, DC; vls3@georgetown.edu]. "**Do recently diagnosed black breast cancer patients find questions about cancer fatalism acceptable? A preliminary report.**" *Journal of Cancer Education* 26, no. 1 (Mar 2011): 5-10.

The population in this study found a measure of fatalism largely unacceptable. The authors discuss the potential role of coping styles and spirituality in this population in terms of disease group and age cohort. [The authors do not explore the concept validity of fatalism as operationalized in the fatalism measure, though they do seem to hint that some manifestations of spirituality may be confused with fatalism.]

Siemionow, M. Z., Rampazzo, A. and Gharb, B. B. [Dermatology and Plastic Surgery Institute, Cleveland Clinic, Cleveland, OH; siemiom@ccf.org]. "**Addressing religious and cultural differences in views on transplantation, including composite tissue allotransplantation.**" *Annals of Plastic Surgery* 66, no. 4 (Apr 2011): 410-415.

[Abstract:] Composite tissue allotransplantation is a rapidly developing field in plastic and reconstructive surgery and therefore imposes an obligation upon plastic and transplant surgeons to familiarize themselves with some unique aspects of this new discipline. The visible nature of extremities, and the face, presents a special hurdle when seeking the consent of the donor's family, as well as the recipient. Religious and sociocultural backgrounds of both the donor and recipient may have an important impact on the outcome of the donation and acceptance process. The purpose of this review is to present the current positions of major religious groups on allotransplantation and the cultural responses to the religious stances. In this context, we have investigated whether there are any specific religious or cultural restrictions against the practice of composite tissue allotransplantation.

Siev, J., Baer, L. and Minichiello, W. E. [Massachusetts General Hospital and Harvard Medical School, Boston, MA; jedidiah.siev@nova.edu]. "**Obsessive-compulsive disorder with predominantly scrupulous symptoms: clinical and religious characteristics.**" *Journal of Clinical Psychology* 67, no. 12 (Dec 2011): 1188-1196.

Among the findings of this study of 72 individuals completing an internet-based survey: ...[M]ost scrupulous individuals endorsed that their symptoms interfered with their religious experience. Scrupulous individuals with a more negative concept of God experienced more severe symptoms, whereas a positive description of God was unrelated to severity of scrupulosity in this group. Nearly one in five scrupulous participants reported no religious affiliation. **CONCLUSIONS:** Scrupulous individuals have unique treatment-seeking preferences. Moreover, most scrupulous individuals perceive their symptoms as interfering with their religious experience. Focusing on the religious costs and benefits of scrupulous rituals might have clinical utility. Finally, scrupulous individuals with a more negative concept of God experienced more severe symptoms.

Simpson A. M., Kendrick, J., Verbese, J. E., Morin, D. S., Dew, M. A., Trabucco, A., Pomposelli, J. J. and Pomfret, E. A. [Department of Transplantation, Lahey Clinic, Burlington, MA; mary.a.simpson@lahey.org]. "**Ambivalence in living liver donors.**" *Liver Transplantation* 17, no. 10 (Oct 2011): 1226-1233.

[From the abstract:] All right hepatic lobe (RHL) donors in our program are asked to participate in a longitudinal quality-of-life study that begins at their evaluation and continues throughout the first postdonation year. Here we report the characteristics of donor candidates who completed the donation process despite ambivalence. In all, 183 RHL candidates consented, and 133 became donors. Ambivalent donors (ADs; $n = 45$) identified themselves through verbal statements or written comments, or they were identified by staff during the evaluation. ...More ADs than UADs considered themselves to be religious (68.9% versus 43.2%, $P = 0.007$). Ambivalence about RHL donation was present in 33.8% of the candidates who completed the donation process. These results suggest that ambivalence should not be the sole reason for disqualifying a potential donor who otherwise satisfies program requirements.

Sinclair, S. [University of Manitoba, Winnipeg, Canada; shane.sinclair@albertahealthservices.ca]. "**Impact of death and dying on the personal lives and practices of palliative and hospice care professionals.**" *CMAJ: Canadian Medical Association Journal* 183, no. 2 (Feb 8, 2011): 180-187.

"This research was part of a larger ethnographic inquiry on the spirituality of palliative and hospice care professionals in Canada." [p. 180] It involved 24 frontline clinicians and 6 national key leaders. [From the abstract:] Eleven specific themes, organized under three overarching categories (past, present and future), were discovered. Early life experiences with death were a common and prominent feature, serving as a major motivator in participants' career path of end-of-life care. Clinical exposure to death and dying taught participants to live in the present,

cultivate a spiritual life, reflect on their own mortality and reflect deeply on the continuity of life. Interpretation Participants reported that their work provided a unique opportunity for them to discover meaning in life through the lessons of their patients, and an opportunity to incorporate these teachings in their own lives. Although Western society has been described as a "death-denying" culture, the participants felt that their frequent exposure to death and dying was largely positive, fostering meaning in the present and curiosity about the continuity of life.

Smith, K. M. and Hoesli, T. M. [Department of Pharmacy Practice and Science, University of Kentucky College of Pharmacy, Lexington, KY; ksm1t@uky.edu]. **"Effects of religious and personal beliefs on medication regimen design."** *Orthopedics* 34, no. 4 (Apr 2011): 292-295.

"Several religions, including Hinduism, Judaism, and Islam, prohibit the consumption of swine and bovine products. ...More than 1000 medications contain inactive ingredients derived from pork or beef, the consumption of which is prohibited by several religions" [p. 292]. The authors go on to address a number of specific points about drugs that are produced in connection to animals, focusing on gelatin and stearic acid. Tables include a list of possible offending agents. There is a brief but helpful bibliography.

Smith, S. K., Herndon, J. E., Lysterly, H. K., Coan, A., Wheeler, J. L., Staley, T. and Abernethy, A. P. [Duke Comprehensive Cancer Center, Duke University Medical Center (DUMC), Durham, NC]. **"Correlates of quality of life-related outcomes in breast cancer patients participating in the Pathfinders pilot study."** *Psycho-Oncology* 20, no. 5 (May 2011): 559-564.

[Abstract:] OBJECTIVE: In a pilot study, participation in the Pathfinders program was associated with reductions in distress and despair and improvements in quality of life (QOL) among advanced breast cancer patients. This study explores the relationship between psychosocial resources invoked through the Pathfinders intervention and outcomes. METHODS: Advanced breast cancer patients were enrolled in a prospective, single-arm, pilot study of the Pathfinders psychosocial program. Participants met at least monthly with a licensed clinical social worker who administered the Pathfinders intervention, which focused on strengthening adaptive coping skills, identifying inner strengths, and developing a self-care plan. Longitudinal assessments over 6 months used validated instruments to assess changes in Pathfinders targets (coping, social support, self-efficacy, spirituality, and optimism) and outcomes (distress, despair, QOL, and fatigue). Multiple linear regression models examined the joint effect of average changes in target subscales on average outcome changes, adjusted for baseline outcome scores and patient characteristics. RESULTS: Participants (n=44) were: mean age 51 (SD, 12), 20% non-Caucasian, 50% college degree, and 75% married. Improvements in active coping skills, self-efficacy, and spiritual meaning/peace significantly correlated with an improvement in despair after adjustment for demographic characteristics (all $P < 0.05$). Improvements in social support significantly correlated with positive changes in distress ($P < 0.05$). Gains in learned optimism independently correlated with an increase in overall QOL ($P < 0.01$). CONCLUSIONS: In this pilot assessment, changes in pre-defined Pathfinders targets such as coping skills, social support, self-efficacy, spirituality, and optimism correlated with improvements in patient-reported outcomes.

Smyth, T. and Allen, S. [Central Gippsland Health Service, Sale, Victoria, Australia; therese.smyth@cghs.com.au]. **"Nurses' experiences assessing the spirituality of terminally ill patients in acute clinical practice."** *International Journal of Palliative Nursing* 17, no. 7 (Jul 2011): 337-343.

[Abstract:] AIM: To explore and describe how nurses define spirituality and incorporate spiritual care into their clinical practice. METHOD: A two-phase, mixed-methods, explanatory descriptive design was adopted. Sixteen nurses working in an acute medical ward completed a purpose-designed questionnaire. This was followed by unstructured focus group interviews. The data generated was analyzed using a thematic coding process. FINDINGS: Four themes were identified: understanding spirituality, assessment of spirituality, difficulties in meeting spiritual needs, and education. The exploration of the nurses' experiences showed that they did not clearly define or recognize the concept of spirituality, but they did recognize an aspect of patient care that required a transition away from a technical to a humane response. CONCLUSION: Despite the lack of a clear definition of spirituality and application of an established spiritual assessment tool, nurses do assess spirituality and incorporate spiritual care into their clinical practice, even in acute care settings.

Sorensen, T., Danbolt, L. J., Lien, L., Koenig, H. G. and Holmen, J. [MF Norwegian School of Theology, Oslo, Norway; torgeir.sorensen@mf.no]. **"The relationship between religious attendance and blood pressure: the HUNT Study, Norway."** *International Journal of Psychiatry in Medicine* 42, no. 1 (2011): 13-28.

[Abstract:] OBJECTIVE: Research from the United States shows a possible relationship between religious attendance (RA) and blood pressure (BP). The religious context in the United States differs widely from Scandinavia. The aim was, therefore, to test whether the relationship between RA and BP is specific to the religious culture in the United States or whether a similar relationship exists between RA and BP in a Norwegian context. DESIGN AND METHOD: Data from the Nord-Trøndelag Health Study's third wave, HUNT 3 (2006-08), was used. The associations between RA and diastolic (DBP) and systolic (SBP) blood pressure in women (n = 20,066) and men (n = 15,898) were investigated in a cross-sectional study using multiple regression analyses. RESULTS: Mean DBP for women/men was 71.0 mmHg/76.7 mmHg. Mean SBP was 128.5 mmHg/134.0 mmHg; 39.1%/42.8% of women/men never attended religious services, 3.8%/3.4% attended more than 3x/month. The bivariate associations were statistically significant between RA and SBP in both genders and women's DBP but not men's DBP. After adjustment, inverse associations between RA and DBP/SBP for both genders were found. The RA-DBP relationship ($p < 0.001$) demonstrated a gradient in effect for both genders, with increasing RA associated with decreasing DBP, with 1.50/1.67 mmHg lower in women/men respectively in those attending more than 3x/month, 0.87/1.16 mmHg lower in those attending 1-3x/month, and 0.49/0.10 mmHg less in those attending 1-6x/6 months. Differences in RA-SBP ($p < 0.05$) were 2.12/1.71 mmHg, 0.30/0.11 mmHg, and 0.58/0.63 mmHg, respectively. CONCLUSION: In a large population-based survey in Norway, RA was associated with lower DBP and SBP after adjusting for relevant variables.

Spidell, S., Wallace, A., Carmack, C. L., Noguera-Gonzalez, G. M., Parker, C. L. and Cantor, S. B. [Presbyterian Outreach to Patients, Pearland, TX; sspidell@mdanderson.org]. **"Grief in healthcare chaplains: an investigation of the presence of disenfranchised grief."** *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 75-86.

[Abstract:] We examined how chaplains respond to grief and determined the prevalence of disenfranchised grief (i.e., grief that is not or cannot be acknowledged or supported by society) in healthcare chaplains. We conducted an online survey of members of the Association of Professional Chaplains. Of 3131 potential participants, 577 (18%) responded to the survey. In response to grief in the workplace, chaplains stated they would have low energy (78%), feel sad or moody (63%), feel like they had no time for themselves (44%), go through the motions (41%), and distance themselves from others (31%). As an indicator of disenfranchised grief, 21% of chaplains felt that their grief was not

supported and affirmed in the workplace and 63% listed circumstances of death about which they felt very uncomfortable hearing or talking about. The results suggest that grief, and disenfranchised grief in particular, may be an important concern to address in healthcare chaplaincy. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the May 2011 Article-of-the-Month at <http://www.acperesearch.net/may11.html>.]

Stanley, M. A., Bush, A. L., Camp, M. E., Jameson, J. P., Phillips, L. L., Barber, C. R., Zeno, D., Lomax, J. W. and Cully, J. A. [Health Services Research and Development Center of Excellence, Michael E. DeBakey Veterans Affairs Medical Center, Houston, TX; mstanley@bcm.tmc.edu]. "**Older adults' preferences for religion/spirituality in treatment for anxiety and depression.**" *Aging & Mental Health* 15, no. 3 (Apr 2011): 334-343.

[Abstract:] OBJECTIVES: To examine patient preferences for incorporating religion and/or spirituality into therapy for anxiety or depression and examine the relations between patient preferences and religious and spiritual coping styles, beliefs and behaviors. METHOD: Participants (66 adults, 55 years or older, from earlier studies of cognitive-behavioral therapy for late-life anxiety and/or depression in primary care) completed these measures by telephone or in-person: Geriatric Anxiety Inventory, Client Attitudes Toward Spirituality in Therapy, Patient Interview, Brief Religious Coping, Religious Problem Solving Scale, Santa Clara Strength of Religious Faith, and Brief Multidimensional Measure of Religiousness and Spirituality. Spearman's rank-order correlations and ordinal logistic regression examined religious/spiritual variables as predictors of preferences for inclusion of religion or spirituality into counseling. RESULTS: Most participants (77-83%) preferred including religion and/or spirituality in therapy for anxiety and depression. Participants who thought it was important to include religion or spirituality in therapy reported more positive religious-based coping, greater strength of religious faith, and greater collaborative and less self-directed problem-solving styles than participants who did not think it was important. CONCLUSION: For individuals like most participants in this study (Christians), incorporating spirituality/religion into counseling for anxiety and depression was desirable.

Steinberg, S. M. [Department of Surgery, Division of Critical Care, Trauma and Burn, Ohio State University, Columbus]. "**Cultural and religious aspects of palliative care.**" *International Journal of Critical Illness and Injury Science* 1, no. 2 (Jul 2011): 154-156. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] For most clinicians and patients, the discussion of palliative care is a difficult topic. It is complicated by both the clinician's and patient's belief systems, which are frequently heavily influenced by cultural and religious upbringing. This article discusses the impact of some of those differences on attitudes toward end of life decisions. Several different religions and cultures have been evaluated for their impact on perceptions of palliative care and the authors will share some examples.

Stern, R. M., Rasinski, K. A. and Curlin, F. A. [Pritzker School of Medicine, The University of Chicago, IL; sternrm@uchicago.edu]. "**Jewish physicians' beliefs and practices regarding religion/spirituality in the clinical encounter.**" *Journal of Religion & Health* 50, no. 4 (Dec 2011): 806-817.

[Abstract:] We used data from a 2003 survey of US physicians to examine differences between Jewish and other religiously affiliated physicians on 4-D of physicians' beliefs and practices regarding religion and spirituality (R/S) in the clinical encounter. On each dimension, Jewish physicians ascribed less importance to the effect of R/S on health and a lesser role for physicians in addressing R/S issues. These effects were partially mediated by lower levels of religiosity among Jewish physicians and by differences in demographic and practice-level characteristics. The study provides a salient example of how religious affiliation can be an important independent predictor of physicians' clinically-relevant beliefs and practices.

Stewart, K. A. [katiestewart3@comcast.net]. "**The spiritual framework of coping through the voices of cancer survivor narratives.**" *Omega - Journal of Death & Dying* 63, no. 1 (2011): 45-77.

[Abstract:] Gall et al. (2005) developed a framework for spirituality by adapting and applying the transactional model of stress and coping, which is an interactive and fluid process spurred by a stressor involving spiritual appraisal, person factors, spiritual connections, spiritual coping behavior, and meaning-making impacting well-being. The components of the framework are examined through five cancer survivor narratives. The results showed that the components of the framework were experienced by the survivors, for example, various spiritual problem-solving styles were used, indication of spiritual connections to nature, others, and the transcendent. Meaning-making was common as they faced the life-threatening disease which often altered their worldview. The spirituality of the participants is reflected in the spiritual framework and the framework embraces these survivor experiences. This study has limitations due to its qualitative nature and small sample size.

Stewart, W. C., Sharpe, E. D., Kristoffersen, C. J., Nelson, L. A. and Stewart, J. A. [PRN Pharmaceutical Research Network LLC, Charleston, SC; info@prnorb.com]. "**Association of strength of religious adherence with attitudes regarding glaucoma or ocular hypertension.**" *Ophthalmic Research* 45, no. 1 (2011): 53-56.

[Abstract:] BACKGROUND: To evaluate the impact of religious adherence on a patient's outlook on disease in a glaucoma population. METHODS: A prospective survey analysis of patients with open-angle glaucoma or ocular hypertension evaluating self-reported global religious adherence, adherence to specific basic activities and knowledge of faith ('maturity') and 'comfort' (ability to cope, attitude toward glaucoma, motivation to take medication and God's concern). This specific analysis was limited to self-professed Christians. RESULTS: 248 patients were included and religious adherence was correlated to religious activity and knowledge ($p < 0.0001$). Patients who scored as adherent on at least 1 of 4 maturity questions had greater benefit than less adherent patients from each of the 5 comfort questions ($p < 0.0001$). We found an increased statistical separation on each of the 5 comfort questions between religiously adherent and less adherent individuals for patients who scored as adherent on any 2 ($n = 40$), 3 ($n = 50$) or all 4 ($n = 57$) of the maturity questions ($p < 0.001$). CONCLUSIONS: This study suggests, at least for the Christian faith, that religious patients are subjectively more prone to cope with treatment and that religiosity increases the self-confidence, and possibly the quality of life, of patients with glaucoma or ocular hypertension. Whether this necessarily translates into better glaucoma practices remains to be demonstrated by further studies.

Stranahan, S. [Shell Point Retirement Community, Fort Myers, FL; SueStranahan@ShellPoint.org]. "**The use of dreams in spiritual care.**" *Journal of Health Care Chaplaincy* 17, nos. 1-2 (2011): 87-94.

[Abstract:] This paper explores the use of dreams in the context of pastoral care. Although many people dream and consider their dreams to hold some significant spiritual meaning, spiritual care providers have been reluctant to incorporate patients' dreams into the therapeutic

conversation. Not every dream can be considered insightful, but probing the meaning of some dreams can enhance spiritual care practice. Hill's Cognitive-Experimental Dream Interpretation Model is applied in the current article as a useful framework for exploring dreams, gaining insight about spiritual problems, and developing a therapeutic plan of action. Bulkeley's criteria for dream interpretation were used to furnish safeguards against inappropriate application of dream interpretation to spiritual assessment and interventions.

Swinton, J., Bain, V., Ingram, S. and Heys, S. D. [School of Divinity, History and Philosophy, King's College University of Aberdeen, UK; j.swinton@abdn.ac.uk]. "**Moving inwards, moving outwards, moving upwards: the role of spirituality during the early stages of breast cancer.**" *European Journal of Cancer Care* 20, no. 5 (Sep 2011): 640-652.

[Abstract:] The paper reflects on a study which explored the role of spirituality in the lives of women during the first year after being diagnosed with breast cancer. The study utilized a qualitative method (hermeneutic phenomenology) designed to provide rich and thick understanding of women's experiences of breast cancer and to explore possible ways in which spirituality may, or may not, be beneficial in enabling coping and enhancing quality of life. The paper draws on the thinking of David Hay and Viktor Frankl to develop a model of spirituality that includes, but is not defined by, religion and that has the possibility to facilitate effective empirical enquiry. It outlines a threefold movement - inwards, outwards and upwards - that emerged from in-depth interviews with women who have breast cancer. This framework captures something of the spiritual movement that women went through on their cancer journeys and offers some pointers and possibilities for better and more person-centered caring approaches that include recognition of the spiritual dimension of women's experiences for the management of those with breast cancer.

Symonds, L. L., Yang, L., Mande, M. M., Mande, L. A., Blow, A. J., Osuch, J. R., Boivin, M. B., Giordani, B., Haan, P. S. and Smith, S. S. [Department of Radiology, Michigan State University, East Lansing, MI; symonds@msu.edu]. "**Using pictures to evoke spiritual feelings in breast cancer patients: development of a new paradigm for neuroimaging studies.**" *Journal of Religion & Health* 50, no. 2 (Jun 2011): 437-446.

[Abstract:] This study was designed to develop and validate a method for enhancing spiritual feelings, particularly in women who have received a diagnosis of breast cancer. The protocol specifically was developed to be used in functional magnetic resonance imaging (fMRI) studies. Eighteen breast cancer survivors rated pictures for their ability to enhance feelings of spirituality, happiness, and sadness. Results indicate that presenting carefully selected pictures with spiritual content (e.g., nature scenes, people engaged in contemplative behaviors) can effectively enhance spiritual feelings among breast cancer survivors. Future fMRI studies will explore the use of the protocol developed in this study for investigating neural activity during spiritual feelings and states.

Tamburro, R. F., Shaffer, M. L., Hahnen, N. C., Felker, P. and Ceneviva, G. D. [Department of Pediatrics, Penn State Hershey Children's Hospital, Pennsylvania State University College of Medicine, Hershey, PA; rtamburro@psu.edu]. "**Care goals and decisions for children referred to a pediatric palliative care program.**" *Journal of Palliative Medicine* 14, no. 5 (May 2011): 607-613.

Among the findings of this study of 50 patients: "Fifteen of the 39 (38%) patients/families that acknowledged that spirituality was important to them opted for some limitation of support as compared with only 2 of the 9 (22%) patients/families that expressed that spirituality was not important to them" [p. 609].

Tan, H. M., Wilson, A., Olver, I. and Barton, C. [Palliative Care Research Team, School of Nursing and Midwifery, Monash University, Frankston, Victoria, Australia; Heather.Tan@monash.edu]. "**The experience of palliative patients and their families of a family meeting utilised as an instrument for spiritual and psychosocial care: a qualitative study.**" *BMC Palliative Care* 10 (2011): 7 [electronic journal article/page designation]. [Note: This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: This study explores the experience of palliative patients and their family members of a family meeting model, utilised as an instrument for the provision of spiritual and psychosocial care. In doing so the study embraces a broad understanding of spirituality which may or may not include formal religious practice and a concept of psychosocial care that includes: social and emotional well-being, communication, self esteem, mental health and adaptation to illness. The meeting of spiritual and psychosocial needs is considered to be an important aspect of palliative care. METHODS: This qualitative study, philosophically underpinned by hermeneutic phenomenology, investigates the participatory experience of palliative care patients and their significant family members of such a family meeting. People registered with two large metropolitan palliative care services, who met selection criteria, were referred by medical staff. Twelve of the 66 referred took part in family meetings which also included significant others invited by the patient. A total of 36 family members participated. The number of participants of individual family meetings ranged from two to eleven. After the family meeting every participant was invited to take part in an individual in-depth interview about their experience of the meeting. Forty seven interviews were conducted. These were audio recorded and transcribed. RESULTS: Data analysis, utilising Ricoeur's theory of interpretation, revealed seven main themes: personal experience of the meeting, personal outcomes, observation of others' experience, observation of experience and outcomes for the family unit, meeting facilitation, how it could have been different and general applicability of the family meeting. Throughout these themes were numerous references to aspects of the web of relationships which describe the concept of spirituality as it is defined for the purpose of this study. CONCLUSIONS: The findings indicate the potential of the type of family meeting reported for use in the spiritual and psychosocial care of people receiving palliative care and their families. However further research is needed to explore its application to more culturally diverse groups and its longer term impact on family members.

Tarpley, M. J. and Tarpley, J. L. [Department of Surgery, Vanderbilt University, Nashville, TN; Margaret.tarpley@vanderbilt.edu]. "**Spiritual dimensions of surgical palliative care.**" *Surgical Clinics of North America* 91, no. 2 (Apr 2011): 305-315, vii.

[Abstract:] The spiritual dimensions of surgical palliative care encompass recognition of mortality (physician and patient); knowledge of moral and ethical dilemmas of medical decision making; respect for each individual and for all belief systems; responsibility to remain physically and psychologically present for the patient and family; and knowledge of when chaplains, palliative care professionals, or social workers should be consulted. Certain aspects of surgical palliative care distinguish it from palliative care in other medical disciplines such as the 2 definitions (palliative procedure and palliative care), treating a disproportionate share of patients who suffer unforeseen tragic events, and the surgical system.

- Tate, J. D. [Forsyth Technical Community College, Winston Salem, NC; jdtate@hotmail.com]. **"The role of spirituality in the breast cancer experiences of African American women."** *Journal of Holistic Nursing* 29, no. 4 (Dec 2011): 249-255.
 [Abstract:] Breast cancer is the most commonly diagnosed cancer type among African American women. African American women often use spirituality to overcome the physical, psychological, and emotional burdens that accompany a breast cancer diagnosis. Spirituality has been used over the years by African American women to bring hope when dealing with hardships. This integrative review seeks to explore the importance of spirituality to African American women throughout the breast cancer experience. Thirteen qualitative and quantitative studies that discussed how spirituality was used to cope with breast cancer from initial diagnosis to survivorship were reviewed. Spirituality was found to be the main coping mechanism used during all phases of the cancer experience. To provide holistic nursing care, nurses must understand that spirituality is an important coping strategy used by most African American women with breast cancer. The implications for nursing that were identified include the incorporation of spiritual interventions and the utilization of culturally appropriate assessment tools.
- Taylor, B. D., Buckner, A. V., Walker, C. D. and Blumenthal, D. S. [Department of Community Health and Preventive Medicine, Morehouse School of Medicine, Atlanta, GA; btaylor@msm.edu]. **"Faith-based partnerships in graduate medical education: the experience of the Morehouse School of Medicine Public Health/Preventive Medicine Residency Program."** *American Journal of Preventive Medicine* 41, no. 4, suppl. 3 (Oct 2011): S283-289.
 [Abstract:] Faith-based organizations can be strategic partners in addressing the needs of low-income and underserved individuals and communities. The Morehouse School of Medicine (MSM) Public Health/Preventive Medicine Residency Program (PH/PMR) collaborates with faith-based organizations for the purpose of resident education, community engagement, and service. These partners provide guidance for the program's community initiatives and health promotion activities designed to address health inequities. Residents complete a longitudinal community practicum experience with a faith-based organization over the 2-year training period. Residents conduct a community health needs assessment at the organization and design a health intervention that addresses the identified needs. The faith-based community practicum also serves as a vehicle for achieving skills in all eight domains of the Public Health Competencies developed by the Council on Linkages and all six Accreditation Council for Graduate Medical Education (ACGME) Core Competencies. The MSM PH/PMR Program has engaged in faith-based partnerships for 7 years. This article discusses the structure of these partnerships, how partners are identified, funding sources for supporting resident projects, and examples of resident health needs assessment and intervention activities. The MSM PH/PMR Program may serve as a model to other residency and fellowship programs that may have an interest in developing partnerships with faith-based organizations.
- Taylor, D., Mulekar, M. S., Luterman, A., Meyer, F. N., Richards, W. O. and Rodning, C. B. [Department of General Surgery, College of Medicine and Medical Center, University of South Alabama, Mobile]. **"Spirituality within the patient-surgeon relationship."** *Journal of Surgical Education* 68, no. 1 (Jan-Feb 2011): 36-43.
 [Abstract:] OBJECTIVE: To assess the attitudes of general and orthopaedic surgical outpatients regarding inquiry into their religious beliefs, spiritual practices, and personal faith. DESIGN: Prospective, voluntary, self-administered, and anonymously-completed questionnaire, regarding religious beliefs, spiritual practices, and personal faith, March-August, 2009. SETTING: General and orthopaedic surgical outpatient settings, Health Services Foundation, College of Medicine, University of South Alabama, a tertiary care academic medical center in Mobile, Alabama. PARTICIPANTS: All patients referred for evaluation and management of general and orthopaedic surgical conditions, pre- and postoperatively, were approached. METHODOLOGY: The questionnaire solicited data regarding patient: (1) demographics; (2) religious beliefs, spiritual practices, and personal faith; and (3) opinions regarding inquiry into those subjects by their surgeon. The latter opinions were stratified on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree." Statistical analysis was conducted using software JMP([REGISTERED]) 8 Statistical Discovery Software (S.A.S. Institute Inc., Cary, North Carolina) and a 5% probability level was used to determine significance of results. RESULTS: Eighty-three percent (83%) of respondents agreed or strongly agreed that surgeons should be aware of their patients' religiosity and spirituality; 63% concurred that surgeons should take a spiritual history; and 64% indicated that their trust in their surgeon would increase if they did so. Nevertheless, 17%, 37%, and 36% disagreed or strongly disagreed with those perspectives, respectively. CONCLUSIONS: By inference to the best explanation of the results, we would argue that religiosity and spirituality are inherent perspectives of patient-surgeon relationships. Consequently, those perspectives are germane to the therapeutic milieu. Therefore, discerning each patient's perspective in those regards is warranted in the context of an integrative and holistic patient-surgeon relationship, the intent of which is to restore a patient to health and well-being.
- Taylor, R. J., Chatters, L. M. and Joe, S. [School of Social Work, University of Michigan, Ann Arbor; rjtaylor@umich.edu]. **"Non-organizational religious participation, subjective religiosity, and spirituality among older African Americans and Black Caribbeans."** *Journal of Religion & Health* 50, no. 3 (Sep 2011): 623-645, 2011 Sep.
 [Abstract:] This study utilizes data from the National Survey of American Life to examine the sociodemographic and denominational correlates of religious involvement and spirituality among older African Americans and Black Caribbeans. Eleven measures of non-organizational religious participation, subjective religiosity, and spirituality are utilized. The findings indicate significant gender, income, region, marital status, denominational, and immigration status differences in religiosity and spirituality. Among older Black Caribbeans, income was a consistent correlate of religious participation and spirituality. The findings are discussed in relation to prior work in the area of religious involvement among older adults.
- Taylor, R. J., Chatters, L. M. and Joe, S. [School of Social Work and Program for Research on Black Americans, Institute for Social Research, University of Michigan, Ann Arbor; rjtaylor@umich.edu]. **"Religious involvement and suicidal behavior among African Americans and Black Caribbeans."** *Journal of Nervous & Mental Disease* 199, no. 7 (Jul 2011): 478-486.
 [Abstract:] This study explores the relationship between religious denomination, four dimensions of religious involvement, and suicidality (lifetime prevalence of suicide ideation and attempts) within a nationally representative sample of African American and Black Caribbean adults. The relationship between religious involvement and suicide for African Americans and Black Caribbeans indicated both similarities and differences. For both groups, religious involvement was largely protective against suicidal ideation and attempts, although, in some instances, specific measures were associated with higher suicidality. Looking to God for strength, comfort, and guidance was protective against suicidal attempts and ideation, whereas stating that prayer is important in stressful situations was associated with higher levels of ideation for both groups and higher attempts among Black Caribbeans. For African Americans, reading religious materials was positively associated with suicidal ideation. Among Black Caribbeans, subjective religiosity was negatively associated with ideation, and being Catholic was inversely

associated with attempts, whereas being Pentecostal was inversely associated with ideation. These findings are discussed in relation to previous research and current conceptual frameworks that specify multiple (e.g., prevention and resource mobilization) and often divergent pathways of religious effects on physical and mental health outcomes.

Tees, B. and Budd, J. [Brant Community Healthcare System Brantford, Ontario, Canada; rtees@bchsys.org]. "**The sound of spiritual care: music interventions in a palliative care setting.**" *Journal of Pastoral Care & Counseling* 65, nos. 1-2 (Spring-Summer 2011): 5:1-10 [electronic journal article/page designation].

[Abstract:] The article describes how music has been integrated into spiritual and supportive care for palliative care patients at Brantford General Hospital (Ontario). Numerous case examples illustrate how a song or piece of music can play a vital role in the spiritual dimension of end of life care. The article expands the concept of the "living human document" by positing that a life story has an accompanying soundtrack: a musical memory and sensorial attunement that can be energized when music is offered at the bedside. The writers suggest that music provides an alternate spiritual language for patients whether or not they have a religious affiliation.

Temam, E., Ivry, T. and Bernhardt, B. A. [Penn Center for the Integration of Genetic Healthcare Technologies, University of Pennsylvania, Philadelphia; mslula@gmail.com]. "**Pregnancy as a proclamation of faith: Ultra-Orthodox Jewish women navigating the uncertainty of pregnancy and prenatal diagnosis.**" *American Journal of Medical Genetics, Part A* 155A, no. 1 (Jan 2011): 69-80.

[Abstract:] Research has suggested that religion and spirituality may inform individuals' interpretation of and responses to uncertainty during pregnancy including the possibility of genetic disorders. In this study, 25 qualitative interviews were undertaken with ultra-Orthodox [Haredi] Jewish women about their experiences with uncertainties related to pregnancy, prenatal care, and prenatal diagnosis. We found that women draw upon a particular set of faith-based concepts to cope with the uncertainties of pregnancy and to make decisions regarding prenatal testing. The women draw on the religious concepts of faith and certainty, which are based on trusting that God will not test them beyond what they can withstand. When prenatal screening indicates a possible fetal anomaly or when a disabled child is born, these women interpret the situation as a God-sent ordeal in which they are called upon to prove their trust and certainty in God's plan and to resist the uncertainties generated by the probability-based technologies. This research has implications for genetic service providers when discussing prenatal testing and fetal anomalies with Haredi women.

Thune-Boyle, I. C., Stygall, J., Keshtgar, M. R., Davidson, T. I. and Newman, S. P. [Unit of Behavioural Medicine, Division of Research Strategy, University College London, UK; i.thune-boyle@medsch.ucl.ac.uk]. "**The impact of a breast cancer diagnosis on religious/spiritual beliefs and practices in the UK.**" *Journal of Religion & Health* 50, no. 2 (Jun 2011): 203-218.

[Abstract:] The use of religious/spiritual resources may increase when dealing with the stress of a cancer diagnosis. However, there has been very little research conducted into changes in religious/spiritual beliefs and practices as a result of a cancer diagnosis outside the USA. The aim of this study was to examine the impact of a breast cancer diagnosis on patients' religious/spiritual beliefs and practices in the UK where religious practice is different. The study used two methods. One compared the religious/spiritual beliefs and practices of 202 patients newly diagnosed with breast cancer with those of a control group of healthy women (n = 110). The other examined patients' perceived change in religious/spiritual beliefs and practices at the time of surgery with those in the year prior to surgery. The aspects of religiousness/spirituality assessed were: levels of religiosity/spirituality, strength of faith, belief in God as well as private and public practices. Patient's perceived their belief in God, strength of faith and private religious/spiritual practices to have significantly increased shortly after surgery compared with the year prior to surgery. However, there were no significant differences in religious/spiritual beliefs and practices between patients and healthy participants. Change scores demonstrated both a reduction and an increase in religious/spiritual beliefs and practices. Although belief in God, strength of faith and private religious/spiritual practices were perceived by patients to be significantly higher after their cancer diagnosis, no significant differences in religious/spiritual beliefs and practices were found between the cancer group at the time of surgery and the control group. Different methodologies appear to produce different results and may explain contradictions in past US studies. Limitations of this study are discussed and suggestions for future research are made.

Thune-Boyle, I. C., Stygall, J., Keshtgar, M. R., Davidson, T. I. and Newman, S. P. [Unit of Behavioural Medicine, Division of Research Strategy, University College London, UK; i.thune-boyle@ucl.ac.uk]. "**Religious coping strategies in patients diagnosed with breast cancer in the UK.**" *Psycho-Oncology* 20, no. 7 (Jul 2011): 771-782.

[Abstract:] OBJECTIVES: The use of religious/spiritual coping strategies may be particularly prevalent when dealing with the stress of a cancer diagnosis. There has, however, been very little research conducted on this topic outside the USA. Existing measures of coping largely ignore the complexity of religious/spiritual coping and its potential to be adaptive as well as maladaptive. The aim of this study was to examine the prevalence of various religious coping strategies in a UK cancer sample. METHOD: A longitudinal design assessed religious coping strategies in patients newly diagnosed with breast cancer at the time of surgery and at 3 and 12 months post surgery. We recruited 202 patients of which, at 12 months, 160 remained. A non-religious coping measure was included for comparison. RESULTS: The use of religious coping strategies was overall common; up to 73% of patients used positive religious coping to some degree at surgery and up to 53% experienced various religious/spiritual struggles. The use of some religious coping strategies showed differing patterns of change across time while others remained stable. CONCLUSION: Using religious/spiritual resources in the coping process during the early stages of breast cancer appears common in the UK. Patients may benefit from having their spiritual needs addressed as experiencing some form of religious/spiritual struggle may serve as a barrier to illness adjustment. Health-care professionals should also be aware that some religious coping strategies may be more prevalent at different times during the first year of illness.

Tran, T. V., Chan, K. and Nguyen, T. N. [Graduate School of Social Work, Boston College, Chestnut Hill, MA; vantran@bc.edu]. "**Reliability and validity of a bilingual measure of religiosity in English and Vietnamese: preliminary results from a pilot study.**" *Psychological Reports* 108, no. 3 (Jun 2011): 756-762.

[Abstract:] This study reports preliminary psychometric findings for a seven-item religiosity scale in a community-based sample of Vietnamese Americans ages 18 to 83 years (N = 119; 58% women, 42% men). A bilingual survey was distributed to Vietnamese who were evacuated during Hurricane Katrina and had returned after the disaster. Internal consistency, factorial structure validity, and criterion validity were evaluated on the scale items. The bilingual scale had good internal consistency. While exploratory and confirmatory factor analysis results provided support for a two-factor structure which captured Religious Involvement and Religious Coping, a one-factor model had slightly better

fit. Individuals who scored high on the religiosity scale reported a significantly lower score on their stressful experiences during the hurricane, providing evidence of criterion validity.

Trevino, K. M., Archambault, E., Schuster, J. L., Hilgeman, M. M. and Moye, J. [Psychosocial Oncology and Palliative Care, Dana Farber Cancer Institute, Boston, MA; trevino.kelly@gmail.com]. **"Religiosity and spirituality in military veteran cancer survivors: a qualitative perspective."** *Journal of Psychosocial Oncology* 29, no. 6 (Nov 2011): 619-935.

[Abstract:] Religiosity/spirituality (R/S) is often involved in coping with cancer. Qualitative research effectively captures the individuality of R/S constructs. Fourteen military veteran cancer survivors participated in focus groups. R/S questions included "How have your religious/spiritual beliefs affected how you cope with your cancer" and "How have your religious/spiritual beliefs changed as a result of your experience with cancer?" Five primary themes emerged: impact of cancer on R/S, meaning-making, prayer, religious/spiritual role of others, and facing death. Consistency and individuality characterized the role of R/S in cancer survivorship across themes. Implications for future research are discussed.

Trinkaus, M., Burman, D., Barmala, N., Rodin, G., Jones, J., Lo, C. and Zimmermann, C. [Division of Medical Oncology and Haematology, Department of Medicine, University of Toronto, Canada]. **"Spirituality and use of complementary therapies for cure in advanced cancer."** *Psycho-Oncology* 20, no. 7 (Jul 2011): 746-754.

[Abstract:] OBJECTIVE: Complementary and alternative medicine (CAM) is frequently used by patients with advanced cancer, for a variety of reasons. We examined the use of CAM in this population, and associations of use for potential cure with spiritual faith and existential well-being. METHODS: Patients with advanced cancer on a palliative care unit completed a measure of spiritual well-being (existential well-being and faith), and a survey assessing complementary therapy use and reasons for such use. Information was also gathered on demographic data, previous cancer treatment, performance status, and symptom distress. Regression analyses assessed the association between the spirituality domains of existential well-being and faith, and the use of CAM for cure. RESULTS: Of 123 participants, 85% had used CAM, 42% with curative intent. More than 95% would consider future use of CAM, 48% for potential cure. Previous use for cure predicted current interest in using CAM for cure ($p < 0.0001$). Spiritual faith was associated with previous ($p < 0.02$) and interest in future use for cure ($p < 0.0001$). Poor existential well-being was associated with interest in future use of CAM for cure ($p = 0.04$). CONCLUSIONS: Interest in considering CAM for cure was relatively high in this group of inpatients on a palliative care unit, and was associated with increased spiritual faith and decreased existential well-being. Understanding factors associated with seeking CAM for cure may help health-care professionals to support and educate patients with advanced cancer.

Troutman, M., Nies, M. A. and Mavellia, H. [School of Nursing, College of Health and Human Services, University of North Carolina at Charlotte; Meredith.Troutman@uncc.edu]. **"Perceptions of successful aging in Black older adults."** *Journal of Psychosocial Nursing & Mental Health Services* 49, no. 1 (Jan 2011): 28-34.

[Abstract:] Successful aging is important; however, there is a lack of knowledge on how to promote successful aging in Black older adults. In this study, which examined Black older adults' perceptions of successful aging, a cross-sectional descriptive design was used to examine the psychometric properties of the Successful Aging Inventory and qualitative characteristics of successful aging in 100 Black older adults. The participants' responses to an open-ended question, "What does successful aging mean to you?" revealed relevant aspects of successful aging. Six broad categories emerged: Independence/Ability, Health, Mindset, Activity/Service, Family, and Spirituality. These categories suggest foci for potential interventions to promote successful aging in Black older adults.

Tsai, J. and Rosenheck, R. A. [Department of Psychiatry, Yale University, New Haven, CT; jack.tsai@yale.edu]. **"Religiosity among adults who are chronically homeless: association with clinical and psychosocial outcomes."** *Psychiatric Services* 62, no. 10 (Oct 2011): 1222-1224.

[Abstract:] OBJECTIVE: This study examined changes in religious faith among homeless people enrolled in a supported housing program and their association with clinical and psychosocial outcomes. METHODS: A total of 582 clients at 11 sites were separated into three groups based on whether they reported a decrease, an increase, or no change in their religiosity scores at one-year follow-up. Groups were compared on outcomes controlled for baseline measures. RESULTS: At one-year follow-up, participants who gained faith reported doing more volunteer work, being more engaged in community activities, and having a higher quality of life than those who lost faith. Participants who reported a large gain in faith had better mental health ratings than those who reported a large loss in faith. CONCLUSIONS: Religious faith is a correlate of improvement among chronically homeless adults and may influence clinical and psychosocial outcomes.

Turner, S. [Chaplaincy-Spiritual Care, Central Manchester University Hospital, UK; ijpn@markallengroup.com]. **"Dying matters, faith matters: the role of chaplains at the end of life."** *International Journal of Palliative Nursing* 17, no. 4 (Apr 2011): 161-162.

This is an editorial covering generally the role of chaplains in this context.

Unalacak, M., Kara, I. H., Baltaci, D., Erdem, O. and Bucaktepe, P. G. [Medical Faculty, Department of Family Medicine, Eskisehir Osmangazi University, Eskisehir, Turkey; drunalacak@yahoo.com]. **"Effects of Ramadan fasting on biochemical and hematological parameters and cytokines in healthy and obese individuals."** *Metabolic Syndrome & Related Disorders* 9, no. 2 (Apr 2011): 157-161.

[Abstract:] BACKGROUND: The typical nutritional plan in Ramadan may have beneficial influences on the inflammatory state, as well as on metabolic and anthropometric parameters. We aimed to investigate the effects of Ramadan fasting on biochemical and hematological parameters and cytokines in healthy and obese individuals. METHODS: This study was performed during the Ramadan holy month (September and October 2007). The study group consisted of 10 obese males and the control group consisted of 10 males with a normal body mass index (BMI), who were admitted to the Family Medicine Outpatient Clinic of Dicle University Medical Faculty in Diyarbakir, Turkey, and who indicated that they were going to fast throughout the entire month of Ramadan. Individuals with any acute or chronic disease or medication during the study were excluded. Height, weight, BMI, and waist and hip circumferences were measured. High-density lipoprotein cholesterol (HDL-C) and low-density lipoprotein cholesterol (LDL-C), triglyceride (TG), urea, creatinine, insulin, total protein, albumin, C-reactive protein (CRP), lactic dehydrogenase (LDH), alanine aminotransferase (ALT), aspartate aminotransferase (AST), and cytokine levels were evaluated. RESULTS: The average age of the participants was 27.4 +/- 5.2 years. Of the study group, 7 fulfilled the criteria of metabolic

syndrome. Significant weight reduction, significant decrease in BMI, and significant decrease of homeostasis model assessment of insulin resistance (HOMA-IR) and fasting blood glucose (FBG) were observed in study group; weight and BMI reduction were insignificant and no significant change was observed in FBG levels, but a significant increase was observed in HOMA-IR in the control group. Post-Ramadan systolic and diastolic blood pressure values, serum white blood cells (WBC) count, interleukin-2 (IL-2), IL-8, tumor necrosis factor-alpha (TNF-alpha, TG, and ALT levels were significantly lower in both groups compared to pre-Ramadan values. CONCLUSION: Ramadan fasting has beneficial influences on the inflammatory state, as well as metabolic and anthropometric

Unruh, A. and Hutchinson, S. [School of Health & Human Performance, Dalhousie University, Halifax, Canada; anita.unruh@dal.ca]. **"Embedded spirituality: gardening in daily life and stressful life experiences."** *Scandinavian Journal of Caring Sciences* 25, no. 3 (Sep 2011): 567-574.

[Abstract:] BACKGROUND: There is a limited body of research examining the relationship between spirituality and leisure, or the impact of leisure in the context of daily life, and life with stressful events. AIM: To examine the meaning of gardens and gardening across different life experiences using hermeneutic phenomenology to focus on the lived experience of leisure gardening. METHODS: Most participants were interviewed once in each season over a 1 year period usually in their home. There were 42 participants (27 women and 15 men) in this study. Fifteen individuals had been diagnosed with cancer and were in varying stages of diagnosis and treatment. Three people had a chronic and progressive disease. Four women were grieving the death of their spouse. Participants ranged in age from 32 to 80 years. RESULTS: In this paper, we focus on the spirituality-related themes in this study: spirituality as connectedness; spirituality as an expression of inner being; the garden as a spiritual place and gardening as spiritual activity; gardening as a spiritual journey; and, stewardship. Participants with religious views saw their garden as an extension of their spirituality and a confirmation of their beliefs. Participants with secular or sacred views of spirituality that was not related to any religious beliefs were more likely to embed their spirituality in their relationship with nature as manifested in their garden. CONCLUSION: This study extends current theory regarding leisure and its contribution to meaning focused coping, and spirituality as a significant component of leisure in living with stressful health and life events.

Vahia, I. V., Chattillion, E., Kavirajan, H. and Depp, C. A. [Stein Institute for Research on Aging, University of California-San Diego, La Jolla, CA; ivahia@ucsd.edu]. **"Psychological protective factors across the lifespan: implications for psychiatry."** *Psychiatric Clinics of North America* 34, no. 1 (Mar 2011): 231-248.

[Abstract:] Although there are many challenges in operationally defining and measuring positive psychological constructs, there is accumulating evidence that optimism, resilience, positive attitudes toward aging, and spirituality are related to reduced risk for morbidity and mortality in older age. This article reviews the definition, measurement, associations, and putative mechanisms of selected positive psychological constructs on subjective and objective indicators of health with a focus on the latter half of the lifespan.

Vahia, I. V., Depp, C. A., Palmer, B. W., Fellows, I., Golshan, S., Thompson, W., Allison, M. and Jeste, D. V. [Stein Institute for Research on Aging, University of California, San Diego, La Jolla; ivahia@ucsd.edu]. **"Correlates of spirituality in older women."** *Aging & Mental Health* 15, no. 1 (Jan 2011): 97-102.

[Abstract:] INTRODUCTION: The role of spirituality in the context of mental health and successful aging is not well understood. In a sample of community-dwelling older women enrolled at the San Diego site of the Women's Health Initiative study, we examined the association between spirituality and a range of variables associated with successful cognitive and emotional aging, including optimism, resilience, depression, and health-related quality of life (HRQoL). METHODS: A detailed cross-sectional survey questionnaire on successful aging was completed by 1973 older women. It included multiple self-reported measures of positive psychological functioning (e.g., resilience and optimism), as well as depression and HRQoL. Spirituality was measured using a five-item self-report scale constructed using two items from the Brief Multidimensional Measure of Religiosity/Spirituality and three items from Hoge's Intrinsic Religious Motivation Scale. RESULTS: Overall, 40% women reported regular attendance in organized religious practice, and 53% reported engaging in private spiritual practices. Several variables were significantly related to spirituality in bivariate associations; however, using model testing, spirituality was significantly associated only with higher resilience, lower income, lower education, and lower likelihood of being in a marital or committed relationship. CONCLUSIONS: Our findings point to a role for spirituality in promoting resilience to stressors, possibly to a greater degree in persons with lower income and education level. Future longitudinal studies are needed to confirm these associations.

Van Wieren, A. J. [andrew_van_wieren@brown.edu]. **"A piece of my mind. Shall we pray?"** *JAMA* 305, no. 9 (Mar 2, 2011): 865-866.

This brief piece is a personal recollection of a physician of his coming to an understanding of the role of religion in the lives of patients and those who are charged to care for them.

Vance, D. E., Brennan, M., Enah, C., Smith, G. L. and Kaur, J. [School of Nursing, University of Alabama at Birmingham]. **"Religion, spirituality, and older adults with HIV: critical personal and social resources for an aging epidemic."** *Clinical Interventions in Aging* 6 (2011): 101-109.

[Abstract:] By 2015, approximately half of adults with HIV in the United States will be 50 and older. The demographic changes in this population due to successful treatment represent a unique challenge, not only in assisting these individuals to cope with their illness, but also in helping them to age successfully with this disease. Religious involvement and spirituality have been observed to promote successful aging in the general population and help those with HIV cope with their disease, yet little is known about how these resources may affect aging with HIV. Also, inherent barriers such as HIV stigma and ageism may prevent people from benefitting from religious and spiritual sources of solace as they age with HIV. In this paper, we present a model of barriers to successful aging with HIV, along with a discussion of how spirituality and religiousness may help people overcome these barriers. From this synthesis, implications for practice and research to improve the quality of life of this aging population are provided.

Vaughan, E. L., de Dios, M. A., Steinfeldt, J. A. and Kratz, L. M. [Department of Counseling and Educational Psychology, Indiana University, Bloomington; elvaugh@indiana.edu]. **"Religiosity, alcohol use attitudes, and alcohol use in a national sample of adolescents."** *Psychology of Addictive Behaviors* 25, no. 3 (Sep 2011): 547-553.

[Abstract:] The purpose of this study was to investigate alcohol use attitudes as a mediator of the relationship between religiosity and the frequency of past month alcohol use in a national sample of adolescents. Data were drawn from 18,314 adolescents who participated in the

2006 and 2007 National Survey on Drug Use and Health. Variables included religiosity, alcohol use attitudes, and past month frequency of alcohol use. Structural equation modeling was used to test alcohol use attitudes as a mediator of the relationship between religiosity and frequency of alcohol use and to test model invariance across 4 racial/ethnic groups. Results suggest that alcohol use attitudes partially mediate the relationship between religiosity and frequency of alcohol use. Furthermore, while the pattern of these relationships is similar across racial/ethnic groups, the magnitude of alcohol use attitudes on frequency of alcohol use differed. Implications for prevention programs include targeting alcohol use attitudes in a variety of settings.

Vermandere, M., De Lepeleire, J., Smeets, L., Hannes, K., Van Mechelen, W., Warmenhoven, F., van Rijswijk, E. and Aertgeerts, B. [Academic Center for General Practice, Leuven, Belgium; Mieke.Vermandere@med.kuleuven.be]. **"Spirituality in general practice: a qualitative evidence synthesis."** *British Journal of General Practice* 61, no. 592 (Nov 2011): e749-760.

[Abstract:] BACKGROUND: Although it is now common to see spirituality as an integral part of health care, little is known about how to deal with this topic in daily practice. AIM: To investigate the literature about GPs' views on their role in spiritual care, and about their perceived barriers and facilitating factors in assessing spiritual needs. DESIGN: Qualitative evidence synthesis. METHOD: The primary data sources searched were MEDLINE, Web of Science, CINAHL, Embase, and ATLA Religion Database. Qualitative studies that described the views of GPs on their role in providing spiritual care, or that described the barriers and facilitating factors they experience in doing so, were included. Quantitative studies, descriptive papers, editorials, and opinion papers were excluded. RESULTS: Most GPs see it as their role to identify and assess patients' spiritual needs, despite perceived barriers such as lack of time and specific training. However, they struggle with spiritual language and experience feelings of discomfort and fear that patients will refuse to engage in the discussion. Communicating willingness to engage in spiritual care, using a non-judgmental approach, facilitates spiritual conversations. CONCLUSION: The results of the studies included here were mostly congruent, affirming that many GPs see themselves as supporters of patients' spiritual wellbeing, but lack specific knowledge, skills, and attitudes to perform a spiritual assessment and to provide spiritual care. Spirituality may be of special consequence at the end of life, with an increased search for meaning. Actively addressing spiritual issues fits into the biopsychosocial-spiritual model of care. Further research is needed to clarify the role of the GP as a spiritual care giver.

Vlasblom, J. P., van der Steen, J. T., Knol, D. L. and Jochemsen, H. [Ikazia Hospital, Department of Spiritual and Pastoral Care, The Netherlands; jap.vlasblom@ikazia.nl]. **"Effects of a spiritual care training for nurses."** *Nurse Education Today* 31, no. 8 (Nov 2011): 790-796.

[Abstract:] Despite the fact that spiritual care is an essential part of nursing care according to many nursing definitions, it appears to be quite different in practice. A spirituality training for nurses may be necessary to give spiritual care the attention it deserves. In a trial a pre-tested "spirituality and nursing care" training was provided to nurses from four different nursing wards in a non-academic, urban hospital. Prior to the training and six weeks after the training, nurses and all patients were asked to fill up a questionnaire. In addition, the number of referrals from nurses to the chaplaincy was examined. Compared to before (n=44 patients), after the training (n=31), the patients from the intervention wards experienced more receptiveness and support when asking questions about illness and meaning. There were also specific changes in nurses' attitudes and knowledge, changes in clinical practice such as documenting spiritual needs and the number of referrals to the chaplains was higher. The results indicate that a training in spiritual care for nurses may have positive effects on health care that patients can experience.

Volker, D. L. and Wu, H. L. [University of Texas at Austin, School of Nursing; dvolker@mail.nur.utexas.edu]. **"Cancer patients' preferences for control at the end of life."** *Qualitative Health Research* 21, no. 12 (Dec 2011): 1618-1631.

[From the abstract:] Using a hermeneutic, phenomenological approach, we interviewed 20 patients with advanced cancer and uncovered two themes: (a) preferences for everyday control over treatment decisions, family issues, final days of life, and arrangements after death, vs. (b) awareness that cancer and death are controlled by a higher power. [See especially the section, God Controls Our Lives, on pp. 1625-1626.]

Waldron-Perrine, B., Rapport, L. J., Hanks, R. A., Lumley, M., Meachen, S. J. and Hubbarth, P. [Department of Psychology, Wayne State University, Detroit, MI]. **"Religion and spirituality in rehabilitation outcomes among individuals with traumatic brain injury."** *Rehabilitation Psychology* 56, no. 2 (May 2011): 107-116.

[Abstract:] OBJECTIVE: The long-term consequences of traumatic brain injury affect millions of Americans, many of whom report using religion and spirituality to cope. Little research, however, has investigated how various elements of the religious and spiritual belief systems affect rehabilitation outcomes. The present study sought to assess the use of specifically defined elements of religion and spirituality as psychosocial resources in a sample of traumatically brain injured adults. PARTICIPANTS: The sample included 88 adults with brain injury from 1 to 20 years post injury and their knowledgeable significant others (SOs). The majority of the participants with brain injury were male (76%), African American (75%) and Christian (76%). MEASURES: Participants subjectively reported on their religious/spiritual beliefs and psychosocial resources as well as their current physical and psychological status. Significant others reported objective rehabilitation outcomes. ANALYSES: Hierarchical multiple regression analyses were used to determine the proportion of variance in outcomes accounted for by demographic, injury related, psychosocial and religious/spiritual variables. RESULTS: The results indicate that religious well-being (a sense of connection to a higher power) was a unique predictor for life satisfaction, distress and functional ability whereas public religious practice and existential well-being were not. CONCLUSIONS: The findings of this project indicate that specific facets of religious and spiritual belief systems do play direct and unique roles in predicting rehabilitation outcomes whereas religious activity does not. Notably, a self-reported individual connection to a higher power was an extremely robust predictor of both subjective and objective outcome.

Waldrop, D. P., O'Connor, T. L. and Trabold, N. [University at Buffalo School of Social Work, Buffalo, NY; dwaldrop@buffalo.edu]. **"Waiting for the other shoe to drop: distress and coping during and after treatment for breast cancer."** *Journal of Psychosocial Oncology* 29, 4 (Jul-Aug 2011): 450-473.

Among the findings of this study of 50 patients using interviews and questionnaires was that the participants' coping involved activity-based strategies, cognitive strategies, and spiritual strategies. "Spiritual strategies were expressed as the use of religious rituals such as attending church, prayer, or meditation and as activities that connected the challenges of treatment and survivorship with new meaning in life. One participant illustrated, 'I would say overall what I used to cope was my faith and my trust and my belief. We are all going to die at some point, this might be my point but the important thing is to know where I'm going when I die.' Another participant illustrates how faith practices are ways of coping, 'I just prayed. I'm Catholic, I don't know if I'm a real great Catholic but my faith came in. I think it was able to sustain me and I just had a peace of mind; things were going to work each step of the way.' Finally, the words of one survivor illuminate how the experience of

treatment gives new perspective, 'We laugh and talk about how important life is.' Spiritual strategies integrate thought, emotion, and action with conscious choices and directed behaviors to ease distress." [p. 468]

Walsh, R. [University of California, Irvine College of Medicine; rwalsh@uci.edu]. "**Lifestyle and mental health.**" *American Psychologist* 66, no. 7 (Oct 2011): 579-592.

This review looks at therapeutic lifestyle changes (TLCs) which are "underutilized despite considerable evidence of their effectiveness in both clinical and normal populations" [p. 579, abstract]. Among the TLCs considered is religious or spiritual involvement, which is discussed on pp. 586-587.

Walulu, R. N. [University of Texas Health Science Center at San Antonio, School of Nursing, Family & Community Health Systems, San Antonio; walulu@uthscsa.edu]. "**Role of spirituality in HIV-infected mothers.**" *Issues in Mental Health Nursing* 32, no. 6 (2011): 382-384.

[Abstract:] The purpose of this study was to describe the processes by which HIV-infected mothers manage mothering. A semi-structured guide was used to facilitate discussion from a convenience sample of 15 mothers. The core category was "The Process of Living for My Children." "Leaning on God" was a part of "Taking Care of Myself" and reflected the ways in which the mothers used spiritual aspects to manage mothering and live with HIV infection. Leaning on God was an important tool in managing mothering and self-care. Health care providers can enhance this tool by being aware of their own values and beliefs.

Warber, S. L., Ingerman, S., Moura, V. L., Wunder, J., Northrop, A., Gillespie, B. W., Durda, K., Smith, K., Rhodes, K. S. and Rubenfire, M. [Department of Family Medicine, University of Michigan, Ann Arbor; swarber@umich.edu]. "**Healing the heart: a randomized pilot study of a spiritual retreat for depression in acute coronary syndrome patients.**" *Explore: The Journal of Science & Healing* 7, no. 4 (Jul-Aug 2011): 222-233.

[Abstract:] BACKGROUND: Depression is associated with increased risk of cardiovascular morbidity and mortality in coronary heart disease. Numerous conventional and complementary therapies may address depression. Few involving spirituality have been tested. OBJECTIVE: The aim of this study was to compare the effects of a nondenominational spiritual retreat, Medicine for the Earth (MFTE), on depression and other measures of well-being six- to 18-months post acute coronary syndrome (ACS). DESIGN/SETTING: A randomized controlled pilot study of MFTE, Lifestyle Change Program (LCP), or usual cardiac care (control) was conducted in Southeastern Michigan. PARTICIPANTS: ACS patients were recruited via local and national advertising (n = 58 enrolled, 41 completed). INTERVENTIONS: The four-day MFTE intervention included guided imagery, meditation, drumming, journal writing, and nature-based activities. The four-day LCP included nutrition education, exercise, and stress management. Both retreat groups received follow-up phone coaching biweekly for three months. MAIN OUTCOME MEASURES: Validated self-report scales of depression, spiritual well-being, perceived stress, and hope were collected at baseline, immediately post-retreat, and at three and six months. RESULTS: Depression was not significantly different among groups (P = .21). However, the MFTE group had the highest depression scores at baseline and had significantly lower scores at all postintervention time points (P <= .002). Hope significantly improved among MFTE participants, an effect that persisted at three- and six-month follow-up (P = .014). Although several measures showed improvement in all groups by six months, the MFTE group had immediate improvement post-retreat, which was maintained. CONCLUSIONS: This pilot study shows that a nondenominational spiritual retreat, MFTE, can be used to increase hope while reducing depression in patients with ACS.

Ward, T. D. [Duke University, School of Nursing, Durham, NC; terry.ward@duke.edu]. "**The lived experience of adults with bipolar disorder and comorbid substance use disorder.**" *Issues in Mental Health Nursing* 32, no. 1 (2011): 20-27.

This qualitative study of 12 individuals identified Spiritual Support as one of six themes. "Participants defined the perceived, personally supportive components of their relationship with God as spiritual support. The participants in this study were all residents of an alcohol recovery program in which they were actively engaged in a 12- step recovery program. The 12-step program provided a set of guiding principles in which individuals affected by substance abuse willingly submit their will and lives over to a higher power or God. The study participants were spending time daily connecting with their higher power, seeking comfort, support, understanding, unconditional love, and forgiveness. They all spoke of reading the Bible, and some spoke of worshipping at a local church. Participants believed this gave them the support and strength needed to manage living with bipolar disorder and a substance use disorder. ...All the participants identified God as a higher power in their lives and found comfort in knowing that the support and unconditional acceptance of God was available to them. Their personal relationship with God contributed to their sense of well-being. Through prayer and meditation, participants believed they were able to face life's challenges without the residue of their past. ...The participants spoke of their belief in God as motivating. Spiritual support meant that no matter what problem they had, God would be there for them. Participants believed strongly and deeply in their higher power. They voiced feeling as if though God was always listening, and they were able to maintain open communication and connection with God through an active prayer life." (pp. 24-25)

Watts, G. [University of Sydney, Australia; gwatts19@bigpond.net.au]. "**Intellectual disability and spiritual development.**" *Journal of Intellectual & Developmental Disability* 36, no. 4 (Dec 2011): 234-241.

[Abstract:] Linking the concepts of intellectual disability and spiritual development creates a challenging mixture of sociological and theological issues. Formal definitions of the concepts can be less than conclusive but it remains a fundamental issue to consider if there may be some minimal level of intellectual competence below which it is not feasible to anticipate a spiritual awareness. This issue is particularly challenging in the context of those with a profound level of intellectual disability. The acknowledgement of an inner spiritual state, which some call soul, is pivotal to addressing this challenge. It is then proposed that through reference to the language of symbols, to the openness of a child-like mindset, and to the influence of close personal relationships, spiritual awareness may be stimulated and developed.

Webb, M., Charbonneau, A. M., McCann, R. A. and Gayle, K. R. [Seattle Pacific University, Seattle, WA; marcia@spu.edu]. "**Struggling and enduring with God, religious support, and recovery from severe mental illness.**" *Journal of Clinical Psychology* 67, no. 12 (Dec 2011): 1161-1176

[Abstract:] OBJECTIVES: People with severe mental illnesses may achieve varying degrees of recovery, including symptom reduction and community integration. Research also indicates that religiosity facilitates coping with psychological disorders. In this study, we assessed the relationship between religiosity and recovery from severe mental illnesses. DESIGN: Self-report data were collected from 81 participants with severe mental illnesses. We measured recovery, religious support, and participants' struggle or endurance with faith. RESULTS: Religious

support and enduring with faith were positively associated with recovery. Struggling was negatively associated with recovery, and that relationship was mediated by religious support. CONCLUSIONS: Religious variables, including religious support and spiritual struggle, might affect recovery from severe mental illnesses.

Weidner, N. J., Cameron, M., Lee, R. C., McBride, J., Mathias, E. J. and Byczkowski, T. L. [Cincinnati Children's Hospital Medical Center, OH; norbert.weidner@cchmc.org]. **"End-of-life care for the dying child: what matters most to parents."** *Journal of Palliative Care* 27, no. 4 (2011): 279-286.

[From the abstract:] OBJECTIVE: To identify and define the dimensions of pediatric end-of-life (EOL) care that are important to parents. POPULATION: Parents of children who died as a result of an illness, chronic condition, or birth defect while receiving EOL care in hospital or at home in 2004 and 2005. DESIGN: Qualitative data derived from semi-structured and focus group interviews were analyzed using content analysis. SETTING: A large pediatric hospital located in the Midwestern United States. RESULTS: Seven dimensions of pediatric EOL care were identified--respect for the family's role, comfort, spiritual care, access to care and resources, communication, support for parental decision making, and caring/ humanism.

Weitzel, T., Robinson, S., Barnes, M. R., Berry, T. A., Holmes, J. M., Mercer, S., Foster, T., Allen, L., Victor, D. A., Vollmer, C. M., Steinkruger, K., Friedrich, L. A., Plunkett, D. and Kirkbride, G. L. [Memorial Medical Center, Springfield, IL]. **"The special needs of the hospitalized patient with dementia."** *MEDSURG Nursing* 20, no. 1 (Jan-Feb 2011): 13-18; quiz on p. 19.

This brief overview includes a section on Spiritual Needs [p. 17] which distinguishes spirituality from religion and offers an anecdote of a chaplain's work with a patient.

Weitzner, E., Surca, S., Wiese, S., Dion, A., Roussos, Z., Renwick, R. and Yoshida, K. [University of Toronto, Toronto, Canada]. **"Getting on with life: positive experiences of living with a spinal cord injury."** *Qualitative Health Research* 21, no. 11 (Nov 2011): 1455-1468.

Among the findings of this secondary analysis of data from another study [from the abstract:] ...several aspects of the participants' situations were found to facilitate this positive view and/or use of disability: personality, spirituality, support systems, and acceptance of one's disability....

West, L. M., Davis, T. A., Thompson, M. P. and Kaslow, N. J. [Emory Department of Psychiatry and Behavioral Sciences, Grady Health System, Atlanta, GA]. **"'Let me count the ways:' fostering reasons for living among low-income, suicidal, African American women."** *Suicide & Life-Threatening Behavior* 41, no. 5 (Oct 2011): 491-500.

[Abstract:] Protective factors for fostering reasons for living were examined among low-income, suicidal, African American women. Bivariate logistic regressions revealed that higher levels of optimism, spiritual well-being, and family social support predicted reasons for living. Multivariate logistic regressions indicated that spiritual well-being showed unique predictive value for reasons for living. Further, the multivariate model accurately predicted reasons for living 72% of the time. Partial support was found for a cumulative protective model hypothesizing a linear relationship between the number of protective factors endorsed and increased reasons for living. Implications for community-based preventive and recovery-oriented intervention efforts and future research are discussed.

Whipple, K., Combs, S., Dowd, D. and Elliott, S. [Department of Health & Applied Human Sciences, University of North Carolina-Wilmington; whipplek@uncw.edu]. **"Using the dimensions of health to assess motivation among running moms."** *Health Care for Women International* 32, no. 5 (May 2011): 384-401.

Researchers reanalyzed existing data from a previous study that interviewed noncompeting athletes. Among the findings: "Training for a marathon contributed to participants' spiritual health in the following ways: (a) giving participants a sense of meaning or purpose; (b) using training as alone time or spiritual time for reflection and prayer; (c) giving participants a sense of commitment and accomplishment; and (d) allowing participants to redefine self. [p. 390]. See the discussion of spiritual dynamics on pp. 390-391. The authors use as their definition of spirituality: "having a high level of hope, faith, and commitment to a belief system that provides an internal sense of meaning and purpose of existence." [p. 386]

White, M. L., Peters, R. and Schim, S. M. [University of Detroit]. **"Spirituality and spiritual self-care: expanding self-care deficit nursing theory."** *Nursing Science Quarterly* 24, no. 1 (Jan 2011): 48-56.

[Abstract:] The authors propose an integration of the concepts of spirituality and spiritual self-care within Orem's self-care deficit nursing theory as a critical step in theory development. Theoretical clarity is needed to understand the contributions of spirituality to health and well-being. Spirituality is the beliefs persons hold related to their subjective sense of existential connectedness including beliefs that reflect relationships with others, acknowledge a higher power, recognize an individual's place in the world, and lead to spiritual practices. Spiritual self-care is the set of spiritually-based practices in which people engage to promote continued personal development and well-being in health and illness.

Wiebe, A. and Young, B. [School of Public Health, University of Alberta, Edmonton, Canada; adwiebe@ualberta.ca]. **"Parent perspectives from a neonatal intensive care unit: a missing piece of the culturally congruent care puzzle."** *Journal of Transcultural Nursing* 22, no. 1 (Jan 2011): 77-82.

[Abstract:] The majority of existing theoretical models and tools of culturally competent and congruent care have been developed from the health care provider perspective. Recently, the Culturally Congruent Care Puzzle proposed a model in the form of a three-dimensional puzzle with a provider level and a client level that interact to create the outcome level, which is culturally congruent care. However, the constructs that comprise the client, or patient, level, have not yet been clearly articulated. This study explored parent (client/patient) perceptions of culturally congruent care within a tertiary neonatal intensive care unit based on interviews with culturally diverse families with hospitalized infants (n = 21). The findings identified four primary constructs in the client/patient level: (a) a provider-client relationship of caring and trust, (b) respectful and appropriate communication, (c) culturally responsive and accessible social and spiritual supports, and (d) a welcoming and flexible organizational environment. These four interconnecting pieces are infused with the sociopolitical history and dynamics of culture, ethnicity, immigration, and colonization that clients/patients bring to their experience of health and health care. These elements of the client/patient level also interact with the provider level in various ways.

- Wilkes, L., Cioffi, J., Fleming, A. and LeMiere, J. [Clinical Nursing Research Unit, Nepean Hospital, Sydney, Australia]. **"Defining pastoral care for older people in residential care."** *Contemporary Nurse* 37, no. 2 (Feb 2011): 213-221.
 [Abstract:] The concept and definition of pastoral care in aged care remains ambiguous. This paper reports on the defining characteristics and meaning of pastoral care from the perspective of older recipients, their family members and pastoral care workers. Using a qualitative descriptive approach semi-structured in-depth interviews were conducted with 18 pastoral care workers and 11 older people. Transcribed data were analyzed using NVivo software and coded for emerging themes. The defining characteristics of pastoral care that emerged from analysis of transcribed interviews were: a trusting relationship, spiritual support, emotional support and practical support. Findings also portray the role of the pastoral care worker as spiritual guide, confidante, and emotional and practical supporter acting within a trusting relationship. Future studies should confirm these results by exploring the perceptions of experts in the field of pastoral care.
- Williams, J. A., Meltzer, D., Arora, V., Chung, G. and Curlin, F. A. [Pritzker School of Medicine, University of Chicago-Pritzker School of Medicine, Chicago, IL; joshuawilliams@uchicago.edu]. **"Attention to inpatients' religious and spiritual concerns: predictors and association with patient satisfaction."** *Journal of General Internal Medicine* 26, no. 11 (Nov 2011): 1265-1271.
 [Abstract:] BACKGROUND: Little is known about how often patients desire and experience discussions with hospital personnel regarding R/S (religion and spirituality) or what effects such discussions have on patient satisfaction. OBJECTIVE, DESIGN AND PARTICIPANTS: We examined data from the University of Chicago Hospitalist Study, which gathers sociodemographic and clinical information from all consenting general internal medicine patients at the University of Chicago Medical Center. MAIN MEASURES: Primary outcomes were whether or not patients desired to have their religious or spiritual concerns addressed while hospitalized, whether or not anyone talked to them about religious and spiritual issues, and which member of the health care team spoke with them about these issues. Primary predictors were patients' ratings of their religious attendance, their efforts to carry their religious beliefs over into other dealings in life, and their spirituality. KEY RESULTS: Forty-one percent of inpatients desired a discussion of R/S concerns while hospitalized, but only half of those reported having such a discussion. Overall, 32% of inpatients reported having a discussion of their R/S concerns. Religious patients and those experiencing more severe pain were more likely both to desire and to have discussions of spiritual concerns. Patients who had discussions of R/S concerns were more likely to rate their care at the highest level on four different measures of patient satisfaction, regardless of whether or not they said they had desired such a discussion (odds ratios 1.4-2.2, 95% confidence intervals 1.1-3.0). CONCLUSIONS: These data suggest that many more inpatients desire conversations about R/S than have them. Health care professionals might improve patients' overall experience with being hospitalized and patient satisfaction by addressing this unmet patient need. [More about this article may be found in the description on the Research Network of the Association for Clinical Pastoral Education (www.acperesearch.net) --see the August 2011 Article-of-the-Month at <http://www.acperesearch.net/aug11.html>.]
- Williams, M. V., Palar, K. and Derose, K. P. [RAND Corporation, Santa Monica, CA; mwilliam@rand.org]. **"Congregation-based programs to address HIV/AIDS: elements of successful implementation."** *Journal of Urban Health* 88, no. 3 (Jun 2011): 517-532.
 [Abstract:] Religious organizations may be uniquely positioned to address HIV by offering prevention, treatment, or support services to affected populations, but models of effective congregation-based HIV programs in the literature are scarce. This systematic review distills lessons on successfully implementing congregation HIV efforts. Peer-reviewed articles on congregation-based HIV efforts were reviewed against criteria measuring the extent of collaboration, tailoring to the local context, and use of community-based participatory research (CBPR) methods. The effectiveness of congregations' efforts and their capacity to overcome barriers to addressing HIV is also assessed. We found that most congregational efforts focused primarily on HIV prevention, were developed in partnerships with outside organizations and tailored to target audiences, and used CBPR methods. A few more comprehensive programs also provided care and support to people with HIV and/or addressed substance use and mental health needs. We also found that congregational barriers such as HIV stigma and lack of understanding HIV's importance were overcome using various strategies including tailoring programs to be respectful of church doctrine and campaigns to inform clergy and congregations. However, efforts to confront stigma directly were rare, suggesting a need for further research.
- Wilson, K., Mazhar, W., Rojas-Cooley, T., De Rosa, V. and Van Cleve, L. [City of Hope, Duarte, CA; kwilson@coh.org]. **"A glimpse into the lives of 3 children: their cancer journey."** *Journal of Pediatric Oncology Nursing* 28, no. 2 (Mar-Apr 2011): 100-106.
 Three children with advanced cancer are the subjects of this study seeking to understand what they were experiencing and thinking and what interventions seemed helpful. The research employed various measures and interviews. Spirituality is addressed specifically in each case. For example, regarding a 6-year-old boy: "During a conversation about God and heaven, Jake initiated the following discussion: 'You know my mom had a sister who died of cancer when she was a baby. Do you think that she is still a baby or that she grew up in heaven?' When I responded that I did not know, Jake informed me that it was important that I find out 'because other kids like me might have the same question and as my nurse, you should know the answer; once I'm in heaven I'll try to get a message back to you so that you can tell them.' When I asked him what he was hoping for, his answer was, 'If she is a baby it will be like having my little sister living in heaven with me; if she is grown-up it will be like my mom. I don't know which way I would like better.'" [p. 104]
- Wimberly, E. P. [Interdenominational Theological Center, Atlanta, GA]. **"Story telling and managing trauma: health and spirituality at work."** *Journal of Health Care for the Poor & Underserved* 22, no. 3 suppl. (Aug 2011): 48-57.
 [Abstract:] This article presents a narrative or story-telling approach to managing trauma. The emphasis is on helping religious and spiritual caregivers, as first responders, to manage the impact of trauma on victims as well as on their own lives as caregivers. Religious and spiritual caregivers come from a wide range of traditions, including the Judeo-Christian and Muslim faiths and self-help frameworks that draw on creation spirituality. The aims of this presentation are (1) to define trauma, (2) to review the literature supporting evidenced-based trauma intervention and its importance to narrative intervention, (3) to examine the impact that trauma has on first responders, and (4) to present a narrative or story-telling model of managing the impact that trauma has on the lives of those suffering from traumatic events as well as the impact of trauma on the lives of religious and spiritual caregivers.
- Winkelman, W. D., Lauderdale, K., Balboni, M. J., Phelps, A. C., Peteet, J. R., Block, S. D., Kachnic, L. A., VanderWeele, T. J. and Balboni, T. A. [Harvard Medical School, Boston, MA]. **"The relationship of spiritual concerns to the quality of life of advanced cancer patients: preliminary findings."** *Journal of Palliative Medicine* 14, no. 9 (Sep 2011): 1022-1028.

[Abstract:] PURPOSE: Religion and/or spirituality (R/S) have increasingly been recognized as key elements in patients' experience of advanced illness. This study examines the relationship of spiritual concerns (SCs) to quality of life (QOL) in patients with advanced cancer. PATIENTS AND METHODS: Patients were recruited between March 3, 2006 and April 14, 2008 as part of a survey-based study of 69 cancer patients receiving palliative radiotherapy. Sixteen SCs were assessed, including 11 items assessing spiritual struggles (e.g., feeling abandoned by God) and 5 items assessing spiritual seeking (e.g., seeking forgiveness, thinking about what gives meaning in life). The relationship of SCs to patient QOL domains was examined using univariable and multivariable regression analysis. RESULTS: Most patients (86%) endorsed one or more SCs, with a median of 4 per patient. Younger age was associated with a greater burden of SCs ($\beta = -0.01$, $p = 0.006$). Total spiritual struggles, spiritual seeking, and SCs were each associated with worse psychological QOL ($\beta = -1.11$, $p = 0.01$; $\beta = -1.67$, $p < 0.05$; and $\beta = -1.06$, $p < 0.001$). One of the most common forms of spiritual seeking (endorsed by 54%)--thinking about what gives meaning to life--was associated with worse psychological and overall QOL ($\beta = -5.75$, $p = 0.02$; $\beta = -12.94$, $p = 0.02$). Most patients (86%) believed it was important for health care professionals to consider patient SCs within the medical setting. CONCLUSIONS: SCs are associated with poorer QOL among advanced cancer patients. Furthermore, most patients view attention to SCs as an important part of medical care. These findings underscore the important role of spiritual care in palliative cancer management.

Winter-Pfandler, U. and Morgenthaler C. [Swiss Institute of Pastoral Sociology St. Gallen, Switzerland; u.winter@gmx.ch]. "**Who needs chaplain's visitation in general hospitals? Assessing patients with psychosocial and religious needs.**" *Journal of Pastoral Care & Counseling* 65, nos. 1-2 (Spring-Summer 2011): 2.1-9 [electronic journal article/page designation].

[Abstract:] Owing to the declining length of patients' hospital stay in recent years, chaplains need evidence-based criteria to decide which patients are likely to have the greatest psychosocial and/or religious-spiritual needs. Therefore, the present pilot study aims at sorting out evidence-based criteria to assess patients with lack of coping resources. A total of 610 patients in the German-speaking part of Switzerland were surveyed with regard to their psychosocial health. The results suggest that lack of vitality (including health condition), lack of support and lack of faith (including spiritual struggle) are valid and reliable criteria for chaplains as internal triggers for pastoral visitation.

Wittenberg-Lyles, E., Demiris, G., Oliver, D. P. and Burt, S. [Department of Communication Studies, University of North Texas, Denton; lyles@unt.edu]. "**Reciprocal suffering: caregiver concerns during hospice care.**" *Journal of Pain & Symptom Management* 41, no. 2 (Feb 2011): 383-393.

[Abstract:] CONTEXT: For many hospice caregivers, the constancy and difficulty of caregiving impact their physical quality of life and cause depression, psychological distress, guilt, loneliness, and restrictions on social activities. OBJECTIVES: Deviating from traditional unidimensional research on hospice caregivers, this study explored the transactional nature of reciprocal suffering by examining caregiver concerns through four dimensions: physical, psychological, social, and spiritual. METHODS: Researchers analyzed audiotapes of intervention discussions between hospice caregivers and research social workers. RESULTS: Results indicated that, of the 125 pain talk utterances, most referenced psychological concern (49%), followed by physical (28%), social (22%), and spiritual (2%) concerns. Reflections on concerns revealed a global perspective of caregiving, which highlighted the patient's needs juxtaposed to the caregiver's recognized limitations. CONCLUSION: By examining the reciprocal nature of suffering for caregivers, this study reinforced the need for assessing caregivers in hospice care, with specific emphasis on the importance of providing caregiver education on pain management.

Wooster, J., Eshel, A., Moore, A., Mishra, M., Toledo, C., Uhl, G. and Aguero, L. W. [Centers for Disease Control and Prevention, Department of Health and Human Services in Atlanta, GA]. "**Opening up their doors: perspectives on the involvement of the African American faith community in HIV prevention in four communities.**" *Health Promotion Practice* 12, no. 5 (Sep 2011): 769-778.

[Abstract:] In 1998, the U.S. government launched the Minority AIDS Initiative (MAI) to address growing ethnic and racial disparities in HIV/AIDS cases. The CDC performed an evaluation of its MAI-funded programs, including an assessment of community stakeholders' perspective on the involvement of the faith community in HIV prevention. Individual interviews (N = 113) were conducted annually over 3 years in four communities. The majority of participants described a change in faith community's attitudes toward HIV and a rise in HIV-related activities conducted by faith-based organizations. Participants attributed changes to faith-based funding, acknowledgment by African American community leadership that HIV is a serious health issue, and faith leaders' desire to become more educated on HIV/AIDS. Participants reported conservative faith doctrine and stigma as barriers to faith community involvement. The findings suggest that although barriers remain, there is an increased willingness to address HIV/AIDS, and the faith community serves as a vital resource in HIV prevention.

Worthington, E. L. Jr., Hook, J. N., Davis, D. E. and McDaniel, M. A. [Virginia Commonwealth University; eworth@vcu.edu]. "**Religion and spirituality.**" *Journal of Clinical Psychology* 67, no. 2 (Feb 2011): 204-214.

[Abstract:] Many clients highly value religious and spiritual (R/S) commitments, and many psychotherapists have accommodated secular treatments to R/S perspectives. We meta-analyzed 51 samples from 46 studies (N = 3,290) that examined the outcomes of religious accommodative therapies and nonreligious spirituality therapies. Comparisons on psychological and spiritual outcomes were made to a control condition, an alternate treatment, or a subset of those studies that used a dismantling design (similar in theory and duration of treatment, but including religious contents). Patients in R/S psychotherapies showed greater improvement than those in alternate secular psychotherapies both on psychological ($d = .26$) and on spiritual ($d = .41$) outcomes. Religiously accommodated treatments outperformed dismantling-design alternative treatments on spiritual ($d = .33$) but not on psychological outcomes. Clinical examples are provided and therapeutic practices are recommended.

Wutoh, A. K., English, G. N., Daniel, M., Kendall, K. A., Cobran, E. K., Tasker, V. C., Hodges, G., Brady, A. P. and Mbulaiteye, A. [Howard University School of Pharmacy and Division of Nursing, and Howard University Hospital, Washington, DC; awutoh@howard.edu]. "**Pilot study to assess HIV knowledge, spirituality, and risk behaviors among older African Americans.**" *Journal of the National Medical Association* 103, no. 3 (Mar 2011): 265-268.

[Abstract:] A pilot study was conducted in anticipation of implementation of a larger project to assess human immunodeficiency virus (HIV) risk behaviors among older African Americans. A cross-sectional methodology was employed, including 33 African Americans aged more than 50 years in the metropolitan Washington, DC, area. The average age of the participants was 66 years old, with an age range from 51 to 86 years. Data were collected utilizing previously validated instruments that were administered using an audio computer-assisted survey instrument. There was relatively high knowledge regarding HIV, with female participants scoring significantly higher compared to male

participants (p=.003). Another specific finding of the preliminary study was the association between higher levels of spirituality and lower levels of HIV sexual risk behaviors (Spearman's correlation=-0.369, p=.035). Results of this pilot study suggest that older African American females may be more knowledgeable regarding HIV than older African American males. This may suggest that educational and behavioral interventions developed for this group may need to be structured based upon the targeted gender of the audience. The association between increased spirituality and decreased risk behaviors may suggest that spiritually-based interventions may provide some benefit regarding reduction of HIV risk behaviors in this population. However, the small sample size in this study warrants caution in the conclusions and highlights the need for further research in this population.

Yanofchick B. [Catholic Health Association, St. Louis; byanofchick@chausa.org]. "**Report cites need for better integrated spiritual care.**" *Health Progress* 92, no. 1 (Jan-Feb 2011): 68-69.

This is a comment in light of Puchalski, C., et al., "Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference," *Journal of Palliative Medicine* 12, no. 10 (Oct 2009): 885-904.

Yates, F. D. Jr. [Department of Pediatrics, School of Medicine and Biomedical Sciences, State University of New York at Buffalo]. "**Ethics for the pediatrician: religion and spirituality in pediatrics.**" *Pediatrics in Review* 32, no. 9 (Sep 2011): e91-94.

This brief review addresses the topic in the sections: "Effect of Religion and Spirituality May Not Be Apparent," "Religion and Spirituality Directly Affect Medical Care," and "Medical Response to Religion and Spirituality."

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).

5/23/12