Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2012

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The following is a selection of 325 *Medline*-indexed journal articles pertaining to spirituality & health published during 2012, from among the more than 1870 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care" (plus 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*.

Abdel-Khalek, A. M. and Lester, D. [Kuwait University, Kuwait]. "**Constructions of religiosity, subjective well-being, anxiety, and depression in two cultures: Kuwait and USA**." *International Journal of Social Psychiatry* 58, no. 2 (Mar 2012): 138-145.
[Abstract:] INTRODUCTION: The aim of the present study was to explore the associations of religiosity with subjective well-being (SWB) and psychopathology (anxiety and depression) among college students recruited from two different cultures, Kuwait (n = 192) and the USA (n = 158). METHOD: The students responded to the following scales in their native languages, Arabic and English, respectively: the Oxford Happiness Questionnaire, the Love of Life Scale, the Kuwait University Anxiety Scale and the Center for Epidemiological Studies - Depression Scale. They also responded to six self-rating scales assessing happiness, satisfaction with life, mental health, physical health, religiosity and strength of religious belief. RESULTS: The Kuwaiti students obtained higher mean scores on religiosity, religious belief and depression than did their American counterparts, whereas American students had higher mean scores on happiness and love of life. Two factors were extracted: 'SWB versus psychopathology' and 'Religiosity'. CONCLUSION: Based on the responses of the present two samples, it was concluded that those who consider themselves as religious experienced greater well-being.

Adams, K., Cimino, J. E., Arnold, R.M. and Anderson, W. G. [Department of Medicine, University of California, San Francisco, CA; Kristen.Adams@ucsf.edu]. "**Why should I talk about emotion? Communication patterns associated with physician discussion of patient expressions of negative emotion in hospital admission encounters**." *Patient Education & Counseling* 89, no. 1 (Oct 2012): 44-50.
[Abstract:] OBJECTIVE: To describe hospital-based physicians' responses to patients' verbal expressions of negative emotion and identify patterns of further communication associated with different responses. METHODS: Qualitative analysis of physician-patient admission encounters audio-recorded between August 2008 and March 2009 at two hospitals within a university system. A codebook was iteratively developed to identify patients' verbal expressions of negative emotion. We categorized physicians' responses by their immediate effect on further discussion of emotion - focused away (away), focused neither toward nor away (neutral), and focused toward (toward) - and examined further communication patterns following each response type. RESULTS: In 79 patients' encounters with 27 physicians, the median expression of negative emotion was 1, range 0-14. Physician responses were 25% away, 43% neutral, and 32% toward. Neutral and toward responses elicited patient perspectives, concerns, social and spiritual issues, and goals for care. Toward responses demonstrated physicians' support, contributing to physician-patient alignment and agreement about treatment. CONCLUSION: Responding to expressions of negative emotion neutrally or with statements that focus toward emotion elicits clinically relevant information and is associated with positive physician-patient relationship and care outcomes. PRACTICE IMPLICATIONS: Providers should respond to expressions of negative emotion with statements that allow for or explicitly encourage further discussion of emotion.

Ai, A. L., Wink, P. and Shearer, M. [University of Washington, Seattle; amyai8@gmail.com]. "**Fatigue of survivors following cardiac surgery: positive influences of preoperative prayer coping**." *British Journal of Health Psychology* 17, no. 4 (Nov 2012): 724-742.
[Abstract:] OBJECTIVES: Fatigue symptoms are common among individuals suffering from cardiac diseases, but few studies have explored longitudinally protective factors in this population. This study examined the effect of preoperative factors, especially the use of prayer for coping, on long-term postoperative fatigue symptoms as one aspect of lack of vitality in middle-aged and older patients who survived cardiac surgery. METHOD: The analyses capitalized on demographics, faith factors, mental health, and on medical comorbidities previously collected via two-wave preoperative interviews and standardized information from the Society of Thoracic Surgeons' national database. The current participants completed a mailed survey 30 months after surgery. Two hierarchical regressions were performed to evaluate the extent to which religious factors predicted mental and physical fatigue, respectively, after controlling for key demographics, medical indices, and mental health. RESULTS: Preoperative prayer coping, but not other religious factors, predicted less mental fatigue at the 30-month follow-up, after controlling for key demographics, medical comorbidities, cardiac function (previous cardiovascular intervention, congestive heart failure, left ventricular ejection fraction, New York Heart Association Classification), mental health (depression, anxiety), and protectors (optimism, hope, social support). Male gender, preoperative anxiety, and reverence in secular context predicted more mental fatigue. Physical fatigue increased with age, medical comorbidities, and preoperative anxiety. Including health control beliefs in the model did not eliminate this effect. CONCLUSIONS: Prayer coping may have independent and positive influences on less fatigue in individuals who survived cardiac surgery. However, future research should investigate mechanisms of this association.

Aist, C. S. [Saint Elizabeths Hospital, Washington, DC; clark.aist@gmail.com]. "**The recovery of religious and spiritual significance in American Psychiatry**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 615-629.

[Abstract:]This paper reviews a body of data that identifies underlying influences that have contributed to an evolving change in American Psychiatry toward a more positive and receptive stance toward religion and spirituality over the past three decades. This development, surprising in light of the remedicalization of psychiatry and its predominantly neuro-biological orientation, is attributed to five foundational ideas that have helped to leverage this change. These are significance of culture, creative power of ritual, psychic function of belief, neuro-biology of spirituality, and relevance of recovery narratives. The impact of these factors for psychiatric assessment and treatment is described, as well as the contribution of the Oskar Pfister legacy and award to the ongoing dialogue between religion and psychiatry. Adapted from the American Psychiatric Association's 2011 Oskar Pfister Lecture in Religion and Psychiatry.

Alfarah, Z., Ramadan, F. H., Cury, E. and Brandeis, G. H. [Lawrence General Hospital, Lawrence, MA; ziadalfarah@gmail.com]. "**Muslim nursing homes in the United States: barriers and prospects**." *Journal of the American Medical Directors Association* 13, no. 2 (Feb 2012): 176-179.

[Abstract:] Historically, many nursing homes in the United States have been established by religious groups. This was done to provide care for the elderly when care could not be furnished in other venues. Despite several attempts reported in the literature, there are currently no Muslim nursing homes in the United States. In the Arab and Muslim world, the acceptance and success of such an institution has been somewhat variable. As the Arab Muslim population in the United States ages and becomes more frail, the Muslim community will have to evaluate the need to establish nursing homes to provide care for elderly.

Alimenti, D. [School of Nursing, University of Virginia in Charlottesville; dea5ga@virginia.edu]. "**Gaining strength and focus from hardship**." *Clinical Journal of Oncology Nursing* 16, no. 3 (Jun 1, 2012): E123-124.

[Abstract:] Three members of my family have been diagnosed with cancer in the past five years. During the fall of my freshman year of high school, my older brother was diagnosed with acute lymphocytic leukemia. His health began to deteriorate in August 2006. My mother would take him to the hospital weekly, insisting that the doctors run every test on her ill-ridden son. Chris's diagnosis in November 2006 accounted for his rapidly failing health and provided treatment options that would hopefully restore his once lively appearance and attitude. Now, five years after his diagnosis and less than a year from completion of treatment, I am able to call Chris's cancer a blessing. During his intensive and long protocol, my focus was on how unfair this diagnosis was. It was as if my eyes were shielded from anything positive and all I could see was darkness. Why my family? Why my brother? Why me? Is he going to die? These thoughts constantly pounded my brain, drawing me deeper into self-wallowing and pity. And, with each obstacle, whether it was a grand mal seizure, a near-deadly rash, or some other allergic reaction, I would dive deeper into this darker state. It took me a year to finally be able to say my brother has cancer without bursting into tears. And, within two years, I was beginning to feel alive again as I watched my brother gain strength with each new day.

Alrawi, S., Fetters, M. D., Killawi, A., Hammad, A. and Padela, A. [Department of Family Medicine, University of Michigan, Ann Arbor; samis@med.umich.edu]. "**Traditional healing practices among American Muslims: perceptions of community leaders in southeast Michigan**." *Journal of Immigrant & Minority Health* 14, no. 3 (Jun 2012): 489-496.

[Abstract:] Despite growing numbers of American Muslims, little empirical work exists on their use of traditional healing practices. We explored the types of traditional healing practices used by American Muslims in southeast Michigan. Twelve semi-structured interviews with American Muslim community leaders identified through a community-academic steering committee were conducted. Using a framework coding structure, a multidisciplinary investigative team identified themes describing traditional healing practices. Traditional healing practices can be categorized into three domains: Islamic religious text based practices, Islamic worship practices, and folk healing practices. Each domain may further contain therapies such as spiritual healing, medicinal herbs, mind body therapy, and dietary prescriptions. Traditional healing practices are utilized in three capacities of care: primary, secondary, and integrative. Our findings demonstrate that American Muslims actively utilize traditional healing practices. Healthcare practitioners caring for this population should be aware of the potential influence of these practices on health behaviors.

Arbour, R., AlGhamdi, H. M. and Peters, L. [La Salle University, Philadelphia, PA; richnrs@aol.com]. "**Islam, brain death, and transplantation: culture, faith, and jurisprudence**." *AACN Advanced Critical Care* 23, no. 4 (Oct-Dec 2012): 381-394. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A significant gap exists between availability of organs for transplant and patients with end-stage organ failure for whom organ transplantation is the last treatment option. Reasons for this mismatch include inadequate approach to potential donor families and donor loss as a result of refractory cardiopulmonary instability during and after brainstem herniation. Other reasons include inadequate cultural competence and sensitivity when communicating with potential donor families. Clinicians may not have an understanding of the cultural and religious perspectives of Muslim families of critically ill patients who may be approached about brain death and organ donation. This review analyzes Islamic cultural and religious perspectives on organ donation, transplantation, and brain death, including faith-based directives from Islamic religious authorities, definitions of death in Islam, and communication strategies when discussing brain death and organ donation with Muslim families. Optimal family care and communication are highlighted using case studies and backgrounds illustrating barriers and approaches with Muslim families in the United States and in the Kingdom of Saudi Arabia that can improve cultural competence and family care as well as increase organ availability within the Muslim population and beyond.

Assari, S., Lankarani, M. M. and Moazen, B. [University of Michigan, Ann Arbor, MI]. "**Religious beliefs may reduce the negative effect of psychiatric disorders on age of onset of suicidal ideation among Blacks in the United States**." *International Journal of Preventive Medicine* 3, no. 5 (May 2012): 358-364. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: To evaluate the possible interaction between religious beliefs and psychiatric disorders among Black Americans. METHODS: In this study, we used data of 5181 adult Black Americans who had participated in National Survey of American Life (NSAL) from February 2001 to June 2003. Variables such as socio-demographics, religious beliefs, and psychiatric disorders were entered in a Cox regression to determine the possible interaction between psychiatric disorders (0, 1, >=2) and the subjective religiosity on age of onset of suicidal thought among the participants. Main outcome was age of the first serious suicidal ideation. RESULTS: A dose-dependent effect of number of psychiatric disorders on suicidal ideation was observed. Psychiatric disorders had a higher impact on age of suicidal ideation among

those with low self-reported religiosity. CONCLUSION: Religious beliefs may buffer the effect of psychiatric disorders on suicidal thought. Blacks who are less religious and suffer psychiatric disorders are at the highest risk for early suicidal ideation.

Baeke, G., Wils, J. P. and Broeckaert, B. [Katholieke Universiteit Leuven, Leuven, Belgium; Goedele.Baeke@theo.kuleuven.be]. "'**Be patient and grateful"--elderly Muslim women's responses to illness and suffering**." *Journal of Pastoral Care & Counseling* 66, nos. 3-4 (Fall-Winter 2012): 5 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Muslims arriving as first generation immigrants in Western countries gradually grow old and increasingly appeal to Western healthcare. This study presents and discusses the perspectives of elderly (age > or =55) Muslim women on medicine, illness and suffering. We found that theological considerations, centering around God's almightiness, are central for these Muslim women dealing with illness and suffering in a meaningful way. This study concludes that spirituality is an important dimension of their patient care: it not only makes an impact on these patients' ritual needs (e.g. prayer), but also on the ways they deal with illness, suffering, and concrete medical decision-making. The findings are of particular importance for both Muslim and multi-faith hospital chaplains who might act as spiritual care references in medical teams, by informing physicians and nurses about potential specific sensibilities and perspectives of Muslim patients.

Baldacchino, D. R., Borg, J., Muscat, C. and Sturgeon, C. [University of Malta, Msida, Malta; donia.baldacchino@um.edu.mt]. "**Psychology and theology meet: illness appraisal and spiritual coping**." *Western Journal of Nursing Research* 34, no. 6 (Oct 2012): 818-847.

This study includes a very nice introductory section surveying the literature on coping. See the authors' comments on the Idea of the Holy and especially the diagram on p. 820 comparing the theoretical framework of Otto with that of Lazarus & Folkman. [Abstract:] This descriptive exploratory study explored illness appraisal and spiritual coping of three groups of individuals with life-threatening illness. These were hospice clients with cancer (Ca; n = 10), clients with first myocardial infarction (MI; n = 6), and parents of children with cystic fibrosis (CF; n = 16). Qualitative data were collected by audiotaped face-to-face interviews (parents) and focus groups (MI and Ca). Similarities in illness appraisal and spiritual coping were found across the three groups except appreciation of crafts, which was found only in clients with Ca and causal meaning of parents (CF). Overall, illness was appraised negatively and positively, whereas spiritual coping incorporated existential and religious coping. These findings confirm the psychological theory (Lazarus & Folkman, 1984) and theological theory (Otto, 1950), which guided this study. Recommendations were proposed to integrate spirituality and religiosity in the curricula, clinical practice and to conduct cross-cultural comparative longitudinal research. [This article is part of a theme issue of the journal, other articles in which are by Dalmida, S. G., et al., by Cohen, M. Z., et al., and by Tuck, I.; all of which are noted elsewhere in this bibliography.]

Ballew, S. H., Hannum, S. M., Gaines, J. M., Marx, K. A. and Parrish, J. M. [University of Maryland, Baltimore; sballew@jhsph.edu]. "**The role of spiritual experiences and activities in the relationship between chronic illness and psychological well-being**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1386-1396. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Our research explores the correlates of spiritual experiences over a 2-year period in a sample of older adults (N = 164; mean age 81.9 years) living in a continuing care retirement community. Utilizing responses to the Daily Spiritual Experiences Scale, scores were analyzed for changes over time and for their hypothesized moderating effect in the relationship between chronic illness impact and markers of psychological well-being (as measured by the Geriatric Depression and Life Satisfaction scales). Repeated measures ANOVA indicated a significant decline ($P < .01$) in the reported spiritual experiences over a 2-year period of time, and t tests showed a significant difference by gender ($P < .01$) in years 1 and 2, with women reporting higher levels of spiritual experiences than men. Analyses found low spirituality scores associated with low life satisfaction in all years (baseline: $r = -.288$, $P < .01$; year 1: $r = -.209$, $P < .05$; year 2: $r = -.330$, $P < .001$). Only weak associations were detected between low spirituality and the presence of depressive symptoms at baseline ($r = .186$, $P < .05$) and year 2 ($r = .254$, $P < .01$). Moderation effects of spirituality on the relationship between chronic illness impact and markers of psychological well-being were explored in all years, with a statistically significant effect found only for the presence of depressive symptoms in year 2. Higher impact of chronic illnesses is associated with more depressive symptoms under conditions of low spirituality. Future research may center upon longer-duration evaluation of reliance upon spiritual practices and their impact in care management models.

Barnes, D. M. and Meyer, I. H. [Department of Epidemiology, Columbia University, New York, NY; dmb23@columbia.edu]. "**Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals**." *American Journal of Orthopsychiatry* 82, no. 4 (Oct 2012): 505-515.

[Abstract:] Most religious environments in the United States do not affirm homosexuality. The authors investigated the relationship between exposure to nonaffirming religious environments and internalized homophobia and mental health in a sample of lesbians, gay men, and bisexuals (LGBs) in New York City. Guided by minority stress theory, the authors hypothesized that exposure to nonaffirming religious settings would lead to higher internalized homophobia, more depressive symptoms, and less psychological well-being. The authors hypothesized that Black and Latino LGBs would be more likely than White LGBs to participate in nonaffirming religious settings and would therefore have higher internalized homophobia than White LGBs. Participants were 355 LGBs recruited through community-based venue sampling and evenly divided among Black, Latino, and White race or ethnic groups and among age groups within each race or ethnic group, as well as between women and men. Results supported the general hypothesis that nonaffirming religion was associated with higher internalized homophobia. There was no main effect of nonaffirming religion on mental health, an unexpected finding discussed in this article. Latinos, but not Blacks, had higher internalized homophobia than Whites, and as predicted, this was mediated by their greater exposure to nonaffirming religion.

Barss, K. S. [Saskatchewan Institute of Applied Science and Technology, Saskatoon, Canada; karen.barss@siast.sk.ca]. "**T.R.U.S.T.: an affirming model for inclusive spiritual care**." *Journal of Holistic Nursing* 30, no. 1 (Mar 2012): 24-34; quiz on pp. 35-37.

[Abstract:] Literature across health care disciplines has come to acknowledge spiritual care as integral to holistic health promotion. However, caregivers often continue to be reluctant to explore the spiritual dimension of health with their clients. In order to help caregivers feel more prepared to offer spiritual care, the author has drawn upon the interdisciplinary literature to develop the T.R.U.S.T. Model for Inclusive Spiritual Care. This article introduces the T.R.U.S.T. Model and its foundational concept of 'inclusive spiritual care': relevant, non-intrusive care which tends to the spiritual dimension of health by addressing universal spiritual needs, honoring unique spiritual worldviews, and helping

individuals to explore and mobilize factors that can help them gain/re-gain a sense of trust in order to promote optimum healing. The article also describes the T.R.U.S.T. Model's origins, underlying assumptions, and its non-prescriptive outline for exploring five topics: 'Traditions', 'Reconciliation', 'Understandings', 'Searching', and 'Teachers'. Guidelines are included for using T.R.U.S.T. to enhance holistic health care, with an emphasis on its use in holistic nursing practice.

Battey, B. W. "**Perspectives of spiritual care for nurse managers**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 1012-1020. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: The purpose of this article is to explore the current status, perspectives and attitudes of nurse managers, nurses and others toward spiritual care. BACKGROUND: The nursing profession has not defined what is expected of the nurses and some question the need for teaching it in nursing education. The leadership roles of chief executive officers, nursing leaders, chaplains and others are considered. Gallup polls indicate people consider religion very important in their lives, but studies show patients report receiving none or limited care. EVALUATION: While the spiritual dimension of holistic care is considered essential to healing, its practice has yet to be achieved. KEY ISSUES: Requirements and criteria are in place through accreditation agencies and professional codes identifying spiritual care as part of the role of nursing, but guidelines for implementing spiritual care are vague and broadly stated. CONCLUSIONS: If nurse managers implement agency-wide programs of spiritual care then clear direction can be provided for the nursing staff. IMPLICATIONS FOR NURSING MANAGEMENT: An agency-wide program of spiritual care practice for nurses needs to be developed not only to provide evidence for accreditation but also to provide guidelines for nursing staff. [This is part of a theme issue of the journal. See other articles in the issue by Biro, A. L.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Draper, P.; by Kevern, P.; by Cockell, N.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Baverstock, A. and Finlay, F. [Community Child Health Department, Bath NHS House, Newbridge Hill, Bath, UK; annabav@hotmail.com]. "**Faith healing in paediatrics: what do we know about its relevance to clinical practice?**" *Child: Care, Health & Development* 38, no. 3 (May 2012): 316-320.

[Abstract:] There is widespread use of complementary or alternative medicine among adults and children. Families may use faith healing alongside conventional medicine or as an alternative. In their clinical practice, professionals should be aware of this and need to consider asking patients and their families about complementary or alternative medicine use, including faith healing.

Bennett, D. A., Schneider, J. A., Arvanitakis, Z. and Wilson, R. S. [Rush Alzheimer's Disease Center, Rush University Medical Center, Chicago, IL; David_A_Bennett@Rush.edu]. "**Overview and findings from the Religious Orders Study**." *Current Alzheimer Research* 9, no. 6 (Jul 2012): 628-645.

[Abstract:] The Religious Orders Study is a longitudinal clinical-pathologic cohort study of aging and Alzheimer's disease (AD). In this manuscript, we summarize the study methods including the study design and describe the clinical evaluation, assessment of risk factors, collection of ante-mortem biological specimens, brain autopsy and collection of selected postmortem data. The results: (1) review the relation of neuropathologic indices to clinical diagnoses and cognition proximate to death; (2) examine the relation of risk factors to clinical outcomes; (3) examine the relation of risk factors to measures of neuropathology; and (4) summarize additional study findings. We then discuss and contextualize the study findings.

Besterman-Dahan, K., Barnett, S., Hickling, E., Elnitsky, C., Lind, J., Skvoretz, J. and Antinori, N. [HSR&D/RR&D Center of Excellence, Maximizing Rehabilitation Outcomes, James A Haley Veterans Hospital, Tampa, FL; karen.besterman-dahan@va.gov.]. "**Bearing the burden: deployment stress among army National Guard chaplains**." *Journal of Health Care Chaplaincy* 18, nos. 3-4 (2012): 151-168.

[Abstract:] Military Chaplains are a critical component of behavioral health and spiritual support in combat operations. Support of combat operations has taken a toll on these caregivers. The purpose of this study was to explore the impact of deployment on the psychosocial and health characteristics and reintegration of Army National Guard (ARNG) chaplains. Seventy-four ARNG chaplains participated in an anonymous, online survey. Results were categorized into two mutually exclusive groups, combat deployed and non-combat deployed. Although both groups tended to present similar results, Combat deployed group chaplains were significantly more likely to be of higher rank, have served in a pastoral role in the ARNG longer, and present with higher scores for combat exposure, resilience, and alcohol use. Further, five and seven participants, respectively, the majority of whom were from the combat deployed group, endorsed "frequently" or "a great deal" to negative religious coping. These endorsements of abandonment may relate back to Reserve component specific deployment concerns.

Besterman-Dahan, K., Gibbons, S. W., Barnett, S. D. and Hickling, E. J. [HSR&D/RR&D Center of Excellence: Maximizing Rehabilitation Outcomes, James A. Haley Veterans Hospital, Tampa, FL]. "**The role of military chaplains in mental health care of the deployed service member**." *Military Medicine* 177, no. 9 (Sep 2012): 1028-1033.

[Abstract:] This research utilized a cross-sectional design secondarily analyzing data from active duty military health care personnel who anonymously completed the "2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel." Sample for this analysis of Operation Iraqi Freedom/Operation Enduring Freedom deployed mental health seeking service members was N = 447. Religiosity/spirituality and psychological distress experienced by active duty military personnel who sought help from military mental health providers (MH), military chaplains (CHC) or both (CHC & MH) were explored and compared. Greater psychosocial distress seen in the CHC & MH group could be a reflection of a successful collaborative model for mental health care that is currently promoted by the military where chaplains are first line providers in an effort to provide services to those in greatest need and ultimately provide them with care from a trained mental health professional. Research and evaluation of chaplain training programs and collaborative models is recommended.

Biegler, K., Cohen, L., Scott, S., Hitzhusen, K., Parker, P., Gilts, C. D., Canada, A. and Pisters, L. [University of California, Irvine, CA]. "**The role of religion and spirituality in psychological distress prior to surgery for urologic cancer**." *Integrative Cancer Therapies* 11, no. 3 (Sep 2012): 212-220.

[Abstract:] The present study examined the associations between religion and spirituality (R/S), presurgical distress, and other psychosocial factors such as engagement coping, avoidant coping, and social support. Participants were 115 men scheduled for surgery for urologic cancer. Before surgery, participants completed scales measuring intrinsic religiosity, organized religious activity, and nonorganized religious activity (IR, ORA, NORA); social support (Medical Outcomes Study Social Support Survey); and distress (Impact of Event Scale [IES], Perceived

Stress Scale [PSS], Brief Symptom Inventory-18 [BSI-18], and Profile of Mood States [POMS]). R/S was positively associated with engagement coping. Social support was positively associated with engagement coping and inversely associated with POMS and PSS scores. Engagement coping was positively associated with IES and BSI scores, and avoidant coping was positively associated with all distress measures. R/S moderated the association between engagement coping and IES scores, such that the association between engagement coping and IES was not significant for men with high R/S scores (greater religious belief). R/S moderated the association between social support and distress; the inverse association between social support and PSS and POMS scores was only significant for men who scored high on R/S. This study replicated findings from previous studies suggesting that engagement and avoidant types of coping can lead to increased distress prior to surgery. Although R/S was associated with engagement coping, it was not associated with any of the distress measures. The finding that R/S moderated the associations between engagement coping and distress and social support and distress suggests that the association between R/S, coping style, social support, and adjustment to stressful life situations is not simplistic, and indirect associations should be explored.

Biro, A. L. [ABiro Professional Health Consultancy, Red Deer, Alberta, Canada; abirophc@yahoo.ca]. "**Creating conditions for good nursing by attending to the spiritual**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 1002-1011. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: To note similarities, differences, and gaps in the literature on good nursing and spiritual care. BACKGROUND: Good nursing care is essential for meeting patient health needs. With growing recognition of the role of spirituality in health, understanding spiritual care as it relates to good nursing is important, especially as spiritual care has been recognized as the most neglected area of nursing care. METHODS: Nursing research, reports and discussion articles from a variety of countries were reviewed on the topics of good nursing, spiritual care and spirituality. KEY ISSUES: A nurse's spirituality and the nurse-patient relationship are integral to spiritual care and good nursing. CONCLUSIONS: There are many commonalities between good nursing and spiritual care. Personal attributes of the nurse are described in similar terms in research on spiritual care and good nursing. Professional attributes common to good nursing and spiritual care are the nurse-patient relationship, assessment skills and communication skills. IMPLICATIONS FOR NURSING MANAGEMENT: Good nursing through spiritual care is facilitated by personal spirituality, training in spiritual care and a culture that implements changes supportive of spiritual care. Further research is needed to address limitations in the scope of literature. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Draper, P.; by Kevern, P.; by Cockell, N.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Blanchard, J. H., Dunlap, D. A. and Fitchett, G. [Maine Medical Center, Portland; blancj@mmc.org]. "**Screening for spiritual distress in the oncology inpatient: a quality improvement pilot project between nurses and chaplains**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 1076-1084. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: A quality improvement initiative of nursing/chaplain collaboration on the early identification and referral of oncology patients at risk of spiritual distress. BACKGROUND: Research shows that spiritual distress may compromise patient health outcomes. These patients are often under-identified, and chaplaincy staffing is not sufficient to assess every patient. The current nursing admission form with a question of 'Any spiritual practices that may affect your care?' is ineffective in screening for spiritual distress. METHOD(S): Ten nurses on the oncology unit were recruited and trained in a two-question screening tool to be utilized upon admission. RESULTS: Six nurses made referrals; a total of 14 patients. Four (28%) were at risk of spiritual distress and were assessed by the chaplains. CONCLUSIONS: Nurses are interested in the spiritual well-being of their patients and observe spiritual distress. They appreciate terminology/procedures by which they can assess more productively the spiritual needs of their patients and make appropriate chaplain referrals. IMPLICATIONS FOR NURSING MANAGEMENT: The use of a brief spiritual screening protocol can improve nursing referrals to chaplains. The better utilization of chaplains that this enables can improve patient trust and satisfaction with their overall care and potentially reduce the harmful effects of spiritual distress. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Daaleman, T. P.; by Draper, P.; by Kevern, P.; by Cockell, N.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Blazer, D. [Department of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, NC]. "**Religion/spirituality and depression: What can we learn from empirical studies?**" *American Journal of Psychiatry* 169, no. 1 (Jan 2012): 10-12.

This is an editorial from a well published author in the field.

Boelens, P. A., Reeves, R. R., Replogle, W. H. and Koenig, H. G. [University of Mississippi, Jackson; deltadoc@juno.com]. "**The effect of prayer on depression and anxiety: maintenance of positive influence one year after prayer intervention**." *International Journal of Psychiatry in Medicine* 43, no. 1 (2012): 85-98.

[Abstract:] OBJECTIVE: To investigate whether the effect of direct contact person-to-person prayer on depression, anxiety, and positive emotions is maintained after 1 year. DESIGN, SETTING, AND PARTICIPANTS: One-year follow-up of subjects with depression and anxiety who had undergone prayer intervention consisting of six weekly 1-hour prayer sessions conducted in an office setting. Subjects (44 women) completed Hamilton Rating Scales for Depression and Anxiety, Life Orientation Test, and Daily Spiritual Experiences Scale after finishing a series of six prayer sessions and then again a month later in an initial study. The current study reassessed those subjects with the same measures 1 year later. One-way repeated measures ANOVAs were used to compare findings pre-prayer, immediately following the six prayer sessions, and 1 month and again 1 year following prayer interventions. RESULTS: Evaluations post-prayer at 1 month and 1 year showed significantly less depression and anxiety, more optimism, and greater levels of spiritual experience than did the baseline (pre-prayer) measures ($p < 0.01$ in all cases). CONCLUSIONS: Subjects maintained significant improvements for a duration of at least 1 year after the final prayer session. Direct person-to-person prayer may be useful as an adjunct to standard medical care for patients with depression and anxiety. Further research in this area is indicated.

Bonelli, R., Dew, R. E., Koenig, H. G., Rosmarin, D. H. and Vasegh, S. [Departments of Psychiatry and Neurology, Sigmund Freud University, Vienna, Austria]. "**Religious and spiritual factors in depression: review and integration of the research**." *Depression Research and Treatment* (2012): 962860 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Depressive symptoms and religious/spiritual (R/S) practices are widespread around the world, but their intersection has received relatively little attention from mainstream mental health professionals. This paper reviews and synthesizes quantitative research examining

relationships between R/S involvement and depressive symptoms or disorders during the last 50 years (1962 to 2011). At least 444 studies have now quantitatively examined these relationships. Of those, over 60% report less depression and faster remission from depression in those more R/S or a reduction in depression severity in response to an R/S intervention. In contrast, only 6% report greater depression. Of the 178 most methodologically rigorous studies, 119 (67%) find inverse relationships between R/S and depression. Religious beliefs and practices may help people to cope better with stressful life circumstances, give meaning and hope, and surround depressed persons with a supportive community. In some populations or individuals, however, religious beliefs may increase guilt and lead to discouragement as people fail to live up to the high standards of their religious tradition. Understanding the role that R/S factors play in preventing depression, facilitating its resolution, or leading to greater depression will help clinicians determine whether this is a resource or a liability for individual patients.

Bopp, M. and Webb, B. [Pennsylvania State University, University Park]. "**Health promotion in megachurches: an untapped resource with megareach?**" *Health Promotion Practice* 13, no. 5 (Sep 2012): 679-686.
[Abstract:] INTRODUCTION. In the United States, megachurches (churches with 2,000+ attendance) represent a community institution with extensive reach within the population. Despite this potential for reach, the current health promotion practices of megachurches are unknown. This study aimed to document current health promotion activities and resources for health promotion in megachurches. METHOD: Staff at megachurches were recruited to take an online survey of health promotion programs, health promotion-related beliefs, barriers, and existing resources. RESULTS: Respondents (n = 110 churches) indicated that churches were primarily Baptist (23.6%) or nondenominational (21.1%), had 2,500 to 4,999 congregation members (44.5%), primarily White congregation members (83.5%), and 31 to 60 employees (45.4%). Churches reported 4.73 +/- 2.54 activities/year, most commonly reporting clubs or teams related to physical activity (74.5%), hands-on classes (65.5%), and educational activities (59.1%). Most churches (39.1%) reported their primary faith leader was minimally involved in health-related activities. The most common barrier was competition for time/space with other church activities (46.2%). Churches reported several employee health-related policies. Respondents reported a budget of $0 to $499/year for health-related programs (44.4%). CONCLUSION: These findings provide insight regarding the current status of health promotion in megachurches. These large churches are a potential health promotion partner for researchers and practitioners for developing culturally tailored interventions.

Bormann, J. E., Liu, L., Thorp, S. R. and Lang, A. J. [Center of Excellence for Stress and Mental Health (CESAMH), Veterans Affairs San Diego Healthcare System (VASDHS), San Diego, CA; jill.bormann@va.gov]. "**Spiritual wellbeing mediates PTSD change in veterans with military-related PTSD**." *International Journal of Behavioral Medicine* 19, no. 4 (Dec 2012): 496-502. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] BACKGROUND: A portable practice of repeating a mantram-a sacred word or phrase-has been shown to reduce the severity of posttraumatic stress disorder (PTSD) symptoms in veterans with military trauma. It is thought that the intervention re-directs attention and initiates relaxation to decrease symptom severity, but there may be other mechanisms that may contribute to this improvement. PURPOSE: We tested the hypothesis that increases in existential spiritual wellbeing (ESWB) would mediate reductions in self-reported PTSD symptoms following a group mantram intervention. METHOD: Veterans diagnosed with PTSD from war-related trauma completed 6weeks of case management plus a group mantram intervention (n=66) as part of a randomized trial. Measures included PTSD Checklist (PCL) and Functional Assessment of Chronic Illness Therapy-Spiritual Wellbeing. Path analysis was conducted on those who completed treatment to assess ESWB as a possible mediator of change in PCL from baseline to post-treatment. RESULTS: A significant indirect effect, -2.24, 95% CI (-4.17, -1.05) of the mantram intervention on PCL change was found. The path from the mantram intervention to ESWB change was significant and positive (B=4.89, p<0.0001), and the path from ESWB change to PCL change was significant and negative (B=-0.46, p=0.001), thus supporting the hypothesis. CONCLUSIONS: Findings suggest that one contributing mechanism that partially explains how the mantram intervention reduces PTSD symptom severity in veterans may be by increasing levels of ESWB.

Borneman, T., Piper, B. F., Koczywas, M., Munevar, C. M., Sun, V., Uman, G. C. and Ferrell, B. R. [Nursing Research and Education Department, City of Hope National Medical Center, Duarte, CA; tborneman@coh.org]. "**A qualitative analysis of cancer-related fatigue in ambulatory oncology**." *Clinical Journal of Oncology Nursing* 16, no. 1 (Feb 2012): E26-32.
[Abstract:] The purpose of this study was to describe patients' perceptions of the causes, relief, related symptoms, meaning, and suffering secondary to cancer-related fatigue (CRF). In total, 252 patients with breast, lung, colon, and prostate cancers were enrolled in a quasiexperimental study to test the effects of a clinical intervention on reducing barriers to symptom management in ambulatory care. Analysis of data reported in this article was derived from the Piper Fatigue Scale-Revised. Using qualitative research methods and content analysis, written statements related to the impact of CRF were coded using the following themes: patients' perceptions of CRF, causes, relief, related symptoms, meaning, and suffering. Comments were categorized and reviewed for content. Overall, CRF had a significant impact on physical, psychological, social, and spiritual well-being. CRF limited the ability of participants to function, socialize, and participate in enjoyable activities. Emotional issues as a result of CRF were common. The negative impact of CRF on patients' overall well-being alters the meaning and suffering related to the cancer experience. The assessment of personal meaning and suffering related to CRF is an important component of the multidimensional assessment of CRF and will enable nurses to better understand the suffering related to CRF.

Bowland, S., Edmond, T. and Fallot, R. D. [Kent School of Social Work, Univ. of Louisville, KY; sharon.bowland@louisville.edu]. "**Evaluation of a spiritually focused intervention with older trauma survivors**." *Social Work* 57, no. 1 (Jan 2012): 73-82.
[Abstract:] This study evaluated the effectiveness of an 11-session, spiritually focused group intervention with older women survivors (age 55 years and older) of interpersonal trauma (child abuse, sexual assault, or domestic violence) in reducing trauma-related depressive symptoms, posttraumatic stress, and anxiety. Forty-three community-dwelling women survivors of interpersonal trauma were randomized into treatment (n = 21) or control (n = 22) groups. Participants in group psychotherapy discussed spiritual struggles related to abuse and developed spiritual coping resources. The treatment group had significantly lower depressive symptoms, anxiety, and physical symptoms at posttest compared with the control group. In a separate analysis, posttraumatic stress symptoms also dropped significantly in the treatment group. Gains were maintained at three-month follow-up. This study provides strong initial support for the effectiveness of spiritually focused group intervention for older survivors of interpersonal trauma from a Christian background.

Bray, K. E., Egan, M. Y. and Beagan, B. L. [Dalhousie University, Halifax, Canada]. "**The practice experience of evangelical Christian occupational therapists**." *Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie* 79, no. 5 (Dec 2012): 285-292.

[Abstract:] BACKGROUND: Occupational therapists who are religious are more likely to address spirituality in practice; however, little is known regarding the practice experience of therapists who hold particular faith perspectives. PURPOSE: To examine the practice experience of evangelical Christian occupational therapists in the context of professional emphasis on spirituality as a largely secular domain of practice. METHODS: . A qualitative, interpretivist approach was used for this study. Seven evangelical Christian occupational therapists were engaged in in-depth interviews; verbatim transcripts were thematically coded. FINDINGS: Christianity was viewed as a practice resource through the use of private prayer and Christian values to support compassionate practice. Evangelical Christian occupational therapists navigated the tensions of working in a secular healthcare system through awareness of work environment and client cues, restrained expression of faith, as well as the experience of increased scrutiny for potential boundary violations. IMPLICATIONS: Evangelical Christian therapists may struggle with secular interpretations of spirituality in practice. Yet they may also display heightened awareness concerning potential boundary violations.

Breitbart, W., Poppito, S., Rosenfeld, B., Vickers, A. J., Li, Y., Abbey, J., Olden, M., Pessin, H., Lichtenthal, W., Sjoberg, D. and Cassileth, B. R. [Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, New York, NY; breitbaw@mskcc.org]. "**Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer**." *Journal of Clinical Oncology* 30, no. 12 (Apr 20, 2012): 1304-1309.

[Abstract:] PURPOSE: Spiritual well-being and sense of meaning are important concerns for clinicians who care for patients with cancer. We developed Individual Meaning-Centered Psychotherapy (IMCP) to address the need for brief interventions targeting spiritual well-being and meaning for patients with advanced cancer. PATIENTS AND METHODS: Patients with stage III or IV cancer (N = 120) were randomly assigned to seven sessions of either IMCP or therapeutic massage (TM). Patients were assessed before and after completing the intervention and 2 months postintervention. Primary outcome measures assessed spiritual well-being and quality of life; secondary outcomes included anxiety, depression, hopelessness, symptom burden, and symptom-related distress. RESULTS: Of the 120 participants randomly assigned, 78 (65%) completed the post-treatment assessment and 67 (56%) completed the 2-month follow-up. At the post-treatment assessment, IMCP participants demonstrated significantly greater improvement than the control condition for the primary outcomes of spiritual well-being (b = 0.39; P <.001, including both components of spiritual well-being (sense of meaning: b = 0.34; P = .003 and faith: b = 0.42; P = .03), and quality of life (b = 0.76; P = .013). Significantly greater improvements for IMCP patients were also observed for the secondary outcomes of symptom burden (b = -6.56; P < .001) and symptom-related distress (b = -0.47; P < .001) but not for anxiety, depression, or hopelessness. At the 2-month follow-up assessment, the improvements observed for the IMCP group were no longer significantly greater than those observed for the TM group. CONCLUSION: IMCP has clear short-term benefits for spiritual suffering and quality of life in patients with advanced cancer. Clinicians working with patients who have advanced cancer should consider IMCP as an approach to enhance quality of life and spiritual well-being.

Bridges, A. J., Andrews, A. R, 3rd and Deen, T. L. [University of Arkansas, Fayetteville; abridges@uark.edu]. "**Mental health needs and service utilization by Hispanic immigrants residing in mid-southern United States**." *Journal of Transcultural Nursing* 23, no. 4 (Oct 2012): 359-368.

Among the findings of this study involving 84 adult Hispanic immigrants was [from the abstract:] Although 42% of the sample saw a physician in the prior year, mental health services were being rendered primarily by religious leaders.

Brown, E. R. [School of Nursing, Widener University, Chester, PA; ebrown@mail.widener.edu]. "**African American present perceptions of organ donation: a pilot study**." *ABNF Journal* 23, no. 2 (2012): 29-33.

[Abstract:] PURPOSE: The purpose of this pilot research project is to explore each of the five general areas of reluctance associated with organ donation among African Americans. These areas include: (1) a lack of awareness, (2) lack of trust by the medical profession, (3) fear of premature death, (4) discrimination, and (5) religious beliefs and misconceptions. Strategies will be explored that may help dispel the misconceptions about organ donation, and, at the same, increase awareness of the need for African Americans to become organ donors. METHOD: A culturally sensitive 10-item survey was administered online to 70 African Americans to identify their perceptions about the five concerns related to participation in the organ donation program. Participants were recruited from clergy and sororities. RESULTS: Of the 70 African Americans who were sent the survey, 55 of the respondents completed the survey to yield a 78.6% rate of return. Most participants reported having some reservation concerning organ donation, and many of them reported that their reservations were related to their mistrust of the medical profession. CONCLUSION: The perceptions of African Americans concerning organ donation remain an issue. The 5 areas of reluctance remain at the forefront for decision making in terms of becoming an organ donor. Continued education is needed in order to help dispel these issues.

Buck, H. G. and McMillan, S. C. [School of Nursing, Pennsylvania State University, University Park]. "**A psychometric analysis of the Spiritual Needs Inventory in informal caregivers of patients with cancer in hospice home care**." *Oncology Nursing Forum* 39, no. 4 (Jul 2012): E332-339.

[Abstract:] PURPOSE/OBJECTIVES: To test the validity and reliability of the Spiritual Needs Inventory (SNI) in measuring the spiritual needs of informal caregivers of patients with cancer in hospice home care. DESIGN: A subanalysis of a longitudinal, randomized hospice clinical trial. SETTING: Two hospices in the southwestern United States. SAMPLE: 410 informal caregivers of patients with cancer in hospice home care. METHODS: To test the hypotheses, Pearson and Spearman correlations, principal factor analysis with oblique rotation, and coefficient alpha were conducted. MAIN RESEARCH VARIABLES: Spiritual needs, depression, social support. FINDINGS: The SNI showed a small but significant positive correlation with the social support (p = 0.003). A three-factor solution of the SNI accounted for about 55% of the variability. The first factor captured a traditional religious measure, with the original patient-reported subscales of inspiration, spiritual activities, and religion collapsing into this one factor. The second and third factors were similar to the original patient study. Cronbach alpha for the total scale was 0.88. The factor alphas ranged from 0.68-0.89. CONCLUSIONS: The current study provides early evidence for the validity and reliability of the SNI in informal caregivers of patients with cancer in hospice home care. Additional testing in other populations is recommended. IMPLICATIONS FOR NURSING: Use of the SNI with hospice caregivers could aid nurses in the identification of spiritual needs, enabling the development of plans of individualized, high-quality care.

Buck, H. G. and Meghani, S. H. [Pennsylvania State University, University Park, PA; hgb2@psu.edu]. "**Spiritual expressions of African Americans and Whites in cancer pain**." *Journal of Holistic Nursing* 30, no. 2 (Jun 2012): 107-116.

[Abstract:] BACKGROUND: Spiritual practices are one way that individuals cope with cancer pain. Purpose: Describe and contrast expressions and values about the use of spirituality for pain in African American (AA) and White (WH) oncology patients. METHODS: Six groups (3 AA; 3 WH; n=42; mean age 58) were conducted. Focus group and qualitative methodology with a cultural interpretive lens was utilized. The Model of Integrated Spirituality provided the conceptual framework for understanding the narratives. FINDINGS: AAs and WHs did not differ on demographics, pain status, or integrative therapies. Three spirituality themes emerged: 1) pain and distress as antecedents to the use of spirituality; 2) active and existential attributes of the use of spirituality; and 3) mobilization of internal and external resources as outcomes. There were commonalities between AAs and WHs but greater frequency of certain subthemes and keywords in AAs. CONCLUSIONS: Future studies should examine whether differences in overt expressions translate into different types and levels of spiritual usage. IMPLICATIONS FOR PRACTICE: Clinicians should recognizing similar as well as different uses and descriptions of spirituality between African Americans and Whites.

Buckey, J. W. and Molina, O. [School of Social Work, University of Central Florida, Orlando; Julia.Buckey@ucf.edu]. "**Honoring patient care preferences: surrogates speak**." *Omega - Journal of Death & Dying* 65, no. 4 (2012): 257-280.

[Abstract:] A growing body of evidence has pointed to the stressful experience surrounding surrogate decision-making on behalf of incapacitated patients. This study (N = 59) asked surrogates to speak about their experiences immediately after having made a life-sustaining treatment decision. Grounded theory analysis revealed four themes: (1) the emotional impact of the decision-making process on the surrogate; (2) the difficulty of watching a loved one's health deteriorate; (3) the importance of having a Living Will (LW) or other written/verbal instructions; and (4) the reliance on spirituality as a means of coping with the surrogate experience. Findings of this study suggest that engaging surrogates at the time of patient admission may be essential in order to clarify patient preferences and strengthen communication between surrogates and the interdisciplinary healthcare team.

Bullock, M., Nadeau, L. and Renaud, J. [McGill University, Montreal, Canada]. "**Spirituality and religion in youth suicide attempters' trajectories of mental health service utilization: the year before a suicide attempt**." *Journal of the Canadian Academy of Child & Adolescent Psychiatry - Journal de l.Acade.mie canadienne de psychiatrie de l.enfant et de l.adolescent* 21, no. 3 (Aug 2012): 186-193. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Youth suicide attempters are high-risk for suicide. Many have untreated mental disorders and are not receiving services. It is crucial to understand potential influences associated with service use. Spirituality/religion are one influence in youths' mental health service trajectories. This study explored youths' experiences of spirituality/religion as it relates to their help-seeking the year before their suicide attempt. METHOD: Fifteen youth (aged 14-18) who made a suicide attempt(s) one to two years prior were consecutively recruited through the Depressive Disorders Program of a psychiatric hospital and interviewed using a mixed-methods design, including an adapted psychological autopsy method. RESULTS: THREE THEMES EMERGED: religious community members acted as a bridge, step, or provider to mental health services; religious/spiritual discourses were encountered within services; and many youths reported changes in spirituality/religious beliefs the year before their suicide attempt. CONCLUSIONS: Spirituality/religion can have a role in these youths' service trajectories. How this confers protection or challenges needs to be clarified. Our findings can inform policies supporting training religious leaders about suicide intervention to foster coordination with mental health services, and service-providers in judiciously approaching spiritual/religious themes in suicide prevention.

Burack, O. R., Weiner, A. S., Reinhardt, J. P. and Annunziato, R. A. [Research Institute on Aging, Jewish Home Lifecare, New York, NY; oburack@jewishhome.org]. "**What matters most to nursing home elders: quality of life in the nursing home**." *Journal of the American Medical Directors Association* 13, no. 1 (Jan 2012): 48-53.

[Abstract:] OBJECTIVE: A growing number of nursing homes across the country are embarking on culture change transformations that focus on maximizing elder residents' quality of life (QOL). Challenges to culture change implementation include the wide range of possible interventions as well as a lack of research-based evidence to guide these choices. The purpose of this study was to determine those components of nursing home QOL that are associated with elder satisfaction so as to provide direction in the culture change journey. DESIGN: A cross-sectional study using a survey administered face-to-face. SETTING: Three large urban nursing homes within a long term care system in New York State. PARTICIPANTS: Sixty-two elder nursing home residents participated in face-to-face interviews. All elders had resided in their nursing communities for at least 3 months before participation. MEASUREMENTS: The survey included the Quality of Life Scales for Nursing Home Residents, which examines elder QOL in 11 domains: autonomy, dignity, food enjoyment, functional competence, individuality, meaningful activity, physical comfort, privacy, relationships, security, and spiritual well-being. Elder satisfaction with the nursing home and nursing home staff were also examined. RESULTS: After accounting for cognitive and physical functioning, among the QOL domains, dignity, spiritual well-being, and food enjoyment remained predictors of overall nursing home satisfaction. Additionally, dignity remained a significant predictor of elder satisfaction with staff. CONCLUSION: These results provide one possible path in the culture change journey based on empirical findings.

Burdette, A. M., Weeks, J,. Hill, T. D. and Eberstein, I. W. [Department of Sociology, Florida State University, Tallahassee; aburdette@fsu.edu]. "**Maternal religious attendance and low birth weight**." *Social Science & Medicine* 74, no. 12 (Jun 2012): 1961-1967.

[Abstract:] We use data from the U.S. Fragile Families and Child Wellbeing study to test whether maternal religious attendance is protective against low birth weight. Building on previous research, we also consider the mediating influence of mental health, cigarette use, alcohol use, illicit drug use, poor nutrition, and prenatal care. Our results indicate that maternal religious attendance is protective against low birth weight. In fact, each unit increase in the frequency of religious attendance reduces the odds of low birth weight by 15%. Religious attendance is also associated with lower odds of cigarette use and poor nutrition, but is unrelated to mental health, alcohol use, illicit drug use, and prenatal care. Although lower rates of cigarette use help to mediate or explain 11% of the association between maternal religious attendance and low birth weight, we find no evidence to substantiate the mediating influence of mental health, alcohol use, illicit drug use, poor nutrition, or prenatal care. Our results suggest that the health benefits of religious involvement may extend across generations (from mother to child); however, additional research is needed to fully explain the association between maternal religious attendance and low birth weight. It is also important for future research to consider the extent to which the apparent health advantages of religious adults might be attributed to health advantages in early life, especially those related to healthy birth weight.

Burhansstipanov, L., Dignan, M., Jones, K. L., Krebs, L. U., Marchionda, P. and Kaur, J. S. [Native American Cancer Research Corporation, 3022 South Nova Road, Pine, CO 80470]. "**Comparison of quality of life between Native and non-Native cancer survivors: Native and non-Native cancer survivors' QOL**." *Journal of Cancer Education* 27, suppl 1 (Apr 2012): S106-113.

[Abstract:] This paper compares quality of life (QOL) outcomes between Native American and non-Native cancer survivors. Native Patient Navigators helped Native cancer patients complete a 114-item QOL survey and access survivorship information available on the NACES website. The survey was modified from Ferrell et. al's QOL measure and assessed the four domains of cancer survivorship: physical, psychological, social, and spiritual. Findings from Native survivors were compared to Ferrell's findings. This is the first time that QOL outcomes have been compared between Native and Non-Native cancer survivors. Natives scored lower for physical and social QOL, the same for psychological QOL, and higher for spiritual QOL in comparison to non-Natives. Overall QOL scores were the same. Although this is the largest sample of Native cancer survivors reported in peer-reviewed manuscripts, these Native survivorship data are based on a self-selected group and it is unknown if the findings are generalizable to others.

Burkhart, L. and Schmidt, W. [School of Nursing, Loyola University Chicago, IL; eburkha@luc.edu]. "**Measuring effectiveness of a spiritual care pedagogy in nursing education**." *Journal of Professional Nursing* 28, no. 5 (Sep-Oct 2012): 315-321.

[Abstract:] Nurses have long recognized the importance of spiritual care in nursing practice as promoting the integration of meaning and purpose in life. More recently, both the American Nurses Association incorporates spiritual care in the Scope and Standards of Nursing Practice and the American Association of Colleges of Nursing has integrated spiritual care in the Essentials of Baccalaureate Education. However, research suggests that nurses do not know how to provide spiritual care. This study developed and tested a spiritual care pedagogy. In phase I, researchers designed a spiritual care educational and reflective program based on the Burkhart/Hogan theory of spiritual care in nursing practice, incorporating face-to-face and on-line components. In phase 2, the effectiveness of this program was measured in a pre-post test, randomized controlled trial with senior nursing students during their capstone clinical immersion course (n=59). Findings revealed a statistically significant increase in students' perceived ability in providing spiritual care, particularly in complex family clinical situations. Findings also indicated a significant increase in the student's use of reflective practices, which students found to help support them during stressful times. This study translates nursing theory and research into a successful pedagogy.

Burton, A. M., Sautter, J. M., Tulsky, J. A., Lindquist, J. H., Hays, J. C., Olsen, M. K., Zimmerman, S. I. and Steinhauser, K. E. [Department of Behavioral Science, University of Texas M. D. Anderson Cancer Center, Houston;. aburton@mdanderson.org]. "**Burden and well-being among a diverse sample of cancer, congestive heart failure, and chronic obstructive pulmonary disease caregivers**." *Journal of Pain & Symptom Management* 44, no. 3 (Sep 2012): 410-420.

[Abstract:] CONTEXT: Three important causes of death in the U.S. (cancer, congestive heart failure, and chronic obstructive pulmonary disease) are preceded by long periods of declining health; often, family members provide most care for individuals who are living with serious illnesses and are at risk for impaired well-being. OBJECTIVES: To expand understanding of caregiver burden and psychosocial-spiritual outcomes among understudied groups of caregivers-cancer, congestive heart failure, and chronic obstructive pulmonary disease caregivers-by including differences by disease in a diverse population. METHODS: The present study included 139 caregiver/patient dyads. Independent variables included patient diagnosis and function; and caregiver demographics, and social and coping resources. Cross-sectional analyses examined distributions of these independent variables between diagnoses, and logistic regression examined correlates of caregiver burden, anxiety, depressive symptoms, and spiritual well-being. RESULTS: There were significant differences in patient functioning and caregiver demographics and socioeconomic status between diagnosis groups but few differences in caregiver burden or psychosocial-spiritual outcomes by diagnosis. The most robust social resources indicator of caregiver burden was desire for more help from friends and family. Anxious preoccupation coping style was robustly associated with caregiver psychosocial-spiritual outcomes. CONCLUSION: Caregiver resources, not patient diagnosis or illness severity, are the primary correlates associated with caregiver burden. Additionally, caregiver burden is not disease specific to those examined here, but it is rather a relatively universal experience that may be buffered by social resources and successful coping styles. [See also in the same issue of the journal: Elliott, B. A., et al., "Religious beliefs and practices in end-stage renal disease: implications for clinicians," pp. 400-409; noted elsewhere in this bibliography.]

Bussing, A., Hedtstuck, A., Khalsa, S. B., Ostermann, T. and Heusser, P. [Center of Integrative Medicine, Faculty of Health, Witten/Herdecke University, Herdecke, Germany]. "**Development of specific aspects of spirituality during a 6-month intensive yoga practice**." *Evidence-Based Complementary & Alternative Medicine: eCAM* (2012): 981523 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The majority of research on yoga focuses on its psychophysiological and therapeutic benefits, while the spiritual aspects are rarely addressed. Changes of specific aspects of spirituality were thus investigated among 160 individuals (91% women, mean age 40.9 +/- 8.3 years; 57% Christians) starting a 2-year yoga teacher training. We used standardized questionnaires to measure aspects of spirituality (ASP), mindfulness (FMI-Freiburg Mindfulness Inventory), life satisfaction (BMLSS-Brief Multidimensional Life Satisfaction Scale), and positive mood (lightheartedness/relief). At the start of the course, scores of the respective ASP subscales for search for insight/wisdom, transcendence conviction, and conscious interactions/compassion were high, while those for religious orientation were low. Within the 6 month observation period, both conscious interactions/compassion (effect size, Cohen's d = .33), Religious orientation (d = .21), Lightheartedness/Relief (d = .75) and mindfulness (d = .53) increased significantly. Particularly non-religious/non-spiritual individuals showed moderate effects for an increase of conscious interactions/compassion. The results from this study suggest that an intensive yoga practice (1) may significantly increase specific aspects of practitioners' spirituality, mindfulness, and mood, (2) that these changes are dependent in part on their original spiritual/religious self-perception, and (3) that there are strong correlations amongst these constructs (i.e., conscious interactions/compassion, and mindfulness).

Campbell, N., Stuck, C. and Frinks, L. [Department of Neuropsychiatry, University of South Carolina School of Medicine, Columbia; Nioaka.campbell@uscmed.sc.edu]. "**Spirituality training in residency: changing the culture of a program**." *Academic Psychiatry* 36, no. 1 (Jan 1, 2012): 56-59.

The article describes the incorporation of a "vertial spirituality curriculum" -- including residents as teachers, integrated 360 evaluations, didactics, and case-conferences, and an interdisciplinary workshop -- into a residency program.

Candy, B., Jones, L., Varagunam, M., Speck, P., Tookman, A. and King, M. [Marie Curie Palliative Care Research Unit, UCL Mental Health Sciences Unit, University College Medical School, London, UK; b.candy@ucl.ac.uk]. "**Spiritual and religious interventions for well-being of adults in the terminal phase of disease**." *Cochrane Database of Systematic Reviews* 5 (2012): CD007544.

[Abstract:] BACKGROUND: As terminal disease progresses, health deteriorates and the end of life approaches, people may ask "Why this illness? Why me? Why now?" Such questions may invoke, rekindle or intensify spiritual or religious concerns. Although the processes by which these associations occur are poorly understood, there is some research evidence for associations that are mainly positive between spiritual and religious awareness and wellness, such as emotional health. OBJECTIVES: This review aimed to describe spiritual and religious interventions for adults in the terminal phase of a disease and to evaluate their effectiveness on well-being. SEARCH METHODS: We searched 14 databases to November 2011, including the Cochrane Central Register of Controlled Trials and MEDLINE. SELECTION CRITERIA: We included randomized controlled trials (RCTS) if they involved adults in the terminal phase of a disease and if they evaluated outcomes for an intervention that had a spiritual or religious component. Primary outcomes were well-being, coping with the disease and quality of life. DATA COLLECTION AND ANALYSIS: In accordance with the inclusion criteria, two review authors independently screened citations. One review author extracted data which was then checked by another review author. We considered meta-analysis for studies with comparable characteristics. MAIN RESULTS: Five RCTs (1130 participants) were included. Two studies evaluated meditation, the others evaluated multi-disciplinary palliative care interventions that involved a chaplain or spiritual counselor as a member of the intervention team. The studies evaluating meditation found no overall significant difference between those receiving meditation or usual care on quality of life or well-being. However, when meditation was combined with massage in the medium term it buffered against a reduction in quality of life. In the palliative care intervention studies there was no significant difference in quality of life or well-being between the trial arms. Coping with the disease was not evaluated in the studies. The quality of the studies was limited by under-reporting of design features. AUTHORS' CONCLUSIONS: We found inconclusive evidence that interventions with spiritual or religious components for adults in the terminal phase of a disease may or may not enhance well-being. Such interventions are under-evaluated. All five studies identified were undertaken in the same country, and in the multi-disciplinary palliative care interventions it is unclear if all participants received support from a chaplain or a spiritual counselor. Moreover, it is unclear in all the studies whether the participants in the comparative groups received spiritual or religious support, or both, as part of routine care or from elsewhere. The paucity of quality research indicates a need for more rigorous studies.

Carson, J. A., Michalsky, L., Latson, B., Banks, K., Tong, L., Gimpel, N., Lee, J. J. and Dehaven, M. J. [Department of Clinical Nutrition, University of Texas Southwestern Medical Center, Dallas; Joann.carson@utsouthwestern.edu]. "**The cardiovascular health of urban African Americans: diet-related results from the Genes, Nutrition, Exercise, Wellness, and Spiritual Growth (GoodNEWS) trial**." *Journal of the Academy of Nutrition & Dietetics* 112, no. 11 (Nov 2012): 1852-1858.

[Abstract:] African Americans have a higher incidence of cardiovascular disease (CVD) than Americans in general and are thus prime targets for efforts to reduce CVD risk. Dietary intake data were obtained from African Americans participating in the Genes, Nutrition, Exercise, Wellness, and Spiritual Growth (GoodNEWS) Trial. The 286 women and 75 men who participated had a mean age of 49 years; 53% had hypertension, 65% had dyslipidemia, and 51% met criteria for metabolic syndrome. Their dietary intakes were compared with American Heart Association and National Heart, Lung, and Blood Institute nutrition parameters to identify areas for improvement to reduce CVD risk in this group of urban church members in Dallas, TX. Results from administration of the Dietary History Questionnaire indicated median daily intakes of 33.6% of energy from total fat, 10.3% of energy from saturated fat, 171 mg cholesterol, 16.3 g dietary fiber, and 2,453 mg sodium. A beneficial median intake of 2.9 cups fruits and vegetables per day was coupled with only 2.7 oz fish/week and an excessive intake of 13 tsp added sugar/day. These data indicate several changes needed to bring the diets of these individuals--and likely many other urban African Americans--in line with national recommendations, including reduction of saturated fat, sodium, and sugar intake, in addition to increased intake of fatty fish and whole grains. The frequent inclusion of vegetables should be encouraged in ways that promote achievement of recommended intakes of energy, fat, fiber, and sodium.

Carter-Edwards, L., Hooten, E. G., Bruce, M. A., Toms, F., Lloyd, C. L. and Ellison, C. [Department of Community and Family Medicine, Duke University Medical Center, Durham, NC; lori_carter-edwards@unc.edu]. "**Pilgrimage to wellness: an exploratory report of rural African American clergy perceptions of church health promotion capacity**." *Journal of Prevention & Intervention in the Community* 40, no. 3 (2012): 194-207.

[Abstract:] Churches serve vital roles in African American communities, where disease burden is disproportionately greater and healthcare access is more limited. Although church leadership often must approve programs and activities conducted within churches, little is known about their perception of churches as health promotion organizations, or the impact of church-based health promotion on their own health. This exploratory study assessed perceptions of church capacity to promote health among 27 rural, African American clergy leaders and report the relationship between their own health and that of their congregation. Results indicate a perceived need to increase the capacity of their churches to promote health. Most common were conducting health programs, displaying health information, kitchen committee working with the health ministry, partnerships outside of the church, and funding. Findings lay the foundation for the development of future studies of key factors associated with organizational change and health promotion in these rural church settings. [This article is part of a special issue on spirituality. See other articles in this issue by Proeschold-Bell, R. J., et al.; and by Stewart-Sicking, J. A.; noted elsewhere in this bibliography.]

Chan, T. W. and Hegney, D. [National University of Singapore, Singapore]. "**Buddhism and medical futility**." *Journal of Bioethical Inquiry* 9, no. 4 (Dec 2012): 433-438. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Religious faith and medicine combine harmoniously in Buddhist views, each in its own way helping Buddhists enjoy a more fruitful existence. Health care providers need to understand the spiritual needs of patients in order to provide better care, especially for the terminally ill. Using a recently reported case to guide the reader, this paper examines the issue of medical futility from a Buddhist perspective. Important concepts discussed include compassion, suffering, and the significance of the mind. Compassion from a health professional is essential, and if medical treatment can decrease suffering without altering the clarity of the mind, then a treatment should not be considered futile. Suffering from illness and death, moreover, is considered by Buddhists a normal part of life and is ever-changing. Sickness, old age, birth, and death are integral parts of human life. Suffering is experienced due to the lack of a harmonious state of body, speech, and mind. Buddhists do not believe that the mind is located in the brain, and, for Buddhists, there are ways suffering can be overcome through the control of one's mind.

Chandler, E. [Pastoral Ministries, Brooksby Village, Peabody, MA; Emily.chandler@erickson.com]. "**Religious and spiritual issues in DSM-5: matters of the mind and searching of the soul**." *Issues in Mental Health Nursing* 33, no. 9 (Sep 2012): 577-582.
[Abstract:] Religion, spirituality, and psychiatric illnesses share a complex relationship in the realm of diagnosis. Historically, however, these three constructs have existed in a very peripheral place in the diagnostic taxonomy for psychiatry in the United States. Given the important role that spirituality and religion play for many people in the experiences of coping with health and illness, it seems odd that such important elements are in the margins of the powerful and commanding nosology of the DSM. Explanations for understanding the glaring absence are complex and impacted by some very powerful political and sociological forces, including contributory elements from within the mental health disciplines. This article invites the reader to explore salient issues in the emergence of a broader recognition of religion, spirituality and psychiatric diagnosis in the DSM-5.

Chang, B. H., Stein, N. R., Trevino, K., Stewart, M., Hendricks, A. and Skarf, L. M. [VA Boston Healthcare System, MA; bhchang@bu.edu]. "**Spiritual needs and spiritual care for veterans at end of life and their families**." *American Journal of Hospice & Palliative Medicine* 29, no. 8 (Dec 2012): 610-617. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Spiritual care is an important domain of palliative care programs across the country and in the Veterans Affairs (VA) Healthcare System specifically. This qualitative study assessed the spiritual needs, spiritual care received, and satisfaction with spiritual care of both Veterans at the end of life and their families. Seventeen Veterans and 9 family members participated. They expressed a wide range of spiritual needs, including a wish of Veterans to have a better understanding of traumatic events that occurred during their combat experience. Some Veterans reported military experience enhanced their spirituality. Generally, respondents reported satisfaction with VA spiritual care, but indicated that Veterans may benefit from greater access to VA chaplains and explicit discussion of the impact of their military experience on their spirituality.

Charles, C. E. and Daroszewski E. B. [Western University, College of Graduate Nursing, Pomona, CA; ccharles@westernu.edu]. "**Culturally competent nursing care of the Muslim patient**." *Issues in Mental Health Nursing* 33, no. 1 (Jan 2012): 61-63.
This is a brief review of some basic Islam beliefs and practices.

Chaudoir, S. R., Norton, W. E., Earnshaw, V. A., Moneyham, L,. Mugavero, M. J. and Hiers, K. M. [Department of Psychology, Bradley University, Peoria, IL; schaudoir@bradley.edu]. "**Coping with HIV stigma: Do proactive coping and spiritual peace buffer the effect of stigma on depression?**" *AIDS & Behavior* 16, no. 8 (Nov 2012): 2382-2391.
[Abstract:] Although HIV stigma is a significant predictor of depression, little is known about which factors might most effectively buffer, or attenuate, this effect. We examined whether two coping-related factors-proactive coping and spiritual peace-modified the effect of HIV stigma on likelihood of depression among a sample of 465 people living with HIV/AIDS (PLWHA). In a cross-sectional analysis, we conducted hierarchical logistic regressions to examine the effect of HIV stigma, proactive coping, spiritual peace, and their interactions on likelihood of significant depressive symptoms. Spiritual peace moderated the effect of HIV stigma on depression at high-but not low-levels of HIV stigma. No such effect was observed for proactive coping. Findings suggest that spiritual peace may help counteract the negative effect of HIV stigma on depression. Intervention components that enhance spiritual peace, therefore, may potentially be effective strategies for helping PLWHA cope with HIV stigma.

Chung, G. S., Lawrence, R. E., Curlin, F. A., Arora, V. and Meltzer, D. O. [University of Chicago, IL]. "**Predictors of hospitalised patients' preferences for physician-directed medical decision-making**." *Journal of Medical Ethics* 38, no. 2 (Feb 2012): 77-82.
[Abstract:] BACKGROUND: Although medical ethicists and educators emphasise patient-centred decision-making, previous studies suggest that patients often prefer their doctors to make the clinical decisions. OBJECTIVE: To examine the associations between a preference for physician-directed decision-making and patient health status and sociodemographic characteristics. METHODS: Sociodemographic and clinical information from all consenting general internal medicine patients at the University of Chicago Medical Center were examined. The primary objectives were to (1) assess the extent to which patients prefer an active role in clinical decision-making, and (2) determine whether religious service attendance, the importance of religion, self-rated spirituality, Charlson Comorbidity Index, self-reported health, Vulnerable Elder Score and several demographic characteristics were associated with these preferences. RESULTS: Data were collected from 8308 of 11,620 possible participants. Ninety-seven per cent of respondents wanted doctors to offer them choices and to consider their opinions. However, two out of three (67%) preferred to leave medical decisions to the doctor. In multiple regression analyses, preferring to leave decisions to the doctor was associated with older age (per year, OR=1.019, 95% CI 1.003 to 1.036) and frequently attending religious services (OR=1.5, 95% CI 1.1 to 2.1, compared with never), and it was inversely associated with female sex (OR=0.6, 95% CI 0.5 to 0.8), university education (OR=0.6, 95% CI 0.4 to 0.9, compared with no high school diploma) and poor health (OR=0.6, 95% CI 0.3 to 0.9). CONCLUSIONS: Almost all patients want doctors to offer them choices and to consider their opinions, but most prefer to leave medical decisions to the doctor. Patients who are male, less educated, more religious and healthier are more likely to want to leave decisions to their doctors, but effects are small.

Chung, G. S., Lawrence, R. E., Rasinski, K. A., Yoon, J. D. and Curlin, F. A. [Section of General Internal Medicine, Department of Medicine, The University of Chicago, IL; gchung@uchicago.edu]. "**Obstetrician-gynecologists' beliefs about when pregnancy begins**." *American Journal of Obstetrics & Gynecology* 206, no. 2 (Feb 2012): 132.e1-7.
[Abstract:] OBJECTIVE: The purpose of this study was to assess obstetrician-gynecologists' regarding their beliefs about when pregnancy begins and to measure characteristics that are associated with believing that pregnancy begins at implantation rather than at conception. STUDY DESIGN: We mailed a questionnaire to a stratified, random sample of 1800 practicing obstetrician-gynecologists in the United States. The outcome of interest was obstetrician-gynecologists' views of when pregnancy begins. Response options were (1) at conception, (2) at implantation of the embryo, and (3) not sure. Primary predictors were religious affiliation, the importance of religion, and a moral objection to abortion. RESULTS: The response rate was 66% (1154/1760 physicians). One-half of US obstetrician-gynecologists (57%) believe pregnancy begins at conception. Fewer (28%) believe it begins at implantation, and 16% are not sure. In multivariable analysis, the consideration that religion is the most important thing in one's life (odds ratio, 0.5; 95% confidence interval, 0.2-0.9) and an objection to abortion (odds ratio, 0.4; 95% confidence interval, 0.2-0.9) were associated independently and inversely with believing that pregnancy begins at implantation.

CONCLUSION: Obstetrician-gynecologists' beliefs about when pregnancy begins appear to be shaped significantly by whether they object to abortion and by the importance of religion in their lives.

Cobb, M., Dowrick, C. and Lloyd-Williams, M. [Sheffield Teaching Hospitals NHS Foundation Trust, Royal Hallamshire Hospital, Sheffield, UK; mark.cobb@sth.nhs.uk]. "**What can we learn about the spiritual needs of palliative care patients from the research literature?**" *Journal of Pain & Symptom Management* 43, no. 6 (Jun 2012): 1105-1119.

[Abstract:] CONTEXT: Spirituality is a distinctive subject within palliative care practice and literature, but research to date is relatively undeveloped in this field and studies often throw more light on conceptual and methodological issues than producing reliable data for clinical practice. OBJECTIVES: To determine what is known about the spiritual needs of palliative care patients from the evidence presented in published research. METHODS: Specialist online databases were interrogated for primary empirical studies of patients with a chronic disease unresponsive to curative treatment. Studies that only used a proxy for the patient or reported expert opinion were excluded. Each study was critically appraised for quality and the strength of its evidence to determine if any data could be pooled. RESULTS: Thirty-five studies were identified, equating to a total of 1374 patients. Study populations were typically people with advanced-stage cancer, older than 60 years, who were English speaking, and with a Christian or Jewish religious affiliation, reflecting the predominance of Anglo-American studies. Studies fell into two groups: those that investigated the nature of spiritual experience and those that examined the relationship of spirituality with other phenomena. The evidence was insufficiently homogeneous to pool. CONCLUSION: Relevant accounts of what spirituality means for palliative care patients and evidence of how it operates in the lives of people with life-limiting disease can be derived from research. Studies to date are limited by reductive representations of spirituality and the conduct of research by health professionals within health care communities demarcated from disciplines and interpretive traditions of spirituality.

Cobb, R. K. [Virginia Commonwealth University, Richmond, VA]. "**How well does spirituality predict health status in adults living with HIV-Disease: A Neuman systems model study**." *Nursing Science Quarterly* 25, no. 4 (Oct 2012): 347-355.

[Abstract:] The purpose of this study was to examine the relationship between spirituality and health status of 39 adult men and women living with HIV-disease. A model building approach was used to explore the associations among the five variables of the Neuman systems model, which was the guiding framework for the study. The model presented includes existential well-being, meaningfulness, age, and income.

Cockell, N. and McSherry, W. [Department of Spiritual and Pastoral Care, South Warwickshire Foundation Trust, Warwickshire, UK; nfchub-nellwork@yahoo.co.uk]. "**Spiritual care in nursing: an overview of published international research**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 958-969. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: This paper provides an overview of 80 papers on research into spiritual care in nursing between 2006 and 2010, to enable nurses and nurse managers to make use of evidence available to them to improve quality of care and implement best practice. BACKGROUND: Research into spiritual care has grown rapidly since a review of the field in 2006. EVALUATION: The CINAHL database was used to search for 'spirituality' OR 'spiritual care' AND 'nursing, looking for original research papers involving health-care practitioners. KEY ISSUES: Research is discussed in the following themes: nursing education; care of health-care practitioners, including nurses; descriptive and correlational research; assessment tools used in research; palliative care and oncology; culture and spiritual care research. Future research should take into account the risks of research that does not involve patients and the need for research that is translatable into contexts other than the setting under study. IMPLICATIONS FOR NURSING MANAGEMENT: Spiritual care research has implications for staff training and education, staff motivation and health, organizational culture, best practice, quality of care and, most importantly, for the health of patients. Nurse managers, and indeed all involved in management of nursing, should use this growing body of evidence to inform their spiritual care training, planning and delivery. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Draper, P.; by Kevern, P.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Cohen, M. Z., Holley, L. M., Wengel, S. P. and Katzman, M. [University of Nebraska Medical Center, Center for Nursing Sciences, Omaha; mzcohen@unmc.edu]. "**A platform for nursing research on spirituality and religiosity: definitions and measures**." *Western Journal of Nursing Research* 34, no. 6 (Oct 2012): 795-817.

[Abstract:] Spirituality or religiousness is important across the health trajectory, from promoting health and preventing disease, to coping with illness and end of life. Research on the relationship of religiousness or spirituality to health spans more than one discipline and applies many definitions and measures. The purpose of this multidisciplinary work is to facilitate research by nurses who seek to investigate the relationship between health and religiousness or spirituality, and provide evidence-based guidance for nursing practice. Senior researchers summarize the history of inquiry on this topic, discuss particular and persistent challenges posed by definitions of religion and spirituality, describe selected measures that have enjoyed wide application, and make recommendations for consideration by nurse researchers. Use of existing knowledge to select variables, definitions, and measures, and to link research questions and findings to the larger body of current inquiry, will advance nursing practice closer to fulfilling Nightingale's ideals for effective care. [This article is part of a theme issue of the journal, other articles in which are by Dalmida, S. G., et al., by Baldacchino, D. R., et al., and by Tuck, I.; all of which are noted elsewhere in this bibliography.]

Collin, M. [NHS Forth Valley, Spiritual Care, NHS Forth Valley Royal Hospital, Larbert, Scotland; margery.collin@btinternet.com]. "**The search for a higher power among terminally ill people with no previous religion or belief**." *International Journal of Palliative Nursing* 18, no. 8 (Aug 2012): 384-389.

[Abstract:] In a palliative care setting, there is evidence from the practice of spiritual care delivery to suggest that some terminally ill patients may seek, with varying degrees of openness and articulation, to connect with a higher power, or God, despite having expressed no previous interest in religion or belief. Developing a better understanding of the thoughts and feelings of such patients requires insight into the initial triggers of their search. In this small qualitative study involving six patients, fear, hope, and a natural connection are posited as possible prompts. The results highlight the complexity of ambivalent feelings toward a transcendent being that can be the focus of anger and blame while simultaneously offering a source of comfort and hope for an afterlife. Moreover, the study revealed something of the extent to which health professionals may feel limited in facilitating necessary discussion by a need to protect patients and themselves from entering an unfamiliar and complex area.

Cook, C. C., Breckon, J., Jay, C., Renwick, L. and Walker, P. [Tees, Esk and Wear Valleys NHS Foundation Trust; c.c.h.cook@durham.ac.uk]. "**Pathway to accommodate patients' spiritual needs**." *Nursing Management (Harrow)* 19, no. 2 (May 2012): 33-37.

[Abstract:] Many service users would like their spiritual needs to be taken into account during treatment and doing so has been shown to have positive benefits. However, this rarely happens in practice. Barriers to healthcare professionals providing spiritual care include embarrassment, lack of awareness and training, fear and lack of time. This article describes the development of a spirituality care pathway as part of a wider organizational initiative to offer spiritual support in mental health services. The process highlighted the importance of developing awareness and ownership of the need for spiritual care in all service areas and among service users. A range of spiritual interventions were identified and a process of monitoring and review introduced. The approach was appreciated by service users and staff, and was developed within existing professional and management processes.

Cordella, M. [Monash University, Clayton, Australia; Marisa.cordella@arts.monash.edu.au]. "**Negotiating religious beliefs in a medical setting**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 837-853.

[Abstract:] This manuscript studies in detail, following a discourse analytical approach, medical consultations in which a patient's religious belief does not allow blood transfusion to be administered. The patient is a young Jehovah's Witness suffering myeloid leukaemia who is being treated in a Catholic cancer hospital where the practice of blood transfusion forms part of the standard protocol to treat the disease. The consultations under analysis take place in a Chilean cancer clinic where mainly the oncologist and a Jehovah's Witness Representative (JWR) present discuss and negotiate expert information on the substitute methods to be used. The exchange dynamics of the consultations differ from the usual visits where the medical knowledge and expertise is primarily in the hands of the medical practitioner. In these encounters, the JWR shares vital information with the oncologist providing the basis of the treatment to be used. This shifting of the balance of power-which could have been a cause of tension in the visit and a contributing factor in the disruption of communication-has instead brought light to the encounter where the negotiated treatment has been achieved with relative ease. The patient's future is in the hands of the oncologist and the JWR, and their successful negotiation of treatment has made it possible to cater for the particular needs of a JW patient. Sharing different medical practices has not been an obstacle, but an opportunity to find out ways to deliver equity access and well-informed practices to a non-conventional patient.

Coreil, J., Corvin, J. A., Nupp, R., Dyer, K. and Noble, C. [Department of Community and Family Health, University of South Florida, Tampa; jcoreil@health.usf.edu]. "**Ethnicity and cultural models of recovery from breast cancer**." *Ethnicity & Health* 17, no. 3 (2012): 291-307.

[Abstract:] OBJECTIVE: Recovery narratives describe the culturally shared understandings about the ideal or desirable way to recover from an illness experience. This paper examines ethnic differences in recovery narratives among women participating in breast cancer support groups in Central Florida, USA. It compares groups serving African-American, Latina, and European American women, with the objective of better understanding the appeal of ethnic-specific illness support groups for culturally diverse populations. DESIGN: A mixed-method study design combined qualitative and quantitative measures, including in-depth interviews, participant observation at support group meetings, collection of printed documents, and a structured survey. RESULTS: Core elements of the recovery narrative drew from the dominant societal cancer discourse of optimism and personal transformation through adversity; however, important ethnic differences were evident in the meaning assigned to these themes. Groups gave distinctive salience to themes of faith and spirituality, empowerment through the migration experience, and becoming a better person through the journey of recovery. CONCLUSION: The findings suggest that ethnic cancer support groups draw upon dominant societal discourses about cancer, but they espouse distinctive recovery narratives that are consonant with the groups' cultural models of illness. Similarity between ethnic members' individual recovery narratives and that of the group may contribute to the appeal of ethnic illness support groups for culturally diverse populations.

Corn, B. W., Chochinov, H. M. and Vachon, M. "**Integrating spiritual care into the practice of oncology**." *Current Opinion in Supportive & Palliative Care* 6, no. 2 (Jun 2012): 226-227.

Introduction to a special theme issue on spirituality. See articles by Dennis, K.; by El Nawawi, N. M., et al.; by Kalish, N.; and by Olver, I. N.; noted elsewhere in this bibliography.

Costa, R. V. and Pakenham, K. I. [School of Psychology, The University of Queensland, Brisbane, Queensland, Australia]. "**Associations between benefit finding and adjustment outcomes in thyroid cancer**." *Psycho-Oncology* 21, no. 7 (Jul 2012): 737-744.

[Abstract:] OBJECTIVE: Few studies have examined psychological adjustment in thyroid cancer (TC) patients and no published studies have investigated benefit finding (BF) in this population. This study examined the relationship between BF and adjustment in TC using an expanded conceptualization of adjustment that incorporated higher order cognitive and motivational states (HOCMS) and health behavior changes, and a BF measure that accounted for positive and negative changes. Partner ratings of patient's BF and health behavior changes were examined as sources of external validity for these constructs. METHODS: 154 TC patients and 32 partners completed questionnaires. RESULTS: Findings supported the prediction that BF would be associated with greater positive affect and positive health behavior change, and better outcomes on the HOCMS of adjustment. After controlling for demographics and cancer stress, BF evidenced associations with greater positive affect, wisdom, spiritual wellbeing, and lifestyle changes. CONCLUSIONS: Results suggest that BF is related to health behavior change that is corroborated by significant others and is strongly related to the existentially oriented adjustment outcomes.

Costello, M., Atinaja-Faller, J. and Hedberg, M. [Simmons College, Boston, MA; margaret.costello@simmons.edu]. "**The use of simulation to instruct students on the provision of spiritual care: a pilot study**." *Journal of Holistic Nursing* 30, no. 4 (Dec 2012): 277-281. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Providing spiritual care is recognized as a significant aspect of nursing practice. This pilot study was designed to determine if simulation is an effective method for instructing nursing students in the provision of spiritual care. Fifty-two students participated in a simulation exercise that introduced concepts of spiritual care. Simulation was successful in improving students' attitudes toward patient spirituality, assessment of spiritual needs, ability to refer patients to the appropriate spiritual caregivers, and communication skills.

Incorporating spiritual care instruction into curricula may prove to be valuable in increasing students' awareness of spiritual care for patients and incorporation of such care into their practice.

Cote, A. and Daneault, S. [Hopital Notre-Dame du CHUM, Montreal, Canada; andreanne.cote.chum@ssss.gouv.qc.ca]. "**Effect of yoga on patients with cancer: our current understanding**." *Canadian Family Physician* 58, no. 9 (Sep 2012): e475-479.
[Abstract:] OBJECTIVE: To determine whether therapeutic yoga improves the quality of life of patients with cancer. DATA SOURCES: Search of MEDLINE database (1950-2010) using key words yoga, cancer, and quality of life. STUDY SELECTION: Priority was given to randomized controlled clinical studies conducted to determine the effect of yoga on typical symptoms of patients with cancer in North America. SYNTHESIS: Initially, 4 randomized controlled clinical studies were analyzed, then 2 studies without control groups were analyzed. Three studies conducted in India and the Near East provided interesting information on methodologies. The interventions included yoga sessions of varying length and frequency. The parameters measured also varied among studies. Several symptoms improved substantially with yoga (higher quality of sleep, decrease in symptoms of anxiety and depression, improvement in spiritual well-being, etc). It would appear that quality of life, or some aspects thereof, also improved. CONCLUSION: The variety of benefits derived, the absence of side effects, and the cost-benefit ratio of therapeutic yoga make it an interesting alternative for family physicians to suggest to their patients with cancer. Certain methodologic shortcomings, including the limited size of the samples and varying levels of attendance on the part of the subjects, might have reduced the statistical strength of the studies presented. It is also possible that the measurement scales used did not suit this type of situation and patient population, making it impossible to see a significant effect. However, favorable comments by participants during the studies and their level of appreciation and well-being suggest that further research is called for to fully understand the mechanisms of these effects.

Cotton, S., Grossoehme, D. and McGrady, M. E. [Department of Family and Community Medicine, University of Cincinnati College of Medicine, Cincinnati, OH; sian.cotton@uc.edu]. "**Religious coping and the use of prayer in children with sickle cell disease**." *Pediatric Blood & Cancer* 58, no. 2 (February 2012): 244-249.
[Abstract:] While adolescents and adults with sickle cell disease (SCD) have reported using religion to cope with SCD, there is no data examining religious coping in young children with SCD. The purpose of this qualitative study was to: (1) describe the types of religious coping used by children with SCD; (2) describe the content and frequency of prayer used in relation to SCD; and (3) examine how children viewed God/Higher Power in relation to their SCD. PROCEDURE: Children with SCD participated in a semi-structured interview and an art drawing exercise focused on the use of general coping and religious coping. Interviews were coded, organized, and analyzed using a template organizational style of interpretation and NVivo 8.0 qualitative software. RESULTS: Of the 19 participants, the average age was 8.05 years (SD +/-1.81); 11 were female (58%); all (100%) were African-American and 9 (47%) were Protestant. Children used religion to gain control, make meaning, and find comfort. Most children reported praying to get well, to keep from getting sick, and to get out of the hospital. Children described a functional God who made them take their medicine or took them to the hospital and an emotional God who made them happy and comforted them when they were sad or scared. CONCLUSIONS: These children with SCD reported using religion to help cope with the illness. Providers should be aware of the importance of religion to many of these children and integrate religion, as appropriate, into discussions about coping with SCD.

Cotton, S., Weekes, J. C., McGrady, M. E., Rosenthal, S. L., Yi, M. S., Pargament, K., Succop, P., Roberts, Y. H. and Tsevat, J. [Department of Family and Community Medicine, University of Cincinnati College of Medicine, OH;. sian.cotton@uc.edu]. "**Spirituality and religiosity in urban adolescents with asthma**." *Journal of Religion & Health* 51, no. 1 (Mar 2012): 118-131.
[Abstract:] Predictors of multiple dimensions of spirituality/religiosity (S/R) and adolescents' preferences for having S/R (e.g., prayer) addressed in hypothetical medical settings were assessed in a sample of urban adolescents with asthma. Of the 151 adolescents (mean age=15.8, 60% female, 85% African-American), 81% said that they were religious and spiritual, 58% attended religious services in the past month, and 49% prayed daily. In multivariable models, African-American race/ethnicity and having a religious preference were associated with higher levels of S/R (R (2)=0.07-0.25, P<.05). Adolescents' preferences for including S/R in the medical setting increased with the severity of the clinical situation (P<.05).

Cox, S. S., Bennett, R. J., Tripp, T. M. and Aquino, K. [Department of Management, Marketing, and Business Administration, McNeese State University, Lake Charles, LA; scox@mcneese.edu]. "**An empirical test of forgiveness motives' effects on employees' health and well-being**." *Journal of Occupational Health Psychology* 17, no. 3 (Jul 2012): 330-340.
[Abstract:] Two critical-incident studies were conducted to determine what motivates employees to forgive (or reconcile) with coworkers who offend them. Data from the first study's exploratory factor analysis revealed five types of motives for forgiveness: apology, moral, religious, relationship, and lack of alternatives. Data from the second study on a different sample confirmed the five-factor structure, and structural equation modeling demonstrated differential relationships between the five motives and the outcome variables, stress and health. Individuals who claimed to have forgiven because they believed they had no other alternatives, or who forgave because they believed a higher power (religious) required it, were more likely to report greater stress and poorer health. Positive outcomes of forgiveness were discovered for those employees who forgave because they believed it was the right (moral) thing to do. Those who forgave for moral reasons reported less stress than those who forgave because they believed they had no other choice or because a higher power demanded it. Forgiving for relationship and apology reasons was not significantly related to either stress or general health. Future research directions are discussed.

Creutzfeldt, C. J., Holloway, R. G. and Walker, M. [Department of Neurology, University of Washington Harborview Medical Center, Seattle, WA; clairejc@uw.edu]. "**Symptomatic and palliative care for stroke survivors**." *Journal of General Internal Medicine* 27, no. 7 (Jul 2012): 853-860.
[Abstract:] Stroke is the leading cause of disability and one of the most common causes of death worldwide. Outside the setting of acute management, secondary prevention and stroke rehabilitation, little has been written to address the ongoing symptomatic and palliative needs of these patients and their families. In this literature review, we look beyond secondary prevention with the aim of providing evidence-informed management guidelines for the myriad and often under-recognized symptomatic and palliative care needs of stroke survivors. Some of the most common and disabling post-stroke symptoms that are reviewed here include central post-stroke pain, hemiplegic shoulder pain, painful spasticity, fatigue, incontinence, post-stroke seizures, sexual dysfunction, sleep-disordered breathing, depression and emotionalism. We review the role of caregivers and explore ways to support them and, lastly, remind the reader to be perceptive to the patient's spiritual needs. The literature is most robust, including controlled trials, for central post-stroke pain and depression. Synthesis and discussion outside these areas are

frequently limited to smaller studies, case reports and expert opinion. While some data exists to guide informed decision-making, there is an urgent need to document best practice and identify appropriate clinical standards for the full spectrum of symptoms experienced by stroke survivors. We present the current and established data to aid health care providers in symptomatic and palliative management of stroke survivors.

Cromby, J. [Loughborough University, UK; J.Cromby@lboro.ac.uk]. "**Beyond belief**." *Journal of Health Psychology* 17, no. 7 (Oct 2012): 943-957.

[Abstract:] Psychology, including health psychology, frequently invokes the concept of belief but almost never defines it. Drawing upon scholarship associated with the 'affective turn', this article argues that belief might usefully be understood as a structure of socialized feeling, contingently allied to discursive practices and positions. This conceptualization is explained, and its implications for health psychology discussed with respect to research on religiosity and spirituality and debates about the value of social cognition models such as the theory of planned behavior. [See also the commentary by Park, C. L., "Attending to the construct of beliefs in research on religion/spirituality and health: commentary on 'beyond belief,'" on pp. 969-973 of the same issue of the journal (and also cited elsewhere in this bibliography).]

Daaleman, T. P. [Department of Family Medicine, University of North Carolina at Chapel Hill; tim_daaleman@med.unc.edu]. "**A health services framework of spiritual care**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 1021-1028. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: To introduce a health services framework of spiritual care that addresses the empirical and applied issues surrounding spirituality and nursing practice. BACKGROUND: Despite over 20 years of study, the concept of spirituality is still under development, which limits application to nursing practice. METHODS: Three studies using a health services framework are reviewed: (1) a survey study of dying patients and family that describes the providers, types and outcomes of spiritual care; (2) an exploratory study of the process of spiritual care; and (3) a multi-level study of the structure and outcomes of spiritual care in long-term care facilities. RESULTS: Spiritual care recipients identify family or friends (41%), clergy (17%) and health care providers (29%) as spiritual care providers. The most frequently reported type of spiritual care was help in coping with illness (87%). Just over half (55%) were satisfied with the care that they received. The processes of spiritual care involved: (1) presence, (2) opening eyes, and; (3) co-creating, which was a mutual and fluid activity between patients, family members and care providers. In long term care facilities, decedents who received spiritual care were perceived as receiving better overall care in the last month of life, when compared with those decedents who did not receive spiritual care. CONCLUSIONS: A health services framework provides a holistic view of spiritual care, one that is consistent with integrated nursing models. IMPLICATIONS FOR NURSING MANAGEMENT: By focusing on the structure, process and outcome elements of spiritual care within organizational settings, nursing management can develop feasible approaches to implement, improve and evaluate the delivery of this unique type of care. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Blanchard, J. H., et al.; by Draper, P.; by Kevern, P.; by Cockell, N.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Dallas, R. H., Wilkins, M. L., Wang, J., Garcia, A. and Lyon, M. E. [St. Jude Children's Research Hospital, Department of Infectious Diseases, Memphis, TN 38105, USA. ronald.dallas@stjude.org]. "**Longitudinal Pediatric Palliative Care: Quality of Life & Spiritual Struggle (FACE): design and methods**." *Contemporary Clinical Trials* 33, no. 5 (Sep 2012): 1033-1043.

[Abstract:] As life expectancy increases for adolescents ever diagnosed with AIDS due to treatment advances, the optimum timing of advance care planning is unclear. Left unprepared for end-of-life (EOL) decisions, families may encounter miscommunication and disagreements, resulting in families being charged with neglect, court battles and even legislative intervention. Advanced care planning (ACP) is a valuable tool rarely used with adolescents. The Longitudinal Pediatric Palliative Care: Quality of Life & Spiritual Struggle study is a two-arm, randomized controlled trial assessing the effectiveness of a disease specific FAmily CEntered (FACE) advanced care planning intervention model among adolescents diagnosed with AIDS, aimed at relieving psychological, spiritual, and physical suffering, while maximizing quality of life through facilitated conversations about ACP. Participants will include 130 eligible dyads (adolescent and family decision-maker) from four urban cities in the United States, randomized to either the FACE intervention or a Healthy Living Control. Three 60-minute sessions will be conducted at weekly intervals. The dyads will be assessed at baseline as well as 3-, 6-, 12-, and 18-month post-intervention. The primary outcome measures will be in congruence with EOL treatment preferences, decisional conflict, and quality of communication. The mediating and moderating effects of threat appraisal, HAART adherence, and spiritual struggle on the relationships among FACE and quality of life and hospitalization/dialysis use will also be assessed. This study will be the first longitudinal study of an AIDS-specific model of ACP with adolescents. If successful, this intervention could quickly translate into clinical practice.

Dalmida, S. G. Holstad, M. M., DiIorio, C. and Laderman, G. [School of Nursing, Emory University, Atlanta, GA; sageorg@emory.edu]. "**The meaning and use of spirituality among African American women living with HIV/AIDS**." *Western Journal of Nursing Research* 34, no. 6 (Oct 2012): 736-765.

[Abstract:] The purpose of this qualitative study was to explore the meaning and use of spirituality among African American (AA), predominantly Christian women with HIV. A nonrandom sample of 20 AA women from a large infectious disease clinic in Metro-Atlanta participated in the study. The study used focus groups and individual interviews to interview women about their lived spiritual experience. Content analysis and NUDIST software were used to analyze transcripts. The findings revealed the spiritual views and practices of AA women with HIV. The following themes (and subthemes) emerged: Spirituality is a process/journey or connection (connection to God, higher power, or spirit and HIV brought me closer to God), spiritual expression (religion/church attendance, prayer, helping others, having faith), and spiritual benefits (health/healing, spiritual support, inner peace/strength/ability to keep going, and here for a reason or purpose/a second chance). Findings highlight the importance of spirituality in health and well-being among AA women with HIV/AIDS. [This article is part of a theme issue of the journal, other articles in which are by Cohen, M. Z., et al., by Baldacchino, D. R., et al., and by Tuck, I.; all of which are noted elsewhere in this bibliography.]

Damianakis, T. and Marziali, E. [School of Social Work, University of Windsor, Windsor, Canada; damianak@uwindsor.ca]. "**Older adults' response to the loss of a spouse: the function of spirituality in understanding the grieving process**." *Aging & Mental Health* 16, no. 1 (2012): 57-66.

[Abstract:] OBJECTIVE: The objective of this study was to examine the role of spirituality in helping older adults grieve the loss of a spouse in the context of a model of group psychotherapy. METHODS: Twenty-four older adults, ranging in age from 65 to 82, whose spouses had died in

the previous year, were assigned, in groups of six, to a 14-week group therapy intervention facilitated by trained, experienced co-therapist social workers. All sessions were audio recorded. RESULTS: Qualitative analysis of the four therapy groups at beginning, middle and ending sessions yielded salient themes that illustrate associations between spirituality and shifts in self-identity, mourning the loss and social re-engagement. DISCUSSION: Observed were within process acknowledgement of the role played by spiritual beliefs in mourning the loss of a spouse. Implications for group intervention for older adults grieving the loss of a spouse are discussed.

Deal, B. and Grassley, J. S. [University of Texas at Tyler, College of Nursing and Health Sciences, Tyler, TX; bdeal@uttyler.edu]. "**The lived experience of giving spiritual care: a phenomenological study of nephrology nurses working in acute and chronic hemodialysis settings**." N*ephrology Nursing Journal: Journal of the American Nephrology Nurses' Association* 39, no. 6 (Nov-Dec 2012): 471-481, 496; quiz on p. 482.

[Abstract:] The purpose of this study was to explore the lived experiences of nephrology nurses giving spiritual care in acute and chronic hemodialysis settings. Ten nurses were interviewed. Five themes were identified: a) drawing close, b) drawing from the well of my spiritual resources, c), sensing the pain of spiritual distress, d) lacking resources to give spiritual care, and e) giving spiritual care is like diving down deep. The study findings suggest that patients and nurses draw close during the giving of spiritual care, that nurses have spiritual resources they use to prepare for and give spiritual care, and that giving spiritual care can have an emotional cost. These findings have implications for nursing practice, nursing education, and nursing research.

Debnam, K. J., Holt, C. L., Clark, E. M., Roth, D. L., Foushee, H. R., Crowther, M., Fouad, M. and Southward, P. L. [University of Maryland, School of Public Health, Department of Behavioral and Community Health, College Park; kdebnam@umd.edu]. "**Spiritual health locus of control and health behaviors in African Americans**." *American Journal of Health Behavior* 36, no. 3 (Mar 2012): 360-372.

[Abstract:] OBJECTIVE: To examine relationships between spiritual health locus of control beliefs and various health behaviors. METHODS: A cross-sectional survey of a national sample of African Americans assessed spiritual beliefs, fruit and vegetable consumption, physical activity, and alcohol consumption. RESULTS: Active spiritual beliefs were positively associated with fruit consumption and negatively associated with alcohol consumption. Passive spiritual beliefs were associated with lower vegetable and increased alcohol consumption. Among male participants, passive spiritual beliefs were associated with higher alcohol consumption. CONCLUSIONS: Findings suggest that dimensions of spiritual health locus of control beliefs have complex and varying relationships with health behaviors.

Debnam, K., Holt, C. L., Clark, E. M., Roth, D. L. and Southward, P. [Department of Behavioral and Community Health, School of Public Health, University of Maryland, College Park; kdebnam@umd.edu]. "**Relationship between religious social support and general social support with health behaviors in a national sample of African Americans**." *Journal of Behavioral Medicine* 35, no. 2 (Apr 2012): 179-189.

[Abstract:] Chronic diseases are the leading cause of death and disability in the United States and have significant behavioral origins. African Americans suffer a disproportionate burden of chronic disease relative to other US racial/ethnic groups. Previous research supports an association between both general and religious social support and health behaviors that impact the risk of chronic disease. The present study examined the relative contributions of these constructs to a variety of health behaviors in a national probability sample of African American men and women (N=2,370). A telephone interview assessing fruit and vegetable consumption, physical activity, alcohol consumption, and current cigarette use was completed by participants. Results showed that several dimensions of religious social support predicted fruit and vegetable consumption, moderate physical activity, and alcohol use over and above the role of general social support. Findings highlight the unique role of religious support in this population in the context of health behaviors. Implications for health promotion interventions are discussed.

de Jager Meezenbroek, E., Garssen, B., van den Berg, M., van Dierendonck, D., Visser, A. and Schaufeli, W. B. [Helen Dowling Institute, Care for Cancer, Utrecht, The Netherlands; e.dejager@hdi.nl]. "**Measuring spirituality as a universal human experience: a review of spirituality questionnaires**." *Journal of Religion & Health* 51, no. 2 (Jun 2012): 336-354.

[Abstract:] Spirituality is an important theme in health research, since a spiritual orientation can help people to cope with the consequences of a serious disease. Knowledge on the role of spirituality is, however, limited, as most research is based on measures of religiosity rather than spirituality. A questionnaire that transcends specific beliefs is a prerequisite for quantifying the importance of spirituality among people who adhere to a religion or none at all. In this review, we discuss ten questionnaires that address spirituality as a universal human experience. Questionnaires are evaluated with regard to psychometric properties, item formulation and confusion with well-being and distress. Although none of the questionnaires fulfilled all the criteria, the multidimensional Spiritual Well-Being Questionnaire is promising.

De Lima, L., Bennett, M. I., Murray, S. A., Hudson, P., Doyle, D., Bruera, E., Granda-Cameron, C., Strasser, F., Downing, J. and Wenk, R. [International Association for Hospice and Palliative Care (IAHPC), Houston, TX; ldelima@iahpc.com]. "**International Association for Hospice and Palliative Care (IAHPC) List of Essential Practices in Palliative Care**." *Journal of Pain & Palliative Care Pharmacotherapy* 26, no. 2 (Jun 2012): 118-122.

[Abstract:] The objective of this study was to identify, through a consensus process, the essential practices in primary palliative care. A three-phase study was designed. Phase 1 methods included development of a working group; a literature review; development of a baseline list of practices; and identification of levels of intervention. In Phase 2, physicians, nurses, and nurse aides (n = 425) from 63 countries were asked in three Delphi rounds to rate the baseline practices as essential or nonessential and select the appropriate levels of intervention for each. In Phase 3, representatives of 45 palliative care organizations were asked to select and rank the 10 most important practices resulting from Phase 2. Scores (1-10) were assigned to each, based on the selected level of importance. Results of Phase 1 were a baseline list of 140 practices. Three levels of intervention were identified: Identification/Evaluation; Diagnosis; and Treatment/Solution measures. In Phase 2, the response rates (RR) for the Delphi rounds were 96.5%, 73.6%, and 71.8%, respectively. A consensus point (>=80% agreement) was applied, resulting in 62 practices. In Phase 3, RR was 100%. Forty-nine practices were selected and ranked. "Evaluation, Diagnosis and Treatment of Pain" scored the highest (352 points). The working group (WG) arranged the resulting practices in four categories: Physical care needs, Psychological/Emotional/Spiritual care needs, Care Planning and Coordination, and Communication. The IAHPC List of Essential Practices in Palliative care may help define appropriate primary palliative care and improve the quality of care delivered globally. Further studies are needed to evaluate their uptake and impact.

Dein, S., Cook, C. C. and Koenig, H. [Mental Health Sciences, University College London, England; s.dein@ucl.ac.uk]. "**Religion, spirituality, and mental health: current controversies and future directions**." *Journal of Nervous & Mental Disease* 200, no.. 10 (Oct 2012): 852-855.

[Abstract:] Although studies examining religion, spirituality, and mental health generally indicate positive associations, there is a need for more sophisticated methodology, greater discrimination between different cultures and traditions, more focus on situated experiences of individuals belonging to particular traditions, and, in particular, greater integration of theological contributions to this area. We suggest priorities for future research based on these considerations. [This is part of a theme issue of the journal. See also, for instance, Taylor, R. J., et al., "Religious involvement and DSM-IV 12-month and lifetime major depressive disorder among African Americans," pp. 856-862, also noted in this bibliography.]

Dein, S. and Pargament, K. [University College London, UK; s.dein@ucl.ac.uk]. "**On not praying for the return of an amputated limb: conserving a relationship with God as the primary function of prayer**." *Bulletin of the Menninger Clinic* 76, no. 3 (2012): 235-259. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Prayer is commonplace at times of illness. But what do people pray for? After reviewing recent work in the cognitive science of religion, the authors argue that pray-ers preferentially ask for psychological as opposed to physical outcomes because these are easier to accommodate God's intervention in the healing process. The authors exemplify this argument with recent studies of illness-related prayer. The findings from this study accord with other studies which demonstrate that those who follow spiritual pathways engage in efforts to conserve their understanding of and their relationship with the sacred. Thus, the authors argue that prayers to God are designed to enhance human health and well-being in ways that conserve the sacred. Unanswered prayers in a health-related context then may elicit spiritual struggles and significant distress to patients. The authors conclude by discussing the implications of unanswered prayer and theodicy for psychotherapy, emphasizing the seminal work of Anna-Maria Rizzuto.

Dennis, K. and Duncan, G. [Department of Radiation Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Canada; kebdennis@gmail.com]. "**Spiritual care in a multicultural oncology environment**." *Current Opinion in Supportive & Palliative Care* 6, no. 2 (Jun 2012): 247-253.

[Abstract:] PURPOSE OF REVIEW: Increasingly, oncology is practiced within multicultural environments. All aspects of care, including spiritual care should be delivered to patients with cancer in a culturally sensitive manner. In this article, we discuss the influence of culture on patients with cancer throughout the disease process by highlighting relevant reports in the literature. RECENT FINDINGS: Most articles focusing on culture and oncology are single-author or single-institution narrative reports pertaining to experiences with an individual racial, ethnic, religious or minority patient group. The majority of articles are found within the palliative care and nursing literature. SUMMARY: Health-related values vary widely across cultures, and the experience of spiritual care in oncology differs greatly across cultural groups. Although culture is generally recognized as an important health determinant that impacts the experience of care, the extent of different cultural influences is not well understood due to a paucity of relevant data, and reports on resources and educational strategies to optimize culturally competent spiritual care are similarly lacking. [Part of a special theme issue on spirituality. See also articles by El Nawawi, N. M., et al.; by Kalish, N.; and by Olver, I. N.; noted elsewhere in this bibliography.]

Draper, P. [Faculty of Health and Social Care, University of Hull, Cottingham, UK; p.r.draper@hull.ac.uk]. "**An integrative review of spiritual assessment: implications for nursing management**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 970-980. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: To describe the current 'state of the art' in relation to spiritual assessment, focusing on quantitative, qualitative and generic approaches; to explore the professional implications of spiritual assessment; and to make practical recommendations to managers seeking to promote spiritual assessment in their places of work. METHOD: The paper integrates aspects of a recent systematic review of quantitative approaches to measuring spirituality and a recent meta-synthesis of qualitative research into client perspectives of spiritual needs in health and the principles of generic assessment, before drawing on the wider literature to discuss a number of professional implications and making recommendations to nurse managers. IMPLICATIONS FOR NURSING MANAGEMENT: The issues to emerge from this paper are (1) that spiritual assessment is an increasingly important issue for nursing practice, (2) that the range of reliable and valid quantitative instruments for use in clinical practice is limited, (3) that there is overlap in the domains and categories of spirituality identified by quantitative and qualitative researchers, and (4) that nurse managers seeking to introduce spiritual assessment will do so in the context of a professional debate about the relevance of spirituality to contemporary practice. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Kevern, P.; by Cockell, N.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Drescher ,M. J., Wimpfheimer, Z., Abu Khalef, S., Gammaitoni, A., Shehadeh, N. and Torgovicky, R. [Division of Emergency Medicine, Hartford Hospital/University of Connecticut, Hartford; mdresch@harthosp.org]. "**Prophylactic etoricoxib is effective in preventing "first of Ramadan" headache: a placebo-controlled double-blind and randomized trial of prophylactic etoricoxib for ritual fasting headache**." *Headache* 52, no. 4 (Apr 2012): 573-581.

[Abstract:] BACKGROUND: Religious fasting is associated with headache. This has been documented as "Yom Kippur headache" and "first of Ramadan headache." Etoricoxib, a Cox-2 inhibitor with a 22-hour half-life, has been shown effective in preventing fasting headache when taken just prior to the 25-hour Yom Kippur fast. We hypothesized that etoricoxib would also be effective in preventing headache during Ramadan, despite the different characteristics of the fast. METHODS: We performed a double-blind randomized prospective crossover trial of etoricoxib 90mg vs placebo, taken just prior to the onset of fasting, during the first 2 weeks of Ramadan 2010. Healthy adults aged 18-65 years were enrolled. Demographics, headache history and a daily post-fast survey were collected. We compared incidence, time of onset, and intensity of headache on each day and side effects in control and treatment groups. RESULTS: We enrolled 222 patients and 189 completed the post-fast questionnaire (87%). Etoricoxib reduced the incidence of "first of Ramadan" headache by 54% (46% in placebo group [n=92] vs 21% [n=96] in etoricoxib group) (P<.0001, OR 3.19 [95% CI 1.68-6.06]). For days 1-6, the mean number of headache days for the placebo group was 1.60 (n=92) and for the treatment group the mean was 0.86 (n=99) headache days (P=.003). Median severity of headache in the treatment group was significantly lower. In the second week, there was no significant difference in incidence of headache between groups, and the

incidence of headache in the placebo group dropped markedly over time. CONCLUSION: Etoricoxib 90mg taken prior to a 15-hour ritual fast decreases incidence of and attenuates headache during the first 5 days of the month of Ramadan.

El Nawawi, N. M., Balboni, M. J. and Balboni, T. A. [Center for Psychosocial Oncology and Palliative Care Research, Dana-Farber Cancer Institute, Boston, MA]. "**Palliative care and spiritual care: the crucial role of spiritual care in the care of patients with advanced illness**." *Current Opinion in Supportive & Palliative Care* 6, no. 2 (Jun 2012): 269-274.

[Abstract:] PURPOSE OF REVIEW: Within the hospice and palliative care movement, patients' religion/spirituality (R/S) has been a core component of care incorporated within international and US palliative care guidelines. However, as the discipline of palliative care has been incorporated into the larger biomedical community, the inclusion of spiritual care has become controversial. This review summarizes key empirical research at the intersection of palliative care and R/S in order to assess its validity as a domain of end-of-life care. RECENT FINDINGS: Recent research shows that R/S and spiritual care are important components to the care of patients facing advanced illness. Patients - particularly ethnic minorities - rely upon R/S as an important means to interpret and cope with illness. Studies suggest that R/S plays an important role in coping with disease-related symptoms, improves quality of life, and impacts medical decision-making near death. Patients largely desire medical caregivers to take an active role in providing spiritual care, and patients likewise frequently experience multiple spiritual needs arising in the face of life-threatening illness. SUMMARY: Despite an empirical evidence for spiritual care as part of palliative care, R/S remains insufficiently addressed by the medical system. Further research is required in order to more clearly identify the roles of healthcare providers and standardize the provision of spiritual care within palliative care. [Part of a special theme issue on spirituality. See also articles by Dennis, K.; by Kalish, N.; and by Olver, I. N.; noted elsewhere in this bibliography.]

Elliott, B. A., Gessert, C. E., Larson, P. and Russ, T. E. [University of Minnesota School of Medicine, Duluth; belliott@d.umn.edu]. "**Religious beliefs and practices in end-stage renal disease: implications for clinicians**." *Journal of Pain & Symptom Management* 44, no. 3 (Sep 2012): 400-409.

[Abstract:] CONTEXT: Several components of palliative care are particularly applicable in end-stage renal disease (ESRD), including the spiritual domain. OBJECTIVES: To investigate how ESRD patients and their families make decisions and cope with their circumstances and dialysis treatment. METHODS: A prospective qualitative study interviewed 31 elderly dialysis patients and their family members; interviews lasted 30-90 minutes. Interviews were transcribed and coded independently by three investigators. The codes were collected into content-specific "nodes" and themes. Investigators identified and reconciled their interpretations by returning to the transcripts to assure that conclusions reflected participants' sentiments. RESULTS: Five themes pertaining to religious beliefs and practices emerged. Two themes were related to decision making: their faith-based beliefs and the meaning that emerges from these beliefs; two described how their coping is impacted: the participants' religious practices and their perceived support from the church community; and one described the participants' spiritual distress. CONCLUSION: These findings offer insights into chaplains' roles in the ESRD setting and the issues that they and other palliative care team members can anticipate and address in patient support and decision making. The results also support recent work to develop methodologies for research on religious and spiritual issues in medical settings. [See also in the same issue of the journal: Burton, A. M., et al., "Burden and well-being among a diverse sample of cancer, congestive heart failure, and chronic obstructive pulmonary disease caregivers," pp. 410-420; noted elsewhere in this bibliography.]

Ellison, C. G., Bradshaw, M. and Roberts, C. A. [Department of Sociology, The University of Texas at San Antonio]. "**Spiritual and religious identities predict the use of complementary and alternative medicine among US adults**." *Preventive Medicine* 54, no. 1 (Jan 2012): 9-12.

[Abstract:] OBJECTIVE: To determine whether spiritual and religious identities predict complementary and alternative medicine (CAM) use above and beyond other known influences such as gender, region of residence, social status, personality, health, and access to conventional medicine. METHODS: Analyzing data from the 1995-1996 National Survey of Midlife Development in the United States (n=3032), this study examines the correlations between four aspects of spirituality/religiousness-i.e., spiritual only, religious only, both spiritual and religious, and neither spiritual nor religious-and six measures of CAM. RESULTS: Compared with spiritual only persons, the odds of using energy therapies are 86% lower for spiritual and religious persons, 65% lower for religious only persons, and 52% lower for neither spiritual nor religious persons. Compared to spiritual only persons, spiritual and religious individuals are 43% more likely to use body-mind therapies in general; however, when this category does not contain prayer, meditation, or spiritual healing, they are 44% less likely. Religious only individuals are disinclined toward CAM use. CONCLUSIONS: After controlling for established predictors including educational attainment, personality, social support, and access to conventional medicine, the present study demonstrates that spirituality and religiousness are associated, in unique ways, with CAM use. Additional research on this topic is clearly warranted.

Ellman, M. S., Schulman-Green, D., Blatt, L., Asher, S., Viveiros, D., Clark, J. and Bia, M. [Department of Internal Medicine, Yale School of Medicine, New Haven, CT; matthew.ellman@yale.edu]. "**Using online learning and interactive simulation to teach spiritual and cultural aspects of palliative care to interprofessional students**." *Journal of Palliative Medicine* 15, no. 11 (Nov 2012): 1240-1247.

[Abstract:] BACKGROUND: To meet the complex needs of patients with serious illness, health professional students require education in basics aspects of palliative care, including how to work collaboratively on an interprofessional team. OBJECTIVES: An educational program was created, implemented, and evaluated with students in medicine, nursing, chaplaincy, and social work. Five learning objectives emphasized spiritual, cultural, and interprofessional aspects of palliative care. DESIGN: The program blended two sequential components: an online interactive, case-based learning module, and a live, dynamic simulation workshop. MEASUREMENTS: Content analysis was used to analyze students' free-text responses to four reflections in the online case, as well as open-ended questions on students' postworkshop questionnaires, which were also analyzed quantitatively. RESULTS: Analysis of 217 students' free-text responses indicated that students of all professions recognized important issues beyond their own discipline, the roles of other professionals, and the value of team collaboration. Quantitative analysis of 309 questionnaires indicated that students of all professions perceived that the program met its five learning objectives (mean response values>4 on a 5-point Likert scale), and highly rated the program and its two components for both educational quality and usefulness for future professional work (mean response values approximately>4). CONCLUSIONS: This innovative interprofessional educational program combines online learning with live interactive simulation to teach professionally diverse students spiritual, cultural, and interprofessional aspects of palliative care. Despite the challenge of balanced professional representation, this innovative interprofessional educational program met its learning objectives, and may be transferable for use in other educational settings.

Falb, M. D. and Pargament, K. I. [Department of Psychology, Bowling Green State University, OH; mdfalb@bgsu.edu]. "**Relational mindfulness, spirituality, and the therapeutic bond**." *Asian Journal of Psychiatry* 5, no. 4 (Dec 2012): 351-354.

[Abstract:] Mindfulness training, which emphasizes deliberate non-judgmental attention to present moment experiences, has become increasingly mainstream over the past several decades. With accumulating evidence for the physical and mental health benefits of mindfulness, it has been integrated into medical and psychological treatments and is increasingly accepted in the fields of psychology and psychiatry. However, several elements of mindfulness practice which potentially contribute to its benefits have been largely neglected. These include the connections between mindfulness, interpersonal relationships, spirituality, and the psychotherapeutic alliance. The emerging concept of "relational mindfulness" focuses attention on the oft-neglected interpersonal aspects of mindfulness practices. Relational mindfulness is potentially relevant to the psychotherapeutic process, due to its cultivation of the types of qualities that enhance the therapeutic relationship, including warmth, empathy, curiosity, acceptance, self-attunement, and emotional intelligence. In addition, mindfulness practices, especially relational ones, can contribute to the development of spiritual qualities, such as transcendence, boundlessness, ultimacy, and interconnectedness. Several recent studies suggest that meditation/mindfulness interventions may be explained and or enhanced by an emphasis on spiritual components. In this paper, we suggest that focusing on the oft-neglected relational and spiritual aspects of mindfulness practice has the potential to deepen its benefits, especially within the context of the psychotherapeutic relationship. [This article is part of a theme issue of the journal. See other articles in the same issue by Kalra, G., et al.; by Moreira-Almeida, A.; and by Verhagen, P. J.; noted elsewhere in this bibliography.]

Feinstein, M., Liu, K., Ning, H., Fitchett, G. and Lloyd-Jones, D. M. [Feinberg School of Medicine, Northwestern University, Chicago, IL]. "**Incident obesity and cardiovascular risk factors between young adulthood and middle age by religious involvement: the Coronary Artery Risk Development in Young Adults (CARDIA) study**." *Preventive Medicine* 54, no. 2 (Feb 2012): 117-121.

[Abstract:] BACKGROUND: Religious involvement has been associated with improved health outcomes but greater obesity in older adults. No longitudinal study of young adults has examined the prospective association of religious involvement with incident cardiovascular risk factors (RFs) and subclinical disease (subCVD). METHODS: We included 2433 participants of the CARDIA study, aged 20 to 32 in 1987 when religiosity was assessed, who were followed for 18 years. Multivariable-adjusted regression models were fitted to assess prospective associations of frequency of religious participation at baseline with incidence of RFs and prevalence of subCVD after 18 years' follow up. RESULTS: The high frequency of religious participation was associated with a significantly greater incidence of obesity in unadjusted models (RR 1.57, 95% CI 1.14-1.73) and demographic-adjusted models (RR 1.34, 95% CI 1.09-1.65) but not after additional adjustment for baseline RFs (RR 1.17, 95% CI .97-1.41). When religious participation was treated dichotomously, any religious participation, compared with none, was associated with significantly lower subCVD. CONCLUSIONS: Frequent religious participants are more likely to become obese between young adulthood and middle age; this association is confounded by demographic and other factors. Nonetheless, young adults with frequent participation may represent an opportunity for obesity prevention.

Ferrell, B. R. and Baird, P. [Department of Nursing Research and Education, City of Hope National Medical Center, Duarte, CA; bferrell@coh.org]. "**Deriving meaning and faith in caregiving**." *Seminars in Oncology Nursing* 28, no. 4 (Nov 2012): 256-261.

[Abstract:] OBJECTIVES: To review assessment of spiritual needs of family caregivers and four core interventions by nurses in addressing spirituality: presence, deep listening, bearing witness and compassion in action. DATA SOURCES: Literature review. CONCLUSION: Spirituality is increasingly recognized as a key domain of quality of life and essential to quality cancer care. In addition to the needs of patients, family caregivers also experience enormous spiritual needs throughout cancer diagnosis and treatment. Nurses can provide valuable spiritual assessment of family caregivers and support them as they seek support services to address spiritual needs. IMPLICATIONS FOR NURSING PRACTICE: Family caregiving can be a time of growth and meaning when support is provided by nurses and their colleagues.

Fitchett, G., Tartaglia, A., Dodd-McCue, D. and Murphy, P. [Department of Religion, Health and Human Values, Rush University Medical Center, Chicago, IL; george_fitchett@rush.edu]. "**Educating chaplains for research literacy: results of a national survey of clinical pastoral education residency programs**." *Journal of Pastoral Care & Counseling* 66, no. 1 (Mar 2012): 3:1-12 [electronic article designation].

[Abstract:] There is growing evidence that leaders in professional health care chaplaincy recognize the important role of research. The Standards of Practice recently approved by the Association of Professional Chaplains (APC), and especially the standard about research (Standard 12), provide strong evidence that the profession sees research, and research-literate chaplains, as important for its future. The aim of this study was to identify the extent to which Association for Clinical Pastoral Education, Inc (ACPE) accredited clinical pastoral education (CPE) residency programs are preparing their graduates to be the kind of research-literate chaplains described in these Standards. We interviewed CPE supervisors from 26 randomly-selected CPE residency programs. We found 12% of the programs had intentional and substantive research-related curricula, 27% of the programs offered some limited exposure to research, and 62% of the programs provided no education about research. We found also that supervisors often defined "research education" in terms of actually conducting research projects. CPE residency programs potentially play a central role in educating research-literate chaplains. Future research should examine the incentives and barriers that influence the inclusion of research education in CPE residency programs.

Flannelly, K. J., Ellison, C. G., Galek, K. and Silton, N. R. [Spears Research Institute, HealthCare Chaplaincy, 307 East 60th Street, New York, NY]. "**Belief in life-after-death, beliefs about the world, and psychiatric symptoms**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 651-662.

[Abstract:]Data from the 2010 Baylor Religion Survey were analyzed by structural equation modeling (SEM) to test five hypotheses: (1) that religious commitment is positively related to belief in life-after-death; that belief in life-after-death is (2) positively related to belief in an equitable world, and (3) negatively related to belief in a cynical world; (4) that belief in a cynical world has a pernicious association with psychiatric symptoms; and (5) that belief in an equitable world has a salubrious association with psychiatric symptoms. As hypothesized, religious commitment was positively related to belief in life-after-death (= .74). In turn, belief in life-after-death was negatively associated with belief in a cynical world (= -.16) and positively associated with belief in an equitable world (= .36), as hypothesized. SEM further confirmed that belief in a cynical world had a significant pernicious association with all five classes of psychiatric symptoms ('s = .11 to .30).

Belief in an equitable world had a weaker and less consistent salubrious association with psychiatric symptoms. The results are discussed in the context of ETAS theory.

Ford, D. W. [Pulmonary and Critical Care Medicine, Medical University of South Carolina, Charleston; fordd@musc.edu]. "**Religion and end-of-life decisions in critical care: where the word meets deed**." *Intensive Care Medicine* 38, no. 7 (Jul 2012): 1089-1091.

This brief piece emphasizes that religious beliefs not only affect patients' decisions about end-of-life care but physicians' own approaches to end-of-life care.

Ford, D. W., Downey, L., Engelberg, R., Back, A. L. and Curtis, J. R. [Medical University of South Carolina, Division of Pulmonary and Critical Care, Department of Medicine, Charleston, SC; fordd@musc.edu]. "**Discussing religion and spirituality is an advanced communication skill: an exploratory structural equation model of physician trainee self-ratings**." *Journal of Palliative Medicine* 15, no. 1 (Jan 2012): 63-70.

[Abstract:] BACKGROUND: Communication about religious and spiritual issues is fundamental to palliative care, yet little empirical data exist to guide curricula in this area. The goal of this study was to develop an improved understanding of physicians' perspectives on their communication competence about religious and spiritual issues. METHODS: We examined surveys of physician trainees (n=297) enrolled in an ongoing communication skills study at two medical centers in the northwestern and southeastern United States. Our primary outcome was self-assessed competence in discussing religion and spirituality. We used exploratory structural equation modeling (SEM) to develop measurement and full models for acquisition of self-assessed communication competencies. RESULTS: Our measurement SEM identified two latent constructs that we label Basic and Intermediate Competence, composed of five self-assessed communication skills. The Basic Competence construct included overall satisfaction with palliative care skills and with discussing do not resuscitate (DNR) status. The Intermediate Competence construct included responding to inappropriate treatment requests, maintaining hope, and addressing fears about the end-of-life. Our full SEM model found that Basic Competence predicted Intermediate Competence and that Intermediate Competence predicted competence in religious and spiritual discussions. Years of clinical training directly influenced Basic Competence. Increased end-of-life discussions positively influenced Basic Competence and had a complex association with Intermediate Competence. Southeastern trainees perceived more competence in religious and spiritual discussions than northwestern trainees. CONCLUSION: This study suggests that discussion of religious and spiritual issues is a communication skill that trainees consider more advanced than other commonly taught communication skills, such as discussing DNR orders.

Fried, T. R., Redding, C. A., Robbins, M. L., Paiva, A., O'Leary, J. R. and Iannone, L. [Department of Medicine, Yale University School of Medicine, New Haven]. "**Promoting advance care planning as health behavior change: development of scales to assess decisional balance, medical and religious beliefs, and processes of change**." *Patient Education & Counseling* 86, no. 1 (Jan 2012): 25-32.

[Abstract:] OBJECTIVE: To develop measures representing key constructs of the Transtheoretical Model (TTM) of behavior change as applied to advance care planning (ACP) and to examine whether associations between these measures replicate the relationships posited by the TTM. METHODS: Sequential scale development techniques were used to develop measures for Decisional Balance (Pros and Cons of behavior change), ACP Values/Beliefs (religious beliefs and medical misconceptions serving as barriers to participation), Processes of Change (behavioral and cognitive processes used to foster participation) based on responses of 304 persons age>=65 years. RESULTS: Items for each scale/subscale demonstrated high factor loading (>.5) and good to excellent internal consistency (Cronbach .76-.93). Results of MANOVA examining scores on the Pros, Cons, ACP Values/Beliefs, and POC subscales by stage of change for each of the six behaviors were significant, Wilks'=.555-.809, n(2)=.068-.178, p<=.001 for all models. CONCLUSION: Core constructs of the TTM as applied to ACP can be measured with high reliability and validity. PRACTICE IMPLICATIONS: Cross-sectional relationships between these constructs and stage of behavior change support the use of TTM-tailored interventions to change perceptions of the Pros and Cons of participation in ACP and promote the use of certain Processes of Change in order to promote older persons' engagement in ACP.

Frost, M. H., Johnson, M. E., Atherton, P. J., Petersen, W. O., Dose, A. M., Kasner, M. J., Burger, K. N., Sloan, J. A. and Pipe, T. B. [Cancer Center, May Clinic, Rochester, NY; frost.marlene@mayo.edu]. "**Spiritual well-being and quality of life of women with ovarian cancer and their spouses**." *Journal of Supportive Oncology* 10, no. 2 (Mar-Apr 2012): 72-80. .[See erratum in vol. 10, no. 3 (May-Jun 2012): 131.]

[Abstract:] BACKGROUND: There is little research on the quality of life (QOL) and spiritual well-being (SWB) of women diagnosed with ovarian cancer and their spouses. OBJECTIVE: We compared the SWB and QOL of these women and their spouses over a 3-year period. METHODS: This is a descriptive, longitudinal study involving 70 women with ovarian cancer and 26 spouses. Questionnaires were completed postoperatively and by mail 3, 7, 12, 18, 24, and 36 months later. All participants completed the Functional Assessment of Chronic Illness Therapy (FACIT)-Spiritual Well-Being-Expanded Version, Symptom Distress Scale, and open-ended questions about changes in their lives. Diagnosed women completed the FACIT-Ovarian and spouses the Caregiver Burden Interview and Linear Analog Self-Assessment scales. RESULTS: Women reported a high level of SWB over time. Spouses' SWB was significantly worse than the women's at 1 and 3 years (P <= .05). Insomnia, fatigue, and outlook/worry were problematic across time, with no significant differences between women and spouses except that women experienced more insomnia through 3 months (P = .02). Emotional well-being was compromised over time for the women but not their spouses until year 3. Physical and social well-being were compromised in spouses across time, while women's social well-being remained high and physical well-being was problematic only for the first year. LIMITATIONS: Limitations include a small spouse sample and, due to the disease process, attrition over time. CONCLUSIONS: Ovarian cancer has significant, but different, effects on women and spouses. Some effects are static, while others are not, which underscores the need for continual monitoring.

Fukui, S., Starnino, V. R. and Nelson-Becker, H. B. [Center for Research Methods and Data Analysis, School of Social Welfare, The University of Kansas, Lawrence; fsadaaki@ku.edu]. "**Spiritual well-being of people with psychiatric disabilities: the role of religious attendance, social network size and sense of control**." *Community Mental Health Journal* 48, no. 2 (Apr 2012): 202-211.

[Abstract:] The influence of psychiatric symptoms, religious attendance, social network size, and sense of control on spiritual well-being were investigated in a cross-sectional study using the Spirituality Index of Well-being. Forty-seven participants with psychiatric disabilities from six

consumer-run organizations participated. A factor analysis result revealed two domains of spiritual well-being for people with psychiatric disabilities: self-perceptions regarding making sense of life (developing life purpose) and self-efficacy in obtaining life goals. Based on our regression analyses, religious attendance, expanding social network size, and having a sense of control over important areas of life may enhance spiritual well-being in spite of severity of psychiatric symptoms. Supporting mental health consumers who hope to be fully integrated into social and spiritual communities is important. Given the increased attention to consumers' internal spiritual experiences in a recovery process, this study adds to knowledge about spirituality in the mental health field.

Galen, L. W. [Department of Psychology, Grand Valley State University, Allendale, MI; galenl@gvsu.edu]. "**Does religious belief promote prosociality? A critical examination**." *Psychological Bulletin* 138, no. 5 (Sep 2012): 876-906.

[Abstract:] Numerous authors have suggested that religious belief has a positive association, possibly causal, with prosocial behavior. This article critiques evidence regarding this "religious prosociality" hypothesis from several areas of the literature. The extant literature on religious prosociality is reviewed including domains of charity, volunteering, morality, personality, and well-being. The experimental and quasi-experimental literature regarding controlled prosocial interactions (e.g., sharing and generosity) is reviewed and contrasted with results from naturalistic studies. Conceptual problems in the interpretation of this literature include separating the effects of stereotypes and ingroup biases from impression formation as well as controlling for self-report biases in the measurement of religious prosociality. Many effects attributed to religious processes can be explained in terms of general nonreligious psychological effects. Methodological problems that limit the interpretation of religious prosociality studies include the use of inappropriate comparison groups and the presence of criterion contamination in measures yielding misleading conclusions. Specifically, it is common practice to compare high levels of religiosity with "low religiosity" (e.g., the absence of denominational membership, lack of church attendance, or the low importance of religion), which conflates indifferent or uncommitted believers with the completely nonreligious. Finally, aspects of religious stereotype endorsement and ingroup bias can contribute to nonprosocial effects. These factors necessitate a revision of the religious prosociality hypothesis and suggest that future research should incorporate more stringent controls in order to reach less ambiguous conclusions.

Grossoehme, D. H., Opipari-Arrigan, L., VanDyke, R., Thurmond, S. and Seid, M. [Division of Pulmonary Medicine and Department of Pastoral Care, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; daniel.grossoehme@cchmc.org]. "**Relationship of adherence determinants and parental spirituality in cystic fibrosis**." *Pediatric Pulmonology* 47, no. 6 (Jun 2012): 558-566.

[Abstract:] The course of cystic fibrosis (CF) progression in children is affected by parent adherence to treatment plans. The Theory of Reasoned Action (TRA) posits that intentions are the best behavioral predictors and that intentions reasonably follow from beliefs ("determinants"). Determinants are affected by multiple "background factors," including spirituality. This study's purpose was to understand whether two parental adherence determinants (attitude towards treatment and self-efficacy) were associated with spirituality (religious coping and sanctification of the body). We hypothesized that parents' attitudes toward treatment adherence are associated with these spiritual constructs. A convenience sample of parents of children with CF aged 3-12 years (n=28) participated by completing surveys of adherence and spirituality during a regular outpatient clinic visit. Type and degree of religious coping was examined using principal component analysis. Adherence measures were compared based on religious coping styles and sanctification of the body using unpaired t-tests. Collaborative religious coping was associated with higher self-efficacy for completing airway clearance (M=1070.8; SD=35.8; P=0.012), for completing aerosolized medication administration (M=1077.1; SD=37.4; P=0.018), and for attitude towards treatment utility (M=38.8; SD=2.36; P=0.038). Parents who attributed sacred qualities to their child's body (e.g., "blessed" or "miraculous") had higher mean scores for self-efficacy (airway clearance, M=1058.6; SD=37.7; P=0.023; aerosols M=1070.8; SD=41.6; P=0.020). Parents for whom God was manifested in their child's body (e.g., "My child's body is created in God's image") had higher mean scores for self-efficacy for airway clearance (M=1056.4; SD=59.0; P=0.039), aerosolized medications (M=1068.8; SD=42.6; P=0.033) and treatment utility (M=38.8; SD=2.4; P=0.025). Spiritual constructs show promising significance and are currently undervalued in chronic disease management.

Grossoehme, D. H., Ragsdale, J. R., Cotton, S., Meyers, M. A., Clancy, J. P., Seid, M. and Joseph, P. M. [Cincinnati Children's Hospital Medical Center, OH; daniel.grossoehme@cchmc.org]. "**Using spirituality after an adult CF diagnosis: cognitive reframing and adherence motivation**." *Journal of Health Care Chaplaincy* 18, nos. 3-4 (2012): 110-120.

[Abstract:] Chronic illness is a significant stressor; the majority of Americans cope utilizing spirituality. Numerous studies demonstrate links between spiritual coping and health outcomes. The purpose of this study was to determine whether persons diagnosed with cystic fibrosis (CF) as adults use spirituality to cope and influence disease management. Semi-structured interviews were completed and analyzed using grounded theory. Data saturation was reached following twelve interviews (83% female); representing 100% participation of those approached and 48% of eligible adults. Persons with late-life CF diagnoses used spirituality to make meaning, understanding themselves in a collaborative partnership with their pulmonologist and God. Supporting themes were: (a) God's intervention depended on treatment adherence and (b) spiritual meaning was constructed through positively reframing their experience. The constructed meaning differed from that of adult parents of children with CF. Late-life diagnosed adults focused on personal responsibility for health. Clinical and research implications for chaplains are presented.

Grossoehme, D. H., Ragsdale, J. R., Snow, A. and Seid, M. [Division of Pulmonary Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Daniel.grossoehme@cchmc.org]. "**We were chosen as a family: parents' evolving use of religion when their child has cystic fibrosis**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1347-1358. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Parental coping with new CF diagnoses often includes religion; however, little is known about how the use of religion changes over time. Longitudinal grounded theory method, in which parents were interviewed twice the 2 years after their child's diagnosis, was used. Parents constructed the meaning that parenting a child with CF is their vocation, in accordance with "God's plan." A shift from isolation to an outward focus and reentry into the community was clear. The use of faith evolved over time and continues to be a source of support and hope for parents. Clinical implications of parental religion are discussed.

Guilfoyle, J., and St Pierre-Hansen, N. [Family Medicine, 2111 Ridgeway Cres, Garibaldi Highlands, BC V0N 1T0; fjguilfoyle@mac.com]. "**Religion in primary care: let's talk about it**." *Canadian Family Physician* 58, no. 3 (Mar 2012): 249-251, e125-127.

This is a brief overview, with a focus on providers' discussion with patients.

Guthlin, C., Anton, A., Kruse, J. and Walach, H. [Johann Wolfgang Goethe University, Frankfurt/Main, Germany; guethlin@allgemeinmedizin.uni-frankfurt.de]. "**Subjective concepts of chronically ill patients using distant healing**." *Qualitative Health Research* 22, no. 3 (Mar 2012): 320-331.

[Abstract:] Distant healing procedures consist of benevolent intentions, often taking the form of prayers for a patient. Despite inconclusive evidence regarding distant healing, prayers are a widespread health-related technique. We studied subjective concepts of distant healing in 17 patients suffering from chronic fatigue syndrome and multiple chemical sensitivity who were given distant healing during a randomized controlled trial. We applied reconstructive interview analysis when analyzing the results. The overall theme was the tension between mainstream medicine and the immaterial healing procedure. Several components highlighted this tension: (a) patterns of legitimizing the use of distant healing, (b) distant healing and the social setting, (c) integrating distant healing into their belief system, and (d) reconstruction of effects by means of hindsight. The interviews showed that patients felt the need to legitimize having tried distant healing. They had to bear the full ambiguity of biomedicine being in competition with distant healing, though also experiencing distant healing as giving support.

Hale-Smith, A., Park, C. L. and Edmondson, D. [Dept. of Psychology, Univ. of Connecticut, Storrs, CT; amy.halesmith@uconn.edu]. "**Measuring beliefs about suffering: development of the views of suffering scale**." *Psychological Assessment* 24, no. 4 (Dec 2012): 855-866. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Efforts to measure religion have intensified, and many specific dimensions have been identified. However, although belief is a core dimension of all world religions, little attention has been given to assessment of religious beliefs. In particular, 1 essential set of religious beliefs, those concerning the reasons for human suffering, has remained virtually unexamined despite the potential clinical relevance of these beliefs. To fill the need for a measure of people's beliefs about suffering, we developed the Views of Suffering Scale (VOSS). Analyses identified factors related to traditional Christian teachings, unorthodox theistic beliefs, karma, and randomness. Internal consistency and test-retest reliability for VOSS subscale scores were good (s and rs >= .70). Comparisons to measures of related constructs suggest that the VOSS scores demonstrate good convergent validity. One subscale score was modestly correlated with social desirability related to image management, and 7 were positively correlated to self-deceptive enhancement. These preliminary studies suggest that the VOSS differentiates religious perspectives on suffering among a sample of U.S. university students, though more research is needed to confirm its utility in diverse populations. The VOSS provides a valid way to measure individuals' beliefs about suffering, allowing for inquiry into the factors that lead to various beliefs about suffering and the roles of these beliefs in adjusting to stressful life events.

Hall, K. S., Moreau, C. and Trussell, J. [Office of Population Research, Center for Health and Wellbeing, Princeton University, NJ; kshall@princeton.edu]. "**Lower use of sexual and reproductive health services among women with frequent religious participation, regardless of sexual experience**." *Journal of Women's Health* 21, no. 7 (Jul 2012): 739-747.

[Abstract:] PURPOSE: To investigate associations between religious characteristics and sexual and reproductive health (SRH) service use among young women in the United States. METHODS: We combined two cycles of data from the U.S. population-based reproductive health survey, The National Survey of Family Growth (2002 and 2006-2008). Our analysis was restricted to young women aged 15-24 years (n=4421). We tested relationships between religious characteristics, including religious affiliation, service participation, and importance of religion in daily life, and use of SRH services for contraception, sexually transmitted infection (STI) testing/treatment, and routine gynecologic examination care within the last year. RESULTS: Nearly all young women identified a current religious affiliation (82%), with 46% identifying Protestant and 28% Catholic. Three quarters (75%) of young women reported current religious service participation, the majority of whom had experienced sexual intercourse (70%); 31% reported weekly religious service participation. Over half (59%) had used SRH services recently. In unadjusted analyses, young women with current religious affiliation who participated in services weekly and deemed religion important had lower proportions of SRH service use than their counterparts (all $p<0.001$). In multivariate regression models, young women with less-than-weekly religious service participation were 50% more likely to use services than those participating weekly (odds ratio [OR] 1.5, confidence interval [CI] 1.3, 2.1, $p<0.001$), even among sexually experienced women. CONCLUSIONS: Increasing frequency of current religious service participation was negatively associated with SRH service use among young women, despite sexual experience. Religiously and sexually active young women in the United States may have an unmet need for SRH care.

Hankerson, S. H. and Weissman, M. M. [Department of Psychiatry, Columbia University College of Physicians and Surgeons, New York City, NY; hankerss@nyspi.columbia.edu]. "**Church-based health programs for mental disorders among African Americans: a review**." *Psychiatric Services* 63, no. 3 (Mar 2012): 243-249.

[Abstract:] OBJECTIVE: African Americans underutilize traditional mental health services, compared with white Americans. The authors conducted a systematic review of studies involving church-based health promotion programs for mental disorders among African Americans to assess the feasibility of utilizing such programs to address racial disparities in mental health care. METHODS: A literature review of MEDLINE, PsycINFO, CINAHL, and ATLA Religion databases was conducted to identify articles published between January 1, 1980, and December 31, 2009. Inclusion criteria were as follows: studies were conducted in a church; the primary objective involved assessment, perceptions and attitudes, education, prevention, group support, or treatment for DSM-IV mental disorders or their correlates; number of participants was reported; qualitative or quantitative data were reported; and African Americans were the target population. RESULTS: Of 1,451 studies identified, only eight met inclusion criteria. Five studies focused on substance-related disorders, six were designed to assess the effects of a specific intervention, and six targeted adults. One study focused on depression and was limited by a small sample size of seven participants. CONCLUSIONS: Although church-based health promotion programs have been successful in addressing racial disparities for several chronic medical conditions, the literature on such programs for mental disorders is extremely limited. More intensive research is needed to establish the feasibility and acceptability of utilizing church-based health promotion programs as a possible resource for screening and treatment to improve disparities in mental health care for African Americans.

Hanson, L. C., Rowe, C., Wessell, K., Caprio, A., Winzelberg, G., Beyea, A. and Bernard, S. A. [Division of Geriatrics and Palliative Care Program, University of North Carolina, Chapel Hill; lhanson@med.unc.edu]. "**Measuring palliative care quality for seriously ill hospitalized patients**." *Journal of Palliative Medicine* 15, no. 7 (Jul 2012): 798-804.

[Abstract:] OBJECTIVE: Hospice and palliative care providers need ways to measure and improve care processes. We tested feasibility, usability, reliability, and validity of Prepare, Embrace, Attend, Communicate, Empower (PEACE) quality measures for palliative care. METHODS: Trained research nurses abstracted data from medical records to generate quality measures for a random sample of 460 seriously ill patients without, and 102 patients with, specialty palliative care (SPC) services. RESULTS: Patient age ranged from 16 to 99 years, 50% were women, and 24% were African American. Of 34 PEACE quality measures, 17 were feasible for hospital palliative care. Inter-rater reliability was high (k>0.80) for all but two quality measures. Face validity was endorsed by clinical service leaders, and construct validity was established by higher scores for patients receiving SPC. Comprehensive palliative care assessment was completed for only 10% of seriously ill hospitalized patients, compared with 56% of patients with SPC (p<0.001). Patients with moderate or severe pain were more likely to have a clinical assessment with SPC (67% versus 42%, p=0.002). Patients with SPC more often received attention for their emotional and spiritual needs (64% versus 40%, p<0.001) and documentation of preferences for life-sustaining treatments (91% versus 59%, p>0.001). Usability was endorsed by service leaders, who initiated two practice improvement projects. CONCLUSION: PEACE quality measures are feasible and reliable, and may be useful to examine and improve the quality of palliative care for seriously ill hospitalized patients as well as for patients in hospice. Research is needed to test measures for actionability and responsiveness to intervention.

Harris, J. I., Erbes, C. R., Engdahl, B. E., Ogden, H., Olson, R. H., Winskowski, A. M., Campion, K. and Mataas, S. [Minneapolis VA Medical Center, Department of Psychology, Minneapolis, MN; jeanette.harris2@med.va.gov]. "**Religious distress and coping with stressful life events: a longitudinal study**." *Journal of Clinical Psychology* 68, no. 12 (Dec 2012): 1276-1286.

[Abstract:] OBJECTIVE(S): Hypothesis: Religious strain would mediate the relationship between stress symptoms at baseline and stress symptoms 1 year later. METHOD: Seventy-nine people with a history of stressful life events (55 women, 23 men, one unknown gender, average age 58 years) from community churches reported stressful life events, spiritual adjustment, and posttraumatic stress symptoms at initial assessment and 1-year follow-up. RESULTS: Religious strain mediated the relationship between baseline and follow-up posttraumatic stress symptoms. CONCLUSIONS: Because religious distress contributed to prediction of stress symptoms over time, it appears that religious distress is related to adjustment to stressful life events.

Harris, R. and Gurel, L. [University of Miami Miller School of Medicine, FL;. rachelharrisphd@gmail.com]. "**A study of ayahuasca use in North America**." *Journal of Psychoactive Drugs* 44, no. 3 (Jul-Aug 2012): 209-215.

[Abstract:] Eighty-one subjects who used ayahuasca at least once in North America answered a lengthy set of open-ended questions and completed the 81-item After the Spiritual Experience Questionnaire. An additional 50 ayahuasca users were interviewed in person. The data for this study represent ayahuasca experience based on more than 2,267 ceremonies. A comparison group of 46 people attending a Catholic spiritual retreat weekend also completed the After the Spiritual Experience Questionnaire. A factor analysis of this questionnaire yielded three factors: Joy in Life, Relationship to the Sacred and Toxic Feelings. Although the ayahuasca users had significantly higher scores on the first two factors, the two groups had modest mean differences indicating a similar response to two very different spiritual experiences. This key finding strongly supports the view that ayahuasca users are engaged in an authentic process as spiritual in nature as that of the retreatants. The qualitative data revealed that ayahuasca users reduced their alcohol intake, ate healthier diets, enjoyed improved mood and greater self-acceptance and felt more loving and compassionate in their relationships. Seventy-four percent of the ayahuasca users said they had a relationship with and received ongoing guidance and support from the spirit of ayahuasca.

Haward, M. F., Murphy, R. O. and Lorenz, J. M. [Department of Pediatrics, Albert Einstein College of Medicine, Children's Hospital at Montefiore, Bronx, NY; mhaward@aol.com]. "**Default options and neonatal resuscitation decisions**." *Journal of Medical Ethics* 38, no. 12 (Dec 2012): 713-718.

Among the findings of this web-based study were [from the abstract:] Female gender, being married or in a committed relationship, being highly religious, experiences with prematurity, and favoring sanctity of life were significantly associated with decisions to resuscitate.

Hayward, R. D., Owen, A. D., Koenig, H. G., Steffens, D. C. and Payne, M. E. [Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor, MI]. "**Longitudinal relationships of religion with posttreatment depression severity in older psychiatric patients: evidence of direct and indirect effects**." *Depression Research and Treatment* (2012): 745970 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Psychiatric patients (age 59+) were assessed before study treatment for major depressive disorder, and again after 3 months. Measures taken before study treatment included facets of religiousness (subjective religiosity, private prayer, worship attendance, and religious media use), social support, and perceived stress. Clinician-rated depression severity was assessed both before and after treatment using the Montgomery-Asberg Depression Rating Scale (MADRS). Structural equation modeling was used to test a path model of direct and indirect effects of religious factors via psychosocial pathways. Subjective religiousness was directly related to worse initial MADRS, but indirectly related to better posttreatment MADRS via the pathway of more private prayer. Worship attendance was directly related to better initial MADRS, and indirectly related to better post-treatment MADRS via pathways of lower stress, more social support, and more private prayer. Private prayer was directly related to better post-treatment MADRS. Religious media use was related to more private prayer, but had no direct relationship with MADRS.

Hayward, R. D., Owen, A. D., Koenig, H. G., Steffens, D. C. and Payne, M. E. [Department of Health Behavior and Health Education, University of Michigan School of Public Health, Ann Arbor, MI; rdhaywar@umich.edu]. "**Religion and the presence and severity of depression in older adults**." *American Journal of Geriatric Psychiatry* 20, no. 2 (Feb 2012): 188-192.

[Abstract:] OBJECTIVES: : To examine the associations of dimensions of religiousness with the presence and severity of depression in older adults. DESIGN: Cross-sectional analysis of clinical and interview data. SETTING: Private university-affiliated medical center in the Southeastern United States. PARTICIPANTS: Four hundred seventy-six psychiatric patients with a current episode of unipolar major depression, and 167 nondepressed comparison subjects, ages 58 years or older (mean = 70 years, SD = 7). MEASUREMENTS: Diagnostic Interview Schedule, Montgomery-Asberg Depression Rating Scale, and Duke Depression Evaluation Schedule were used in the study. RESULTS: Presence of depression was related to less frequent worship attendance, more frequent private religious practice, and moderate subjective religiosity. Among the depressed group, less severe depression was related to more frequent worship attendance, less religiousness,

and having had a born-again experience. These results were only partially explained by effects of social support and stress buffering. CONCLUSIONS: Religion is related to depression diagnosis and severity via multiple pathways.

Heflick, N. A. and Goldenberg, J. L. [Psychology Department, University of South Florida, Tampa]. "**No atheists in foxholes: arguments for (but not against) afterlife belief buffers mortality salience effects for atheists**." *British Journal of Social Psychology* 51, no. 2 (Jun 2012): 385-392.

[Abstract:] Terror management theory (TMT) posits that people cope with mortality concerns via symbolic immortality (e.g., secular cultural beliefs that outlast death) and/or literal immortality (afterlife belief). However, what happens when these two forms of immortality conflict, as in atheism? Would atheists' mortality concerns be better assuaged by affirming an afterlife, or by affirming their literal immortality-denying worldview? Drawing on an untested TMT hypothesis, we predicted that atheists would be buffered from mortality concerns if their atheistic worldview - no life after death - was challenged, but not if it was supported. Results confirmed the hypothesis and were also found for theists and agnostics. These findings support TMT's claim that literal immortality is of paramount importance in ameliorating death concerns.

Henderson, V. P., Clemow, L., Massion, A. O., Hurley, T. G., Druker, S. and Hebert, J. R. [Department of Family and Preventive Medicine, School of Medicine, University of South Carolina, Columbia]. "**The effects of mindfulness-based stress reduction on psychosocial outcomes and quality of life in early-stage breast cancer patients: a randomized trial**." *Breast Cancer Research & Treatment* 131, no. 1 (Jan 2012): 99-109.

[Abstract:] The aim of this study was determine the effectiveness of a mindfulness-based stress-reduction (MBSR) program on quality of life (QOL) and psychosocial outcomes in women with early-stage breast cancer, using a three-arm randomized controlled clinical trial (RCT). This RCT consisting of 172 women, aged 20-65 with stage I or II breast cancer consisted of the 8-week MBSR, which was compared to a nutrition education program (NEP) and usual supportive care (UC). Follow-up was performed at three post-intervention points: 4 months, 1, and 2 years. Standardized, validated self-administered questionnaires were adopted to assess psychosocial variables. Statistical analysis included descriptive and regression analyses incorporating both intention-to-treat and post hoc multivariable approaches of the 163 women with complete data at baseline, those who were randomized to MBSR experienced a significant improvement in the primary measures of QOL and coping outcomes compared to the NEP, UC, or both, including the spirituality subscale of the FACT-B as well as dealing with illness scale increases in active behavioral coping and active cognitive coping. Secondary outcome improvements resulting in significant between-group contrasts favoring the MBSR group at 4 months included meaningfulness, depression, paranoid ideation, hostility, anxiety, unhappiness, and emotional control. Results tended to decline at 12 months and even more at 24 months, though at all times, they were as robust in women with lower expectation of effect as in those with higher expectation. The MBSR intervention appears to benefit psychosocial adjustment in cancer patients, over and above the effects of usual care or a credible control condition. The universality of effects across levels of expectation indicates a potential to utilize this stress reduction approach as complementary therapy in oncologic practice.

Hensley, M. [Department of Social Work, Augsburg College, Minneapolis, MN]. "**The spirituality of electroconvulsive therapy: a patient's experience of vulnerability and hope**." *Journal of ECT* 28, no. 3 (Sep 2012): 196-197.

This is a brief first-person account by a college professor in Social Work about receiving electroconvulsive therapy.

Hermanns, M., Deal, B. and Haas, B. [College of Nursing, University of Texas, Tyler; anns@uttyler.edu]. "**Biopsychosocial and spiritual aspects of Parkinson disease: an integrative review**." *Journal of Neuroscience Nursing* 44, no. 4 (Aug 2012): 194-205.

[Abstract:] The purpose of this study is to systematically examine the scientific literature and report the biopsychosocial and spiritual aspects of persons with Parkinson disease and their adaptation to the disease, to discuss methodological challenges associated with researching this phenomenon, and to propose future research. Synthesis of the literature will reveal the state of the science on the holistic approach to care in persons with Parkinson disease. An exhaustive review of the English language peer-reviewed literature published from January 1961 to July 2011 was conducted utilizing Academic Search Premier, MEDLINE, CINAHL, Psych Articles, Psych Info, PubMed, Wiley InterScience, the Cochrane Center Register for Control Trials, Health and Psychosocial Instruments, and SpringerLink databases. Ninety studies were reviewed. Although numerous medical studies focusing on pharmacological agents for Parkinson disease are reported, there are gaps in the literature on the biopsychosocial, spiritual, and holistic approaches in Parkinson disease care. More research is needed to examine the biopsychosocial and spiritual aspects of persons with Parkinson disease.

Hess, R. F. and Weinland, J. A. [Research for Health Inc., Cuyahoga Falls, OH; rfhess@researchforhealth.org]. "**The life-changing impact of peripartum cardiomyopathy: an analysis of online postings**." *MCN, American Journal of Maternal Child Nursing* 37, no. 4 (Jul-Aug 2012): 241-246.

[Abstract:] BACKGROUND: Peripartum cardiomyopathy (PPCM), a form of acute heart failure, is a life-altering condition affecting thousands of pregnant or postpartum women. Little is known about the overall impact of PPCM on women's lives. PURPOSE: To describe the contents of postings made on the My Space PPCM support group Web site by women diagnosed with PPCM. METHODS: A mixed methods design. Two hundred and forty-seven postings made by 156 people from 2005 to 2008 were copied from the Web site. Key words and phrases were sorted into categories, quantified, and then arranged into themes using the five interacting variables of the Neuman Systems Model: physiological, psychological, sociocultural, spiritual, and developmental. RESULTS: Six themes identified in the postings were discussion of symptomology, exchange of advice, interactions with healthcare providers, uncertainty about subsequent pregnancies, expressions of spirituality, and recovery from heart failure. CLINICAL IMPLICATIONS: Misdiagnosis and subsequent pregnancies were major stressors that have implications for nursing practice and future research. Nurses can help women with PPCM and their families reconstitute their lives to a new normal by providing reliable information and counseling on treatment, prognosis, and family planning.

Hewson, P. D. and Rowold, J. [Technical University of Dortmund, Center for Continuing Education, Dortmund, Germany]. "**Do spiritual ceremonies affect participants' quality of life? A pilot study**." *Complementary Therapies in Clinical Practice* 18, no. 3 (Aug 2012): 177-181.

[Abstract:] OBJECTIVES: As an attempt to explore and quantify the potential effects of spiritual ceremonies, the present study evaluated the effect of a spiritual ceremony on four independent facets of quality of life. DESIGN: Overall, ten persons participated in a half-day spiritual ceremony. Participants completed a survey on quality of life (a) four weeks prior to the ceremony (T1), (b) three days before (T2) and (c) four

weeks after the ceremony (T3). RESULTS: Statistical analyses demonstrated that the ceremony had a positive effect on spiritual and mental quality of life. The ceremony did not enhance participants' physical and emotional quality of life. Implications for future research are discussed. CONCLUSIONS: Spiritual ceremonies might serve as a booster for spiritual and mental quality of life.

Himle, J. A., Taylor, R. J. and Chatters, L. M. [School of Social Work, Department of Psychiatry, University of Michigan, Ann Arbor; himlej@umich.edu]. "**Religious involvement and obsessive compulsive disorder among African Americans and Black Caribbean**s." *Journal of Anxiety Disorders* 26, no. 4 (May 2012): 502-510.

[Abstract:] Prior research is equivocal concerning the relationships between religious involvement and obsessive-compulsive disorder (OCD). The literature indicates limited evidence of denomination differences in prevalence of OCD whereas findings regarding OCD and degree of religiosity are equivocal. This study builds on prior research by examining OCD in relation to diverse measures of religious involvement within the National Survey of American Life, a nationally representative sample of African American and Black Caribbean adults. Bivariate and multivariate analyses (logistic regression) examine the relationship between lifetime prevalence of OCD and religious denomination, service attendance, non-organizational religiosity (e.g., prayer, religious media) subjective religiosity, and religious coping. Frequent religious service attendance was negatively associated with OCD, whereas Catholic affiliation (as compared to Baptist) and religious coping (prayer when dealing with stressful situations) were both positively associated with OCD. With regard to demographic factors, persons of older age and higher education levels were significantly less likely to have OCD.

Hodge, D. R. and Sun, F. [School of Social Work, Arizona State University, Phoenix]. "**Positive feelings of caregiving among Latino Alzheimer's family caregivers: understanding the role of spirituality**." *Aging & Mental Health* 16, no. 6 (2012): 689-698.

[Abstract:] This study used structural equation modeling to examine the effects of spirituality on positive aspects of caregiving (PAC) among a sample of American Latino family members caring for a relative with Alzheimer's disease (AD). Participants consisted of 209 Latino caregivers (CGs) drawn from baseline data from the Resources for Enhancing Alzheimer's Caregivers Health II study. The findings indicate that spirituality is positively related to PAC and may partially mediate the effect of subjective stress on PAC. AD CGs typically provide better care when they perceive the caregiving experience to be satisfying and rewarding. Toward this end, gerontological practitioners should adopt a proactive stance to ensure Latino AD CGs can operationalize their spiritual strengths.

Holt, C. L., Scarinci, I. C., Debnam, K., McDavid, C., Litaker, M., McNeal, S. F., Southward, V., Lee, C., Eloubeidi, M., Crowther, M., Bolland, J. and Martin, M. Y. [Department of Behavioral and Community Health, School of Public Health, University of Maryland, College Park; cholt14@umd.edu]. "**Spiritually based intervention to increase colorectal cancer awareness among African Americans: intermediate outcomes from a randomized trial**." *Journal of Health Communication* 17, no. 9 (2012): 1028-1049.

[Abstract:] Colorectal cancer screening, while effective for reducing mortality, remains underutilized particularly among underserved populations such as African Americans. The present study evaluated a spiritually based approach to increasing Health Belief Model-based pre-screening outcomes in a Community Health Advisor-led intervention conducted in African American churches. Sixteen urban churches were randomized to receive either the spiritually based intervention or a nonspiritual comparison of the same structure and core colorectal cancer content. Trained Community Health Advisors led a series of two educational sessions on colorectal cancer early detection. The educational sessions were delivered over a 1-month period. Participants (N=316) completed a baseline survey at enrollment and a follow-up survey one month after the first session. Both interventions resulted in significant pre/post increases in knowledge, perceived benefits of screening, and decreases in perceived barriers to screening. Among women, the spiritually based intervention resulted in significantly greater increases in perceived benefits of screening relative to the nonspiritual comparison. This finding was marginal in the sample as a whole. In addition, perceived benefits to screening were associated with behavioral intention for screening. It is concluded that in this population, the spiritually based was generally as effective as the nonspiritual (secular) communication.

Holt, C. L., Schulz, E., Caplan, L., Blake, V., Southward, V. L. and Buckner, A. V. [Department of Behavioral and Community Health, School of Public Health, University of Maryland, College Park; cholt14@umd.edu]. "**Assessing the role of spirituality in coping among African Americans diagnosed with cancer**." *Journal of Religion & Health* 51, no. 2 (Jun 2012): 507-521.

[Abstract:] Spirituality plays an important role in cancer coping among African Americans. The purpose of this study was to report on the initial psychometric properties of instruments specific to the cancer context, assessing the role of spirituality in coping. Items were developed based on a theoretical model of spirituality and qualitative patient interviews. The instruments reflected connections to self, others, God, and the world. One hundred African American cancer survivors completed the instruments by telephone. The instruments showed adequate internal reliability, mixed convergent validity, discriminant validity, and interpretable factor structures.

Holt, C. L., Schulz, E., Williams, B., Clark, E. M., Wang, M. Q. and Southward, P. L. [Department of Behavioral and Community Health, School of Public Health, University of Maryland, College Park, MD; cholt14@umd.edu]. "**Assessment of religious and spiritual capital in African American communities**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1061-1074. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] African American faith communities are an important source of social capital. The present study adapted a theory-based social capital instrument to result in religious (e.g., from organized worship) and spiritual (e.g., from relationship with higher power) capital measures. Data from a national sample of 803 African Americans suggest the instruments have high internal reliability and are distinct from general religiosity. Measurement models confirmed factor structures. Religious capital was positively associated with self-rated health status. Religious and spiritual capital were negatively associated with depressive symptoms, but these associations largely became nonsignificant in multivariate models that controlled for demographic characteristics. An exception is for spiritual capital in the form of community participation, which retained a negative association with depressive symptoms. These instruments may have applied value for health promotion research and practice in African American communities.

Hourani, L. L., Williams, J., Forman-Hoffman, V., Lane, M. E., Weimer, B. and Bray, R. M. [Behavioral Health and Criminal Justice Division, RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC]. "**Influence of spirituality on depression, posttraumatic stress disorder, and suicidality in active duty military personnel**." *Depression Research and*

Treatment (2012): 425463 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Understanding the role of spirituality as a potential coping mechanism for military personnel is important given growing concern about the mental health issues of personnel returning from war. This study seeks to determine the extent to which spirituality is associated with selected mental health problems among active duty military personnel and whether it moderates the relationship between combat exposure/deployment and (a) depression, (b) posttraumatic stress disorder (PTSD), and (c) suicidality in active duty military personnel. Data were drawn from the 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. Over 24,000 randomly selected active duty personnel worldwide completed an anonymous self-report questionnaire. High spirituality had a significant protective effect only for depression symptoms. Medium, as opposed to high or low, levels of spirituality buffered each of the mental health outcomes to some degree. Medium and low spirituality levels predicted depression symptoms but only among those with moderate combat exposure. Medium spirituality levels also predicted PTSD symptoms among those with moderate levels of combat exposure and predicted self-reported suicidal ideation/attempt among those never deployed. These results point to the complex relationship between spirituality and mental health, particularly among military personnel and the need for further research.

Hybels, C. F., Blazer, D. G., George, L. K. and Koenig, H. G. [Department of Psychiatry and Behavioral Sciences, Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, NC; cfh@geri.duke.edu]. "**The complex association between religious activities and functional limitations in older adults**." *Gerontologist* 52, no. 5 (Oct 2012): 676-685.

[Abstract:] PURPOSE OF THE STUDY: To examine the longitudinal associations between 3 dimensions of religious involvement-religious attendance, use of religious media, and private religious activities-and 3 domains of functional status-limitations in basic activities of daily living (ADL), instrumental activities of daily living (IADL), and mobility in older adults. DESIGN AND METHODS: Using the data from a survey of 2,924 adults aged 65+, with self-reported religious involvement and functional status collected at baseline, 3, 6, and 10 years postbaseline, we used repeated measures mixed models to predict functional change by religious status at the prior interview. RESULTS: Increased religious attendance was associated with fewer ADL, IADL, and mobility limitations 3-4 years later, controlling for demographic, health, and social variables as well as prior functional status. Neither use of religious media nor private religious activities was associated with functional change in controlled analyses. Use of religious media, however, was associated with developing more IADL and mobility limitations in uncontrolled analysis, suggesting a potential indirect association. IMPLICATIONS: Religious attendance may protect against decline in functional limitations in older adults. Clinicians may wish to consider the importance of attendance at services in preventing disability for those patients for whom religious involvement is important. Gerontologists may wish to include religious participation in their conceptual framework outlining risk factors for functional decline. [See also, Park, J., et al., "Religiosity, social support, and life satisfaction among elderly Korean immigrants," in the same issue of the journal, pp. 641-649.]

Iverson, E., Celious, A., Kennedy, C. R., Shehane, E., Eastman, A., Warren, V., Bolcic-Jankovic, D., Clarridge, B. and Freeman, B. D. [Department of Pediatrics, Children's Hospital Los Angeles, Los Angeles, CA]. "**Real-time perspectives of surrogate decision-makers regarding critical illness research: findings of focus group participants**." *Chest* 142, no. 6 (Dec 2012): 1433-1439.

Among the findings of this study of 74 Surrogate Decision Makers involved with critically ill patients cared for in the ICUs of two urban hospitals: "Many SDMs reported relying heavily on their religious faith, frequently praying over decisions, and finding strength through scripture" [p. 1435].

Irving, M. J., Tong, A., Jan, S., Cass, A., Rose, J., Chadban, S., Allen, R. D., Craig, J. C., Wong, G. and Howard, K. [School of Public Health, University of Sydney, Australia; michelle.irving@sydney.edu.au]. "**Factors that influence the decision to be an organ donor: a systematic review of the qualitative literature**." *Nephrology Dialysis Transplantation* 27, no. 6 (Jun 2012): 2526-2533.

[Abstract:] BACKGROUND: Transplantation is the treatment of choice for organ failure, but a worldwide shortage of suitable organs exists. We conducted a systematic review of qualitative studies that explored community attitudes towards living and deceased solid organ donation to inform strategies to improve organ donation rates. METHODS: Medline, Embase, PsycINFO and EconLIT were searched. Qualitative studies that explored community attitudes towards living and deceased solid organ donation were included. A thematic synthesis of the results and conclusions reported by primary authors was performed. RESULTS: Eighteen studies involving 1019 participants were identified. Eight themes emerged. The decision to be an organ donor was influenced by (i) relational ties; (ii) religious beliefs; (iii) cultural influences; (iv) family influences; (v) body integrity; (vi) previous interactions with the health care system-medical mistrust, validity of brain death and fear of early organ retrieval; (vii) the individual's knowledge about the organ donation process and (viii) major reservations about the process of donation, even in those who support organ donation. CONCLUSIONS: This review of qualitative studies highlights that seemingly intractable factors, such as religion and culture, are often tied in with more complex issues such as a distrust of the medical system, misunderstandings about religious stances and ignorance about the donation process. Intervention that could be considered includes culturally appropriate strategies to engage minority groups, especially through religious or cultural leaders, and more comprehensively available information about the donation process and its positive outcomes.

Jahn, D. R., Poindexter, E. K., Graham, R. D. and Cukrowicz, K. C. [Department of Psychology, Texas Tech University, Lubbock, TX]. "**The moderating effect of the negative impact of recent life events on the relation between intrinsic religiosity and death ideation in older adults**." *Suicide & Life-Threatening Behavior* 42, no. 6 (Dec 2012): 589-601. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Researchers tested the hypothesis that the negative impact of recent life events would moderate the relationship between intrinsic religiosity and death ideation in older adults. Participants (n = 272) completed assessments of death ideation, intrinsic religiosity, and negative impact of recent life events. We confirmed the presence of concurrent moderation and found that older adults with greater negative impact of recent life events and high intrinsic religiosity reported greater death ideation. These relatively surprising findings may be due to reduced fear of death in intrinsically religious older adults, an explanation consistent with previous research.

Johnstone, B., McCormack, G., Yoon, D. P. and Smith, M. L. [Department of Health Psychology, University of Missouri, Columbia, MO; johnstoneg@health.missouri.edu]. "**Convergent/divergent validity of the brief multidimensional measure of**

religiousness/spirituality: empirical support for emotional connectedness as a 'spiritual' construct." *Journal of Religion & Health* 51, no. 2 (Jun 2012): 529-541.

[Abstract:] The objective of this article is to determine the convergent/divergent validity of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; Fetzer Institute & National Institute on Aging Working Group 1999) subscales by correlating it with the Temperament and Character Inventory (TCI) Self-Transcendence subscales (i.e., Mysticism, Transpersonal Identification, Self-Forgetfulness; Cloninger et al. 1994). The cross-sectional analysis of 97 undergraduate/graduate students from a Midwestern university was made. The results are (1) all five BMMRS spirituality subscales were significantly correlated with the TCI Mysticism scale; (2) two BMMRS scales (i.e., Daily Spiritual Experiences, Values/Beliefs) were significantly correlated with the TCI Transpersonal Identification scales; (3) no BMMRS spiritual subscales were significantly correlated with the TCI Self-Forgetfulness scale; and (4) of the BMMRS religion scales, only the Organizational Religiousness subscale was correlated with any TCI subscale (i.e., Mysticism). The BMMRS appears to have adequate convergent/divergent validity, although the need exists to determine specific dimensions of spirituality. Inspection of the specific items of the BMMRS and TCI spiritual subscales that were most consistently correlated (i.e., BMMRS Daily Spiritual Experiences, Values/Beliefs; TCI Mysticism, Transpersonal Identification) suggests the existence of a distinct spiritual construct that is best conceptualized as the experience of emotional connectedness to the divine, nature, and/or others.

Johnstone, B., Yoon, D. P., Cohen, D., Schopp, L. H., McCormack, G., Campbell, J. and Smith, M. [Department of Health Psychology, University of Missouri, Columbia, MO; Johnstoneg@health.missouri.edu]. "**Relationships among spirituality, religious practices, personality factors, and health for five different faith traditions**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1017-1041. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] To determine: (1) differences in spirituality, religiosity, personality, and health for different faith traditions; and (2) the relative degree to which demographic, spiritual, religious, and personality variables simultaneously predict health outcomes for different faith traditions. Cross-sectional analysis of 160 individuals from five different faith traditions including Buddhists (40), Catholics (41), Jews (22), Muslims (26), and Protestants (31). Brief multidimensional measure of religiousness/spirituality (BMMRS; Fetzer in Multidimensional measurement of religiousness/spirituality for use in health research, Fetzer Institute, Kalamazoo, 1999); NEO-five factor inventory (NEO-FFI; in Revised NEO personality inventory (NEO PI-R) and the NEO-five factor inventory (NEO-FFI) professional manual, Psychological Assessment Resources, Odessa, Costa and McCrae 1992); Medical outcomes scale-short form (SF-36; in SF-36 physical and mental health summary scores: A user's manual, The Health Institute, New England Medical Center, Boston, Ware et al. 1994). (1) ANOVAs indicated that there were no significant group differences in health status, but that there were group differences in spirituality and religiosity. (2) Pearson's correlations for the entire sample indicated that better mental health is significantly related to increased spirituality, increased positive personality traits (i.e., extraversion) and decreased personality traits (i.e., neuroticism and conscientiousness). In addition, spirituality is positively correlated with positive personality traits (i.e., extraversion) and negatively with negative personality traits (i.e., neuroticism). (3) Hierarchical regressions indicated that personality predicted a greater proportion of unique variance in health outcomes than spiritual variables. Different faith traditions have similar health status, but differ in terms of spiritual, religious, and personality factors. For all faith traditions, the presence of positive and absence of negative personality traits are primary predictors of positive health (and primarily mental health). Spiritual variables, other than forgiveness, add little to the prediction of unique variance in physical or mental health after considering personality. Spirituality can be conceptualized as a characterological aspect of personality or a distinct construct, but spiritual interventions should continue to be used in clinical practice and investigated in health research.

Kalish, N. [Coordinator of Pastoral Care and Education, New York Presbyterian Hospital - Morgan Stanley Children's Hospital, New York, NY; nak9035@nyp.org]. "**Evidence-based spiritual care: a literature review**." *Current Opinion in Supportive & Palliative Care* 6, no. 2 (Jun 2012): 242-246.

[Abstract:] PURPOSE OF REVIEW: As spiritual care has increasingly been considered an integral component of a healthcare treatment plan, spiritual care practitioners have been encouraged to adopt an evidence-based orientation, just as evidence-based practice is encouraged in every other aspect of healthcare. Though the notion of 'evidence-based spiritual care' is still developing, increasingly research is conducted in order to provide an evidence base to the practice of spiritual care. This article reviews spirituality and spiritual care literature from June 2010 to December 2011 that employ empirical research methods. RECENT FINDINGS: The majority of patient-focused studies concentrate on oncology and palliative care patients. In the review period, studies of care giver perceptions and experience came from multiple disciplines, including medicine, nursing, and chaplaincy. A discrepancy exists between the provision of spiritual care and the theoretical commitment of practitioners to offer such care. Practitioners continue to view spiritual care as part of their role to a greater extent than they provide it. This is often attributed to the absence of consensus in the field regarding the definition of spirituality, a lack of clarity of disciplinary role, and inadequate education for nurses and doctors about spiritual care. Research has further indicated that care givers' explorations of their own spirituality correlate with the provision of spiritual care. Although historically spiritual care has been most integrated into the care of palliative and oncology patients, researchers are developing and testing spiritual care assessment tools with other medical populations. In addition, they are evaluating these tools in diverse religious, cultural and national contexts. SUMMARY: Conceptual analysis combined with empirical study of care giver understandings of spiritual care will assist in developing clarity and consensus about the definition of spirituality and spiritual care. Investigation and conceptualization of interdisciplinary roles and provision of spiritual care is needed for optimizing collaborative care. More knowledge is needed about how to effectively teach spiritual care. [Part of a special theme issue on spirituality. See also articles by Dennis, K.; by El Nawawi, N. M., et al.; and by Olver, I. N.; noted elsewhere in this bibliography.]

Kalra, G., Bhui, K. S. and Bhugra, D.]Department of Psychiatry, Lokmanya Tilak Medical College & Sion Hospital, Sion, Mumbai, India]. "**Sikhism, spirituality and psychiatry**." *Asian Journal of Psychiatry* 5, no. 4 (Dec 2012): 339-343.

[Abstract:] Sikhism has millions of followers in India and among the Indian diaspora. As a religion it is relatively young but carries with it unique perspectives which are often not well known. The holy book of Sikhism, Guru Granth Sahib, is not only the last Guru, but also remained a key text for this religion. Using descriptions of the religion and its followers we attempt to understand the context of spirituality within this religion and attempt to apply it to clinical settings. We explored various texts to understand the notions of spirituality and ethics and directions for living one's life. We studied both the Gurumukhi version as well as the English translation of the Sikh holy text. In the context of history of the Sikhs, various descriptions related to mental well being were identified. In this paper we describe the history, development and

the core values of the religion and we also review their role on psychiatric and mental health settings for managing Sikh patients. Guru Granth Sahib offers a very useful insight into what is understood by the term equivalent to depression and its phenomenology. The notions of dukh (loosely translated as pain, but can also mean sadness or suffering) and maya (illusion) and their role in daily living are also discussed. In this paper these descriptions are explored further and their importance explained. [This article is part of a theme issue of the journal. See other articles in the same issue by Falb, M. D. et al.; by Moreira-Almeida, A.; and by Verhagen, P. J.; noted elsewhere in this bibliography.]

Karches, K. E., Chung, G. S., Arora, V., Meltzer, D. O. and Curlin, F. A. [Pritzker School of Medicine, University of Chicago, IL; kkarches@uchicago.edu]. "**Religiosity, spirituality, and end-of-life planning: a single-site survey of medical inpatients**." *Journal of Pain & Symptom Management* 44, no. 6 (Dec 2012): 843-851. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Prior studies suggest that terminally ill patients who use religious coping are less likely to have advance directives and more likely to opt for heroic end-of-life measures. Yet, no study to date has examined whether end-of-life practices are associated with measures of religiosity and spirituality. OBJECTIVES: To assess the relationship between general measures of patient religiosity and spirituality and patients' preferences for care at the end of life. METHODS: 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. Primary outcomes were whether the patient had an advance directive, a do-not-resuscitate (DNR) order, a durable power of attorney for health care, and an informally designated decision maker. Primary predictors were religious attendance, intrinsic religiosity, and self-rated spirituality. RESULTS: The sample population (n=8308) was predominantly African American (73%) and female (60%). In this population, 1.5% had advance directives and 10.4% had DNR orders. Half (51%) of the patients had specified a decision maker. White patients were more likely than African American patients to have an advance directive (odds ratio [OR] 2.1; 95% CI 1.1-4.0) and a DNR order (OR 1.7; 95% CI 1.0-2.9). Patients reporting high intrinsic religiosity were more likely to have specified a decision maker than those reporting low intrinsic religiosity (OR 1.3; 95% CI 1.1-1.6). The same was true for those with high compared with low spirituality (OR 1.3; 95% CI 1.1-1.5). Religious characteristics were not significantly associated with having an advance directive or DNR order. CONCLUSION: Among general medicine inpatients at an urban academic medical center, those who were highly religious and/or spiritual were more likely to have a designated decision maker to help with end-of-life decisions but did not differ from other patients in their likelihood of having an advance directive or DNR order.

Kasen, S., Wickramaratne, P., Gameroff, M. J. and Weissman, M. M. [Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY; sk57@columbia.edu]. "**Religiosity and resilience in persons at high risk for major depression**." *Psychological Medicine* 42, no. 3 (Mar 2012): 509-519.

[Abstract:] BACKGROUND: Few studies have examined religiosity as a protective factor using a longitudinal design to predict resilience in persons at high risk for major depressive disorder (MDD). METHOD: High-risk offspring selected for having a depressed parent and control offspring of non-depressed parents were evaluated for psychiatric disorders in childhood/adolescence and at 10-year and 20-year follow-ups. Religious/spiritual importance, services attendance and negative life events (NLEs) were assessed at the 10-year follow-up. Models tested differences in relationships between religiosity/spirituality and subsequent disorders among offspring based on parent depression status, history of prior MDD and level of NLE exposure. Resilience was defined as lower odds for disorders with greater religiosity/spirituality in higher-risk versus lower-risk offspring. RESULTS: Increased attendance was associated with significantly reduced odds for mood disorder (by 43%) and any psychiatric disorder (by 53%) in all offspring; however, odds were significantly lower in offspring of non-depressed parents than in offspring of depressed parents. In analyses confined to offspring of depressed parents, those with high and those with average/low NLE exposure were compared: increased attendance was associated with significantly reduced odds for MDD, mood disorder and any psychiatric disorder (by 76, 69 and 64% respectively) and increased importance was associated with significantly reduced odds for mood disorder (by 74%) only in offspring of depressed parents with high NLE exposure. Moreover, those associations differed significantly between offspring of depressed parents with high NLE exposure and offspring of depressed parents with average/low NLE exposure. CONCLUSIONS: Greater religiosity may contribute to development of resilience in certain high-risk individuals.

Kashdan, T. B. and Nezlek, J. B. [Department of Psychology, George Mason University, Fairfax, VA; tkashdan@gmu.edu]. "**Whether, when, and how is spirituality related to well-being? Moving beyond single occasion questionnaires to understanding daily process**." *Personality & Social Psychology Bulletin* 38, no. 11 (Nov 2012): 1523-1235.

[Abstract:] Prior research suggests that spirituality is positively related to well-being. Nevertheless, within-person variability in spirituality has yet to be addressed. Do people experience greater spirituality on some days versus others? Does daily spirituality predict daily well-being? Do within-person relationships between spirituality and well-being vary as a function of trait spirituality? The authors examined such questions using a daily diary study with 87 participants who provided reports of their daily spirituality and well-being for a total of 1,239 days. They found that daily spirituality was positively related to meaning in life, self-esteem, and positive affect, and the link from daily spirituality to both self-esteem and positive affect was fully mediated by meaning in life. Moreover, within-person relationships between daily spirituality and self-esteem and meaning in life were stronger for people higher in trait spirituality. Lagged analyses found positive relationships between present day spirituality and next day's meaning in life; there was no evidence for meaning in life as a predictor of the next day's spirituality. When focusing on affect, for people higher in trait spirituality, greater negative affect (and lower positive affect) predicted greater spirituality the next day. These results provide new insights into how spirituality operates as a fluctuating experience in daily life.

Kelly, P. J. "**Should we rethink how we teach cultural competency in physician assistant education?**" *Journal of Physician Assistant Education* 23, no. 3 (2012): 42-45.

[Abstract:] Cultural competency training has traditionally been viewed as addressing race and ethnicity and its influence on health care disparity. There are many aspects of culture or diversity that have been overshadowed in physician assistant education but are equally as important. These cultural elements include socioeconomic status, religion, sexual orientation, and disability. This article will briefly discuss the importance of these elements and how each can affect the medical care of patients in these diverse populations.

Kevern, P. [Faculty of Health, Staffordshire University, Stafford, UK; p.kevern@staffs.ac.uk]. "**Who can give 'spiritual care'? The management of spiritually sensitive interactions between nurses and patients**." *Journal of Nursing Management* 20, no. 8

(Dec 2012): 981-989. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: This article considers the purpose of contemporary 'spiritual care' in order to help managers make informed decisions about its appropriate delivery in a clinical context. BACKGROUND: Although there are national policies in place concerning spiritual care, surveys indicate that nurses are reluctant to engage with the spiritual needs of patients. EVALUATION: A consideration of the character of spiritual care indicates the need to take account of the context of contemporary Western society. A model drawn from the social psychology of religion is used to analyse the different types of nurse-patient interaction available in the provision of spiritual care. KEY ISSUES: Although religious and spiritual commitments can vary widely, they are subject to the same pressures in a secular and pluralist social context. This enables some general guidelines to be developed. CONCLUSIONS: Effective spiritual care requires a consideration of both the patient's and the nurse's implicit and explicit religious commitments. IMPLICATIONS FOR NURSING MANAGEMENT: Nurse managers need to take account of the personal commitments of nurses when directing them to offer spiritual care. This article offers a diagnostic tool for deploying nurses in an appropriate way. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Draper, P.; by Cockell, N.; by Meehan, T. C.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Khoury, A., Oyetunji, T. A., Bolorunduro, O., Harbour, L., Cornwell, E. E., Siram, S. M., Mellman, T. and Greene, W. R. [Department of Surgery, Howard University College of Medicine, Washington, DC]. "**Living on a prayer: religious affiliation and trauma outcome**s." *American Surgeon* 78, no. 1 (Jan 2012): 66-68.

[Abstract:] Research has shown that religious affiliation is associated with reduced all cause mortality. The aim of this study was to determine if religious affiliation predicts trauma-specific mortality and length of stay. Patients admitted to our urban Level I trauma center in 2008 were examined; the main study categorization was based on endorsement of a specific religious affiliation during a standard intake procedure. Bivariate and multivariate analysis was performed with in-hospital mortality and length of stay as the outcomes of interest, adjusting for demographic and injury severity characteristics. A total of 2303 patients were included in the study. Forty-six per cent endorsed a religious affiliation. Patients with a religious affiliation were more likely to be female, Hispanic, and older than those who reported no affiliation ($P < 0.001$). There was no difference in length of hospital stay. On bivariate analysis those without religious affiliation were more likely to die ($P = 0.01$), but this difference disappeared after adjusting for covariates. Although we could not identify a statistical association between religious affiliation and mortality on multivariate analysis, there was an association with injury severity suggesting religious patients were less severely injured.

Kim-Spoon, J,. Longo, G. S. and McCullough, M. E. [Department of Psychology, VA Polytechnic Institute and State University, Blacksburg, VA; jungmeen@vt.edu]. "**Adolescents who are less religious than their parents are at risk for externalizing and internalizing symptoms: the mediating role of parent-adolescent relationship quality**." *Journal of Family Psychology* 26, no. 4 (Aug 2012): 636-641.

[Abstract:] Parents generally take pains to insure that their children adopt their own religious beliefs and practices, so what happens psychologically to adolescents who find themselves less religious than their parents? We examined the relationships among parents' and adolescents' religiousness, adolescents' ratings of parent-adolescent relationship quality, and adolescents' psychological adjustment using data from 322 adolescents and their parents. Adolescent boys who had lower organizational and personal religiousness than their parents, and girls who had lower personal religiousness than their parents, had more internalizing and externalizing psychological symptoms than did adolescents whose religiousness better matched their parents'. The apparent effects of subparental religiousness on adolescents' psychological symptoms were mediated by their intermediate effects on adolescents' ratings of the quality of their relationships with their parents. These findings identify religious discrepancies between parents and their children as an important influence on the quality of parent-adolescent relationships, with important implications for adolescents' psychological well-being.

Kim-Spoon, J., Longo, G. S. and McCullough, M. E. [Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg; jungmeen@vt.edu]. "**Parent-adolescent relationship quality as a moderator for the influences of parents' religiousness on adolescents' religiousness and adjustment**." *Journal of Youth & Adolescence* 41, no. 12 (Dec 2012): 1576-1587.

[Abstract:] Prior investigations have demonstrated that parents' religiousness is related inversely to adolescent maladjustment. However, research remains unclear about whether the link between parents' religiousness and adolescent adjustment outcomes--either directly or indirectly via adolescents' own religiousness--varies depending on relationship context (e.g., parent-adolescent attachment). This study examined the moderating roles of parent-adolescent attachment on the apparent effects of the intergenerational transmission of religiousness on adolescent internalizing and externalizing symptoms using data from 322 adolescents (mean age = 12.63 years, 45 % girls, and 84 % White) and their parents. Structural equation models indicated significant indirect effects suggesting that parents' organizational religiousness was positively to boys' organizational religiousness--the latter of which appeared to mediate the negative association of parents' organizational religiousness with boys' internalizing symptoms. Significant interaction effects suggested also that, for both boys and girls, parents' personal religiousness was associated positively with adolescent internalizing symptoms for parent-adolescent dyads with low attachment, whereas parents' personal religiousness was not associated with adolescent internalizing symptoms for parent-adolescent dyads with high attachment. The findings help to identify the family dynamics by which the interaction of parents' religiousness and adolescents' religiousness might differentially influence adolescent adjustment. [See also, Salas-Wrigh, C. P., et al., "Religiosity profiles of American youth in relation to substance use, violence, and delinquency," on pp. 1560-1575 of the same journal issue.]

King, S. D. [Seattle Cancer Care Alliance, Seattle, WA; sking@seattlecca.org]. "**Facing fears and counting blessings: a case study of a chaplain's faithful companioning a cancer patient**." *Journal of Health Care Chaplaincy* 18, nos. 1-2 (Jan 2012): 3-22.

[Abstract:] This article offers a case study of a long-term chaplaincy care relationship between a woman with recurrent leukemia and an experienced oncology chaplain at a comprehensive cancer center. The case includes an extensive description of the encounters between the patient and the chaplain; a spiritual/religious assessment that includes a spiritual/religious profile and a portrait of the needs, interventions, and outcomes within the case; and a discussion of some key issues in the case, including what aspects regarding the overall care was healing. Although a number of issues were addressed, the author argues that the essence of the care and healing occurred through the faithful companioning of the chaplain. The author articulates an understanding of faithful companioning.

Kirschner, A. K., Atteneder, M., Schmidhuber, A., Knetsch, S., Farnleitner, A. H. and Sommer, R. [Medical University Vienna, Center for Pathophysiology, Infectiology and Immunology, Institute for Hygiene and Applied Immunology, Water Hygiene, Kinderspitalgasse 15, A-1095, Vienna, Austria; alexander.kirschner@meduniwien.ac.at]. "**Holy springs and holy water: underestimated sources of illness?**" *Journal of Water & Health* 10, no. 3 (Sep 2012): 349-357.

[Abstract:] Use of holy springs and holy water is inherent in religious activities. Holy spring water is also used extensively for personal drinking water, although not assessed according to drinking water standards. Holy water in churches and chapels may cause infections via wetting of lips and sprinkling on persons. Our aim was to assess the microbiological and chemical water quality of holy springs and holy water in churches and hospital chapels. Of the holy springs investigated, only 14% met the microbiological and chemical requirements of national drinking water regulations. Considering results from sanitary inspections of the water catchments, no spring was assessed as a reliable drinking water source. All holy water samples from churches and hospital chapels showed extremely high concentrations of HPC; fecal indicators, Pseudomonas aeruginosa and Staphylococcus aureus occurred only in the most frequently visited churches. We conclude that it is highly necessary to include holy springs in programs for assessment and management of water quality. Public awareness has to be raised to perceive holy springs as potential sources of illness. Holy water can be another source of infection, especially in hospital chapels and frequently visited churches. Recommendations are made for proper water quality management of both water types.

Klepping, L. [Helen and Douglas House, Oxford, England; lklepping@gmail.com]. "**Total pain: a reflective case study addressing the experience of a terminally ill adolescent**." *International Journal of Palliative Nursing* 18, no. 3 (Mar 2012): 121-127.

[Abstract:] This article is a reflective case study of the symptom control strategies implemented by a hospice team caring for Jack, a teenage male with metastatic nasopharyngeal cancer who was experiencing severe pain. The concept of a 'total' approach to pain assessment and management is introduced and Jack's pain is analyzed in the context of total pain, including the psychological, social, spiritual, and physical dimensions that contributed to his overall pain experience during his final months. This paper examines the elements of Jack's life that caused him anxiety and triggered pain episodes, including familial and cultural issues, and discusses the pharmacological and non-pharmacological interventions used by the hospice to address these. The article demonstrates how the care delivered by local services was informed by UK strategies for palliative and oncological care of young people.

Knabb, J. J. [Philhaven Hospital, Mount Gretna, PA; jknabb@philhaven.org]. "**Centering prayer as an alternative to mindfulness-based cognitive therapy for depression relapse prevention**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 908-924.

[Abstract:]In the last two decades, mindfulness has made a significant impact on Western secular psychology, as evidenced by several new treatment approaches that utilize mindfulness practices to ameliorate mental illness. Based on Buddhist teachings, mindfulness offers individuals the ability to, among other things, decenter from their thoughts and live in the present moment. As an example, mindfulness-based cognitive therapy (MBCT) teaches decentering and mindfulness techniques to adults in an eight-session group therapy format so as to reduce the likelihood of depression relapse. Yet, some Christian adults may prefer to turn to their own religious heritage, rather than the Buddhist tradition, in order to stave off depression relapse. Thus, the purpose of this article is to present centering prayer, a form of Christian meditation that is rooted in Catholic mysticism, as an alternative treatment for preventing depression relapse in adults. I argue that centering prayer overlaps considerably with MBCT, which makes it a suitable treatment alternative for many Christians in remission from depressive episodes.

Knight, L., Cooper, R. S. and Hypki, C. [Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD]. "**Service of Remembrance: a comprehensive cancer center's response to bereaved family members**." *Journal of Social Work In End-of-Life & Palliative Care* 8, no. 2 (2012): 182-198.

[Abstract:] Comprehensive cancer centers that offer an array of clinical trials and treatment options often experience significant patient mortality rates. Bereavement resources may not be routinely incorporated into the service delivery model in these specialty hospitals. In response, an interdisciplinary team at one cancer center proposed, planned, and implemented an annual Service of Remembrance. The incorporation of music, poetry, and visual arts was important in designing a program that would provide a meaningful, spiritual experience. A community artist who designed an interactive memorial art piece played a pivotal role. This article outlines the process of institutional culture change and describes future challenges in the implementation of this type of bereavement service.

Koenig, H. G. "**Commentary: why do research on spirituality and health, and what do the results mean?**" *Journal of Religion & Health* 51, no. 2 (Jun 2012): 460-467.

[Abstract:] I address two related questions in this article. First, why conduct research on religion/spirituality (R/S) and health? Second, what are the dangers of misinterpreting or misapplying the results from such research? If relationships are found, so what? What is the practical value or clinical relevance of such information? Why should investigators spend time and scarce financial resources to explore such connections? What might health care professionals do differently as a result? How would people live their lives differently in light of such information? Questions like these need solid answers for the field to continue to move forward. Related to the "So what?" question is the issue of how results from research in this area are translated into popular understanding and application. After discussing why conducting research on religion and health is important, I identify a recently published research report that focuses on the relationship between R/S and self-control, an article that received considerable media press coverage. I present the results reported by the authors of this study and then examine a column written about the study that appeared in the New York Times. Finally, I explore what the findings mean, how the media portrayed the findings, and problems that might result depending on how people applied those findings.

Koenig, H. G. [Departments of Psychiatry and Medicine, Duke University Medical Center, Box 3400 Medical Center, Durham, NC]. "**Religious versus conventional psychotherapy for major depression in patients with chronic medical illness: rationale, methods, and preliminary results**." *Depression Research and Treatment* (2012): 460419 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This paper (1) reviews the physical and religious barriers to CBT that disabled medically ill-depressed patients face, (2) discusses research on the relationship between religion and depression-induced physiological changes, (3) describes an ongoing randomized clinical trial of religious versus secular CBT in chronically ill patients with mild-to-moderate major depression designed to (a) overcome physical and religious barriers to CBT and (b) compare the efficacy of religious versus secular CBT in relieving depression and improving immune and endocrine functions, and (4) presents preliminary results that illustrate the technical difficulties that have been encountered in implementing this trial. CBT is being delivered remotely via instant messaging, telephone, or Skype, and Christian, Jewish, Muslim, Buddhist, and Hindu

versions of religious CBT are being developed. The preliminary results described here are particular to the technologies employed in this study and are not results from the CBT clinical trial whose findings will be published in the future after the study ends and data are analyzed. The ultimate goal is to determine if a psychotherapy delivered remotely that integrates patients' religious resources improves depression more quickly than a therapy that ignores them, and whether religious CBT is more effective than conventional CBT in reversing depression-induced physiological changes.

Koenig, H. G., Zaben, F. A. and Khalifa, D. A. [Center for Spirituality, Theology and Health, Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Religion, spirituality and mental health in the West and the Middle East**." *Asian Journal of Psychiatry* 5, no. 2 (Jun 2012): 80-82.

[Abstract:] Research on religion, spirituality and mental health has been rapidly accumulating from Western countries and now increasingly from the Middle East. We review here the latest research on this topic from these two areas of the world, one largely Christian and the other largely Muslim, after discussing similarities and differences in these faith traditions. Contrary to popular thought, there is considerable overlap between these religious groups in beliefs, practices of worship, moral beliefs and values, and emphasis on family life (although also some distinct differences). Because of the similarity in belief and practice, it is not surprising that research on mental health and devout religious involvement in both these religious traditions has tended to produce similar results. Religious psychotherapies within these faith traditions have been developed and are now being refined and used in clinical trials to determine if integrating patients' religious resources into therapy is more or less effective than conventional therapies in relieving the symptoms of depression and anxiety. [This article is part of a special series on spirituality in the journal. Other articles in the series include those by Meares, R.; by Varambally, S. et al.; and by Worthington, E. L, Jr. et al.; noted elsewhere in this bibliography.]

Konopack, J. F. and McAuley, E. [Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign; jkonopac@monmouth.edu]. "**Efficacy-mediated effects of spirituality and physical activity on quality of life: a path analysis**." *Health & Quality of Life Outcomes* 10 (2012): 57.

[Abstract:] BACKGROUND: Physical activity has been established as an important determinant of quality of life, particularly among older adults. Previous research has suggested that physical activity's influence on quality of life perceptions is mediated by changes in self-efficacy and health status. In the same vein, spirituality may be a salient quality of life determinant for many individuals. METHODS: In the current study, we used path analysis to test a model in which physical activity, spirituality, and social support were hypothesized to influence global quality of life in paths mediated by self-efficacy and health status. Cross-sectional data were collected from a sample of 215 adults (male, n = 51; female, n = 164) over the age of 50 (M age = 66.55 years). RESULTS: The analysis resulted in a model that provided acceptable fit to the data (χ^2 = 33.10, df = 16, $p < .01$; RMSEA = .07; SRMR = .05; CFI = .94). CONCLUSIONS: These results support previous findings of an efficacy-mediated relationship between physical activity and quality of life, with the exception that self-efficacy in the current study was moderately associated with physical health status (.38) but not mental health status. Our results further suggest that spirituality may influence health and well-being via a similar, efficacy-mediated path, with strongest effects on mental health status. These results suggest that those who are more spiritual and physically active report greater quality of life, and the effects of these factors on quality of life may be partially mediated by perceptions of self-efficacy.

Krageloh, C. U., Chai, P. P., Shepherd, D. and Billington, R. [Department of Psychology, Faculty of Health & Environmental Sciences, Auckland University of Technology, North Shore Campus, Auckland, New Zealand; chris.krageloh@aut.ac.nz]. "**How religious coping is used relative to other coping strategies depends on the individual's level of religiosity and spirituality**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1137-1151. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Results from empirical studies on the role of religiosity and spirituality in dealing with stress are frequently at odds, and the present study investigated whether level of religiosity and spirituality is related to the way in which religious coping is used relative to other coping strategies. A sample of 616 university undergraduate students completed the Brief COPE (Carver in Int J Behav Med 4:92-100, 1997) questionnaire and was classified into groups of participants with lower and higher levels of religiosity and spirituality, as measured by the WHOQOL-SRPB (WHOQOL-SRPB Group in Soc Sci Med 62:1486-1497, 2006) instrument. For participants with lower levels, religious coping tended to be associated with maladaptive or avoidant coping strategies, compared to participants with higher levels, where religious coping was more closely related to problem-focused coping, which was also supported by multigroup confirmatory factor analysis. The results of the present study thus illustrate that investigating the role of religious coping requires more complex approaches than attempting to assign it to one higher order factor, such as problem- or emotion-focused coping, and that the variability of findings reported by previous studies on the function of religious coping may partly be due to variability in religiosity and spirituality across samples.

Krause, N. [Department of Health Education and Behavior, School of Public Health, University of Michigan, Ann Arbor, MI;. nkrause@umich.edu]. "**Valuing the life experience of old adults and change in depressive symptoms: exploring an overlooked benefit of involvement in religion**." *Journal of Aging & Health* 24, no. 2 (Mar 2012): 227-249.

[Abstract:] OBJECTIVE: Researchers argue that people may encounter difficulty finding productive roles in late life. The purpose of this study is to see whether older people who have found that fellow church members value their life experience encounter fewer symptoms of depression. METHODS: The data are from an ongoing nationwide survey (N = 501). RESULTS: Support is obtained for the following relationships: (a) Older people who go to church more often are more likely to feel fellow church members value their life experience, (b) having others value their life experience helps older people feel they belong in their congregation, (c) older individuals who feel they belong in their congregation are likely to have greater feelings of self-worth, and (d) greater self-worth is associated with a fewer symptoms of depression over time. DISCUSSION: The findings identify one way in which religion may help older people find a meaningful role to play in late life.

Krause, N. and Bastida, E. [Department of Health Education and Behavior, School of Public Health, University of Michigan, Ann Arbor; nkrause@umich.edu]. "**Religion and health among older Mexican Americans: exploring the influence of making mandas**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 812-824.

[Abstract:]A manda is a religious quid pro quo whereby an older Mexican American promises to perform a religious act if the Virgin or one of the saints grants a request. The purpose of this study is to see whether making mandas is associated with health among older Mexican

Americans. Findings from the study model suggest that making mandas is associated with a greater sense of personal control, and more personal control is associated, in turn, with better health.

Krause, N. and Hayward, R. D. [Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor, MI; nkrause@umich.edu]. "**Humility, lifetime trauma, and change in religious doubt among older adults**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1002-1016. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Compared to research on the positive or beneficial effects of religion on health, far fewer studies have been designed to examine the potentially negative aspects of religion. The purpose of this study is to examine a potentially negative part of leading a religious life--religious doubt. More specifically, the current study was designed to assess the relationships among humility, exposure to lifetime trauma, and change in religious doubt over time. Two hypotheses were developed to explore the relationships among these constructs. The first hypothesis predicts that greater exposure to traumatic events at any point in the life course will be associated with greater doubts about religion over time. The second hypothesis proposes that the potentially deleterious effects of exposure to lifetime trauma will be buffered or offset for individuals who are more humble. Findings from a nationwide, longitudinal survey of older adults provide support for both hypotheses. This appears to be the first time that the relationship among humility, lifetime trauma, and change in religious doubt has been evaluated empirically.

Kristiansen, M. and Sheikh, A. [Danish Research Centre for Migration, Ethnicity, and Health, University of Copenhagen, Denmark; makk@sund.ku.dk]. "**Understanding faith considerations when caring for bereaved Muslims**." *Journal of the Royal Society of Medicine* 105, no. 12 (Dec 2012): 513-517.

This is a brief overview out of the UK offering guidance for clinicians around bereavement issues for Muslims.

Kuentzel, J. G., Arble, E., Boutros, N., Chugani, D. and Barnett, D. [Wayne State University, Detroit, MI; jkuentzel@wayne.edu]. "**Nonsuicidal self-injury in an ethnically diverse college sample**." *American Journal of Orthopsychiatry* 82, no. 3 (Jul 2012): 291-297.

[Abstract:]Self-report data pertaining to Nonsuicidal Self-Injury (NSSI; e.g., cutting) were collected from 5,691 undergraduates at a Midwestern urban university. Consistent with the small literature on NSSI among college students, 12.8% of the sample indicated having engaged in NSSI at least once (3.4% in the past year). Women and younger students were at slightly higher risk. Important ethnic differences were found, as Caucasians and individuals self-identifying as Multiracial were at especially high risk for a history of NSSI, whereas Arab Americans and African Americans had particularly low rates. Further, links between NSSI and religion were found, such that participants with stronger self-reported religious convictions had the lowest rates of NSSI. Those who self-described as Atheist, Agnostic, or Nonbeliever were several times more likely to have engaged in NSSI (31.3%), while Muslims (7.4%) and Baptists (6.3%) had relatively low rates. Multivariate analyses revealed that ethnic differences in NSSI could not be accounted for by religious differences. Processes that may explain the associations between NSSI and ethnic affiliation and religion are discussed.

Kulis, S., Hodge, D. R., Ayers, S. L., Brown, E. F. and Marsiglia, F. F. [Sociology Program, School of Social and Family Dynamics, Arizona State University , Tempe, AZ; kulis@asu.edu]. "**Spirituality and religion: intertwined protective factors for substance use among urban American Indian youth**." *American Journal of Drug & Alcohol Abuse* 38, no. 5 (Sep 2012): 444-449.

[Abstract:] BACKGROUND AND OBJECTIVE: This article explores the aspects of spirituality and religious involvement that may be the protective factors against substance use among urban American Indian (AI) youth. METHODS: Data come from AI youth (N = 123) in five urban middle schools in a southwestern metropolis. RESULTS: Ordinary least squares regression analyses indicated that following Christian beliefs and belonging to the Native American Church were associated with lower levels of substance use. CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE: Following AI traditional spiritual beliefs was associated with antidrug attitudes, norms, and expectancies. Having a sense of belonging to traditions from both AI cultures and Christianity may foster integration of the two worlds in which urban AI youth live.

Lawrence, R. E., Rasinski, K. A., Yoon, J. D., Meador, K. G., Koenig, H. G. and Curlin, F. A. [Department of Psychiatry, Columbia University Medical Center and the New York State Psychiatric Institute, New York; rlawrence@uchicago.edu]. "**Primary care physicians' and psychiatrists' approaches to treating mild depression**." *Acta Psychiatrica Scandinavica* 126, no. 5 (Nov 2012): 385-392.

This study presents primary care physicians (PCPs) and psychiatrists a vignette of a 52-year-old man with depressive symptoms not meeting Major Depressive Episode criteria. Data were from 896 of 1427 PCPs and 312 of 487 for psychiatrists. Among the findings [from the abstract]: PCPs who frequently attended religious services were less likely (than infrequent attenders) to refer the patient to a psychiatrist (12% vs. 18%); and more likely to recommend increased involvement in meaningful relationships/activities (50% vs. 41%) and religious community (33% vs. 17%).

Lawrence, R. E., Rasinski, K. A., Yoon, J. D., Koenig, H. G., Meador, K. G. and Curlin, F. A. [Department of Psychiatry, Columbia University Medical Center, New York, NY; rlawrence@uchicago.edu]. "**Physicians' beliefs about faith-based treatments for alcoholism**." *Psychiatric Services* 63, no. 6 (Jun 2012): 597-604.

[Abstract:] OBJECTIVE: The study examined physicians' beliefs about faith-based alcohol treatments vis-a-vis Alcoholics Anonymous, pharmacologic treatment, and residential treatment. METHODS: A survey was mailed to a national sample of U.S. primary care physicians and psychiatrists. It included a brief vignette of a nominally religious 47-year-old man hospitalized for acute alcohol poisoning who requested addiction treatment. Physicians rated the likely effectiveness of three treatment methods: Alcoholics Anonymous, pharmacological therapy by an addiction specialist, and a residential program. Physicians were asked whether they would refer the patient to a faith-based program (beyond Alcoholics Anonymous) and whether an emphasis on spirituality is critical to 12-step program success. RESULTS: The response rate was 896 of 1,427 (63%) for primary care physicians and 312 of 487 (64%) for psychiatrists. Psychiatrists were more likely to rate Alcoholics Anonymous as very effective (64% versus 57% of primary care physicians), more likely to rate residential treatment as very effective (47% versus 38% of primary care physicians), and more likely to rate pharmacologic therapy as very effective (31% versus 22% of primary care physicians). Psychiatrists and primary care physicians were equally likely to consider referring the patient to a faith-based program (71% and 79%) and equally likely to believe that an emphasis on spirituality is critical to the success of 12-step programs (81% and 85%).

CONCLUSIONS: Psychiatrists were more optimistic than primary care physicians about all three treatments. Physicians in both specialties would refer even nominally religious patients to explicitly faith-based programs (beyond Alcoholics Anonymous). Physicians' enthusiasm for faith-based treatments highlights the need for scientific study of these treatments to determine which elements are most helpful for patients seeking recovery.

Lennon-Dearing, R., Florence, J. A., Halvorson, H. and Pollard, J. T. [Department of Social Work, School of Urban Affairs and Public Policy, University of Memphis, TN; rlnnndrn@memphis.edu]. "**An interprofessional educational approach to teaching spiritual assessment**." *Journal of Health Care Chaplaincy* 18, nos. 3-4 (2012): 121-132.

[Abstract:] Spirituality is an essential aspect of a patient's health that can and should be integrated into routine health care. Despite recommendations of accrediting organizations such as the Association of American Medical Colleges, the National Association of Social Workers, and the Association of Professional Chaplains, there is little well defined curriculum focusing on interprofessional spiritual assessment. This article explores one program's use of an interprofessional approach in teaching spiritual assessment to students from medicine, social work, and chaplaincy. Learning objectives were adapted from the Association of American Medical Colleges Medical School Objectives Project. Workshop evaluations show that students can learn key concepts of spirituality and the basics of spiritual assessment while developing an understanding and respect for the role of chaplains, social workers, and physicians.

Lester, D. [Psychology Program, The Richard Stockton College of New Jersey, Galloway; lesterd@stockton.edu]. "**Spirituality and religiosity as predictors of depression and suicidal ideation: an exploratory study**." *Psychological Reports* 110, no. 1 (Feb 2012): 247-250.

[Abstract:] In a sample of 149 undergraduate students, measures of religiosity and spirituality were positively associated with measures of depression, mania, and past suicidal ideation.

Lin, E. S., Kaye, A. D. and Baluch, A. R. "**Preanesthetic assessment of the Jehovah's Witness patient**." *Ochsner Journal* 12, no. 1 (2012): 61-69. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The Jehovah's Witnesses, a religious group of 7 million people in more than 200 countries, teaches its followers to not accept blood, resulting in potentially challenging and ethical dilemmas for anesthesiologists. In recent years, Jehovah's Witnesses changed certain elements of their approach to blood transfusion practice, including accepting autologous transfusions in certain circumstances. We examine mechanisms to resolve ethical conflicts, such as additional medical consultations with other involved physicians, surgeons, and anesthesiologists; short-term counseling or psychiatric consultation for patient and family; case management conferences; consultation with individuals trained in clinical ethics or a hospital-based ethics committee; and discussions with hospital administration. We also discuss treatment options, including certain blood products, anesthetic techniques, and pharmacological interventions.

Lindeman, M., Blomqvist, S. and Takada, M. [Division of Cognitive Psychology and Neuropsychology, Institute of Behavioural Sciences, University of Helsinki, Finland; Marjaana.Lindema@helsinki.fi]. "**Distinguishing spirituality from other constructs: not a matter of well-being but of belief in supernatural spirits**." *Journal of Nervous & Mental Disease* 200, no. 2 (Feb 2012): 167-173.

[Abstract:] We developed a new Spirituality Scale and tested the argument that the defining attribute of spirituality is belief in supernatural spirits. Study 1 (N = 1931) showed that religiosity and beliefs pertinent to supernatural spirits predicted most of the variation in spirituality. Study 2 (N = 848) showed that the stronger belief in supernatural spirits, the more the person experienced subjective spirituality; that belief in supernatural spirits had higher predictive value of spirituality than religiosity, paranormal beliefs, or values; and that most of the relationship between religiosity and spirituality could be explained through belief in supernatural spirits. Study 3 (N = 972) showed that mental or physical health, social relationships, or satisfaction in marriage or work were not associated with spirituality. In turn, finding life purposeful and inner peace in dealing with spiritual experiences correlated with spirituality. The results highlight the importance of differentiating spirituality from other psychological constructs.

Linhares, C. H. [University of Hawaii Manoa, School of Nursing and Dental Hygiene, Honolulu, HI; linharec@hawaii.edu]. "**The lived experiences of midwives with spirituality in childbirth: mana from heaven**." *Journal of Midwifery & Women's Health* 57, no. 2 (Mar-Apr 2012): 165-171.

[Abstract:] INTRODUCTION: The purpose of this study was to describe the lived experiences of midwives who experienced the phenomenon of spirituality when they attended births. METHODS: The research design was descriptive, using a transcendental phenomenological approach reflected in Moustakas' model. Purposive and snowball sampling were used to recruit the sample of 10 certified nurse-midwives. RESULTS: The major findings of this study consisted of 5 theme categories that revealed the essential structure of the midwives' lived experiences of spirituality during childbirth: belief in the existence of a higher power, the essence of spirituality, birth is spiritual, the essence of midwifery, and relationships. DISCUSSION: The midwives in the study experienced spirituality as an integral and essential component of childbirth. The midwives reported using elements of spirituality as instruments that helped them assist their clients through the process of pregnancy and birth. The midwives also revealed their dependence on spirituality and belief in a higher being who guided their lives and their calling to midwifery.

Lowry, L. W. [East Tennessee State University]. "**A qualitative descriptive study of spirituality guided by the Neuman systems model**." *Nursing Science Quarterly* 25, no. 4 (Oct 2012): 356-361.

[Abstract:] The purposes of this qualitative descriptive study were to explore the meaning of spirituality as described by aging adults in various states of health, to describe the relationship between spirituality and health, and to explain client expectations for healthcare providers related to spirituality. All identified meanings and themes were compared to the characteristics of spirituality proposed by Betty Neuman in the Neuman systems model to determine the credibility of the model for assessing and guiding holistic nursing practice. Three themes were formulated: a) Spirituality is an individual, conscious, committed connection to God, requiring a human response; b) positive spirituality contributes to personal wholeness and health; and c) spirituality sustains and comforts in times of stress.

Lucchetti, G., Lucchetti, A. L. and Puchalski, C. M. [Sao Paulo Medical Spiritist Association, Av. Juriti 367, Moema, Sao Paulo, SP, Brazil; g.lucchetti@yahoo.com.br]. "**Spirituality in medical education: global reality?**" *Journal of Religion & Health* 51, no. 1 (Mar 2012): 3-19.

[Abstract:] We aim to evaluate studies dealing with the incorporation of spirituality in medical education and to list the most scientific productive countries in this field. A bibliographical review was carried out. The final sample comprised 38 articles, which were divided into sub-topics for a clearer description. From these articles, 31 (81.5%) were provided by US medical schools, 3 (7.8%) by Canadian medical schools and 4 (10.5%) from other countries. The studies in this review indicate a predominance of studies related to health/medicine and spirituality in US and Canadian medical schools. New studies outside North America are needed in order to address what is being taught, whether courses are evaluated and what is the student and faculty opinions regarding this educational topic in multiple cultures.

Luquis, R. R., Brelsford, G. M. and Rojas-Guyler, L. [Health Education Program, School of Behavioral Sciences and Education, Penn State Harrisburg, Middletown, PA; rluquis@psu.edu]. "**Religiosity, spirituality, sexual attitudes, and sexual behaviors among college students**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 601-614.

[Abstract:]The purpose of this study was to determine whether religiosity, spirituality, and sexual attitudes accounted for differences in sexual behaviors among college students. The sample included 960 college students enrolled at four northeastern colleges. Results indicated differences in sexual attitudes, religiosity, and spirituality by gender. Moreover, sexual attitudes, religiosity, and spirituality were associated with sexual behaviors among college students. Sexual behaviors among males were influenced by their sexual attitudes, religiosity, and spirituality, while for females, their sexual behaviors were mostly influenced by their sexual attitudes. College health professionals can use these findings when discussing sexual practices with students.

Lutjen, L. J., Silton, N. R. and Flannelly, K. J. [Spears Research Institute, Healthcare Chaplaincy, New York; 2bemoved@gmail.com]. "**Religion, forgiveness, hostility and health: a structural equation analysis**." *Journal of Religion & Health* 51, no. 2 (Jun 2012): 468-478.

[Abstract:] Religious participation has been shown to increase certain factors thought to be protective of health, including social support and positive health habits. The current study considers whether religious participation may likewise have a positive influence on health by increasing forgiveness and diminishing hostility. A structural equation analysis of data collected from a national survey of 1,629 participants supported the hypothesized model that (a) religiosity is related to greater forgiveness, (b) greater forgiveness, in turn, is related to reduced hostility and finally, (c) reduced hostility is related to better subjective health.

Lynch, C. P., Hernandez-Tejada, M. A., Strom, J. L. and Egede, L. E. [Center for Health Disparities Research, Department of Medicine, Medical University of South Carolina, Charleston]. "**Association between spirituality and depression in adults with type 2 diabetes**." *Diabetes Educator* 38, no. 3 (May-Jun 2012): 427-435.

[Abstract:] PURPOSE: The purpose of the study was to examine the association between spirituality and depression among patients with type 2 diabetes. METHODS: This study included 201 adult participants with diabetes from an indigent clinic of an academic medical center. Participants completed validated surveys on spirituality and depression. The Daily Spiritual Experience (DSE) Scale measured a person's perception of the transcendent (God, the divine) in daily life. The Center for Epidemiologic Studies-Depression scale assessed depression. Linear regression analyses examined the association of spirituality as the predictor with depression as the outcome, adjusted for confounding variables. RESULTS: Greater spirituality was reported among females, non-Hispanic blacks, those with lower educational levels, and those with lower income. The unadjusted regression model showed greater spirituality was associated with less depression. This association was mildly diminished but still significant in the final adjusted model. Depression scores also increased (greater depression risk) with females and those who were unemployed but decreased with older age and non-Hispanic black race/ethnicity. CONCLUSIONS: Treatment of depression symptoms may be facilitated by incorporating the spiritual values and beliefs of patients with diabetes. Therefore, faith-based diabetes education is likely to improve self-care behaviors and glycemic control.

Lyvers, M. and Meester, M. [Department of Psychology, Bond University, Queensland, Australia; mlyvers@bond.edu.au]. "**Illicit use of LSD or psilocybin, but not MDMA or nonpsychedelic drugs, is associated with mystical experiences in a dose-dependent manner**." *Journal of Psychoactive Drugs* 44, no. 5 (Nov-Dec 2012): 410-417.

Among the findings of this Australian study of 337 adults from the website and newsletter of the Multidisciplinary Association for Psychedelic Studies [from the abstract]: Although only a quarter of the sample reported "spiritual" motives for using psychedelics, use of LSD and psilocybin was significantly positively related to scores on two well-known indices of mystical experiences in a dose-related manner, whereas use of MDMA, cannabis, cocaine, opiates and alcohol was not. Results suggest that even in today's context of "recreational" drug use, psychedelics such as LSD and psilocybin, when taken at higher doses, continue to induce mystical experiences in many users.

Maciejewski, P. K., Phelps, A. C., Kacel, E. L., Balboni, T. A., Balboni, M., Wright, A. A., Pirl, W. and Prigerson, H. G. [Department of Psychiatry, Brigham and Women's Hospital, Boston, MA]. "**Religious coping and behavioral disengagement: opposing influences on advance care planning and receipt of intensive care near death**." *Psycho-Oncology* 21, no. 7 (Jul 2012): 714-723.

[Abstract:] OBJECTIVE: This study examines the relationships between methods of coping with advanced cancer, completion of advance care directives, and receipt of intensive, life-prolonging care near death. METHODS: The analysis is based on a sample of 345 patients interviewed between January 1, 2003, and August 31, 2007, and followed until death as part of the Coping with Cancer Study, an NCI/NIMH-funded, multi-site, prospective, longitudinal, cohort study of patients with advanced cancer. The Brief COPE was used to assess active coping, use of emotional-support, and behavioral disengagement. The Brief RCOPE was used to assess positive and negative religious coping. The main outcome was intensive, life-prolonging care near death, defined as receipt of ventilation or resuscitation in the last week of life. RESULTS: Positive religious coping was associated with lower rates of having a living will (AOR = 0.39, p = 0.003) and predicted higher rates of intensive, life-prolonging care near death (AOR, 5.43; p<0.001), adjusting for other coping methods and potential socio-demographic and health status confounds. Behavioral disengagement was associated with higher rates of DNR order completion (AOR, 2.78; p = 0.003) and predicted lower rates of intensive life-prolonging care near death (AOR, 0.20; p = 0.036). Not having a living will partially mediate the influence of positive religious coping on receipt of intensive, life-prolonging care near death. CONCLUSION: Positive religious coping and behavioral disengagement are important determinants of completion of advance care directives and receipt of intensive, life-prolonging care near death.

Maddox, R. T. [Department of Chaplaincy & Pastoral Education, U.T.M.D. Anderson Cancer Center, Houston, TX; rtmaddox@mdanderson.org]. "**The chaplain as faithful companion: a response to King's case study**." *Journal of Health Care Chaplaincy* 18, nos. 1-2 (Jan 2012): 33-42.

[Abstract:] This article is a response to a case study describing the spiritual care provided over an 18-month period by an experienced professional chaplain at a prominent cancer center to a woman undergoing stem cell transplantation following therapy for relapsed leukemia. The author, a professional chaplain at another cancer center, reviews the spiritual assessment, interventions, and outcomes presented by the attending chaplain. The author's comments are organized about the chaplain's characterization of the seven parts of the patient's spiritual profile: courage, meaning, psychological issues, courage and growth in facing spiritual/religious struggle, rituals, community, and authority. The purpose of the response is to engage those inside and outside the discipline of health care chaplaincy in a conversation about the specific aspects of providing spiritual care in health care settings.

Maliski, S. L., Husain, M., Connor, S. E. and Litwin, M. S. [School of Nursing, University of California, Los Angeles (UCLA);. smaliski@sonnet.ucla.edu]. "**Alliance of support for low-income Latino men with prostate cancer: God, doctor, and self**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 752-762.

[Abstract:] Utilizing qualitative methods, this study describes the perceptions of and reliance on spirituality among indigent Latino men with prostate cancer. Sixty men were interviewed in Spanish. Transcripts were transcribed verbatim, translated, and analyzed using grounded theory techniques. Common across all men was a process involving the formation of an alliance of support that included God, doctors, and self. From this alliance, men drew strength to manage their disease, maintained hope for the future, and found new existential meaning. By recognizing the potential value of this alliance, health care professionals may tap into a beneficial empowering resource for some Latino men.

Manning, L. K. [Duke University, Durham, NC; lydia.manning@duke.edu]. "**Spirituality as a lived experience: exploring the essence of spirituality for women in late life**." *International Journal of Aging & Human Development* 75, no. 2 (2012): 95-113.

[Abstract:] Against the backdrop of a dramatic increase in the number of individuals living longer, particularly older women, it is vital that researchers explore the intersection of spirituality, gender, and aging. In this qualitative study of six women aged 80 and older, I explore, using, multiple, in-depth interviews, the experiences of spirituality over the life course. A hermeneutic phenomenological analysis of the interviews was performed and provided insights into the nature of their "lived experience" allowing for the understanding of the essence of their spirituality. The results are presented as an interpretation of the participants' perceptions of their spirituality and spiritual experiences. For the women in this study, the essence of their spirituality lies in: being profoundly grateful; engaging in complete acceptance; and having a strong sense of assuredness, while stressing the linkages and importance of spirituality. Implications for understanding spirituality for older adults are considered.

Marchand, W. R. [Wahlen VAMC and University of Utah, Salt Lake City; wmarchand@me.com]. "**Mindfulness-based stress reduction, mindfulness-based cognitive therapy, and Zen meditation for depression, anxiety, pain, and psychological distress**." *Journal of Psychiatric Practice* 18, no. 4 (Jul 2012): 233-252.

[Abstract:] Mindfulness has been described as a practice of learning to focus attention on moment-by-moment experience with an attitude of curiosity, openness, and acceptance. Mindfulness practices have become increasingly popular as complementary therapeutic strategies for a variety of medical and psychiatric conditions. This paper provides an overview of three mindfulness interventions that have demonstrated effectiveness for psychiatric symptoms and/or pain. The goal of this review is to provide a synopsis that practicing clinicians can use as a clinical reference concerning Zen meditation, mindfulness-based stress reduction (MBSR), and mindfulness-based cognitive therapy (MBCT). All three approaches originated from Buddhist spiritual practices, but only Zen is an actual Buddhist tradition. MBSR and MBCT are secular, clinically based methods that employ manuals and standardized techniques. Studies indicate that MBSR and MBCT have broad-spectrum antidepressant and anti-anxiety effects and decrease general psychological distress. MBCT is strongly recommended as an adjunctive treatment for unipolar depression. The evidence suggests that both MBSR and MBCT have efficacy as adjunctive interventions for anxiety symptoms. MBSR is beneficial for general psychological health and stress management in those with medical and psychiatric illness as well as in healthy individuals. Finally, MBSR and Zen meditation have a role in pain management.

Masel, E. K., Schur, S. and Watzke, H. H. [Palliative Care Unit, Department of Internal Medicine I, Medical University of Vienna, Austria; eva.masel@meduniwien.ac.at]. "**Life is uncertain. death is certain. Buddhism and palliative care**." *Journal of Pain & Symptom Management* 44, no. 2 (Aug 2012): 307-312.

[Abstract:] It is part of a palliative care assessment to identify patients' spiritual needs. According to Buddhism, suffering is inherent to all human beings. Advice on how suffering can be reduced in the course of serious illness might be helpful to patients with incurable and progressive diseases. Palliative care could benefit from Buddhist insights in the form of compassionate care and relating death to life. Buddhist teachings may lead to a more profound understanding of incurable diseases and offer patients the means by which to focus their minds while dealing with physical symptoms and ailments. This might not only be beneficial to followers of Buddhism but to all patients.

Maselko, J., Hayward, R. D., Hanlon, A., Buka, S and. Meador, K. [Department of Psychiatry and Behavioral Sciences and Duke Global Health Institute, Duke University, Durham, NC; joanna.maselko@duke.edu]. "**Religious service attendance and major depression: a case of reverse causality?**" *American Journal of Epidemiology* 175, no. 6 (Mar 15, 2012): 576-583.

[Abstract:] Although previous studies have found a protective association between attendance at religious services and depression, the extent to which this association is driven by depressed persons' dropping out of religious activities is not clear. The authors examined whether early onset of a major depressive episode (MDE) predicted a subsequent decrease in religious service attendance. Data came from 3 follow-up studies of the National Collaborative Perinatal Project birth cohort (mean age = 37 years at last follow-up; n = 2,097; 1959-2001). The generalized estimating equations method was used to calculate the impact of an early MDE diagnosis (before age 18 years) on the likelihood of change in level of religious service attendance from childhood to adulthood. Twenty-seven percent of study participants met the criteria for lifetime MDE (n = 567), of whom 31% had their first onset prior to age 18 years. Women with early MDE onset were 1.42 times more likely (95% confidence interval: 1.19, 1.70) than women with adult-onset MDE or no lifetime MDE to stop attending religious services by the time of the first adult follow-up wave. No significant associations were observed among men. These findings suggest that women are more likely to stop attending religious services after onset of depression. Selection out of religious activities could be a significant contributor to previously observed inverse correlations between religious service attendance and psychopathology during adulthood.

Mason, M. J., Schmidt, C. and Mennis, J. [Department of Psychiatry, Virginia Commonwealth University, Richmond, VA; mjmason@vcu.edu]. "**Dimensions of religiosity and access to religious social capital: correlates with substance use among urban adolescents**." *Journal of Primary Prevention* 33, nos. 5-6 (Dec 2012): 229-237.

[Abstract:] Although some evidence indicates that religiosity may be protective against substance use in the urban youth population, limited research has investigated the effects of multiple dimensions of religiosity on substance use in this population. In this study, a sample of 301 urban adolescents was used (a) to test the effects of three dimensions of religiosity (social religiosity, perceived religious support, and private religiosity) as well as proximity to religious institutions and (b) to determine their correlates with tobacco, alcohol, and marijuana use. It was hypothesized that all three dimensions of religiosity would act as protective factors against all types of substance use and that proximity to religious institutions from adolescents' routine locations would also serve as a protective factor against any type of substance use. Results of logistic regression analysis showed that social religiosity and perceived religious support were protective against marijuana and tobacco use, respectively. Private religiosity was not protective against any type of substance use. Proximity to religious institutions was protective against alcohol use. These findings suggest the importance of examining multiple dimensions of religiosity when investigating substance use in urban youth and offer initial evidence of the importance of proximity to religious institutions as a protective factor against substance use.

McCaffrey, G., Raffin-Bouchal, S. and Moules, N. J. [University of Calgary, Calgary, Canada; gpmccaff@ucalgary.ca]. "**Buddhist thought and nursing: a hermeneutic exploration**." *Nursing Philosophy* 13, no. 2 (Apr 2012): 87-97.

[Abstract:] In this paper I lay out the ground for a creative dialogue between Buddhist thought and contemporary nursing. I start from the observation that in tracing an arc from the existential human experience of suffering to finding compassionate responses to suffering in everyday practice Buddhist thought already appears to present significant affinities with nursing as a practice discipline. I discuss some of the complexities of entering into a cross-cultural dialogue, which is already well under way in the working out of Western forms of Buddhism, and which is beginning to be reflected in nursing literature. I introduce philosophical hermeneutics as a useful framework for elaborating an open and constructive exchange. I then discuss key Mahayana Buddhist concepts of emptiness and two truths that lead to a dynamic and open way of understanding reality and responding in the world. I turn to examples of original texts to give a flavorr of the varied and distinctive forms of literature in the Buddhist tradition. This is intended partly to keep the reader alert to cultural difference (from a Western standpoint, that is) while exploring the creative potential of Buddhist thought. Hermeneutics again provides a framework for interpretation. This paper establishes a philosophical ground for a critical and creative dialogue between Buddhist thought and nursing.

McClean, S., Bunt, L. and Daykin, N. [Department of Health and Applied Social Sciences, University of West of England, Bristol, UK; Stuart.McClean@uwe.ac.uk]. "**The healing and spiritual properties of music therapy at a cancer care cente**r." *Journal of Alternative & Complementary Medicine* 18, no. 4 (Apr 2012):402-407.

[Abstract:] BACKGROUND: This article explores the theme of spirituality, health, and well-being, in relation to an emerging body of research on the impact of music therapy in cancer care. The focus of this article is a music therapy service established as part of a residential 5-day retreat program at a cancer care center. AIMS: The aim of the study was to explore the experiences of patients with cancer with one-off group music therapy at a cancer care center. Central emphasis is given to exploring a range of themes relating to the healing and spiritual properties of music therapy group work. METHODS: This is a qualitative study, following a modified grounded-theory approach. Twenty-three (23) in-depth tape-recorded telephone interviews were conducted with people who had taken part in the music therapy sessions. RESULTS: The results focus on those findings relevant to notions of spirituality and healing, drawing on four overarching spirituality themes of transcendence, connectedness, search for meaning, and faith and hope. CONCLUSIONS: The authors consider the applicability of broader schemas that attempt to define and explore the role and significance of spirituality.

McGoldrick, T. A. [Department of Theology, Providence College, Providence, RI; tmcgoldr@providence.edu]. "**The spirituality of human consciousness: a Catholic evaluation of some current neuro-scientific interpretations**." *Science & Engineering Ethics* 18, no. 3 (Sep 2012): 483-501. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Catholic theology's traditional understanding of the spiritual nature of the human person begins with the idea of a rational soul and human mind that is made manifest in free will--the spiritual experience of the act of consciousness and cause of all human arts. The rationale for this religion-based idea of personhood is key to understanding ethical dilemmas posed by modern research that applies a more empirical methodology in its interpretations about the cause of human consciousness. Applications of these beliefs about the body/soul composite to the theory of evolution and to discoveries in neuroscience, paleoanthropology, as well as to recent animal intelligence studies, can be interpreted from this religious and philosophical perspective, which argues for the human soul as the unifying cause of the person's unique abilities. Free will and consciousness are at the nexus of the mutual influence of body and soul upon one another in the traditional Catholic view, that argues for a spiritual dimension to personality that is on a par with the physical metabolic processes at play. Therapies that affect consciousness are ethically problematic, because of their implications for free will and human dignity. Studies of resilience, as an example, argue for the greater, albeit limited, role of the soul's conscious choices in healing as opposed to metabolic or physical changes to the brain alone. [This is part of a theme issue of the journal, considering the perspectives of religious traditions. See also the article by Tsomo, K. L., noted elsewhere in this bibliography.]

McLean, M., Al Yahyaei, F., Al Mansoori, M., Al Ameri, M., Al Ahbabi, S. and Bernsen, R. [Trinity Western University, Langley, Canada; sheryl.kirkham@twu.ca and Department of Medical Education, United Arab Emirates University, Al Ain, United Arab Emirates; mimclean@bond.edu.au]. "**Muslim women's physician preference: beyond obstetrics and gynecology**." *Health Care for Women International* 33, no. 9 (2012): 849-876, 2012.

[Abstract:] When Emirati (Muslim) women (n = 218) were asked about their preferred physician (in terms of gender, religion, and nationality) for three personal clinical scenarios, a female was almost exclusively preferred for the gynecological (96.8%) and "stomach" (94.5%) scenarios, while +/-46% of the women also preferred a female physician for the facial allergy scenario. Only 17% considered physician gender important for the prepubertal child scenario. Just over half of the women preferred a Muslim physician for personal examinations (vs. 37.6% for the child). Being less educated and having a lower literacy level were significant predictors of preferred physician religion for some personal scenarios, whereas a higher education level was a significant predictor for physician gender not mattering for the facial allergy

scenario. Muslim women's preference for same gender physicians, and to a lesser extent religion, has implications for health care services beyond obstetrics and gynecology.

Mealer, M., Jones, J. and Moss, M. [Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, University of Colorado School of Medicine, Aurora; Meredith.Mealer@ucdenver.edu]. "**A qualitative study of resilience and posttraumatic stress disorder in United States ICU nurses**." *Intensive Care Medicine* 38, no. 9 (Sep 2012): 1445-1451.

[Abstract:] PURPOSE: Intensive care unit (ICU) nurses are at increased risk of developing psychological problems including posttraumatic stress disorder (PTSD). However, there are resilient individuals who thrive and remain employed as ICU nurses for many years. The purpose of this study was to identify mechanisms employed by highly resilient ICU nurses to develop preventative therapies to obviate the development of PTSD in ICU nurses. METHODS: Qualitative study using semi-structured telephone interviews with randomly selected ICU nurses in the USA. Purposive sampling was used to identify ICU nurses who were highly resilient, based on the Connor-Davidson Resilience Scale and those with a diagnosis of PTSD, based on the posttraumatic diagnostic scale. New interviews were conducted until we reached thematic saturation. RESULTS: Thirteen highly resilient nurses and fourteen nurses with PTSD were interviewed (n=27). A constructivist epistemological framework was used for data analysis. Differences were identified in four major domains: worldview, social network, cognitive flexibility, and self-care/balance. Highly resilient nurses identified spirituality, a supportive social network, optimism, and having a resilient role model as characteristics used to cope with stress in their work environment. ICU nurses with a diagnosis of PTSD possessed several unhealthy characteristics including a poor social network, lack of identification with a role model, disruptive thoughts, regret, and lost optimism. CONCLUSION: Highly resilient ICU nurses utilize positive coping skills and psychological characteristics that allow them to continue working in the stressful ICU environment. These characteristics and skills may be used to develop target therapies to prevent PTSD in ICU nurses.

Meares, R. [Department of Psychiatry, University of Sydney, Australia; Russell.meares@sydney.edu.au]. "**The sense of the spirit as a form of conversation**." *Asian Journal of Psychiatry* 5, no. 2 (Jun 2012): 190-192.

[Abstract:] Experiential evidence suggests that the main features of spiritual experience are euphoria, and a feeling of the expansion and unification of consciousness. A way towards understanding this state and how it might arise comes from a consideration of a state in which these features are lacking. Such a state is borderline personality disorder, central to which is a "painful incoherence" that is not merely "psychological" but can be demonstrated neurophysiologically. The phenomena of the borderline syndrome can be understood as failure of proper maturation of the experience of "self," conceived as higher order consciousness in a notional hierarchy of consciousness. Spiritual experience is understood as a state "larger than self." Since both the achievement of a sense of the spirit and recovery from borderline personality disorder (BPD) involve an ascent in a hierarchy of consciousness, they may have a common basis. The approach to the development of self is derived from developmental observations which suggest that it depends upon a particular form of conversation, the first form of which is shown in the first months of life as a proto-conversation. It has the characteristics of an analogical relatedness. Symbolic play arising at the second year of life, shows a partial internalization of this relatedness. Symbolic play is accompanied by a quasi-inner conversation with an illusory other who is both self and the mothering figure. It is suggested that this is the embryonic form of the "conversations" of mystics in communion with self and God. [This article is part of a special series on spirituality in the journal. Other articles in the series include those by Koenig, H. G. et al.; by Varambally, S. et al.; and by Worthington, E. L, Jr. et al.; noted elsewhere in this bibliography.]

Meehan, T. C. [School of Nursing, Midwifery and Health Systems, University College Dublin, Ireland. Therese.Meehan@ucd.ie]. "**Spirituality and spiritual care from a Careful Nursing perspective**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 990-1001. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: To provide a brief historical background of spirituality in nursing and describe spiritual care from the perspective of the Careful Nursing philosophy and professional practice model. BACKGROUND: The previously overshadowed role of spirituality in modern nursing has re-emerged and been widely debated. Less attention has been given to how spiritual care is implemented in practice. EVALUATION: Findings from historical research. Elaboration of a previously derived Careful Nursing concept and dimensions as a model of spiritual nursing practice values. KEY ISSUES: In spite of the diversity of nurses' philosophical beliefs about spirituality, common ground can be found when these are translated into spiritual nursing practice values. Spiritual care in nursing is primarily expressed in the attitudes and actions of nursing practice guided by spiritual nursing values, particularly recognition of human dignity, kindness, compassion, calmness, tenderness, and nurses' caring for themselves and one another. CONCLUSIONS: Spirituality is timelessly interwoven with nursing and health. Careful Nursing suggests a spiritual values model that could be useful in assisting nurses to reach a shared understanding of spirituality and a spiritual approach to nursing practice. IMPLICATIONS FOR NURSING MANAGEMENT: Spiritual nursing values can be shared and developed in practical ways so that they become truly integrated into everyday nursing practice. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Draper, P.; by Kevern, P.; by Cockell, N.; and by Reimer-Kirkham, S., et al.; also noted in this bibliography.]

Meezenbroek Ede, J., Garssen, B., Van den Berg, M., Tuytel, G., Van Dierendonck, D., Visser, A. and Schaufeli, W. B. [Helen Dowling Institute, Care for Cancer, Utrecht, The Netherlands; e.dejager@hdi.nl]. "**Measuring spirituality as a universal human experience: development of the Spiritual Attitude and Involvement List (SAIL)**." *Journal of Psychosocial Oncology* 30, no. 2 (Mar 2012): 141-167.

[Abstract:] Many cancer patients experience spirituality as highly supportive while coping with their disease. Most research as well as most questionnaires in this field is religious orientated. The Spiritual Attitude and Involvement List was developed to enable research on spirituality among religious and nonreligious people. It consists of seven subscales that measure connectedness with oneself, with others and nature, and with the transcendent. Among a student, a healthy population, a healthy interested, a curative cancer, and a palliative cancer sample factorial, convergent and discriminant validity were demonstrated, as well as adequate internal consistency and test-retest reliability.

Meredith, P., Murray, J., Wilson, T., Mitchell, G. and Hutch, R. [School of Health and Rehabilitation Sciences, University of Queensland, St Lucia, Australia; p.meredith@uq.edu.au]. "**Can spirituality be taught to health care professionals?**" *Journal of Religion & Health* 51, no. 3 (Sep 2012): 879-889.

[Abstract:]Although people with life-limiting conditions report a desire to have spiritual concerns addressed, there is evidence that these issues are often avoided by health care professionals in palliative care. This study reports on the longitudinal outcomes of four workshops purpose-designed to improve the spiritual knowledge and confidence of 120 palliative care staff in Australia. Findings revealed significant increases in Spirituality, Spiritual Care, Personalised Care, and Confidence in this field immediately following the workshops. Improvements in Spiritual Care and Confidence were maintained 3 month later, with Confidence continuing to grow. These findings suggest that attendance at a custom-designed workshop can significantly improve knowledge and confidence to provide spiritual care.

Merrill, R. M., Steffen, P. and Hunter, B. D. [Department of Health Science, College of Life Sciences, Brigham Young University, Provo, UT;. Ray_Merrill@byu.edu]. "**A comparison of religious orientation and health between Whites and Hispanics**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1261-1277. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The study of religious orientation thus far has neglected the influence of race/ethnicity as well as all four religious orientations (intrinsic, extrinsic, pro-religious and nonreligious) in explaining differences in both physical and psychological health. A representative sample of 250 Hispanics and 236 non-Hispanic Whites in Utah was drawn and analysed for differences in health (self-rated health, life satisfaction, exercise) according to race/ethnicity, religious orientation and religious attendance. Responses to the Religious Orientation Scale differed significantly by race/ethnicity, indicating that future studies of religious orientation should take cultural context into account. For both Whites and Hispanics, pro-religious individuals reported the highest life satisfaction scores, which highlight the utility of employing the fourfold religious orientation typology.

Miller, L., Wickramaratne, P., Gameroff, M. J., Sage, M., Tenke, C. E. and Weissman, M. M. [Clinical Psychology Program, Teachers College, Columbia University, New York, NY]. "**Religiosity and major depression in adults at high risk: a ten-year prospective study**." *American Journal of Psychiatry* 169, no. 1 (Jan 2012): 89-94.

[Abstract:] OBJECTIVE: Previously the authors found that personal importance of religion or spirituality was associated with a lower risk for major depression in a study of adults with and without a history of depression. Here the authors examine the association of personal importance of religion or spirituality with major depression in the adult offspring of the original sample using a 10-year prospective longitudinal design. METHOD: Participants were 114 adult offspring of depressed and nondepressed parents, followed longitudinally. The analysis covers the period from the 10-year to the 20-year follow-up assessments. Diagnosis was assessed with the Schedule for Affective Disorders and Schizophrenia-Lifetime Version. Religiosity measures included personal importance of religion or spirituality, frequency of attendance at religious services, and denomination (all participants were Catholic or Protestant). In a logistic regression analysis, major depression at 20 years was used as the outcome measure and the three religiosity variables at 10 years as predictors. RESULTS: Offspring who reported at year 10 that religion or spirituality was highly important to them had about one-fourth the risk of experiencing major depression between years 10 and 20 compared with other participants. Religious attendance and denomination did not significantly predict this outcome. The effect was most pronounced among offspring at high risk for depression by virtue of having a depressed parent; in this group, those who reported a high importance of religion or spirituality had about one-tenth the risk of experiencing major depression between years 10 and 20 compared with those who did not. The protective effect was found primarily against recurrence rather than onset of depression. CONCLUSIONS: A high self-report rating of the importance of religion or spirituality may have a protective effect against recurrence of depression, particularly in adults with a history of parental depression.

Mische Lawson, L., Glennon, C., Amos, M., Newberry, T., Pearce, J., Salzman, S. and Young, J. [Occupational Therapy Education, University of Kansas Medical Center, Kansas City, KS; lmische-lawson@kumc.edu]. "**Patient perceptions of an art-making experience in an outpatient blood and marrow transplant clinic**." *European Journal of Cancer Care* 21, no. 3 (May 2012): 403-411.

[Abstract:] This study explored blood and marrow transplantation (BMT) patients' perceptions of an art-making experience during BMT treatment. Participants including patients receiving BMT for a variety of cancers (10 men/10 women, aged 20-68) were offered a 1hour tile-painting activity during treatment. Participants with cognitive impairment and respiratory precautions were excluded from the study. Researchers followed immune precaution protocols for the safety of participants. Data were collected through semi-structured, in-depth interviews with 20 participants to gather information about their perceptions of the art-making experience in a BMT clinic setting. Interview recordings were transcribed verbatim and analysed. Researchers coded transcripts independently and discussed outcomes together to achieve agreement on themes. Twelve themes emerged from the data, with the three most prevalent themes being Occupying Time (20.5%), Creative Expression (13.5%), and Reactions to Tile Painting (13.5%). Other themes included Support (12.2%), Side Effects (7.3%), Other Activities Suggested by Patients (7%), BMT Treatment Process (6.2%), Shared Painting Experience (5.9%), Life Outlook (5.2%), BMT Life Changes (3.8%), Spirituality (3%) and Barriers (1.9%). Through analysis of these themes, researchers have identified this art-making experience as a diversional or meaningful way to spend time during treatment, a medium for creative expression, and a distraction from negative side effects of the BMT process.

Molzahn, A., Sheilds, L., Bruce, A., Stajduhar, K., Makaroff, K. S., Beuthin, R. and Shermak, S. [Faculty of Nursing, University of Alberta, Canada; anita.molzahn@ualberta.ca]. "**People living with serious illness: stories of spirituality**." *Journal of Clinical Nursing* 21, nos. 15-16 (Aug 2012): 2347-2356.

[Abstract:] AIMS AND OBJECTIVES: To examine stories of spirituality in people living with serious illness. BACKGROUND: Although knowledge about the experience of people with various chronic illnesses is growing, there is little known about peoples' beliefs and perspectives relating to spirituality where there is a diagnosis of a serious chronic and life-limiting illness. DESIGN OF THE STUDY: A social constructionist approach to narrative inquiry was used. METHODS: In-depth narrative interviews were conducted on one occasion with 32 participants. This included 10 people with cancer, 14 people with end stage renal disease (ESRD) and eight people with HIV/AIDS. They ranged in age from 37-83 and included 18 men and 14 women. RESULTS: The themes were reflecting on spiritual religious and personal beliefs, crafting beliefs for their own lives, finding meaning and transcending beyond words. Participants melded various belief systems to fit their own lives. They also looked to find meaning in their illness experience and described what gave life meaning. For some aspects of these belief systems, participants could not or would not express themselves verbally, and it seemed that aspects of their experience were beyond language. CONCLUSIONS: The stories revealed considerable depth relating to perspectives on life, illness and existential questions, but many participants were not comfortable with the term 'spirituality'. RELEVANCE TO CLINICAL PRACTICE: Nurses must remain open to learning

about belief systems of each individual in their care, regardless of that individual's declared religious affiliation or declaration of no religious affiliation, given that personal beliefs and practices do not always fit into specific categories. [See also in the same issue of the journal, articles by Ronaldson, S., et al.; and Polzer Casarez, R. L., et al.; noted elsewhere in this bibliography.]

Monod, S., Martin, E., Spencer, B., Rochat, E. and Bula, C. [University of Lausanne Medical Center, Lausanne, Switzerland; Stefanie.monod-zorzi@chuv.ch]. "**Validation of the Spiritual Distress Assessment Tool in older hospitalized patients**." *BMC Geriatrics* 12 (2012):13 [online article designation].

[Abstract:] BACKGROUND: The Spiritual Distress Assessment Tool (SDAT) is a 5-item instrument developed to assess unmet spiritual needs in hospitalized elderly patients and to determine the presence of spiritual distress. The objective of this study was to investigate the SDAT psychometric properties. METHODS: This cross-sectional study was performed in a Geriatric Rehabilitation Unit. Patients (N = 203), aged 65 years and over with Mini Mental State Exam score >= 20, were consecutively enrolled over a 6-month period. Data on health, functional, cognitive, affective and spiritual status were collected upon admission. Interviews using the SDAT (score from 0 to 15, higher scores indicating higher distress) were conducted by a trained chaplain. Factor analysis, measures of internal consistency (inter-item and item-to-total correlations, Cronbach), and reliability (intra-rater and inter-rater) were performed. Criterion-related validity was assessed using the Functional Assessment of Chronic Illness Therapy-Spiritual well-being (FACIT-Sp) and the question "Are you at peace?" as criterion-standard. Concurrent and predictive validity were assessed using the Geriatric Depression Scale (GDS), occurrence of a family meeting, hospital length of stay (LOS) and destination at discharge. RESULTS: SDAT scores ranged from 1 to 11 (mean 5.6 +/- 2.4). Overall, 65.0% (132/203) of the patients reported some spiritual distress on SDAT total score and 22.2% (45/203) reported at least one severe unmet spiritual need. A two-factor solution explained 60% of the variance. Inter-item correlations ranged from 0.11 to 0.41 (eight out of ten with $P < 0.05$). Item-to-total correlations ranged from 0.57 to 0.66 (all $P < 0.001$). Cronbach was acceptable (0.60). Intra-rater and inter-rater reliabilities were high (Intraclass Correlation Coefficients ranging from 0.87 to 0.96). SDAT correlated significantly with the FACIT-Sp, "Are you at peace?", GDS (Rho -0.45, -0.33, and 0.43, respectively, all $P < .001$), and LOS (Rho 0.15, $P = .03$). Compared with patients showing no severely unmet spiritual need, patients with at least one severe unmet spiritual need had higher odds of occurrence of a family meeting (adjOR 4.7, 95%CI 1.4-16.3, $P = .02$) and were more often discharged to a nursing home (13.3% vs 3.8%; $P = .027$). CONCLUSIONS: SDAT has acceptable psychometrics properties and appears to be a valid and reliable instrument to assess spiritual distress in elderly hospitalized patients.

Moreira-Almeida, A. [Research Center in Spirituality and Health, School of Medicine, Universidade Federal de Juiz de Fora (UFJF), Juiz de Fora, MG, Brazil; alex.ma@ufjf.edu.br]. "**Assessing clinical implications of spiritual experiences**." *Asian Journal of Psychiatry* 5, no. 4 (Dec 2012): 344-346.

[Abstract:] Since spiritual experiences (SE) very often resemble dissociative and psychotic symptoms, there is a risk of misdiagnosis in both directions: labeling a healthy SE as a mental disorder or taking a mental disorder as an SE. There is a scarcity of well-controlled studies on this subject. The paper provides a brief overview of studies on dissociative and psychotic experiences in the non-clinical population, especially those occurring in spiritual populations. At the end, some guidelines are proposed to help clinical reasoning when making the differential diagnosis between healthy SE with psychotic and dissociative experiences and mental disorders that may resemble SE. [This article is part of a theme issue of the journal. See other articles in the same issue by Falb, M. D. et al.; by Kalra, G., et al.; and by Verhagen, P. J.; noted elsewhere in this bibliography.]

Mori, M., Elsayem, A., Reddy, S. K., Bruera, E. and Fadul, N. A. [Department of Hematology and Oncology, Fletcher Allen Health Care, University of Vermont College of Medicine, Burlington]. "**Unrelieved pain and suffering in patients with advanced cancer**." *American Journal of Hospice & Palliative Medicine* 29, no. 3 (May 2012): 236-240.

[Abstract:] Even with specialist-level palliative care, cancer pain can be difficult to treat especially when the pain is complicated by profound suffering. It is paramount to consider not only the patients' biochemical factors but also their psychosocial and spiritual/existential influences. A multidimensional approach with knowledge of the risk factors for poor pain control is important to prevent, detect, and manage risk factors for intractable pain, including psychosocial distress, addictive behavior, and delirium in patients with terminal cancer. We present 3 cases of patients with advanced cancer with intractable bone pain whose hospital courses were complicated by severe psychosocial distress and delirium. We also propose an algorithm of multidimensional approach to unrelieved pain and suffering in patients with advanced cancer.

Moss, A. S., Wintering, N., Roggenkamp, H., Khalsa, D. S., Waldman, M. R., Monti, D. and Newberg, A. B. [Jefferson-Myrna Brind Center of Integrative Medicine, Philadelphia, PA]. "**Effects of an 8-week meditation program on mood and anxiety in patients with memory loss**." *Journal of Alternative & Complementary Medicine* 18, no. 1 (Jan 2012): 48-53.

[Abstract:] BACKGROUND: This study assesses changes in mood and anxiety in a cohort of subjects with memory loss who participated in an 8-week Kirtan Kriya meditation program. Perceived spirituality also was assessed. Previous reports from this cohort showed changes in cognitive function and cerebral blood flow (CBF). The purpose of this analysis was to assess outcome measures of mood and affect, and also spirituality, and to determine whether or not results correlated with changes in CBF. METHODS: Fifteen (15) subjects (mean age 62+/-7 years) with memory problems were enrolled in an 8-week meditation program. Before and after the 8-week meditation, subjects were given a battery of neuropsychologic tests as well as measures of mood, anxiety, and spirituality. In addition, they underwent single photon emission computed tomography scans before and after the program. A region-of-interest template obtained counts in several brain structures that could also be compared to the results from the affect and spirituality measures. RESULTS: The meditation training program resulted in notable improvement trends in mood, anxiety, tension, and fatigue, with some parameters reaching statistical significance. All major trends correlated with changes in CBF. There were nonsignificant trends in spirituality scores that did not correlate with changes in CBF. CONCLUSIONS: An 8-week, 12 minute a day meditation program in patients with memory loss was associated with positive changes in mood, anxiety, and other neuropsychologic parameters, and these changes correlated with changes in CBF. A larger-scale study is needed to confirm these findings and better elucidate mechanisms of change.

Mouch, C. A. and Sonnega, A. J. [Medical School, University of Michigan, Ann Arbor, MI; cmouch@umich.edu]. "**Spirituality and recovery from cardiac surgery: a review**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1042-1060. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A large research literature attests to the positive influence of spirituality on a range of health outcomes. Recently, a growing literature links spirituality to improved recovery from cardiac surgery. Cardiac surgery has become an increasingly common procedure in the

United States, so these results may provide a promising indication for improved treatment of patients undergoing surgery. To our knowledge, a comprehensive review of the literature in this area does not exist. Therefore, this paper reviews the literature relevant to the influence of spirituality on recovery from cardiac surgery. In addition, it proposes a conceptual model that attempts to explicate relationships among the variables studied in the research on this topic. Finally, it discusses limitations, suggests directions for future research, and discusses implications for the treatment of patients undergoing cardiac surgery.

Mundle, R. G. [Toronto Rehabilitation Institute, 550 University Avenue, Toronto, Canada; robert.mundle@utoronto.ca]. "**Engaging religious experience in stroke rehabilitation**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 986-998.
[Abstract:]In this article, I respond to the problem of engaging with religious experience in health care environments. In particular, I illuminate the relational aspects of religious experience in the context of stroke rehabilitation by providing a commentary on data gathered from existing qualitative research and personal narratives in the acute and rehabilitation phases of stroke recovery. In so doing, I address the necessary balance of empathy and alterity in the art of resonant listening. I also provide some critical reflections on interdisciplinary approaches to engaging with religious experience with reference to a largely overlooked group of health care professionals-hospital chaplains.

Muravchik, S. [Institute for Advanced Studies in Culture, University of Virginia, Charlottesville; snm2a@virginia.edu]. "'**Be the love of God rather than talk about it': ministers study psychology**." *History of Psychology* 15, no. 2 (May 2012): 145-160.
[Abstract:] After World War II, American ministers successfully drew on training in psychology to nurture their spiritual and vocational development. Contrary to what critics of a therapeutic ethos in American culture have asserted, this social history of ministers shows that their adoption of psychological modes of thinking was neither atomizing nor secularizing. Rather, it helped them become better people and better ministers. It nurtured their faith as well as their social connections. Thus, I argue against critics who have feared the civically enervating effects of psychological outlooks in American society.

Naewbood, S., Sorajjakool, S. and Triamchaisri, S. K. [Faculty of Public Health, Mahidol University, Bangkok, Thailand; g4937485@student.mahidol.ac.th]. "**The role of religion in relation to blood pressure control among a Southern California Thai population with hypertension**." *Journal of Religion & Health* 51, no. 1 (Mar 2012): 187-197.
[Abstract:] This qualitative research investigates the role religion plays in relation to blood pressure control among a Southern California Thai population with hypertension. A total of 15 Thai individuals between the ages of 45-95 were interviewed. All participants indicated that stress plays a significant role in determining their ability to manage hypertension. Of the 15 participants, 14 acknowledged that religion plays an important role by helping them manage their stress level and offering them beneficial instruction about health practices such as diet and exercise.

Naghi, J. J., Philip, K. J., Phan, A., Cleenewerck, L. and Schwarz, E. R. [Cedars-Sinai Heart Institute, Cedars-Sinai Medical Center, Los Angeles, CA]. "**The effects of spirituality and religion on outcomes in patients with chronic heart failure**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1124-1136. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Heart failure (HF) is a chronic progressive disease with marked morbidity and mortality. Patients enduring this condition suffer from fluctuations in symptom burden such as fatigue, shortness of breath, chest pain, sexual dysfunction, dramatic changes in body image and depression. As physicians, we often ask patients to trust in our ability to ameliorate their symptoms, but oftentimes we do not hold all of the answers, and our best efforts are only modestly effective. The suffering endured by these individuals and their families may even call into question one's faith in a higher power and portends to significant spiritual struggle. In the face of incurable and chronic physical conditions, it seems logical that patients would seek alternative or ancillary methods, notably spiritual ones, to improve their ability to deal with their condition. Although difficult to study, spirituality has been evaluated and deemed to have a beneficial effect on multiple measures including global quality of life, depression and medical compliance in the treatment of patients with HF. The model of HF treatment incorporates a multidisciplinary approach. This should involve coordination between primary care, cardiology, palliative care, nursing, patients and, importantly, individuals providing psychosocial as well as spiritual support. This review intends to outline the current understanding and necessity of spirituality's influence on those suffering from HF.

Johnstone, B., Yoon, D. P., Cohen, D., Schopp, L. H., McCormack, G., Campbell, J. and Smith, M. [Department of Health Nguyen, A. B., Hood, K. B. and Belgrave, F. Z. [Cancer Prevention Fellowship Program, The National Cancer Institute, Bethesda, MD]. "**The relationship between religiosity and cancer screening among Vietnamese women in the United States: the moderating role of acculturation**." *Women & Health* 52, no. 3 (2012): 292-313.
[Abstract:] In this study the authors explore the relationship between intrinsic, personal extrinsic, and social extrinsic religiosity to breast and cervical cancer screening efficacy and behavior among Vietnamese women recruited from a Catholic Vietnamese church and a Buddhist temple in the Richmond, Virginia metropolitan area. The potential moderating effect of acculturation was of interest. Participants were 111 Vietnamese women who participated in a larger cancer screening intervention. Data collection began early fall of 2010 and ended in late spring 2011. High levels of acculturation were associated with increased self-efficacy for Pap tests and having received a Pap test. Acculturation moderated the relationships between religiosity and self-efficacy for breast and cervical cancer screening. Higher levels of social extrinsic religiosity were associated with increased efficacy for cancer screening among less acculturated women. Acculturation also moderated the relationship between religiosity and breast cancer screening. Specifically, for less acculturated women, increasing levels of intrinsic religiosity and personal extrinsic religiosity were associated with lower likelihood probability of Pap testing. For highly acculturated women, increasing levels of intrinsic religiosity and personal extrinsic religiosity were associated with higher likelihood probability of Pap testing. The authors' findings demonstrate the need for further investigation of the dynamic interplay of multi-level factors that influence cancer screening.

Nkansah-Amankra, S., Diedhiou, A., Agbanu, S. K., Agbanu, H. L., Opoku-Adomako, N. S. and Twumasi-Ankrah, P. [Central Michigan University, Mt. Pleasant; nkans1s@cmich.edu]. "**A longitudinal evaluation of religiosity and psychosocial determinants of suicidal behaviors among a population-based sample in the United States**." *Journal of Affective Disorders* 139, no. 1 (Jun 2012): 40-51.
[Abstract:] BACKGROUND: Relationships among religiosity and other psychosocial factors in determining suicidal behaviors in adolescence and in emerging adulthood have been inconclusive. We sought to investigate prospective relationships among religiosity, psychosocial factors

and suicidal behaviors using a nationally representative sample of adolescents emerging into adulthood. METHOD: Analysis was based on 9412 respondents from four waves of National Longitudinal Study of Adolescent Health. A Generalized Estimating Equation (GEE) procedure was used to fit a series of models on the response variable (suicidal behaviors) and a set of psychosocial and religiosity predictors taking into account the correlated structure of the datasets. RESULTS: Analyses showed that adolescent suicidality and religious activity participation showed significant declines over time. Using multinomial logistic regression we found that females showed statistically significant risks of suicidal behaviors, but this effect declined in adulthood. In adjusted models, baseline attendance of a church weekly was associated with 42% reduction (95% Confidence Interval: 0.35-0.98) of suicide ideation in Wave III. Across all waves, low support from fathers (compared with mothers) consistently explained variability in suicidal behaviors among genders emerging into adulthood. LIMITATIONS: Accurate measurement of religiosity is psychometrically challenging. CONCLUSIONS: The findings of the study indicate that religious activity participation is associated with reduced suicidal behaviors among adolescents but this effect declines during emerging adulthood. Psychosocial supports particularly from fathers' have an enduring impact on reduced suicidal behaviors among adolescents and emerging adults. Prevention, identification and evaluation of disorders of suicidality need a careful assessment of underlying mental pain (psyache) to reduce the likelihood of aggravated suicide. Published by Elsevier B.V.

Nolan, J. A., McEvoy, J. P., Koenig, H. G., Hooten, E. G., Whetten, K. and Pieper, C. F. [Social Science Research Institute, Duke University, Durham, NC; jan13@duke.edu]. "**Religious coping and quality of life among individuals living with schizophrenia**." *Psychiatric Services* 63, no. 10 (Oct 2012): 1051-1054. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: This study investigated the relationship between positive and negative religious coping and quality of life among outpatients with schizophrenia. METHODS: Interviews were conducted with 63 adults in the southeastern United States. Religious coping was measured by the 14-item RCOPE and quality of life by the World Health Organization Quality of Life-BREF. Data were examined via descriptive bivariate statistics and controlled analyses. Results: Most participants reported participation in private religious or spiritual activities (91%) and participation in public religious services or activities (68%). Positive religious coping was related to the quality-of-life facet of psychological health (r=.28, p=.03). Negative religious coping and quality of life were inversely related (r=-.30, p=.02). Positive religious coping was associated with psychological health in the reduced univariate general linear model (B=.72, p=.03, adjusted R(2)=.08). CONCLUSIONS: Greater awareness of the importance of religion in this population may improve cultural competence in treatment and community support.

Norenzayan, A., Gervais, W. M. and Trzesniewski, K. H. [Department of Psychology, University of British Columbia, Canada; ara@psych.ubc.ca]. "**Mentalizing deficits constrain belief in a personal God**." *PLoS ONE* (2012): 7(5):e36880.

[Abstract:] Religious believers intuitively conceptualize deities as intentional agents with mental states who anticipate and respond to human beliefs, desires and concerns. It follows that mentalizing deficits, associated with the autistic spectrum and also commonly found in men more than in women, may undermine this intuitive support and reduce belief in a personal God. Autistic adolescents expressed less belief in God than did matched neuro-typical controls (Study 1). In a Canadian student sample (Study 2), and two American national samples that controlled for demographic characteristics and other correlates of autism and religiosity (Study 3 and 4), the autism spectrum predicted reduced belief in God, and mentalizing mediated this relationship. Systemizing (Studies 2 and 3) and two personality dimensions related to religious belief, Conscientiousness and Agreeableness (Study 3), failed as mediators. Mentalizing also explained the robust and well-known, but theoretically debated, gender gap in religious belief wherein men show reduced religious belief (Studies 2-4).

Nunn, A., Cornwall, A., Chute, N., Sanders, J., Thomas, G., James, G., Lally, M., Trooskin, S. and Flanigan, T. [Warren Alpert Medical School of Brown University, Division of Infectious Diseases, Providence, RI; amy_nunn@brown.edu]. "**Keeping the faith: African American faith leaders' perspectives and recommendations for reducing racial disparities in HIV/AIDS infection**." *PLoS ONE* 7, no. 5 (2012): e36172.

[Abstract:] In Philadelphia, 66% of new HIV infections are among African Americans and 2% of African Americans are living with HIV. The city of Philadelphia has among the largest numbers of faith institutions of any city in the country. Although faith-based institutions play an important role in the African American community, their response to the AIDS epidemic has historically been lacking. We convened 38 of Philadelphia's most influential African American faith leaders for in-depth interviews and focus groups examining the role of faith-based institutions in HIV prevention. Participants were asked to comment on barriers to engaging faith-based leaders in HIV prevention and were asked to provide normative recommendations for how African American faith institutions can enhance HIV/AIDS prevention and reduce racial disparities in HIV infection. Many faith leaders cited lack of knowledge about Philadelphia's racial disparities in HIV infection as a common reason for not previously engaging in HIV programs; others noted their congregations' existing HIV prevention and outreach programs and shared lessons learned. Barriers to engaging the faith community in HIV prevention included: concerns about tacitly endorsing extramarital sex by promoting condom use, lack of educational information appropriate for a faith-based audience, and fear of losing congregants and revenue as a result of discussing human sexuality and HIV/AIDS from the pulpit. However, many leaders expressed a moral imperative to respond to the AIDS epidemic, and believed clergy should play a greater role in HIV prevention. Many participants noted that controversy surrounding homosexuality has historically divided the faith community and prohibited an appropriate response to the epidemic; many expressed interest in balancing traditional theology with practical public health approaches to HIV prevention. Leaders suggested the faith community should: promote HIV testing, including during or after worship services and in clinical settings; integrate HIV/AIDS topics into health messaging and sermons; couch HIV/AIDS in social justice, human rights and public health language rather than in sexual risk behavior terms; embrace diverse approaches to HIV prevention in their houses of worship; conduct community outreach and host educational sessions for youth; and collaborate on a citywide, interfaith HIV testing and prevention campaign to combat stigma and raise awareness about the African American epidemic. Many African American faith-based leaders are poised to address racial disparities in HIV infection. HIV prevention campaigns should integrate leaders' recommendations for tailoring HIV prevention for a faith-based audience.

Obeidat, R. F., Lally, R. M. and Dickerson, S. S. [School of Nursing, University at Buffalo, State University of New York, Buffalo, NY; robeidat@buffalo.edu]. "**Arab American women's lived experience with early-stage breast cancer diagnosis and surgical treatment**." *Cancer Nursing* 35, no. 4 (Jul-Aug 2012): 302-311.

[Abstract:] BACKGROUND: Currently, limited literature addresses Arab American women's responses to the impact of breast cancer and its treatments. OBJECTIVE: The objective of the study was to understand the experience of being diagnosed with and undergoing surgical

treatment for early-stage breast cancer among Arab American women. METHODS: A qualitative interpretive phenomenological research design was used for this study. A purposive sample of 10 Arab American women who were surgically treated for early-stage breast cancer in the United States was recruited. Data were collected using individual interviews and analyzed using the Heideggerian hermeneutical methodology. RESULTS: Arab American women accepted breast cancer diagnosis as something in God's hands that they had no control over. Although they were content with God's will, the women believed that the diagnosis was a challenge that they should confront. The women confronted this challenge by accessing the healthcare system for treatment, putting trust in their physicians, participating when able in treatment decisions, using religious practices for coping, maintaining a positive attitude toward the diagnosis and the treatment, and seeking information. CONCLUSION: Arab American women's fatalistic beliefs did not prevent them from seeking care and desiring treatment information and options when diagnosed with breast cancer. IMPLICATIONS FOR PRACTICE: It is important that healthcare providers encourage patients to express meanings they attribute to their illness to provide them with appropriate supportive interventions. They should also individually assess patients' decision-making preferences, invite them to participate in decision making, and provide them with tailored means necessary for such participation without making any assumptions based on patients' ethnic/cultural background.

Olson, M. M., Trevino, D. B., Geske, J. A. and Vanderpool, H. [Department of Family Medicine, University of Texas Medical Branch at Galveston; mmolson@utmb.edu]. "**Religious coping and mental health outcomes: an exploratory study of socioeconomically disadvantaged patients**." *Explore: The Journal of Science & Healing* 8, no. 3 (May-Jun 2012): 172-176.

[Abstract:] OBJECTIVE: This study was designed to investigate the association between religious coping and mental health in a socioeconomically disadvantaged population. METHODS: Participants were selected as they presented for mental healthcare at a community health center for patients with little, if any, financial resources or insurance. A total of 123 patients participated in this study. Multiple regression analysis was used to identify religious coping predictors for mental health outcomes. RESULTS: Positive religious coping (PRC) was significantly associated with and predictive of better mental health ($P < .01$). Conversely, negative religious coping (NRC) was found to be significantly associated with poorer mental health scores ($P = .031$) with gender, income, and ethnicity controlled for in the model. The relationship between NRC and inferior mental health outcomes was more robust than the relationship between PRC and improved mental health scores. CONCLUSIONS: This study illustrates the important association between PRC and NRC and mental health outcomes among economically disadvantaged patients. Interpretation of these findings and clinical implications are offered.

Olver, I. N. [Cancer Council Australia, Sydney, Australia; ian.olver@cancer.org.au]. "**Evolving definitions of hope in oncology**." *Current Opinion in Supportive & Palliative Care* 6, no. 2 (Jun 2012): 2362-41.

[Abstract:] PURPOSE OF REVIEW: This review updates the literature on hope and oncology following a prior review of studies up until 2009. It particularly focuses on the evolution of the definition of hope in the light of the clinical experience of patients with cancer, their carers and health professionals. RECENT FINDINGS: Hope creates meaning for patients and is an important coping mechanism. Clinicians are wary of communicating bad news because it may deprive patients of hope, but work with decision aids suggests that this communication can be managed successfully. Hope and optimism negatively correlate with anxiety and depression. Maintaining hope may result in patients with incurable cancer accepting treatments or trials with little chance of benefit. Hope also needs to be maintained by palliative care nurses who harmonize their hopes with the different degrees and constructs of hope around them. Hope interventions can be successful in increasing hope and decreasing psychological distress. SUMMARY: More research is required into how to communicate about active anticancer treatment withdrawal and prognosis without depriving patients with cancer of hope, given how important hope is in alleviating psychological distress. The optimal intervention to increase levels of hope needs further investigation. [Part of a special theme issue on spirituality. See also articles by Dennis, K.; by El Nawawi, N. M., et al.; and by Kalish, N.; noted elsewhere in this bibliography.]

Olver, I. N. and Dutney, A. [Royal Adelaide Hospital Cancer Centre, Australia; ian.olver@cancer.org.au]. "**A randomized, blinded study of the impact of intercessory prayer on spiritual well-being in patients with cancer**." *Alternative Therapies in Health & Medicine* 18,no. 5 (Sep-Oct 2012): 18-27.

[Abstract:] CONTEXT: Cochrane reviews have analyzed multiple studies on intercessory prayer that treatment teams had added to health interventions; however, the reviewers could draw no conclusions about the efficacy of prayer because the studies showed either positive or no effects and used different endpoints and methodologies. OBJECTIVE: The study intended to determine whether researchers could measure the impact of intercessory prayer on spiritual well-being. DESIGN: The research team conducted a randomized blinded trial of intercessory prayer added to normal cancer treatment with participants agreeing to complete quality of life (QOL) and spiritual well-being scales at baseline and 6 months later. The research team had shown previously that spiritual well-being is an important, unique domain in the assessment of QOL. Participants remained blinded to the randomization. Based on a previous study, the research team determined that the study required a sample of 1000 participants to detect small differences ($P = .05$, 2-tailed, 80% power). SETTING The research team performed this research at the Royal Adelaide Hospital Cancer Centre, South Australia, Australia. PARTICIPANTS: Participants were patients at the cancer center between June 2003 and May 2008. Of 999 participants with mixed diagnoses who completed the baseline questionnaires, 66.6% provided follow-up. The average age was 61 years, and most participants were married/de facto (living with partners), were Australians or New Zealanders living in Australia, and were Christian. Intervention The research team asked an external group offering Christian intercessory prayer to add the study's participants to their usual prayer lists. They received details about the participants, but this information was not sufficient to identify them. Outcome Measures The research team used the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being questionnaire to assess spiritual wellbeing and QOL. Results The intervention group showed significantly greater improvements over time for the primary endpoint of spiritual well-being as compared to the control group ($P = .03$, partial $n2 = .01$). The study found a similar result for emotional well-being ($P = .04$, partial $n2 = .01$) and functional well-being ($P = .06$, partial $n2 = .01$). CONCLUSIONS: Participants with cancer whom the research team randomly allocated to the experimental group to receive remote intercessory prayer showed small but significant improvements in spiritual well-being.

Otis-Green, S., Ferrell, B., Borneman, T., Puchalski, C., Uman, G. and Garcia, A. [Department of Population Sciences, City of Hope National Medical Center, Duarte, CA; sotis-green@coh.org]. "**Integrating spiritual care within palliative care: an overview of nine demonstration projects**." *Journal of Palliative Medicine* 15, no. 2 (Feb 2012): 154-162.

The projects, funded by the Archstone Foundation and targeted for California institutions, are based out of Cedars-Sinai Medical Center, City of Hope National Medical Center, Keck School of Medicine/UCLA, Palomar Pomerado North County Health Development, Inc., St. John's Regional Medical Center, Saint Joseph Hospital of Orange, Scripps Memorial Hospital, Santa Monica-UCLA Medical Center & Orthopedic

Hospital, and the Veterans' Administration of Greater Los Angeles. A table on pp. 156-158 gives investigators and lists of goals for each project. The article also offers a bibliography for recommended reading on pp. 160-161, and an annotated resource list of 19 websites (including that of the ACPE Research Network) on pp. 159-160.

Padela, A. I., Gunter, K., Killawi, A. and Heisler, M. [Section of General Internal Medicine, Department of Medicine, University of Chicago, IL; apadela@uchicago.edu]. "**Religious values and healthcare accommodations: voices from the American Muslim community**." *Journal of General Internal Medicine* 27, no. 6 (Jun 2012): 708-715.

[Abstract:] BACKGROUND: Minority populations receive a lower quality healthcare in part due to the inadequate assessment of, and cultural adaptations to meet, their culturally informed healthcare needs. The seven million American Muslims, while ethnically and racially diverse, share religiously informed healthcare values that influence their expectations of healthcare. There is limited empirical research on this community's preferences for cultural modifications in healthcare delivery. OBJECTIVE: Identify healthcare accommodations requested by American Muslims. METHODS: Using community-based participatory research (CBPR) methods, we partnered with four community organizations in the Greater Detroit area to design and conduct thirteen focus groups at area mosques serving African American, Arab American, and South Asian American Muslims. Qualitative content analysis utilized a framework team-based approach. KEY RESULTS: Participants reported stigmatization within the healthcare system and voiced the need for culturally competent healthcare providers. In addition, they identified three key healthcare accommodations to address Muslim sensitivities: the provision of (1) gender-concordant care, (2) halal food and (3) a neutral prayer space. Gender concordance was requested based on Islamic conceptions of modesty and privacy. Halal food was deemed to be health-promoting and therefore integral to the healing process. Lastly, a neutral prayer space was requested to ensure security and privacy during worship. CONCLUSIONS: This study informs efforts to deliver high-quality healthcare to American Muslims in several ways. We note three specific healthcare accommodations requested by this community and the religious values underlying these requests. Healthcare systems can further cultural sensitivity, engender trust, and improve the healthcare experiences of American Muslims by understanding and then attempting to accommodate these values as much as possible.

Pajevic, I. [Department for Psychiatry, University Clinical Centre Tuzla, School of Medicine, University of Tuzla, Bosnia and Herzegovina. zikjri@bih.net.ba]. "**Secular and postsecular psychiatry**." **Psychiatria Danubina** 24, Suppl. 3 (Oct 2012): S262-266.

[Abstract:] Religious method of treatment dominated treatments of psychiatric patients until the start of twentieth century. After psychiatry was recognized as a distinct medical discipline, in nineteenth century, it begun to shift away from religious approach to the treatment of mentally ill persons. During the twentieth century, it was enriched using psychotherapy, socio-therapy and biological methods of treatment, and completely secularized. The renaissance of religion and religious influence on secular events in the beginning of 21th century and postsecular atmosphere has launched a process of desecularization of psychiatry. It can best be seen through the changes in attitude towards spiritual and religious in the process of patients' evaluation, quality of life assessment, respect for the spiritual needs of patients in the process of clinical treatment, and objective consideration of the phenomenon of religiosity by psychiatrists and other mental health professionals. Without the ambition to precisely explain and define this notion, the basic sketch of what a postsecular psychiatry is and what it is not will be outlined in this paper. The goal is to open a professional debate over the issue, which would contribute that psychiatry, despite the ongoing challenges and provocations, maintains its essence as a medical discipline and adequately respond to all the needs of its patients, including those related to spirituality and religion. Overcoming rigid secular framework, psychiatry becomes more human and more close to human. In this way, psychiatry does not lose its "scientific component" because the effects of spirituality, beliefs or religious practices on mental health can be scientifically investigated without crossing the boundaries between the natural and spiritual sciences. Although people often consider that science and religion contradict each other, these are by their very nature convergently moving towards the meeting point even if it is located at infinity.

Pantilat, S. Z., Kerr, K. M., Billings, J. A., Bruno, K. A. and O'Riordan, D. L. [Palliative Care Program, University of California, San Francisco; stevep@medicine.ucsf.edu]. "**Characteristics of palliative care consultation services in California hospitals**." *Journal of Palliative Medicine* 15, no. 5 (May 2012): 555-560.

[Abstract:] BACKGROUND: Although hospital palliative care consultation services (PCCS) can improve a variety of clinical and nonclinical outcomes, little is known about how these services are structured. METHODS: We surveyed all 351 acute care hospitals in California to examine the structure and characteristics of those hospitals with PCCS. RESULTS: We achieved a 92% response rate. Thirty-one percent (n=107) of hospitals reported having a PCCS. Teams commonly included physicians (87%), social workers (80%), spiritual care professionals (77%), and registered nurses (71%). Nearly all PCCS were available on-site during weekday business hours; 50% were available on-site or by phone in the weekday evenings and 54% were available during weekend daytime hours. The PCCS saw an average of 347 patients annually (median=310, standard deviation [SD]=217), or 258 patients per clinical full-time equivalent (FTE; median=250, SD=150.3). Overall, 60% of consultation services reported they are struggling to cope with the workload. On average, patients were in the hospital 5.9 days (median=5.5, SD=3.3) prior to referral to PCCS, and remained in the hospital for 6 days (median=4, SD=7.9) following the initial consultation. Patient and family meetings were an aspect of the consultation in 74% of cases. Overall, 21% of consultation patients were discharged home with hospice services and 25% died in the hospital. CONCLUSIONS: There is variation in how PCCS in California hospitals are structured and in the ways they engage with patients. Ultimately, linking PCCS characteristics and practices to patient and family outcomes will identify best practices that PCCS can use to maximize quality.

Pantilat, S. Z., Kerr, K. M., Billings, J. A., Bruno, K. A. and O'Riordan, D. L. [Palliative Care Program, Division of Hospital Medicine, Department of Medicine, University of California, San Francisco; stevep@medicine.ucsf.edu]. "**Palliative care services in California hospitals: program prevalence and hospital characteristics**." *Journal of Pain & Symptom Management* 43, no. 1 (Jan 2012): 39-46.

[Abstract:] CONTEXT: In 2000, 17% of California hospitals offered palliative care (PC) services. Since then, hospital-based PC programs have become increasingly common, and preferred practices for these services have been proposed by expert consensus. OBJECTIVES: We sought to examine the prevalence of PC programs in California, their structure, and the hospital characteristics associated with having a program. METHODS: A total of 351 acute care hospitals in California completed a survey that determined the presence of and described the structure of PC services. Logistic regression identified hospital characteristics associated with having a PC program. RESULTS: A total of 324 hospitals (92%) responded, of which 44% (n=141) reported having a PC program. Hospitals most likely to have PC programs were large nonprofit facilities that belonged to a health system, had teaching programs, and had participated in a training program designed to promote

development of PC services. Investor-owned sites (odds ratio [OR]=0.08; 95% confidence interval [CI]=0.03, 0.2) and city/county facilities (OR=0.06; 95% CI=0.01, 0.3) were less likely to have a PC program. The most common type of PC service was an inpatient consultation service (88%), staffed by a physician (87%), social worker (81%), chaplain (76%), and registered nurse (74%). Most programs (71%, n=86) received funding from the hospital and were expected to meet goals set by the hospital or health system. CONCLUSION: Although the number of hospital-based PC services in California has doubled since 2000, more than half of the acute care hospitals still do not provide PC services. Developing initiatives that target small, public, and investor-owned hospitals may lead to wider availability of PC services.

Park, C. L. [University of Connecticut, Storrs; crystal.park@uconn.edu]. "**Attending to the construct of beliefs in research on religion/spirituality and health: commentary on 'beyond belief**.'" *Journal of Health Psychology* 17, no. 7 (Oct 2012): 969-973. [Comment on Cromby, J., "Beyond belief," pp. 943-957 of the same issue of the journal (and also cited elsewhere in this bibliography).]

[Abstract:] In this commentary, I concur with Cromby that more attention should be given to beliefs in terms of definition, measurement, and investigation, particularly of their development and their relations with aspects of health and well-being. Within the context of religious beliefs, I argue, however, that beliefs should not be considered affect or emotion but rather should be examined in relation to them, and that their development likely arises through myriad sources. I provide an alternative definition of religious beliefs and conclude with suggestions for future research on religious beliefs and health.

Park, C. L. and Dornelas, E. [Department of Psychology, University of Connecticut, Storrs; Crystal.park@uconn.edu]. "**Is religious coping related to better quality of life following acute myocardial infarction?**" *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1337-1346. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Although few studies have examined the extent to which religiousness is related to better well-being following acute myocardial infarction (AMI), studies from the broader literature suggest that positive religious coping may be helpful while more negative forms of religious coping may be related to poorer well-being. To assess the relationship between positive and negative religious coping and depressive symptoms in patients with AMI, we collected data twice over a 1-month period from 56 patients hospitalized with a first AMI. Controlling for demographic variables and social support, both positive and negative religious coping were independently related to higher levels of depressive symptoms both in hospital and at a one-month follow-up. Further, even when controlling for baseline depressive symptoms, religious coping predicted higher subsequent depressive symptoms. These results suggest that religious coping appears to be maladaptive in dealing with acute MI, perhaps because this type of recovery requires more active forms of coping.

Park, C. L., Sacco, S. J. and Edmondson, D. [Dept. of Psychology, University of Connecticut, Storrs, CT; Crystal.park@uconn.edu]. "**Expanding coping goodness-of-fit: religious coping, health locus of control, and depressed affect in heart failure patients**." *Anxiety, Stress, & Coping* 25, no. 2 (Mar 2012): 137-153.

[Abstract:] The goodness-of-fit coping hypothesis posits that problem-focused (PF) coping is particularly helpful under high controllability conditions, while emotion-focused (EF) coping is more helpful in low controllability situations. However, little research has examined whether the goodness-of-fit hypothesis applies to religious coping, a distinct set of coping resources and efforts. Further, little goodness-of-fit research has been conducted in the context of life-threatening illness. We tested coping goodness-of-fit for PF and EF as well as religious coping resources and strategies in 202 congestive heart failure (CHF) patients. Multiple regression analyses examined the extent to which each type of coping, health locus of control (HLOC) regarding their CHF, and their interactions related to subsequent depressed affect. Neither religious coping efforts nor religious resources were related to depressed affect. However, when examined in conjunction with internal HLOC, active coping and organized religious commitment were related to less depression for those higher in internal HLOC, while daily spiritual experience was related to less depression for those lower in HLOC. These results partially support the goodness-of-fit hypothesis and indicate a need to consider the perceived controllability of situations when examining the associations of religious coping resources and activities on depressive symptoms in the context of illness.

Park, J., Roh, S. and Yeo, Y. [School of Social Welfare, State University of New York, Albany; jisungp@hotmail.com]. "**Religiosity, social support, and life satisfaction among elderly Korean immigrants**." *Gerontologist* 52, no. 5 (Oct 2012): 641-649.

[Abstract:] PURPOSE: The present study tested Smith's (2003. Theorizing religious effects among American adolescents. Journal for the Scientific Study of Religion, 42, 17-30. doi:10.1111/1468-5906.t01-1-00158) theory of religious effects to explore the relationship of religiosity, social support, and life satisfaction among elderly Korean immigrants. The study investigated the mediating role of social support to the relationship between religiosity and life satisfaction. DESIGN AND METHODS: We hypothesized that religiosity would be positively associated with life satisfaction and that the relationship between religiosity and life satisfaction would be mediated by social support. Structural equation modeling was used to test the proposed hypotheses with a sample of 200 Korean immigrant older adults in New York City (mean age = 72.5, range = 65-89). RESULTS: We found that greater religiosity was related to greater life satisfaction and that social support partially explained the positive relationship between religiosity and life satisfaction. IMPLICATIONS: Results indicated that religious engagement and social support could be significant factors to improve the quality of life among elderly Korean immigrants. Social services that facilitate religiosity and social support may be beneficial for Korean elders' life satisfaction. Future studies are invited to replicate this study for diverse ethnic groups of elderly immigrants. [See also, Hybels, C. F., et al., "The complex association between religious activities and functional limitations in older adults," in the same issue of the journal, pp. 676-685.]

Parrott, R., Peters, K. F. and Traeder, T. [Department of Communication Arts & Sciences, Pennsylvania State University, University Park, PA; rlp18@psu.edu]. "**Uncertainty management and communication preferences related to genetic relativism among families affected by down syndrome, Marfan syndrome, and neurofibromatosis**." *Health Communication* 27, no. 7 (Oct 2012): 663-671.

[Abstract:] Genes hold opportunities for us to look backward and forward in family health and disease incidence. Our beliefs about genes' roles in health form around frameworks relating to personal control, and the influence of social networks and/or religious faith on genetic expression in health. These genetic relativistic frameworks were found to predict levels of illness uncertainty among 541 diagnosed adults and family members affected by neurofibromatosis, Down syndrome, and Marfan syndrome. Participants were recruited and surveyed about their expectations and preferences for communicating about their respective disorder, with illness uncertainty found to predict the desire to

communicate about the condition and to manage related uncertainty. The desire to manage uncertainty in ways that foster control and hope partially mediated the relationship between illness uncertainty and communication preferences. Negative feelings about the condition, which were stronger for affected participants than for family members, related to illness uncertainty, the desire to manage uncertainty, and communication preferences, mediating the relationship between illness uncertainty and uncertainty management. Findings contribute to research in illness uncertainty management and have pragmatic implications for the design of counseling and educational materials associated with the genetic conditions considered in this research.

Pearce, M. J., Coan, A. D., Herndon, J. E. 2nd, Koenig, H. G. and Abernethy, A. P. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; michelle.pearce@duke.edu]. "**Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients**." *Supportive Care in Cancer* 20, no. 10 (Oct 2012): 2269-2276.

[Abstract:] PURPOSE: Spiritual care is an important part of healthcare, especially when facing the crisis of advanced cancer. Do oncology inpatients receive spiritual care consistent with their needs? When inconsistent, are there deleterious effects on patient outcomes? METHODS: Patients with advanced cancer (N = 150) were surveyed during their inpatient stay at a southeastern medical center using validated instruments documenting spirituality, quality of life, mood, and satisfaction with care. Relationships between the receipt of less spiritual care than desired and patient outcomes were examined. RESULTS: Almost all patients had spiritual needs (91%) and the majority desired and received spiritual care from their healthcare providers (67%; 68%), religious community (78%; 73%), and hospital chaplain (45%; 36%). However, a significant subset received less spiritual care than desired from their healthcare providers (17%), religious community (11%), and chaplain (40%); in absolute terms, the number who received less care than desired from one or more sources was substantial (42 of 150). Attention to spiritual care would improve satisfaction with care while hospitalized for 35% of patients. Patients who received less spiritual care than desired reported more depressive symptoms [adjusted (SE) = 1.2 (0.47), p = 0.013] and less meaning and peace [adjusted (SE) = -2.37 (1.15), p = 0.042]. CONCLUSIONS: A substantial minority of patients did not receive the spiritual care they desired while hospitalized. When spiritual needs are not met, patients are at risk of depression and reduced sense of spiritual meaning and peace. Spiritual care should be matched to cancer patients' needs.

Peirano, A. H. and Franz, R. W. [Department of Compliance and Ethics, Ohio Health, Columbus, OH]. "**Spirituality and quality of life in limb amputees**." *International Journal of Angiology* 21, no. 1 (Mar 2012): 47-52.

[Abstract:] Limb amputation is a life-changing event that signifies long-term physical, social, psychological, and environmental change. Spiritual well-being in patients plays a significant role in coping and may affect outcomes of patients with limb loss. The objective of this study was to describe the role of spirituality in individuals with limb amputation and to determine whether spirituality is related to the quality of life (QOL) in this sample. Study participants were recruited through prosthetists, physicians, amputee support groups, the Amputee Coalition of America, and amputee listserv discussion groups in the United States and Canada. Participants completed questionnaires containing measures of satisfaction with life, general health, mobility, and social integration. A quantitative descriptive research design was used to examine the relationships between existential spirituality (belief that one's life is meaningful or has purpose) and religious spirituality and QOL among individuals with limb amputation. A prospective study of 108 patients with a history of limb amputation was performed. The study population consisted of 66.3% males and 33.7% females. Most patients were Caucasian (96.2%). Of the 108 participants, 86 (79.6%) were 41 years of age or older with a mean of 18 years since amputation. The most frequent cause of amputation was trauma (55.6%) and the most common location of amputation was below-the-knee (49.1%). Existential spirituality, female gender, and age above 50 years related to higher QOL in patients with a history of limb amputation. The findings of this research confirmed that amputees use spirituality to cope with limb amputation. Existential spirituality was a significant predictor of satisfaction with life, general health, and social integration.

Peres, J. F., Moreira-Almeida, A., Caixeta, L., Leao, F. and Newberg, A. [Division of Nuclear Medicine, Department of Radiology, University of Pennsylvania, Philadelphia; julioperes@yahoo.com]. "**Neuroimaging during trance state: a contribution to the study of dissociation**." *PLoS ONE* 7, no. 11 (2012): e49360 [electronic article designation].

[Abstract:] Despite increasing interest in pathological and non-pathological dissociation, few researchers have focused on the spiritual experiences involving dissociative states such as mediumship, in which an individual (the medium) claims to be in communication with, or under the control of, the mind of a deceased person. Our preliminary study investigated psychography - in which allegedly "the spirit writes through the medium's hand" - for potential associations with specific alterations in cerebral activity. We examined ten healthy psychographers - five less expert mediums and five with substantial experience, ranging from 15 to 47 years of automatic writing and 2 to 18 psychographies per month - using single photon emission computed tomography to scan activity as subjects were writing, in both dissociative trance and non-trance states. The complexity of the original written content they produced was analyzed for each individual and for the sample as a whole. The experienced psychographers showed lower levels of activity in the left culmen, left hippocampus, left inferior occipital gyrus, left anterior cingulate, right superior temporal gyrus and right precentral gyrus during psychography compared to their normal (non-trance) writing. The average complexity scores for psychographed content were higher than those for control writing, for both the whole sample and for experienced mediums. The fact that subjects produced complex content in a trance dissociative state suggests they were not merely relaxed, and relaxation seems an unlikely explanation for the underactivation of brain areas specifically related to the cognitive processing being carried out. This finding deserves further investigation both in terms of replication and explanatory hypotheses.

Perkins, H. S., Cortez, J. D. and Hazuda, H. P. [Department of Medicine, University of Texas Health Science Center, the Intercultural Development Research Association, and the Department of Veterans Affairs Audie L. Murphy Medical Center, San Antonio, TX; perkins@uthscsa.edu]. "**Diversity of patients' beliefs about the soul after death and their importance in end-of-life care**." *Southern Medical Journal* 105, no. 5 (May 2012): 266-272.

[Abstract:] BACKGROUND: Because beliefs about the soul after death affect the dying experience, patients and survivors may want to discuss those beliefs with their healthcare provider; however, almost no medical research describes such beliefs, leaving healthcare professionals ill prepared to respond. This exploratory study begins the descriptive process. METHODS: Assuming that culture is key, we asked older adult Mexican American (MA), European American (EA), and African American (AA) inpatients their beliefs about whether the soul lives on after physical death; if so, where; and what the "afterlife" is like. RESULTS: Some beliefs varied little across the sample. For example, most participants said that the soul lives on after physical death, leaves the body immediately at death, and eventually reaches heaven. Many participants also said death ends physical suffering; however, other beliefs varied distinctly by ethnic group or sex. More AAs than MAs or

EAs said that they believed that the soul after physical death exists in the world (57% vs 35% and 33%) or interacts with the living (43% vs 31% and 28%). Furthermore, in every ethnic group more women than men said they believed that the soul exists in the world (42% vs 29% for MAs, 45% vs 14% for EAs, and 71% vs 43% for AAs). CONCLUSIONS: As death nears, patients or survivors may want to discuss beliefs about the soul after death with their healthcare provider. This preliminary study characterizes some of those beliefs. By suggesting questions to ask and responses to give, the study provides healthcare professionals a supportive, knowledgeable way to participate in such discussions.

Pesut, B., Reimer-Kirkham, S., Sawatzky, R., Woodland, G. and Peverall, P. [School of Nursing, University of British Columbia Okanagan, Kelowna, Canada; barb.pesut@ubc.ca]. "**Hospitable hospitals in a diverse society: from chaplains to spiritual care providers**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 825-836.

[Abstract:]The chaplain's role in health care services has changed profoundly within the contexts of managerial and fiscal constraints, and increasingly pluralistic and secularized societies. Drawing from a larger study that examined religious and spiritual plurality in health care, we present findings regarding the contributions of chaplains or spiritual care providers (SCPs) as they are referred to more recently, in Canadian institutional health care contexts. Qualitative analyses of interviews with 14 employed SCPs and 7 volunteers provided insights about legitimizing and crafting the role of SPCs, becoming part of the health care team, and brokering diversity. Implications are discussed in relation to role clarification and policy development for truly hospitable health care.

Peteet, J. R. [Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute and Brigham and Women's Hospital, Boston, MA]. "**Spiritually integrated treatment of depression: a conceptual framework**." *Depression Research and Treatment* (2012): 124370 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Many studies have found an inverse correlation between religious/spiritual involvement and depression. Yet several obstacles impede spiritually integrated treatment of depressed individuals. These include specialization and fragmentation of care, inexperience of clinicians and spiritual care providers, ideological bias, boundary and ethical concerns, and the lack of an accepted conceptual framework for integrated treatment. Here I suggest a framework for approaching these obstacles, constructed from a unified view of human experience (having emotional, existential, and spiritual dimensions); spirituality seen as a response to existential concerns (in domains such as identity, hope, meaning/purpose, morality, and autonomy in relation to authority, which are frequently distorted and amplified in depression); a rationale for locating spiritually oriented approaches within a clinician's assessment, formulation, and treatment plan; and recognition of the challenges and potential pitfalls of integrated treatment.

Peteet, J. R. [Department of Psychiatry, Harvard Medical School, Boston, MA; John_Peteet@dfci.harvard.edu]. "**Where is the soul after death? Do we need to ask?**" *Southern Medical Journal* 105, no. 5 (May 2012): 273.

This is a brief comment as part of the journal's ongoing series on spirituality and medicine.

Peter, C., Muller, R., Cieza, A. and Geyh, S. [Swiss Paraplegic Research, Nottwil, Switzerland; claudio.peter@paranet.ch]. "**Psychological resources in spinal cord injury: a systematic literature review**." *Spinal Cord* 50, no. 3 (Mar 2012): 188-201.

[Abstract:] STUDY DESIGN: Systematic literature review. OBJECTIVES: The purpose of this study was to gain a systematic overview of the role of psychological resources in the adjustment to spinal cord injury (SCI). METHODS: A systematic literature review was performed. The literature search was conducted in the databases Pubmed, PsycINFO, the Social Sciences Citation Index, the Education Resources Information Center, Embase and the Citation Index of Nursing and Allied Health Literature. The assessed variables, measurement instruments, results and the methodological quality of the studies were extracted, summarized and evaluated. RESULTS: A total of 83 mainly cross-sectional studies were identified. Psychological resources were categorized into seven groups: self-efficacy (SE), self-esteem, sense of coherence (SOC), spirituality, optimism, intellect and other personality characteristics. SE and self-esteem were consistently associated with positive adjustment indicators such as high well-being and better mental health. Interrelations between psychological resources and key rehabilitation outcome variables such as participation were rarely studied. Only a few interventions, which were aimed at strengthening psychological resources were identified. Longitudinal studies suggested that SE, SOC, spirituality and purpose in life were potential determinants of adjustment outcomes in the long term. CONCLUSION: Research on psychological resources in SCI is broad, but fragmented. Associations of psychological resources with mental health and well-being were frequently shown, while associations with participation were rarely studied. Further development of resource-based interventions to strengthen persons with SCI is indicated. This review can serve as guide for clinical practice and can add to the design of future SCI research.

Peterson, S., Nayda, R. J. and Hill, P. [School of Nursing and Midwifery, University of South Australia, Adelaide, Australia]. "**Muslim person's experiences of diabetes during Ramadan: information for health professionals**." *Contemporary Nurse* 41, no. 1 (Apr 2012): 41-47.

[Abstract:] This phenomenological study provides an in-depth understanding of the lived experiences of Muslim persons with diabetes during Ramadan. The findings facilitate health professionals' knowledge of the unique needs of these clients during this time. van Manen's (1990) and Hycner's (1985) analytical methods assisted in producing the themes: knowing and understanding - being in harmony with the body, knowing its capabilities and limitations and its response to change; controlling - being in charge of diabetes during Ramadan; accepting and recognising - acknowledging diabetes and its impact on fasting during Ramadan; and faith and belief - the courage of conviction.

Phelps, A. C., Lauderdale, K. E., Alcorn, S., Dillinger, J., Balboni, M. T., Van Wert, M., Vanderweele, T. J. and Balboni, T. A. [Dana-Farber Cancer Institute, Boston, MA; andrea_phelps@dfci.harvard.edu]. "**Addressing spirituality within the care of patients at the end of life: perspectives of patients with advanced cancer, oncologists, and oncology nurses**." *Journal of Clinical Oncology* 30, no. 20 (Jul 10, 2012): 2538-2544.

[Abstract:] PURPOSE: Attention to patients' religious and spiritual needs is included in national guidelines for quality end-of-life care, but little data exist to guide spiritual care. PATIENTS AND METHODS: The Religion and Spirituality in Cancer Care Study is a multi-institution, quantitative-qualitative study of 75 patients with advanced cancer and 339 cancer physicians and nurses. Patients underwent semistructured interviews, and care providers completed a Web-based survey exploring their perspectives on the routine provision of spiritual care by physicians and nurses. Theme extraction was performed following triangulated procedures of interdisciplinary analysis. Multivariable ordinal logistic regression models assessed relationships between participants' characteristics and attitudes toward spiritual care. RESULTS: The

majority of patients (77.9%), physicians (71.6%), and nurses (85.1%) believed that routine spiritual care would have a positive impact on patients. Only 25% of patients had previously received spiritual care. Among patients, prior spiritual care (adjusted odds ratio [AOR], 14.65; 95% CI, 1.51 to 142.23), increasing education (AOR, 1.26; 95% CI, 1.06 to 1.49), and religious coping (AOR, 4.79; 95% CI, 1.40 to 16.42) were associated with favorable perceptions of spiritual care. Physicians held more negative perceptions of spiritual care than patients (P < .001) and nurses (P = .008). Qualitative analysis identified benefits of spiritual care, including supporting patients' emotional well-being and strengthening patient-provider relationships. Objections to spiritual care frequently related to professional role conflicts. Participants described ideal spiritual care to be individualized, voluntary, inclusive of chaplains/clergy, and based on assessing and supporting patient spirituality. CONCLUSION: Most patients with advanced cancer, oncologists, and oncology nurses value spiritual care. Themes described provide an empirical basis for engaging spiritual issues within clinical care.

Pillay, D., Girdler, S., Collins, M. and Leonard, H. [Department of Occupational Therapy, Edith Cowan University, Perth, Australia]. "**'It's not what you were expecting, but it's still a beautiful journey': the experience of mothers of children with Down syndrome**." *Disability & Rehabilitation* 34, no. 18 (2012): 1501-1510.

[Abstract:] AIM: The purpose of this study was to describe qualitatively the experience of parenting for mothers of a child with Down syndrome and to explore what if any was the role of spirituality and organized religion in this experience. METHOD: A homogenous sample of eight mothers of children between 7 and 12 years of age with Down syndrome was recruited through a population-based source of families of children with Down syndrome in Western Australia. In-depth interviews were used to explore the mother's experience of parenting and to examine the role of spirituality and organized religion in their personal experience of mothering. RESULTS: In this study, stressful life events recounted by the mothers included initial acceptance, developmental behavior of the child, functionality of the child, health conditions and financial stress. Overall spirituality was described as a stronger and more dynamic source of support than organized religion in coping with stressors and life's challenges associated with raising a child with Down syndrome. CONCLUSION: Findings from this study revealed that being a mother to a child with Down syndrome can best be described as a mosaic of experiences, emotions and a journey of self growth. Both spirituality and organized religion to a greater or lesser extent were useful in mediating stress and supporting mothers particularly during challenging life events in the course of their journey with their child with Down syndrome.

Pirutinsky, S., Rosmarin, D. H. and Holt, C. L. [Department of Counseling and Clinical Psychology, Teachers College, Columbia University, New York, NY; sp2813@columbia.edu]. "**Religious coping moderates the relationship between emotional functioning and obesity**." *Health Psychology* 31, no. 3 (May 2012): 394-397.

[Abstract:] OBJECTIVE: Prospective research indicates that poor emotional functioning predicts obesity. The maladaptive coping hypothesis proposes that unhealthy eating is used to regulate emotion, leading to obesity. Given research suggesting that many utilize religion to cope with distress, we hypothesized that positive and negative religious coping would moderate links between emotional functioning and obesity. In addition, previous research focused on Christians and the relevance of religious coping to the Jewish context, where obesity may be of particular concern, was examined. METHOD: 212 Jewish participants completed self-report health and emotional functioning measures as well as the Jewish Religious Coping scale. RESULTS: Moderation analysis indicated that negative coping had no effect, while positive coping was a significant moderator. Specifically, poor emotional functioning predicted increased obesity among those with low, but not high, positive religious coping. This effect remained even after several possible confounding factors were controlled for, and the effect was large. CONCLUSIONS: These findings further support the maladaptive coping hypothesis, indicating that religious coping may provide an alternative strategy to maladaptive eating. They also illustrate a possible mechanism by which religiosity correlates with better health and support the relevance of religious coping to the Jewish context.

Polzer Casarez, R. L. and Engebretson, J. C. [University of Texas Health Science Center at Houston; rebecca.l.casarez@uth.tmc.edu]. "**Ethical issues of incorporating spiritual care into clinical practice**." *Journal of Clinical Nursing* 21, nos. 15-16 (Aug 2012): 2099-2107.

[Abstract:] AIMS AND OBJECTIVES: The aim of this article was to analyze the scholarly discourse on the ethical issues of incorporating spirituality and religion into clinical practice. BACKGROUND: Spirituality is an important aspect of health care, yet the secularization of health care presents ethical concerns for many health providers. Health providers may have conflicting views regarding if and how to offer spiritual care in the clinical setting. DESIGN: Discursive paper. RESULTS: The discourse analysis uncovered four themes: ethical concerns of omission; ethical concerns of commission; conditions under which health providers prefer to offer spiritual care; and strategies to integrate spiritual care. Ethical concerns of omission of spiritual care include lack of beneficence for not offering holistic care. Ethical concerns of commission are coercion and overstepping one's competence in offering spiritual care. Conditions under which providers are more likely to offer spiritual care are if the patient has a terminal illness, and if the patient requests spiritual care. Strategies for appropriate spiritual care include listening, and remaining neutral and sensitive to spiritual issues. CONCLUSIONS: Health providers must be aware of both the concerns of omission and commission. Aristotle's golden mean, an element of virtue ethics, supports a more moderate approach that can be achieved by avoiding the imposition of one's own personal beliefs of a religious persuasion or beliefs of extreme secularisation, and focusing on the beneficence to the patient. Relevance to clinical practice. Key components for health providers in addressing spiritual concerns are self-reflection, provision of individualized care, cultural competency and communication. [See also in the same issue of the journal, articles by Molzahn, A., et al.; and Ronaldson, S., et al.; noted elsewhere in this bibliography.]

Powell, T., Gilson, R. and Collin, C. [Berkshire Healthcare NHS Foundation Trust, Reading, UK; trevor.powell@berkshire.nhs.uk]. "**TBI 13 years on: factors associated with post-traumatic growth**." *Disability & Rehabilitation* 34, no. 17 (2012): 1461-1467.

[Abstract:] PURPOSE: To investigate factors associated with post-traumatic growth (PTG) 13 years after severe traumatic brain injury (TBI) and to see if PTG had remained consistent between 11 and 13 years after injury. METHOD: TBI survivors (n=21), were interviewed and completed face-to face administration of questionnaires measuring PTG and factors potentially associated with PTG. The design was a longitudinal follow-up study. RESULTS: Factors significantly associated with PTG included: having a sense of personal meaning (purpose and coherence), high life satisfaction now, social support, high-activity levels, a high number of life events, having paid work, new stable relationships after injury, milder disability, and having religious faith. Having a high level of "purpose" was the best predictor of PTG. There was no change in PTG between 11 and 13 years after injury suggesting PTG is a relatively stable phenomenon once established after the early years. CONCLUSION: Clinicians should be aware of PTG and how it is associated with factors such as "meaning" and "purpose" as well as demographic factors such as, social support, activity such as work, new and stable relationships, milder disability and a shift towards spiritual

values. Clinicians can focus advice, resource and effort on supporting these developments. [IMPLICATIONS FOR REHABILITATION:* People with TBI do perceive benefits or post-traumatic growth (PTG), after time, which once established remains stable.* Factors such as having a sense of "meaning" and "purpose", are predictors of PTG.* Social support, activity such as work, new and stable relationships, a shift toward spiritual values, and milder disability are also associated with PTG.* Clinicians can focus effort into supporting these developments.]

Powell-Young, Y. M. [Dillard University, New Orleans, LA], "**Household income and spiritual well-being but not body mass index as determinants of poor self-rated health among African American adolescents**." *Research in Nursing & Health* 35, no. 3 (Jun 2012): 219-230.

[Abstract:] Very little is known about predictors of subjective health status among African American adolescents. This study was designed to determine whether selected anthropometric, psychological, lifestyle behavioral, and structural variables predicted poor self-rated general health in a cross-sectional nonclinical sample of 310 female African American adolescents, 14-18 years old. The odds of reporting poor self-rated health were 2-3 times greater for African American teens from lower socioeconomic households when compared to teens residing in higher socioeconomic households and for those reporting infrequent participation in activities that promote spiritual well-being compared to those who participate more frequently in activities that enhance spiritual health. Findings indicate that socioeconomic level and engagement in behaviors that enhance healthy spirituality appear to be the most salient predictors of self-rated health. In addition to biodiversity considerations that influence perceptions of health status, culturally focused interventions should integrate variables shown to influence self-rated health among African American teens. These inclusions may inform a more integrated understanding of health, health outcomes, and health disparities in this vulnerable population.

Price, P., Kinghorn, J., Patrick, R. and Cardell, B. [University of Utah, Division of Occupational Therapy, Salt Lake City; pollie.price@hsc.utah.edu]. "**'Still there is beauty': one man's resilient adaptation to stroke**." *Scandinavian Journal of Occupational Therapy* 19, no. 2 (Mar 2012): 111-117.

[Abstract:] The study was designed to generate understanding of the phenomenon of resiliency following stroke, its role in supporting continuity of identity and ways in which occupational therapists might foster resiliency. The authors used a qualitative case study design to collect data during two face-to-face interviews. These were transcribed verbatim and analyzed using thematic analysis, narrative analysis, narrative smoothing, and content analysis using resiliency theory. The participant's narrative revealed resilient characteristics throughout his adaptive process including drawing upon positive social support, accessing spirituality, having an internal locus of control, building on past successes and a commitment to succeed, and having an action-oriented approach and positive personal goals for the future. Occupational therapists frequently interact with people following disability and have the opportunity to promote adaptation by identifying and fostering clients' resilient characteristics through narrative reconfiguration and other intervention approaches. Further research is needed to study facilitation of resiliency as a part of intervention to promote occupational engagement.

Proeschold-Bell, R. J., LeGrand, S., Wallace, A., James, J., Moore, H. E., Swift, R. and Toole, D. [Duke Global Health Institute, Duke University Center for Health Policy and Inequalities Research, Durham, NC; rae.jean@duke.edu]. "**Tailoring health programming to clergy: findings from a study of United Methodist clergy in North Carolina**." *Journal of Prevention & Intervention in the Community* 40, no. 3 (2012): 246-261.

[Abstract:] Research indicating high rates of chronic disease among some clergy groups highlights the need for health programming for clergy. Like any group united by similar beliefs and norms, clergy may find culturally tailored health programming more accessible and effective. There is an absence of research on what aspects clergy find important for clergy health programs. We conducted 11 focus groups with United Methodist Church pastors and district superintendents. Participants answered open-ended questions about clergy health program desires and ranked program priorities from a list of 13 possible programs. Pastors prioritized health club memberships, retreats, personal trainers, mental health counseling, and spiritual direction. District superintendents prioritized for pastors: physical exams, peer support groups, health coaching, retreats, health club memberships, and mental health counseling. District superintendents prioritized for themselves: physical exams, personal trainers, health coaching, retreats, and nutritionists. Additionally, through qualitative analysis, nine themes emerged concerning health and health programs: (a) clergy defined health holistically, and they expressed a desire for (b) schedule flexibility, (c) accessibility in rural areas, (d) low cost programs, (e) institutional support, (f) education on physical health, and (g) the opportunity to work on their health in connection with others. They also expressed concern about (h) mental health stigma and spoke about (i) the tension between prioritizing healthy behaviors and fulfilling vocational responsibilities. The design of future clergy health programming should consider these themes and the priorities clergy identified for health programming. [This article is part of a special issue on spirituality. See other articles in this issue by Carter-Edwards, L., et al.; and by Stewart-Sicking, J. A.; noted elsewhere in this bibliography.]

Proeschold-Bell, R. J. and McDevitt, P. J. [Duke Global Health Institute, Duke Center for Health Policy and Inequalities Research, Durham, NC; rae.jean@duke.edu]. "**An overview of the history and current status of clergy health**." *Journal of Prevention & Intervention in the Community* 40, no. 3 (2012): 177-179.

Introduction to a special article series on spirituality. See articles in this issue by Carter-Edwards, L., et al.; by Proeschold-Bell, R. J., et al.; and by Stewart-Sicking, J. A.; noted elsewhere in this bibliography.

Prosser, R., Korman, D. and Feinstein, R. A. [Montefiore/Montefiore at Home/Vinney Hospice and Palliative Care, Beachwood, OH; gprosser@montefiorecare.org]. "**An orthodox perspective of the Jewish end-of-life experience**." *Home Healthcare Nurse* 30, no. 10 (Nov-Dec 2012): 579-585. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This article provides insight into Jewish law, ethics, and cultural practices regarding pain management, care of the dying Jewish patient, and Jewish rituals after death across the care continuum. Clinically and culturally appropriate care provision is important in the setting of a hospital, nursing home, and community dwelling because of deep religious belief and practices, as well as life experiences such as the Holocaust. The recognition of deep spiritual and cultural practices from the interdisciplinary or interprofessional team serves to fulfill a holistic approach to the overall care of the patient and family.

Puchalski, C. M. [George Washington University School of Medicine and The George Washington Institute for Spirituality and Health (GWish), Washington, DC; cpuchals@gwu.edu]. "**Spirituality in the cancer trajectory**." *Annals of Oncology* 23. suppl 3 (Apr 2012): 49-55.

[Abstract:] Spirituality is an essential element of person-centered care and a critical factor in the way patients with cancer cope with their illness from diagnosis through treatment, survival, recurrence and dying. Studies have indicated a significant relationship between spirituality and quality of life. Spirituality, in its broadest sense speaks to the meaning patients find in their lives especially during times of stress, illness and dying. Illness can trigger deep existential issues that could trigger profound suffering and distress. A model is presented that describes the role of each member of the healthcare team in addressing patients' spirituality. Spiritual distress, as a diagnosis, requires attention and treatment just as any other clinical symptom. Spiritual resources of strength need to be identifies and recognized as positive factors in patients' coping. Finally a treatment plan needs to include the spiritual as well as the physical and psychosocial issues of patients. Chaplains and other spiritual care professionals need to be recognized as the experts in spiritual care and should be integral members of the healthcare team. Integrating spirituality as an essential domain of care will result in better health outcomes, particularly quality of life for patients across the trajectory of cancer care.

Puffer, E. S., Skalski, L. M. and Meade, C. S. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC;. eve.puffer@duke.edu]. "**Changes in religious coping and relapse to drug use among opioid-dependent patients following inpatient detoxification**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1226-1238. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Relapse rates remain high among people with opioid dependence. Identifying psychosocial factors associated with outcomes is important for informing behavioral treatments. This study examined religious coping, opioid use, and 12-step participation among 45 participants receiving inpatient opioid detoxification at baseline and follow-up. At baseline, higher positive coping was related to less frequent opioid use pre-admission (= -.44, p < .001) and history of 12-step participation (OR = 2.33, p < .05). Decreases in negative coping after discharge predicted less opioid use (= .55, p < .001), and increases in positive coping predicted more frequent 12-step program participation (= .42, p < .05). Positive religious coping may be protective, while negative religious coping may be a barrier to treatment.

Quinn, C., Clare, L. and Woods, R. T. [School of Psychology, Bangor University, Bangor, UK; catherine.quinn@bangor.ac.uk]. "**What predicts whether caregivers of people with dementia find meaning in their role?**" *International Journal of Geriatric Psychiatry* 27, no. 11 (Nov 2012): 1195-1202.

[Abstract:] This study of 447 caregivers of people with dementia who were in receipt of a specialist nursing service in the UK found [from the abstract:] Correlational analyses showed that higher meaning was associated with being a spousal caregiver, providing greater hours of care, higher religiosity, a better pre-caregiving and current relationship quality, higher competence, lower role captivity, higher intrinsic motivations and higher extrinsic motivations. Hierarchical regression analyses indicated that variance in finding meaning was significantly predicted by high religiosity, high competence, high intrinsic motivations and low role captivity.

Ramirez, S. P., Macedo, D. S., Sales, P. M., Figueiredo, S. M., Daher, E. F., Araujo, S. M., Pargament, K. I., Hyphantis, T. N. and Carvalho, A. F. [Department of Clinical Medicine, Federal University of Ceara, Fortaleza, Brazil]. "**The relationship between religious coping, psychological distress and quality of life in hemodialysis patients**." *Journal of Psychosomatic Research* 72, no. 2 (Feb 2012): 129-135.

[Abstract:] OBJECTIVE: No studies have evaluated the relationship among religious coping, psychological distress and health-related quality of life (HRQoL) in patients with End stage renal disease (ESRD). This study assessed whether positive religious coping or religious struggle was independently associated with psychological distress and health-related quality of life (HRQoL) in hemodialysis patients. METHODS: This cross-sectional study recruited a random sample of 170 patients who had ESRD from three outpatient hemodialysis units. Socio-demographic and clinical data were collected. Patients completed the Brief RCOPE, the Hospital Anxiety and Depression Scale (HADS) and the World Health Organization Quality of Life instrument-Abbreviated version (WHOQOL-Bref). RESULTS: Positive or negative religious coping strategies were frequently adopted by hemodialysis patients to deal with ESRD. Religious struggle correlated with both depressive (r=0.43; P<.0001) and anxiety (r=0.32; P<.0001) symptoms. These associations remained significant following multivariate adjustment to clinical and socio-demographic data. Positive religious coping was associated with better overall, mental and social relations HRQoL and these associations were independent from psychological distress symptoms, socio-demographic and clinical variables. Religious struggle was an independent correlate of worse overall, physical, mental, social relations and environment HRQoL. CONCLUSION: In ESRD, religious struggle was independently associated with greater psychological distress and impaired HRQoL, while positive religious coping was associated with improved HRQoL. These data provide a rationale for the design of prospective and/or intervention studies targeting religious coping in hemodialysis populations.

Rand, K. L., Cripe, L. D., Monahan, P. O., Tong, Y., Schmidt, K. and Rawl, S. M. [Department of Psychology, Indiana University-Purdue University, Indianapolis, IN; klrand@iupui.edu]. "**Illness appraisal, religious coping, and psychological responses in men with advanced cancer**." *Supportive Care in Cancer* 20, no. 8 (Aug 2012): 1719-1728.

[Abstract:] PURPOSE: Patients experience diverse psychological responses to cancer. Appraisals and coping have been shown to predict psychological responses to stressors. For men with advanced cancer, appraisal of cancer's impact on their lives (illness appraisal) and religious coping may be particularly important predictors of psychological responses. We examined the relationships among illness appraisal, religious coping, and positive and negative psychological responses while controlling for disease and patient characteristics. METHOD: Eighty-six men with advanced cancer completed measures, including constructed Meaning of Illness Scale, Brief Religious Coping Scale, Hospital Anxiety and Depression Scale, mini-Mental Adjustment to Cancer Scale, and Posttraumatic Growth Inventory. Treating oncologists completed questions about disease status and estimated the chances of the patient surviving 6 months. RESULTS: Psychological distress was predicted by prognosis (= -0.20), illness appraisal (= -0.48), and negative religious coping (= 0.24). Negative mental adjustment was predicted by prognosis (= -0.23) and illness appraisal (= -0.57). Positive mental adjustment was predicted by illness appraisal (= 0.46) and positive religious coping (= 0.29). Posttraumatic growth was predicted by positive religious coping (= 0.49). CONCLUSIONS: Illness appraisal was more consistently associated with psychological responses to advanced cancer than patient or disease characteristics. Consequently, helping patients with their illness appraisals may be effective for improving patient psychological well-being.

Reese, A. M., Thorpe, R. J. Jr., Bell, C. N., Bowie, J. V. and LaVeist, T. A. [American University, Washington, DC; ar1878a@student.american.edu]. "**The effect of religious service attendance on race differences in depression: findings from the EHDIC-SWB study**." *Journal of Urban Health* 89, no. 3 (Jun 2012): 510-518.

[Abstract:] In the EHDIC-SWB study, African-Americans are less likely to have depression than non-Hispanic whites. Religious service attendance is one possible explanation because studies have shown an inverse relationship between religious service attendance and depression. We examined the relationship between race, religious service attendance, and depression in 835 African-American and 573 non-Hispanic white adults aged 18 and older in the Exploring Health Disparities in Integrated Communities-Southwest Baltimore (EHDIC-SWB) study. Religious service attendance was measured according to participants' response to "how often do you attend religious services?" Depression was measured using the Patient Health Questionnaire. African-Americans attended religious services more frequently than non-Hispanic whites, and had a lower percentage of depression (10.1% vs. 15.4%; p-value <0.05). After adjusting for the demographic variables and health-related characteristics, African-Americans displayed lower odds of having depression (OR=0.68, 95% CI: 0.47-0.97) compared to non-Hispanic whites. However, when including religious service attendance in the model, we found race differences in depression (OR=0.76, 95% CI: 0.52-1.11) were no longer significant. We concluded that among individuals living in a low-income, integrated urban environment, race disparities in depression were eliminated after accounting for race differences in religious service attendance. This suggests religious service attendance may serve as a protective factor against depression for African-Americans.

Reeves, R. R., Adams, C. E., Dubbert, P. M., Hickson, D. A. and Wyatt, S. B. [Montgomery VA Medical Center, Mental Health Service, Jackson, MS; roy.reeves@va.gov]. "**Are religiosity and spirituality associated with obesity among African Americans in the southeastern United States (the Jackson Heart Study)?**" *Journal of Religion & Health* 51, no. 1 (Mar 2012): 32-48.

[Abstract:] There are several lines of evidence that suggest religiosity and spirituality are protective factors for both physical and mental health, but the association with obesity is less clear. This study examined the associations between dimensions of religiosity and spirituality (religious attendance, daily spirituality, and private prayer), health behaviors and weight among African Americans in central Mississippi. Jackson Heart Study participants with complete data on religious attendance, private prayer, daily spirituality, caloric intake, physical activity, depression, and social support (n=2,378) were included. Height, weight, and waist circumference were measured. We observed no significant association between religiosity, spirituality, and weight. The relationship between religiosity/spirituality and obesity was not moderated by demographic variables, psychosocial variables, or health behaviors. However, greater religiosity and spirituality were related to lower energy intake, less alcohol use, and less likelihood of lifetime smoking. Although religious participation and spirituality were not cross-sectionally related to weight among African Americans, religiosity and spirituality might promote certain health behaviors. The association between religion and spirituality and weight gain deserves further investigation in studies with a longitudinal study design.

Reimer-Kirkham, S., Pesut, B., Sawatzky, R., Cochrane, M. and Redmond, A. [School of Nursing, Trinity Western University, Langley, Canada; Sheryl.Kirkham@twu.ca]. "**Discourses of spirituality and leadership in nursing: a mixed methods analysis**." *Journal of Nursing Management* 20, no. 8 (Dec 2012): 1029-1038. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: To explore nursing discourses of spirituality and leadership. BACKGROUND: Global migration has brought unprecedented plurality to modern societies, and spirituality and religion into the purview of nurse leaders. METHOD: An innovative mixed methods approach, including a literature review, qualitative research and philosophic analysis, was utilized to examine discourses of spirituality in contexts of nursing leadership. After a literature synthesis protocol, 38 nursing literature sources were reviewed. Two qualitative studies examining plurality in hospital and home health settings provided data from 13 nurse leaders. Philosophic inquiry added further depth and uncovered important underlying assumptions. RESULTS: Integrated analysis revealed a heterogeneous discourse in the nursing literature. Nurse leaders in the qualitative study evidenced awareness of the influence of spirituality and concern for inclusive health services, yet were cautious in integrating spirituality into leadership practices because of organizational and social influences. Assumptions regarding the role of leaders' spiritual values and the integration of spirituality into the workplace were revealed. CONCLUSION: Spirituality in nursing leadership is a relatively understudied field that is influenced by many contextual factors. IMPLICATIONS FOR NURSING MANAGEMENT: Scholarly engagement and research are needed to analyse the grounds for and appropriate approaches to the integration of spirituality in nursing leadership. Nurse managers are positioned to facilitate this process in their organizations. [This is part of a theme issue of the journal. See other articles in the issue by Battey, B. W.; by Biro, A. L.; by Blanchard, J. H., et al.; by Daaleman, T. P.; by Draper, P.; by Kevern, P.; by Cockell, N.; and by Meehan, T. C.; also noted in this bibliography.]

Reimer-Kirkham, S., Sharma, S., Pesut, B., Sawatzky, R., Meyerhoff, H. and Cochrane, M. "**Sacred spaces in public places: religious and spiritual plurality in health care**." *Nursing Inquiry* 19, no. 3 (sep 2012): 202-212.

[Abstract:] Several intriguing developments mark the role and expression of religion and spirituality in society in recent years. In what were deemed secular societies, flows of increased sacralization (variously referred to as 'new', 'alternative', 'emergent' and 'progressive' spiritualities) and resurgent globalizing religions (sometimes with fundamentalist expressions) are resulting in unprecedented plurality. These shifts are occurring in conjunction with increasing ethnic diversity associated with global migration, as well as other axes of difference within contemporary society. Democratic secular nations such as Canada are challenged to achieve social cohesion in the face of growing religious, spiritual and ethnic diversity. These challenges are evident in the high-paced, demanding arena of Health care. Here, religious and spiritual plurality enter in, sometimes resulting in conflict between medical services and patients' beliefs, other times provoking uncertainties on the part of healthcare professionals about what to do with their own religiously or spiritually grounded values and beliefs. In this paper, we present selected findings from a 3-year study that examined the negotiation of religious and spiritual pluralism in Health care. Our focus is on the themes of 'sacred' and 'place', exploring how the sacred - that which is attributed as special and set apart as it pertains to the divine, transcendence, God or higher power - takes form in social and material spaces in hospitals.

Reissig, C. J., Carter, L. P., Johnson, M. W., Mintzer, M. Z., Klinedinst, M. A. and Griffiths, R. R. [Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD]. "**High doses of dextromethorphan, an NMDA antagonist, produce effects similar to classic hallucinogens**." *Psychopharmacology* 223, no. 1 (Sep 2012): 1-15.

Among the findings from this double-blind study of 12 healthy volunteers with histories of hallucinogen use [from the abstract]: "In a 1-month follow-up, volunteers attributed increased spirituality and positive changes in attitudes, moods, and behavior to the session experiences."

Richardson, P. [College of Nursing, University of South Florida in Tampa, FL; jrpenrich@gmail.com]. "**Assessment and implementation of spirituality and religiosity in cancer care: effects on patient outcomes**." *Clinical Journal of Oncology Nursing* 16, no. 4 (Aug 2012): E150-155.

[Abstract:] Spirituality and religiosity have been defined by several governing bodies to mean everything from purpose in life, beliefs, faith, and hope, to transcendence with a higher being. The absence of uniformity regarding the components of spirituality and religiosity has created a barrier for professional caregivers in identifying, assessing, and providing spiritual needs. The diagnosis of cancer often leads patients to contemplate their own mortality and frequently presents unique challenges to their belief system. Spirituality is a unique component of holistic care. When appropriately addressed, it may strongly influence positive patient outcomes during the cancer journey. Consequently, nurses should actively participate in and incorporate the provision of spiritual care into the treatment plan for each patient with cancer or at least be able to assess those needs and make sure they are being addressed.

Rivers, B. M., August, E. M., Quinn, G. P., Gwede, C. K., Pow-Sang, J. M., Green, B. L. and Jacobsen, P. B. [H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL; brian.rivers@moffitt.org]. "**Understanding the psychosocial issues of African American couples surviving prostate cancer**." *Journal of Cancer Education* 27, no. 3 (Jun 2012): 546-558.

Among the findings of this study of 12 African American prostate cancer survivors and their spouses: "Most of the couples identified spirituality or some form of faith as an important coping mechanism through the diagnosis and treatment of prostate cancer. …Furthermore, many of the cancer survivors and their spouses reported that their faith became stronger after experiencing cancer. At times, survivors reported that they prayer and reliance on their belief in God aided in the alleviation of stress and concern about the disease. Several participants also discussed God's will in their lives…. …Respondents reported seeking out spiritual support through their own networks by attending church services more frequently and becoming more involved in church activities." [p. 555]

Robinson, J. A., Bolton, J. M., Rasic, D. and Sareen, J. [Department of Psychology, University of Manitoba, Winnipeg, Canada; jenrobinson1@gmail.com]. "**Exploring the relationship between religious service attendance, mental disorders, and suicidality among different ethnic groups: results from a nationally representative survey**." *Depression & Anxiety* 29, no. 11 (Nov 2012): 983-990.

[Abstract:] BACKGROUND: To date, sufficient data have not been available to examine ethnic differences in religiosity and mental health in the general population. However, evidence exists to suggest that the protective effects of religion may differ across ethnic groups. This study examined the relationship between religious attendance and mental health across ethnic groups. METHODS: The Collaborative Psychiatric Epidemiologic Survey (N= 20,130) is a large, ethnically diverse sample of adult, US respondents. Frequency of attendance at religious services was measured as: at least once per week (reference group), one to three times per month, less than once per month, or less than once per year. Multiple logistic regression analyses examined associations between religious attendance and mood, anxiety and substance use disorders, as well as suicidal ideation and attempts. Models adjusted for sociodemographics and comorbidity. RESULTS: Results differed when performed within each ethnicity. Infrequent religious attendance was associated with substance use disorders in Whites and Africans only (Adjusted Odds Ratio (AOR)= 2.30 [95% CI= 1.77-2.99]; AOR= 1.86 [1.25-2.79], respectively), and with anxiety and suicidal ideation in Whites (AOR= 1.44 [1.10-1.88]; AOR= 1.58 [1.24-2.01]) and Hispanics only (AOR= 2.35 [1.17-4.73]; AOR= 1.70 [1.15-2.52]). Asians were the only group in which religious attendance was associated with mood disorders (AOR= 4.90 [1.54-15.60]). Interaction terms were nonsignificant. CONCLUSIONS: The present study suggests that ethnicity is an important variable to consider in the relationship between religiosity and mental health. Future studies should attempt to either adjust for or stratify by ethnicity when examining these relationships.

Rogers, D. L., Skidmore, S. T., Montgomery, G. T., Reidhead, M. A. and Reidhead, V. A. [Department of Psychology and Anthropology, University of Texas-Pan American, Edinburg, TX; drogers1@utpa.edu]. "**Spiritual integration predicts self-reported mental and physical health**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1188-1201. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Data from 167 participants were used to establish the psychometric properties of the Reidhead spiritual integration scale, 31-item version (SI-31). Structural equation modeling was used to empirically evaluate influences on perceived health functioning, while accounting for possible confounds. The analyses showed that SI-31 predicted perceived mental and physical health while controlling for life satisfaction, religious variables, mood patterns, depression symptoms, and demographics. The importance of SI as a predictor of health-related outcomes is supported, as is the usefulness of the SI-31 in predicting these outcomes.

Rokach, A., Chin, J. and Sha'ked, A. [Center for Academic Studies, Israel York University, Toronto, Canada; arokach@yorku.ca]. "**Religiosity and coping with loneliness**." *Psychological Reports* 110, no. 3 (Jun 2012): 731-742.

[Abstract:] Loneliness is a universal experience which transcends age, sex, geography, and culture. Religion, and often one's religiosity, are known to affect one's approach to life, behaviorr, and social involvement. The present, preliminary study aimed to explore whether coping with loneliness is influenced by one's religious observance. The present study focused on Israeli Jews. 250 participants identified themselves as Secular, Conservative, or Orthodox, by answering a 34-item yes/no questionnaire on loneliness. The three groups statistically significantly differed in their manner of coping with loneliness only on the Religion and Faith subscale, as hypothesized. Similar studies with people of other religious denominations could further highlight that issue.

Ronaldson, S., Hayes, L., Aggar, C., Green, J. and Carey, M. [Sydney Nursing School, The University of Sydney, Camperdown, Australia; sue.ronaldson@sydney.edu.au]. "**Spirituality and spiritual caring: nurses' perspectives and practice in palliative and acute care environments**." *Journal of Clinical Nursing* 21, nos. 15-16 (Aug 2012): 2126-2135, 2012 Aug.

[Abstract:] AIMS AND OBJECTIVES: Identify and compare spiritual caring practice by palliative care and acute care registered nurses (RNs), determine any correlation between nurses' spiritual perspective and their spiritual caring, and to investigate perceived barriers to spiritual caring. BACKGROUND: Over the past decade there has been growing interest in spiritual caring in nursing. Professional nursing bodies have proposed spirituality and spiritual caring as an integral component of holistic nursing. DESIGN: Cross sectional study. METHODS: Palliative care RNs (n = 42) from one community palliative care service and three hospices, and acute care RNs (n = 50) from three major acute care

hospitals all in metropolitan Sydney, Australia completed a research questionnaire. Two validated tools and a demographic survey were used to collect data. These tools measured spiritual perspectives including saliency of personal spirituality, spiritual views and engagement in spiritually-related activities; and spiritual practice including assessment, interventions and barriers to spiritual caring. Data were collected over a six-month period and interpreted with both descriptive and analytical statistics. RESULTS: Significant differences were seen between the two RN groups. Palliative care RNs' spiritual caring practice was more advanced and their spiritual perspective stronger; this relationship was positive. Both RN groups identified 'insufficient time' as the most common barrier to spiritual caring practice; 'patient privacy' was also common for acute care RNs. CONCLUSIONS: Palliative care RNs' spiritual perspectives influenced their spiritual caring. These nurses were older and more career-advanced than the acute care RNs, which may explain the differences observed. Acute care RNs may benefit from additional support for their spiritual caring and to address perceived barriers. RELEVANCE TO CLINICAL PRACTICE: The development of nurses' spiritual perspective early in their preparation for practice, and the articulation and documentation of spiritual caring may enhance their spiritual caring practice. Further research on barriers to spiritual caring in acute care nursing environments is recommended. [See also in the same issue of the journal, articles by Molzahn, A., et al.; and Polzer Casarez, R. L., et al.; noted elsewhere in this bibliography.]

Rosequist, L., Wall, K., Corwin, D., Achterberg, J. and Koopman, C. [Institute of Transpersonal Psychology, Palo Alto, CA]. "**Surrender as a form of active acceptance among breast cancer survivors receiving Psycho-Spiritual Integrative Therapy**." *Supportive Care in Cancer* 20, no. 11 (Nov 2012): 2821-2827.

[Abstract:] PURPOSE: The purpose of this study was to describe a domain of spiritual coping known as "surrender," as experienced among women diagnosed with breast cancer who participated in Psycho-Spiritual Integrative Therapy (PSIT). Surrender is a concept similar to active acceptance, which has been studied extensively, but surrender in the context of spiritual supportive care has received little attention. METHODS: After participating in PSIT, which includes exercises in surrender, 23 participants completed an open-ended questionnaire about their experiences of surrender. Twelve women whose responses were most complete and expressive were selected to be analyzed for this study. A thematic analysis was conducted to better understand how surrender experiences may contribute to supportive care. RESULTS: Four distinct themes were identified: experience of surrender, facilitation of surrender, inhibition of surrender, and ease and completeness of surrender. Although the manifestations of surrender varied, women were consistent in describing these experiences positively. CONCLUSIONS: These findings build upon previous evidence that spirituality, optimism, and active acceptance have a positive impact on well-being in cancer patients. The findings provide insight into the usefulness of PSIT for women with breast cancer and inform future research on the intervention.

Rosik, C. H. and Soria, A. [Link Care Center, Fresno, CA; christopherrosik@linkcare.org]. "**Spiritual well-being, dissociation, and alexithymia: examining direct and moderating effects**." *Journal of Trauma & Dissociation* 13, no. 1 (2012): 69-87.

[Abstract:] In the present study we surveyed 131 adults seeking psychotherapy and pastoral care in an intensive outpatient psychotherapy program for full-time religious workers. We sought to determine whether dissociation and alexithymia are associated with spiritual well-being. We utilized the Dissociative Experiences Scale-II (DES-II), the Toronto Alexithymia Scale (TAS-20), the Spiritual Well-Being Scale (SWB) as well as the subscales of these instruments in a series of linear multiple regression analyses. DES-II total scores were inversely related to SWB total scores. No association was found between alexithymia and SWB, nor did alexithymia moderate the relationship between dissociation and SWB. Subscale analyses revealed that lower SWB and Existential Well-Being (EWB) were associated with greater nonpathological dissociation (DES-NP), which was unrelated to Religious Well-Being (RWB). By contrast, lower RWB was predicted by higher pathological dissociation (DES-T), which displayed no relationship to SWB or EWB. We conclude with a discussion of some implications of these findings.

Rounding, K., Lee, A., Jacobson, J. A. and Ji, L. J. [Department of Psychology, Queen's University, Kingston, Ontario, Canada. kevin.rounding@queensu.ca]. "**Religion replenishes self-control**." *Psychological Science* 23, no. 6 (Jun 2012): 635-642.

[Abstract:] Researchers have proposed that the emergence of religion was a cultural adaptation necessary for promoting self-control. Self-control, in turn, may serve as a psychological pillar supporting a myriad of adaptive psychological and behavioral tendencies. If this proposal is true, then subtle reminders of religious concepts should result in higher levels of self-control. In a series of four experiments, we consistently found that when religious themes were made implicitly salient, people exercised greater self-control, which, in turn, augmented their ability to make decisions in a number of behavioral domains that are theoretically relevant to both major religions and humans' evolutionary success. Furthermore, when self-control resources were minimized, making it difficult for people to exercise restraint on future unrelated self-control tasks, we found that implicit reminders of religious concepts refueled people's ability to exercise self-control. Moreover, compared with morality- or death-related concepts, religion had a unique influence on self-control.

Ryan, M. E. and Francis, A. J. [Division of Psychology, RMIT University, Bundoora, Australia; mattryan86@gmail.com]. "**Locus of control beliefs mediate the relationship between religious functioning and psychological health**." *Journal of Religion & Health* 51, no. 3 (Sep 2012): 774-785.

[Abstract:] Theistic and spiritually based beliefs and behaviors have been demonstrated to consistently predict physical and mental health, although the psychological processes underlying these relationships are unclear. This study investigated associative relationships and pathways of mediation between religious functioning, locus of control (LOC) and health. The sample consisted of 122 Christians (79 women, 43 men) who were predominately Catholic, ranging in age from 18 to 80 (M = 45.47, SD = 15.0). Participants were recruited from churches in the Western suburbs of Melbourne, Australia, and completed a questionnaire package measuring (1) psychological and physical health, (2) the religious variables of awareness of God, instability and impression management, and (3) God, internal and external LOC domains. Results indicated that awareness of God and internal LOC were associated with better health, whereas external LOC and instability were associated with poorer health. God LOC and impression management were not significantly associated with health. Sobel tests were used to analyze mediation hypotheses. Internal LOC was found to mediate the relationship between awareness of God and better psychological health, and external LOC was found to mediate the relationship between instability and poorer psychological health. These findings are of considerable clinical significance.

Saguil, A. and Phelps, K. [Fort Belvoir Community Hospital, Fort Belvoir, VA; aaron.saguil@us.army.mil]. "**The spiritual assessment**." *American Family Physician* 86, no. 6 (Sep 15, 2012): 546-550.

[Abstract:] More than 80 percent of Americans perceive religion as important. Issues of belief can affect the health care encounter, and patients may wish to discuss spirituality with their physician. Many physicians report barriers to broaching the subject of spirituality, including lack of time and experience, difficulty identifying patients who want to discuss spirituality, and the belief that addressing spiritual concerns is not a

physician's responsibility. Spiritual assessment tools such as the FICA, the HOPE questions, and the Open Invite provide efficient means of eliciting patients' thoughts on this topic. The spiritual assessment allows physicians to support patients by stressing empathetic listening, documenting spiritual preferences for future visits, incorporating the precepts of patients' faith traditions into treatment plans, and encouraging patients to use the resources of their spiritual traditions and communities for overall wellness. Conducting the spiritual assessment also may help strengthen the physician-patient relationship and offer physicians opportunities for personal renewal, resiliency, and growth.

Salas-Wrigh, C. P., Vaughn, M. G., Hodge, D. R. and Perron, B. E. [Graduate School of Social Work, Boston College, Chestnut Hill, MA; wrightcu@bc.edu]. "**Religiosity profiles of American youth in relation to substance use, violence, and delinquency**." *Journal of Youth & Adolescence* 41, no. 12 (Dec 2012): 1560-1575.

[Abstract:] Relatively little is known in terms of the relationship between religiosity profiles and adolescents' involvement in substance use, violence, and delinquency. Using a diverse sample of 17,705 (49% female) adolescents from the 2008 National Survey on Drug Use and Health, latent profile analysis and multinomial regression are employed to examine the relationships between latent religiosity classes and substance use, violence, and delinquency. Results revealed a five class solution. Classes were identified as religiously disengaged (10.76%), religiously infrequent (23.59%), privately religious (6.55%), religious regulars (40.85%), and religiously devoted (18.25%). Membership in the religiously devoted class was associated with the decreased likelihood of participation in a variety of substance use behaviors as well as decreases in the likelihood of fighting and theft. To a lesser extent, membership in the religious regulars class was also associated with the decreased likelihood of substance use and fighting. However, membership in the religiously infrequent and privately religious classes was only associated with the decreased likelihood of marijuana use. Findings suggest that private religiosity alone does not serve to buffer youth effectively against involvement in problem behavior, but rather that it is the combination of intrinsic and extrinsic adolescent religiosity factors that is associated with participation in fewer problem behaviors. [See also, Kim-Spoon, J., et al., "Parent-adolescent relationship quality as a moderator for the influences of parents' religiousness on adolescents' religiousness and adjustment," on pp. 1576-1587 of the same journal issue.]

Salsman, J. M., Garcia, S. F., Lai, J. S. and Cella, D. [Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, Chicago, IL; j-salsman@northwestern.edu]. "**Have a little faith: measuring the impact of illness on positive and negative aspects of faith**." *Psycho-Oncology* 21, no. 12 (Dec 2012): 1357-1361.

[Abstract:] BACKGROUND: The importance of faith and its associations with health are well documented. As part of the Patient Reported Outcomes Measurement Information System, items tapping positive and negative impact of illness (PII and NII) were developed across four content domains: Coping/Stress Response, Self-Concept, Social Connection/Isolation, and Meaning and Spirituality. Faith items were included within the concept of meaning and spirituality. METHODS: This measurement model was tested on a heterogeneous group of 509 cancer survivors. To evaluate dimensionality, we applied two bi-factor models, specifying a general factor (PII or NII) and four local factors: Coping/Stress Response, Self-Concept, Social Connection/Isolation, and Meaning and Spirituality. RESULTS: Bi-factor analysis supported sufficient unidimensionality within PII and NII item sets. The unidimensionality of both PII and NII item sets was enhanced by extraction of the faith items from the rest of the questions. Of the 10 faith items, nine demonstrated higher local than general factor loadings (range for local factor loadings=0.402 to 0.876), suggesting utility as a separate but related 'faith' factor. The same was true for only two of the remaining 63 items across the PII and NII item sets. CONCLUSIONS: Although conceptually and to a degree empirically related to Meaning and Spirituality, Faith appears to be a distinct subdomain of PII and NII, better handled by distinct assessment. A 10-item measure of the impact of illness upon faith (II-Faith) was therefore assembled.

Samuelson, B. T., Fromme, E. K. and Thomas, C. R., Jr. [Oregon Health and Science University School of Medicine, Portland, OR; bethany.samuelson@gmail.com]. "**Changes in spirituality and quality of life in patients undergoing radiation therapy**." *American Journal of Hospice & Palliative Medicine* 29, no. 6 (Sep 2012): 449-454.

[Abstract:] PURPOSE: Investigations into the role of spirituality in cancer confirm the association of good spiritual well-being with many positive outcomes. This study aimed to evaluate potential changes in spirituality over the course of radiation therapy (RT). PATIENTS AND MATERIALS: The Functional Assessment of Chronic Illness Therapy-Spiritual questionnaire measuring spiritual well-being and quality of life (QOL) was administered to adult patients undergoing RT. Scores were compared using student t tests and chi-square analysis. RESULTS: Despite statistically significant declines in QOL measures such as physical well-being ($P < .001$) and overall well-being ($P < .001$), no significant changes were noted in spirituality for all comers. A significant increase in the Sp-12 spirituality measure ($P = .001$) was noted in patients with breast cancer, independent of age, gender, and purpose of treatment. Sp-12 scores were positively correlated with overall QOL scores ($P < .001$).

Sansone, R. A., Kelley, A. R. and Forbis, J. S. [Wright State University School of Medicine, Dayton, OH; Randy.sansone@khnetwork.org]. "**Perceptions of parental caretaking in childhood and religiosity/spirituality status in adulthood**." *Journal of Nervous & Mental Disease* 200, no. 6 (Jun 2012): 542-544.

[Abstract:] Relationships between parental caretaking quality in childhood and religiosity/spirituality in adulthood, which are the focus of the present study, have undergone limited study. Using a cross-sectional sample of consecutive internal medicine outpatients, we examined in 308 participants three aspects of their parenting experience (i.e., number of different caretakers, whether caretakers were biological parents or not, perceived quality of parental caretaking) and level of religiosity/spirituality over the past 12 months using the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being Scale (FACIT-Sp-12). Current level of religiosity/spirituality did not correlate with the number of different caretakers or whether caretakers were biological parents or not. However, 6 of 12 FACIT-Sp-12 scales and the overall FACIT-Sp-12 score statistically significantly correlated with perceived quality of parental caretaking, with better parenting ratings associated with higher levels of self-reported religiosity/spirituality. Findings suggest that better parenting in childhood is associated with higher levels of certain aspects of current religiosity/spirituality in adulthood.

Sansone, R. A., Kelley, A. R. and Forbis, J. S. [Departments of Psychiatry, Wright State University School of Medicine, Dayton, OH; randy.sansone@khnetwork.org]. "**Religion/spirituality status and borderline personality symptomatology among outpatients in an internal medicine clinic**." *International Journal of Psychiatry in Clinical Practice* 16, no. 1 (Mar 2012): 48-52.

[Abstract:] OBJECTIVE: This study was designed to assess religion/spirituality (RS) status over the preceding 12 months in relationship to borderline personality symptomatology status. METHODS: Using a cross-sectional consecutive sample of internal medicine outpatients and a self-report survey methodology, we examined RS using the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp-12), and borderline personality symptomatology using two self-report measures, the borderline personality scale of the Personality Diagnostic Questionnaire-4 and the Self-Harm Inventory. RESULTS: The majority of FACIT-Sp-12 scales as well as the overall FACIT-Sp-12 score demonstrated an inverse relationship with scores on the individual measures for borderline personality symptomatology as well as a combined measure of such symptoms (individuals who scored positively on both measures). In other words, lower RS was identified in participants with higher levels of borderline personality symptomatology. CONCLUSIONS: According to findings, compared to participants without borderline personality symptomatology, those with such symptomatology evidenced statistically significantly lower RS on most study scales as well as the overall FACIT-Sp-12 score. This suggests that individuals with borderline personality symptomatology have lower overall levels of RS than individuals without this type of psychopathology.

Schaefer, J., Stonecipher, S. and Kane, I. [University of Pittsburgh, PA]. "**Finding room for spirituality in healthcare**." *Nursing* 42, no. 9 (Sep 2012): 14-16.

This article notes a survey of 42 cardiovascular nurses, indicating the efficacy of an educational intervention about the potential value of spirituality to patients, and encouraging spiritual care by nurses.

Schapmire, T. J., Head, B. A. and Faul, A. C. [School of Medicine, University of Louisville, KY; tara.schapmire@louisville.edu]. "**Just give me hope: lived experiences of Medicaid patients with advanced cancer**." *Journal of Social Work in End-of-Life & Palliative Care* 8, no. 1 (2012): 29-52.

[Abstract:] The purpose of this phenomenological exploration was to describe the lived experiences of persons diagnosed with advanced cancer who receive Medicaid. Themes emerged from the transcribed interviews of 10 participants in accordance with the cancer trajectory. Before diagnosis, participants were uninsured or underinsured and had more severe symptoms prior to late diagnosis. Upon diagnosis, they desired hopeful, respectful communication and experienced strong emotional reactions. There was also an abrupt change in the use of health care resources. During cancer treatment, they experienced social isolation from family and friends while receiving strong psychosocial support from the health care team. Throughout the cancer trajectory, they focused on living, reclaiming normalcy, and expressed resiliency and spirituality. Findings support the need to recognize the "fighting spirit" of patients regardless of prognosis or socioeconomic status; the impact of hopeful, respectful communication; and the value of oncology social work assistance when navigating the cancer experience. Lack of health care coverage prior to severe symptoms prevented earlier diagnosis and contributed to poor physical outcomes. Medicaid eligibility enabled these patients to receive quality health care and focus on living beyond cancer.

Schlauch, C. R. [Boston University School of Theology, Boston, MA; crschlau@bu.edu]. "**A pastoral theologian's response to the case study**." *Journal of Health Care Chaplaincy* 18, nos. 1-2 (Jan 2012): 23-32.

[Abstract:] This response to a case study of a long-term chaplaincy care relationship between a woman with recurrent leukemia and an experienced oncology chaplain at a comprehensive cancer center expresses a clinical attitude formed within three contexts-pastoral psychotherapy, the supervision of psychoanalytically-oriented psychotherapy, and pastoral theology-through which case studies are to be engaged, concurrently, in multiple ways. Illustrating this attitude, the response outlines four distinct "readings" (Ricoeur) of the case study that express different approaches: a personal engagement that a reader can feel; an empathic openness to the plausibility of the chaplain's account; a recognition of the complexity of the report and of the care as constituted of different disciplines and guilds; and an awareness of the difference and distance between a patient's experience and a caregiver's interpretation of a patient's experience.

Schmidt, S. D., Blank, T. O., Bellizzi, K. M. and Park, C. L. [Department of Human Development and Family Studies, University of Connecticut, Storrs; steven.schmidt@uconn.edu]. "**The relationship of coping strategies, social support, and attachment style with posttraumatic growth in cancer survivors**." *Journal of Health Psychology* 17, no. 7 (Oct 2012): 1033-1040.

[Abstract:] This cross-sectional study investigated attachment style, coping strategies, social support, and posttraumatic growth (PTG) in 54 cancer survivors. Secure attachment was significantly associated with active coping, positive reframing, and religion, and these were all associated with PTG. Insecure types of attachment and social support variables were unrelated to PTG. Regression analysis suggests that positive reframing and religion as coping strategies may mediate the relationship between secure attachment and PTG.

Schrader, S. L., Brechtelsbauer, D., Heins, J., Holland, P. and Schroeder, P. A. [Department of Sociology, Augustana College]. "**Interdisciplinary education in palliative care: impact on attitudes of students in medicine, nursing, pharmacy, social work, and chaplaincy**." *South Dakota Medicine: The Journal of the South Dakota State Medical Association* 65, no. 10 (Oct 2012): 381-383, 385, 387 *passim*.

[Abstract:] INTRODUCTION: Interdisciplinary education among health professions has been recommended, and related evaluation can be found in the literature. However questions remain on how effective interdisciplinary education is and what impact it has. The objective of this study was to determine changes in student attitudes and perceptions upon completion of a 5-week interdisciplinary palliative care seminar. METHODS: Pre-test and post-test instruments were administered at three five-week Interdisciplinary Palliative Care Seminars in Sioux Falls, SD during 2009-2010. The central hypotheses were that, at the conclusion of the seminar, students will have greater familiarity with their role in a team and more understanding of the roles of other disciplines in palliative care, and will identify positive contributions to professional practice and patient care using the team approach. Both quantitative and qualitative data were analyzed. RESULTS: Participating students in medicine, nursing, pharmacy, social work, and chaplaincy (N = 88) completed surveys. Quantitative data suggest that interdisciplinary education enhances students' understanding of their discipline and the work of other disciplines. Data show students perceive the team approach as enhancing patient outcomes, goal setting, and communication among colleagues. Qualitative data reinforced the importance of interdisciplinary education while revealing strains among disciplines in hierarchy and valuing. CONCLUSIONS: Playing one's part in the team strengthens students' confidence and comfort in interdisciplinary settings. Yet, the hazard of experiencing the limitations of teamwork in action must be acknowledged for some.

Schreiber, J. A. [School of Nursing, University of Louisville, KY;. judy.schreiber@louisville.edu]. "**Psychometric properties of the Image of God Scale in breast cancer survivors**." *Oncology Nursing Forum* 39, no. 4 (Jul 2012): E346-352.

[Abstract:] PURPOSE/OBJECTIVES: To examine the psychometric properties of the Image of God Scale (IGS) in a clinical population. DESIGN: Descriptive, cross-sectional.Setting: University and community oncology practices in the southeastern United States. SAMPLE: 123 breast cancer survivors no more than two years from completion of treatment. METHODS: Scale reliability was determined with the coefficient alpha. Instrument dimensionality was examined using principal component analysis. Construct validity was evaluated by examining correlations with other instruments used in the study. MAIN RESEARCH VARIABLES: An individual's image of God. FINDINGS: Internal consistency was strong (anger subscale = 0.8; engagement subscale = 0.89). The principle component analysis resulted in a two-factor solution with items loading uniquely on Factor 1-Engagement (8) and Factor 2-Anger (6). Significant correlations between the IGS and religious coping support convergence on a God concept. Correlations with psychological well-being, psychological distress, and concern about recurrence were nonsignificant (engagement) or inverse (anger), supporting discrimination between concepts of God and psychological adjustment. CONCLUSIONS: The IGS is a unique measure of how God is viewed by the depth and character of His involvement with the individual and the world. IMPLICATIONS FOR NURSING: The IGS may be a measure that can transcend sects, denominations, and religions by identifying the image of God that underlies and defines an individuals' worldview, which influences their attitudes and behaviors.

Schreiber, J. A. and Brockopp, D. Y. [School of Nursing, University of Louisville, Louisville, KY; jaschr07@louisville.edu]. "**Twenty-five years later -- what do we know about religion/spirituality and psychological well-being among breast cancer survivors? A systematic review**." *Journal of Cancer Survivorship* 6, no. 1 (Mar 2012): 82-94

[Abstract:] INTRODUCTION: A diagnosis of cancer is a life-changing event for most people. The trauma and uncertainties of a breast cancer diagnosis can affect survivors' psychological well-being. Religion and/or spirituality can provide a means of support for many women as they live with the realities of a diagnosis of cancer. The purpose of this focused review is to critically analyze and synthesize relationships among psychological well-being, religion, and spirituality among women with breast cancer. METHODS: MEDLINE, CINAHL, Web of Science, Cambridge Scientific Abstracts, Cochrane CENTRAL, and PsycINFO databases were searched: January 1985-March 2010. The search terms religi*(religious/religion), spiritu*(spiritual/spirituality), breast cancer, psychological adjustment, psychological outcomes, psychological distress, psychological well-being, and outcomes were searched for separately and in combination. RESULTS: Eighteen quantitative studies were analyzed in order to examine associations among religion, spirituality, and psychological well-being for women diagnosed with breast cancer. These three variables were operationally defined as follows: (a) religious practice, religious coping, and perception of God; (b) spiritual distress, spiritual reframing, spiritual well-being, and spiritual integration; and (c) combined measure of both the religion and spirituality constructs. DISCUSSION/CONCLUSIONS: Results of this review suggest that within this population, limited relationships exist among religion, spirituality, and psychological well-being. Given the various definitions used for the three variables, the strength and clarity of relationships are not clear. In addition, the time of assessment along the course of the disease varies greatly and in some instances is not reported. Diagnosis and/or prognosis, factors that could influence psychological well-being, are frequently not factored into results. There does, however, appear to be sufficient evidence to include a brief, clinically focused assessment of women diagnosed with breast cancer regarding the importance of a given belief system as they face the diagnosis and treatment of their disease. IMPLICATIONS FOR CANCER SURVIVORS: The implications for cancer survivors are as follows: (a) Psychological well-being of women diagnosed with breast cancer may depend to some extent on their belief system. (b) Coping through "turning to God" for women without a significant prior relationship with God, or minimal spiritual behaviors, may experience diminished well-being. (c) Longitudinal studies suggest that struggling with, or questioning, one's belief system in early survivorship may also be associated with lower levels of well-being. This diminished well-being often resolves over time.

Schultz, M., Baddarni, K. and Bar-Sela, G. [Division of Oncology, Faculty of Medicine, Technion Israel Institute of Technology, Haifa, Israel]. "**Reflections on palliative care from the Jewish and Islamic tradition**." *Evidence-Based Complementary & Alternative Medicine: eCAM* (2012): 693092 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spiritual care is a vital part of holistic patient care. Awareness of common patient beliefs will facilitate discussions about spirituality. Such conversations are inherently good for the patient, deepen the caring staff-patient-family relationship, and enhance understanding of how beliefs influence care decisions. All healthcare providers are likely to encounter Muslim patients, yet many lack basic knowledge of the Muslim faith and of the applications of Islamic teachings to palliative care. Similarly, some of the concepts underlying positive Jewish approaches to palliative care are not well known. We outline Jewish and Islamic attitudes toward suffering, treatment, and the end of life. We discuss our religions' approaches to treatments deemed unnecessary by medical staff, and consider some of the cultural reasons that patients and family members might object to palliative care, concluding with specific suggestions for the medical team.

Scott Barss, K. [Saskatchewan Institute of Applied Science & Technology, Canada; karen.barss@siast.sk.ca]. "**Building bridges: an interpretive phenomenological analysis of nurse educators' clinical experience using the T.R.U.S.T. model for inclusive spiritual care**." *International Journal of Nursing Education Scholarship* 9, no. 1 (2012): 1-17.

[Abstract:] Educating nurses to provide evidence-based, non-intrusive spiritual care in today's pluralistic context is both daunting and essential. Qualitative research is needed to investigate what helps nurse educators feel more prepared to meet this challenge. This paper presents findings from an interpretive phenomenological analysis of the experience of nurse educators who used the T.R.U.S.T. Model for Inclusive Spiritual Care in their clinical teaching. The T.R.U.S.T. Model is an evidence-based, non-linear resource developed by the author and piloted in the undergraduate nursing program in which she teaches. Three themes are presented: "The T.R.U.S.T. Model as a bridge to spiritual exploration"; "blockades to the bridge"; and "unblocking the bridge". T.R.U.S.T. was found to have a positive influence on nurse educators' comfort and confidence in the teaching of spiritual care. Recommendations for maximizing the model's positive impact are provided, along with "embodied" resources to support holistic teaching and learning about spiritual care.

Selman, L., Siegert, R. J., Higginson, I. J., Agupio, G., Dinat, N., Downing, J., Gwyther, L., Mashao, T., Mmoledi, K., Moll, T., Sebuyira, L. M., Ikin, B.and Harding, R. [Department of Palliative Care, Policy and Rehabilitation, King's College London, Cicely Saunders Institute, London; Lucy.selman@kcl.ac.uk]. "**The 'Spirit 8' successfully captured spiritual well-being in African palliative care: factor and Rasch analysis**." *Journal of Clinical Epidemiology* 65, no. 4 (Apr 2012): 434-443.

[Abstract:] OBJECTIVE: To describe the dimensionality of a measure of spiritual well-being (SWB) (the "Spirit 8") in palliative care (PC) patients in South Africa and Uganda, and to determine SWB in this population. STUDY DESIGN AND SETTING: A cross-sectional survey was conducted using the Missoula Vitas Quality of Life Index (MVQOLI). Translated questionnaires were administered to consecutively

recruited patients. Factor analysis and Rasch analysis were used to examine the dimensionality of eight items from the Well-being and Transcendent subscales. The resulting measure (the "Spirit 8") was used to determine levels of SWB. RESULTS: Two hundred eighty-five patients recruited; mean age 40.1; 197 (69.1%) female; primary diagnosis HIV (80.7%), cancer (17.9%). Internal consistency of the eight-item scale was =0.73; Well-being factor =0.69, Transcendence factor =0.68. Rasch analysis suggested unidimensionality. Mean SWB score was 26.01 (standard deviation 5.68). Spiritual distress was present in 21.4-57.9%. Attending the Ugandan service, HIV and younger age were associated with poorer SWB scores. CONCLUSION: The Spirit 8 is a brief, psychometrically robust, unidimensional measure of SWB for use in South African and Ugandan PC research. Further research testing the Spirit 8 and examining the SWB of PC patients in South Africa and Uganda is needed to improve spiritual care.

Sharma, R. K., Astrow, A. B., Texeira, K. and Sulmasy, D. P. [Division of Hospital Medicine, Northwestern University, Chicago, IL; rasharma@nmh.org]. "**The Spiritual Needs Assessment for Patients (SNAP): development and validation of a comprehensive instrument to assess unmet spiritual needs**." *Journal of Pain & Symptom Management* 44, no. 1 (Jul 2012): 44-51.

[Abstract:] CONTEXT: Unmet spiritual needs have been associated with decreased patient ratings of quality of care, satisfaction, and quality of life. There is a need for a well-validated, psychometrically sound instrument to describe and measure spiritual needs. OBJECTIVES: To develop a valid and reliable instrument to assess patients' spiritual needs. METHODS: Instrument development was based on a literature review, clinical and pastoral evaluation, and cognitive pretesting (n=15 ambulatory cancer patients). Forty-seven ambulatory cancer patients completed cross-sectional and longitudinal surveys to test instrument validity and reliability. Internal reliability was assessed by Cronbach's , test-retest reliability by Spearman's correlation coefficients, and construct validity by comparing instrument scores to a previously used single-item spiritual needs question. RESULTS: The Spiritual Needs Assessment for Patients (SNAP) comprises a total of 23 items in three domains: psychosocial (n=5), spiritual (n=13), and religious (n=5). Sixty percent of participants were white, 21% black, 13% Hispanic, and 6% Asian or other. Fifty-eight percent were Catholic, 13% Jewish, 11% Protestant, 2% Buddhist, 2% Muslim, and 2% Hindu. Sixty-eight percent described themselves as spiritual but not religious; 15% reported unmet spiritual needs; 19% wanted help meeting their spiritual needs. Cronbach's for the total SNAP was 0.95, and for the subscales was psychosocial=0.74, spiritual=0.93, and religious needs=0.86. Test-retest correlation coefficients were total SNAP=0.69, psychosocial needs=0.51, spiritual needs=0.70, and religious needs=0.65. Participants reporting unmet spiritual needs had significantly higher mean scores on the total SNAP (66.3 vs. 49.4, P=0.03) and on the spiritual needs subscale (39.0 vs. 28.3, P=0.02). CONCLUSION: The results provide preliminary evidence that the SNAP is a valid and reliable instrument for measuring spiritual needs in a diverse patient population.

Sheets, K. M., Baty, B. J., Vazquez, J. C., Carey, J. C. and Hobson, W. L. [South Florida Perinatal Medicine, Miami; FL; kitasheets@gmail.com]. "**Breaking difficult news in a cross-cultural setting: a qualitative study about Latina mothers of children with down syndrome**." *Journal of Genetic Counseling* 21, no. 4 (Aug 2012): 582-590.

[Abstract:] Giving difficult news to patients represents a common dilemma for health care professionals. Based on three decades of research, various authors have proposed guidelines outlining the ideal setting, delivery, and timing. Existing publications focus on patients of European descent and may not be applicable in cross-cultural settings. We explored perceptions of Spanish-speaking mothers who have a child with Down syndrome and how they preferred to receive the news of their child's diagnosis. We conducted semi-structured qualitative interviews (n=14), which were coded and analyzed by thematic networks to identify common themes. Six significant themes emerged: Cultural Belief System, Communication, Support/Lack of Support, Feelings Engendered, Medical Issues, and Medical System. One overarching theme of mother-child bonding encompassed all sub-themes. The mothers desired the news in a more positive, balanced light and with more complete explanations about the condition. Mothers felt excluded from the diagnostic process and wanted to be better informed about the need for diagnostic studies. Participants used religious beliefs to explain the reason for their child's condition. Many factors influenced Latina mothers' ability to bond initially with their children with Down syndrome. Ideally, these factors should be acknowledged during informing interviews to assist Latino families in adjustment.

Smith, S. and Suto, M. J. [Vancouver Community Mental Health Services, Vancouver, Canada; africanshaz@gmail.com]. "**Religious and/or spiritual practices: extending spiritual freedom to people with schizophrenia**." *Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie* 79, no. 2 (Apr 2012): 77-85.

[Abstract:] BACKGROUND: It continues to be a challenge to define and utilize spirituality in client-centered occupational therapy practice. Dialogue about spirituality is especially problematic for occupational therapists working with people with schizophrenia. PURPOSE: To explore the meaning of religion and/or spirituality for people living with a diagnosis of schizophrenia. METHODS: Nine community-based individuals with schizophrenia engaged in interviews about the meaning of religion and/or spirituality and demonstrated self-defined spiritual practices. Phenomenology, hermeneutic theory, and a symbolic interactionism framework provided methodological and analytic guidance. FINDINGS: Participants employed religious and/or spiritual practices to cope with schizophrenia symptoms and make meaning of their lives. Individuals used multiple systems of meaning to explain their experiences. Religious and/or spiritual agency, an individual's sense of freedom to choose among the spiritual options, renewed their sense of empowerment. IMPLICATIONS: Therapists can engage in spiritual negotiation with clients by using well-worded empowering questions toward a common goal of life enhancement.

Snodgrass, J. L. [Pastoral Counseling Department, Loyola University Maryland, Columbia, MD; jlsnodgrass@loyola.edu]. "**A psychospiritual, family-centered theory of care for mothers in the NICU**." *Journal of Pastoral Care & Counseling* 66, no. 1 (Mar 2012): 2:1-11 [electronic article designation].

[Abstract:] Weighing less than three pounds four ounces, very low birthweight infants account for 1.4% of births and 46% of infant deaths in the U.S. Mothers of these infants often endure significant suffering while witnessing their children struggle for life. By examining their psychological and theological needs, and drawing on a mother's lived experience, this article develops a psychospiritual, family-centered theory of care to aid chaplains in providing spiritual care to mothers in the NICU.

Solberg Nes, L., Liu, H., Patten, C. A., Rausch, S. M., Sloan, J. A., Garces, Y. I., Cheville, A. L., Yang, P. and Clark, M. M. [Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN; solbergnes@msn.com]. "**Physical activity level and quality of life in long term lung cancer survivors**." *Lung Cancer* 77, no. 3 (Sep 2012): 611-616.

[Abstract:] PURPOSE: Lung cancer is associated with a multitude of challenges, and lung cancer survivors report significantly lower quality of life (QOL) than other cancer survivors. METHODS: This study aimed to examine the relationship between physical activity level and QOL in a large sample of long term lung cancer survivors (N=1937). Average age at diagnosis was 65 years, 92% were Caucasian, and 51% male. Surveys were completed at lung cancer diagnosis and then average 4.2 years post-diagnosis. RESULTS: Most survivors reported having a sedentary lifestyle at both time points. However, 256 survivors reported a change in physical activity level from diagnosis to follow-up. Decreased physical activity (n=140) was associated with decreased overall, mental, physical, emotional, social, and spiritual QOL (all ps<.001) and decreased symptom control as seen in reported pain, dry coughing, coughing with phlegm, shortness of breath, and level of fatigue (all ps<.05). In contrast, increased physical activity (n=116) was associated with improved QOL (all ps<.05), and improved symptom control as seen in frequency and severity of pain (p<.01). For all participants, those engaging in regular physical activity (30 min or more per day, at least five days per week) reported significantly higher QOL scores (all ps<.001), and better symptom control than more sedentary survivors. CONCLUSIONS: Results indicate a significant association between change in physical activity and QOL and symptom control for long term lung cancer survivors, and research exploring interventions designed to improve activity level for lung cancer survivors is further warranted.

Spencer, R. J., Ray, A., Pirl, W. F. and Prigerson, H. G. [Department of Obstetrics, Gynecology and Reproductive Medicine, Brigham and Women's Hospital, Boston, MA]. "**Clinical correlates of suicidal thoughts in patients with advanced cancer**." *American Journal of Geriatric Psychiatry* 20, no. 4 (Apr 2012): 327-336.

[Abstract:] OBJECTIVE: : Cancer patients are at heightened risk of suicide. Clinical correlates of suicidal ideation in advanced cancer patients were examined to identify those at risk and to inform the development of interventions to reduce suicidal ideation in this vulnerable group. METHODS: : Coping with Cancer (CwC) is an NCI- and NIMH-funded multiinstitutional investigation examining psychosocial influences on the quality of life and care of advanced cancer patients. Baseline face-to-face interviews that assessed mental and physical functioning, coping, spirituality, and use of mental health services were conducted with 700 advanced cancer patients. RESULTS: : Compared with patients without suicidal ideation, the 8.9% of patients who reported suicidal thoughts were more likely to be white and report no affiliation with an organized religion ($p < 0.05$). Adjusted analyses revealed that cancer patients who met criteria for current panic disorder (adjusted odds ratio [95% confidence interval] 3.24 [1.01-10.4]) and posttraumatic stress disorder (3.97 [1.13-14.1]), who accessed mental health services (3.70 [2.07-6.67]), particularly psychotherapy (2.62 [1.20-5.71]), who were not feeling well physically, and who lacked a sense of self-efficacy, spirituality, and being supported were more likely than others to report thoughts of suicide ($p < 0.05$). CONCLUSIONS: : Advanced cancer patients who report suicidal thoughts are more likely to meet criteria for posttraumatic stress disorder and panic disorder, feel unsupported, lack a religious affiliation, spirituality, and a sense of self-efficacy, and experience more physical distress. Palliative care interventions that promote a sense of self-efficacy, spirituality, and support while minimizing physical distress may offer promise for reducing suicidal thoughts in this at-risk group.

Sternthal, M. J., Williams, D. R., Musick, M. A. and Buck, A. C. [Department of Environmental Health, Harvard School of Public Health, Boston, MA; msternthal@gmail.com]. "**Religious practices, beliefs, and mental health: variations across ethnicity**." *Ethnicity & Health* 17, nos. 1-2 (2012): 171-185.

[Abstract:] OBJECTIVES: We examined whether Black Americans and Hispanic Americans experienced greater mental health benefits from religious involvement than White Americans, and whether these benefits would be mediated through three psychosocial factors--social support, meaning, and forgiveness. METHODS: Utilizing data from a probability sample of Chicago-based adults (n=3103), ethnicity-stratified multivariate regression models estimated the association of religiosity with depressive symptoms, anxiety symptoms, and major depressive disorder (MDD). Models controlled for potential confounders and psychosocial mediators. RESULTS: Contrary to our hypotheses, religiously involved Black Americans and Hispanic Americans did not experience greater mental health benefits than their White counterparts. For White Americans alone, service attendance was inversely related to depressive symptoms, anxiety symptoms, and MDD. Religious saliency was consistently associated with worse mental health for Hispanic Americans only. However, both meaning and forgiveness conferred mental health benefits for all three groups. CONCLUSIONS: The benefits of specific aspects of religious involvement vary across ethnicity. Caution is necessary in any effort to bring religion into the health domain. Our findings, if replicated, suggest that initiatives that facilitate a sense of purpose or forgiveness are likely to prove promising in improving mental health, regardless of race or ethnicity.

Stewart-Sicking, J. A. [Dept. of Pastoral Counseling, Loyola University Maryland, Columbia, MD; jastewartsicking@loyola.edu]. "**Subjective well-being among Episcopal priests: predictors and comparisons to non-clinical norms**." *Journal of Prevention & Intervention in the Community* 40, no. 3 (2012): 180-193.

[Abstract:] Few studies of the clergy have examined emotional well-being using normed measures. This study examined subjective well-being among 1,581 non-retired Episcopal priests. Subjective well-being was measured with the Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988) and the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). Predictors of subjective well-being were measured with the Dispositional Hope Scale (Snyder et al., 1991) and scales of personal practices, social support, congregational dynamics, fit, and economic satisfaction. Participants reported more positive affect (Hedges's $g = 1.19$), more negative affect (Hedges's $g = 0.61$) and more satisfaction with life (Hedges's $g = 0.73$) than nonclinical norms. Hope agency was the strongest predictor for positive affect and satisfaction with life; stress was the strongest predictor for negative affect and partially mediated the effect of congregational dynamics and fit on this outcome. Results suggest that prevention programs must focus on all aspects of subjective well-being and consider the direct effects of different levels of the ecosystem to be effective. [This article is part of a special issue on spirituality. See other articles in this issue by Carter-Edwards, L., et al.; and by Proeschold-Bell, R. J., et al.; noted elsewhere in this bibliography.]

Stouter, D. K., Wallace, A., Duffy, J., Rashid, A. and Valentine, A. [Department of Pastoral Chaplaincy & Pastoral Education, University of Texas M. D. Anderson Cancer Center, Houston, TX; dkstoute@mdanderson.org]. "**Long coats, short coats and no coats: chaplaincy presents to psychiatry at the University of Texas MD Anderson Cancer Center, a report**" *Journal of Pastoral Care & Counseling* 66, no. 1 (Mar 2012): 6:1-6 [electronic article designation].

[Abstract:] When Chaplaincy and Psychiatry examine their own methodologies, do they work to reduce age-old barriers, thereby involving each other to promote holistic patient care? Chaplaincy trains in self-awareness and pastoral care specializing in religion, spirituality, grief and loss; while Psychiatry trains in medicine, neurology, and the behavioral neurosciences. Relationships across disciplines with common interests are vital. Ongoing dialogue between these professions will enhance the shared goals of coping and healing in the communities they serve.

Stulberg, D. B., Dude, A. M., Dahlquist, I. and Curlin, F. A. [Department of Family Medicine, University of Chicago, IL; stulberg@uchicago.edu]. "**Obstetrician-gynecologists, religious institutions, and conflicts regarding patient-care policies**." *American Journal of Obstetrics & Gynecology* 207, no. 1 (Jul 2012): 73.e1-5.

[Abstract:] OBJECTIVE: The purpose of this study was to assess how common it is for obstetrician-gynecologists who work in religiously affiliated hospitals or practices to experience conflict with those institutions over religiously based policies for patient care and to identify the proportion of obstetrician-gynecologists who report that their hospitals restrict their options for the treatment of ectopic pregnancy. STUDY DESIGN: We mailed a survey to a nationally representative sample of 1800 practicing obstetrician-gynecologists. RESULTS: The response rate was 66%. Among obstetrician-gynecologists who practice in religiously affiliated institutions, 37% have had a conflict with their institution over religiously based policies. These conflicts are most common in Catholic institutions (52%; adjusted odds ratio, 8.7; 95% confidence interval, 1.7-46.2). Few reported that their options for treating ectopic pregnancy are limited by their hospitals (2.5% at non-Catholic institutions vs 5.5% at Catholic institutions; P = .07). CONCLUSION: Many obstetrician-gynecologists who practice in religiously affiliated institutions have had conflicts over religiously based policies. The effects of these conflicts on patient care and outcomes are an important area for future research.

Sun, F., Park, N. S., Roff, L. L., Klemmack, D. L., Parker, M., Koenig, H. G., Sawyer, P. and Allman, R. M. [School of Social Work, Arizona State University, Phoenix; fei.sun.1@asu.edu]. "**Predicting the trajectories of depressive symptoms among southern community-dwelling older adults: the role of religiosity**." *Aging & Mental Health* 16, no. 2 (2012): 189-198.

[Abstract:] BACKGROUND: This study examined the effects of religiosity on the trajectories of depressive symptoms in a sample of community-dwelling older adults over a four-year period in a Southern state in the U.S. METHODS: Data from the University of Alabama at Birmingham (UAB) Study of Aging were analyzed using a hierarchical linear modeling (HLM) method. This study involved 1000 participants aged 65 and above (M age=75 at baseline, SD=5.97) and data were collected annually from 1999 to 2003. The Geriatric Depression Scale measured depressive symptoms; the Duke University Religion Index measured religious service attendance, prayer, and intrinsic religiosity; and control variables included sociodemographics, health, and social and economic factors. RESULTS: The HLM analysis indicated a curvilinear trajectory of depressive symptoms over time. At baseline, participants who attended religious services more frequently tended to report fewer depressive symptoms. Participants with the highest levels of intrinsic religiosity at baseline experienced a steady decline in the number of depressive symptoms over the four-year period, while those with lower levels of intrinsic religiosity experienced a short-term decline followed by an increase in the number of depressive symptoms. IMPLICATIONS: In addition to facilitating access to health, social support and financial resources for older adults, service professionals might consider culturally appropriate, patient-centered interventions that boost the salutary effects of intrinsic religiosity on depressive symptoms.

Svalina, S. S. and Webb, J. R. [Department of Physical Therapy, East Tennessee State University, Johnson City, TN]. "**Forgiveness and health among people in outpatient physical therapy**." *Disability & Rehabilitation* 34, no. 5 (2012): 383-392.

[Abstract:] PURPOSE: Forgiveness is associated with a variety of health-related outcomes; however much of this work has been in the context of forgiveness of others, direct associations and otherwise healthy samples. This study examined associations involving multiple dimensions of forgiveness, including indirect effects through health behavior, among outpatients receiving physical therapy. METHODS: Participants from southern Appalachia (n = 141) completed cross-sectional self-report measures of forgiveness, lifetime religiousness, health behavior, health status and pain. Mediation analysis was employed to examine the direct and indirect relationships between forgiveness and health. RESULTS: Forgiveness of self was associated with: (i) overall health status, physical health status and current pain in an indirect-only fashion and (ii) mental health status and chronic pain in a direct-only fashion. Feeling forgiven by God was associated with health-related social functioning in a direct-only fashion. Forgiveness of others was not associated with the health-related outcomes. CONCLUSIONS: Forgiveness of self appears to be the most important to health, yet the most difficult to achieve. Religious culture may influence whether feeling forgiven by God is also important. Forgiveness-based intervention may be useful in the context of rehabilitation, in general, and physical therapy, in particular.

Szaflarski, M., Kudel, I., Cotton, S., Leonard, A. C., Tsevat, J. and Ritchey, P. N. [College of Medicine, University of Cincinnati, OH; magdalena.szaflarski@uc.edu]. "**Multidimensional assessment of spirituality/religion in patients with HIV: conceptual framework and empirical refinement**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1239-1260. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A decade ago, an expert panel developed a framework for measuring spirituality/religion in health research (Brief Multidimensional Measure of Religiousness/Spirituality), but empirical testing of this framework has been limited. The purpose of this study was to determine whether responses to items across multiple measures assessing spirituality/religion by 450 patients with HIV replicate this model. We hypothesized a six-factor model underlying a collective of 56 items, but results of confirmatory factor analyses suggested eight dimensions: Meaning/Peace, Tangible Connection to the Divine, Positive Religious Coping, Love/Appreciation, Negative Religious Coping, Positive Congregational Support, Negative Congregational Support, and Cultural Practices. This study corroborates parts of the factor structure underlying the Brief Multidimensional Measure of Religiousness/Spirituality and some recent refinements of the original framework.

Tang, T. S., Nwankwo, R., Whiten, Y. and Oney, C. [Department of Medicine, University of British Columbia School of Medicine, Vancouver, British Columbia, Canada; tricia.tang@vch.ca]. "**Training peers to deliver a church-based diabetes prevention program**." *Diabetes Educator* 38, no. 4 (Jul-Aug 2012): 519-525.

[Abstract:] PURPOSE: The purpose of this study was to examine the feasibility and acceptability of training peers to function as lifestyle coaches and to deliver a church-based lifestyle modification program. METHODS: We recruited 6 African-American adults to participate in an 8-hour peer lifestyle coach (PLC) training program followed by a subsequent 2-hour booster session. The PLC training program addressed several key areas, including: (1) developing empowerment-based facilitation, active listening, and behavior change skills; (2) learning self-management strategies (eg, reading food labels, counting calories); (3) practicing session delivery; and (4) interpreting clinical lab results. Training evaluation was conducted retrospectively (immediately following the delivery of the diabetes prevention intervention rather than after the 8-hour training session) and measured program satisfaction and efficacy from the perspective of participants. RESULTS: Peer lifestyle coaches' confidence levels for performing core skills (eg, asking open-ended questions, 5-step behavioral goal-setting process) and advanced skills (eg, addressing resistance, discussing sensitive topics) were uniformly high. Similarly, PLCs were very satisfied with the length of training, balance between content and skills development, and preparation for leading group- and individual-based support activities.

CONCLUSIONS: Findings suggest that it is feasible to customize a PLC training program that is acceptable to participants and that equips participants with the knowledge and skills to facilitate a church-based diabetes prevention intervention.

Tassone, S. A. [La Dea Womens Health, 7494 N. LaCholla Blvd., Tucson, AZ; ladeaobgyn@yahoo.com]. "**Altars and icons: the surgical suite as a sacred ritual**." *Explore: The Journal of Science & Healing* 8, no. 5 (Sep 2012): 299-303.
This commentary presents a physician's observations on the surgical process through the lens of religious ritual.

Taylor, C. [Georgetown University School of Nursing and Health Studies, Washington, DC; taylorcr@georgetown.edu]. "**Rethinking hopelessness and the role of spiritual care when cure is no longer an option**." *Journal of Pain & Symptom Management* 44, no. 4 (Oct 2012): 626-630.
[Abstract:] Increasingly in the U.S., health care clinicians fail to recognize and accept when curative goals are no longer realistic. At this point, futile efforts at cure can fuel false hopes in patients and their loved ones. The clinician's need to be "doing something" may result in treatment that violates the dignity and well-being of the patient and this can lead to the patient's ultimate hopelessness and despair. This article uses a personal narrative to explore the hopelessness of a patient diagnosed with nonresectable pancreatic cancer and the challenge it raised for the author, who was a friend and a nurse to the patient. Hope is described as a virtue that takes as its object "a future good, difficult but possible to obtain," and that sits squarely between false hopes and despair. Spiritual care that addresses three universal spiritual needs (meaning and purpose, love and relatedness, and forgiveness) isrecommended as a valuable intervention to address hopelessness.

Taylor, R. J., Chatters, L. M., and Abelson, J. M. [School of Social Work, University of Michigan, Ann Arbor; rjtaylor@umich.edu]. "**Religious involvement and DSM-IV 12-month and lifetime major depressive disorder among African Americans**." *Journal of Nervous & Mental Disease* 200, no. 10 (Oct 2012): 856-862.
[Abstract:] This study explores relationships between lifetime and 12-month DSM-IV major depressive disorder and religious involvement within a nationally representative sample of African American adults (n = 3,570). MDD was assessed using the DSM-IV World Mental Health Composite International Diagnostic Interview. Multivariate findings indicate that reading religious materials were positively associated with 12-month (odds ratio [OR], 1.14; 95% confidence interval [CI], 1.001-1.29) and lifetime (OR, 1.12; 95% CI, 1.03-1.21) MDD, religious service attendance was inversely associated with 12-month and lifetime MDD, and religious coping was inversely associated with 12-month MDD (OR, 0.75, 95% CI, 0.57-0.99). Findings are discussed in relation to the role of religion for African American mental health, prior research on the effects of religious involvement on physical and mental health, and theoretical and conceptual models of religion-health connections that specify multiple and often divergent pathways (e.g., prevention and resource mobilization) by which diverse forms of religious involvement impact mental health. [This is part of a theme issue of the journal. See also, for instance, Dein, S., et al., "Religion, spirituality, and mental health: current controversies and future directions," pp. 852-855, also noted in this bibliography.]

Temple-Jones J. [Wascana Rehabilitation Centre & Regina General Hospital, Regina, Canada; Jan.temple.jones@rqhealth.ca]. "'**I want to find my life again': dementia and grief**." *Journal of Pastoral Care & Counseling* 66, no. 2 (Jun 2012): 5:1-7 [electronic article designation].
[Abstract:] This first-person, qualitative narrative follows the author's encounters with Maureen (M), a resident in a long-term care (LTC) facility whose husband has recently died. The author (C), a Spiritual Care Professional, explores how shifts in identity provoked by dementia impact Maureen's grief. The author focuses on intersections between identity and dimensions of care, as clients with dementia lose the self due to the effects of the disease processes and/or by grief. This article challenges Spiritual Care Professionals to think beyond the neurologically dissipative symptoms of dementia towards reconstructing clients' identities using new feelings and conceptualizations and drawing from memory-based narratives where possible. The author calls for all paid caregivers and Spiritual Care Professionals in particular to consider creatively rethinking their actions and values using the social constructivist model when interacting with clients. Caregivers can encourage the reconstruction of self and identity among clients with dementia by recognizing that clients still feel all emotions even if they are no longer able to express these emotions through words.

Teti, M., Martin, A. E., Ranade, R., Massie, J., Malebranche, D. J., Tschann, J. M. and Bowleg, L. [University of Missouri, Columbia; tetim@health.missouri.edu]. "'**I'm a keep rising. I'm a keep going forward, regardless': exploring Black men's resilience amid sociostructural challenges and stressors**." *Qualitative Health Research* 22, no. 4 (Apr 2012): 524-533.
[Abstract:] A growing number of health and social science research findings document Black men's adversities, but far less is known about their strengths. The purpose of this study was to explore resilience among low-income, urban, Black men. Semistructured interviews produced rich narratives, which uncovered numerous sociostructural stressors in men's lives, such as racism, incarceration, and unemployment. Most men were resilient despite these challenges, however, and described five main forms of resilience: (a) perseverance; (b) a commitment to learning from hardship; (c) reflecting and refocusing to address difficulties; (d) creating a supportive environment; and (e) drawing support from religion/spirituality. Analysis of men's challenge and resilience narratives revealed the need to understand and promote low-income, urban, Black men's resilience via a broader ecosocial perspective which acknowledges the importance of social and community-level protective factors to support individual men's efforts to survive and thrive amid their adversities.

Thomas, C. J. and Washington, T. A. [Morgan State University, Baltimore, MD; Claudie.Thomas@morgan.edu]. "**Religiosity and social support: implications for the health-related quality of life of African American hemodialysis patients**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1375-1385. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] The purpose of this study was to determine whether sociocultural differences have any effect on the health-related quality of life among African American hemodialysis patients. This study examined relationships between religiosity, social support, and the health-related quality of life of African American hemodialysis patients. Four hemodialysis units were selected for the study. The study population consisted of 176 African American hemodialysis patients who had been receiving hemodialysis treatments for at least 1 month. The religiosity variable was measured by the Measure of Religious Involvement. Social Support was measured by the Medical Outcomes Study Social Support Survey, and health-related quality of life was measured by the Medical Outcomes Study 36 Short Form Health Survey (SF-36v2). The investigators found that social support contributed to the emotional and physical health of African American hemodialysis patients in the sample, whereas religiosity was inversely related to the physical health of these patients.

Thorstenson, T. A. [Park Nicollet Methodist Hospital, St. Louis Park, MN; Timothy.Thorstenson@parknicollet.com]. "**The emergence of the new chaplaincy: re-defining pastoral care for the postmodern age**." *Journal of Pastoral Care & Counseling* 66, no. 2 (Jun 2012): 3:1-6 [electronic article designation].

[Abstract:] Noting the rapid evolution of pastoral care in American hospitals and culture, the author embraces and explicates the shift toward an inclusive and holistic model of spiritual care that has ramifications for care delivery and clinical education.

Timmons, S. M. [Clemson University, Clemson, SC; stimmon@clemson.edu]. "**A Christian faith-based recovery theory: understanding God as sponsor**." *Journal of Religion & Health* 51, no. 4 (Dec 2012): 1152-1164. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This article reports the development of a substantive theory to explain an evangelical Christian-based process of recovery from addiction. Faith-based, 12-step, mutual aid programs can improve drug abstinence by offering: (a) an intervention option alone and/or in conjunction with secular programs and (b) an opportunity for religious involvement. Although literature on religion, spirituality, and addiction is voluminous, traditional 12-step programs fail to explain the mechanism that underpins the process of Christian-based recovery (CR). This pilot study used grounded theory to explore and describe the essence of recovery of 10 former crack cocaine-addicted persons voluntarily enrolled in a CR program. Data were collected from in-depth interviews during 4months of 2008. Audiotapes were transcribed verbatim, and the constant comparative method was used to analyze data resulting in the basic social process theory, understanding God as sponsor. The theory was determined through writing theoretical memos that generated key elements that allow persons to recover: acknowledging God-centered crises, communicating with God, and planning for the future. Findings from this preliminary study identifies important factors that can help persons in recovery to sustain sobriety and program administrators to benefit from theory that guides the development of evidence-based addiction interventions.

Tong, A., Chapman, J. R., Wong, G., Kanellis, J., McCarthy, G. and Craig, J. C. [Centre for Kidney Research, The Children's Hospital at Westmead, Australia; allison.tong@sydney.edu.au]. "**The motivations and experiences of living kidney donors: a thematic synthesis**." *American Journal of Kidney Diseases* 60, no. 1 (Jul 2012): 15-26.

[Abstract:] BACKGROUND: Living kidney donation is associated with better recipient outcomes compared with deceased kidney donation, but living kidney donors face the risk of physical and psychological complications. The aim of this study was to synthesize published qualitative studies of the experiences and perspectives of living kidney donors. METHODS: We conducted a systematic review and thematic synthesis of qualitative studies of motivations to donate and experiences after donation of living kidney donors. MEDLINE, Embase, PsycINFO, CINAHL, and reference lists of articles were searched to April 2011. RESULTS: 26 studies involving 478 donors were included. We identified 6 themes about the decision to donate: compelled altruism, inherent responsibility, accepting risks, family expectation, personal benefit, and spiritual confirmation. Three themes dominated the impact of donation and postdonation: renegotiating identity (including subthemes of fear and vulnerability, sense of loss, depression and guilt, new appreciation of life, and personal growth and self-worth), renegotiating roles (including subthemes of multiplicity of roles, unable to resume previous activities, and hero status), and renegotiating relationships (including subthemes of neglect, proprietorial concern, strengthened family and recipient bonds, and avoidance of recipient indebtedness). CONCLUSIONS: Kidney donation has a profound and multifaceted impact on the lives of donors and requires them to renegotiate their identity, roles, and relationships. Strategies to safeguard against unwarranted coercion, and to maximize donor resilience, capacity to negotiate their multiple roles as a patient and carer, emotional fortitude, and ability to have balanced expectations and relationships with the recipient and the family are needed to ultimately protect the safety and well-being of living kidney donors.

Toussaint, L. L., Marschall, J. C. and Williams, D. R. [Department of Psychology, Luther College, Decorah, IA]. "**Prospective associations between religiousness/spirituality and depression and mediating effects of forgiveness in a nationally representative sample of United States adults**." *Depression Research and Treatment* (2012): 267820 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The present investigation examines the prospective associations of religiousness/spirituality with depression and the extent to which various dimensions of forgiveness act as mediating mechanisms of these associations. Data are from a nationally representative sample of United States adults who were first interviewed in 1998 and reinterviewed six months later. Measures of religiousness/spirituality, forgiveness, and various sociodemographics were collected. Depression was assessed using the Composite International Diagnostic Interview administered by trained interviewers. Results showed that religiousness/spirituality, forgiveness of oneself and others, and feeling forgiven by God were associated, both cross-sectionally and longitudinally, with depressive status. After controlling for initial depressive status, only forgiveness of oneself and others remained statistically significant predictors of depression. Path analyses revealed that religiousness/spirituality conveyed protective effects, prospectively, on depression by way of an indirect path through forgiveness of others but not forgiveness of oneself. Hence, forgiveness of others acts as a mechanism of the salutary effect of religiousness/spirituality, but forgiveness of oneself is an independent predictor. Conclusions regarding the continued development of this type of research and for the treatment of clients with depression are offered.

Trevino, K. M., Archambault, E., Schuster, J., Richardson, P. and Moye, J. [Psychosocial Oncology and Palliative Care, Dana Farber Cancer Institute, Harvard Medical School, 450 Brookline Ave., Boston, MA; trevino.kelly@gmail.com]. "**Religious coping and psychological distress in military veteran cancer survivors**." *Journal of Religion & Health* 51, no. 1 (Mar 2012): 87-98.

[Abstract:] Research on the relationship between religious coping and psychological well-being in cancer survivors is limited. Forty-eight veteran cancer survivors completed measures of psychological distress, posttraumatic growth, and positive and negative religious coping. Negative religious coping was associated with greater distress and growth. Positive religious coping was associated with greater growth. Gender, race, and religious affiliation were significant predictors of positive and negative religious coping. Veteran cancer survivors who utilize negative religious coping may benefit from referral to clergy or a mental health professional. Assessment of religious coping may be particularly important for female, non-White, and Christian cancer survivors.

Tsai, J., Rosenheck, R. A., Kasprow, W. J. and McGuire, J. F. [VA New England Mental Illness Research, Education, and Clinical Center, West Haven, CT;. Jack.Tsai@yale.edu]. "**Do faith-based residential care services affect the religious faith and clinical outcomes of homeless veterans?**" *Community Mental Health Journal* 48, no. 6 (Dec 2012): 682-691.

[Abstract:] Data on 1,271 clients in three residential care services funded by the Department of Veterans Affairs was used to examine: (1) how religious-oriented programs differ in their social environment from secular programs, (2) how religious-oriented programs affect the religiosity

of clients, and (3) how client religiosity is associated with outcomes. Programs were categorized as: secular, secular now but religious in the past, and currently religiously oriented. Results showed (1) participants in programs that were currently religious reported the greatest program clarity, but secular services reported the most supportive environments; (2) participants in programs that were currently religious did not report increases in religious faith or religious participation over time; nevertheless (3) greater religious participation was associated with greater improvement in housing, mental health, substance abuse, and quality of life. These findings suggest religious-oriented programs have little influence on clients' religious faith, but more religiously oriented clients have somewhat superior outcomes.

Tsomo, K. L. [University of San Diego, CA; ktsomo@sandiego.edu]. "**Compassion, ethics, and neuroscience: neuroethics through Buddhist eyes**." *Science & Engineering Ethics* 18, no. 3 (Sep 2012): 529-537. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] As scientists advance knowledge of the brain and develop technologies to measure, evaluate, and manipulate brain function, numerous questions arise for religious adherents. If neuroscientists can conclusively establish that there is a functional network between neural impulses and an individual's capacity for moral evaluation of situations, this will naturally lead to questions about the relationship between such a network and constructions of moral value and ethical human behavior. For example, if cognitive neuroscience can show that there is a neurophysiological basis for the moral appraisal of situations, it may be argued that the world's religions, which have traditionally been the keepers and purveyors of ethical values, are rendered either spurious or irrelevant. The questions point up broader dilemmas in the interface between science and religion, and raise concerns about the ethics of neurological research and experimentation. Since human beings will still arbitrate what is "moral" or "ethical," how can religious perspectives enrich the dialogue on neuroethical issues and how can neuroscience enrich dialogue on religion? Buddhist views on the nature of consciousness and methods of practice, especially meditation practice, may contribute to discussions on neuroscience and theories about the interrelationship between consciousness and ethical awareness by exploring the role that karma, intentionality, and compassion play in Buddhist understandings of the interrelationship between consciousness and ethics. [This is part of a theme issue of the journal, considering the perspectives of religious traditions. See also the article by McGoldrick, T. A., noted elsewhere in this bibliography.]

Tuck, I. [School of Nursing, North Carolina Agricultural and Technical State University, Greensboro, NC; ituck@ncat.edu]. "**A critical review of a spirituality intervention**." *Western Journal of Nursing Research* 34, no. 6 (Oct 2012): 712-735.

[Abstract:] Although there is a growing interest in the topic of spirituality, there are few reports of spiritual interventions and limited empirical data to support their effectiveness. As health care practices become increasingly evidence based, the reliance on empirical data is critical. This article describes the spiritual intervention developed by the author and documents the testing of its effectiveness with clinical and nonclinical populations. The findings from a series of studies have been mixed. Preliminary studies reported that the intervention positively influenced patients' outcomes, including overall quality of life and reduced selected stress responses. Significant positive trends were found that supported the potential effectiveness of the intervention for a variety of populations and clinical settings. However, subsequent testing in clinical trials indicated limited effect of the intervention although there were several noteworthy findings. The author discusses the implications of these findings for future investigations. [This article is part of a theme issue of the journal, other articles in which are by Dalmida, S. G., et al., by Cohen, M. Z., et al., and by Baldacchino, D. R., et al.; all of which are noted elsewhere in this bibliography.]

Tuck, I., Johnson, S. C., Kuznetsova, M. I., McCrocklin, C., Baxter, M. and Bennington, L. K. [Virginia Commonwealth University, VA; ituck@ncat.edu]. "**Sacred healing stories told at the end of life**." *Journal of Holistic Nursing* 30, no. 2 (Jun 2012): 69-80.

[Abstract:] INTRODUCTION: Cancer is a challenging disease to diagnose and treat, and oftentimes even with the best medical intervention, it spreads and is deemed incurable, requiring a shift from cure to end-of-life care. This study used a spirituality measure and the PATS storytelling intervention developed by the principal investigator to better understand the experience of being diagnosed with cancer and being told no further curative treatments are warranted. PURPOSE: The purpose of this exploratory study was to implement a storytelling approach to explore the experience of living with terminal cancer. Second, the study documented the presence of spirituality and healing in the narratives. METHOD: The qualitative data were analyzed by narrative analysis developed by Riessman. FINDINGS: Seven synoptic stories were written and later sorted into healing categories. The narrative analysis yielded three themes. There were instances of religion and spirituality found in the transcribed stories. The participants' scores on the Spiritual Health Inventory indicated the presence of spirituality. CONCLUSION: Storytelling allowed the seven study participants to share personal experiences and achieve a sense of connectedness and intimacy. The use of the PATS intervention is a way to facilitate physical, emotional, and spiritual healing and provide holistic end-of-life care.

Vail, K. E. 3rd, Arndt, J. and Abdollahi, A.[Department of Psychological Sciences, University of Missouri, Columbia, MO; vail.kenneth@gmail.com]. "**Exploring the existential function of religion and supernatural agent beliefs among Christians, Muslims, atheists, and agnostics**." *Personality & Social Psychology Bulletin* 38, no. 10 (Oct 2012): 1288-1300.

[Abstract:] Building on research suggesting one primary function of religion is the management of death awareness, the present research explored how supernatural beliefs are influenced by the awareness of death, for whom, and how individuals' extant beliefs determine which god(s), if any, are eligible to fulfill that function. In Study 1, death reminders had no effect among Atheists, but enhanced Christians' religiosity, belief in a higher power, and belief in God/Jesus and enhanced denial of Allah and Buddha. Similarly, death reminders increased Muslims' religiosity and belief in a higher power, and led to greater belief in Allah and denial of God/Jesus and Buddha (Study 2). Finally, in Study 3, death reminders motivated Agnostics to increase their religiosity, belief in a higher power, and their faith in God/Jesus, Buddha, and Allah. The studies tested three potential theoretical explanations and were consistent with terror management theory's worldview defense hypothesis. Theoretical implications are discussed.

Vallurupalli, M., Lauderdale, K., Balboni, M. J., Phelps, A. C., Block, S. D., Ng, A. K., Kachnic, L. A., Vanderweele, T. J. and Balboni, T. A. [Harvard Medical School, Boston, MA]. "**The role of spirituality and religious coping in the quality of life of patients with advanced cancer receiving palliative radiation therap**y." *Journal of Supportive Oncology* 10, no. 2 (Mar-Apr 2012): 81-87.

[Abstract:] OBJECTIVES: National palliative care guidelines outline spiritual care as a domain of palliative care, yet patients' religiousness and/or spirituality (R/S) are underappreciated in the palliative oncology setting. Among patients with advanced cancer receiving palliative radiation therapy (RT), this study aims to characterize patient spirituality, religiousness, and religious coping; examine the relationships of these variables to quality of life (QOL); and assess patients' perceptions of spiritual care in the cancer care setting. METHODS: This is a

multisite, cross-sectional survey of 69 patients with advanced cancer (response rate = 73%) receiving palliative RT. Scripted interviews assessed patient spirituality, religiousness, religious coping, QOL (McGill QOL Questionnaire), and perceptions of the importance of attention to spiritual needs by health providers. Multivariable models assessed the relationships of patient spirituality and R/S coping to patient QOL, controlling for other significant predictors of QOL. RESULTS: Most participants (84%) indicated reliance on R/S beliefs to cope with cancer. Patient spirituality and religious coping were associated with improved QOL in multivariable analyses (= 10.57, P < .001 and = 1.28, P = .01, respectively). Most patients considered attention to spiritual concerns an important part of cancer care by physicians (87%) and nurses (85%). LIMITATIONS: Limitations include a small sample size, a cross-sectional study design, and a limited proportion of nonwhite participants (15%) from one US region. CONCLUSION: Patients receiving palliative RT rely on R/S beliefs to cope with advanced cancer. Furthermore, spirituality and religious coping are contributors to better QOL. These findings highlight the importance of spiritual care in advanced cancer care.

Van Dover, L. and Pfeiffer, J. [School of Nursing, Azusa Pacific University, Azusa, CA; lvandover@apu.edu]. "**Patients of parish nurses experience renewed spiritual identity: a grounded theory study**." *Journal of Advanced Nursing* 68, no. 8 (Aug 2012): 1824-1833.

[Abstract:] AIM: This article is a report of a study of the process that patients of parish nurses experience when they are provided spiritual care in Christian churches, a context where patients and nurses share a common set of values. BACKGROUND: Many studies have explored hospitalized patients' views and experiences of spiritual care. However, little is known about the spiritual changes that patients experience as they receive care from parish nurses. METHODS: The grounded theory method was used to explore what patients of the parish nurses experienced in spiritual care. Half of the participants were interviewed in 1999-2001 at the time of the parish nurse interviews, and half in 2005. Audiotapes were transcribed verbatim. Constant comparative methods were used to analyse the incidents of receiving spiritual care. FINDINGS: Theoretical memos described how the 'main concern' of the patients to resolve their health challenge resulted in changes to their spiritual identity. Phases in the change process included: facing a health challenge, finding a safe place, releasing burdens, changing perspectives and joining or rejoining the family of faith. The essence the patients experienced was an enhanced understanding of who they were in God/Christ. CONCLUSION: The patient's spiritual challenge is to re-conceptualize the self (as one who is known and loved by God) in the context of a particular health challenge. Spiritual care helps them find a new equilibrium in faith.

Varambally, S. and Gangadhar, B. N. [Department of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India; ssv.nimhans@gmail.com]. "**Yoga: a spiritual practice with therapeutic value in psychiatry**." *Asian Journal of Psychiatry* 5, no. 2 (Jun 2012): 186-189.

[Abstract:] Yoga is one of the spiritual practices derived from the orthodox school of Hindu philosophy. The practices were codified by Patanjali under the title of Ashtanga Yoga. Although Yoga was traditionally seen as a practice meant for achieving self-realization, in recent years there has been significant attention given to the effects of yoga practices on physical and mental health. Yoga as a therapy has proven to be effective as a sole or additional intervention in several psychiatric disorders. CONCLUSIONS: The literature suggests that yoga can lead to significant symptomatic improvements in psychiatric disorders, along with neurobiological effects which may underlie these changes. This suggests that mental health professionals should be open to the potential benefits of spiritual practices for their patients, either as complementary interventions to modern treatments or as sole treatment in some disorders. [This article is part of a special series on spirituality in the journal. Other articles in the series include those by Koenig, H. G. et al.; by Meares, R.; and by Worthington, E. L, Jr. et al.; noted elsewhere in this bibliography.]

Verhagen, P. J. [World Psychiatric Association Section on Religion, Spirituality & Psychiatry, The Netherlands; verhagen.p@wxs.nl]. "**Controversy or consensus? Recommendations for psychiatrists on psychiatry, religion and spirituality**." *Asian Journal of Psychiatry* 5, no. 4 (Dec 2012): 355-357.

[Abstract:] OBJECTIVE: Although there is still a lot of controversy surrounding the debates on religion and psychiatry, working toward consensus based on clinical experience and research seems to be far more fruitful. DISCOURSE: The main idea in this contribution runs as follows. It is no longer appropriate to treat psychiatry and religion as enemies. It is argued here that they are in fact allies. This position is elucidated in the light of two statements. (1) The World Psychiatric Association, indeed representing world psychiatry, needs to change its position toward religion and psychiatry. It should do so by crossing narrow-minded scientific boundaries like reductionist and materialistic boundaries. (2) Science and religion should not be regarded as opposing adversaries against each other, but as allies against nonsense and superstition. CONCLUSION: Two recommendations are formulated. First, science-and-religion, and in our case psychiatry-and-religion, is not purely about description based on gathering evidence, systematic empirical testing and mathematical modeling. We need an approach of both descriptive and prescriptive aspects of our daily reality, not only how our world is, but also how it should be. Secondly, science-and-religion, in our case psychiatry-and-religion as allies should formulate sensible criteria and develop an appropriate attitude to discernment based on intellectual, moral and spiritual sincerity. [This article is part of a theme issue of the journal. See other articles in the same issue by Falb, M. D. et al.; by Kalra, G., et al.; and by Moreira-Almeida, A.; noted elsewhere in this bibliography.]

Walton, M. N. [Protestant Theological University, The Netherlands; mwalton@pthu.nl]. "**Assessing the construction of spirituality: conceptualizing spirituality in health care settings**." *Journal of Pastoral Care & Counseling* 66, nos. 3-4 (Fall-Winter 2012): 7 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality has become a popular term in chaplaincy and health care settings, but is defined in such a myriad of ways and in such broad terms that, as a term, it threatens to become unfit for clinical practice. Several prominent conceptualizations of spirituality are analyzed in an attempt to recover the distinctiveness of spirituality. An adequate understanding of spirituality for clinical use should run close to the lived spirituality of persons in their unique individuality, differing contexts and various persuasions. In the second place a distinct discourse on spirituality needs to be sensitive to characteristic experiences of that which is other.

Weber, S. R., Pargament, K. I., Kunik, M. E., Lomax, J. W. 2nd and Stanley, M. A. [Department of Psychiatry, Ohio State University, 1670 Upham Drive, Columbus, OH 43210, USA. samuelrobertweber@gmail.com]. "**Psychological distress among religious nonbelievers: a systematic review**." *Journal of Religion & Health* 51, no. 1 (Mar 2012): 72-86.

[Abstract:] Studies of religious belief and psychological health are on the rise, but most overlook atheists and agnostics. We review 14 articles that examine differences between nonbelievers and believers in levels of psychological distress, and potential sources of distress among nonbelievers. Various forms of psychological distress are experienced by nonbelievers, and greater certainty in one's belief system is associated with greater psychological health. We found one well-documented source of distress for nonbelievers: negative perceptions by others. We provide recommendations for improving research on nonbelievers and suggest a model analogous to Pargament's tripartite spiritual struggle to understand the stresses of nonbelief.

Wenzel, J., Jones, R. A., Klimmek, R., Krumm, S., Darrell, L. P., Song, D., Stearns, V. and Ford, J. G. [Department of Acute and Chronic Care in the School of Nursing, Johns Hopkins University, Baltimore, MD; jwenzel@son.jhmi.edu]. "**Cancer support and resource needs among African American older adults**." *Clinical Journal of Oncology Nursing* 16, no. 4 (Aug 2012): 372-377.

[Abstract:] Older African Americans face substantial barriers to state-of-the-art cancer care. Implementing culturally appropriate support throughout cancer therapy is critical to improving cancer outcomes and quality of life for this vulnerable population. The purpose of this study was to obtain experiential data regarding cancer diagnosis and treatment, and analyze survivors' recommendations regarding treatment-related needs, psychosocial support, and strategies and resources. Four main issues emerged from the study: (a) the need for more health-related and cancer-specific education, (b) the importance of faith and spirituality, (c) the availability of support, and (d) participants' difficulty identifying and articulating financial needs. Few participants reported requesting or receiving assistance (financial or otherwise) outside of the family during their cancer experience. However, treatment-related medication costs posed a significant hardship for many.

Whitehead, B. R. and Bergeman, C. S. [Department of Psychology, University of Notre Dame, IN;. bjackso7@nd.edu]. "**Coping with daily stress: differential role of spiritual experience on daily positive and negative affect**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 67, no. 4 (Jul 2012): 456-459.

[Abstract:] OBJECTIVES: On the global-level, spiritual experiences have been shown to buffer against the negative effects of stress on well-being for older adults, but this global-level analysis may not reflect the day-to-day processes at work. The present project uses a daily paradigm to examine the potential moderating effect of everyday spiritual experience (ESE) on the deleterious impact of a given day's perceived stress (PS) on that day's positive and negative affect (PA/NA). METHOD: Participants were 244 older adults aged 55-80 years who completed daily assessments for up to 56 days. RESULTS: Results partially support the moderating hypothesis: ESE buffered the negative effect of PS on same-day NA but had a positive direct effect on same-day PA. DISCUSSION: These results point to a differential function of ESE-that it serves a coping function for NA but enhances PA directly-in the day-to-day lives of older adults, shedding light on the nuanced role of religiousness and spirituality when it comes to coping with daily stress.

Whitford, H. S. and Olver, I. N. [Cancer Council Australia, Sydney, Australia; hayley.whitford@cancer.org.au]. "**The multidimensionality of spiritual wellbeing: peace, meaning, and faith and their association with quality of life and coping in oncology**." *Psycho-Oncology* 21, no. 6 (Jun 2012): 602-610.

[Abstract:] OBJECTIVE: This study explored associations between the recently proposed three-factor structure of the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-being (FACIT-Sp) subscale (Peace, Meaning, and Faith), quality of life (QoL), and coping in an oncology population. METHODS: A total of 999 newly diagnosed, study eligible, consecutive cancer patients completed the FACIT-Sp and the Mental Adjustment to Cancer (MAC) scale. RESULTS: Hierarchical multiple regressions revealed that Peace alone added 3% to the prediction of QoL and accounted for 15.8% of the overlap in Total Functional Assessment of Cancer Therapy--General (FACT-G) scores (both $p<0.001$). Meaning alone added 1.3% to QoL prediction and accounted for 5.8% in overlap (both $p<0.001$). Faith did not significantly contribute to the unique prediction or overlap of QoL. Correlational analyses revealed that Peace was most prominently associated with the QoL subscales of Functional ($r = 0.64$) and Emotional Wellbeing ($r = 0.61$) and the coping styles of Helpless/Hopeless ($r = -0.53$), Fighting Spirit ($r = 0.47$), and Anxious Preoccupation ($r = -0.34$). Meaning was also highly associated with Functional Wellbeing ($r = 0.56$), Helpless/Hopeless ($r = -0.53$), and Fighting Spirit ($r = 0.54$), but in addition, Social Wellbeing ($r = 0.49$). CONCLUSIONS: The three-factor model of spiritual wellbeing appears psychometrically superior to previous models as it further discriminates between which components are most highly associated with improved QoL facets and coping styles. This study provides normative data on newly diagnosed patients with cancer and further highlights the clinical contribution of such detailed assessment.

Whitley, R. [Douglas Mental Health University Institute, McGill University, Montreal, Canada; robert.whitley@mcgill.ca]. "**Religious competence as cultural competence**." *Transcultural Psychiatry* 49, no. 2 (Apr 2012): 245-260.

[Abstract:] Definitions of cultural competence often refer to the need to be aware and attentive to the religious and spiritual needs and orientations of patients. However, the institution of psychiatry maintains an ambivalent attitude to the incorporation of religion and spirituality into psychiatric practice. This is despite the fact that many patients, especially those from underserved and underprivileged minority backgrounds, are devotedly religious and find much solace and support in their religiosity. I use the case of mental health of African Americans as an extended example to support the argument that psychiatric services must become more closely attuned to religious matters. I suggest ways in which this can be achieved. Attention to religion can aid in the development of culturally competent and accessible services, which in turn, may increase engagement and service satisfaction among religious populations.

Whitley, R. [McGill University, Montreal, Canada; robert.whitley@mcgill.ca]. "'**Thank you God': religion and recovery from dual diagnosis among low-income African Americans**." *Transcultural Psychiatry* 49, no. 1 (Feb 2012): 87-104.

[Abstract:] People with lived experience of dual diagnosis face specific challenges in that they have struggled with both severe mental illness and substance use disorder simultaneously. I conducted a 6-year ethnographic study with poor African Americans with lived experience of dual diagnosis in Washington, DC, to assess barriers and facilitators to recovery. In this paper, I analyze the relationship between religion and recovery. I set out to answer two research questions: (a) What is the self-identified role of religious commitment and activity in participants' recovery from dual diagnosis? (b) What (if any) religious activities, notions, and resources are positively harnessed to enhance recovery? I found high levels of Christian religiosity among participants. Participants perceived their ongoing recovery as a process reliant upon (a) an intimate and personal relationship with God, and (b) engagement in certain core private religious activities, most notably prayer, reading of scripture, and listening to religiously inspired radio, television, or music. Participants' religiosity was underpinned by a Pauline theology of

transformation and reconciliation. Psychiatric services serving an African American clientele with lived experience of dual diagnosis may increase effectiveness by better harnessing client religiosity to assist recovery.

Whitsitt, D. R. [Alberta Health Services, Calgary, Canada; drwhtisitt@shaw.ca]. "**Coping strategies and adaptation to coronary artery bypass surgery as experienced by three couples**." *Heart & Lung* 41, no. 4 (Jul-Aug 2012): 350-359.
[Abstract:] OBJECTIVE: Coping strategies affect the psychosocial adaptation of couples in which one of the partners has undergone coronary artery bypass grafting. Research has focused on coping strategies of patients and spouses as individuals, but little is known about how couples cope with this procedure. The purpose of this study was to understand couples' coping strategies and their influence on adaptation to bypass surgery. METHODS: Three couples were recruited from the Cardiac Wellness Institute of Calgary, Alberta, Canada. The descriptive phenomenological psychological method was used to analyze data from 2 interviews with each couple. RESULTS: The analysis revealed a single structure that described the couples' lived experiences. The structure and interview data revealed coping strategies and key factors influencing adaptation postsurgery. CONCLUSION: Coping strategies, such as redefining the illness, seeking spiritual support, and partnering, enhanced psychosocial adaptation for couples. In addition, marital quality, coping congruence, and shared meaning contributed to effective coping and better adaptation.

Wicher, C. P. and Meeker, M. A. [University at Buffalo School of Nursing; wicher@buffalo.edu]. "**What influences African American end-of-life preferences?**" *Journal of Health Care for the Poor & Underserved* 23, no. 1 (Feb 20112): 28-58.
[Abstract:] BACKGROUND: The U.S. population is aging and increasingly culturally diverse. The challenges of an aging population desiring a good end to their lives combined with soaring costs for medical care serve as a mandate for providers to be aware of both patient preferences and other factors influencing decision-making at the end of life. METHODS: Systematic review of published research studies examining African American preferences related to end-of-life care and decision-making. FINDINGS: There are well documented differences in preferences for end-of-life care and utilization of services between non-Hispanic Whites and African Americans. African Americans do not use advance care planning (ACP) documents or hospice to the same extent as non-Hispanic Whites, and, even after controlling for income and access, the difference is significant. Many African Americans choose aggressive life-sustaining treatment at the end of life, even if that treatment seems likely to confer great burden with little chance of benefit. The reasons for this are multi-faceted and include knowledge of and access to services, historical mistrust of the health care system, and spiritual beliefs. CONCLUSIONS: African American end-of-life choices are influenced by knowledge of and access to services as well as by shared cultural beliefs in the role of family and others in decision-making, mistrust toward the health care system, and the importance of spirituality.

Wiist, W. H., Sullivan, B. M., St George, D. M. and Wayment, H. A. [College of Health and Human Services, Northern Arizona University, Flagstaff; Bill.Wiist@nau.edu]. "**Buddhists' religious and health practices**." *Journal of Religion & Health* 51, no. 1 (Mar 2012): 132-147,.
[Abstract:] A web survey of Buddhists' religious practices and beliefs, and health history and practices was conducted with 886 Buddhist respondents. Eighty-two percent were residents of the USA. Ninety-nine percent practiced Buddhist meditation and 70% had attended a formal retreat for intensive meditation practice. Eighty-six percent were converts to Buddhism and had been a Buddhist for a median of 9 years. Sixty-eight percent of respondents rated their health as very good or excellent. A one-point increase on a Buddhist Devoutness Index was associated with a 15% increase in the odds of being a non-smoker and an 11% increase in the odds of being in good to excellent health.

Williams, B. J. [Hackensack University Medical Center, New Jersey; bjwilliams@meridianhealth.com]. "**Self-transcendence in stem cell transplantation recipients: a phenomenologic inquiry**." *Oncology Nursing Forum* 39, no. 1 (Jan 2012): E41-48.
[Abstract:] PURPOSE/OBJECTIVES: To understand the meaning of self-transcendence, or the ability to go beyond the self, for patients who have had a stem cell transplantation. RESEARCH APPROACH: A phenomenologic investigation guided by the interpretive philosophy of Heidegger. SETTING: A cancer center in a major urban academic medical center. PARTICIPANTS: 4 men and 4 women ages 45-63 who had received a stem cell transplantation in the previous year. METHODOLOGIC APPROACH: Two or three unstructured, open-ended interviews were conducted with each participant. Data were extracted, analyzed, and interpreted according to the Colaizzi method. MAIN RESEARCH VARIABLES: Self-transcendence. FINDINGS: Self-transcendence emerged as a process that was triggered by the suffering the participants experienced as they lived through the physical effects of the treatment, faced death, drew strength from within themselves, and perceived a spiritually influenced turning point. The experience of a human connection lessened their feelings of vulnerability in the process. As the participants recovered, they described being transformed both physically and personally. CONCLUSIONS: The findings from this study highlight the power inherent in patients to not only meet the challenges they face, but to grow from their experiences. The findings also highlight patients' deep need for a human connection and the power that nurses and other healthcare professionals have to provide that connection. INTERPRETATION: The caring connections established by health-care professionals can ease the ability of patients to access the inner resource of self-transcendence and reduce their feelings of vulnerability.

Worthington, E. L, Jr., Lin, Y., Ho, M. Y. [Virginia Commonwealth University, Richmond, VA; eworth@vcu.edu]. "**Adapting an evidence-based intervention to REACH Forgiveness for different religions and spiritualities**." *Asian Journal of Psychiatry* 5, no. 2 (Jun 2012): 183-185.
[Abstract:] The REACH Forgiveness intervention has been used in psychoeducational groups, couple and individual counseling and psychotherapy, and workbooks. It has been investigated in over 20 randomized clinical trials (RCTs) worldwide. It has been accommodated to treat Christians and shown to be effective in RCTs. But most research has established it to be effective when not accommodating it to religious or spiritual clientele. In this article, we will claim that it can be accommodated to a variety of religious clients. We describe guidelines about what is essential to the treatment and what might be effectively modified to be acceptable to religious and spiritual clients embracing a variety of beliefs and practices. [This article is part of a special series on spirituality in the journal. Other articles in the series include those by Koenig, H. G. et al.; by Meares, R.; and by Varambally, S. et al.; noted elsewhere in this bibliography.]

Yeary, K. H., Klos, L. A. and Linnan, L. [University of Arkansas for Medical Sciences, Little Rock]. "**The examination of process evaluation use in church-based health interventions: a systematic review**." *Health Promotion Practice* 13, no. 4 (Jul 2012): 524-534.
[Abstract:] Churches have been a popular site for the implementation of health promotion interventions. Although the efficacy of church-based health programs have been established, it is unknown which aspects of church-based health promotion drive health behavior change. Process

evaluation is a way to increase our understanding of key components of church-based health promotion and to move the field forward. Thus, a systematic review of the utilization of process evaluation in church-based health programs was conducted. Articles from 1990 to 2008 were screened for eligibility, resulting in the analysis of 67 articles. The majority of church-based health programs assessed recruitment (88.1%) and reach (80.6%). About 28.4% assessed dose delivered, and 27.3% measured dose received. Context and fidelity was assessed by 34.3% and 20.9%, respectively, of church-based interventions. Approximately 9% of church-based programs measured fidelity. On average, only three of seven possible components of process evaluation were measured among the studies reviewed. The number of process evaluation components assessed did not differ by program feature (e.g., target population, target health condition, program objective, etc.). Consistency in the conceptualization and measurement of process evaluation may facilitate the implementation of a comprehensive process evaluation effort in church-based and other health promotion interventions.

Yeh, P. M. and Bull, M. [Department of Nursing, Missouri Western State University, St. Joseph, MO; pimingyeh@yahoo.com]. "**Use of the resiliency model of family stress, adjustment and adaptation in the analysis of family caregiver reaction among families of older people with congestive heart failure**." *International Journal of Older People Nursing* 7, no. 2 (Jun 2012): 117-126.

[Abstract:] BACKGROUND: Little attention has been given to the resiliency process of family caregivers for older people hospitalized with congestive heart failure. AIMS: The purpose of this study was to examine the influences of older peoples' activities of daily living dependency, family caregivers' spiritual well-being, quality of relationship, family support, coping and care continuity on the burden of family caregivers of hospitalized older people with congestive heart failure using the Resiliency Model of Family Stress, Adjustment, and Adaptation. DESIGN AND SAMPLE. A descriptive, correlational research design was used. There were 50 family caregivers and 50 older people diagnosed with congestive heart failure recruited from medical and surgical units of two Midwest medical centres. METHODS: Data on activities of daily living dependence of older people, family caregiver burden, spiritual well-being, coping strategies, quality of older people-caregiver relationship and care continuity were collected using structured questionnaires. RESULTS: The findings indicated that there were significant positive associations between patients' activities of daily living dependence and family caregiver burden and between lack of family support and family caregiver burden. There were significant negative associations between quality of relationship and family caregiver burden, between care continuity and family caregiver burden, between coping and family caregiver burden and between spiritual well-being and burden. In hierarchical multiple regression, the model variables accounted for 66% of the variance in family caregiver burden. Patients' activities of daily living dependence, quality of relationship and lack of family support are significant predictors of family caregiver burden. CONCLUSIONS: The best predictors of family caregiver burden, using the resiliency model, were the older persons' activities of daily living dependence, family support, quality of relationship, care continuity, coping strategies and spiritual well-being. Implications for practice. It is vital for nurses to assess family caregivers' needs and resources and the quality of the older person-family caregiver relationship in developing a plan of care that reduces family caregiver burden.

Yonker, J. E., Schnabelrauch, C. A. and Dehaan, L. G. [Calvin College, Dept. of Psychology, Grand Rapids, MI; jey2@calvin.edu]. "**The relationship between spirituality and religiosity on psychological outcomes in adolescents and emerging adults: a meta-analytic review**." *Journal of Adolescence* 35, no. 2 (Apr 2012): 299-314.

[Abstract:] The present study used meta-analytic techniques to examine the association between spirituality and religiosity (S/R) and psychological outcomes in adolescents and emerging adults. The outcome measures of risk behavior, depression, well-being, self-esteem, and personality were examined with respect to the influence of S/R across 75 independent studies encompassing 66,273 adolescents and emerging adults extracted from electronic databases between 1990 and 2010. Results showed significant main effect sizes of S/R with several outcomes: risk behavior, -.17; depression, -.11; well-being, .16; self-esteem, .11; and the personality measures of Conscientiousness, .19; Agreeableness, .18; Openness, .14. Moderating effects were found for age, race, and type of S/R measure. Results show that S/R has a positive effect on psychological outcomes in adolescents and emerging adults. Possible explanations and implications of these results are discussed.

Zhang, B., Nilsson, M. E. and Prigerson, H. G. [Center for Psychosocial Epidemiology and Outcomes Research and Division of Population Sciences, Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA]. "**Factors important to patients' quality of life at the end of life**." *Archives of Internal Medicine* 172, no. 15 (Aug 13, 2012): 1133-1142.

[Abstract:] BACKGROUND: When curative treatments are no longer options for patients dying of cancer, the focus of care often turns from prolonging life to promoting quality of life (QOL). Few data exist on what predicts better QOL at the end of life (EOL) for advanced cancer patients. The purpose of this study was to determine the factors that most influence QOL at the EOL, thereby identifying promising targets for interventions to promote QOL at the EOL. METHODS: Coping With Cancer is a US multisite, prospective, longitudinal cohort study of 396 advanced cancer patients and their informal caregivers who were enrolled from September 1, 2002, through February 28, 2008. Patients were followed up from enrollment to death a median of 4.1 months later. Patient QOL in the last week of life was a primary outcome of Coping With Cancer and the present report. RESULTS: The following set of 9 factors, preceded by a sign indicating the direction of the effect and presented in rank order of importance, explained the most variance in patients' QOL at the EOL: 1 = (-) intensive care unit stays in the final week (explained 4.4% of the variance in QOL at the EOL), 2 = (-) hospital deaths (2.7%), 3 = (-) patient worry at baseline (2.7%), 4 = (+) religious prayer or meditation at baseline (2.5%), 5 = site of cancer care (1.8%), 6 = (-) feeding-tube use in the final week (1.1%), 7 = (+) pastoral care within the hospital or clinic (1.0%), 8 = (-) chemotherapy in the final week (0.8%), and 9 = (+) patient-physician therapeutic alliance at baseline (0.7%). The vast majority of the variance in QOL at the EOL, however, remained unexplained. CONCLUSION: Advanced cancer patients who avoid hospitalizations and the intensive care unit, who are less worried, who pray or meditate, who are visited by a pastor in the hospital/clinic, and who feel a therapeutic alliance with their physicians have the highest QOL at the EOL.

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

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