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

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The following is a selection of 235 *Medline*-indexed journal articles pertaining to spirituality & health published during 2013, from among the more than 1400 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care"; plus the more than 600 relevant articles in 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*.

Ai, A. L., Hall, D., Pargament, K. and Tice, T. N. [Florida State University, Tallahassee; amyai8@gmail.com]. "**Posttraumatic growth in patients who survived cardiac surgery: the predictive and mediating roles of faith-based factors**." *Journal of Behavioral Medicine* 36, no. 2 (Apr 2013): 186-198. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Despite the growing knowledge of posttraumatic growth, only a few studies have examined personal growth in the context of cardiac health. Similarly, longitudinal research is lacking on the implications of religion/spirituality for patients with advanced cardiac diseases. This paper aims to explore the effect of preoperative religious coping on long-term postoperative personal growth and potential mediation in this effect. Analyses capitalized on a preoperative survey and medical indices from the Society of Thoracic Surgeons' National Database of patients undergoing cardiac surgery. Participants in the current follow-up study completed a mailed survey 30 months after surgery. Hierarchical regression analysis was performed to evaluate the extent to which preoperative use of religious coping predicted growth at follow-up, after controlling for key demographics, medical indices, mental health, and protective factors. Predictors of posttraumatic growth at follow-up were positive religious coping and a living status without a partner. Medical indices, optimistic expectations, social support, and other religious factors were unrelated to posttraumatic growth. Including religious factors diminished effects of gender, age, and race. Including perceived spiritual support completely eliminated the role of positive religious coping, indicating mediation. Preoperative positive religious coping may have a long-term effect on postoperative personal growth, explainable by higher spiritual connections as a part of significance-making. These results suggest that spirituality may play a favorable role in cardiac patients' posttraumatic growth after surviving a life-altering operation. The elimination of demographic effects may help explain previously mixed findings concerning the association between these factors and personal growth.

Ai, A. L., Hopp, F., Tice, T. N. and Koenig, H. [Florida State University, School of Social Work, Tallahassee; aai@fsu.edu]. "**Existential relatedness in light of eudemonic well-being and religious coping among middle-aged and older cardiac patients**." *Journal of Health Psychology* 18, no. 3 (Mar 2013): 368-382.
[Abstract:] This study examined the prediction of preoperative faith factors for perceived spiritual support, indicating existential relationship as a dimension of eudemonic well-being (EWB), at 30 months after cardiac surgery (N=226). The study capitalized on data from preoperative surveys and the Society of Thoracic Surgeons' National Database. Controlling for demographics, cardiac indices, and mental health, hierarchical regression showed that preoperative prayer coping, subjective religiousness, and internal control were positive predictors of spiritual support. Negative religious coping was a negative predictor. Internal control mediated the role of positive religious coping. Certain faith-based experiences may enhance aspects of EWB, but future research should investigate mechanisms.

Al-Jahdali, H., Baharoon, S., Al Sayyari, A. and Al-Ahmad, G. [Department of Medicine, King Saud University for Health Sciences, King Abdulaziz Medical City and King Abdullah International Medical Research Center, Riyadh, Saudi Arabia; Jahdali@yahoo.com]. "**Advance medical directives: a proposed new approach and terminology from an Islamic perspective**." *Medicine, Health Care & Philosophy* 16, no. 2 (May 2013): 163-169.
[Abstract:] Advance directives are specific competent consumers' wishes about future medical plans in the event that they become incompetent. Awareness of a patient's autonomy particularly, in relation to their right to refuse or withdraw treatment, a right for the patient to die from natural causes and interest in end of life issues were among the main reasons for developing and legalizing advance medical directives in developed countries. However, in many circumstances cultural and religious aspects are among many factors that can hamper implementation of advance directives. Islam and Muslims in general have a good understanding of death and dying. Islam allows the withholding or withdrawal of treatments in some cases where the intervention is considered futile. However, there is lack of literature and debate about such issues from an Islamic point of view. This article provides the Islamic perspective with regards to advance medical directive with the hope that it will generate more thoughts and evoke further discussion on this important topic.

Allen, J. G. [The Menninger Clinic, and the Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX]. "**Hope in human attachment and spiritual connection**." *Bulletin of the Menninger Clinic* 77, no. 4 (2013): 302-331. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Using Karl Menninger's and Paul Pruyser's seminal writings, the author reviews the tradition of thought about hope at The Menninger Clinic and discusses the application of this tradition to patient education. From the perspective of contemporary attachment theory and research, he expands on Paul Pruyser's view of hope as based on an experience of benevolent connection. Such connection can be found- and disrupted-in attachment to God and in spirituality more broadly. The article concludes with commentary on the challenges clinicians face in making use of religion and spirituality as a resource for fostering hope.

Allmon, A. L., Tallman, B. A. and Altmaier, E. M. [Department of Psychological and Quantitative Foundations, University of Iowa. Iowa City]. "**Spiritual growth and decline among patients with cancer**." *Oncology Nursing Forum* 40, no. 6 (Nov 2013): 559-565. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] PURPOSE/OBJECTIVES: To investigate spiritual transformation among patients with cancer. DESIGN: Longitudinal. SETTING: A university medical center in the midwestern United States. SAMPLE: 47 adult cancer survivors. METHODS: Patients were asked about spirituality, religious and spiritual importance, religious coping, and spiritual gain and decline at baseline as well as nine months post-treatment. MAIN RESEARCH VARIABLES: Religious importance, religious coping, and spiritual gain or decline. FINDINGS: Positive religious coping at baseline predicted spiritual growth at the nine-month follow-up point. Spiritual decline was predicted by negative religious importance. A bivariate relationship existed between increased levels of negative religious coping and increased spiritual growth. CONCLUSIONS: Positive religious coping strategies may influence spiritual transformation. Implications for Nursing: Healthcare providers who support a strengths-based perspective on human functioning may be equipped to perform research on spiritual or religious interventions for patients with cancer. KNOWLEDGE TRANSLATION: Greater use of spiritual resources, even if conceptualized as negative religious coping mechanisms or initial spiritual decline, may contribute to increased levels of spiritual growth later. When acting as expert companions, healthcare providers may facilitate spiritual growth by addressing spiritual transformation, creating safe environments for exploring spirituality, becoming familiar with different religious faiths, and seeking appropriate consultation and referrals for patients.

Anderson, K, J. and Pullen, C. H. [Department of Nursing, Oakwood University, Huntsville, AL; kanderson@oakwood.edu]. "**Physical activity with spiritual strategies intervention: a cluster randomized trial with older African American women**." *Research in Gerontological Nursing* 6, no. 1 (Jan 2013): 11-21.
[From the bstract:] A cluster randomized study was conducted using a convenience sample of four Christian faith communities from which 27 African American women 60 and older were recruited. The purpose was to determine whether African American women receiving a physical activity intervention with spiritual strategies compared to a control group would demonstrate differences over time in physical activity behaviors and biomarkers, in self-efficacy for physical activity, and in barriers to physical activity. Results with baseline and 12-week measurements included significant between-group findings at 12 weeks on muscle strength activity (minutes per week, $z = -3.269$, $p = 0.001$; days per week, $z = -3.384$, $p = 0.001$), favoring the intervention group. There were significant between-group findings in 6-minute walk change scores ($z = -2.546$, $p = 0.009$), favoring the intervention group. Barriers were significantly reduced within the intervention group ($z = -2.184$, $p = 0.029$). Evidence suggests a physical activity intervention with spiritual strategies increases physical activity behavior….

Balboni, M. J., Sullivan, A., Amobi, A., Phelps, A. C., Gorman, D. P., Zollfrank, A., Peteet, J. R., Prigerson, H. G., Vanderweele, T. J. and Balboni, T. A. [Harvard Medical School, Dana-Farber Cancer Institute, Boston, MA]. "**Why is spiritual care infrequent at the end of life? Spiritual care perceptions among patients, nurses, and physicians and the role of training**." *Journal of Clinical Oncology* 31, no. 4 (Feb 1, 2013): 461-467.
[Abstract:] PURPOSE: To determine factors contributing to the infrequent provision of spiritual care (SC) by nurses and physicians caring for patients at the end of life (EOL). PATIENTS AND METHODS: This is a survey-based, multisite study conducted from March 2006 through January 2009. All eligible patients with advanced cancer receiving palliative radiation therapy and oncology physician and nurses at four Boston academic centers were approached for study participation; 75 patients (response rate = 73%) and 339 nurses and physicians (response rate = 63%) participated. The survey assessed practical and operational dimensions of SC, including eight SC examples. Outcomes assessed five factors hypothesized to contribute to SC infrequency. RESULTS: Most patients with advanced cancer had never received any form of spiritual care from their oncology nurses or physicians (87% and 94%, respectively; P for difference = .043). Majorities of patients indicated that SC is an important component of cancer care from nurses and physicians (86% and 87%, respectively; P = .1). Most nurses and physicians thought that SC should at least occasionally be provided (87% and 80%, respectively; P = .16). Majorities of patients, nurses, and physicians endorsed the appropriateness of eight examples of SC (averages, 78%, 93%, and 87%, respectively; P = .01). In adjusted analyses, the strongest predictor of SC provision by nurses and physicians was reception of SC training (odds ratio [OR] = 11.20, 95% CI, 1.24 to 101; and OR = 7.22, 95% CI, 1.91 to 27.30, respectively). Most nurses and physicians had not received SC training (88% and 86%, respectively; P = .83). CONCLUSION: Patients, nurses, and physicians view SC as an important, appropriate, and beneficial component of EOL care. SC infrequency may be primarily due to lack of training, suggesting that SC training is critical to meeting national EOL care guidelines.

Balboni, T. A., Balboni, M., Enzinger, A. C., Gallivan, K., Paulk, M. E., Wright, A., Steinhauser, K., VanderWeele, T. J. and Prigerson, H. G. [Center for Psychosocial Epidemiology and Outcomes Research, and Department of Radiation Oncology, Dana-Farber Cancer Institute, Boston, MA; tbalboni@lroc.harvard.edu]. "**Provision of spiritual support to patients with advanced cancer by religious communities and associations with medical care at the end of life**." *JAMA Internal Medicine* 173, no. 12 (Jun 24, 2013): 1109-1117.
[Abstract:] IMPORTANCE: Previous studies report associations between medical utilization at the end-of-life (EoL) and religious coping and spiritual support from the medical team. However, the influence of clergy and religious communities on EoL outcomes is unclear. OBJECTIVE: To determine whether spiritual support from religious communities influences terminally ill patients' medical care and quality of life (QoL) near death. DESIGN, SETTING, AND PARTICIPANTS: A US-based, multisite cohort study of 343 patients with advanced cancer enrolled from September 2002 through August 2008 and followed up (median duration, 116 days) until death. Baseline interviews assessed support of patients' spiritual needs by religious communities. End-of-life medical care in the final week included the following: hospice, aggressive EoL measures (care in an intensive care unit [ICU], resuscitation, or ventilation), and ICU death. MAIN OUTCOMES AND MEASURES: End-of-life QoL was assessed by caregiver ratings of patient QoL in the last week of life. Multivariable regression analyses were performed on EoL care outcomes in relation to religious community spiritual support, controlling for confounding variables, and were repeated among high religious coping and racial/ethnic minority patients. RESULTS: Patients reporting high spiritual support from religious communities (43%) were less likely to receive hospice (adjusted odds ratio [AOR], 0.37; 95% CI, 0.20-0.70 [P = .002]), more likely to receive

aggressive EoL measures (AOR, 2.62; 95% CI, 1.14-6.06 [P = .02]), and more likely to die in an ICU (AOR, 5.22; 95% CI, 1.71-15.60 [P = .004]). Risks of receiving aggressive EoL interventions and ICU deaths were greater among high religious coping (AOR, 11.02; 95% CI, 2.83-42.89 [P < .001]; and AOR, 22.02; 95% CI, 3.24-149.58 [P = .002]; respectively) and racial/ethnic minority patients (AOR, 8.03; 95% CI, 2.04-31.55 [P = .003]; and AOR, 11.21; 95% CI, 2.29-54.88 [P = .003]; respectively). Among patients well-supported by religious communities, receiving spiritual support from the medical team was associated with higher rates of hospice use (AOR, 2.37; 95% CI, 1.03-5.44 [P = .04]), fewer aggressive interventions (AOR, 0.23; 95% CI, 0.06-0.79 [P = .02]) and fewer ICU deaths (AOR, 0.19; 95% CI, 0.05-0.80 [P = .02]); and EoL discussions were associated with fewer aggressive interventions (AOR, 0.12; 95% CI, 0.02-0.63 [P = .01]). CONCLUSIONS AND RELEVANCE: Terminally ill patients who are well supported by religious communities access hospice care less and aggressive medical interventions more near death. Spiritual care and EoL discussions by the medical team may reduce aggressive treatment, highlighting spiritual care as a key component of EoL medical care guidelines.

Balbuena, L., Baetz, M. and Bowen, R. [Department of Psychiatry, University of Saskatchewan, Saskatoon, Canada]. "**Religious attendance, spirituality, and major depression in Canada: a 14-year follow-up study**." *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 58, no. 4 (apr 2013): 225-232.

[Abstract:] OBJECTIVE: Although there have been numerous studies on the relation of religion or spirituality and major depression, few used a longitudinal, nationally representative sample. Our study sought to examine the effect of religious attendance, self-declared importance of spiritual values, and self-identification as a spiritual person on major depression. METHOD: Data coming from 8 waves (1994 to 2008) of the longitudinal Canadian National Population Health Survey were used. People (n = 12 583) who were not depressed at baseline (1994) were followed during 14 years. Depression at each cycle was assessed using the Composite International Interview-Short Form for Major Depression. Weibull proportional hazards regression was used to model longitudinal risk of depression, with religious attendance or spirituality as a predictor. RESULTS: At baseline, monthly religious attenders tended to be older, female, and married, compared with occasional and nonattenders. The Weibull regression model revealed a 22% lower risk of depression for monthly attenders (hazard ratio 0.78, 95% CI 0.63 to 0.95), compared with nonattenders, after controlling for age, household income, family and personal history of depression, marital status, education, and perceived social support. Neither self-reported importance of spiritual values nor identification as a spiritual person was related to major depressive episodes. CONCLUSION: Attending religious services at least monthly has a protective effect against major depression.

Baldacchino, D., Torskenaes, K., Kalfoss, M., Borg, J., Tonna, A., Debattista, C., Decelis, N. and Mifsud, R. [University of Malta]. "**Spiritual coping in rehabilitation - a comparative study: part 1**." *British Journal of Nursing* 22, no. 4 (Feb 28-Mar 13, 2013): 228-232.

[Abstract:] Chronic illness is defined as a long-term disease that challenges a person's physical, psychological and spiritual wellbeing. However, individuals may adapt to their condition by adopting spiritual coping strategies that may or may not include religiosity. Part 1 of this article presents the methodology of this cross-sectional comparative study, which explored the spiritual coping of patients with chronic illness receiving rehabilitation services in Malta (n=44: lower limb amputation n=10; chronic heart disease n=9; osteoarthritis-in an institution n=10 and in the community n=15); and in Norway (n=16: post-hip/shoulder surgery n=5; chronic heart disease n=5; chronic pain n=6). Data were collected from seven purposive samples during focus group sessions. Roy's Adaptation Model (1984) and Neuman's Systems Model (2010) guided the study. While acknowledging the limitations of this study, the findings presented in Part 2 [cited below in this bibliography] identify commonalities in the spiritual coping of patients irrespective of cultural differences between Malta and Norway. A set of recommendations address clinical practice, education and further research.

Baldacchino, D., Torskenaes, K., Kalfoss, M., Borg, J., Tonna, A., Debattista, C., Decelis, N. and Mifsud. R. [Sagol Neuroscience Center, Department of Neurology, Sheba Medical Center, Israel]. "**Spiritual coping in rehabilitation - a comparative study: part 2**." *British Journal of Nursing* 22, no. 7 (Apr 11-24, 2013): 402-408.

[Abstract:] Spiritual coping, which may or may not contain religiosity, may enhance adaptation of clients with chronic illness. Part 1 of this article [cited above in this bibliography] presented the research methodology of this cross-sectional comparative study, which explored the spiritual coping of clients with chronic illness receiving rehabilitation services in Malta (n=44) (lower limb amputation: n=10, chronic heart disease: n=9, osteoarthritis in an institution: n=10 and in the community: n=15) and Norway (n=16) (post-hip/shoulder surgery: n=5; chronic heart disease: n=5; chronic pain: n=6). Data were collected from seven purposive samples by focus groups. Roy's adaptation model (1984) and Neuman's Systems Model (2010) guided the study. Part2 discusses the findings, which consist of one main spiritual coping theme and three sub-themes: 'adopting religious coping strategies, relationship with God, and time for reflection and counting one's blessings'. Commonalities were found in the findings except in one dimension, which was found only in the Malta group, that is, being supported by others with a similar condition. This difference may be a result of the environment in the rehabilitation centers, cultural, and geographical differences between the two countries. While considering the limitations of this study, recommendations are proposed to the rehabilitation and education sectors and further trans-cultural comparative longitudinal research with mixed method approach on various clients with acute, chronic and life-threatening illness.

Barton, Y. A., Miller, L., Wickramaratne, P., Gameroff, M. J. and Weissman, M. M. [Columbia University, Teachers College]. "**Religious attendance and social adjustment as protective against depression: a 10-year prospective study**." *Journal of Affective Disorders* 146, no. 1 (Mar 20, 2013): 53-57.

[Abstract:] BACKGROUND: Previous research has identified elevated social adjustment and frequent religious attendance as protective against depression. The present study aims to examine the association of frequency of religious services attendance with subsequent depression, while accounting for the effects of social adjustment. METHOD: Participants were 173 adult offspring of depressed and nondepressed parents, followed longitudinally over 25 years. Diagnosis was assessed with the Schedule for Affective Disorders and Schizophrenia-Lifetime Version. The Social Adjustment Scale-Self Report (SAS-SR) was used to assess social adjustment and frequency of religious services attendance was self-reported. In a logistic regression analysis, major depression at 20 years was used as the outcome measure and the frequency of religious services attendance and social adjustment variables at 10 years as predictors. RESULTS: Frequent religious services attendance was found to protect against subsequent depression at a trend level. High functioning social adjustment was found to protect against subsequent depression, especially within the immediate and extended family. Adults without a depressed parent who reported attending religious services at least once a month had a lower likelihood of subsequent depression. Among adults with a depressed parent, those with high functioning social adjustment had a lower likelihood of subsequent depression. LIMITATIONS: Measurement of social adjustment was non-specific to religious services.

CONCLUSIONS: Frequent religious attendance may protect against major depression, independent from the effects of social adjustment. This protective quality may be attenuated in adults with a depressed parent. High functioning social adjustment may be protective only among offspring of depressed parents.

Baruth, M., Wilcox, S. and Saunders, R. P. [School of Public Health, Univ. of South Carolina, Columbia; stritesk@mailbox.sc.edu]. "**The role of pastor support in a faith-based health promotion intervention**." *Family & Community Health* 36, no. 3 (Jul-Sep 2013): 204-214.
[Abstract:] Pastor support has been viewed as an integral part of successful faith-based health promotion programs; however, few studies have systematically studied these relationships. This study examined associations between pastor support and program-related variables among African American churches taking part in a physical activity and dietary intervention. Results showed that some pastor support-related variables were associated with participant recruitment, retention, and implementation of study requirements but not to changes in health behavior outcomes. Much work remains in how to conceptualize and measure pastor support. A better understanding of the pastor's role may assist in developing more effective faith-based programs. [See also, Bopp, M., et al., ""Leading their flocks to health?...," on pp. 182-192 of the same issue of the journal --also cited in this bibliography.]

Beder, J. and Yan, G. W. [Wurzweiler School of Social Work, Yeshiva University, New York, NY; Beder@yu.edu]. "**VHA Chaplains: challenges, roles, rewards, and frustrations of the work**." *Journal of Health Care Chaplaincy* 19, no. 2 (2013): 54-65.
[Abstract:] Chaplains working in the Veterans Health Administration have numerous roles and challenges. They work closely with other behavioral health professionals, especially social workers, to address the multiplicity of needs of the Veteran population. They are essentially an understudied subset of the military Chaplaincy service (most studies focus on those engaged in combat areas). In this exploratory qualitative study, VHA Chaplains responded to a survey to determine how they defined their role and professional challenges, what they felt were the rewards and frustrations of their work and their unique function within the VHA system. Findings showed that role differences between Chaplains and social workers and other behavioral health providers are clearly defined; rewards and challenges were diverse and frustrations were common to those working in a bureaucratic structure.

Bennett, K., Shepherd, J. and Janca, A. [School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Western Australia]. "**Personality disorders and spirituality**." *Current Opinion in Psychiatry* 26, no. 1 (Jan 2013): 79-83.
[Abstract:] PURPOSE OF REVIEW: In order to consider findings about the relationship between spirituality, religiosity and personality disorders, recent research was reviewed and emerging patterns in the latest findings were explored. RECENT FINDINGS: Within the diagnostic category of personality disorders, recent research into the role of spirituality has focused on schizotypy and borderline personality traits and aspects of 'control' relating to antisocial personality disorder. Although the number of studies is quite limited, this review has highlighted an interesting pattern emerging from recent studies that suggests that, while overall psychological well being has previously been reported as low, spiritual well being remains high in studies of personality focusing on schizotypy and borderline personality traits. SUMMARY: The positive link between religious and spiritual well being and mental health has been corroborated by a number of studies. This review of recent research has identified emerging trends suggesting that the dimensions of religious and spiritual well being remain high for individuals displaying schizotypy and borderline personality traits, and is not as reduced as general well being in individuals diagnosed with personality disorders. Although much work remains to be conducted with individuals diagnosed with personality disorders, spirituality appears to be an interesting area to explore clinically.

Berg, G. M., Whitney, M. P., Wentling, C. J., Hervey, A. M. and Nyberg, S. [Wesley Medical Ctr., Wichita, KS; gberg@kumc.edu]. "**Physician assistant program education on spirituality and religion in patient encounters**." *Journal of Physician Assistant Education* 24, no. 2 (2013): 24-27.
[Abstract:] PURPOSE: To describe educational practices of physician assistant (PA) programs regarding spirituality and religion discussions during patient encounters. Patients want their health care provider to be aware of their spiritual and religious beliefs. This topic is addressed in physician and nursing education but may not be included in PA programs. METHODS: Data regarding curriculum were collected via electronic survey emailed to 143 PA programs across the United States. RESULTS: Thirty-eight programs responded for a response rate of 27%. Most (68.4%) program respondents reported students' desire to be trained to discuss spirituality and religion, yet 36.8% do not offer this training. Just over half (69.2%) would consider adding curriculum to teach students to discuss spirituality, but the majority (92.3%) would not add curriculum to discuss religion during patient encounters. CONCLUSION: PA programs offer training to discuss spirituality in patient encounters but not to discuss religiosity. Programs may want to consider adding some curriculum to increase PAs awareness of spirituality and religion needs of patients.

Berkley-Patton, J., Thompson, C. B., Martinez, D. A., Hawes, S. M., Moore, E., Williams, E. and Wainright, C. [University of Missouri-Kansas City; berkleypattonj@umkc.edu]. "**Examining church capacity to develop and disseminate a religiously appropriate HIV tool kit with African American churches**." *Journal of Urban Health* 90, no. 3 (Jun 2013): 482-499.
[Abstract:] Increasingly, African American churches have been called upon to assist in efforts to address HIV/AIDS in underserved communities. African Americans churches may be well-positioned to provide HIV education, screening, and support services, particularly if they are equipped with church-appropriate, easy-to-deliver HIV tools that can be implemented through the naturalistic church environment. To inform the development of a church-based HIV tool kit, we examined church capacity with African American church leaders (N=124 participants; n=58 churches represented by senior pastors). Nearly all participants (96%) wanted to learn more about HIV and how to discuss it with their parishioners. Regarding church capacity, most of their representative churches held three regular services each week, facilitated various in-reach and community out-reach ministries, and had paid staff and computers. Also, many of their churches facilitated HIV/AIDS education/prevention and adolescent sex education activities. Guided by church capacity findings, an ecological framework, and a CBPR approach, we describe the resulting church-based HIV Tool Kit that "fits" naturalistically within a multilevel church infrastructure, builds upon churches' HIV-related experience, and equips faith leaders to efficiently promote HIV services with the communities they serve.

Bodek, H. [Committee on Ethics of the NYS Society for Clinical Social Work, Brooklyn, NY; bodekmsw@verizon.net]. "**Facilitating the provision of quality spiritual care in palliative care**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 37-41.

[Abstract:] In 1948, Dame Cicely Saunders, the founder of the modem hospice movement, established a core principle of palliative care, Total Pain, which is defined as physical, spiritual, psychological, and social suffering. In 2009, a consensus panel (Puchalski, Ferrell, Virani, Otis-Green, Baird, Bull, et al., 2009) was convened to address the important issue of integrating spirituality in palliative care, which led to renewed efforts to focus on spiritual care as a critical component of quality palliative care. This project is a combination of advocacy for the importance of spiritual care, training chaplains, seminarians, community clergy, and healthcare professionals in palliative care, and creating a spiritual care curriculum which can be self-taught or taught to members of transdisciplinary teams. [This is part of a special theme issue of the journal. See also articles by Daly, D., et al.; by Galchutt, P.; by Hall, D., et al.; by Markham, K. C.; by Nichols, S. W.; and by Piotrowski, L. F.; also cited in this bibliography.]

Boisvert, J. A. and Harrell, W. A. "**The impact of spirituality on eating disorder symptomatology in ethnically diverse Canadian women**." *International Journal of Social Psychiatry* 59, no. 8 (Dec 2013): 729-738. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] BACKGROUND: There is currently a gap in our knowledge of how eating disorder symptomatology is impacted by spirituality and religiosity. To date, studies examining the role of ethnicity in women's self-reported levels of eating disorder symptomatology have neglected the roles of spirituality and religiosity. AIMS: This study addresses this gap in the literature by investigating ethnicity, spirituality, religiosity, body shame, body mass index (BMI) and age in relation to eating disorder symptomatology in women. METHODS: A representative non-clinical sample of ethnically diverse Canadian women (N = 591) was surveyed. RESULTS: Younger women, particularly those with higher body shame, BMI and lower spirituality, reported more eating disorder symptomatology. Hispanic and Asian women had higher body shame and lower BMI compared to white women. Spirituality was more strongly related to eating disorder symptomatology than religiosity. CONCLUSIONS: This is the first study identifying interactive relationships between ethnicity, spirituality, body shame, BMI and age on eating disorder symptomatology in women. Particularly significant is that higher spirituality was related to a lower level of eating disorder symptomatology. These findings have important implications for treatment and women's physical and psychological health and wellness.

Bonelli, R. M. and Koenig, H. G. [Sigmund Freud University, Vienna, Austria]. "**Mental disorders, religion and spirituality 1990 to 2010: a systematic evidence-based review**." *Journal of Religion & Health* 52, no. 2 (Jun 2013): 657-673.
[Abstract:] Religion/spirituality has been increasingly examined in medical research during the past two decades. Despite the increasing number of published studies, a systematic evidence-based review of the available data in the field of psychiatry has not been done during the last 20 years. The literature was searched using PubMed (1990-2010). We examined original research on religion, religiosity, spirituality, and related terms published in the top 25 % of psychiatry and neurology journals according to the ISI journals citation index 2010. Most studies focused on religion or religiosity and only 7 % involved interventions. Among the 43 publications that met these criteria, thirty-one (72.1 %) found a relationship between level of religious/spiritual involvement and less mental disorder (positive), eight (18.6 %) found mixed results (positive and negative), and two (4.7 %) reported more mental disorder (negative). All studies on dementia, suicide, and stress-related disorders found a positive association, as well as 79 and 67 % of the papers on depression and substance abuse, respectively. In contrast, findings from the few studies in schizophrenia were mixed, and in bipolar disorder, indicated no association or a negative one. There is good evidence that religious involvement is correlated with better mental health in the areas of depression, substance abuse, and suicide; some evidence in stress-related disorders and dementia; insufficient evidence in bipolar disorder and schizophrenia, and no data in many other mental disorders.

Bonner, L. M., Lanto, A. B., Bolkan, C., Watson, G. S., Campbell, D. G., Chaney, E. F., Zivin, K. and Rubenstein, L. V. [VA Puget Sound Geriatric Research, Education and Clinical Center, Seattle, WA; Laura.bonner@va.gov]. "**Help-seeking from clergy and spiritual counselors among veterans with depression and PTSD in primary care**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 707-718.
[Abstract:] Little is known about the prevalence or predictors of seeking help for depression and PTSD from spiritual counselors and clergy. We describe openness to and actual help-seeking from spiritual counselors among primary care patients with depression. We screened consecutive VA primary care patients for depression; 761 Veterans with probable major depression participated in telephone surveys (at baseline, 7 months, and 18 months). Participants were asked about (1) openness to seeking help for emotional problems from spiritual counselors/clergy and (2) actual contact with spiritual counselors/clergy in the past 6 months. At baseline, almost half of the participants, 359 (47.2%), endorsed being "very" or "somewhat likely" to seek help for emotional problems from spiritual counselors; 498 (65.4%) were open to a primary care provider, 486 (63.9%) to a psychiatrist, and 409 (66.5%) to another type of mental health provider. Ninety-one participants (12%) reported actual spiritual counselor/clergy consultation. Ninety-five (10.3%) participants reported that their VA providers had recently asked them about spiritual support; the majority of these found this discussion helpful. Participants with current PTSD symptoms, and those with a mental health visit in the past 6 months, were more likely to report openness to and actual help-seeking from clergy. Veterans with depression and PTSD are amenable to receiving help from spiritual counselors/clergy and other providers. Integration of spiritual counselors/clergy into care teams may be helpful to Veterans with PTSD. Training of such providers to address PTSD specifically may also be desirable.

Bopp, M., Baruth, M., Peterson, J. A. and Webb, B. L. [Pennsylvania State University, University Park; mjb73@psu.edu]. "**Leading their flocks to health? Clergy health and the role of clergy in faith-based health promotion interventions**." *Family & Community Health* 36, no. 3 (Jul-Sep 2013): 182-192.
[Abstract:] Faith-based organizations are a frequent partner in health promotion due to their large and expansive reach across multiple demographics of the United States. These faith-based organizations are led by clergy members who have a strong influence over their institutions and who shape the physical and social environments of their institutions for health-related matters. The purpose of this review was to examine current issues associated with the health, behaviors, and well-being of clergy, highlight the literature on the role clergy play in delivering effective health promotion interventions, and present recommendations for improving clergy health and the involvement of clergy in faith-based initiatives. [See also, Baruth, M., et al., "The role of pastor support in a faith-based health promotion intervention," on pp. 204-214 of the same issue of the journal --also cited in this bibliography.]

Borneman, T., Bluman, O. F., Klein, L., Thomas, J. and Ferrell, B. [City of Hope, Division of Nursing Research and Education, Duarte, CA; tborneman@coh.org]. "**Spiritual care for Jewish patients facing a life-threatening illness**." *Journal of Palliative Care* 29, no. 1 (2013): 58-62.

This article offering practical guidance is organized around a case report.

Boswell, C., Cannon, S. B. and Miller, J. [Texas Tech University Health Sciences Center, School of Nursing, Odessa TX; carol.boswell@ttuhsc.edu]. "**Students' perceptions of holistic nursing care**." *Nursing Education Perspectives* 34, no. 5 (Sep-Oct 2013): 329-333.

[Abstract:] AIM: This qualitative study aimed to investigate the trends and perceptions related to the provision of spiritual care for patients. BACKGROUND: Holistic nursing integrates the body, mind, and spirit into care. However, nursing students from a traditional program, an RN-BSN program, and a graduate nurse practitioner program voiced discomfort with providing such spiritual care. METHOD: The study was a retrospective review of a convenience sample of journal entries about specific questions of how and when three groups of students developed ideas and concepts about spirituality. RESULTS: Students embraced the idea of spirituality connected to their experiences. As students developed as registered nurses, their manner of including spirituality mirrored Benner's model. CONCLUSION: Additional education is needed for professional nurses concerning spirituality and the provision of spiritual care in a holistic manner.

Boyer, D. [Genesis HealthCare, Kennett Square, Pennsylvania, PA]. "**Cultural considerations in advanced wound care**." *Advances in Skin & Wound Care* 26, no. 3 (Mar 2013): 110-111.

[Abstract:] There are many advanced wound care products composed of elements that may conflict with our patients' religious ideology or ethical mores. This article discusses religious and cultural considerations that clinicians should be aware of when selecting advanced wound care products.

Bradby, H., Kenten, C., Deedat, S. and Morgan, M. [Department of Primary Care and Public Health Sciences, Kings College London, UK]. "**'Having a different conversation around death': diverse hospital chaplains' views on end-of-life care**." *Ethnicity & Health* 18, no. 6 (2013): 530-543. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: Hospital chaplaincy in the UK's National Health Service (NHS) is an allied profession that is emerging from its origins as an aspect of Anglican clerical organisation. This paper describes the perceptions and practices of hospital chaplains around end of life care and organ donation. DESIGN: Qualitative study involving 19 semi-structured exploratory interviews with hospital chaplains in five NHS Hospital Trusts across two regions in the UK. RESULTS: Chaplains provided generic support for the family around death and in relation to end of life conversations. While chaplains were supportive of efforts to increase awareness of issues around deceased donation they held a range of views on organ donation and had limited knowledge of hospital processes and practices. CONCLUSIONS: There is scope for greater training and involvement of hospital chaplains in hospital work on organ donation, and in developing new forms of community engagement to promote awareness and debate.

Brody, H. and Macdonald, A. [Institute for the Medical Humanities, Univ. of Texas Medical Branch, Galveston; habrody@utmb.edu]. "**Religion and bioethics: toward an expanded understanding**." *Theoretical Medicine & Bioethics* 34, no. 2 (Apr 2013): 133-145.

[Abstract:] Before asking what U.S. bioethics might learn from a more comprehensive and more nuanced understanding of Islamic religion, history, and culture, a prior question is, how should bioethics think about religion? Two sets of commonly held assumptions impede further progress and insight. The first involves what "religion" means and how one should study it. The second is a prominent philosophical view of the role of religion in a diverse, democratic society. To move beyond these assumptions, it helps to view religion as lived experience as well as a body of doctrine and to see that religious differences and controversies should be welcomed in the public square of a diverse democratic society rather than merely tolerated. [This article is part of a theme issue of the journal.]

Bryant-Davis, T. and Wong, E. C. [Graduate School of Education & Psychology, Pepperdine University]. "**Faith to move mountains: religious coping, spirituality, and interpersonal trauma recovery**." *American Psychologist* 68, no. 8 (Nov 2013): 675-684. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Interpersonal trauma is pervasive globally and may result in long-term consequences physically, cognitively, behaviorally, socially, and spiritually (Bryant-Davis, 2005b). One of the protective factors that have emerged in the literature is religious coping. Religious coping, spirituality, and faith-based approaches to trauma recovery include endorsement of beliefs, engagement in behaviors, and access to support from faith communities. Compared with negative religious coping, spirituality and positive religious coping have been associated with decreased psychological distress, a finding established with survivors of child abuse, sexual violence, intimate partner violence, community violence, and war. This article focuses on spiritual and religious coping among survivors of child abuse, sexual violence, and war; however, research demonstrates increased use of positive religious coping among some survivors with higher rates of posttraumatic stress disorder. Much of the scholarship in this area includes qualitative studies with populations who face increased vulnerability to interpersonal trauma. Research in this area covers the life span from childhood to later adulthood and encompasses both domestic and international studies. The implications of research findings are explored, and future research needs are described. This line of research supports the American Psychological Association (2010) ethical standards that note the recognition of spiritual and religious faith traditions as important aspects of the provision of ethical treatment. Researchers, clinicians, and advocates for trauma survivors are encouraged to attend to the faith traditions and beliefs of persons confronting the potential devastation of traumatic events.

Bulkley, J., McMullen, C. K., Hornbrook, M. C., Grant, M., Altschuler, A., Wendel, C. S. and Krouse, R. S. [Center for Health Research, Northwest/Hawaii/Southeast, Kaiser Permanente Northwest, Portland, OR]. "**Spiritual well-being in long-term colorectal cancer survivors with ostomies**." *Psycho-Oncology* 22, no. 11 (Nov 2013): 2513-2521. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Spiritual well-being (SpWB) is integral to health-related quality of life. The challenges of colorectal cancer (CRC) and subsequent bodily changes can affect SpWB. We analyzed the SpWB of CRC survivors with ostomies. METHODS: Two-hundred-eighty-three long-term (> 5 years) CRC survivors with permanent ostomies completed the modified City of Hope Quality of Life-Ostomy (mCOH-QOL-O) questionnaire. An open-ended question elicited respondents' greatest challenge in living with an ostomy. We used content analysis to identify SpWB responses and develop themes. We analyzed responses on the three-item SpWB sub-scale. RESULTS: Open-ended responses from 52% of participants contained SpWB content. Fifteen unique SpWB themes were identified. Sixty percent of individuals expressed

positive themes such as "positive attitude", "I am fortunate", "appreciate life more", and "strength through religious faith". Negative themes, expressed by only 29% of respondents, included "struggling to cope", "not feeling 'normal' ", and "loss". Fifty-five percent of respondents expressed ambivalent themes including "learning acceptance", "an ostomy is the price for survival", "reason to be around despite suffering", and "continuing to cope despite challenges". The majority (64%) had a high SpWB sub-scale score. CONCLUSIONS: Although CRC survivors with ostomies infrequently mentioned negative SpWB themes as a major challenge, ambivalent themes were common. SpWB themes were often mentioned as a source of resilience or part of the struggle to adapt to an altered body after cancer surgery. Interventions to improve the quality of life of cancer survivors should contain program elements designed to address SpWB that support personal meaning, inner peace, inter connectedness, and belonging.

Cadge, W. and Bergey, M. [Department of Sociology, Brandeis University, Waltham, MA; wcadge@brandeis.edu]. "**Negotiating health-related uncertainties: biomedical and religious sources of information and support**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 981-990.

[Abstract:] This article explores how people experience health-related uncertainties and how they look to biomedical and religious sources of information in response. Data were gathered in a larger project focused on spirituality in everyday life. Respondents were not asked any direct questions about their health or health care, but almost all of the 95 participants brought up the topics in response to other questions. About one-third spoke of being uncertain about some aspect of their health or healthcare. We explore the health-related topics about which people were uncertain and how they looked to biomedical and religious sources of information, most often seeing the religious as a support for the biomedical. We outline the range of ways they experienced God in this process pointing to the multiple complex ways they make sense of health-related uncertainties.

Caldeira, S., Carvalho, E. C. and Vieira, M. [Catholic University of Portugal, Lisbon; caldeira.silvia@gmail.com]. "**Spiritual distress -- proposing a new definition and defining characteristics**." *Pediatric Obesity* 24, no. 2 (Jun 2013): 77-84.

[Abstract:] OBJECTIVE: To identify the definition and defining characteristics (DCs) of spiritual distress (00066). METHOD: Integrative literature review. RESULTS: Thirty-seven articles and 35 DCs were identified. Spiritual distress as a response to health problems in the context of nursing care is different from an impaired ability to experience and integrate meaning in life. CONCLUSIONS: The diagnosis misses some DCs that emerged from the literature review and lacks comprehensiveness. The domain and the class are reductionist toward its meaning. The taxonomy lacks a spiritual domain to include this and other diagnoses currently dispersed in other domains. IMPLICATIONS FOR PRACTICE: Further content and clinical validation is needed, as well as an assessment, to determine the diagnosis' class and domain.

Callahan, A. M. [Department of Social Work, Middle Tennessee State University, Murfreesboro; ann.callahan@mtsu.edu]. "**A relational model for spiritually-sensitive hospice care**." *Journal of Social Work in End-of-Life & Palliative Care* 9, nos. 2-3 (2013): 158-179.

[Abstract:] When faced with terminal illness, it is natural for hospice patients to question the meaning of life. Hospice workers need to have the ability to assist patients in dealing with these questions in case patients need their assistance. Helping patients deal with questions about life meaning is associated with spiritual care. The following article presents a qualitative study on the provision of spiritual care by hospice workers. The results are used to inform a relational model for spiritually-sensitive hospice care that demonstrates how a variety of individual factors have the potential to influence the delivery of spiritual care. [This article is part of a theme issue of the journal. See also other articles in that issue by Dein, S., et al.; by Hess, D.; and by Way, P.; also cited in this bibliography.]

Campbell, D. [Christ Hospital, Cincinnati, OH; duane.campbell@TheChristHospital.com]. "**Spirituality, stress, and retention of nurses in critical care**." *DCCN - Dimensions of Critical Care Nursing* 32, no. 2 (Mar-Apr 2013): 78-83.

[Abstract:] Providing care to patients in critical care units generates stress. Helping the critical care nurse manage this stress can lead to better patient experiences and higher nursing retention. While providing holistic care to patients produces better outcomes, addressing the holistic needs of the caregiver must also be considered. Included in the holistic needs of the nurse is their spiritual well-being. A study that measures spiritual well-being, stress, and nursing retention is the focus of this review.

Canada, A. L., Fitchett, G., Murphy, P. E., Stein, K., Portier, K., Crammer, C. and Peterman, A. H. [Department of Behavioral Sciences, Rush University Medical Center, Chicago, IL; alcanada@sbcglobal.net]. "**Racial/ethnic differences in spiritual well-being among cancer survivors**." *Journal of Behavioral Medicine* 36, no. 5 (Oct 2013): 441-453.

[Abstract:] This study examined racial/ethnic differences in spiritual well-being (SWB) among survivors of cancer. We hypothesized higher levels of Peace and Faith, but not Meaning, among Black and Hispanic survivors compared to White survivors, differences that would be reduced but remain significant after controlling for sociodemographic and medical factors. Hypotheses were tested with data from the American Cancer Society's Study of Cancer Survivors-II. The FACIT-Sp subscale scores, Meaning, Peace, and Faith assessed SWB, and the SF-36 Physical Component Summary measured functional status. In general, bivariate models supported our initial hypotheses. After adjustment for sociodemographic and medical factors, however, Blacks had higher scores on both Meaning and Peace compared to Hispanics and Whites, and Hispanics' scores on Peace were higher than Whites' scores. In contrast, sociodemographic and medical factors had weak associations with Faith scores. The pattern with Faith in bivariate models persisted in the fully adjusted models. Racial/ethnic differences in Meaning and in Peace, important dimensions of SWB, were even stronger after controlling for sociodemographic and medical factors. However, racial/ethnic differences in Faith appeared to remain stable. Further research is needed to determine if racial/ethnic differences in SWB are related to variations in quality of life in survivors of cancer.

Carey, L. B. and Medico, L. D. [School of Public Health, La Trobe University, Melbourne, Australia; lindsay.carey@latrobe.edu.au]. "**Chaplaincy and mental health care in Aotearoa New Zealand: an exploratory study**." *Journal of Religion & Health* 52, no. 1 (Mar 2013): 46-65.

[Abstract:] This paper summarizes an initial exploratory study undertaken to consider the ministry of New Zealand chaplaincy personnel working within the mental health care context. This qualitative research (a first among New Zealand mental health care chaplains) was not concerned with specific health care institutions per se, but solely about the perspectives of chaplains concerning their professional contribution and issues they experienced when trying to provide pastoral care to patients, families, and clinical staff involved in mental health care. Data from a single focus group indicated that chaplains were fulfilling various WHO-ICD-10AM pastoral interventions as a part of a

multidisciplinary and holistic approach to mental health care; however, given a number of frustrations identified by participants, which either impeded or thwarted their professional role as chaplains, a number of improvements were subsequently identified in order to develop the efficiency and effectiveness of chaplaincy and thus maximize the benefits of pastoral care to patients, families, and clinical staff. Some implications of this exploratory study relating to mental health care chaplaincy, ecclesiastical organizations, health care institutions, and government responsibilities and the need for further research are noted.

Carter, J. L., Trungale, K. R. and Barnes, S. A. "**From bedside to graveside: increased stress among healthcare chaplains**." *Journal of Pastoral Care & Counseling* 67, nos. 3-4 (Sep-Dec 2013): 4 [electronic journal article designation].
[Abstract:] The authors conducted a survey of Baylor Health Care System chaplains in an attempt to understand the stress they experience when leading funeral services of staff, staff family members, and patients. The intensity of stress experienced by these chaplains appears to be related to the cause of death, the deceased's age, and the relationship the deceased had with the chaplain. Further research is needed to corroborate these findings as well as to investigate how chaplains manage their own grief when they are involved in the grief experiences of patients and families.

Chan, C. S. and Rhodes, J. E. [Department of Psychology, University of Hong Kong, China; shaunlyn@hku.hk]. "**Religious coping, posttraumatic stress, psychological distress, and posttraumatic growth among female survivors four years after Hurricane Katrina**." *Journal of Traumatic Stress* 26, no. 2 (Apr 2013): 257-265.
[Abstract:] Positive and negative religious coping strategies and their relation with posttraumatic stress (PTS), psychological distress, and posttraumatic growth (PTG) were examined in the context of Hurricane Katrina. Positive religious coping was hypothesized to be associated with PTG, whereas negative religious coping was hypothesized to be associated with PTS and psychological distress. Low-income mothers (N = 386, mean age = 25.4 years, SD = 4.43) were surveyed before, and 1 and 4 years after the storm. Results from structural regression modeling indicated that negative religious coping was associated with psychological distress, but not PTS. Positive religious coping was associated with PTG. Further analysis indicated significant indirect effects of pre- and postdisaster religiousness on postdisaster PTG through positive religious coping. Findings underscore the positive and negative effect of religious variables in the context of a natural disaster.

Cone, P. H. and Giske, T. [Azusa Pacific University, Azusa, CA; pcone@apu.edu]. "**Teaching spiritual care -- a grounded theory study among undergraduate nursing educators**." *Journal of Clinical Nursing* 22, nos. 13-14 (Jul 2013): 1951-1960.
[Abstract:] AIMS AND OBJECTIVES: To explore teachers' understanding of spirituality and how they prepare undergraduate nursing students to recognize spiritual cues and learn to assess and provide spiritual care. BACKGROUND: Nursing education addresses patient care in all domains of the person. Systematic teaching and supervision of students to prepare them to assist patients spiritually is an important part of holistic care. However, few role models for spiritual care are seen in clinical practice, and limited research addresses necessary student competencies or how teachers can best facilitate this process. DESIGN: Grounded theory was used to identify teachers' main concern and develop a substantive grounded theory. METHODS: Data collected during semi-structured interviews at three Norwegian University Colleges in five focus groups with 19 undergraduate nursing teachers were conducted from 2008 to 2009. Data were analyzed through constant comparison of transcribed interviews until categories emerged and were saturated. RESULTS: The participants' main concern was 'How to help students recognize cues and ways of providing spiritual care'. Participants resolved this by 'Journeying with Students through their Maturation'. This basic social process has three iterative phases that develop throughout the nursing program: 'Raising Student awareness to Recognize the Essence of Spirituality', 'Assisting Students to Overcome Personal Barriers', and 'Mentoring Students' Competency in Spiritual Care'. CONCLUSION: Nursing education should prepare students to recognize and act on spiritual cues. Making spiritual assessment and interventions more visible and explicit throughout nursing programs, in both classroom and clinical settings, will facilitate student maturation as they learn to integrate theoretical thinking into clinical practice. RELEVANCE TO CLINICAL PRACTICE: Nursing students need role models who demonstrate spiritual care in the fast-paced hospital environment as well as in other clinical practice settings. To model spirituality as part of nursing care can assist students to overcome their vulnerability and to safeguard ethical issues and promote patient integrity.

Cooper, K. L., Chang, E., Sheehan, A. and Johnson, A. [Department of Behavioral Sciences, Rush University Medical Center, Chicago, IL; alcanada@sbcglobal.net]. "**The impact of spiritual care education upon preparing undergraduate nursing students to provide spiritual care**." *Nurse Education Today* 33, no. 9 (Sep 2013): 1057-1061. [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 component of holistic care. In Australia competency statements relating to nursing practice emphasize the need to provide care that addresses the spiritual as well as other aspects of being. However, many nurses feel they are poorly prepared to provide spiritual care. This is attributed largely to lack a of spiritual care education provided in undergraduate nursing programs. A few higher education providers have responded to this lack of spiritual care education by incorporating specific content related to this area into their undergraduate nursing program. Minimal international studies have investigated the impact of spiritual care education on undergraduate nursing students and no Australian studies were identified. This review explores spiritual care education in undergraduate nursing programs and identifies the need for an Australian study.

Cramer, E. M., Tenzek, K. E. and Allen, M. [Dept. of Communications, University of Wisconsin, Milwaukee; emcramer@uwm.edu]. "**Translating spiritual care in the chaplain profession**." *Journal of Pastoral Care & Counseling* 67, no. 1 (Mar 2013): 6 [electronic journal article designation].
[Abstract:] Chaplains provide a much-needed service to patients and families requiring spiritual care in the healthcare setting. Despite evidence documenting improvements quality of life for patients using spiritual services, chaplains experience challenges in translating the benefits they provide into concepts understood by patients, team members, and administrators. A qualitative study using interviews with 19 chaplains found that translation problems occur in three main areas: (a) justifying the role to patients and families, (b) determinations of what constitutes a "productive" employee, and (c) effective collaboration with other members of the health care team. This study outlines several strategies used by chaplains to ease the process of translation, as well as some directions for future research.

Dalmida, S. G., Koenig, H. G., Holstad, M. M. and Wirani, M. M. [Emory University, Atlanta, GA and Duke University Medical Center, Durham, NC; sageorg@emory.edu]. "**The psychological well-being of people living with HIV/AIDS and the role of religious coping and social support**." *International Journal of Psychiatry in Medicine* 46, no. 1 (2013): 57-83.

[Abstract:] OBJECTIVE: This study examined correlates of depressive symptoms, particularly the role of religious coping (RCOPE), among people living with HIV/AIDS (PLWHA). The study also examined social support as a possible mediator of the proposed association between religious coping and depressive symptoms and the impact of depressive symptomatology on health outcomes such as HIV medication adherence, immune function, and health-related quality of life (HRQOL) among PLWHA. METHOD: A convenience sample of 292 PLWHA were recruited from an out-patient infectious disease clinic and AIDS-service organizations in the Southeastern United States. RESULTS: 56.7% reported depressive symptoms. PLWHA with depressive symptomatology reported significantly poorer health outcomes, including poorer HIV medication adherence, lower CD4 cell count, and poorer HRQOL. The odds of being depressed was significantly associated with birth sex (female: OR = 0.43, 95% CI = .23-.80), sexual orientation (gay/bisexual: OR = 1.95, 95% CI = 1.04-3.65), marital status (single: OR = .52, 95% CI = .27-.99), social support satisfaction (OR = 0.65, 95% CI = .49-.86), and negative RCOPE (OR = 1.22, 95% CI = 1.14-1.31). Social support partially mediated the relationship between religious coping and depressive symptoms. CONCLUSIONS: High rates of depressive symptoms are present in PLWHA, which negatively impact health outcomes. Religious coping, perceived stress, and social support satisfaction serve an important role in depressive symptomatology among PLWHA. These findings underscore the need for healthcare providers to regularly screen PLWHA for and adequately treat depression and collaborate with mental health providers, social workers, and pastoral care counselors to address PLWHA's mental, social, and spiritual needs and optimize their HIV-related outcomes.

Daly, D. and Matzel, S. C. [Clinical Resource Management, Palomar Health; donnimarie@yahoo.com]. "**Building a trans-disciplinary approach to palliative care in an acute care setting**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 43-51.

This article describes the process of, and strategies for, building a palliative care team that within a year came to include seven palliative care physicians, two social workers, two chaplains, a pharmacist, and End-of-Life Nursing Consortium (ELNEC) trained nurses. The article pays attention to spiritual concerns throughout. [This is part of a special theme issue of the journal. See also articles by Bodek, H.; by Galchutt, P.; by Hall, D., et al.; by Markham, K. C.; by Nichols, S. W.; and by Piotrowski, L. F.; also cited in this bibliography.]

Danhauer, S. C., Case, L. D., Tedeschi, R., Russell, G., Vishnevsky, T., Triplett, K., Ip, E. H. and Avis, N. E. [Wake Forest School of Medicine, Winston-Salem, NC]. "**Predictors of posttraumatic growth in women with breast cancer**." *Psycho-Oncology* 22, no. 12 (Dec 2013): 2676-2683. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Posttraumatic growth (PTG) is defined as 'positive psychological change experienced as a result of a struggle with highly challenging life circumstances'. The current study examined change in PTG over 2years following breast cancer diagnosis and variables associated with PTG over time. METHODS: Women recently diagnosed with breast cancer completed surveys within 8months of diagnosis and 6, 12, and 18months later. Linear mixed effects models were used to assess the longitudinal effects of demographic, medical, and psychosocial variables on PTG as measured by the Posttraumatic Growth Inventory (PTGI). RESULTS: A total of 653 women were accrued (mean age=54.9, SD=12.6). Total PTGI score increased over time mostly within the first few months following diagnosis. In the longitudinal model, greater PTGI scores were associated with education level, longer time since diagnosis, greater baseline level of illness intrusiveness, and increases in social support, spirituality, use of active-adaptive coping strategies, and mental health. Findings for the PTGI domains were similar to those for the total score except for the Spiritual Change domain. CONCLUSION: PTG develops relatively soon after a breast cancer diagnosis and is associated with baseline illness intrusiveness and increases in social support, spirituality, use of active-adaptive coping strategies, and mental health.

da Rosa, M. I., Silva, F. R., Silva, B. R., Costa, L. C., Bergamo, A. M., Silva, N. C., Medeiros, L. R., Battisti, I. D. and Azevedo, R. [Laboratorio de Epidemiologia, Universidade do Extremo Sul Catarinense, Criciuma, Brazil. mir@unesc.net]. "**A randomized clinical trial on the effects of remote intercessory prayer in the adverse outcomes of pregnancies**." C*iencia & Saude Coletiva* 18, no. 8 (Aug 2013): 2379-2384. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The scope of this article was to investigate whether intercessory prayer (IP) influences the adverse outcomes of pregnancies. A double-blind, randomized clinical trial was conducted with 564 pregnant women attending a prenatal public health care service. The women were randomly assigned to an IP group or to a control group (n = 289 per group). They were simultaneously and randomly assigned to practice prayer off-site or not. The following parameters were evaluated: Apgar scores, type of delivery and birth weight. The mean age of the women was 25.1 years of age (+ 7.4), and the average gestational age was 23.4 weeks (+ 8.1). The average number of years of schooling for the women was 8.1 years (+ 3.1). The women in the IP and control groups presented a similar number of adverse medical events with non-significant p. No significant differences were detected in the frequency of adverse outcomes in pregnant women who practiced IP and those in the control group.

Davis, S., Lind, B. K. and Sorensen, C. [School of Nursing, Boise State University, ID; shonidavis@boisestate.edu]. "**A comparison of burnout among oncology nurses working in adult and pediatric inpatient and outpatient settings**." *Oncology Nursing Forum* 40, no. 4 (Jul 2013): E303-311.

Among the findings of this study using a convenience sample of 74 oncology nurses: The participants most often used spirituality and coworker support to cope.

Davison, S. N. and Jhangri, G. S. [Department of Medicine, University of Alberta, Edmonton, Canada; sara.davison@ualberta.ca]. "**The relationship between spirituality, psychosocial adjustment to illness, and health-related quality of life in patients with advanced chronic kidney disease**." *Journal of Pain & Symptom Management* 45, no. 2 (Feb 2013): 170-178.

[Abstract:] CONTEXT: Spirituality may promote psychosocial adjustment to illness, and this may be a mechanism by which patients with greater existential well-being (EWB) experience better health-related quality of life (HRQL) in the context of life-limiting illness. OBJECTIVES: This study explored the relationship between psychosocial adjustment to illness, EWB, and HRQL in patients with advanced chronic kidney disease and sought to determine whether adjustment to illness mediates the relationship between EWB and HRQL. METHODS: This was a cohort study of 253 prevalent Stage 4 or 5 chronic kidney disease and dialysis patients. Participants completed the Spiritual Well-Being Scale, the Psychological Adjustment to Illness Scale (PAIS)-Self-Report, and the Kidney Dialysis Quality of Life Short Form. RESULTS: Psychosocial adjustment to illness was highly correlated with HRQL, accounting for 29% and 27% of the variance in physical and

mental HRQL scores, respectively. Although PAIS domains were associated with EWB, EWB remained a significant predictor of HRQL after all PAIS domains were considered. Adjustment in the domains of psychological distress and extended family relationships did appear to mediate some of the relationship between EWB and HRQL. CONCLUSION: Adjustment in the domains of psychological distress and extended family relationships appears to mediate some of the beneficial effect of EWB on HRQL. Spirituality, however, provides unique variance in patients' HRQL, independent of their psychosocial adjustment. This study testifies to the importance of targeting both psychosocial adjustment to illness and spirituality as ways to preserve or enhance HRQL of predialysis and dialysis patients.

Dein, S., Swinton, J. and Abbas, S. Q. [Centre for Behavioural and Social Sciences in Medicine, University College London, London, UK; s.dein@ucl.ac.uk]. "**Theodicy and end-of-life care**." *Journal of Social Work in End-of-Life & Palliative Care* 9, nos. 2-3 (2013): 191-208.

[Abstract:] This article examines theodicy-the vindication of God's goodness and justice in the face of the existence of evil from the perspectives of Judaism, Christianity, and Islam. We focus on the thought processes that chaplains, social workers, and other professionals may use in their care interventions to address issues of theodicy for patients. Theodical issues may cause anxiety and distress for believers, but they can also potentially be a source of relief and release. Palliative care patients with a religious worldview often struggle with whether God cares about, or has sent, their pain. How social workers and other clinicians respond to such questions will have a great impact on how patients express themselves and use their religious beliefs to cope with their situations. For patients holding religious/spiritual perspectives, discussion of theodicy may facilitate closer relationships between patients and their caregivers and result in more compassionate and empathic care. [This article is part of a theme issue of the journal. See also other articles in that issue by Callahan, A. M.; by Hess, D.; and by Way, P.; also cited in this bibliography.]

Delgado-Guay, M. O., Parsons, H. A., Hui, D., De la Cruz, M. G., Thorney, S. and Bruera, E. [Department of Palliative Care and Rehabilitation Medicine, University of Texas MD Anderson Cancer Center, Houston; marvin.delgado@mdanderson.org]. "**Spirituality, religiosity, and spiritual pain among caregivers of patients with advanced cancer**." *American Journal of Hospice & Palliative Medicine* 30, no. 5 (Aug 2013): 455-461. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Caregivers of patients with advanced cancer often face physical, social, and emotional distress as well as spiritual pain. Limited research has focused on the spiritual aspects of caregivers' suffering in the palliative care setting. METHODS: We interviewed 43 caregivers of patients with advanced cancer in our palliative care outpatient clinic. We determined demographic characteristics, religious affiliation, and relationship to the patient. Levels of spirituality, religiosity, and spiritual pain were self-reported using numeric rating scales (0 = lowest; 10 = highest). The participants completed various validated questionnaires to assess sleep disturbances, psychosocial distress, coping skills, and quality of life (QOL). RESULTS: The median age was 52 years (range, 21-83); 29 (67%) were women, 34 (78%) were white, 7 (17%) were African American, and 2 (5%) were Hispanic; 39 (91%) were Christian, 1 (2%) was Jewish, and 1 (2%) was agnostic; 37 (86%) were married; 18 (42%) were working full time; and 25 (58%) were spouses. All considered themselves spiritual, and 98% considered themselves religious, with median scores of 8 (interquartile range, 6-10) and 8 (interquartile range, 4-9), respectively. All the caregivers reported that spirituality and religiosity helped them cope with their loved one's illness, and many reported that spirituality and religiosity had a positive impact on their loved one's physical (58%) and emotional (76%) symptoms. Spiritual pain was reported by 23 (58%), with a median score of 5 (interquartile range, 2-8). Caregivers with spiritual pain had higher levels of anxiety (median 10 vs 4; P = .002), depression (6 vs 2; P = .006), and denial (3 vs 2; P = .01); more behavioral disengagement (3 vs 2; P = 0.011) more dysfunctional coping strategies (19 vs 16; P < .001) and worse QOL (70 vs 51; P < .001) than those who did not have spiritual pain. CONCLUSIONS: The majority of caregivers of patients with advanced cancer considered themselves spiritual and religious. Despite this, there is high prevalence of spiritual pain in this population. Caregivers with spiritual pain experienced worse psychological distress and worse QOL. These findings support the importance of spiritual assessment of and spiritual support for caregivers in this setting.

Dobratz, M. C. [Nursing Program, University of Washington Tacoma; mdobratz@u.washington.edu]. "**'All my saints are within me': expressions of end-of-life spirituality**." *Palliative & Supportive Care* 11, no. 3 (Jun 2013): 191-198.

[Abstract:] OBJECTIVE: With spirituality being one of the most important components of end-of-life (EOL) care, this study explored the oral responses of 44 dying persons who expressed spirituality. METHOD: Four identified spiritual themes: religious systems of beliefs and values, life meaning, purpose and connections with others, nonreligious systems of beliefs and values, and metaphysical or transcendental phenomena served as a framework for a content analysis of 91 spiritual references. RESULTS: From the content analysis, eight interrelated and separate themes emerged. Although the highest number of responses centered on religious beliefs and values, nonreligious beliefs and values that included reason, dignity, mental discipline, and communion were expressed. The themes of life meaning, purpose, and connections with others also surfaced as important aspects of EOL spirituality. SIGNIFICANCE OF RESULTS: The findings support the need for hospice/palliative care professionals to approach spirituality from other than a Judeo-Christian viewpoint, help dying persons create meaning and purpose within the context of their lives, and assist them in their desire for connectedness to faith communities and other significant individuals in their lives.

Doolittle, B. R., Windish, D. M. and Seelig, C. B. [Yale University School of Medicine, Department of Internal Medicine, New Haven, CT; Benjamin.doolittle@yale.edu]. "**Burnout, coping, and spirituality among internal medicine resident physicians**." *Journal of Graduate Medical Education* 5, no. 2 (Jun 2013): 257-261. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Burnout in physicians is common, and studies show a prevalence of 30% to 78%. Identifying constructive coping strategies and personal characteristics that protect residents against burnout may be helpful for reducing errors and improving physician satisfaction. OBJECTIVE: We explored the complex relationships between burnout, behaviors, emotional coping, and spirituality among internal medicine and internal medicine-pediatrics residents. METHODS: We anonymously surveyed 173 internal medicine and medicine-pediatrics residents to explore burnout, coping, and spiritual attitudes. We used 3 validated survey instruments: the Maslach Burnout Inventory, the Carver Coping Orientation to Problems Experienced (COPE) Inventory, and the Hatch Spiritual Involvement and Beliefs Scale (SIBS). RESULTS: A total of 108 (63%) residents participated, with 31 (28%) reporting burnout. Residents who employed strategies of acceptance, active coping, and positive reframing had lower emotional exhaustion and depersonalization (all, P < .03). Residents who reported denial or disengagement had higher emotional exhaustion and depersonalization scores. Personal accomplishment was positively correlated with the SIBS total score (r = +.28, P = .003), as well as the internal/fluid domain (r = +.32, P = .001), existential axes (r = +.32, P = .001), and

humility/personal application domain (r = +.23, P = .02). The humility/personal application domain also was negatively correlated with emotional exhaustion (r = -.20, P = .04) and depersonalization (r = -.25, P = .009). No activity or demographic factor affected any burnout domain. CONCLUSIONS: Burnout is a heterogeneous syndrome that affects many residents. We identified a range of emotional and spiritual coping strategies that may have protective benefit.

Douglas, S. L. and Daly, B. J. [Case Western Reserve University, Cleveland, OH]. "**The impact of patient quality of life and spirituality upon caregiver depression for those with advanced cancer**." *Palliative & Supportive Care* 11, no. 5 (Oct 2013): 389-396. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Little is known about relationships between patient spiritual well-being and caregiver outcomes for those with advanced cancer. We were interested in examining the relationship between patient physical quality of life (QOL) and caregiver depression and to also evaluate whether patient spiritual well-being (SWB) played a mediating role in this relationship. METHOD: This is a prospective longitudinal study that was conducted in the outpatient clinics at a university-affiliated comprehensive cancer center. 226 patients with Stage III or IV cancer (lung, GI, GYN) and their primary caregivers were interviewed upon enrollment into the study and three months later. Measures of spirituality, health-related quality of life, and physical functioning were included in the interviews. RESULTS: Key findings were that the relationship between patient physical QOL and caregiver depression was inverse and moderate (beta = -0.24, p = 0.004) and that patient SWB (meaning/peace) played a significant (p = 0.02) and medium-size role (beta = -0.31) in mediating the relationship between patient physical QOL and caregiver depression. The nature of these relationships was stable over time. SIGNIFICANCE OF RESULTS: Patients' spirituality is central to their coping and adjusting to cancer. It is this aspect of patient overall quality of life that mediates the relationship to caregiver well-being. The most potent intervention for caregiver depression may be attending to patient spiritual distress.

Ellis, M. R., Thomlinson, P., Gemmill, C. and Harris, W. [Cox Family Medicine Associates, 3850 S. National Ave., Ste. 520, Springfield, MO; mark.ellis@coxhealth.com]. "**The spiritual needs and resources of hospitalized primary care patients**." *Journal of Religion & Health* 52, no. 4 (Dec 2013): 1306-1318. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Previous studies have recognized the importance of hospitalized primary care patients' spiritual issues and needs. The sources patients consult to address these spiritual issues, including the role of their attending physician, have been largely unstudied. We sought to study patients' internal and external resources for addressing spiritual questions, while also exploring the physician's role in providing spiritual care. Our multicenter observational study evaluated 326 inpatients admitted to primary care physicians in four midwestern hospitals. We assessed how frequently these patients identified spiritual concerns during their hospitalization, the manner in which spiritual questions were addressed, patients' desires for spiritual interaction, and patient outcome measures associated with spiritual care. Nearly 30% of respondents (referred to as "R/S respondents") reported religious struggle or spiritual issues associated specifically with their hospitalization. Eight-three percent utilized internal religious coping for dealing with spiritual issues. Chaplains, clergy, or church members visited 54% of R/S respondents; 94% found those visits helpful. Family provided spiritual support to 45% of R/S respondents. Eight percent of R/S respondents desired, but only one patient actually received, spiritual interaction with their physician, even though 64% of these patients' physicians agreed that doctors should address spiritual issues with their patients. We conclude that inpatients quite commonly utilize internal resources and quite rarely utilize physicians for addressing their spiritual issues. Spiritual caregiving is well received and is primarily accomplished by professionals, dedicated laypersons, or family members. A significantly higher percentage of R/S patients desire spiritual interaction with their physician than those who actually receive it.

Ennis, E. M., Jr. and Kazer, M. W. [Dept. of Adult Medicine, Community Health Services, Hartford, CT; Everol.ennis@gmail.com]. "**The role of spiritual nursing interventions on improved outcomes in older adults with dementia**." *Holistic Nursing Practice* 27, no. 2 (Mar-Apr 2013): 106-113.

[Abstract:] Dementia is a devastating condition that takes a toll on all involved. This integrative literature review focuses on the role of spirituality/spiritual nursing interventions in the improved health outcomes of older adults with dementia. Dementia treatments are constantly being explored and current findings are promising. Older persons with dementia, respond best to holistic care that includes the spiritual aspects of their lives. Not only is attention to spirituality beneficial to the patient, but to caregivers and nurses/healthcare providers as well. Research indicates that the memory needed to explore one's spirituality may be spared the effects of dementia. This preservation of memory allows older adults with dementia to benefit from spiritual nursing interventions, especially music and rituals. However, further investigation examining the phenomenon of spiritual interventions as treatment is warranted.

Eriksson, A., Burcharth, J. and Rosenberg, J. [Department of Surgery, Herlev Hospital, University of Copenhagen, Denmark; axelinae@gmail.com]. "**Animal derived products may conflict with religious patients' beliefs**." *BMC Medical Ethics* 14 (2013): 48 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Implants and drugs with animal and human derived content are widely used in medicine and surgery, but information regarding ingredients is rarely obtainable by health practitioners. A religious perspective concerning the use of animal and human derived drug ingredients has not thoroughly been investigated. The purpose of this study was to clarify which parts of the medical and surgical treatments offered in western world-hospitals that conflicts with believers of major religions. METHODS: Religious and spiritual leaders of the six largest religions worldwide (18 branches) were contacted. A standardized questionnaire was sent out regarding their position on the use of human and animal derived products in medical and surgical treatments. RESULTS: Of the 18 contacted religious branches, 10 replied representing the 6 largest religions worldwide. Hindus and Sikhs did not approve of the use of bovine or porcine derived products, and Muslims did not accept the use of porcine derived drugs, dressings or implants. Christians (including Jehovah's Witnesses), Jews and Buddhists accepted the use of all animal and human derived products. However, all religions accepted the use of all these products in case of an emergency and only if alternatives were not available. CONCLUSIONS: The views here suggest that religious codes conflict with some treatment regimens. It is crucial to obtain informed consent from patients for the use of drugs and implants with animal or human derived content. However, information on the origin of ingredients in drugs is not always available to health practitioners.

Estle, K. [Wishard Health Services, Indianapolis, IN; karen.estle@wishard.edu]. "**Healing: the spiritual work in palliative care**." *Journal of Palliative Medicine* 16, no. 1 (Jan 2013): 106-107.

This reflection by a chaplain describes how spiritual healing has a place in palliative care. It cites example of a 75-year-old lady who has a very weak heart and is nearing death. Her family is worried about how they will cope with her death because the family has seen many deaths in recent years. However, a reverend helped the family to open up, gave them and the dying woman courage to face death.

Evans, L. A. [MGH Institute of Health Professions, Boston, MA]. "**Experiences of healthcare team members involved in facial transplant surgery and patient care**." *Nursing Research* 62, no. 6 (Nov-Dec 2013): 372-382.
Among the findings of this study of 26 multidisciplinary healthcare team members [from the abstract:] Two main themes emerged: individual sense of purpose and esprit de corps. Individual sense of purpose describes the meaning of the experience that involvement in facial transplantation had for the participants and comprises three subthemes: "getting it right, "transforming a life," and "spirituality."

Exline, J. J., Prince-Paul, M., Root, B. L. and Peereboom, K. S. [Department of Psychological Sciences, Case Western Reserve University, Cleveland, OH; julie.exline@case.edu]. "**The spiritual struggle of anger toward God: a study with family members of hospice patients**." *Journal of Palliative Medicine* 16, no. 4 (Apr 2013): 369-375.
[Abstract:] INTRODUCTION: Anger toward God is a common form of spiritual struggle, one that people often experience when they see God as responsible for severe harm or suffering. The aim of this study was to assess the prevalence, correlates, and preferred coping strategies associated with anger toward God among family members of hospice patients. METHODS: Teams from a large hospice in the midwestern United States distributed surveys, one per household, to family members of home-care patients. The survey assessed feelings toward God (anger/disappointment and positive feelings), depressive symptoms, religiosity, and perceived meaning. Participants also rated their interest in various strategies for coping with conflicts with God. RESULTS: Surveys (n=134) indicated that 43% of participants reported anger/disappointment toward God, albeit usually at low levels of intensity. Anger toward God was associated with more depressive symptoms, lower religiosity, more difficulty finding meaning, and belief that the patient was experiencing greater pain. Prayer was the most highly endorsed strategy for managing conflicts with God. Other commonly endorsed strategies included reading sacred texts; handling the feelings on one's own; and conversations with friends, family, clergy, or hospice staff. Self-help resources and therapy were less popular options. CONCLUSION: Anger toward God is an important spiritual issue among family members of hospice patients, one that is commonly experienced and linked with depressive symptoms. It is valuable for hospice staff to be informed about the issue of anger toward God, especially because many family members reported interest in talking with hospice team members about such conflicts.

Ezenkwele, U. A. and Roodsari, G. S. [Woodhull Medical and Mental Health Center, New York University School of Medicine, Brooklyn, NY]. "**Cultural competencies in emergency medicine: caring for Muslim-American patients from the Middle East**." *Journal of Emergency Medicine* 45, no. 2 (Aug 2013): 168-174, 2013.
[Abstract:] BACKGROUND: Cultural competency is crucial to the delivery of optimal medical care. In Emergency Medicine, overcoming cultural barriers is even more important because patients might use the Emergency Department (ED) as their first choice for health care. At least 2.2 million Muslims from Middle Eastern background live in the United States. OBJECTIVE: We wanted to create a succinct guideline for Emergency care providers to overcome cultural barriers in delivering care for this unique population. METHOD: A compensative search on medical and health databases was performed and all the articles related to providing healthcare for Muslim-Americans were reviewed. RESULT: The important cultural factors that impact Emergency care delivery to this population include norms of modesty; gender role; the concept of God's will and its role in health, family structure, prohibition of premarital and extramarital sex; Islamic rituals of praying and fasting; Islamic dietary codes; and rules related to religious cleanliness. CONCLUSIONS: The Muslim-American community is a fast-growing, under-studied population. Cultural awareness is essential for optimal delivery of health care to this minority. We have created a succinct guideline that can be used by Emergency Care providers to overcome cultural barriers. However, it is important to consider the heterogeneity and diversity of this population and to use this guideline on an individual basis.

Fairfield, B., Mammarella, N. and Di Domenico, A. [University of Chieti, Psychological Sciences, Chieti, Italy; bfairfield@unich.it]. "**Centenarians' 'holy' memory: Is being positive enough?**" *Journal of Genetic Psychology* 174, no. 1 (Jan-Feb 2013): 42-50.
[Abstract:] The authors compared 18 centenarians' (M age = 100.1 years, SD = 1.8 years) recognition memory for emotional (positive, negative, and religious) pictures with 18 older adults (M age = 75.2 years, SD = 6.8 years). Participants observed a series of images that varied in emotional valence and meaning and were later asked to discriminate between old and new images in a series of pictures that included studied images as well as new images. Centenarians showed decreased recognition memory for positive and negative images items compared with older adults, F(1, 34) = 9.82, p < .01. In addition, a significant age by valence interaction was observed highlighting how centenarians remembered religious pictures better while older adults favored positive information when only positive pictures were taken into consideration. Results are interpreted in terms of possible age-linked changes in meaningful goals that lead centenarians to focus on meaningful religious self-relevant information rather than simply on positive information.

Farias, M., Underwood, R. and Claridge G. [Department of Experimental Psychology, University of Oxford, UK. Miguel.farias@psy.ox.ac.uk]. "**Unusual but sound minds: mental health indicators in spiritual individuals**." *British Journal of Psychology* 104, no. 3 (Aug 2013): 364-381.
[Abstract:] Previous research has linked certain types of modern spirituality, including New Age and Pagan, with either benign schizotypy or insecure attachment. While the first view emphasizes a positive aspect of spiritual believers' mental health (benign schizotypy), the second view emphasizes a negative aspect, namely the unhealthy emotional compensation associated with an insecure attachment style. This study addresses these two conflicting views by comparing a sample of modern spiritual individuals (N = 114) with a contrast group of traditional religious believers (N = 86). Measures of schizotypy and attachment style were combined with mental health scales of anxiety and depression. We further assessed death anxiety to determine whether modern spiritual beliefs fulfilled a similar function as traditional religious beliefs in the reduction of existential threat. Our results support a psychological contiguity between traditional and modern spiritual believers and reinforce the need to de-stigmatize spiritual ideas and experiences. Using hierarchical regression, we showed that unusual experiences and ideas are the major predictor of engagement in modern spiritual practices. Anxiety, depression variables, and insecure attachment were not significant predictors of spirituality or correlated with them; on the other hand, the results show that spiritual believers report high social support satisfaction and this variable predicts involvement in modern spirituality. Further, spiritual practices were negatively correlated with and negatively predicted by death anxiety scores. Overall, the results strengthen the association between modern spirituality, good mental health, and general well-being.

Feigenbaum, J. C. [University at Buffalo School of Nursing, NY]. "**A historical review of perceptions of key aspects of spirituality and religion within alcoholics anonymous**." *Journal of Addictions Nursing* 24, no. 4 (Oct-Dec, 2013): 229-236. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] This historical research aimed to develop an accurate perception of the role of spirituality and religion within the history of Alcoholics Anonymous. Primary and secondary sources were reviewed. The study identified that Bill W. and Dr. Bob established the format for the support group based on the ideas of William James, which formed the base for the Oxford Groups. Alcoholics Anonymous was clearly viewed as a spiritual group and not a religion. The review also showed that the two founders had each experienced one of the two types of spiritual awakenings that James had addressed. These findings will help nurses clarify their own perceptions of this organization so they may accurately educate individuals who they are encouraging to participate in this program while recovering from an addiction.

Ferrell, B., Otis-Green, S. and Economou, D. [City of Hope National Medical Center, Duarte, CA]. "**Spirituality in cancer care at the end of life**." *Cancer Journal* 19, no. 5 (Sep-Oct 2013): 431-437. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] There is a compelling need to integrate spirituality into the provision of quality palliative care by oncology professionals. Patients and families report the importance of spiritual, existential, and religious concerns throughout the cancer trajectory. Leading palliative care organizations have developed guidelines that define spiritual care and offer recommendations to guide the delivery of spiritual services. There is growing recognition that all team members require the skills to provide generalist spiritual support. Attention to person-centered, family-focused oncology care requires the development of a health care environment that is prepared to support the religious, spiritual, and cultural practices preferred by patients and their families. These existential concerns become especially critical at end of life and following the death for family survivors. Oncology professionals require education to prepare them to appropriately screen, assess, refer, and/or intervene for spiritual distress.

Francis, L. J., Robbins, M. and Wulff, K. [University of Warwick, Coventry, UK; leslie.francis@warwick.ac.uk]. "**Are clergy serving yoked congregations more vulnerable to burnout? A study among clergy serving in the Presbyterian Church (U.S.A.)**." *Stress & Health* 29, no. 2 (Apr 2013): 113-116.
[Abstract:] Pressures generated by increasing secularization and decreasing vocations to ordained ministry are resulting across denominations in a growing number of clergy serving more than one congregation. This study assesses the hypothesis that clergy serving more than one congregation are more susceptible to burnout. Data were provided by a sample of 735 clergy serving in The Presbyterian Church (USA) who completed the Francis burnout inventory together with the abbreviated Eysenck personality questionnaire revised. Among these clergy, 82% served one congregation, 13% served two congregations, and 5% served three or more congregations. After controlling for individual differences in age and personality, the data demonstrated that clergy serving yoked congregations experienced no statistically significant differences in susceptibility to burnout, either in terms of levels of emotional exhaustion or in terms of levels of satisfaction in ministry, compared with colleagues serving just one congregation.

Frenk, S. M., Mustillo, S. A., Foy, S. L., Arroyave, W. D., Hooten, E. G., Lauderback, K. H. and Meador, K. G. [Carolina Population Center and the Lineberger Comprehensive Cancer Center, University of North Carolina-Chapel Hill; frenk@live.unc.edu]. "**Psychotropic medication claims among religious clergy**." *Psychiatric Quarterly* 84, no. 1 (Mar 2013): 27-37.
[Abstract:] This study examined psychotropic medication claims in a sample of Protestant clergy. It estimated the proportion of clergy in the sample who had a claim for psychotropic medication (i.e., anti-depressants and anxiolytics) in 2005 and examined associations between sociodemographic characteristics, occupational distress and having a claim. Protestant clergy (n = 749) from nine denominations completed a mail survey and provided access to their pharmaceutical records. Logistic regression models assessed the effect of sociodemographic characteristics and occupational distress on having a claim. The descriptive analysis revealed that 16% (95% Confidence interval [CI] 13.3%-18.5%) of the clergy in the sample had a claim for psychotropic medication in 2005 and that, among clergy who experienced frequent occupational distress, 28% (95% CI 17.5 %-37.5%) had a claim. The regression analysis found that older clergy, female clergy, and those who experienced frequent occupational distress were more likely to have a claim. Due to recent demographic changes in the clergy population, including the increasing mean age of new clergy and the growing number of female clergy, the proportion of clergy having claims for psychotropic medication may increase in the coming years. To the best of our knowledge, this is the first study to examine the use of psychotropic medication among clergy.

Frenk, S. M., Mustillo, S. A., Hooten, E. G. and Meador, K. G. [Department of Sociology, Duke University, Durham, NC; steven.frenk@duke.edu]. "**The Clergy Occupational Distress Index (CODI): background and findings from two samples of clergy**." *Journal of Religion & Health* 52, no. 2 (Jun 2013): 397-407.
[Abstract:] This study demonstrates the reliability and validity of the Clergy Occupational Distress Index (CODI). The five-item index allows researchers to measure the frequency that clergy, who traditionally have not been the subject of occupational health studies, experience occupational distress. We assess the reliability and validity of the index using two samples of clergy: a nationally representative sample of clergy and a sample of clergy from nine Protestant denominations. Exploratory factor analysis and Cronbach's scores are generated. Construct validity is measured by examining the association between CODI scores and depressive symptoms while controlling for demographic, ministerial, and health variables. In both samples, the five items of the CODI load onto a single factor and the Cronbach's alpha scores are robust. The regression model indicates that a high score on the CODI (i.e., more frequent occupational distress) is positively associated with having depressive symptoms within the last 4 weeks. The CODI can be used to identify clergy who frequently experience occupational distress and to understand how occupational distress affects clergy's health, ministerial career, and the functioning of their congregation.

Frost, M. H., Novotny, P. J., Johnson, M. E., Clark, M. M., Sloan, J. A. and Yang, P. [Mayo Clinic Rochester, MN; frost.marlene@mayo.edu]. "**Spiritual well-being in lung cancer survivors**." *Supportive Care in Cancer* 21, no. 7 (Jul 2013): 1939-1946. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] PURPOSE: Spiritual well-being (SWB) among lung cancer survivors has not been well-delineated. Additionally, little is known about how SWB is affected over the trajectory of the disease process. The aims of this study were to examine the SWB of individuals with a diagnosis of lung cancer, to assess the stability of SWB over time, and to identify the factors associated with SWB. METHODS: A prospective cohort of patients with lung cancer first seen at the Mayo Clinic over a 10-year period of time was included in this study. Study entry was at the

time of diagnosis or referral to the Mayo Clinic, and participation involved annual survey using the Functional Assessment in Chronic Illness Therapy-Spiritual Well-being, Medical Outcome Short Form 8, and Quality of Life (QOL) Linear Analog Scale Assessment. Associations were explored using Fisher's exact test, chi-squared test, Kruskal-Wallis test, and Spearman correlations. Linear regression was used to explore multivariate relationships. RESULTS: There were 1,578 participants over a 10-year period of time. Group SWB scores were relatively high and stable over a 10-year period of time ([Formula: see text], standard deviation = 14.47-18.46, possible scale of 0-100). However, individual scores varied widely across almost the entire scale (2.1-100) and revealed a chaotic trajectory for SWB. Males, current smokers, and those with higher pack-years experienced lower SWB compared to females, nonsmokers, and those with lower pack-years (p < 0.0001, 0.0455, and 0.0004, respectively). SWB was strongly associated with overall QOL. CONCLUSIONS: SWB is an individualistic experience that can change dramatically over time for cancer survivors. Ongoing assessments are important.

Fung, A. W. and Lam, L. C. [Department of Psychiatry, Tai Po Hospital, Hong Kong, China]. "**Spiritual activity is associated with better cognitive function in old age**." *East Asian Archives of Psychiatry* 23, no. 3 (Sep 2013): 102-107. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: This cross-sectional study aimed to explore the association between late-life spiritual activity participation and cognitive function in older Chinese adults in Hong Kong. METHODS: Participants aged 60 years or older without clinical dementia or major psychiatric disorders were recruited. Dementia severity and global cognitive function were assessed using the Clinical Dementia Rating and Cantonese version of the Mini-Mental State Examination, respectively. Cognitive performance was measured using 10-minute delayed recall, the Category Verbal Fluency Test, Visual Aural Digit Span Test, and Modified Card Sorting Test. Psychological status was assessed using the Chinese version of the Purpose in Life scale. Activities participated in were categorised into 6 domains of physical, cognitive, social, prosocial, spiritual, and recreational activities. RESULTS: A total of 380 participants were enrolled. Bivariate correlation showed that the composite score of cognitive function was positively correlated with aerobic exercise (r = 0.14; p = 0.01), cognitive activity (r = 0.30; p < 0.001), and spiritual activity (r = 0.16; p = 0.002). Multiple linear regression suggested that frequent participation in cognitive activity (B = 0.87, beta = 0.22; 95% confidence interval [CI] = 0.52-1.25 and p < 0.001) and spiritual activity (B = 0.45, beta = 0.11; 95% CI = 0.13-0.76 and p = 0.01) were associated with better cognitive function after controlling for age and years of education. CONCLUSION: Engagement in spiritual activity may benefit cognitive function in old age. Longitudinal studies are recommended to further examine the causal relationship of spiritual activity and cognitive function.

Galanter, M., Dermatis, H., Post, S. and Sampson, C. [Department of Psychiatry, New York University School of Medicine, New York, NY; marcgalanter@nyu.edu]. "**Spirituality-based recovery from drug addiction in the twelve-step fellowship of narcotics anonymous**." *Journal of Addiction Medicine* 7, no. 3 (May-Jun 2013): 189-195.

[Abstract:] BACKGROUND: Narcotics Anonymous is a worldwide fellowship that employs the Twelve-Step model for members dependent on drugs of abuse. The spiritual orientation of its program of abstinence has not been subjected to empirical study. METHODS: Responses of 527 American Narcotics Anonymous meeting attendees to a structured questionnaire were evaluated for the roles of cognitive and psychosocial aspects of spirituality in their recovery. RESULTS: Respondents had last used drugs or alcohol on average 6.1 years previously. They were found to be more oriented toward a spiritual than a formally religious orientation than probability samples of the general population. Aspects of membership such as affiliation toward other members and the experience of spiritual awakening were associated with lower rates of drug or alcohol craving, whereas scores on depression were associated with higher craving scores. CONCLUSIONS: Spiritual renewal combined with an abstinence-oriented regimen in Narcotics Anonymous social context can play a role in long-term recovery from drug addiction.

Galchutt, P. [University of Minnesota Medical Center, Fairview, Minneapolis, MN; pgalchu1@fairview.org]. "**A palliative care specific spiritual assessment: how this story evolved**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 79-85.

[Abstract:] This article reflects a project to create, refine, and use a palliative care specific spiritual assessment, with the intent to implement its use for both an inpatient Palliative Consult Service (PCS) and a Spiritual Health Service (SHS) team. Extensive meetings with these services to confirm a shared understanding of the use of this spiritual assessment to facilitate communication with PCS through consistent language about the patient's story, suffering, spirit, and sense-making. Following a pilot phase of using this palliative care spiritual assessment, five presentations were shared with the SHS team to explore using this assessment. Although the SHS team decided not to use its content, these presentations spurred dialogue toward what was to become a SHS standardized documentation process, eventually called data, intervention, outcome, plan (DIOP). [This is part of a special theme issue of the journal. See also articles by Bodek, H.; by Daly, D., et al.; by Hall, D., et al.; by Markham, K. C.; by Nichols, S. W.; and by Piotrowski, L. F.; also cited in this bibliography.]

Gallison, B. S., Xu, Y., Jurgens, C. Y. and Boyle, S. M. [New York Presbyterian Hospital and Center for Professional Practice; bgalliso@nyp.org]. "**Acute care nurses' spiritual care practices**." *Journal of Holistic Nursing* 31, no. 2 (Jun 2013): 95-103.

[Abstract:] The purpose of this study was to identify barriers in providing spiritual care to hospitalized patients. A convenience sample (N = 271) was recruited at an academic medical center in New York City for an exploratory, descriptive questionnaire. The Spiritual Care Practice (SCP) questionnaire assesses spiritual care practices and perceived barriers to spiritual care. The SCP determines the percentage that provides spiritual support and perceived barriers inhibiting spiritual care. The participation rate was 44.3% (N = 120). Most (61%) scored less than the ideal mean on the SCP. Although 96% (N = 114) believe addressing patients spiritual needs are within their role, nearly half (48%) report rarely participating in spiritual practices. The greatest perceived barriers were belief that patient's spirituality is private, insufficient time, difficulty distinguishing proselytizing from spiritual care, and difficulty meeting needs when spiritual beliefs were different from their own. Although nurses identify themselves as spiritual, results indicate spirituality assessments are inadequate. Addressing barriers will provide nurses opportunities to address spirituality. Education is warranted to improve nurses' awareness of the diversity of our society to better meet the spiritual needs of patients. Understanding these needs provide the nurse with opportunities to address spirituality and connect desires with actions to strengthen communication and the nurse-patient relationship.

Garcia, G., Ellison, C. G., Sunil, T. S. and Hill, T. D. [Department of Sociology, Portland State University, Portland, OR; ginny.garciaalexander@pdx.edu]. "**Religion and selected health behaviors among Latinos in Texas**." *Journal of Religion & Health* 52, no. 1 (Mar 2013): 18-31.

[Abstract:] Though research has shown that religion provides a protective influence with respect to a number of health-related outcomes, little work has examined its influence on patterns of alcohol (especially binge drinking) and tobacco consumption among Latinos in Texas. Thus, we

used a probability sample of Texas adults to test this relationship via logistic regression. Our results revealed that clear distinctions emerge on the basis of both denomination and frequency of attendance. Specifically, Protestants who regularly attend religious services are significantly more likely to be abstainers and to have never smoked, while those with no religious affiliation exhibit relatively unfavorable risk profiles. These findings persist despite a range of socio-demographic controls. Our study supports the assertion that religion may serve as an important protective influence on risky health behaviors.

Garrido, M. M., Idler, E. L., Leventhal, H. and Carr, D. [VA Medical Center, Bronx, NY; melissa.garrido@mssm.edu]. "**Pathways from religion to advance care planning: beliefs about control over length of life and end-of-life values**." *Gerontologist* 53, no. 5 (Oct 2013): 801-816.

[Abstract:] PURPOSE OF THE STUDY: To evaluate the extent to which religious affiliation and self-identified religious importance affect advance care planning (ACP) via beliefs about control over life length and end-of-life values. DESIGN AND METHODS: Three hundred and five adults aged 55 and older from diverse racial and socioeconomic groups seeking outpatient care in New Jersey were surveyed. Measures included discussion of end-of-life preferences; living will (LW) completion; durable power of attorney for healthcare (DPAHC) appointment; religious affiliation; importance of religion; and beliefs about who/what controls life length, end-of-life values, health status, and sociodemographics. RESULTS: Of the sample, 68.9% had an informal discussion and 46.2% both discussed their preferences and did formal ACP (LW and/or DPAHC). Conservative Protestants and those placing great importance on religion/spirituality had a lower likelihood of ACP. These associations were largely accounted for by beliefs about God's controlling life length and values for using all available treatments. IMPLICATIONS: Beliefs and values about control account for relationships between religiosity and ACP. Beliefs and some values differ by religious affiliation. As such, congregations may be one nonclinical setting in which ACP discussions could be held, as individuals with similar attitudes toward the end of life could discuss their treatment preferences with those who share their views.

Gaston-Johansson, F., Haisfield-Wolfe, M. E., Reddick, B., Goldstein, N. and Lawal, T. A. [School of Nursing, Johns Hopkins University, Baltimore, MD; fgaston1@son.jhmi.edu]. "**The relationships among coping strategies, religious coping, and spirituality in African American women with breast cancer receiving chemotherapy**." *Oncology Nursing Forum* 40, no. 2 (Mar 2013): 120-131.

[Abstract:] PURPOSE/OBJECTIVES: To (a) examine coping capacity, psychological distress, spiritual well-being, positive and negative religious coping, and coping strategies among African American (AA) women with breast cancer, and (b) explore relationships among these variables to enhance an already tested comprehensive coping strategy program (CCSP) intervention for AA women with breast cancer (CCSP-AA). DESIGN: Descriptive-correlational. SETTING: Comprehensive cancer center in Maryland. SAMPLE: 17 AA women with breast cancer. METHODS: Women completed the Hospital Anxiety and Depression Scale, Sense of Coherence scale, Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being, Brief Religious Coping Inventory, and Coping Strategies Questionnaire. MAIN RESEARCH VARIABLES: Psychological distress, coping capacity, coping strategies, religious coping, and spiritual well-being. FINDINGS: A higher coping capacity was beneficial, as it was related to less psychological distress, negative religious coping, and catastrophizing. Women using less negative religious coping had greater spiritual well-being and less distress. Using more coping self-statements was associated with higher spiritual well-being and less negative religious coping. Catastrophizing had a negative effect on psychological distress and spiritual well-being. CONCLUSIONS: The development of a CCSP-AA that incorporates aspects of spirituality and components in a coping intervention needs to be tested in a clinical trial. The intervention will teach patients to recognize and restructure their thinking to avoid catastrophizing and negative religious coping. IMPLICATIONS FOR NURSING: Nurses need to work collaboratively with AA women to reinforce beneficial coping patterns and approaches. A tailored CCSP-AA for women with breast cancer administered by a nurse can be taught to assist AA patients in coping more effectively. KNOWLEDGE TRANSLATION: AA women with breast cancer use more positive religious coping and experience less distress and greater spiritual well-being, but catastrophizing has a negative effect on spiritual well-being. Nurses need to reinforce positive coping patterns for AA women with cancer.

Gaudette, H. and Jankowski, K, R. [New York University, Langone Medical Center, New York, NY]. "**Spiritual coping and anxiety in palliative care patients: a pilot study**." *Journal of Health Care Chaplaincy* 19, no. 4 (2013): 131-139.

[Abstract:] Patients often rely on spirituality to cope with anxiety, yet it is not known if spiritual coping actually helps patients deal with anxiety. The present study was designed, therefore, to examine this relationship. A series of patients who were referred to the palliative care team at New York University, Langone Medical Center (N = 44) were interviewed about their spiritual coping and anxiety. Anxiety was measured using the first three items of the GAD-7. Fourteen items, which were adapted from existing scales, were used to create the "Beliefs and Activities Spirituality Scale" (BASS), having two subscales: Activities (alpha = .79) and Beliefs (alpha = .82). Anxiety had a significant negative correlations with the total BASS (r = -.56), and the Activities (r = -.52) and Beliefs (r = -.42) subscales. The salubrious association of spiritual coping and anxiety remained for the BASS and the Activities subscale, after controlling for demographic variables.

George, L. K., Kinghorn, W. A., Koenig, H. G., Gammon, P. and Blazer, D. G. [Center for Spirituality, Theology and Health, Duke University Medical Center, Durham, NC; Harold.Koenig@duke.edu]. "**Why gerontologists should care about empirical research on religion and health: transdisciplinary perspectives**." *Gerontologist* 53, no. 6 (Dec 2013): 898-906. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A large volume of empirical research has accumulated on the relationship between religion/spirituality (R/S) and health since the year 2000, much of it involving older adults. The purpose of this article is to discuss how this body of existing research findings has important messages or important new insights for gerontologists; clinicians in medicine, psychiatry, and psychology; sociologists; and theologians. In other words, what contributions do the research findings on R/S and health make to these disciplines? In this article, experts from each of the aforementioned disciplines discuss what contributions this research can make to their own area of study and expertise. Besides emphasizing the broad relevance of research on R/S and health to many clinical and academic audiences in gerontology (i.e., addressing the "so what" question), this discussion provides clues about where R/S research might focus on in the future.

Gleason, J. J. [Greenwood, IN; mariejohn50@att.net]. "**A professional spiritual care knowledge base: boon or bane?**" *Journal of Health Care Chaplaincy* 19, no. 2 (2013): 45-53.

[Abstract:] An Ideal Intervention Paper was initiated in 2005 to consolidate the learnings of clinical pastoral education students. As papers from students, practitioners, and educators were collected over a period of seven years, it became evident that a knowledge base comprised of this

work would expedite the professionalization of clinical chaplaincy via provision of second opinions in difficult cases, education of administrators and the public about the nature of chaplaincy work, and baseline data for effectiveness research-to include replication of effective interventions toward designation of evidence based spiritual care best practices. An online 395-sample knowledge base hosted by the Association for Clinical Pastoral Education Research Network was amassed, nearly 40 percent of which is the work of experienced practitioners and educators. A pilot effectiveness study of samples failed to produce meaningful results. As an interim measure a content analysis has provided tentative effectiveness ratings until further research can be done.

Goyal, D., Goyal, A. and Brittberg, M. [Saumya Orthocare, Centre for Advanced Surgeries of the Knee Joint, Sabarmati, Ahmedabad, India; deepak@knee.in]. "**Consideration of religious sentiments while selecting a biological product for knee arthroscopy**." *Knee Surgery, Sports Traumatology, Arthroscopy* 21, no. 7 (Jul 2013): 1577-1586.

This article addresses the significance of -- and acceptability of -- biological medical products for patients from various religious traditions. The authors are Indian and Swedish, but the content of the article has general application beyond those cultural contexts.

Grabenstein, J. D. [Merck Vaccines, 770 Sumneytown Pike, West Point, PA; john_grabenstein@merck.com]. "**What the world's religions teach, applied to vaccines and immune globulins**." *Vaccine* 31, no. 16 (April 12, 2013): 2011-2023.

[Abstract:] For millennia, humans have sought and found purpose, solace, values, understanding, and fellowship in religious practices. Buddhist nuns performed variation against smallpox over 1000 years ago. Since Jenner developed vaccination against smallpox in 1796, some people have objected to and declined vaccination, citing various religious reasons. This paper reviews the scriptural, canonical basis for such interpretations, as well as passages that support immunization. Populous faith traditions are considered, including Hinduism, Buddhism, Jainism, Judaism, Christianity, and Islam. Subjects of concern such as blood components, pharmaceutical excipients of porcine or bovine origin, rubella strain RA 27/3, and cell-culture media with remote fetal origins are evaluated against the religious concerns identified. The review identified more than 60 reports or evaluations of vaccine-preventable infectious-disease outbreaks that occurred within religious communities or that spread from them to broader communities. In multiple cases, ostensibly religious reasons to decline immunization actually reflected concerns about vaccine safety or personal beliefs among a social network of people organized around a faith community, rather than theologically based objections per se. Themes favoring vaccine acceptance included transformation of vaccine excipients from their starting material, extensive dilution of components of concern, the medicinal purpose of immunization (in contrast to diet), and lack of alternatives. Other important features included imperatives to preserve health and duty to community (e.g., parent to child, among neighbors). Concern that 'the body is a temple not to be defiled' is contrasted with other teaching and quality-control requirements in manufacturing vaccines and immune globulins. Health professionals who counsel hesitant patients or parents can ask about the basis for concern and how the individual applies religious understanding to decision-making about medical products, explain facts about content and processes, and suggest further dialog with informed religious leaders. Key considerations for observant believers for each populous religion are described.

Griffin, A. [Southern Illinois University, Edwardsville]. "**The lived spiritual experiences of patients transitioning through major outpatient surgery**." *AORN Journal* 97, no. 2 (Feb 2013): 243-252.

[Abstract:] Dramatic changes in outpatient surgery have occurred in recent years, but the basic care needs of surgical patients remain constant. Most outpatients face the same spiritual and coping issues that inpatients do, but outpatient surgery requires that patients cope with the surgery at an accelerated pace. This phenomenological study describes the meanings of the lived spiritual experiences of patients transitioning through major outpatient surgery. Analysis of interviews with participants resulted in four distinct themes: a point in time, holy other, vulnerability in the OR, and appraisals of uncertainty. Ways that health care providers can provide holistic case include developing an understanding of the patient's overall experience, understanding the patient's goals, and supporting the patient's own coping mechanisms and resources. Additional research should be conducted to explore interventions related to patients' spiritual well-being in outpatient settings.

Grossoehme, D. H., Cotton, S. and McPhail, G. [Division of Pulmonary Medicine, Cincinnati Children's Hospital Medical Center, OH; grossoehme@cchmc.org]. "**Use and sanctification of complementary and alternative medicine by parents of children with cystic fibrosis**." *Journal of Health Care Chaplaincy* 19, no. 1 (2013): 22-32.

[Abstract:] Complementary and alternative medicine (CAM) use, including spiritual modalities, is common in pediatric chronic diseases. However, few users discuss CAM treatments with their child's physician. Semi-structured interviews of 25 parents of children who have cystic fibrosis (CF) were completed. Primary themes were identified by thematic analyses. Most parents (19/25) used at least one CAM modality with their child. Only two reported discussing CAM use with their child's pulmonologist. Most reported prayer as helpful (81%) and multi-faceted, including individual and group prayer; using aromatherapy or scented candles as an adjunct for relaxation; and the child's sleeping with a blessed prayer. Parents ascribed sacred significance to natural oral supplements. CAM use is relevant to the majority of participating parents of children under age 13 with CF. Chaplains can play a significant role by reframing prayer's integration into chronic disease care, co-creating rituals with pediatric patients, and mediating conversations between parents and providers.

Grossoehme, D. H., Cotton, S., Ragsdale, J., Quittner, A. L., McPhail, G. and Seid, M. [Division of Pulmonary Medicine, Cincinnati Children's Hospital Medical Center, and Department of Family and Community Medicine, University of Cincinnati, College of Medicine, OH; daniel.grossoehme@cchmc.org]. "**'I honestly believe God keeps me healthy so I can take care of my child': parental use of faith related to treatment adherence**." *Journal of Health Care Chaplaincy* 19, no. 2 (2013): 66-78.

[Abstract:] A limited number of studies address parental faith and its relationship to their children's health. Using cystic fibrosis as a disease exemplar in which religion/spirituality have been shown to play a role and parental health behaviors (adherence to their child's daily recommended home treatments) are important, this study explored whether parents with different levels of adherence would describe use of faith differently. Twenty-five interviews were completed and analyzed using grounded theory methodology. Some parents described no relationship between faith and treatment adherence. However, of those who did, higher-adherence parents believed God empowered them to care for their child and they used prayer to change themselves, while lower-adherence parents described trusting God to care for their child and used prayer to change God. Clinical implications for chaplains' differential engagement with parents are presented.

Grossoehme, D. H., Szczesniak, R., McPhail, G. L. and Seid, M. [Division of Pulmonary Medicine, Cincinnati Children's Hospital Medical Center, OH; daniel.grossoehme@cchmc.org]. "**Is adolescents' religious coping with cystic fibrosis associated with the rate of decline in pulmonary function? A preliminary study**." *Journal of Health Care Chaplaincy* 19, no. 1 (2013): 33-42.

[Abstract:] Religious coping is associated with health outcomes in adolescents with chronic disease. Identifying potentially modifiable spiritual factors is important for improving health outcomes. The purpose of this study was to determine if associations exist between rate of change in pulmonary function and subsequent religious coping by adolescents with cystic fibrosis (CF). Retrospective cohort design employing the Brief R-COPE and calculated decline in lung function over a three-year period were utilized. Data were obtained for 28 adolescents; median age 13.5 years. Use of pleading or negative religious coping was associated with a worse clinical trajectory. Pleading may be ineffective as disease progression is modifiable through adherence to evidence-based treatments. Given established relationships of religious coping with general coping, the effects of declining pulmonary function may be broader. Changes in pulmonary function suggest opportunities for chaplains to explore options to cognitively reframe negative religious coping.

Guimond, M. E. and Salman, K. [Duquesne University, Pittsburgh, PA; guimondm@duq.edu]. "**Modesty matters: cultural sensitivity and cervical cancer prevention in Muslim women in the United States**." *Nursing for Women's Health* 17, no. 3 (Jun-Jul 2013): 210-216; quiz on p. 217.

[Abstract:] Muslim women represent a growing minority in the United States, and sensitivity to their cultural and religious values (modesty, in particular) is important, because lack of sensitivity to modesty is a barrier for Muslim women to obtain cervical cancer screening and prevention. This article presents current recommendations for screening, highlights the need for prevention strategies for children (e.g., HPV vaccination), addresses the limited amount of research on this population and suggests strategies to discuss and encourage cervical cancer screening and prevention among Muslim women.

Gunderman, R. B. and Jackson, C. R. [Indiana University School of Medicine, Indianapolis; rbgunder@iupui.edu]. "**Viewing the body in the Abrahamic faith traditions: what radiologists need to know**." *Academic Radiology* 20, no. 4 (Apr 2013): 506-508.

This is a brief and general overview of Judaism, Christianity, and Islam with radiologists in mind, ultimately advocating for sensitivity in imaging and handling images of patients for whom views of the body may carry particular religious significance or religiously-informed modesty concerns.

Hall, D., Shirey, M. A. and Waggoner, D. C. [Hospice of Sacred Heart, Eugene, OR; dalhall@peacehealth.org]. "**Improving access and satisfaction with spiritual care in the hospice setting**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 97-107.

[Abstract:] Hospice of Sacred Heart, an agency of PeaceHealth Oregon, experienced a dramatic increase in its census beginning in 2007. The spiritual care team noticed the number of referrals was decreasing while the census was increasing. A quality improvement initiative was conducted, including a staff survey, an education program about spirituality and the role of chaplains on interdisciplinary teams in the hospice setting, and an audit of the chaplain's daily allocation of time. These actions resulted in an increase in the use of spiritual care services by patients and staff and the addition of two full-time, benefited chaplain positions. [This is part of a special theme issue of the journal. See also articles by Bodek, H.; by Daly, D., et al.; by Galchutt, P.; by Markham, K. C.; by Nichols, S. W.; and by Piotrowski, L. F.; also cited in this bibliography.]

Hamilton, J. B., Moore, A. D., Johnson, K. A. and Koenig, H. G. [Univ. of North Carolina at Chapel Hill; jhamilto@email.unc.edu]. "**Reading the Bible for guidance, comfort, and strength during stressful life events**." *Nursing Research* 62, no. 3 (May-Jun 2013): 178-184.

[Abstract:] BACKGROUND: The use of religious practices to promote mental health among African Americans is well documented. African Americans are more likely to report strong religious affiliations and to use religion over prescribed medications for mental health problems. However, few studies have explored how African Americans use religious practices in response to stressful life events. OBJECTIVE: The aim of this study is to examine how African American women and men find comfort in using scripture passages from The Bible. METHODS: Fifty-four African American adults residing in the Southeastern United States participated in a qualitative descriptive study using open-ended semistructured interviews. Participants were asked to describe their use of scripture passages from The Bible and the personal meanings associated with these scriptures in the context of a family death or life-threatening illness. RESULTS: These participants used scripture passages categorized as God as Protector, God as Beneficent, Praise and Thanksgiving, God as Healer, Memory of Forefathers, Prayers to God, and Life after Death. Few gender differences were noted. However, women were more likely to use scripture passages of God as Protector and Life after Death, whereas men were more likely to use God as Beneficent and God as Healer. DISCUSSION: The religious practice of reading scripture passages from The Bible is a mental health-promoting strategy used during stressful life events. The findings of this study have practical uses for nurses and can be used to inform acceptable and sensitive approaches in addressing mental health issues and spiritual care needs in African American patients.

Hall, J. [University of the West of England]. "**Spiritual care: enhancing meaning in pregnancy and birth**." *Practising Midwife* 16, no. 11 (Dec 2013): 26-27.

[Abstract:] Spiritual care has been recognized as an aspect of nursing for many years. The purpose of this article is to prompt discussion about spirituality and spiritual care in relation to midwifery practice and birth. Application is made to the education of midwives in the U.K. including reference to NMC guidance. Research is identified relating to women's experiences.

Hamilton, J. B., Sandelowski, M., Moore, A. D., Agarwal, M. and Koenig, H. G. [University of North Carolina at Chapel Hill School of Nursing, Chapel Hill; jhamilto@email.unc.edu]. "'**You need a song to bring you through': the use of religious songs to manage stressful life events**." *Gerontologist* 53, no. 1 (Feb 2013): 26-38.

[Abstract:] PURPOSE: To explore in a sample of older African Americans how religious songs were used to cope with stressful life events and to explore the religious beliefs associated with these songs. DESIGN AND METHODS: Sixty-five African American older adults residing in the Southeastern US participated in a qualitative descriptive study involving criterion sampling, open-ended semi-structured interviews, qualitative content analysis, and descriptive statistics. RESULTS: Religion expressed through song was a coping strategy for participants experiencing stressful life events who described feelings of being comforted, strengthened, able to endure, uplifted, and able to find peace by turning to the types of religious songs described here. Five types of songs were used including those evoking Thanksgiving and Praise, Instructive, Memory of Forefathers, Communication with God, and Life after Death. IMPLICATIONS: Religious songs are an important form of religious expression important to the mental health of older African Americans. The incorporation of religious songs into spiritual care interventions might enhance the cultural relevance of mental health interventions in this population.

Harris, G. M., Allen, R. S., Dunn, L. and Parmelee, P. [University of Alabama School of Health Science, Tuscaloosa; grantharris4@gmail.com]. "**'Trouble won't last always': religious coping and meaning in the stress process**." *Qualitative Health Research* 23, no. 6 (Jun 2013): 773-781.
[Abstract:] Meaning-based coping, particularly religious coping, might lead to positive emotions in stressful situations. Religious coping is common among older adults. We explored the experience of religious coping, organizational religious affiliation, and one's relationship with God among older adults with advanced chronic illness and their caregivers. Research questions included: How is religious coping experienced in this context? How is a relationship with God experienced in coping? How is meaning experienced in this context? Brief qualitative interviews uncovered descriptions of experiences using the qualitative descriptive method. Three themes were identified: God is a provider, one's religion and relationship with God when coping are essential, and the God-person relationship is intimate. Care recipients coped through their personal relationship with God, whereas caregivers coped through religious beliefs and support. Meaning was defined as purpose, responsibility, and duty.

Harvey, K. A., Kovalesky, A., Woods, R. K. and Loan, L. A. [Mary Bridge Children's Hospital, Cardiac Surgery Program, Tacoma, WA; kayla.harvey@multicare.org]. "**Experiences of mothers of infants with congenital heart disease before, during, and after complex cardiac surgery**." *Heart & Lung* 42, no. 6 (Nov-Dec 2013): 399-406.
Among the findings of this study of journal entries from eight mothers about their experiences of the days before, during, and after their infant's surgery and shared advice for other mother [from the abstract:] Six themes were identified and validated: Feeling Intense Fluctuating Emotion; Navigating the Medical World; Dealing with the Unknown; Facing the Possibility of My Baby Dying, Finding Meaning and Spiritual Connection, and the umbrella theme of Mothering Through It All.

Hatami, H., Hatami, M. and Hatami, N. [Department of Public Health, School of Health, Shahid Beheshti University of Medical Sciences, Tehran, Iran; hatami@hbi.ir]. "**The religious and social principles of patients' rights in holy books (Avesta, Torah, Bible, and Quran) and in traditional medicine**." *Journal of Religion & Health* 52, no. 1 (Mar 2013): 223-234.
[Abstract:] Health protection and promotion in healthy people and restoring patients' health have been the most important themes in medicine and health throughout our history. Therefore, discussion of different aspects of patients' rights includes implementation of these objectives by the medical community, including physicians, nurses, pharmacists, etc., and the people in charge of health affairs. The principal objective of our research is the study of medical ideology and the approaches of our ancestors in relation to different aspects of patients' rights. To study the different ideologies of traditional medicine in relation to patients' rights, appropriate data were extracted from the original resources of traditional medicine and from religious books. By means of library research we studied these resources in addition to electronic versions of the Alhavi book (by Rhazes), the Kamel-al-Sanaah (by Ahvazi), the Canon of Medicine (by Avicenna), the Zakhireye Khawrazmshahi (by Jorjani), the Avesta, the Torah, the Bible, the Quran, and many other resources, and, finally, after searching, gathering, and encoding the findings, analyzed them qualitatively for thematic content. The holy Avesta book clearly insists on the competence of physicians and setting the appointment fee in accordance with peoples' income. The Old Testament (holy Torah) warned government officials who did not observe patients' rights. In the four gospels (holy Bible) the importance of treatment and taking care of the patient is stressed. After the emergence of Islam, medical students, before beginning the principal courses, had to study Islamic jurisprudence, ethics, logic sciences, natural sciences, geometry, astrology, calculus, and similar courses so that after purifying their soul they could enter the saintly profession of physicians. The holy Quran refers to saving the life of a human irrespective of social class, race, and religion, and insists on exemption of patients from physical activity, including the physical aspects of prayer. In these resources, some warnings are offered in relation to fake drugs, the lack of awareness of some physicians, the need for complete preparedness of medical society, and the need to manufacture appropriate drugs and offer a suitable medical service. This information is to familiarize medical and health authorities and persons receiving health services. According to the evidence available about traditional medicine, there was no specific difference between public and professional ethics, public and professional rights, or rights and ethics-ethics were no different from rights nor rights from ethics. So ethics are similar to the soul in the body of rights, and rights are similar to the litter of ethics, and they have developed in parallel with each other. Traditional medicine is community-based and preservation of the health of healthy people is given priority over the treatment of patients; there is insistence that "health rights" has wider scope than "patients' rights". It can be stated that health rights in Iran both before and after the emergence of Islam have been based on guidance from divine religions, observation of humanist ethics, passing suitable courses in the basic sciences, and an introduction to the practical piety of our ancestors, in addition to the syllabus of medical and health education.

Hayward, R. D. and Krause, N. [University of Michigan, School of Public Health, Ann Arbor; rdhaywar@umich.edu]. "**Patterns of change in religious service attendance across the life course: evidence from a 34-year longitudinal study**." *Social Science Research* 42, no. 6 (Nov 2013): 1480-1489. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Although a number of studies have uncovered evidence of age differences in religious involvement across the life course, there has been a lack of long-term longitudinal data to test the extent to which these differences are due to changes within individuals over time. This study tracks trajectories of change in religious service attendance using data collected longitudinally over the course of up to 34years, between 1971 and 2005, and in ages ranging from 15 to 102. Piecewise growth curve modeling was used to examine changes in the patterns of age-related change in three distinct developmental periods: the transition from adolescence to young adulthood, middle adulthood, and older adulthood. Attendance showed an average pattern of quadratic decline in adolescence, stability in middle adulthood, and a quadratic pattern of more rapid increase followed by decrease over the course of older adulthood. These results suggest that developmental factors play a role in changing patterns of religious participation across the adult life course, and may account for some of the apparent differences between age groups.

Hayward, R. D. and Krause, N. [Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor; rdhaywar@umich.edu]. "**Trajectories of late-life change in God-mediated control**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 68, no. 1 (Jan 2013): 49-58.
[Abstract:] OBJECTIVE: To track within-individual change during late life in the sense of personal control and God-mediated control (the belief that one can work collaboratively with God to achieve one's goals and exercise control over life events) and to evaluate the hypothesis that this element of religion is related to declining personal control. METHOD: A longitudinal survey representative of older White and Black

adults in the United States tracked changes in personal and God-mediated control in four waves over the course of 7 years. RESULTS: Growth curve analysis found that the pattern of change differed by race. White adults had less sense of God-mediated control at younger ages, which increased among those who were highly religious but decreased among those who were less religious. Black adults had higher God-mediated control, which increased over time among those with low personal control. DISCUSSION: These results indicate that God-mediated control generally increases during older adulthood, but that its relationships with personal control and religious commitment are complex and differ between Black and White adults.

Hensler, M. A., Katz, E. R., Wiener, L., Berkow, R. and Madan-Swain, A. [Department of Psychology, University of Alabama at Birmingham; hensler@uab.edu]. "**Benefit finding in fathers of childhood cancer survivors: a retrospective pilot study**." *Journal of Pediatric Oncology Nursing* 30, no. 3 (May-Jun 2013): 161-168.
Among the findings of this study involving 25 fathers of childhood cancer survivors [from the abstract]: fathers endorsed high levels of benefit finding (mean = 4.1 out of 5) specifically in personal growth, spiritual change, and relationships with others.

Hess, D. [Providence Little Company of Mary Medical Center-Torrance, Torrance, CA; Denise.Hess@providence.org]. "**Faith healing and the palliative care team**." *Journal of Social Work in End-of-Life & Palliative Care* 9, nos. 2-3 (2013): 180-190.
This is a case study of a family praying for a miracle, suggesting strategies for interaction/communication. The author concludes [p. 189]: "Interactions between the palliative care team and patients like [the one in this case] are quite complex. In situations of such great complexity, communication strategies that are usually beneficial—such as reframing hope, affirming divine agency, or re-defining healing—might actually create mistrust and suspicion. Careful assessment and attention to language of agency with patients and their loved ones who report that they are praying for a miracle can assist palliative care team members in encouraging a climate of open dialogue even in the midst of very different understandings of divine-human interactions. Inviting patients and families to share their stories of previous miraculous healings, eliciting their current expectations for divine healing, including faith healers in the family meeting, opening and closing the family meeting with clergy or family-member led prayer and scripture reading, and joining the family in bedside prayer for the patient are all strategies aimed at enhancing effective communication. In general, approaching faith healing belief systems as analogous to complementary and alternative medical therapies communicates respect and allows for collaboration instead of conflict born of suspicion, avoidance, or negative judgments." [This article is part of a theme issue of the journal. See also other articles in that issue by Callahan, A. M.; by Dein, S., et al.; and by Way, P.; also cited in this bibliography.]

Hodge, D. R. [Arizona State University]. "**Implicit spiritual assessment: an alternative approach for assessing client spirituality**." *Social Work* 58, no. 3 (Jul 2013): 223-230.
[Abstract:] To provide optimal services, a spiritual assessment is often administered to understand the intersection between clients' spirituality and service provision. Traditional assessment approaches, however, may be ineffective with clients who are uncomfortable with spiritual language or who are otherwise hesitant to discuss spirituality overtly. This article orients readers to an implicit spiritual assessment, an alternative approach that may be more valid with such clients. The process of administering an implicit assessment is discussed, sample questions are provided to help operationalize this approach, and suggestions are offered to integrate an implicit assessment with more traditional assessment approaches. By using terminology that is implicitly spiritual in nature, an implicit assessment enables practitioners to identify and operationalize dimensions of clients' experience that may be critical to effective service provision but would otherwise be overlooked.

Holt, C. L., Wang, M. Q., Clark, E. M., Williams, B. R. and Schulz, E. [Department of Behavioral and Community Health, School of Public Health, University of Maryland, College Park; cholt14@umd.edu]. "**Religious involvement and physical and emotional functioning among African Americans: the mediating role of religious support**." *Psychology & Health* 28, no. 3 (2013): 267-283.
[Abstract:] OBJECTIVES: Religious social support may in part account for the relationship between religious involvement and health-related outcomes. African Americans, on average, tend to have relatively high levels of religious involvement, and suffer a higher burden of health conditions than other groups. This study aimed to examine whether religious social support played a mediating role between religious involvement and physical and emotional functioning, and depressive symptoms. DESIGN: The study used a cross sectional telephone survey among a national probability sample of African Americans (n=803). Study participants completed telephone interviews and data were analysed using structural equation modelling. MAIN OUTCOME MEASURES: Physical and emotional functioning and depressive symptoms served as study outcomes. RESULTS: In both the emotional functioning and depressive symptoms models, the indirect effect test from religious behaviours to emotional religious support indicated evidence for mediation. There was no mediation for the physical functioning model. CONCLUSION: Implications for faith-based health promotion interventions are discussed.

Hunter, B. D. and Merrill, R. M. [School of Medicine & Dentistry, University of Rochester, NY; bradley.hunter@gmail.com]. "**Religious orientation and health among active older adults in the United States**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 851-863.
[Abstract:] This study utilizes a combination of intrinsic and extrinsic Religious Orientation Scales to explore the connection between religion and health in a sample of physically active, older adults. The revised Religious Orientation Scale and the RAND Short Form 36 (SF-36) were adopted to relate religious orientation (intrinsic, extrinsic, pro-religious, and non-religious) and self-rated mental and physical health status. Individuals of pro-religious orientation reported significantly worse health for physical functioning, role limitations due to physical health, and energy or fatigue when compared with those of all other religious orientations; however, no dose-response relationships were found between religious orientation and self-rated health. The results of this study indicate that deleterious health effects may accompany pro-religious orientation. Caution is provided for directors of religious programs for older adults.

Hyun, I. [Department of Bioethics, School of Medicine, Case Western Reserve University, Cleveland, OH; insoo.hyun@case.edu]. "**Therapeutic hope, spiritual distress, and the problem of stem cell tourism**." *Cell: Stem Cell* 12, no. 5 (May 2, 2013): 505-507.

[Abstract:] Managing patients' therapeutic hope and spiritual distress-in addition to tighter regulation of commercial therapies and improved patient understanding-may offer a more comprehensive approach to reducing the overall incidence of stem cell tourism. Such patient support must occur early in the clinical relationship after appropriate assessment and discussion.

Imdad, A., Tserenpuntsag, B., Blog, D. S., Halsey, N. A., Easton, D. E. and Shaw, J. [SUNY Upstate Medical University, Syracuse, NY]. "**Religious exemptions for immunization and risk of pertussis in New York State, 2000-2011**." *Pediatrics* 132, no. 1 (Jul 2013): 37-43.

[Abstract:] OBJECTIVE: The objective of this study was to describe rates of religious vaccination exemptions over time and the association with pertussis in New York State (NYS). METHODS: Religious vaccination exemptions reported via school surveys of the NYS Department of Health from 2000 through 2011 were reviewed by county, and the changes were assessed against incidence rates of pertussis among children reported to the NYS Department of Health Communicable Disease Electronic Surveillance System. RESULTS: The overall annual state mean prevalence (+ SD) of religious exemptions for >1 vaccines in 2000-2011 was 0.4% + 0.08% and increased significantly from 0.23% in 2000 to 0.45% in 2011 (P = .001). The prevalence of religious exemptions varied greatly among counties and increased by >100% in 34 counties during the study period. Counties with mean exemption prevalence rates of >1% reported a higher incidence of pertussis, 33 per 100000 than counties with lower exemption rates, 20 per 100000, P < .001. In addition, the risk of pertussis among vaccinated children living in counties with high exemption rate increased with increase of exemption rate among exempted children (P = .008). CONCLUSIONS: The prevalence of religious exemptions varies among NYS counties and increased during the past decade. Counties with higher exemption rates had higher rates of reported pertussis among exempted and vaccinated children when compared with the low-exemption counties. More studies are needed to characterize differences in the process of obtaining exemptions among NYS schools, and education is needed regarding the risks to the community of individuals opting out from recommended vaccinations.

Inzelberg, R., Afgin, A. E., Massarwa, M., Schechtman, E., Israeli-Korn, S. D., Strugatsky, R., Abuful, A., Kravitz, E., Farrer, L. A. and Friedland, R. P. [Sagol Neuroscience Center, Department of Neurology, Sheba Medical Center, Israel]. "**Prayer at midlife is associated with reduced risk of cognitive decline in Arabic women**." *Current Alzheimer Research* 10, no. 3 (Mar 2013): 340-346.

[Abstract:] Midlife habits may be important for the later development of Alzheimer's disease (AD). We estimated the contribution of midlife prayer to the development of cognitive decline. In a door-to-door survey, residents aged >65 years were systematically evaluated in Arabic including medical history, neurological, cognitive examination, and a midlife leisure-activities questionnaire. Praying was assessed by the number of monthly praying hours at midlife. Stepwise logistic regression models were used to evaluate the effect of prayer on the odds of mild cognitive impairment (MCI) and AD versus cognitively normal individuals. Of 935 individuals that were approached, 778 [normal controls (n=448), AD (n=92) and MCI (n=238)] were evaluated. A higher proportion of cognitively normal individuals engaged in prayer at midlife [(87%) versus MCI (71%) or AD (69%) (p<0.0001)]. Since 94% of males engaged in prayer, the effect on cognitive decline could not be assessed in men. Among women, stepwise logistic regression adjusted for age and education, showed that prayer was significantly associated with reduced risk of MCI (p=0.027, OR=0.55, 95% CI 0.33-0.94), but not AD. Among individuals endorsing prayer activity, the amount of prayer was not associated with MCI or AD in either gender. Praying at midlife is associated with lower risk of mild cognitive impairment in women.

Ivtzan, I., Chan, C. P., Gardner, H. E. and Prashar, K. [University College London, UK; ItaiIvtzan@AwarenessIsFreedom.com]. "**Linking religion and spirituality with psychological well-being: examining self-actualisation, meaning in life, and personal growth initiative**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 915-929.

[Abstract:] Research largely shows that religion and spirituality have a positive correlation to psychological well-being. However, there has been a great deal of confusion and debate over their operational definitions. This study attempted to delineate the two constructs and categorise participants into different groups based on measured levels of religious involvement and spirituality. The groups were then scored against specific measures of well-being. A total of 205 participants from a wide range of religious affiliations and faith groups were recruited from various religious institutions and spiritual meetings. They were assigned to one of four groups with the following characteristics: (1) a high level of religious involvement and spirituality, (2) a low level of religious involvement with a high level of spirituality, (3) a high level of religious involvement with a low level of spirituality, and (4) a low level of religious involvement and spirituality. Multiple comparisons were made between the groups on three measures of psychological well-being: levels of self-actualisation, meaning in life, and personal growth initiative. As predicted, it was discovered that, aside from a few exceptions, groups (1) and (2) obtained higher scores on all three measures. As such, these results confirm the importance of spirituality on psychological well-being, regardless of whether it is experienced through religious participation.

Jackson-Jordan, E. A. [University of North Carolina, Charlotte, NC; Beth.Jackson-Jordan@carolinashealthcare.org]. "**Clergy burnout and resilience: a review of the literature**." *Journal of Pastoral Care & Counseling* 67, no. 1 (Mar 2013): 3 [electronic journal article designation].

[Abstract:] In this article, I review the literature on burnout and resilience among clergy. The existing research shows that the factors related to clergy burnout include the quality of interpersonal skills, relationships outside the congregation, establishment of peer/mentor relationships, the existence of high role expectations, personal spirituality and the ability to set healthy emotional boundaries. Recent studies using positive psychology as a framework identify a number of personal and situational qualities that promote resilience in clergy. Based on these findings, I suggest interventions that should be made by faith groups to better support clergy and make recommendations for further research.

Jegindo, E. M., Vase, L., Skewes, J. C., Terkelsen, A. J., Hansen, J., Geertz, A. W., Roepstorff, A. and Jensen, T. S. [Danish Pain Research Center, Aarhus University Hospital, Aarhus, Denmark; else-marie@cfin.dk]. "**Expectations contribute to reduced pain levels during prayer in highly religious participants**." *Journal of Behavioral Medicine* 36, no. 4 (Aug 2013): 413-426.

[Abstract:] Although the use of prayer as a religious coping strategy is widespread and often claimed to have positive effects on physical disorders including pain, it has never been tested in a controlled experimental setting whether prayer has a pain relieving effect. Religious beliefs and practices are complex phenomena and the use of prayer may be mediated by general psychological factors known to be related to the pain experience, such as expectations, desire for pain relief, and anxiety. Twenty religious and twenty non-religious healthy volunteers were exposed to painful electrical stimulation during internal prayer to God, a secular contrast condition, and a pain-only control condition. Subjects

rated expected pain intensity levels, desire for pain relief, and anxiety before each trial and pain intensity and pain unpleasantness immediately after on mechanical visual analogue scales. Autonomic and cardiovascular measures provided continuous non-invasive objective means for assessing the potential analgesic effects of prayer. Prayer reduced pain intensity by 34 % and pain unpleasantness by 38 % for religious participants, but not for non-religious participants. For religious participants, expectancy and desire predicted 56-64 % of the variance in pain intensity scores, but for non-religious participants, only expectancy was significantly predictive of pain intensity (65-73 %). Conversely, prayer-induced reduction in pain intensity and pain unpleasantness were not followed by autonomic and cardiovascular changes.

Jhutti-Johal, J. [Department of Theology and Religion, University of Birmingham, UK; j.jhuttijohal.1@bham.ac.uk]. "**Understanding and coping with diversity in healthcare**." *Health Care Analysis* 21, no. 3 (Sep 2013): 259-270.

[Abstract:] In the healthcare sector, race, ethnicity and religion have become an increasingly important factor in terms of patient care due to an increasingly diverse population. Health agencies at a national and local level produce a number of guides to raise awareness of cultural issues among healthcare professionals and hospitals may implement additional non-medical services, such as the provision of specific types of food and dress to patients or the hiring of chaplains, to accommodate the needs of patients with religious requirements. However, in an attempt to address the spiritual, cultural and religious needs of patients healthcare providers often assume that ethnic minority groups are homogenous blocks of people with similar needs and fail to recognize that a diverse range of views and practices exist within specific groups themselves. This paper describes the example of the Sikh community and the provision of palliative care in hospitals and hospices. Although, the majority of patients classifying themselves as Sikhs have a shared language and history, they can also be divided on a number of lines such as caste affiliation, degree of assimilation in the west, educational level and whether baptized or not, all of which influence their beliefs and practices and hence impact on their needs from a health provider. Given that it is unfeasible for health providers to have knowledge of the multitude of views within specific religious and ethnic communities and accounting for the tight fiscal constraints of healthcare budgets, this paper concludes by raising the question whether healthcare providers should step away from catering for religious and cultural needs that do not directly affect treatment outcomes, and instead put the onus on individual communities to provide resources to meet spiritual, cultural and religious needs of patients. [This article is part of a theme issue of the journal. See also other articles in that issue by Pattison, S. and by Swift, C., also cited in this bibliography.]

John, D. A. and Williams, D. R. [Department of Social and Behavioral Sciences, Harvard School of Public Health, Boston, MA; djohn@hsph.harvard.edu]. "**Mental health service use from a religious or spiritual advisor among Asian Americans**." *Asian Journal of Psychiatry* 6, no. 6 (Dec 2013): 599-605. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Asian Americans experience significant underuse of mental health treatment. Religious clergy and spiritual advisors play a critical role in delivering mental health care in the United States. Limited knowledge exists about their use among Asian Americans. OBJECTIVE: We describe mental health service use from a religious/spiritual advisor among Asian Americans. METHODS: We analyzed data from 2095 respondents in the 2002-2003 National Latino and Asian American Study. RESULTS: Lifetime and 12-month prevalence of mental health service use from a religious/spiritual advisor (5.5% and 1% overall, respectively) was generally higher among U.S.-born Asians and those with a 12-month mental disorder (23.6% and 7.5%, respectively). Religious/spiritual advisors were seen by 35% of treatment-seeking Asian Americans with a lifetime mental disorder. They were seen as commonly as psychiatrists but less commonly than a mental health specialist or general medical provider. Approximately 70% of those seeking treatment had a mental disorder, significant proportions of whom sought treatment in the absence of a psychiatrist, a mental health specialist or even a healthcare provider. A significant majority with 12-month use perceived the care as helpful, felt accepted/understood and satisfied (71-86%). However, only 31% rated the care as excellent, 28% quit completing care, and referral rates for specialty mental health treatment were low, even among those with a mental disorder (9.5%). CONCLUSIONS: Religious/spiritual advisors are a key source of treatment-seeking for Asian Americans with a mental disorder. Quality of care and low referral rates for specialty mental health treatment warrant further attention and need for increased collaboration with the mental health system.

Johnson, E., Dodd-McCue, D., Tartaglia, A. and McDaniel, J. [Tompkins-McCaw Library for the Health Sciences, Virginia Commonwealth University, Richmond; ejohnson24@vcu.edu]. "**Mapping the literature of health care chaplaincy**." *Journal of the Medical Library Association* 101, no. 3 (Jul 2013): 199-204.

[Abstract:] OBJECTIVE: This study examined citation patterns and indexing coverage from 2008 to 2010 to determine (1) the core literature of health care chaplaincy and (2) the resources providing optimum coverage for the literature. METHODS: Citations from three source journals (2008-2010 inclusive) were collected and analyzed according to the protocol created for the Mapping the Literature of Allied Health Professions Project. An analysis of indexing coverage by five databases was conducted. A secondary analysis of self-citations by source journals was also conducted. RESULTS: The 3 source journals--Chaplaincy Today, the Journal of Health Care Chaplaincy, and the Journal of Pastoral Care and Counseling--ranked as the top 3 journals in Zone 1 and provided the highest number of most frequently cited articles for health care chaplaincy. Additional journals that appeared in this highly productive zone covered the disciplines of medicine, psychology, nursing, and religion, which were also represented in the Zones 2 and 3 journals. None of the databases provided complete coverage for the core journals; however, MEDLINE provided the most comprehensive coverage for journals in Zones 1 and 2, followed by Academic Search Complete, CINAHL, PsycINFO, and ATLA. Self-citations for the source journals ranged from 9% to 16%. CONCLUSIONS: Health care chaplaincy draws from a diverse body of inter-professional literature. Libraries wishing to provide access to journal literature to support health care chaplaincy at their institutions will be best able to do this by subscribing to databases and journals that cover medical, psychological, nursing, and religion- or spirituality-focused disciplines.

Keating, D. M. [Department of Communication, Michigan State University, East Lansing; keatin33@msu.edu]. "**Spirituality and support: a descriptive analysis of online social support for depression**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 1014-1028.

[Abstract:] This study examined supportive messages in spiritual and non-spiritual online support groups for depression. Both social support and religiosity have been associated with reduced depressive symptomology. Proportions of three types of support (i.e., informational, emotional, and network) were considered; messages were further delineated as being either religious or non-religious in nature. Messages (N=2,674) from two Christian and two unaffiliated online groups were analyzed. Results indicated that Christian groups communicated more

informational support and General groups communicated more network support. Christian groups communicated more religious messages. This and future research is valuable to practitioners and clergy aiding depressed individuals and to the literature on social support and religion.

Khanna, S. and Greeson, J. M. [Kasturba Medical College, Manipal University, Manipal, Karnataka, India; surbhik@gmail.com]. "**A narrative review of yoga and mindfulness as complementary therapies for addiction**." *Complementary Therapies in Medicine* 21, no. 3 (Jun 2013): 244-252.

[Abstract:] This paper reviews the philosophical origins, current scientific evidence, and clinical promise of yoga and mindfulness as complementary therapies for addiction. Historically, there are eight elements of yoga that, together, comprise ethical principles and practices for living a meaningful, purposeful, moral and self-disciplined life. Traditional yoga practices, including postures and meditation, direct attention toward one's health, while acknowledging the spiritual aspects of one's nature. Mindfulness derives from ancient Buddhist philosophy, and mindfulness meditation practices, such as gentle Hatha yoga and mindful breathing, are increasingly integrated into secular health care settings. Current theoretical models suggest that the skills, insights, and self-awareness learned through yoga and mindfulness practice can target multiple psychological, neural, physiological, and behavioral processes implicated in addiction and relapse. A small but growing number of well-designed clinical trials and experimental laboratory studies on smoking, alcohol dependence, and illicit substance use support the clinical effectiveness and hypothesized mechanisms of action underlying mindfulness-based interventions for treating addiction. Because very few studies have been conducted on the specific role of yoga in treating or preventing addiction, we propose a conceptual model to inform future studies on outcomes and possible mechanisms. Additional research is also needed to better understand what types of yoga and mindfulness-based interventions work best for what types of addiction, what types of patients, and under what conditions. Overall, current findings increasingly support yoga and mindfulness as promising complementary therapies for treating and preventing addictive behaviors.

Kianpour, M. [Department of the Social Sciences, Isfahan University, Iran]. "**Mental health and hospital chaplaincy: strategies of self-protection (case study: Toronto, Canada)**." *Iranian Journal of Psychiatry & Behavioral Sciences* 7, no. 1 (2013): 69-77. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Objective: This is a study about emotion management among a category of healthcare professional - hospital chaplains - who have hardly been the subject of sociological research about emotions. The aim of the study was to understand how chaplains manage their work-related emotions in order to protect their mental health, whilst also providing spiritual care. Methods: Using in-depth, semi structured interviews, the author spoke with 21 chaplains from five faith traditions (Christianity, Islam, Judaism, Buddhism and modern paganism) in different Toronto (Canada) Hospitals to see how they manage their emotion, and what resources they rely on in order to protect their mental health. Data analysis was perfumed according to Sandelowski's method of qualitative description. Results: The average age and work experience of the subjects interviewed in this study are 52 and 9.6 respectively. 11 chaplains worked part-time and 10 chaplains worked full-time. 18 respondents were women and the sample includes 3 male chaplains only. The findings are discussed, among others, according to the following themes: work-life balance, self-reflexivity, methods of self-care, and chaplains' emotional make-up. Conclusion: Emotion management per se is not a problem. However, if chaplains fail to maintain a proper work-life balance, job pressure can be harmful. As a strategy, many chaplains work part-time. As a supportive means, an overwhelming number of chaplains regularly benefit from psychotherapy and/or spiritual guidance.

King, S. D., Dimmers, M. A., Langer, S. and Murphy, P. E. [Seattle Cancer Care Alliance, Washington]. "**Doctors' attentiveness to the spirituality/religion of their patients in pediatric and oncology settings in the Northwest USA**." *Journal of Health Care Chaplaincy* 19, no. 4 (2013): 140-164.

[Abstract:] Research indicates that spirituality/religion is important to many patients and they want this to be an integrated component of their care. This study's aim was to better understand doctors' attentiveness to patients'/families' spiritual/religious concerns and the contributing factors for this in the Northwest USA as well as doctor's attitudes about referrals to chaplains. Study participants included 108 pediatricians and oncologists who completed an online self-report questionnaire regarding their beliefs about the health relevance of patients' spirituality/religion and their attentiveness to this. Few doctors routinely addressed this concern. Doctors who were Christian, did not expect negative reactions to inquiring, and were knowledgeable regarding chaplains were more likely to address spirituality/religion. Doctors who felt less adequate in addressing spirituality/religion and were concerned about patients negative reactions were less likely to value referral to chaplains. On the other hand, those who had an understanding regarding chaplains were more likely to support referral.

King, S. D., Fitchett, G. and Berry, D. L. [Seattle Cancer Care Alliance, Seattle, WA; sking@seattlecca.org]. "**Screening for religious/spiritual struggle in blood and marrow transplant patients**." *Supportive Care in Cancer* 21, no. 4 (Apr 2013): 993-1001.

[Abstract:] PURPOSE: A growing body of research documents the harmful effects of religious/spiritual (R/S) struggle (e.g., feeling abandoned or punished by God) among patients with a wide variety of diagnoses. Documented effects include poorer quality of life, greater emotional distress, poorer recovery, and increased disability. This study reports the use of a screening protocol that identified patients who may have been experiencing R/S struggle. We also examined the prevalence and correlates of possible R/S struggle, its association with quality of life, pain, and depressive symptoms and compared the results from the screening protocol with social workers' assessments. METHODS: One hundred seventy-eight blood and marrow transplant patients completed the Electronic Self-Report Assessment--Cancer (ESRA-C) which included the Rush Religious Struggle Screening Protocol and other measures of quality of life, pain, and depressive symptoms prior to transplant therapy. All participants were assessed by a social worker, 90 % within 2 weeks of the ESRA-C assessment. RESULTS: Using the Rush Protocol, 18 % of the patients were identified as potentially experiencing R/S struggle. R/S struggle was not reported in any social work assessments. In a multivariable model, potential R/S struggle was more likely in patients who were more recently diagnosed, male, and Asian/Pacific Islanders. There were no significant associations between potential R/S struggle and quality of life, pain, or depressive symptoms. CONCLUSIONS: Early identification of patients with R/S struggle will facilitate their referral for further assessment and appropriate intervention. Further research is needed to identify the best methods of screening patients for R/S struggle.

King, M., Llewellyn, H., Leurent, B., Owen, F., Leavey, G., Tookman, A. and Jones, L. [UCL Mental Health Sciences Unit, London, UK]. "**Spiritual beliefs near the end of life: a prospective cohort study of people with cancer receiving palliative care**." *Psycho-Oncology* 22, no. 11 (Nov 2013): 2505-2512.

[Abstract:] OBJECTIVES: Despite growing research interest in spirituality and health, and recommendations on the importance of spiritual care in advanced cancer and palliative care, relationships between spiritual belief and psychological health near death remain unclear. We investigated (i) relationships between strength of spiritual beliefs and anxiety and depression, intake of psychotropic/analgesic medications and survival in patients with advanced disease; and (ii) whether the strength of spiritual belief changes as death approaches. METHODS: We conducted a prospective cohort study of 170 patients receiving palliative care at home, 97% of whom had a diagnosis of advanced cancer. Data on strength of spiritual beliefs (Beliefs and Values Scale [BVS]), anxiety and depression (Hospital Anxiety and Depression Scale [HADS]), psychotropic/analgesic medications, daily functioning, global health and social support were collected at recruitment then 3 and 10 weeks later. Mortality data were collected up to 34 months after the first patient was recruited. RESULTS: Regression analysis showed a slight increase in strength of spiritual belief over time approaching statistical significance (+0.16 BVS points per week, 95% CI [-0.01, 0.33], p = 0.073). Belief was unrelated to anxiety and depression (-0.15 points decrease in HADS for 10 points increased in BVS (95% CI [-0.57, 0.27], p = 0.49) or consumption of psychotropic medication). There was a non-significant trend for decreasing analgesic prescription with increasing belief. Mortality was higher over 6 months in participants with lower belief at recruitment. CONCLUSION: Results suggest that although religious and spiritual beliefs might increase marginally as death approaches, they do not affect levels of anxiety or depression in patients with advanced cancer.

Kopacz, M. S. [Center of Excellence for Suicide Prevention, Canandaigua, NY; marek.kopacz@va.gov]. "**Providing pastoral care services in a clinical setting to veterans at-risk of suicide**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 759-767.

[Abstract:] The value of enhanced spiritual wellbeing has largely been overlooked as part of suicide prevention efforts in Veterans. The aim of this qualitative study is to examine the clinical pastoral care services provided by VA Chaplains to Veterans at-risk of suicide. This study was conducted using in-depth interviews with five Chaplains affiliated with a medical center located in upstate New York. This study was able to show that some at-risk individuals do actively seek out pastoral care, demonstrating a demand for such services. In conclusion, a pastoral care framework may already exist in some clinical settings, giving at-risk Veterans the opportunity to access spiritual care.

Koren, M. E. and Papadimitriou, C. [Northern Illinois University School of Nursing and Health Studies, DeKalb; mkoren@niu.edu]. "**Spirituality of staff nurses: application of modeling and role modeling theory**." *Holistic Nursing Practice* 27, no. 1 (Jan-Feb 2013): 37-44. [Erratum appears in vol. 27, no. 3 (May-Jun 2013): 184, correcting the author's name from Papamiditriou, to Papadimitriou.]

[Abstract:] This qualitative study examines the spiritual needs of staff nurses. Focus group participants discussed "care of the patient" and "care of self." We use theory to argue that self-care is essential for the care of both nurses and patients, and spirituality is the foundation of nurses' work.

Krause, N. and Hayward, R. D. [School of Public Health, University of Michigan, Ann Arbor; nkrause@umich.edu]. "**Prayer beliefs and change in life satisfaction over time**." *Journal of Religion & Health* 52, no. 2 (Jun 2013): 674-694.

[Abstract:] A considerable number of studies have focused on the relationship between prayer, health, and well-being. But the influence of some types of prayer (e.g., petitionary prayer) has received more attention than others. The purpose of this study is to examine an overlooked aspect of prayer: trust-based prayer beliefs. People with this orientation believe that God knows that best way to answer a prayer and He selects the best time to provide an answer. Three main findings emerge from data that were provided by a nationwide longitudinal survey of older people reveals. First, the results reveal that Conservative Protestants are more likely to endorse trust-based prayer beliefs. Second, the findings suggest that these prayer beliefs tend to be reinforced through prayer groups and informal support from fellow church members. Third, the data indicate that stronger trust-based prayer beliefs are associated with a greater sense of life satisfaction over time.

Krentzman, A. R., Cranford, J. A. and Robinson, E. A. [University of Michigan Addiction Research Center, Ann Arbor; amykrent@umich.edu]. "**Multiple dimensions of spirituality in recovery: a lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change**." *Substance Abuse* 34, no. 1 (2013): 20-32. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Alcoholics Anonymous (AA) states that recovery is possible through spiritual experiences and spiritual awakenings. Research examining spirituality as a mediator of AA's effect on drinking has been mixed. It is unknown whether such findings are due to variations in the operationalization of key constructs, such as AA and spirituality. To answer these questions, the authors used a longitudinal model to test 2 dimensions of AA as focal predictors and 6 dimensions of spirituality as possible mediators of AA's association with drinking. Data from the first 18 months of a 3-year longitudinal study of 364 alcohol-dependent individuals were analyzed. Structural equation modeling was used to replicate the analyses of Kelly et al. (Alcohol Clin Exp Res. 2011;35:454-463) and to compare AA attendance and AA involvement as focal predictors. Multiple regression analyses were used to determine which spirituality dimensions changed as the result of AA participation. A trimmed, data-driven model was employed to test multiple mediation paths simultaneously. The findings of the Kelly et al. study were replicated. AA involvement was a stronger predictor of drinking outcomes than AA attendance. AA involvement predicted increases in private religious practices, daily spiritual experiences, and forgiveness of others. However, only private religious practices mediated the relationship between AA and drinking.

Kruizinga, R., Scherer-Rath, M., Schilderman, J. B., Sprangers, M. A. and Van Laarhoven, H W. [Department of Medical Oncology, Academic Medical Center, University of Amsterdam, The Netherlands; r.kruizinga@amc.uva.nl]. "**The Life In Sight Application study (LISA): design of a randomized controlled trial to assess the role of an assisted structured reflection on life events and ultimate life goals to improve quality of life of cancer patients**." *BMC Cancer* 13 (2013): 360 [electronic journal article designation].

[From the abstract:] BACKGROUND: It is widely recognized that spiritual care plays an important role in physical and psychosocial well-being of cancer patients, but there is little evidence based research on the effects of spiritual care. We will conduct a randomized controlled trial on spiritual care using a brief structured interview scheme supported by an e-application. The aim is to examine whether an assisted reflection on life events and ultimate life goals can improve quality of life of cancer patients. METHODS/DESIGN: Based on the findings of our previous research, we have developed a brief interview model that allows spiritual counselors to explore, explicate and discuss life events and ultimate life goals with cancer patients. To support the interview, we created an e-application for a PC or tablet. To examine whether this assisted reflection improves quality of life we will conduct a randomized trial. Patients with advanced cancer not amenable to curative

treatment options will be randomized to either the intervention or the control group. The intervention group will have two consultations with a spiritual counselor using the interview scheme supported by the e-application. The control group will receive care as usual. At baseline and one and three months after randomization all patients fill out questionnaires regarding quality of life, spiritual wellbeing, empowerment, satisfaction with life, anxiety and depression and health care consumption. DISCUSSION: Having insight into one's ultimate life goals may help integrating a life event such as cancer into one's life story. This is the first randomized controlled trial to evaluate the role of an assisted structured reflection on ultimate life goals to improve patients' quality of life and spiritual well being. The intervention is brief and based on concepts and skills that spiritual counselors are familiar with, it can be easily implemented in routine patient care and incorporated in guidelines on spiritual care….

Krumrei, E. J., Pirutinsky, S. and Rosmarin, D. H. [Department of Psychology, Social Science Division, Pepperdine University, Malibu, CA; ejkrumre@pepperdine.edu]. "**Jewish spirituality, depression, and health: an empirical test of a conceptual framework**." *International Journal of Behavioral Medicine* 20, no. 3 (Sep 2013): 327-336. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Little is known about the links between spirituality and mental health among Jews. PURPOSE: This study assessed trust/mistrust in God and religious coping and examined their relationships to depressive symptoms and physical health. Religious affiliation and intrinsic religiousness were examined as moderating variables and religious coping was examined as a mediator. METHOD: Anonymous internet surveys were completed by 208 Jewish women and men of diverse denominations who resided primarily in the USA. RESULTS: Trust in God and positive religious coping were associated with lower levels of depressive symptoms and mistrust in God and negative religious coping were associated with greater depressive symptoms. Intrinsic religiosity showed a small moderation effect for mistrust in God and negative religious coping in relation to depressive symptoms and for trust in God in relation to physical health. Further, positive religious coping fully mediated the link between trust in God and less depressive symptoms and negative religious coping fully mediated the relationship between mistrust in God and greater depressive symptoms. CONCLUSION: The data lend themselves to a possible integrative cognitive-coping model, in which latent core beliefs about the Divine activate coping strategies during times of distress, which in turn impact psychological health. The findings highlight the potential clinical significance of spirituality to mental health among Jews and provide a basis for future longitudinal, experimental, and treatment outcome research.

Kub, J. and Solari-Twadell, P. A. [School of Nursing, Johns Hopkins University, Baltimore, MD and School of Nursing, Loyola University Chicago, IL]. "**Religiosity/spirituality and substance use in adolescence as related to positive development: a literature review**." *Journal of Addictions Nursing* 24, no. 4 (Oct-Dec 2013): 247-262. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Positive youth development interventions are strategies to address adolescent health risk behaviors and are recommended in Healthy People 2020. Although the incorporation of spirituality into these programs has been recommended, much of the empirical literature actually addresses religiosity rather than spirituality. The purpose of our review of 36 studies published between 2007 and 2013 was to (1) examine the relationship of religiosity and/or spirituality to substance use and abuse in adolescence, (2) discuss the measurement and meaning of the concept of spirituality in contrast to religiosity in adolescence, and (3) discuss the implications of these empirical studies for the concept of positive youth development. Findings from this literature review supported earlier findings of an inverse relationship between religiosity and substance use, a lack of or inconsistent definition of spirituality and religiosity as well as limited measures to address these constructs. Recommendations from this review include dedicated work by interdisciplinary teams to address consistency in definitions and creation of consistent tools that include consideration of the stages of development included in the adolescent years. From a research and clinical perspective, an interprofessional approach to clarify the concepts of spirituality and spiritual development would not only benefit research but could inform the substance abuse prevention field. This work is essential to insure that evidence-based strategies, which include religiosity and spirituality, are developed with the goal of protecting youth and supporting positive development of adolescents.

Ladizinski B. Lee KC. [Johns Hopkins Bloomberg School of Public Health, Baltimore, MD]. "**Religion and the skin: devotional dermatoses**." *JAMA Dermatology* 149, no. 11 (Nov 2013): 1322.
This is a brief report of skin issues that may arise from devotional practices.

Langman, L. and Chung, M. C. [School of Social Science and Social Work, University of Plymouth, Plymouth, UK]. "**The relationship between forgiveness, spirituality, traumatic guilt and posttraumatic stress disorder (PTSD) among people with addiction**." *Psychiatric Quarterly* 84, no. 1 (Mar 2013): 11-26.

[Abstract:] Spirituality and forgiveness have been shown to be associated with psychological well-being, while guilt has been associated with poor health. Little is known, however, about the relationship between forgiveness, spirituality, guilt, posttraumatic stress (PTSD) and psychological co-morbidity among people in recovery from addiction. Eighty-one people (F = 36, M = 45) in recovery from drug and alcohol addiction were recruited from two residential units and two drop-in centers in a city in the United Kingdom. They completed the Posttraumatic Stress Diagnostic Scale (PDS), the General Health Questionnaire-28 (GHQ-28), the Spiritual Involvement and Beliefs Scale (SIBS), the Heartland Forgiveness Scale (HFS), the Traumatic Guilt Inventory (TGI), the Michigan Alcoholism Screening Test (MAST-22) and the Drug Abuse Screening Test (DAST-20). The control group comprised of 83 (F = 34, M = 49) individuals who confirmed that they did not have addiction and completed the PDS & GHQ-28. 54 % of the addiction group met the criteria for full PTSD and reported anxiety, somatic problems and depression. They described themselves as spiritual, had strong feelings of guilt associated with their addiction, and had difficulty in forgiving themselves. Controlling for demographics, number of events and medication management, regression analyses showed that spirituality predicted psychological co-morbidity, whilst feelings of guilt predicted PTSD symptoms and psychological co-morbidity. Unexpectedly, forgiveness did not predict outcomes. This study supports existing literature, which shows that people with drug and alcohol addiction tend to have experienced significant past trauma and PTSD symptoms. Their posttraumatic stress reactions and associated psychological difficulties can be better understood in the light of guilt and spirituality. Meanwhile, their ability to forgive themselves or others did not seem to influence health outcomes.

Lawrence, R. E., Rasinski, K. A., Yoon, J. D. and Curlin, F. A. [Columbia University Medical Center, New York Presbyterian Hospital, NY; rlawrence@uchicago.edu]. "**Religion and beliefs about treating medically unexplained symptoms: a survey of primary care physicians and psychiatrists**." *International Journal of Psychiatry in Medicine* 45, no. 1 (2013): 31-44.

[Abstract:] OBJECTIVE: Historical evidence and prior research suggest that psychiatry is biased against religion, and religious physicians are biased against the mental health professions. Here we examine whether religious and non-religious physicians differ in their treatment recommendations for a patient with medically unexplained symptoms. METHOD: We conducted a national survey of primary care physicians and psychiatrists. We presented a vignette of a patient with medically unexplained symptoms, and experimentally varied whether the patient was religiously observant. We asked whether physicians would recommend six interventions: antidepressant medication, in-office counseling, referral to a psychiatrist, referral to a psychologist or licensed counselor, participation in meaningful relationships and activities, and involvement in religious community. Predictors included the physician's specialty and the physician's attendance at religious services. RESULTS: The response rate was 63% (896 of 1427) primary care physicians and 64% (312 of 487) psychiatrists. We did not find evidence that religious physicians were less likely to recommend mental health resources, nor did we find evidence that psychiatrists were less likely to recommend religious involvement. Primary care physicians (but not psychiatrists) were more likely to recommend that the patient get more involved in their religious community when the patient was more religiously observant, and when the physician more frequently attended services. CONCLUSIONS: We did not find evidence that mental health professionals are biased against religion, nor that religious physicians are biased against mental health professionals. Historical tensions are potentially being replaced by collaboration.

Lawrence, R. E., Rasinski, K. A., Yoon, J. D. and Curlin, F. A. [Department of Psychiatry, Columbia University Medical Center, New York State Psychiatric Institute , New York , NY]. "**Religion and anxiety treatments in primary care patients**." *Anxiety, Stress, & Coping* 26, no. 5 (Sep 2013): 526-538.

[Abstract:] Earlier data suggested that religious physicians are less likely to refer to a psychiatrist or psychologist. This follow-up study measures how religious beliefs affect anxiety treatments in primary care. We surveyed US primary care physicians and psychiatrists using a vignette of a patient with anxiety symptoms. Physicians were asked how likely they were to recommend antianxiety medication, see the patient for counseling, refer to a psychiatrist, refer to a psychologist or licensed counselor, encourage meaningful relationships and activities, and encourage involvement in religious community. We experimentally varied symptom severity, whether the patient was Christian or Jewish, and whether she attended religious services. Physician attendance at religious services was assessed in the survey. The response rate was 896 out of 1427 primary care physicians and 312 out of 487 psychiatrists. Religious physicians were more likely to promote religious resources. There was no statistically significant difference between physicians' recommendations for religious and nonreligious patients. There was no statistically significant difference in religious and nonreligious physicians' referrals to a psychologist, licensed counselor, or psychiatrist. Ultimately, we did not find a difference in religious and nonreligious physicians' support for mental health referrals, however, religious physicians were more likely to encourage using religious resources.

Ledger, P. and Bowler, D. [Northumberland, Tyne and Wear Foundation Trust]. "**Meeting spiritual needs in mental health care**." *Nursing Times* 109, no. 9 (Mar 5-11, 2013): 21-23.

[Abstract:] Belief in Recovery is a project introduced into Northumberland, Tyne and Wear Foundation Trust between 2010 and 2012 to develop nursing staff members' confidence and skills in meeting the spiritual, religious and cultural needs of patients in mental health recovery. This article describes how we assessed and understood their training needs and developed a training program, and how this led to positive outcomes for staff.

Lemons, J., Ragsdale, J., Vaughn, L. and Grossoehme, D. [Department of Pediatrics, Division of Medical Genetics, University of Texas Health Science Center at Houston; jennifer.m.lemons@uth.tmc.edu]. "**'I didn't know it existed before you called': Protestant clergy experience, education and perceptions regarding genetics**." *Journal of Genetic Counseling* 22, no. 2 (Apr 2013): 226-237.

[Abstract:] Despite the intrinsic role religious/spiritual (hereafter, R/S) beliefs have in patient clinical decision-making and crisis coping, there is little research exploring the relationship that exists between clergy (professionals who provide R/S counsel and guidance) and genetic counseling patients. This qualitative, exploratory study was designed to explore Protestant clergy (N=8) perceptions of and experience with genetics-related issues. Data analysis revealed that a wide range of R/S perceptions regarding genetics-related issues exist within Protestantism, Protestant clergy have a basic understanding of genetic testing and conditions, and while directive counseling is inherent to Protestant clergy counseling, there appears to exist two opposing styles: unbiased and biased. Based on this information, there are two main implications for genetic counseling clinical practice. First, R/S assessments need to be increasingly implemented into genetic counseling sessions, so that the psychosocial needs of patients with specific R/S beliefs can be identified and addressed. An increase in R/S assessments may be accomplished by increased exposure in genetic counselor training, continuing education opportunities, and by establishing relationships with board-certified, professional chaplains. Second, genetic counselors can influence the genetic education and experience of clergy by raising awareness within their own R/S assemblies. Doing so can also serve to further educate genetic counselors in the R/S beliefs of their own traditions, thus increasing sensitivity, empathy and the quality of care provided.

Lichter, D. A. [National Association of Catholic Chaplains, Milwaukee, WI]. "**Studies show spiritual care linked to better health outcomes**." *Health Progress* 94, no. 2 (Mar-Apr 2013): 62-66.

This is a brief overview of studies pertinent to chaplaincy and that indicate the potential of research to indicate the importance of spiritual care to health outcomes.

Lucchetti, G., Bassi, R. M. and Lucchetti, A. L. [Federal University of Juiz de Fora, Juiz de Fora, Brazil; g.lucchetti@yahoo.com.br]. "**Taking spiritual history in clinical practice: a systematic review of instruments**." *Explore: The Journal of Science & Healing* 9, no. 3 (May-Jun 2013): 159-170.

[Abstract:] BACKGROUND: To facilitate the addressing of spirituality in clinical practice, several authors have created instruments for obtaining a spiritual history. However, in only a few studies have authors compared these instruments. The aim of this study was to compare the most commonly used instruments for taking a spiritual history in a clinical setting. METHODS: A systematic review of spiritual history assessment was conducted in five stages: identification of instruments used in the literature (databases searching); relevant articles from title and initial abstract review; exclusion and Inclusion criteria; full text retrieval and final analysis of each instrument. RESULTS: A total of 2,641 articles were retrieved and after the analysis, 25 instruments were included. The authors independently evaluated each instrument on 16 different aspects. The instruments with the greatest scores in the final analysis were FICA, SPIRITual History, FAITH, HOPE, and the Royal College of Psychiatrists. Concerning all 25 instruments, 20 of 25 inquire about the influence of spirituality on a person's life and 17 address

religious coping. Nevertheless, only four inquire about medical practices not allowed, six deal with terminal events, nine have mnemonics to facilitate their use, and five were validated. CONCLUSIONS: FICA, SPIRITual History, FAITH, HOPE, and Royal College of Psychiatrists scored higher in our analysis. The use of each instrument must be individualized, according to the professional reality, time available, patient profile, and settings.

Lumpkins, C. Y., Greiner, K. A., Daley, C., Mabachi, N. M. and Neuhaus, K. [School of Journalism, University of Kansas, Lawrence; lumpkins@ku.edu]. "**Promoting healthy behavior from the pulpit: clergy share their perspectives on effective health communication in the African American church**." *Journal of Religion & Health* 52, no. 4 (Dec 2013): 1093-1107. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] African Americans continue to suffer disproportionately from health disparities when compared to other ethnicities (ACS 2010; CDC 2007). Research indicates that the church and the pastor in the African American community could be enlisted to increase effectiveness of health programs (Campbell et al. in Health Edu Behav 34(6):864-880, 2007; DeHaven et al. in Am J Public Health 94(6):1030-1036, 2004). The objective of this study was to investigate African American pastors' perceptions about health promotion in the church and how these perceptions could serve as a guide for improving health communication targeting African Americans. Semi-structured interviews with African American clergy revealed that pastors feel strongly about the intersection of health, religion and spirituality; they also believe that discussing health screening and other health issues more frequently from the pulpit and their own personal experiences will ultimately impact health behavior among congregants. This study suggests that African American clergy see themselves as health promoters in the church and believe this communication (i.e., pastor-endorsed health information materials) will impact health behavior among underserved and minority populations.

Mainguy, B., Valenti Pickren, M. and Mehl-Madrona, L. "**Relationships between level of spiritual transformation and medical outcome**." *Advances in Mind-Body Medicine* 27, no. 1 (2013): 4-11.

[Abstract:] CONTEXT: Culturally defined healers operate in most of the world, and to various degrees, blend traditional healing practices with those of the dominant religion in the region. They practice more or less openly and more or less in conjunction with science-based health professionals. Nonindigenous peoples are seeking out these healers more often, especially for conditions that carry dire prognoses, such as cancer, and usually after science-based medicine has failed. Little is known about the medical outcomes of people who seek Native North American healing, which is thought by its practitioners to work largely through spiritual means. OBJECTIVE: This study explored the narratives produced through interviews and writings of people working with traditional Aboriginal healers in Canada to assess the degree of spiritual transformation and to determine whether a relationship might exist between that transformation and subsequent changes in medical outcome. DESIGN: Before and after participation in traditional healing practices, participants were interviewed within a narrative inquiry framework and also wrote stories about their lives, their experiences of working with traditional healers, and the changes that the interactions produced. The current study used a variety of traditional healers who lived in Alberta, Saskatchewan, and Manitoba. SETTING: Urban and Rural Reserves of the Canadian Prairie Provinces. PARTICIPANTS: One hundred fifty non-Native individuals requested help from Dr Mehl-Madrona in finding traditional Aboriginal healing and spiritual practitioners and agreed to participate in this study of the effects of their work with the healers. INTERVENTION: The healers used methods derived from their specific cultural traditions, though all commonly used storytelling, These methods included traditional Aboriginal ceremonies and sweat lodge ceremonies, as well as other diagnosing ceremonies, such as the shaking tent among the Ojibway or the yuwipi ceremony of the Dakota, Nakota, and Lakota, and sacred-pipe-related practices. OUTCOME MEASURES: The research team used a combination of grounded theory modified from a critical constructivist point of view and narrative analysis to rate the degree of spiritual transformation experienced. Medical outcome was measured by a 5-point Likert scale and was confirmed with medical practitioners and other family members. RESULTS: A 5-year follow-up revealed that 44 of the reports were assessed as showing profound levels of persistent spiritual transformation, defined as a sudden and powerful improvement in the spiritual dimension of their lives. The level of spiritual transformation achieved through interaction with healers was associated in a doseresponse relationship with subsequent improvement in medical illness in 134 of 155 people (P < .0001). CONCLUSIONS: The degree and intensity of spiritual transformation appeared related to the degree of physical and psychological change among people interacting with traditional North American Indigenous healers. Further research is warranted.

Manning, L. K. [Duke University, Durham, NC; lydia.manning@duke.edu]. "**Navigating hardships in old age: exploring the relationship between spirituality and resilience in later life**." *Qualitative Health Research* 23, no. 4 (Apr 2013): 568-575.

[Abstract:] Research suggests that spirituality is important to a large percentage of the older adult population and serves as a promoter of healthy aging. In this qualitative research I conducted and analyzed multiple interviews with 6 women aged 80 and older. Using multiple in-depth interviews I explored the interplay between spirituality and resilience over the life course. A grounded theory analysis of the 30 interviews was performed. The major finding is that participants used their spirituality as a tool to promote and maintain resilience in later life. I present the results as an interpretation of the participants' perceptions of their spirituality, and indicate their reliance on spirituality to overcome hardship over the life course. In addition, I discuss the connections between spirituality and resilience. The roles these two constructs play in the lives of older adults are considered.

Markham, K. C. [Baptist Hospital, Pensacola, FL; Kelly.Markham@bhcpns.org]. "**Improving incidence of referrals for psychosocial and spiritual transdisciplinary care in a palliative care service: focus on brain death**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 155-160.

[Abstract:] The goal of this project was to examine the uniformity of the hospital's delivery of psychosocial and spiritual care for the families of patients being evaluated for brain death. A retrospective chart review encompassing one calendar year was conducted. After conferring with physicians and staff, a strategy was developed to capture information on patients who were diagnosed with brain death. Following evaluation of the information gathered, a proposal was introduced and hospital procedure revised. Triggers were put in place to ensure consistent offering of psycho-spiritual transdisciplinary services to the families of patients who are undergoing evaluation for brain death. [This is part of a special theme issue of the journal. See also articles by Bodek, H.; by Daly, D., et al.; by Galchutt, P.; by Hall, D., et al.; by Nichols, S. W.; and by Piotrowski, L. F.; also cited in this bibliography.]

Martinuz, M., Durst, A. V., Faouzi, M., Petremand, D., Reichel, V., Ortega, B., Waeber, G. and Vollenweider, P. "**Do you want some spiritual support? Different rates of positive response to chaplains' versus nurses' offer**." *Journal of Pastoral Care & Counseling* 67, nos. 3-4 (Sep-Dec 2013): 4 [electronic journal article designation].

[Abstract:] Access to spiritual support appears to be important in the hospital setting. The offer of spiritual support can be done by different providers such as doctors, nurses or chaplains. Who should initiate or coordinate this spiritual care. This study addresses the following questions: 1) How many patients accept spiritual proposition? 2) What is the better mode of proposition? The study's objectives are the assessment and comparison of the rates of acceptance to an offer of spiritual support made by nurses and chaplains. Two hundred twenty-three consecutive hospitalized patients hospitalized received a proposal of spiritual support and were randomly assigned to one of two conditions. Results revealed that 85.8% of patients accepted the offer in the chaplains' group and 38.5% in the nurses' group. Acceptance of the offer of spiritual support was positively associated with the proposal being made by the chaplains by the frequency of meditation and age, and negatively related to physical well-being.

Masters, K. S. and Hooker, S. A. [Department of Psychology, University of Colorado Denver, CO; kevin.masters@ucdenver.edu]. "**Religiousness/spirituality, cardiovascular disease, and cancer: cultural integration for health research and intervention**." *Journal of Consulting & Clinical Psychology* 81, no. 2 (Apr 2013): 206-216.

[Abstract:] OBJECTIVE: Recently, behavioral scientists have developed greater interest in understanding the relations between religiousness and spirituality (R/S) and health. Our objectives were to (a) provide an overview of the R/S and health literature specific to cardiovascular disease (CVD) and cancer, (b) discuss the importance of religious culture considerations to behavioral medicine research, (c) suggest methodological changes to advance this research toward greater depth of understanding, and (d) begin discussion on clinically appropriate ways to integrate R/S into treatment. METHOD: Individual studies and meta-analyses on the relations of R/S with CVD and cancer were reviewed along with articles on the importance of culture to understanding R/S phenomena. RESULTS: Trends in the literature suggest that R/S predicts reductions in all-cause and CVD-related but not cancer mortality. R/S also shows relations with cardiovascular morbidity, and various dimensions of R/S show relations with cancer risk factors and well-being in cancer patients. Investigators have progressively studied more specific dimensions of R/S but have largely failed to consider them within religious cultural contexts. This context is essential for a deeper understanding of R/S and health relations and has profound methodological implications for future studies. CONCLUSIONS: R/S and health research is expanding; yet, the field needs more programmatic research and greater theoretical organization. We propose that consideration of R/S variables within their religious culture will provide structure for greater integrative understanding to move the field forward. This understanding is imperative if R/S is to be appropriately integrated into culturally sensitive clinical interventions.

McEvoy, M., Gorski, V., Swiderski, D. and Alderman, E. [Department of Pediatrics, Albert Einstein College of Medicine, Bronx, NY; mimi.mcevoy@einstein.yu.edu]. "**Exploring the spiritual/religious dimension of patients: a timely opportunity for personal and professional reflection for graduating medical students**." *Journal of Religion & Health* 52, no. 4 (Dec 2013): 1066-1072. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Teaching about spirituality in medical school training is lacking. Spirituality is a dimension of humanity that can put experiences of health and illness into a meaningful context. Medical students might benefit from understanding how spirituality is an important element in learning to care for patients. Spirituality also provides a context for medical students to explore their own motivations for doctoring. This article describes a longitudinal senior elective course at the end of their medical school training to delve into matters of religion/spirituality surrounding patient care. The authors pose their own perspectives on what both students and faculty gained from the experience.

McFarland, M. J., Pudrovska, T., Schieman, S., Ellison, C. G. and Bierman, A. [Princeton University, Center for Research on Child Wellbeing and Office of Population Research, NJ; mjm11@princeton.edu]. "**Does a cancer diagnosis influence religiosity? Integrating a life course perspective**." *Social Science Research* 42, no. 2 (Mar 2013): 311-320. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Based on a life course framework we propose that a cancer diagnosis is associated with increased religiosity and that this relationship is contingent upon three social clocks: cohort (1920-1945, 1946-1964, 1964+), age-at-diagnosis, and years-since-diagnosis. Using prospective data from the National Survey of Midlife Development (N=3443), taken in 1994-1995 and 2004-2006, we test these arguments. Results showed that a cancer diagnosis was associated with increased religiosity. Moreover, we found: (a) no evidence that the influence of cancer varied by cohort; (b) strong evidence that people diagnosed with cancer at earlier ages experienced the largest increases in religiosity; and (c) no evidence that changes in religiosity are influenced by years-since-diagnosis. Our study emphasizes how personal reactions to cancer partly reflect macro-level processes, represented by age-at-diagnosis, and shows that the religion-health connection can operate such that health influences religiosity. The study also highlights the sociological and psychological interplay that shapes people's religiosity.

Meisenhelder, J. B., Schaeffer, N. J., Younger, J. and Lauria, M. [School of Nursing, MGH Institute of Health Professions, Boston, MA; jmeisenhelder@mghihp.edu]. "**Faith and mental health in an oncology population**." *Journal of Religion & Health* 52, no. 2 (Jun 2013): 505-513.

[Abstract:] This study compares faith attitudes versus behaviors for their relationship to mental health in current cancer patients and survivors. This cross-sectional survey of ambulatory patients included Hodge's intrinsic religious motivation scale, Benson & Spilka's concept of God scale, frequency of prayer, and the mental health subscale of the MOS SF-36. One hundred and fifty-eighty patients, mostly women with breast cancer, completed questionnaires (92% return). Mental health was positively related to a concept of a loving God (P < .001) and negatively related to the concept of a stern God (P < .002). Mental health was unrelated to goal of treatment (cure vs. chemotherapy/palliation), frequency of prayer, intrinsic faith motivation, or physical pain. Viewing God as loving was strongly related to better mental health, even in the presence of a poor prognosis or pain.

Merritt, M. M. and McCallum, T. J. [Department of Psychology and Center on Age and Community, University of Wisconsin Milwaukee; merrittm@uwm.edu]. "**Too much of a good thing?: Positive religious coping predicts worse diurnal salivary cortisol patterns for overwhelmed African American female dementia family caregivers**." *American Journal of Geriatric*

Psychiatry 21, no. 1 (Jan 2013): 46-56. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: Religious coping arguably prevents negative health outcomes for stressed persons. This study examined the moderating role of religious coping (positive, negative, and combined) in the connection of care recipient functional status with diurnal salivary cortisol patterns among dementia family caregivers. METHODS: Thirty African American (AA) female dementia caregivers and 48 AA noncaregivers completed the Religious Coping (RCOPE) scale, the Activities of Daily Living scale, and the Revised Memory and Behavior Problem Checklist (RMBPC) and collected five saliva samples daily (at awakening, 9 A.M., 12 P.M., 5 P.M., and 9 P.M.) for 2 straight days. RESULTS: Hierarchical regression tests with mean diurnal cortisol slope as the outcome illustrated surprisingly that higher combined and positive (but not negative) RCOPE scores were associated with increasingly flatter or worse cortisol slope scores for caregivers (but not noncaregivers). Of note, the RCOPE by RMBPC interaction was significant. Among caregivers who reported higher RMBPC scores, higher combined and positive (but not negative) RCOPE scores were unexpectedly associated with increasingly flatter cortisol slopes. CONCLUSIONS: These results extend current findings by showing that being AA, a caregiver, and high in positive religious coping may predict increased daily stress responses, mainly for those with higher patient behavioral problems. Because religious coping is a central coping strategy for AA caregivers, it is vital that epidemiologic assessments of religious coping in health and aging as well as tailored interventions focus on the unique reasons for this disparity.

Michelson, K. N., Patel, R., Haber-Barker, N., Emanuel, L. and Frader, J. [Division of Critical Care Medicine, Children's Memorial Hospital, Northwestern University, Chicago, IL; kmichelson@childrensmemorial.org]. "**End-of-life care decisions in the PICU: roles professionals play**." *Pediatric Critical Care Medicine* 14, no. 1 (Jan 2013): e34-44.

This study used in-depth, semi-structured focus groups and one-on-one interviews, with chaplains as part of the sample. The analysis identifies a number of roles that chaplains play in the processes of families making health care decisions.

Migdal, L. and MacDonald, D. A. [Department of Psychology, University of Detroit Mercy, MI]. "**Clarifying the relation between spirituality and well-being**." *Journal of Nervous & Mental Disease* 201, no. 4 (Apr 2013): 274-280.

[Abstract:] Koenig (J Nerv Ment Dis 196:349-355, 2008) and others have asserted that measures of spirituality used to investigate its association with health seem to present a misleading picture of the relationship because of evidence suggesting that spirituality has become conceptually confounded with well-being. To evaluate this claim, the present study used a sample of 247 university students to explore the relation of a multidimensional model of spirituality with several different forms of well-being and the association of both with a two-factor model of social desirability. Correlational and regression analyses revealed that, although there is some evidence of an association, it is generally of low effect size and seems to differ as a function of how spirituality is defined. More importantly, however, there was the finding that existential well-being, a concept often incorporated into definitions of spirituality and a part of the measurement model used in this study, is virtually uncorrelated with explicitly spiritual and religious variables but shows a pattern of association with measures of well-being and social desirability, which suggests that it would be better conceptualized as a form of well-being and not spirituality. The article concludes with a discussion of the meaning of the findings for understanding the spirituality-health literature and suggestions for future research.

Mollica, M. and Nemeth, L. [Medical University of South Carolina, Charleston, SC; mollicam@musc.edu]. "**Spirituality measurement in African American cancer survivors: a critical literature review**." *Journal of Holistic Nursing* 31, no. 3 (Sep 2013): 214-225. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: Spirituality is a mechanism that supports coping with chronic illnesses such as cancer, and has been frequently used in the African American (AA) population. Measures of spirituality are needed, which are culturally sensitive, appropriate, and psychometrically sound. DESIGN: A critical literature review was performed to identify instruments measuring spirituality as a response to illness. METHOD: Whittemore and Knafl's method was used to search pertinent databases for instrumentation assessing spirituality and its applicability in AA cancer survivors. FINDINGS: In all, 13 research articles detailing nine instruments were obtained and included for analysis. Of the nine instruments, only two (Perspectives of Support From God Scale and Connections to God Scale) were psychometrically tested in populations of AAs who had completed primary treatment for their cancer. Cultural validity was tested in only the Perspectives of Support From God Scale, showing a deficit in the assessment of cultural appropriateness of these instruments to the population. CONCLUSIONS: Further research is needed to confirm validity of these measures. Cognitive pretesting and assessment of cross-cultural validity can be used to ensure proper understanding of terminology and avoid potential biases. Repeated testing of the instrument in the desired population is necessary to confirm that constructs and items are understood and cognitively processed as intended.

Morris, B. A., Hadley, D. W. and Koehly, L. M. [Social and Behavioral Research Branch, National Human Genome Research Institute, Bethesda, MD; b.morris@griffith.edu.au]. "**The role of religious and existential well-being in families with Lynch syndrome: prevention, family communication, and psychosocial adjustment**." *Journal of Genetic Counseling* 22, no. 4 (Aug 2013): 482-491.

[Abstract:] This study explored the role of religious (RWB) and existential well-being (EWB) on psychosocial factors, support network characteristics, and screening practices in families with Lynch syndrome, also referred to as hereditary nonpolyposis colon cancer (HNPCC). Participants were individuals with Lynch syndrome associated cancers and their first-degree relatives at risk of inheriting an identified deleterious mutation. Analyses considered both family RWB and EWB norms and individual deviations from that norm. Analyses controlled for age, gender, cancer diagnosis, number of respondents, and network size. Higher family RWB was associated with increased depressive symptoms (p<.05) and avoidant cognitions (p<.05). Higher family EWB was related to decreased depression symptoms (p<.001). Higher family EWB was associated with fecal occult blood testing (p<.01), and family communication about genetic counseling and testing (p<.01). Analyses pointed to individual effects of EWB above and beyond family-level effects. Individuals with lower EWB than their family had lower perceived risk for colorectal cancer (p<.05), communicated disease risk information to less family members (p<.05), and were less likely to undergo recent colonoscopies (p<.05). Participants with lower EWB than their family also had higher cancer worry (p<.01) and increased depressive symptoms (p<.001). Findings indicate the importance of assessing individuals within the context of their family network and being aware of family characteristics which may impact individual adjustment to disease risk. Interventions considering family-level factors may provide efficient pathways to improving psychosocial factors, screening practices, communication about disease risk and genetic testing, and cancer prevention.

Mosher, C. E., Hanna, N., Jalal, S. I., Fakiris, A. J., Einhorn, L. H., Birdas, T. J., Kesler, K. A. and Champion, V. L. [Department of Psychology, Indiana University-Purdue University Indianapolis; cemosher@iupui.edu]. "**Support service use and interest in support services among lung cancer patients**." *Lung Cancer* 82, no. 1 (Oct 2013): 162-167. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: This study examined support service use and interest in support services among lung cancer patients (N = 165) at two comprehensive medical centers in the midwestern United States. MATERIALS AND METHODS: Patients completed an assessment of support service use (i.e., receipt of mental health services, complementary and alternative medicine [CAM], and help from a spiritual leader), interest in support services, and physical and psychological symptoms. RESULTS: Only 40% of patients with significant anxiety and depressive symptoms and 28% of the entire sample reported current mental health service use. However, nearly half (47%) of all patients were receiving support from a spiritual leader. Having late-stage lung cancer and a religious affiliation predicted receipt of spiritual support. Few patients who were not receiving mental health services or spiritual support were interested in these services (range = 4-18%). Conversely, although interest in CAM was expressed by a substantial minority of patients (27%) who were not using these services, rates of CAM use were relatively low (22%). CONCLUSIONS: Findings suggest that distressed lung cancer patients underuse mental health services, but many patients receive help from spiritual leaders. Given the lack of interest in mental health services among patients who are not receiving them, efforts are needed to enhance palatability of services and identify and reduce barriers to evidence-based service use.

Myers, R. and Kleinsasser, A. [United Hospital, St. Paul, MN and HealthEast Care System, St. John's Hospital, Maplewood, MN; russell.myers@allina.com]. "**Being there. EMS chaplains provide spiritual support for providers & staff**." *Journal of Emergency Medical Services* 38, no. 9 (Sep 2013): 58-61.

This is a description of chaplaincy support.

Nadarajah, S., Berger, A. M. and Thomas, S. A. [Pain and Palliative Care, Clinical Center, National Institutes of Health, Bethesda, MD; nadarajahs@mail.nih.gov]. "**Current status of spirituality in cardiac rehabilitation programs: a review of literature**." *Journal of Cardiopulmonary Rehabilitation & Prevention* 33, no. 3 (May-Jun 2013): 135-143.

[Abstract:] PURPOSE: Strong spiritual experiences in life are a protective, positive, prognostic factor in cardiovascular diseases. However, spirituality is often neglected in cardiac rehabilitation (CR) programs. The purpose of this article was to review studies that investigated spirituality in CR programs. METHODS: The electronic databases PubMed, CINHAL, PsycINFO, and Cochrane Library of Systematic Reviews were searched for studies that measured spirituality in a CR population. The search included studies with and without spiritual interventions in CR settings. RESULTS: Five quantitative studies and 1 qualitative study that enrolled a total of 1636 patients in phase 2 CR programs were reviewed. The spiritual interventions found were relaxation responses and spiritual classes. Two studies showed preliminary evidence that supports the further exploration of spiritual interventions in CR programs. CONCLUSIONS: Evidence supporting the use of spiritual interventions for medical and psychological outcomes in CR programs is very limited because of a lack of controlled clinical trials. However, the descriptive and observational studies provide some empirical support to further explore spiritual interventions in CR programs, with the goal of enhancing the psychosocial and emotional status of CR participants. Further rigorous research design and procedures are needed to establish the contribution of spirituality in CR programs for cardiac patients.

Nakau, M., Imanishi, J., Imanishi, J., Watanabe, S., Imanishi, A., Baba, T., Hirai, K,. Ito, T., Chiba, W. and Morimoto, Y. [Graduate School of Agriculture, Kyoto University, Kyoto, Japan]. "**Spiritual care of cancer patients by integrated medicine in urban green space: a pilot study**." *Explore: The Journal of Science & Healing* 9, no. 2 (Mar-Apr 2013): 87-90.

[Abstract:] BACKGROUND: Psycho-oncological care, including spiritual care, is essential for cancer patients. Integrated medicine, a therapy combining modern western medicine with various kinds of complementary and alternative medicine, can be appropriate for the spiritual care of cancer because of the multidimensional characteristics of the spirituality. In particular, therapies that enable patients to establish a deeper contact with nature, inspire feelings of life and growth of plants, and involve meditation may be useful for spiritual care as well as related aspects such as emotion. The purpose of the present study was to examine the effect of spiritual care of cancer patients by integrated medicine in a green environment. METHODS: The present study involved 22 cancer patients. Integrated medicine consisted of forest therapy, horticultural therapy, yoga meditation, and support group therapy, and sessions were conducted once a week for 12 weeks. The spirituality (the Functional Assessment of Chronic Illness Therapy-Spiritual well-being), quality of life (Short Form-36 Health Survey Questionnaire), fatigue (Cancer Fatigue Scale), psychological state (Profile of Mood States, short form, and State-Trait Anxiety Inventory) and natural killer cell activity were assessed before and after intervention. RESULTS: In Functional Assessment of Chronic Illness Therapy-Spiritual well-being, there were significant differences in functional well-being and spiritual well-being pre- and post-intervention. This program improved quality of life and reduced cancer-associated fatigue. Furthermore, some aspects of psychological state were improved and natural killer cell activity was increased. CONCLUSIONS: It is indicated that integrated medicine performed in a green environment is potentially useful for the emotional and spiritual well-being of cancer patients.

Nam, S. [Department of Health Administration, Pfeiffer University, Morrisville, NC; sanggon.nam@fsmail.pfeiffer.edu]. "**Effects of social support and spirituality on weight loss for rural African-American women**." *ABNF Journal* 24, no. 3 (2013): 71-76.

[Abstract:] Obesity continues to be an increasing health problem among African-American women. A 10-week weight-loss intervention program designed to address the problem in these women. Two different interventions (spiritually based and nonspiritually based) were tested, and both utilized a pre-test, posttest design On the basis of theories of social support, it was expected that participation in the intervention would produce a significant reduction in weight. In addition, the spiritual-based weight-loss program was hypothesized to produce greater weight reduction than the standard health (non-spiritual) program. The results demonstrated that the average weight and BMI of all participants in either a spiritually-based or a nonspiritually-based program were lower at the completion of the intervention program. In addition, the average weight and BMI loss for the spiritual group was significantly greater than the average weight and BMI loss for the non-spiritual group.

Nedjat-Haiem, F. R., Carrion, I. V., Cribbs, K. and Lorenz, K. [Veterans Affairs, Greater Los Angeles Healthcare System, Los Angeles, CA; nedjatha@gmail.com]. "**Advocacy at the end of life: meeting the needs of vulnerable Latino patients**." *Social Work in Health Care* 52, no. 6 (2013): 558-577.

This study used semi-structured interviews with providers and health care administrators working in a large urban public sector health care system in Los Angeles, CA, including 11 chaplains. Among issues raised by the chaplains: how Latino patients were particularly vulnerable when sociocultural beliefs overlapped with barriers to care which triggered the need for advocacy, the need of non-judgmental support, and helping patients to speak up during the clinical encounter.

Neighbors, C., Brown, G. A., Dibello, A. M., Rodriguez, L. M. and Foster, D. W. [Department of Psychology, University of Houston, TX; cneighbors@uh.edu]. "**Reliance on God, prayer, and religion reduces influence of perceived norms on drinking**." *Journal of Studies on Alcohol & Drugs* 74, no. 3 (May 2013): 361-368.

[Abstract:] OBJECTIVE: Previous research has shown that perceived social norms are among the strongest predictors of drinking among young adults. Research has also consistently found religiousness to be protective against risk and negative health behaviors. The present research evaluates the extent to which reliance on God, prayer, and religion moderates the association between perceived social norms and drinking. METHOD: Participants (n = 1,124 undergraduate students) completed a cross-sectional survey online, which included measures of perceived norms, religious values, and drinking. Perceived norms were assessed by asking participants their perceptions of typical student drinking. Drinking outcomes included drinks per week, drinking frequency, and typical quantity consumed. RESULTS: Regression analyses indicated that religiousness and perceived norms had significant unique associations in opposite directions for all three drinking outcomes. Significant interactions were evident between religiousness and perceived norms in predicting drinks per week, frequency, and typical quantity. In each case, the interactions indicated weaker associations between norms and drinking among those who assigned greater importance to religiousness. CONCLUSIONS: The extent of the relationship between perceived social norms and drinking was buffered by the degree to which students identified with religiousness. A growing body of literature has shown interventions including personalized feedback regarding social norms to be an effective strategy in reducing drinking among college students. The present research suggests that incorporating religious or spiritual values into student interventions may be a promising direction to pursue.

Newberry, A. G., Choi, C. W., Donovan, H. S., Schulz, R., Bender, C., Given, B. and Sherwood, P. [School of Nursing, University of Pittsburgh, PA; alyssagn@gmail.com]. "**Exploring spirituality in family caregivers of patients with primary malignant brain tumors across the disease trajectory**." *Oncology Nursing Forum* 40, no. 3 (May 1, 2013): E119-125.

[Abstract:] PURPOSE/OBJECTIVES: To determine whether the perceived level of spirituality in family caregivers of patients with primary malignant brain tumors (PMBTs) changes across the disease trajectory. DESIGN: Ongoing descriptive, longitudinal study. SETTING: Southwestern Pennsylvania. SAMPLE: 50 family caregivers of patients with PMBT. METHODS: Caregivers and care recipients were recruited at time of diagnosis. Participants were interviewed at two subsequent time points, four and eight months following diagnosis. MAIN RESEARCH VARIABLES: Care recipients' symptoms, neuropsychologic status, and physical function, as well as caregiver social support. FINDINGS: Results showed no significant difference in spirituality scores reported at baseline and eight months (p = 0.8), suggesting that spirituality may be a stable trait across the disease trajectory. CONCLUSIONS: Spirituality remains relatively stable along the course of the disease trajectory. Reports of caregiver depressive symptoms and anxiety were lower when paired with higher reports of spirituality. IMPLICATIONS FOR NURSING: Clinicians can better identify caregivers at risk for negative outcomes by identifying those who report lower levels of spirituality. Future interventions should focus on the development and implementation of interventions that provide protective buffers such as increased social support. KNOWLEDGE TRANSLATION: Spirituality is a relatively stable trait. High levels of spirituality can serve as a protective buffer from negative mental health outcomes. Caregivers with low levels of spirituality may be at risk for greater levels of burden, anxiety, and stress.

Nichols, S. W. [Episcopal Communities & Services; snichols@ecsforseniors.org]. "**Examining the impact of spiritual care in long-term care**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 175-184.

[Abstract:] This project examines the effects of spiritual care on chronically ill and aging populations and those who care for them by studying the development of a comprehensive Pastoral Care Program at Episcopal Communities & Services (ECS), a nonprofit that owns two Continuing Care Retirement Communities (CCRC) in Southern California (in 2010 ECS operated three communities). The study includes the vision, methodology, and specific steps taken to implement this spiritual care program and methods to measure its efficacy. Data is analyzed from satisfaction surveys conducted the year before the program's introduction and surveys taken 2 and 4 years after the institution of the Pastoral Care Program, along with anecdotal findings. Results indicated that spiritual awareness and satisfaction increased throughout the resident population after the Pastoral Care Program's establishment and that satisfaction levels continued to improve as the program developed over time. This study suggests that spiritual support (both religious and nonreligious) is a vital factor in well-being and quality of life at the end of life and that transdisciplinary palliative care is needed in long-term care settings to address spiritual and psychosocial needs. [This is part of a special theme issue of the journal. See also articles by Bodek, H.; by Daly, D., et al.; by Galchutt, P.; by Hall, D., et al.; by Markham, K. C.; and by Piotrowski, L. F.; also cited in this bibliography.]

Nieuwsma, J. A., Rhodes, J. E., Jackson, G. L., Cantrell, W. C., Lane, M. E., Bates, M. J., Dekraai, M. B., Bulling, D. J., Ethridge, K., Drescher, K. D., Fitchett, G., Tenhula, W. N., Milstein, G., Bray, R. M. and Meador, K. G. [Mental Health and Chaplaincy Program, Department of Veterans Affairs, Mid-Atlantic Mental Illness Research, Education and Clinical Center, Durham, NC; jason.nieuwsma@duke.edu]. "**Chaplaincy and mental health in the Department of Veterans Affairs and Department of Defense**." *Journal of Health Care Chaplaincy* 19, no. 1 (2013): 3-21.

[Abstract:] Chaplains play important roles in caring for Veterans and Service members with mental health problems. As part of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Integrated Mental Health Strategy, we used a sequential approach to examining intersections between chaplaincy and mental health by gathering and building upon: 1) input from key subject matter experts; 2) quantitative data from the VA / DoD Chaplain Survey (N = 2,163; response rate of 75% in VA and 60% in DoD); and 3) qualitative data from site visits to 33 VA and DoD facilities. Findings indicate that chaplains are extensively involved in caring for individuals with mental health problems, yet integration between mental health and chaplaincy is frequently limited due to difficulties between the disciplines in establishing familiarity and trust. We present recommendations for improving integration of services, and we suggest key domains for future research.

Nixon, A. V., Narayanasamy, A. and Penny, V. [School of Nursing, Midwifery & Physiotherapy, Queens Medical Centre, University of Nottingham, UK; Aru.Narayanasamy@nottingham.ac.uk]. "**An investigation into the spiritual needs of neuro-oncology**

patients from a nurse perspective." *BMC Nursing* 12 (2013): 2 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Spiritual needs of cancer patients should be assessed and discussed by healthcare professionals. Neurosurgical nurses need to be able to assess and support neuro-oncology patients with their spiritual needs from diagnosis and throughout their hospital stay. METHODS: Data were collected through questionnaires using a Critical Incident Technique (CIT) from neurosurgical nurses, findings were analyzed using thematic analysis. RESULTS: Nurses reported some awareness of their patients' spiritual needs during their stay on neurosurgical units although some used expressions approximating what could be described as spiritual needs. Patients' spiritual needs were identified as: need to talk about spiritual concerns, showing sensitivity to patients' emotions, responding to religious needs; and relatives' spiritual needs included: supporting them with end of life decisions, supporting them when feeling being lost and unbalanced, encouraging exploration of meaning of life, and providing space, time and privacy to talk. Participants appeared largely to be in tune with their patients' spiritual needs and reported that they recognized effective strategies to meet their patients' and relatives' spiritual needs. However, the findings also suggest that they don't always feel prepared to offer spiritual support for neuro-oncology patients. CONCLUSIONS: There is a need for healthcare professionals to provide spiritual care for neuro-oncology patients and their relatives. Although strategies were identified that nurses can use to support patients with spiritual needs further research is required to explore how effective nurses are at delivering spiritual care and if nurses are the most appropriate professionals to support neuro-oncology patients with spiritual care.

Nunn, A., Cornwall, A., Thomas, G., Callahan, P. L., Waller, P. A., Friend, R., Broadnax, P. J. and Flanigan, T. [Warren Alpert Medical School of Brown University, Providence, RI; amy_nunn@brown.edu]. "**What's God got to do with it? Engaging African-American faith-based institutions in HIV prevention**." *Global Public Health* 8, no. 3 (2013): 258-269.

[Abstract:] African-Americans are disproportionately infected and affected by HIV/AIDS. Although faith-based institutions play critical leadership roles in the African-American community, the faith-based response to HIV/AIDS has historically been lacking. We explore recent successful strategies of a citywide HIV/AIDS awareness and testing campaign developed in partnership with 40 African-American faith-based institutions in Philadelphia, Pennsylvania, a city with some of the USA's highest HIV infection rates. Drawing on important lessons from the campaign and subsequent efforts to sustain the campaign's momentum with a citywide HIV testing, treatment and awareness programme, we provide a road map for engaging African-American faith communities in HIV prevention that includes partnering with faith leaders, engaging the media to raise awareness, destigmatising HIV/AIDS and encouraging HIV testing, and conducting educational and HIV testing events at houses of worship. African-American faith-based institutions have a critical role to play in raising awareness about the HIV/AIDS epidemic and reducing racial disparities in HIV infection.

Oginska-Bulik N. [University of Lodz Department of Health Psychology, Poland; noginska@uni.lodz.pl]. "**Negative and positive effects of traumatic experiences in a group of emergency service workers -- the role of personal and social resources**." *Medycyna Pracy* 64, no. 4 (2013): 463-472.

[Abstract:] BACKGROUND: The purpose of the research is to investigate the role of personal (spirituality) and social (social support in the workplace) resources in both negative (post-traumatic stress disorder - PTSD symptoms) and positive (post-traumatic growth) effects of experienced trauma in a group of emergency service workers. MATERIALS AND METHODS: Data of 116 workers representing emergency service (37.1% firefighters, 37.1%, police officers and 25.8% medical rescue workers) who have experienced traumatic events in their worksite were analyzed. The range of age of the participants was 21-57 years (M = 35.27; SD = 8.13). Polish versions of the Impact of Events Scale - Revised and the Post-traumatic Growth Inventory were used to assess the negative and positive effects of experienced events. Spirituality was assessed by self-report questionnaire and social support in the workplace scale was measured by the scale What support you can count on. RESULTS: The results revealed that support from supervisors reduces the severity of PTSD symptoms, and spirituality and support from co-workers promote the growth after trauma. CONCLUSIONS: Personal resources in the form of spirituality, compared with the social resources, play more important role in gaining benefits from trauma than in protecting against the harmful effects of the experienced traumatic event.

Oshita, D., Hattori, K. and Iwakuma, M. [Graduate School of Medicine, Kyoto University, Kyoto, Japan]. "**A Buddhist-based meditation practice for care and healing: an introduction and its application**." *International Journal of Nursing Practice* 19, suppl. 2 (April 2013): 15-23.

[Abstract:] This paper outlines Buddhist-based meditation in terms of its spiritual, psychotherapeutic, physiological and neuroscientific perspectives. In the latter part of this paper, a pilot study is discussed, in which Japanese university students volunteered to practice meditation at home and complete questionnaires. T-tests were performed to compare with the non-meditated control group. Although only a small number in the experimental group completed the study, our analyses demonstrated that students benefited from meditation and showed significant increases in their sense of coherence, self-esteem and purpose in life. Lastly, practical implications of meditation in contemporary Japanese society are discussed.

Otis-Green, S., Wakabayashi, M. T., Morgan, R., Hakim, A., Ferrell, B., Sun, V., Yang, E. and Grant, M. [City of Hope, Duarte, CA; Sotis-green@coh.org]. "**Palliative care opportunities for women with advanced ovarian cancer associated with intraperitoneal chemotherapy**." *Journal of Palliative Medicine* 16, no. 1 (Jan 2013): 44-53.

This study of eleven patients analyzes qualitative data in terms of physical, psychological, social, and spiritual domains (the latter being addressed on p, 48). "Participants reported that their spiritual beliefs were important in sustaining them as they coped with illness and treatment. The majority reported that faith was very important to them (consistent with their reports on their quantitative tools), though few identified specific ways in which they would want their health care team to be involved in this aspect of their lives. Women were asked directly if their health care team had discussed with them the seriousness of their illness, and responded candidly about their attempts to reconcile an awareness of their prognosis with a desire to be hopeful about their future. Women were also asked about complementary methods of care that they might have used during treatment. Prayer was the most common strategy reported. Several women indicated a desire to use various complementary strategies 'once they began to feel better,' but found that they had no extra energy to pursue these plans during treatment." [p. 48] Spirituality is considered throughout.

Panczak, R., Spoerri, A., Zwahlen, M., Bopp, M., Gutzwiller, F. and Egger, M., for the Swiss National Cohort Study [Institute of Social and Preventive Medicine, University of Bern, Switzerland; rpanczak@ispm.unibe.ch]. "**Religion and suicide in patients with mental illness or cancer**." *Suicide & Life-Threatening Behavior* 43, no. 2 (Apr 2013): 213-222.

[Abstract:] In Switzerland, the highest rates of suicide are observed in persons without religious affiliation and the lowest in Catholics, with Protestants in an intermediate position. We examined whether this association was modified by concomitant psychiatric diagnoses or malignancies, based on 6,909 suicides (ICD-10 codes X60-X84) recorded in 3.69 million adult residents 2001-2008. Suicides were related to mental illness or cancer if codes F or C, respectively, were mentioned on the death certificate. The protective effect of religion was substantially stronger if a diagnosis of cancer was mentioned on the death certificate and weaker if a mental illness was mentioned.

Pargament, K. I. [Bowling Green State University, Bowling Green, OH]. "**Conversations with Eeyore: spirituality and the generation of hope among mental health providers**." *Bulletin of the Menninger Clinic* 77, no. 4 (2013): 395-412. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A growing body of research has highlighted the value of spiritual resources for patients and their families. However, spirituality has been largely overlooked as a source of hope and support for providers themselves. In this paper, the author draws on theory, research, and practical examples to suggest that spirituality could potentially assist providers struggling to generate and sustain their own hope in work with clients who are in the midst of despair. The paper focuses on three ways practitioners might access spiritual resources to facilitate hope in their work: (1) by illuminating the sacred character of mental health work; (2) by attending to the sacred dimension of clients' lives; and (3) by attending to the experience of sacred moments in the healing relationship. These resources may be of value not only to theistically-oriented practitioners but to nontheists as well.

Pargament, K. I. and Lomax, J. W. [Institute for Spirituality and Health at the Texas Medical Center, Houston, TX, and Department of Psychology, Bowling Green State University, OH]. "**Understanding and addressing religion among people with mental illness**." *World Psychiatry* 12, no. 1 (Feb 2013): 26-32. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This article reviews recent advances in the domain of psychiatry and religion that highlight the double-edged capacity of religion to enhance or damage health and well-being, particularly among psychiatric patients. A large body of research challenges stereotyped views of religion as merely a defense or passive way of coping, and indicates that many people look to religion as a vital resource which serves a variety of adaptive functions, such as self-regulation, attachment, emotional comfort, meaning, and spirituality. There is, however, a darker side to religious life. Researchers and theorists have identified and begun to study problematic aspects of religiousness, including religiously-based violence and religious struggles within oneself, with others, and with the divine. Religious problems can be understood as a by-product of psychiatric illness (secondary), a source of psychiatric illness (primary), or both (complex). This growing body of knowledge underscores the need to attend more fully to the potentially constructive and destructive roles of religion in psychiatric diagnosis, assessment, and treatment. In fact, initial evaluative studies of the impact of spiritually integrated treatments among a range of psychiatric populations have shown promising results. The article concludes with a set of recommendations to advance future research and practice, including the need for additional psychiatric studies of people from diverse cultures and religious traditions.

Park, C. L., Cho, D., Blank, T. O. and Wortmann, J. H. [Dept. of Psychology, University of Connecticut, Storrs; park@uconn.edu]. "**Cognitive and emotional aspects of fear of recurrence: predictors and relations with adjustment in young to middle-aged cancer survivors**." *Psycho-Oncology* 22, no. 7 (Jul 2013): 1630-1638.

[From the abstract:] We investigated predictors of emotional (worry) and cognitive (perceived risk) dimensions of fear of recurrence (FOR) and their relationships with psychological well-being in a sample of young and middle-aged adult cancer survivors. …Eligible participants were survivors between 18 and 55 years old and diagnosed from 1 to 3 years prior. A total of 250 participants were recruited, and 167 responded to a 1-year follow-up. Demographic and psychosocial variables were assessed at baseline, and FOR and psychological well-being were assessed at follow-up. …Hierarchical regression analyses showed that spirituality was the only predictor of perceived risk independent of the effect of race, even when worry about general health was controlled….

Park, N. S., Lee, B. S., Sun, F., Klemmack, D. L., Roff, L. L. and Koenig, H. G. [School of Social Work, University of South Florida, Tampa; nanpark@usf.edu]. "**Typologies of religiousness/spirituality: implications for health and well-being**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 828-839.

[Abstract:] The purpose of this study was to develop empirically based typologies of religiousness/spirituality (R/S) and to determine whether the typologies were related to health and well-being. The study used a nationally representative sample of adults (N=1,431). Using latent profile analysis, typologies were derived based on religious service attendance, prayer, positive religious coping, and daily spiritual experiences. Multivariate statistical tests were used to examine cluster differences in health and well-being. A four-class model was identified: highly religious, moderately religious, somewhat religious, and minimally religious or non-religious. The four classes were distinctively different in psychological well-being, in that the highly religious class was most likely to be happy and satisfied with finances and least likely to be psychologically distressed.

Patel, D. and Shwayder, T. [School of Medicine, University of Missouri, Kansas City]. "**Religious objection to cantharidin use in Jain patients**." *Pediatric Dermatology* 30, no. 3 (May-Jun 2013): 389.

[Abstract:] We report a case of a Jain family that was upset with the use of cantharidin for treatment of molluscum contagiosum for religious reasons.

Patel, K. K., Frausto, K. A., Staunton, A. D., Souffront, J. and Derose, K. P. [Brookings Institution, Washington, DC]. "**Exploring community health center and faith-based partnerships: community residents' perspectives**." *Journal of Health Care for the Poor & Underserved* 24, no. 1 (Feb 2013): 262-274.

Among the findings of this focus group study involving 58 participants [from the abstract]: spirituality was deemed important for health by all racial-ethnic groups, but attendance at religious services, religious affiliation, and preferences for congregation-based health programming varied across and within groups. Community health center-faith based partnerships could facilitate health care access in underserved communities but may have limited reach among certain subgroups and individuals.

Pattison, S. [Department of Theology and Religion, University of Birmingham, UK; sbpattison@hotmail.com]. "**Religion, spirituality and health care: confusions, tensions, opportunities**." *Health Care Analysis* 21, no. 3 (Sep 2013): 193-207.

[Abstract:] This paper raises some issues about understanding religion, religions and spirituality in health care to enable a more critical mutual engagement and dialogue to take place between health care institutions and religious communities and believers. Understanding religions and religious people is a complex, interesting matter. Taking into account the whole reality of religion and spirituality is not just about meeting specific needs, nor of trying to ensure that religious people abandon their distinctive beliefs and insights when they engage with health care institutions and policies. Members of religious groups and communities form an integral part of the structure and fabric of health care delivery, whether as users or in delivery capacities. Religion is both facilitator and resistor, friend and critic, for health care institutions, providers and workers. [This article is part of a theme issue of the journal. See also other articles in that issue by Jhutti-Johal, J. and by Swift, C., also cited in this bibliography.]

Pellerin, J. and Edmond, M. B. [Virginia Commonwealth University, Richmond; jpelleri@mcvh-vcu.edu.]. "**Infections associated with religious ritual**s." *International Journal of Infectious Diseases* 17, no. 11 (Nov 2013): e945-948. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] This review evaluates the medical literature for religious rituals or ceremonies that have been reported to cause infection. These include an ultra-orthodox Jewish circumcision practice known as metzitzah b'peh, the Christian common communion chalice, Islamic ritual ablution, and the Hindu 'side-roll'. Infections associated with participation in the Islamic Hajj have been extensively reviewed and will not be discussed. Copyright 2013 International Society for Infectious Diseases.

Pesut, B. [School of Nursing, University of British Columbia, Kelowna, BC, Canada; barb.pesut@ubc.ca]. "**Nursings' need for the idea of spirituality**." *Nursing Inquiry* 20, no. 1 (Mar 2013): 5-10.
[Abstract:] Spirituality is an idea that has sustained significant interest in nursing over the past quarter century. Extensive conceptual work has generated robust critique around clarity and professional jurisdictional claims. However, less attention has been paid to the challenges nursing has faced that have contributed to the spirituality quest. Reflecting on my own experiences as a scholar writing in this literature over the past decade, I suggest three challenges that spirituality has attempted to redress: to relate across difference in a globalized world, to be good in a world of uncertain morality and to find meaning in a disenchanted world. The idea of spirituality could be viewed as resistance against othering, against law based ethics, and against politics and power. But the impact of the idea of spirituality has yet to be determined and caution is in order. As important as this resistance is, nursing must refrain from creating a new world of insiders and outsiders and from minimizing the role of religious ethics in a globalized world. Spirituality, like its predecessor religion, will likely continue to play an enduring role in providing fundamental meaning for nursing work.

Peteet, J. R. and Balboni, M. J. [Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, MA; jpeteet@partners.org]. "**Spirituality and religion in oncology**." *CA: A Cancer Journal for Clinicians* 63, no. 4 (Jul-Aug-2013): 280-289.
[Abstract:] Despite the difficulty in clearly defining and measuring spirituality, a growing literature describes its importance in oncology and survivorship. Religious/spiritual beliefs influence patients' decision-making with respect to both complementary therapies and aggressive care at the end of life. Measures of spirituality and spiritual well-being correlate with quality of life in cancer patients, cancer survivors, and caregivers. Spiritual needs, reflective of existential concerns in several domains, are a source of significant distress, and care for these needs has been correlated with better psychological and spiritual adjustment as well as with less aggressive care at the end of life. Studies show that while clinicians such as nurses and physicians regard some spiritual care as an appropriate aspect of their role, patients report that they provide it infrequently. Many clinicians report that their religious/spiritual beliefs influence their practice, and practices such as mindfulness have been shown to enhance clinician self-care and equanimity. Challenges remain in the areas of conceptualizing and measuring spirituality, developing and implementing training for spiritual care, and coordinating and partnering with chaplains and religious communities.

Piderman, K. M., Jenkins, S. M., Hsu, J. S. and Kindred, A. S. [College of Medicine, Department of Chaplain Services, Mayo Clinic, Rochester, MN; piderman.katherine@mayo.edu]. "**Hospitalized young adults' expectations of pastoral interventions**." *Journal of Pastoral Care & Counseling* 67, no. 1 (Mar 2013): 7 [electronic journal article designation].
[Abstract:] The objective of this analysis of 4500 inpatients was to identify the experience and expectations of 18-35 year olds regarding chaplain visitation and to compare results with data from older adults. 71% of young adults reported wanting to be visited by a chaplain; 45.5% were visited; 68% indicated that this was important. Young adults value chaplains' role as a sign of God's care and presence (77.4%), in providing support for family (73.6%), being present during times of anxiety (66.0%), and praying/reading scripture with them (62.3%). Results were similar to older respondents, but young adults were more likely to value ethical counsel from chaplains (58.5% vs. 38.2%). This study provides clinically relevant information and suggestions for further research.

Piderman, K. M., Spampinato, C. M., Jenkins, S. M., Marek, F. D., Buryska, F. J., Johnson, M. E., Evans, F. J., Chacko, F. J., Plevak, D. J. and Mueller, P. S. [Department of Chaplain Services, Mayo Clinic, Rochester, MN]. "**Identifying and ministering to the spiritual needs of hospitalized Catholics**." *Health Progress* 94, no. 2 (Mar-Apr 2013): 58-61.
[Abstract:] In a constrained economic environment, every facet of the health care team must function with the highest efficiency, including those who provide pastoral care. To function efficiently and effectively, both the needs and the expectations of patients need to be considered. This paper highlights the specific spiritual needs and expectations of Catholic inpatients and proposes a model for chaplains to optimally assess and provide care for them.

Piotrowski, L. F. [Dartmouth-Hitchcock Medical Center, Lebanon, NH; linda.f.piotrowski@hitchcock.org]. "**Advocating and educating for spiritual screening assessment and referrals to chaplains**." *Omega - Journal of Death & Dying* 67, nos. 1-2 (2013): 185-192.
[Abstract:] This article presents attempts to improve the quality of spiritual care offered to palliative care patients by educating nursing and other staff about spiritual screening with the goal of increasing referrals to a board certified chaplain. Attention to patients' spiritual identity and spiritual needs upon admission and throughout a hospitalization through either a formalized screening tool or provider awareness and sensitivity can assist patients in naming their needs, thus triggering a referral to a board certified chaplain or other spiritual counselor. Along with a spiritual care plan based upon assessment of spiritual needs and resources facilitates the healing process. [This is part of a special theme

issue of the journal. See also articles by Bodek, H.; by Daly, D., et al.; by Galchutt, P.; by Hall, D., et al.; by Markham, K. C.; and by Nichols, S. W.; also cited in this bibliography.]

Preau, M., Bouhnik, A. D., Le Coroller Soriano, A. G., for the ALD Cancer Study Group. [Psychology Institute, Lyon 2 University, Bron, France; marie.preau@inserm.fr]. "**Two years after cancer diagnosis, what is the relationship between health-related quality of life, coping strategies and spirituality?**" *Psychology Health & Medicine* 18, no. 4 (2013): 375-386.
[Abstract:] This study aimed to analyze the relationship between spirituality, coping strategies and health-related quality of life (HRQL) among a large representative sample of patients two years after cancer diagnosis. Using a cross-sectional design, medical and self-reported data were collected by physicians and a patient telephone interview, respectively. Among 4270 participants, 54.6% reported that spirituality was not a source of comfort at all during the disease, 23.4% stated that it was a source of moderate comfort and 22.5% a source of great comfort. After adjustment for age, gender, educational level and living in a couple, a multivariate analysis showed that a lower mental HRQL score was independently associated with finding moderate comfort in spirituality when compared with finding no comfort at all. After multiple adjustment, a lower score of physical HRQL and a higher score of fighting spirit were independently associated with having found great comfort in spirituality when compared with those who found no comfort at all. This study aimed to understand the dynamics of religious beliefs among cancer patients over the disease duration and to understand how these beliefs could be considered and utilized by patients as a source of comfort and support. The results highlight not only the role spirituality may play in disease management and the extent to which it may be a valuable source of comfort during the follow-up of cancer patients, but also its role in the evaluation of the different dimensions of HRQL.

Proeschold-Bell, R. J., Miles, A., Toth, M., Adams, C., Smith, B. W. and Toole, D. [Duke Global Health Institute, Center for Health Policy and Inequalities Research, Duke University, Durham, NC; rae.jean@duke.edu]. "**Using effort-reward imbalance theory to understand high rates of depression and anxiety among clergy**." *Journal of Primary Prevention* 34, no. 6 (Dec 2013): 439-453. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] The clergy occupation is unique in its combination of role strains and higher calling, putting clergy mental health at risk. We surveyed all United Methodist clergy in North Carolina, and 95% (n = 1,726) responded, with 38% responding via phone interview. We compared clergy phone interview depression rates, assessed using the Patient Health Questionnaire (PHQ-9), to those of in-person interviews in a representative United States sample that also used the PHQ-9. The clergy depression prevalence was 8.7%, significantly higher than the 5.5% rate of the national sample. We used logistic regression to explain depression, and also anxiety, assessed using the Hospital Anxiety and Depression Scale. As hypothesized by effort-reward imbalance theory, several extrinsic demands (job stress, life unpredictability) and intrinsic demands (guilt about not doing enough work, doubting one's call to ministry) significantly predicted depression and anxiety, as did rewards such as ministry satisfaction and lack of financial stress. The high rate of clergy depression signals the need for preventive policies and programs for clergy. The extrinsic and intrinsic demands and rewards suggest specific actions to improve clergy mental health.

Proeschold-Bell, R. J., Swift, R., Moore, H. E., Bennett, G., Li, X. F., Blouin, R., Williams, V. P., Williams, R. B., Jr. and Toole, D. [Duke Global Health Institute and Duke Center for Health Policy and Inequalities Research, Durham, NC; rae.jean@duke.edu]. "**Use of a randomized multiple baseline design: rationale and design of the spirited life holistic health intervention study**." *Contemporary Clinical Trials* 35, no. 2 (Jul 2013): 138-152.
[Abstract:] Clergy suffer from high rates of obesity, chronic disease, and depression, and simultaneously underestimate the toll these take on their daily functioning. Health interventions are needed for clergy and may be tailored to their occupational context and theological beliefs. Few studies have sought to improve clergy health. No prior studies have utilized a randomized design. Spirited Life is a randomized, multiple baseline study that offered enrollment to nearly all United Methodist Church clergy in North Carolina in fall 2010. A total of 1114 clergy (response rate = 64%) enrolled. Using a multiple baseline design, we randomized participants to three cohorts. Each cohort began the health intervention in one of three consecutive years. The third cohort served as a randomized waitlist control cohort, allowing comparisons between the first and third cohorts. The two-year Spirited Life intervention consists of: 1) a theological underpinning for health stewardship based on incarnation, grace, and response and delivered during workshops; 2) the stress management program Williams LifeSkills; 3) Naturally Slim, an online weight loss program; 4) phone contact with a Wellness Advocate; and 5) $500 small grants for health goals. Metabolic syndrome is the primary endpoint. Stress and depressive severity are secondary endpoints. We measured each construct before, twice during, and at the end of the two-year intervention. Study outcomes, to be published after follow-up data are gathered, will provide evidence of the effectiveness of the combined intervention components of Spirited Life. If successful, the intervention may be considered for use with other clergy and faith populations.

Puchalski, C. M. [George Washington Institute for Spirituality and Health, George Washington University, Washington, DC]. "**Integrating spirituality into patient care: an essential element of person-centered care**." *Polskie Archiwum Medycyny Wewnetrznej* 123, no. 9 (Sep 30, 2013): 491-497. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Spirituality and health is a growing field of healthcare. It grew out of courses in spirituality and health developed for medical students in the United States. Research in this area over the last 30 years has also formed an evidence base for spirituality and health. Studies have demonstrated an association between spiritual beliefs and values and a variety of healthcare outcomes. More recent research has also shown a strong desire on the part of patients to have their spirituality addressed as part of their care. Studies also show that spiritual care has an impact on patient decision making, particularly in end-of-life care. The Association of American Medical Colleges developed a broad definition of spirituality as well as learning objectives and guidelines for teaching. Standards in organizations such as the American College of Physicians support physicians treating the whole person, that is, the body, mind, and spirit. In 2009, National Competencies in Spirituality and Health education were developed in the United States with schools currently working on curriculum projects based on these competencies. Models are being developed for all members of the healthcare team to address patient distress, in cooperation with chaplains as spiritual care experts. The goals are to develop a biopsychosocial and spiritual assessment and treatment as part of compassionate whole-person care of all patients.

Raghavan, R., Ferlic-Stark, L., Clarke, C., Rungta, M. and Goodgame, R. [Department of Medicine, Division of Nephrology, Baylor College of Medicine, Houston, TX; rajeevr@bcm.edu]. "**The role of patient religiosity in the evaluation and treatment outcomes for chronic HCV infection**." *Journal of Religion & Health* 52, no. 1 (Mar 2013): 79-90.

[Abstract:] To determine the influence of patient religiosity on the outcome of treatment of hepatitis C infection, a prospective, blinded, cohort study was performed on hepatitis C-infected patients categorized as 'higher religiosity' and 'lower religiosity' based on responses to a religiosity questionnaire. Comparisons were made between high and low religiosity patients on demographics, pre-treatment laboratory values, and response to treatment. Eighty-seven patients with complete questionnaires were placed in either higher (38) or lower (49) religiosity cohort. The patients (60% female) were ethnically diverse: African-American 39%; Hispanic 31%; white 29%. African-American race (P = 0.001) and female gender (P = 0.026) were associated with higher religiosity. The frequency of being offered treatment, accepting treatment, and completing treatment was similar in both religiosity cohorts (P = 0.234, 0.809, 0.367). Fifty-six patients completed the 24- or 48-week treatment with peginterferon and ribavirin. Depression was more frequent in the low religiosity group (38.2% vs. 4.6%, P = 0.005). Sustained viral response rate at 3-6-month post-therapy was similar in the higher (50%) and lower (57.6%) religiosity cohorts (P = 0.580; n = 55). Logistic regression modeling revealed that males having higher religiosity gave greater odds of SVR than those with lower religiosity (OR 21.3; 95% CI 1.1-403.9). The level of religiosity did not affect the decision to begin treatment for chronic HCV infection and was not associated with a better treatment outcome. A higher level of religiosity was associated with less depression among patients.

Ramondetta, L. M., Sun, C., Surbone, A., Olver, I., Ripamonti, C., Konishi, T., Baider, L. and Johnson, J. [Department of Gynecologic Oncology and Reproductive Medicine, University of Texas MD Anderson Cancer Center, Houston; lramonde@mdanderson.org]. "**Surprising results regarding MASCC members' beliefs about spiritual care**." *Supportive Care in Cancer* 21, no. 11 (Nov 2013): 2991-2998. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Through our survey of Multinational Association of Supportive Care in Cancer (MASCC) members and its analysis, we sought to gain a broader, more inclusive perspective of physicians' understanding of patients' spiritual care needs and improve our approach to providing spiritual care to patients. METHODS: We developed a 16-question survey to assess spiritual care practices. We sent 635 MASCC members four e-mails, each inviting them to complete the survey via an online survey service. Demographic information was collected. The results were tabulated, and summary statistics were used to describe the results. RESULTS: Two hundred seventy-one MASCC members (42.7 %) from 41 countries completed the survey. Of the respondents, 50.5 % were age <50 years, 161 (59.4 %) were women and 123 (45.4 %) had >20 years of cancer care experience. The two most common definitions of spiritual care the respondents specified were "offering emotional support as part of addressing psychosocial needs" (49.8 %) and "alleviating spiritual/existential pain/suffering" (42.4 %). Whether respondents considered themselves to be "spiritual" correlated with how they rated the importance of spiritual care (p<0.001). One hundred six respondents (39.1 %) reported that they believe it is their role to explore the spiritual concerns of their cancer patients, and 33 respondents (12.2 %) reported that they do not feel it is their role. Ninety-one respondents (33.6 %) reported that they seldom provide adequate spiritual care, and 71 respondents (26.2 %) reported that they did not feel they could adequately provide spiritual care. CONCLUSIONS: The majority of MASCC members who completed the survey reported that spiritual care plays an important role in the total care of cancer patients, but few respondents from this supportive care-focused organization actually provide spiritual care. In order to be able to provide a rationale for developing spiritual care guidelines, we need to understand how to emphasize the importance of spiritual care and, at minimum, train MASCC members to triage patients for spiritual crises.

Rawdin, B., Evans, C. and Rabow, M. W. [Dept. of Psychiatry, University of California, San Francisco; blake.rawdin@ucsf.edu]. "**The relationships among hope, pain, psychological distress, and spiritual well-being in oncology outpatients**." *Journal of Palliative Medicine* 16, no. 2 (Feb 2013): 167-172.

[Abstract:] OBJECTIVE: Limited research in Taiwan and Europe suggest that hope is inversely correlated with certain dimensions of the pain experience. However, the relationship between hope and pain among oncology outpatients in the United States has not been evaluated. The aims of this study were to investigate the relationship between hope and cancer pain, after accounting for key psychological, demographic, and clinical characteristics. DESIGN: We enrolled a convenience sample of 78 patients who were receiving concurrent oncologic and symptom-focused care in a comprehensive cancer center. Patient demographic and clinical information was obtained from patient report and medical record review. Patients completed the Herth Hope Index, the Brief Pain Inventory, the Hospital Anxiety and Depression Scale, and the Steinhauser Spiritual Concern Probe. RESULTS: Levels of hope were not associated with age, gender, or the presence of metastatic disease. Herth Hope Index scores were negatively correlated with average pain intensity (p=0.02), worst pain intensity (p<0.01), pain interference with function (p<0.05), anxiety (p<0.01), and depression (p<0.01), and were positively correlated with spiritual well-being scores (p<0.01). However, after controlling for depression and spiritual well-being with regression analysis, the relationship between pain intensity and hope was no longer significant. CONCLUSIONS: While an association exists between the patients' experience of pain and levels of hope in this study, adjustment for depression and spiritual well being eliminates the relationship initially observed. Although the causal relationships have yet to be determined, in our study hope had a stronger connection to psycho-spiritual factors, than to pain experiences or severity.

Reinert, K. G. and Koenig, H. G. [Johns Hopkins University School of Nursing, Baltimore, MD]. "**Re-examining definitions of spirituality in nursing research**." *Journal of Advanced Nursing* 69, no. 12 (Dec 2013): 2622-2634. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: To discuss the definition of spirituality and its limitations for nursing research. It proposes a definition that will capture more accurately the role of spirituality in health outcomes. BACKGROUND: Studies have increasingly examined spirituality in nursing research as a coping mechanism attenuating the negative impact of traumatic stress on mental health. Existing definitions of spirituality in nursing research include elements of positive emotional states (meaning, purpose, general well-being) which confound mental health outcomes. DATA SOURCES: Medline and CINAHL databases were searched from 2007-2011 for research articles examining spirituality definitions and measures used by nurse researchers. DISCUSSION: An analysis of the definitions of spirituality in nursing research reveals inconsistencies and confounding mental health concepts. The authors propose defining spirituality in the context of religious involvement when conducting research, while using a broader definition of spirituality when providing spiritual care. They argue such definition provides a more appropriate method of measuring this concept in research aimed at evaluating mental health outcomes while preserving the currently used patient-defined definition of spirituality when providing spiritual care. NURSING IMPLICATIONS: A consistent definition of spirituality in nursing research evaluating mental health outcomes, distinct from 'spiritual care' in a clinical setting, is essential to avoid tautological results that are meaningless. Appropriate definitions will enable nursing researchers to more clearly identify resilience mechanisms and improved health

outcomes in those exposed to traumatic stress. CONCLUSION: A definition of spirituality that focuses on religious involvement provides a more uniform and consistent measure for evaluating mental health outcomes in nursing research.

Reynolds, N., Mrug, S. and Guion, K. [Department of Psychology, University of Alabama at Birmingham; nreynold@uab.edu]. "**Spiritual coping and psychosocial adjustment of adolescents with chronic illness: the role of cognitive attributions, age, and disease group**." *Journal of Adolescent Health* 52, no. 5 (May 2013): 559-565.

[Abstract:] PURPOSE: Spiritual coping is an important determinant of adjustment in youth with chronic illness, but the mechanisms through which it affects outcomes have not been elucidated. It is also unknown whether the role of spiritual coping varies by age or disease group. This study evaluated whether general cognitive attributions explain the effects of spiritual coping on internalizing and externalizing problems in adolescents with cystic fibrosis and diabetes and whether these relationships vary by age or disease group. METHODS: In this cross-sectional study, adolescents (N = 128; M = 14.7 yrs) diagnosed with cystic fibrosis or diabetes completed measures of spiritual coping and attributional style. Adolescents and their caregivers reported on adolescents' internalizing and externalizing problems. RESULTS: Overall, positive spiritual coping was associated with fewer internalizing and externalizing problems. Negative spiritual coping was related to more externalizing problems, and for adolescents with cystic fibrosis only, also internalizing problems. Optimistic attributions mediated the effects of positive spiritual coping among adolescents with diabetes. The results did not vary by age. CONCLUSIONS: An optimistic attribution style may help explain the effects of positive, but not negative, spiritual coping on adjustment of youth with diabetes. Youth with progressive, life-threatening illnesses, such as cystic fibrosis, may be more vulnerable to the harmful effects of negative spiritual coping. Future research should examine whether addressing spiritual concerns and promoting optimistic attributions improves adolescents' emotional and behavioral functioning.

Room, R. [Centre for Alcohol Policy Research, Turning Point Alcohol & Drug Centre, Fitzroy, Victoria, Australia, and School of Population Health, University of Melbourne, Parkville, Australia]. "**Spirituality, intoxication and addiction: six forms of relationship**." *Substance Use & Misuse* 48, no. 12 (Sep 2013): 1109-1113.

[Abstract:] The paper considers six connections between spirituality and intoxication or addiction. They are: intoxication as a means of communication with a spiritual world; intoxication as destroying spirituality; shared use and intoxication as creating and validating community; spirituality and religion as a means of collective sobering-up; spirituality in individual sobering up; and abstinence as a spiritual practice, a witness, or a badge of membership in a spiritual community. Intoxication can either enhance or impede spirituality, both at individual and collective levels. Spirituality is often important in sobering up, both individually and collectively, and abstinence is a part of spiritual or religious practice in some traditions. But a full account must acknowledge the diversity in the interactions of spirituality and intoxication or addiction. [Note: This is part of a special theme issue of the journal.]

Rosmarin, D. H., Bigda-Peyton, J. S., Kertz, S. J., Smith, N., Rauch, S. L. and Bjorgvinsson, T. [Department of Psychiatry, McLean Hospital/Harvard Medical School, Belmont, MA; drosmarin@mclean.harvard.edu]. "**A test of faith in God and treatment: the relationship of belief in God to psychiatric treatment outcomes**." *Journal of Affective Disorders* 146, no. 3 (Apr 25, 2013): 441-446.

[Abstract:] BACKGROUND: Belief in God is very common and tied to mental health/illness in the general population, yet its relevance to psychiatric patients has not been adequately studied. We examined relationships between belief in God and treatment outcomes, and identified mediating mechanisms. METHODS: We conducted a prospective study with n=159 patients in a day-treatment program at an academic psychiatric hospital. Belief in God, treatment credibility/expectancy, emotion regulation and congregational support were assessed prior to treatment. Primary outcomes were treatment response as well as degree of reduction in depression over treatment. Secondary outcomes were improvements in psychological well-being and reduction in self-harm. RESULTS: Belief in God was significantly higher among treatment responders than non-responders F(1,114)=4.81, p<.05. Higher levels of belief were also associated with greater reductions in depression (r=.21, p<.05) and self-harm (r=.24, p<.01), and greater improvements in psychological well-being (r=.19, p<.05) over course of treatment. Belief remained correlated with changes in depression and self-harm after controlling for age and gender. Perceived treatment credibility/expectancy, but not emotional regulation or community support, mediated relationships between belief in God and reductions in depression. No variables mediated relationships to other outcomes. Religious affiliation was also associated with treatment credibility/expectancy but not treatment outcomes. CONCLUSIONS: Belief in God, but not religious affiliation, was associated with better treatment outcomes. With respect to depression, this relationship was mediated by belief in the credibility of treatment and expectations for treatment gains.

Rosmarin, D. H., Bigda-Peyton, J. S., Ongur, D., Pargament, K. I. and Bjorgvinsson, T. [Department of Psychiatry, McLean Hospital/Harvard Medical School, Belmont, MA; drosmarin@mclean.harvard.edu]. "**Religious coping among psychotic patients: relevance to suicidality and treatment outcomes**." *Psychiatry Research* 210, no. 1 (Nov 30, 2013): 182-187. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Religious coping is very common among individuals with psychosis, however its relevance to symptoms and treatment outcomes remains unclear. We conducted a prospective study in a clinical sample of n=47 psychiatric patients with current/past psychosis receiving partial (day) treatment at McLean Hospital. Subjects completed measures of religious involvement, religious coping and suicidality prior to treatment, and we assessed for psychosis, depression, anxiety and psychological well-being over the course of treatment. Negative religious coping (spiritual struggle) was associated with substantially greater frequency and intensity of suicidal ideation, as well as greater depression, anxiety, and less well-being prior to treatment (accounting for 9.0-46.2% of the variance in these variables). Positive religious coping was associated with significantly greater reductions in depression and anxiety, and increases in well-being over the course of treatment (accounting for 13.7-36.0% of the variance in change scores). Effects remained significant after controlling for significant covariates. Negative religious coping appears to be a risk factor for suicidality and affective symptoms among psychotic patients. Positive religious coping is an important resource to this population, and its utilization appears to be associated with better treatment outcomes.

Rote, S., Hill, T. D. and Ellison, C. G. [Department of Sociology, Florida State University, Tallahassee; srote@fsu.edu]. "**Religious attendance and loneliness in later life**." *Gerontologist* 53, no. 1 (Feb 2013): 39-50.

[Abstract:] PURPOSE OF THE STUDY: Studies show that loneliness is a major risk factor for health issues in later life. Although research suggests that religious involvement can protect against loneliness, explanations for this general pattern are underdeveloped and under-tested. In this paper, we propose and test a theoretical model, which suggests that social integration and social support are key mechanisms that link religious attendance and loneliness. DESIGN AND METHODS: To formally test our theoretical model, we use data from the National Social

Life Health and Aging Project (2005/2006), a large national probability sample of older adults aged 57-85 years. RESULTS: We find that religious attendance is associated with higher levels of social integration and social support and that social integration and social support are associated with lower levels of loneliness. A series of mediation tests confirm our theoretical model. IMPLICATIONS: Taken together, our results suggest that involvement in religious institutions may protect against loneliness in later life by integrating older adults into larger and more supportive social networks. Future research should test whether these processes are valid across theoretically relevant subgroups.

Rubin, L. R., Chavez, J., Alderman, A. and Pusic, A. L. [Department of Psychology, The New School for Social Research , New York, NY]. "'**Use what God has given me': difference and disparity in breast reconstruction**." *Psychology & Health* 28, no. 10 (2013): 1099-1120.

[Abstract:] African-American women are significantly less likely to undergo postmastectomy breast reconstruction compared to white women in the USA. These observed differences have been interpreted as evidence of a healthcare disparity. The current study examines breast reconstruction decision-making among African-American women, locating reconstruction decisions in a context of culture, racial inequality and biomedicalization. Semi-structured interviews were conducted with 27 African-American women who underwent mastectomy for breast cancer to add patient-centered perspectives to existing conceptualizations of racial/ethnic differences in reconstruction. Participants were socio-demographically diverse, and resided in the New York metropolitan area. Data analysis was informed by grounded theory. Spiritually and culturally informed body ethics often guided surgery decisions. Participants expressed reservations about breast implants, preferring autologous procedures that use 'what God has given'. For some, breast reconstruction restored a sense of normalcy after cancer; others challenged an imperative to reconstruct. Several participants redirected our focus on access to reconstruction toward access to alternatives, noting the low reimbursement for prostheses, or their unavailability in patients' skin tones. We suggest that a framework of 'stratified biomedicalization' better addresses the complexities of race, class and gender that inform preference, access and recommendations for breast reconstruction, and focuses attention on access to high and low-tech interventions.

Ruder, S. [School of Nursing, Florida Gulf Coast University, Fort Myers, FL; sruder@fgcu.edu]. "**Spirituality in nursing: nurses' perceptions about providing spiritual care**." *Home Healthcare Nurse* 31, no. 7 (Jul-Aug 2013): 356-367.

[Abstract:] Providing spiritual care is an important foundation of nursing and is a requirement mandated by accreditation organizations. Spiritual care is essential in all clinical areas but particularly in home care and hospice. Clinicians may be unable to respond to spiritual needs because of inadequate education or the assumption that spiritual needs should be addressed by clergy, chaplains, or other "spiritual" care providers. In reality, clinicians in the home may be in the best position to offer spiritual support when caring for patients at home at end of life. The purpose of this pilot study was to examine relationships between spirituality and nurses' providing spiritual care. Professional nurses (n = 69) working in 2 large healthcare organizations completed the Perceptions of Spiritual Care Questionnaire. Approximately, 33% of the nurses worked in home care. Significant correlations were found among those nurses whose reported nursing education programs adequately prepared them to meet spiritual needs and taught ways to incorporate spiritual care into practice and those who did not.

Rushing, N. C., Corsentino, E., Hames, J. L., Sachs-Ericsson, N. and Steffens, D. C. [Department of Psychology, Florida State University, Tallahassee; collins@psy.fsu.edu]. "**The relationship of religious involvement indicators and social support to current and past suicidality among depressed older adults**." *Aging & Mental Health* 17, no. 3 (2013): 366-374.

[Abstract:] Elderly people, particularly those with major depression, are at the highest risk for suicide than any other age group. Religious involvement is associated with a range of health outcomes including lower odds of death by suicide. However, not much is known about the effects of religious involvement on suicidal ideation in the elderly or which aspects of religiosity are beneficial. This study examined the relative influence of various conceptualizations of religious involvement, above and beyond the protective effects of social support, on current and past suicidality among depressed older adults. Participants were 248 depressed patients, 59 years and older, enrolled in the Neurocognitive Outcomes of Depression in the Elderly study. A psychiatrist assessed current suicidal ideation using the suicidal thoughts item from the Montgomery-Asberg Depression Rating Scale. Past history of suicide attempts, four religious involvement indicators, social support indicators, and control variables were assessed via self-report. Church attendance, above and beyond importance of religion, private religious practices, and social support, was associated with less suicidal ideation; perceived social support partially mediated this relationship. Current religious practices were not predictive of retrospective reports of past suicide attempts. Church attendance, rather than other religious involvement indicators, has the strongest relationship to current suicidal ideation. Clinicians should consider public religious activity patterns and perceived social support when assessing for other known risk and protective factors for suicide and in developing treatment plans.

Salim, I., Al Suwaidi, J., Ghadban, W., Alkilani, H. and Salam, A. M. [Hamad Medical Corporation, Doha, Qatar]. "**Impact of religious Ramadan fasting on cardiovascular disease: a systematic review of the literature**." *Current Medical Research & Opinion* 29, no. 4 (Apr 2013): 343-354.

[Abstract:] BACKGROUND: Fasting during the month of Ramadan is a religious obligation that is practiced by millions of people around the world yet there is no clear scientific consensus on its effects on cardiovascular disease. This study was performed to inform physicians as well as patients of evidence based recommendations on this subject. AIM: The study was undertaken to assess: (1) any alteration in the incidence of acute cardiac illness during Ramadan fasting; (2) whether fasting during the month of Ramadan alters the clinical status of patients with stable cardiac disease; and (3) the impact of Ramadan fasting on cardiovascular risk factors in normal subjects, in patients with stable cardiac disease, metabolic syndrome, dyslipidemia, type 2 diabetes and systemic hypertension. STUDY DESIGN: Systematic review of the literature. METHOD: A Medline search of the English literature published between January 1980 and September 2012. RESULTS: The incidence of acute cardiac illness during Ramadan fasting was similar to non-fasting days, although the timing of symptom onset may be different, with significant increase in events during the period of 'breaking fast' when compared to non-fasting days. The majority of patients with stable cardiac illness can undergo Ramadan fasting without any clinical deterioration. Body mass index, lipid profile, and blood pressure showed significant improvement in normal healthy subjects, patients with stable cardiac illness, metabolic syndrome, dyslipidemia and hypertension during Ramadan fasting. The lipid profile of diabetic patients deteriorated significantly during Ramadan fasting. CONCLUSIONS: Ramadan fasting is not associated with any change in incidence of acute cardiac illness and the majority of cardiac patients can fast without any difficulty. Improvement in lipid profile, especially 30% to 40% increment in high-density lipoprotein, as reported in some studies, appear promising. Diabetic patients should be carefully monitored during Ramadan fasting.

Salmoirago-Blotcher, E., Fitchett, G., Hovey, K. M., Schnall, E., Thomson, C., Andrews, C. A., Crawford, S., O'Sullivan, M. J., Post, S., Chlebowski, R. T. and Ockene, J. [Department of Medicine, University of Massachusetts Medical School, Worcester; Elena.Salmoirago-Blotcher@umassmed.edu]. "**Frequency of private spiritual activity and cardiovascular risk in postmenopausal women: the Women's Health Initiative**." *Annals of Epidemiology* 23, no. 5 (May 2013): 239-245.

[Abstract:] PURPOSE: Spirituality has been associated with better cardiac autonomic balance, but its association with cardiovascular risk is not well studied. We examined whether more frequent private spiritual activity was associated with reduced cardiovascular risk in postmenopausal women enrolled in the Women's Health Initiative Observational Study. METHODS: Frequency of private spiritual activity (prayer, Bible reading, and meditation) was self-reported at year 5 of follow-up. Cardiovascular outcomes were centrally adjudicated, and cardiovascular risk was estimated from proportional hazards models. RESULTS: Final models included 43,708 women (mean age, 68.9 + 7.3 years; median follow-up, 7.0 years) free of cardiac disease through year 5 of follow-up. In age-adjusted models, private spiritual activity was associated with increased cardiovascular risk (hazard ratio [HR], 1.16; 95% confidence interval [CI], 1.02-1.31 for weekly vs. never; HR, 1.25; 95% CI, 1.11-1.40 for daily vs. never). In multivariate models adjusted for demographics, lifestyle, risk factors, and psychosocial factors, such association remained significant only in the group with daily activity (HR, 1.16; 95% CI, 1.03-1.30). Subgroup analyses indicate this association may be driven by the presence of severe chronic diseases. CONCLUSIONS: Among aging women, higher frequency of private spiritual activity was associated with increased cardiovascular risk, likely reflecting a mobilization of spiritual resources to cope with aging and illness. [See also comment by Koenig, H. G. and Al Zaben, F. N., "Private religious activity and cardiovascular risk," *Annals of Epidemiology* 23, no. 5 (May 2013): 246-247.]

Schaub, R. [New York Psychosynthesis Institute, Huntington, NY]. "**Spirituality and the health professional**." *Substance Use & Misuse* 48, no. 12 (Sep 2013): 1174-1179.

[Abstract:] The inclusion of spirituality in addictions recovery began with the 12-steps program of Alcoholics Anonymous. Cofounded by Bill Wilson, the 12-steps' spiritual orientation is based on Wilson's own recovery from alcoholism that was associated with a spiritual experience. His correspondence with Carl Jung, who verified the importance of Wilson's experience, empowered Wilson to make spirituality central to the 12 steps. Spirituality remains a source of misunderstanding between the scientific, empirically informed mental health community, and the 12-step recovery movement. This article offers an outline of spiritual development, based on neuroscience, which the professional can utilize in the spiritual aspect of a patient's recovery. [Note: This is part of a special theme issue of the journal.]

Sheppe, A. H., Nicholson, R. F., 3rd, Rasinski, K. A., Yoon, J. D. and Curlin, F. A. [Pritzker School of Medicine, University of Chicago, IL]. "**Providing guidance to patients: physicians' views about the relative responsibilities of doctors and religious communities**." *Southern Medical Journal* 106, no. 7 (Jul 2013): 399-406.

[Abstract:] OBJECTIVES: Patients' religious communities often influence their medical decisions. To date, no study has examined what physicians think about the responsibilities borne by religious communities to provide guidance to patients in different clinical contexts. METHODS: We mailed a confidential, self-administered survey to a stratified random sample of 1504 US primary care physicians (PCPs). Criterion variables were PCPs' assessment of the responsibility that physicians and religious communities bear in providing guidance to patients in four different clinical scenarios. Predictors were physicians' demographic and religious characteristics. RESULTS: The overall response rate was 63%. PCPs indicated that once all medical options have been presented, physicians and religious communities both are responsible for providing guidance to patients about which option to choose (mean responsibility between "some" and "a lot" in all scenarios). Religious communities were believed to have the most responsibility in scenarios in which the patient will die within a few weeks or in which the patient faces a morally complex medical decision. PCPs who were older, Hispanic, or more religious tended to rate religious community responsibility more highly. Compared with physicians of other affiliations, evangelical Protestants tended to rate religious community responsibility highest relative to the responsibility of physicians. CONCLUSIONS: PCPs ascribe more responsibility to religious communities when medicine has less to offer (death is imminent) or the patient faces a decision that science cannot settle (a morally complex decision). Physicians' ideas about the clinical role of religious communities are associated with the religious characteristics of physicians themselves.

Shin, J. H., Yoon, J. D., Rasinski, K. A., Koenig, H. G., Meador, K. G. and Curlin, F. A. [Westminster Seminary California, Escondido]. "**A spiritual problem? Primary care physicians' and psychiatrists' interpretations of medically unexplained symptoms**." *Journal of General Internal Medicine* 28, no. 3 (Mar 2013): 392-398.

[Abstract:] BACKGROUND: Patients commonly present to their physicians with medically unexplained symptoms (MUS), and there is no consensus about how physicians should interpret or treat such symptoms. OBJECTIVE: To examine how variations in physicians' interpretations of MUS are associated with physicians' religious characteristics and with physician specialty (primary care vs. psychiatry). DESIGN AND PARTICIPANTS: A national survey of a stratified random sample of 1,504 primary care physicians and 512 psychiatrists in 2009-2010. MAIN MEASURES: The extent to which physicians believe MUS reflect a root problem that is spiritual in nature or result from conditions that scientific research will eventually explain, and whether such patients would benefit from attention to their relationships, attention to their spiritual life, taking medications, and/or treatment by physicians. KEY RESULTS: Response rate was 63 % (1,208/1,909). More religious/spiritual physicians were more likely to believe that MUS reflect a spiritual problem (55 % for high vs. 24 % for low spirituality; OR=2.8, 1.7-4.5) and that these patients would benefit from paying attention to their spiritual life (79 % for high vs. 55 % for low spirituality; OR=3.1, 1.8-5.3). Psychiatrists were more likely to believe that scientific research will one day explain MUS (66 % vs. 52 %; OR=1.9, 1.4-2.5) and that these symptoms will improve with treatment by a physician (54 % vs. 35 %; OR=2.4, 1.8-3.3). They were less likely to believe that MUS reflect a spiritual problem (23 % vs. 38 %; OR=0.5, 0.4-0.8). CONCLUSIONS: Physicians' interpretations of MUS vary widely, depending in part on physicians' religious characteristics and specialty. One in three physicians believes that patients with MUS have root problems that are spiritual in nature. Physicians who are more religious or spiritual are more likely to think of MUS as stemming from spiritual concerns. Psychiatrists are more optimistic that these patients will get better with treatment by physicians.

Sirilla, J. and Overcash, J. [James Cancer Hospital and Solove Research Institute, Ohio State University Comprehensive Cancer Center, Columbus; Jan.Sirilla@osumc.edu]. "**Quality of life (QOL), supportive care, and spirituality in hematopoietic stem cell transplant (HSCT) patients**." *Supportive Care in Cancer* 21, no. 4 (Apr 2013): 1137-1144.

[Abstract:] For many patients, a hematopoietic stem cell transplant (HSCT) can be challenging to physical and emotional health. Supportive care needs can be overwhelming for many patients and families. The purpose of this study was to evaluate the effect of quality of life (QOL), spiritual well-being, and supportive care resources post-HSCT. This descriptive, repeated-measures study included people over the age of 18

years undergoing HSCT for any cancer diagnosis. The Functional Assessment in Cancer Therapy--Bone Marrow Transplant scale, the Functional Assessment of Chronic Illness Therapy--Spiritual--12 scale, and a resource questionnaire were administered prior to HSCT and following HSCT at 30, 60, 90, and 180 days. Three groups of HSCT patients were examined: allogeneic, autologous, and overall. Data analysis included descriptive statistics and correlations. In the sample (n=159), the autologous HSCT group reported the highest QOL scores. Spirituality scores increased for the autologous HSCT group at 90 days, but decreased for the overall and allogeneic groups. The type of supportive care resources most used were information from the physician and nurse, the Leukemia and Lymphoma Society Support as the most used form of support group, and Faith, Prayer and Spiritual Healing. QOL and spiritual well-being scores correlated best at 180 days (6 months) for autologous and allogeneic patients.

Sirois, M. L., Darby, M. and Tolle, S. [Springfield Technical Community College, MA; mlsirois@stcc.edu]. "**Understanding Muslim patients: cross-cultural dental hygiene care**." *International Journal of Dental Hygiene* 11, no. 2 (May 2013): 105-114.

[Abstract:] BACKGROUND: Healthcare providers who understand the basic pillars of Islamic beliefs and common religious practices can apply these concepts, anticipate the needs of the Muslim patient and family, and attract Muslim patients to the practice. OBJECTIVE: Cross cultural knowledge can motivate dental hygienists to adopt culturally acceptable behaviors, strengthen patient-provider relationships and optimize therapeutic outcomes. Trends in Muslim population growth, Islamic history and beliefs, modesty practices, healthcare beliefs, contraception, childbearing, childrearing, pilgrimage, dietary practices, dental care considerations and communication are explained. Materials and methods: This paper reviews traditional Muslim beliefs and practices regarding lifestyle, customs, healthcare and religion as derived from the literature and study abroad experiences. RESULTS AND DISCUSSION: Recommendations are offered on how to blend western healthcare with Islamic practices when making introductions, appointments, eye contact, and selecting a practitioner. The significance of fasting and how dental hygiene care can invalidate the fast are also discussed. CONCLUSION: The ultimate goal is for practitioners to be culturally competent in providing care to Muslim patients, while keeping in mind that beliefs and practices can vary widely within a culture.

Skarupski, K. A., Fitchett, G., Evans, D. A. and Mendes de Leon, C. F. [Rush Institute for Healthy Aging, Rush University Medical Center, Chicago, IL; kskarupski@jhmi.edu]. "**Race differences in the association of spiritual experiences and life satisfaction in older age**." *Aging & Mental Health* 17, no. 7 (2013): 888-895. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: The primary objective of this study was to examine an African American 'faith advantage' in life satisfaction. Specifically, we sought to test the hypothesis that the positive relationship between spiritual experiences and life satisfaction is stronger among older African Americans than among older Whites. METHOD: The data came from 6864 community-dwelling persons aged 65+ (66% African American) who participated in the Chicago Health and Aging Project. Life satisfaction was measured using a five-item composite and we used a five-item version of the Daily Spiritual Experiences scale. RESULTS: In a regression model adjusting for age, sex, marital status, education, income and worship attendance, we found that African American race was associated with lower life satisfaction. We also found a positive association between spiritual experiences and life satisfaction. In an additional model, a significant race by spiritual experiences interaction term indicates that spiritual experiences are more positively associated with life satisfaction among African Americans. CONCLUSION: The data suggest that at higher levels of spiritual experiences, racial differences in life satisfaction are virtually non-existent. However, at lower levels of spiritual experiences, older African Americans show modestly lower levels of life satisfaction than do older Whites. This pattern suggests that spiritual experiences are a positive resource - distinct from worship attendance - that enable older African Americans to overcome decrements in life satisfaction and, in fact, that lower spiritual experiences may be especially harmful for older African American's life satisfaction.

Skevington, S. M., Gunson, K. S. and O'Connell, K. A. [WHO Centre for Study of Quality of Life, Department of Psychology, University of Bath, UK; S.M.Skevington@bath.ac.uk]. "**Introducing the WHOQOL-SRPB BREF: developing a short-form instrument for assessing spiritual, religious and personal beliefs within quality of life**." *Quality of Life Research* 22, no. 5 (Jun 2013): 1073-1083.

[Abstract:] PURPOSE: The aim was to develop and conduct preliminary testing of a short-form measure to assess spiritual, religious and personal beliefs (SRPB) within quality of life (QoL). METHODS: Existing data from the 132 items of the WHOQOL-SRPB (n = 5087) obtained in 18 cultures were first analysed to select the 'best' performing item from each of the eight SRPB facets. These were integrated with the 26 WHOQOL-BREF items to give 34 items in the WHOQOL-SRPB BREF. A focus group of hospital chaplains reviewed this new short-form. The WHOQOL-SRPB BREF was administered to a UK community sample (n = 230) either with an adapted WHOQOL-SRPB Importance measure or the SWBQ. A subset received both WHOQOL measures twice. RESULTS: Completed in 8 mins, the WHOQOL-SRPB BREF was acceptable and feasible; Importance 5.5 mins. Good internal consistency reliability was found overall (alpha = 0.85), for the SRPB domain (alpha = 0.83), and Importance (alpha = 0.90). Domains were moderately correlated. Domain test-retest reliability was acceptable in both WHOQOL measures, except for SRPB Importance. Sleep was linked with religious beliefs. Hope and wholeness were widely associated with non-spiritual facets. Factor analysis (maximum likelihood) of items largely confirmed the WHOQOL domain structure, adding SRPB as a significant fifth domain. Internally, SRPB distinguished religious from existential beliefs, and was validated by association with personal and transcendental well-being from the SWBQ. CONCLUSION: Preliminary evidence shows that the WHOQOL-SRPB BREF is sound for use in, and beyond health care. Extracted from a measure already available in 18 languages, this short-form can be immediately used where such translations exist.

Smolak, A., Gearing, R. E., Alonzo, D., Baldwin, S., Harmon, S. and McHugh, K. [Columbia University School of Social Work, New York, NY; as3234@columbia.edu]. "**Social support and religion: mental health service use and treatment of schizophrenia**." *Community Mental Health Journal* 49, no. 4 (Aug 2013): 444-450.

[Abstract:] The perceptions and religious beliefs held by family members, mental health and health care professionals, and the community may affect the treatment of individuals with schizophrenia. To better identify and understand the influence of families, professionals and community members on individual's treatment for schizophrenia, this review paper examines: (1) the religious perceptions of families, professionals, and the public towards schizophrenia; (2) religious perceptions of the etiology of schizophrenia; (3) how others perceive religion as a coping mechanism; and (4) how religion influences treatment engagement and help-seeking behaviors. MEDLINE and PsycInfo databases were systematically searched from 1980 to 2010 using the terms schizophrenia, schizoaffective, schizophreniform, psychotic disorder not otherwise specified and religion, religiosity, spirituality, and faith. Forty-three (n = 43) original research studies met the inclusion criteria. This study

found that religious beliefs influence the treatment of schizophrenia in the following ways: Religious themes were positively associated with coping, treatment engagement and help-seeking behavior. Evidence of religious underpinnings was found in perceptions of etiology. The findings also indicate that there is often both a preference among family members and caregivers to utilize religious-based professionals and caution toward mental health professionals. Researchers and professionals may find avenues for improving treatment through examining the interaction of religious and schizophrenia at the social support level.

Spurr, S., Berry, L. and Walker, K. [College of Nursing, University of Saskatchewan, Saskatoon, Canada; shelley.spurr@usask.ca]. "**The meanings older adolescents attach to spirituality**." *Journal for Specialists in Pediatric Nursing* 18, no. 3 (Jul 2013): 221-232.

[Abstract:] PURPOSE: The purpose of this study was to explore the details of the experiences and meanings that adolescents associate with spirituality. DESIGN AND METHODS: This exploratory qualitative study used focus group discussions to uncover the experiences of 22 adolescents ages 16-19 years from two midwestern Canadian high schools. RESULTS: Three themes emerged: understandings of spirituality, the influence of spirituality on wellness, and the moderating influences of spirituality. PRACTICE IMPLICATIONS: The unique stories and experiences of this study's participants provide nurses with some possible starting points and ideas for dialogue related to spirituality with their adolescent clients.

Staton-Tindall, M., Duvall, J., Stevens-Watkins, D. and Oser, C. B. [UK College of Social Work, Center on Drug and Alcohol Research, University of Kentucky, Lexington]. "**The roles of spirituality in the relationship between traumatic life events, mental health, and drug use among African American women from one southern state**." *Substance Use & Misuse* 48, no. 12 (Sep 2013): 1246-1257.

[Abstract:] This study examines the role of spirituality as a moderator of the relationship between traumatic life experiences, mental health, and drug use in a sample of African American women. It was hypothesized that there would be an inverse relationship overall between spirituality and mental health and drug use among this sample of African American women. Secondly, was expected that spirituality would moderate the relationship between traumatic life events and mental health and drug use. African American women (n = 206) were recruited from the community and from probation officers in three urban areas of a southern state, and face-to-face interviews were completed. Findings indicated that there was a main effect for spirituality (as measured by existential well-being on the Spiritual Well-Being Scale) and traumatic life events, mental health, and alcohol use. In addition, spirituality was a significant moderator of the relationship between traumatic life events and cocaine use. Discussion and implications for African American women are included.

Stewart, W. C., Adams, M. P., Stewart, J. A. and Nelson, L. A. [PRN Pharmaceutical Research Network, Cheyenne, WY; info@prnorb.com]. "**Review of clinical medicine and religious practice**." *Journal of Religion & Health* 52, no. 1 (Mar 2013): 91-106.

[Abstract:] The purpose was to evaluate faith-based studies within the medical literature to determine whether there are ways to help physicians understand how religion affects patients' lives and diseases. We reviewed articles that assessed the influence of religious practices on medicine as a primary or secondary variable in clinical practice. This review evaluated 49 articles and found that religious faith is important to many patients, particularly those with serious disease, and patients depend on it as a positive coping mechanism. The findings of this review can suggest that patients frequently practice religion and interact with God about their disease state. This spiritual interaction may benefit the patient by providing comfort, increasing knowledge about their disease, greater treatment adherence, and quality of life. The results of prayer on specific disease states appear inconsistent with cardiovascular disease but stronger in other disease states.

Strada, E. A., Homel, P., Tennstedt, S., Billings, J. A. and Portenoy, R. K. [Department of Pain Medicine and Palliative Care, Beth Israel Medical Center, New York, NY; Astrada23@gmail.com]. "**Spiritual well-being in patients with advanced heart and lung disease**." *Palliative & Supportive Care* 11, no. 3 (Jun 2013): 205-213.

[Abstract:] OBJECTIVE: The purpose of this study was to evaluate levels of spiritual well-being over time in populations with advanced congestive heart failure (CHF) or chronic obstructive lung disease (COPD). METHOD: In a prospective, longitudinal study, patients with CHF or COPD (each n = 103) were interviewed at baseline and every 3 months for up to 30 months. At each interview, patients completed: the basic faith subscale of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) questionnaire, the Memorial Symptom Assessment Scale (MSAS), the Rand Mental Health Inventory (MHI), the Multidimensional Index of Life Quality (MILQ), the Sickness Impact Profile (SIP), and the Short Portable Mental Health Questionnaire (SPMSQ). RESULT: The mean age was 65 years, 59% were male, 78% were Caucasian, 50% were married, 29% lived alone, and there was no significant cognitive impairment. Baseline median FACIT-Sp score was 10.0 on a scale of 0-16. FACIT-Sp scores did not change over time and multivariate longitudinal analysis revealed higher scores for black patients and lower scores for those with more symptom distress on the MSAS-Global Distress Index (GDI) (both p = 0.02). On a separate multivariate longitudinal analysis, MILQ scores were positively associated with the FACIT-Sp and the MHI, and negatively associated with the MSAS-GDI and the SIP (all p-values < 0.001). SIGNIFICANCE OF RESULTS: In advanced CHF and COPD, spiritual well-being remains stable over time, it varies by race and symptom distress, and contributes to quality of life, in combination with symptom distress, mental health and physical functioning.

Sulmasy, D. P. [MacLean Center for Clinical Medical Ethics and Program on Medicine and Religion, University of Chicago, IL; dsulmasy@uchicago.edu]. "**Ethos, mythos, and thanatos: spirituality and ethics at the end of life**." *Journal of Pain & Symptom Management* 46, no. 3 (Sep 2013): 447-451.

[Abstract:] Every ethos implies a mythos in the sense that every systematic approach to ethics is inevitably based on some fundamental religious or religion-like story that gives answers to questions such as: Where did I come from? Where am I going? How am I to live? These narratives generally lay hidden beneath the plane of the interpersonal interactions that characterize all clinical encounters, but caring for patients who are approaching death brings them closer to the surface. For many patients and practitioners, these narratives will be expressed in explicitly religious language; others may invoke a sense of "immanent transcendence" that affords a spiritual perspective without requiring theism or notions of eternity. In caring for patients at the end of life, practitioners should strive to be more conscious of the narratives that undergird their own spiritual and ethical positions as well as seek to understand those of the patients they serve.

Sussman, S., Milam, J., Arpawong, T. E., Tsai, J., Black, D. S. and Wills, T. A. [Departments of Preventive Medicine and Psychology, Institute for Health Promotion and Disease Prevention Research, University of Southern California, Los Angeles]. "**Spirituality in addictions treatment: wisdom to know what it is**." *Substance Use & Misuse* 48, no. 12 (Sep 2013): 1203-1217.
[Abstract:] Spirituality has long been integrated into treatments for addiction. However, how spirituality differs from other related constructs and implications for recovery among nonspiritual persons remains a source of discussion. This article examines ways in which spirituality is delineated, identifies variables that might mediate the relations between spirituality and recovery from substance abuse disorders, describes distinctions between spiritual and nonspiritual facets of addictions treatment, and suggests means to assist in further clarification of this construct. [Note: This is part of a special theme issue of the journal.]

Sutton, M. Y. and Parks, C. P. [Division of HIV/AIDS Prevention, National Centers for HIV, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA; msutton@cdc.gov]. "**HIV/AIDS prevention, faith, and spirituality among Black/African American and Latino communities in the United States: strengthening scientific faith-based efforts to shift the course of the epidemic and reduce HIV-related health disparities**." J*ournal of Religion & Health* 52, no. 2 (Jun 2013): 514-530.
[Abstract:] Black/African American and Latino communities are disproportionately affected by the domestic HIV/AIDS epidemic. Blacks/African Americans and Latinos are also more likely to report a formal, religious, or faith affiliation when compared with non-Hispanic whites. As such, faith leaders and their institutions have been identified in the National HIV/AIDS Strategy as having a vital role to serve in reducing: (1) HIV-related health disparities and (2) the number of new HIV infections by promoting non-judgmental support for persons living with and at risk for HIV/AIDS and by serving as trusted information resources for their congregants and communities. We describe faith doctrines and faith-science partnerships that are increasing in support of faith-based HIV prevention and service delivery activities and discuss the vital role of these faith-based efforts in highly affected black/African American and Latino communities.

Swift, C. [Chaplaincy Services, Leeds Teaching Hospitals NHS Trust, Leeds, UK; Chris.Swift@leedsth.nhs.uk]. "**A state health service and funded religious care**." *Health Care Analysis* 21, no. 3 (Sep 2013): 248-258.
[Abstract:] This paper analyses the role chaplaincy plays in providing religious and spiritual care in the UK's National Health Service. The approach considers both the current practice of chaplains and also the wider changes in society around beliefs and public service provision. Amid a small but growing literature about spirituality, health and illness, I shall argue that the role of the chaplain is changing and that such change is creating pressures on the identity and performance of the chaplain as a religiously authorized health worker. I shall question whether either orthodox belief or religious belonging have any significant bearing on the patients' demand for chaplaincy services. Utilizing an example of chaplaincy work I shall argue that patient need constitutes the strongest platform for both practice development and an articulated understanding of what chaplains bring to health care. Drawing on a case study the definition and interpretation of spiritual need will be discussed in relation to chaplaincy practice. In conclusion, I shall set out the case for effective research to establish with greater precision the detail of the chaplain's practice within a state-funded health system. [This article is part of a theme issue of the journal. See also other articles in that issue by Jhutti-Johal, J. and by Pattison, S., also cited in this bibliography.]

Szaflarski, M. [Department of Sociology, University of Alabama at Birmingham; szaflam@uab.edu]. "**Spirituality and religion among HIV-infected individuals**." *Current HIV/AIDS Reports* 10, no. 4 (Dec 2013): 324-332. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Spirituality and religion are important to many people living with HIV (PLWH). Recent research has focused on special populations (ethnic-minorities, women, and youth), spirituality/religion measurement, mediating/moderating mechanisms, and individual and community-level interventions. Spirituality/religion in PLWH has been refined as a multidimensional phenomenon, which improves health/quality of life directly and through mediating factors (healthy behaviors, optimism, social support). Spirituality/religion helps people to cope with stressors, especially stigma/discrimination. Spiritual interventions utilizing the power of prayer and meditation and addressing spiritual struggle are under way. Faith-based community interventions have focused on stigma and could improve individual outcomes through access to spiritual/social support and care/treatment for PLWA. Community engagement is necessary to design/implement effective and sustainable programs. Future efforts should focus on vulnerable populations; utilize state-of-the-art methods (randomized clinical trials, community-based participatory research); and, address population-specific interventions at individual and community levels. Clinical and policy implications across geographic settings also need attention.

Tartaglia, A., Fitchett, G., Dodd-McCue, D., Murphy, P. and Derrickson, P. E. [School of Allied Health Professions, Virginia Commonwealth University, Richmond, VA; aftartag@vcu.edu]. "**Teaching research in clinical pastoral education: a survey of model practices**." *Journal of Pastoral Care & Counseling* 67, no. 1 (Mar 2013): 5 [electronic journal article designation].
[Abstract:] The Association of Professional Chaplains (APC) developed Standards of Practice for Acute and Long-term settings. Standard 12 promotes research-literate chaplains as important for the profession. Since many chaplains receive training in clinical pastoral education (CPE) residency programs, the aim of this study was to identify model practices for the teaching of research in such programs. Using a purposeful sample, this study identified 11 programs that offered "consistent and substantive" education in research. Common features included the existence of a research champion, a culture supportive of research, and the availability of institutional resources. The study identified models and methodologies that CPE programs can adopt.

Taylor, E. J. and Mamier, I. [Loma Linda University, Loma Linda, CA]. "**Nurse responses to patient expressions of spiritual distress**." *Holistic Nursing Practice* 27, no. 4 (Jul-Aug 2013): 217-224.
[Abstract:] This secondary analysis of data from 200 practicing registered nurses' and student nurses' responses to 3 vignettes depicting patient spiritual distress were evaluated qualitatively and quantitatively (using the Empathic Response Scale). Findings showed wide variation in these nurses' ability to respond empathically; while some responses would be healing, others were potentially hurtful. [See also in the same issue of the journal the article by van Leeuwen, R., et al., "Screening patient spirituality and spiritual needs in oncology nursing," also cited in this bibliography.]

Taylor, L. E., Stotts, N. A., Humphreys, J., Treadwell, M. J. and Miaskowski, C. [Department of Physiological Nursing, University of California, San Francisco; louella.taylor@ucsf.edu]. "**A biopsychosocial-spiritual model of chronic pain in adults with sickle**

cell disease." *Pain Management Nursing* 14, no. 4 (Dec 2013): 287-301. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Chronic pain in adults with sickle cell disease (SCD) is a complex multidimensional experience that includes biologic, psychologic, sociologic, and spiritual factors. To date, three models of pain associated with SCD (i.e., biomedical model, biopsychosocial model for SCD pain, and Health Beliefs Model) have been published. The biopsychosocial multidimensional approach to chronic pain developed by Turk and Gatchel is a widely used model of chronic pain. However, this model has not been applied to chronic pain associated with SCD. In addition, a spiritual/religious dimension is not included in this model. Because spirituality/religion is central to persons affected by SCD, that dimension needs to be added to any model of chronic pain in adults with SCD. In fact, data from one study suggest that spirituality/religiosity is associated with decreased pain intensity in adults with chronic pain from SCD. A biopsychosocial-spiritual model is proposed for adults with chronic pain from SCD, because it embraces the whole person. This model includes the biologic, psychologic, sociologic, and spiritual factors relevant to adults with SCD based on past and current research. The purpose of this paper is to describe an adaptation of Turk and Gatchel's model of chronic pain for adults with SCD and to summarize research findings that support each component of the revised model (i.e., biologic, psychologic, sociologic, spiritual). The paper concludes with a discussion of implications for the use of this model in research.

Taylor, R. J., Chatters, L. M. and Nguyen, A. W. [School of Social Work, Program for Research on Black Americans, Institute for Social Research, University of Michigan, Ann Arbor; rjtaylor@umich.edu]. "**Religious participation and DSM IV major depressive disorder among Black Caribbeans in the United States**." *Journal of Immigrant & Minority Health* 15, no. 5 (Oct 2013): 903-909. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study examines the relationship between religious involvement and 12-month and lifetime DSM-IV major depressive disorder (MDD) within a nationally representative sample of Black Caribbean adults. MDD was assessed using the DSM-IV World Mental Health Composite International Diagnostic Interview (WMH-CIDI). Religious involvement included measures of religious coping, organizational and nonorganizational involvement, and subjective religiosity. Study findings indicate that religious involvement is associated with 12-month and lifetime prevalence of MDD. Multivariate relationships between religious involvement and MDD indicate lower prevalence of 12-month and lifetime MDD among persons who use religious coping and characterize themselves as being religious (for lifetime prevalence only); persons who frequently listen to religious radio programs report higher lifetime MDD. Lower rates of 12-month and lifetime MDD are noted for persons who attend religious services at least once a week (as compared to both higher and lower levels of attendance), indicating a curvilinear relationship. The findings are discussed in relation to previous research on religion and mental health concerns, conceptual models of the role of religion in mental health (e.g., prevention, resource mobilization) that specify multiple and often divergent pathways and mechanisms of religious effects on health outcomes, and the role of religion among Caribbean Blacks.

Thune-Boyle, I. C., Stygall, J., Keshtgar, M. R., Davidson, T. I. and Newman, S. P. [Unit of Behavioural Medicine, Division of Research Strategy, UCL, London, UK; i.thune-boyle@ucl.ac.uk]. "**Religious/spiritual coping resources and their relationship with adjustment in patients newly diagnosed with breast cancer in the UK**." *Psycho-Oncology* 22, no. 3 (Mar 2013): 646-658.

[Abstract:] BACKGROUND: Religious/spiritual resources may serve multiple functions in adjustment to cancer. However, there is very little evidence of the importance of religious/spiritual variables outside the USA. This paper reports the cross-sectional data of a longitudinal study examining the beneficial and harmful effects of religious/spiritual coping resources on adjustment in the first year after a breast cancer diagnosis. METHOD: One hundred and fifty-five patients newly diagnosed with breast cancer were assessed after surgery. Several aspects of religiousness/spirituality in relation to anxiety and depression were examined: religiosity/spirituality, strength of faith, belief in God, private and public practices, spiritual involvement, perceived spiritual support and positive and negative religious coping strategies. Non-religious coping, social support and optimism were also assessed. RESULTS: 'Feeling punished and abandoned by God' significantly explained 5% of the variance in increased levels of anxiety but was partially mediated by denial coping. It was also partially mediated by acceptance coping, lowering levels of anxiety. Feeling punished and abandoned by God was a significant independent predictor of depressed mood, explaining 4% of the variance. CONCLUSION: Using religious/spiritual resources in the coping process during the early stages of breast cancer may play an important role in the adjustment process in patients with breast cancer. Patients may benefit from having their spiritual needs addressed as experiencing some form of religious/spiritual struggle may serve as a barrier to illness adjustment. Implications for research and clinical practices are discussed.

Tilburt, J. C., James, K. M., Jenkins, S. M., Antiel, R. M., Curlin, F. A. and Rasinski, K. A. [Mayo Clinic, Rochester, MN]. "**'Righteous minds' in health care: measurement and explanatory value of social intuitionism in accounting for the moral judgments in a sample of U.S. physicians**." *PLoS ONE* 8, no. 9 (2013): e73379 [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 broad diversity in physicians' judgments on controversial health care topics may reflect differences in religious characteristics, political ideologies, and moral intuitions. We tested an existing measure of moral intuitions in a new population (U.S. physicians) to assess its validity and to determine whether physicians' moral intuitions correlate with their views on controversial health care topics as well as other known predictors of these intuitions such as political affiliation and religiosity. In 2009, we mailed an 8-page questionnaire to a random sample of 2000 practicing U.S. physicians from all specialties. The survey included the Moral Foundations Questionnaire (MFQ30), along with questions on physicians' judgments about controversial health care topics including abortion and euthanasia (no moral objection, some moral objection, strong moral objection). A total of 1032 of 1895 (54%) physicians responded. Physicians' overall mean moral foundations scores were 3.5 for harm, 3.3 for fairness, 2.8 for loyalty, 3.2 for authority, and 2.7 for sanctity on a 0-5 scale. Increasing levels of religious service attendance, having a more conservative political ideology, and higher sanctity scores remained the greatest positive predictors of respondents objecting to abortion (beta = 0.12, 0.23, 0.14, respectively, each $p<0.001$) as well as euthanasia (beta = 0.08, 0.17, and 0.17, respectively, each $p<0.001$), even after adjusting for demographics. Higher authority scores were also significantly negatively associated with objection to abortion (beta = -0.12, $p<0.01$), but not euthanasia. These data suggest that the relative importance physicians place on the different categories of moral intuitions may predict differences in physicians' judgments about morally controversial topics and may interrelate with ideology and religiosity. Further examination of the diversity in physicians' moral intuitions may prove illustrative in describing and addressing moral differences that arise in medical practice.

Timmins, F. and Neill, F. [Trinity College Dublin, Ireland; timminsf@tcd.ie]. "**Teaching nursing students about spiritual care - a review of the literature**." *Nurse Education in Practice* 13, no. 6 (Nov 2013): 499-505. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIM: This paper examines that examines content, process and outcome of spirituality teaching programs for nursing students. BACKGROUND: Increased secularisation in Europe and resulting ambivalent attitude towards spirituality and religion is contrasted with increased professional and public interest in this topic. Additionally there are concerns that patient's spiritual needs are not being met and nurses are often ill equipped to provide this care. Nurses while positively disposed towards spiritual care delivery, and often carrying out spiritual care in practice, do so with little preparation. While teaching spiritual care to nursing students is advocated there is little research on this topic. METHOD: A search was conducted using CINAHL database spanning the years 2007-2012 using the key words 'spirituality' and 'education'. FINDINGS: Three papers were identified that examined teaching approaches with nurses and nursing students. Due to methodological issues such as small sample sizes and limited testing generalizing from these studies is difficult. Approaches used were firmly rooted in a religiosity framework. CONCLUSION: Further research is required, using rigorous approaches, examining the benefits of teaching approaches. Analysis of the need for spiritual education is also required. Issues that are of concern to educators are the definitions and understandings of spirituality, assessment and how, best to teach this topic.

Tonigan, J. S., Rynes, K. N. and McCrady, B. S. [Center on Alcoholism, Substance Abuse, and Addictions, University of New Mexico, Albuquerque]. "**Spirituality as a change mechanism in 12-step programs: a replication, extension, and refinement**." *Substance Use & Misuse* 48, no. 12 (Sep 2013): 1161-1173.

[Abstract:] This National Institutes of Health funded study investigated spiritual growth as a change mechanism in 12-step programs. A total of 130 people, early 12-step affiliates with limited Alcoholics Anonymous (AA) histories, were recruited from 2007 to 2008 from AA, treatment, and community centers in a Southwestern city in the United States. A majority of the sample was alcohol dependent. Participants were interviewed at baseline and at 3, 6, and 9 months. Lagged General Linear Modeling analyses indicated that spiritual change as measured by the Religious Background and Behavior (RBB) self-report questionnaire were predictive of increased abstinence and decreased drinking intensity, and that the magnitude of this effect varied across different RBB scoring algorithms. Future research should address study limitations by recruiting participants with more extensive AA histories and by including assessments of commitment to, and practice of, AA prescribed activities. The study's limitations are noted. [Note: This is part of a special theme issue of the journal.]

Torges, C., Ingersoll-Dayton, B. and Krause, N. [North Dakota State University, Fargo]. "**Forgiving and feeling forgiven in late adulthood**." *International Journal of Aging & Human Development* 76, no. 1 (2013): 29-54.

[Abstract:] Enright and colleagues (1996) emphasized the beneficial effect of experiencing forgiveness across multiple domains. We build upon their conceptualization of forgiveness by adding a domain--forgiveness by God--to create global forgiveness. In the current study, we use data from a nationally representative study, the Religion, Aging and Health Survey, which utilizes the responses of 1208 Blacks and Whites. The results from a latent variable model indicated that both Blacks and women were more likely to participate in organized religion, and this participation was associated with feeling closer to God. In turn, feeling closer to God corresponded to higher levels of global forgiveness but was not directly associated with improved-well-being. Instead, it was global forgiveness that mediated the relationship between closeness to God and improved well-being.

Tusa, A. L. and Burgholzer, J. A. [University of Maryland School of Nursing, Baltimore]. "**Came to believe: spirituality as a mechanism of change in alcoholics anonymous: a review of the literature from 1992 to 2012**." *Journal of Addictions Nursing* 24, no. 4 (Oct-Dec 2013): 237-246. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Over the last 20 years, there has been an increase in substance abuse research focusing on the efficacy of 12-step programs like Alcoholics Anonymous. Results indicate that AA reduces relapse risk and works as well as cognitive behavioral therapy and motivational interviewing in reducing the quantity and frequency of alcohol use. More recent studies have focused on identifying the mechanisms of behavior change at work in AA, especially the use of spiritual practices in the maintenance of sobriety. These findings are compared with the role of spirituality described in AA literature to expand the understanding of these processes in recovery from substance use disorders.

Unantenne, N., Warren, N., Canaway, R. and Manderson, L. [Social Science and Health Research Unit, School of Psychology and Psychiatry, Monash University, Victoria, Australia]. "**The strength to cope: spirituality and faith in chronic disease**." *Journal of Religion & Health* 52, no. 4 (Dec 2013): 1147-1161. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The lifelong management of a chronic condition requires considerable mental fortitude and commitment in social adjustment and adherence to medical advice. In examining strategies of adaptation, we draw on ethnographic research, including interviews with 69 people with type 2 diabetes and/or cardiovascular disease. We explore how they incorporate spirituality into their self-management routines, with positive impact on their health and wellbeing, and highlight the role of spiritual practices in supporting people with chronic conditions mentally, physically and socially, so encouraging personal responsibility for one's health and wellbeing.

Vaillant, G. E. [Harvard Medical School and Massachusetts General Hospital Boston, MA; gvaillant@partners.org]. "**Psychiatry, religion, positive emotions and spirituality**." *Asian Journal of Psychiatry* 6, no. 6 (Dec 2013): 590-594. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This paper proposes that eight positive emotions: awe, love/attachment, trust/faith, compassion, gratitude, forgiveness, joy and hope constitute what we mean by spirituality. These emotions have been grossly ignored by psychiatry. The two sciences that I shall employ to demonstrate this definition of spirituality will be ethology and neuroscience. They are both very new. I will argue that spirituality is not about ideas, sacred texts and theology. Rather, spirituality is all about emotion and social connection that are more dependent on the limbic system than the cortex. Specific religions, for all their limitations, are often the portal through which positive emotions are brought into conscious attention. Neither Freud nor psychiatric textbooks ever mention emotions like joy and gratitude. Hymns and psalms give these emotions pride of place. Our whole concept of psychotherapy might change, if clinicians set about enhancing positive emotions, rather than focusing only on the negative ones.

Van Cappellen, P., Saroglou, V., Iweins, C., Piovesana, M. and Fredrickson, B. L. [Department of Psychology, Universite Catholique de Louvain, Louvain-la-Neuve, Belgium]. "**Self-transcendent positive emotions increase spirituality through basic world assumptions**." *Cognition & Emotion* 27, no. 8 (2013): 1378-1394. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality has mostly been studied in psychology as implied in the process of overcoming adversity, being triggered by negative experiences, and providing positive outcomes. By reversing this pathway, we investigated whether spirituality may also be triggered by self-transcendent positive emotions, which are elicited by stimuli appraised as demonstrating higher good and beauty. In two studies, elevation and/or admiration were induced using different methods. These emotions were compared to two control groups, a neutral state and a positive emotion (mirth). Self-transcendent positive emotions increased participants' spirituality (Studies 1 and 2), especially for the non-religious participants (Study 1). Two basic world assumptions, i.e., belief in life as meaningful (Study 1) and in the benevolence of others and the world (Study 2) mediated the effect of these emotions on spirituality. Spirituality should be understood not only as a coping strategy, but also as an upward spiralling pathway to and from self-transcendent positive emotions.

Vandenhoeck, A. [Academic Centre for Practical Theology, Leuven, Belgium; vandenhoeck@theo.kuleuven.be]. "**Chaplains as specialists in spiritual care for patients in Europe**." *Polskie Archiwum Medycyny Wewnetrznej* 123, no. 10 (2013): 552-557. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The development and the organization of chaplaincy in the European context are very diverse. The religious history and the culture of a country are the most determining factors. Still an increasing trend towards professionalism is noticeable. The number of professional associations for chaplains, for example, is growing. The need for professional chaplaincy is founded on the paradigm of whole person care and on the trend towards specialized care in hospitals. The whole person care approach implies integrated spiritual care because every person has spiritual needs and resources. Every caregiver should develop competencies to assess the spiritual dimension of a patient (primary care) and there should also be well trained caregivers who specialize in spiritual care (secondary care). In that perspective the chaplain is perceived as the specialist in assessing and dealing with the spiritual needs and resources of patients and families. The need for professional chaplaincy can also be seen as a right of a patient. In some European countries, like The Netherlands and Belgium, chaplaincy is mentioned in laws based on the right of freedom of religion.

van Leeuwen, R., Schep-Akkerman, A. and van Laarhoven, H. W. [Lectorate Healthcare and Spirituality, Faculty of Health Care, Reformed University for Applied Sciences, Zwolle; and Department of Medical Oncology, Academic Medical Center, University of Amsterdam, and Department of Medical Oncology, University Medical Centre Nijmegen, The Netherlands]. "**Screening patient spirituality and spiritual needs in oncology nursing**." *Holistic Nursing Practice* 27, no. 4 (Jul-Aug 2013): 207-216.

[Abstract:] AIM: To select 2 appropriate spiritual assessment tools and evaluate these by involving oncology nurses. BACKGROUND: Spirituality is recognized as an important domain of cancer care. At admission, integration of spiritual assessment seems necessary. It is unclear what kind of spiritual assessment method would be most preferable. DESIGN: This study has an explorative and qualitative design. METHODS: Spiritual assessment tools were identified by means of a systematic literature search. Two tools were selected by a 4-step selection procedure. Evaluation of these tools took place by interviewing Dutch oncology nurses (n = 8). The interviews were qualitatively analyzed. RESULTS: Of the 120 assessment tools collected, the Spiritual Health Inventory tool and the Spiritual History tool remained for further evaluation. The 8 oncology nurses did not have a unifying opinion on spiritual assessment in general, but they all agreed that in nursing practice a structural integration of spiritual assessment is lacking. The nurses preferred the use of the Spiritual Health tool for its "checklist like" approach. It seems that this tool gives them a concrete procedure to follow. CONCLUSIONS: The diversity of operationalizing spirituality is reflected in the amount of collected tools. By choosing an assessment tool, cultural related aspects should be taken in consideration. [See also in the same issue of the journal the article by Taylor, E. J. and Mamier, I., "Nurse responses to patient expressions of spiritual distress," also cited in this bibliography.]

Vivat, B., Young, T., Efficace, F., Sigurdadottir, V., Arraras, J. I., Asgeirsdottir, G. H., Bredart, A., Costantini, A., Kobayashi, K. and Singer, S., for the EORTC Quality of Life Group [School of Health Sciences and Social Care, Brunel University, UK; bella.vivat@brunel.ac.uk]. "**Cross-cultural development of the EORTC QLQ-SWB36: a stand-alone measure of spiritual wellbeing for palliative care patients with cancer**." *Palliative Medicine* 27, no. 5 (May 2013): 457-469.

[Abstract:] BACKGROUND: No existing stand-alone measures of spiritual wellbeing have been developed in cross-cultural and multiple linguistic contexts. AIM: Cross-cultural development of a stand-alone European Organisation for Research and Treatment of Cancer (EORTC) measure of spiritual wellbeing for palliative care patients with cancer. DESIGN: Broadly following EORTC Quality of Life Group (QLG) guidelines for developing questionnaires, the study comprised three phases. Phase I identified relevant issues and obtained the views of palliative care patients and professionals about those issues. Phase II operationalised issues into items. Phase III pilot-tested those items with palliative care patients. Amendments to the guidelines included an intermediate Phase IIIa, and debriefing questions specific to the measure. SETTING/PARTICIPANTS: Phase III pilot-testing recruited 113 people with incurable cancer from hospitals and hospices in six European countries and Japan. RESULTS: A provisional 36-item measure ready for Phase IV field-testing, the EORTC QLQ-SWB36, has been developed. Careful attention to translation and simultaneous development in multiple languages means items are acceptable and consistent between different countries and languages. Phase III data from 113 patients in seven countries show that the items are comprehensible across languages and cultures. Phase III patient participants in several countries used the measure as a starting point for discussing the issues it addresses. CONCLUSION: The EORTC QLG's rigorous cross-cultural development process ensures that the EORTC QLQ-SWB36 identifies key issues for spiritual wellbeing in multiple cultural contexts, and that items are comprehensible and consistent across languages. Some cross-cultural differences were observed, but data were insufficient to enable generalization. Phase IV field-testing will investigate these differences further.

Wachholtz, A. B. and Sambamthoori, U. [Univ. of Massachusetts Medical School, Worcester; Amy.wachholtz@umassmemorial.org]. "**National trends in prayer use as a coping mechanism for depression: changes from 2002 to 2007**." *Journal of Religion & Health* 52, no. 4 (Dec 2013): 1356-1368. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] To analyze national trends in the use of prayer among individuals with depression, we adopted a cross-sectional design with data from the adult Alternative Medicine supplement of the National Health Interview Survey 2002 and 2007. Prayer use and depression were combined into 4 categories: (a) prayed in the past 12 months and depressed; (b) prayed in the past 12 months and not depressed; (c) never prayed but depressed; and (d) never prayed and not depressed. Chi-square tests and multinomial logistic regressions were performed to analyze group differences. All analyses were adjusted for the complex sample design and conducted in SAS-callable SUDAAN. Use of prayer for depression was steady at 6.9 % across time; however, general prayer increased significantly between 2002 and 2007 (40.2 vs. 45.7). Women, aged 50-64, unmarried, with high school education were more likely to use prayer while depressed compared to those who were neither depressed nor prayed. Lifestyle behaviors (e.g. alcohol, smoking, exercise) were also associated with prayer use and depression. Prayer use for depression remained steady with unique relationships occurring among those who smoke, use alcohol, and have irregular exercise. Individuals' use of prayer as a potential complementary treatment for depression suggests that it is critical for mental and physical health treatment providers to be aware of the use of prayer as a coping resource.

Walton-Moss, B., Ray, E. M. and Woodruff, K. [Johns Hopkins University, Baltimore, MD]. "**Relationship of spirituality or religion to recovery from substance abuse: a systematic review**." *Journal of Addictions Nursing* 24, no. 4 (Oct-Dec, 2013): 217-226; quiz on pp. 227-228. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spirituality and religion are frequently acknowledged as significant contributors to individuals' recovery from substance use disorders. This review focuses on the role that spirituality or religion plays in substance abuse treatment outcomes. Our search of three databases-PubMed, CINAHL, and Psych Info-turned up 29 eligible studies for review. We group our findings according to whether the study's focus was on alcohol only or alcohol and other drug use. The most common treatment outcome was abstinence followed by treatment retention, alcohol or drug use severity, and discharge status. For most studies, we found evidence suggesting at least some support for a beneficial relationship between spirituality or religion and recovery from substance use disorders. Our review addresses the strengths and limitations of these studies.

Wansink, B. and Wansink, C. S. [Applied Economics & Management Dept., Cornell University, Ithaca, NY; Wansink@Cornell.edu]. "**Are there atheists in foxholes? Combat intensity and religious behavior**." *Journal of Religion & Health* 52, no. 3 (Sep 2013): 768-779.

[Abstract:] After battle, the moral and mortality stresses influence different soldiers in different ways. Using two large-scale surveys of World War II veterans, this research investigates the impact of combat on religiosity. Study 1 shows that as combat became more frightening, the percentage of soldiers who reported praying rose from 42 to 72%. Study 2 shows that 50 years later, many soldiers still exhibited religious behavior, but it varied by their war experience. Soldiers who faced heavy combat (vs. no combat) attended church 21% more often if they claimed their war experience was negative, but those who claimed their experience was positive attended 26% less often. The more a combat veteran disliked the war, the more religious they were 50 years later. While implications for counselors, clergy, support groups, and health practitioners are outlined, saying there are no atheists in foxholes may be less of an argument against atheism than it is against foxholes.

Watkins, Y. J., Quinn, L. T., Ruggiero, L., Quinn, M. T. and Choi, Y. K. [Chicago State University, Chicago, IL; ywatkins@csu.edu]. "**Spiritual and religious beliefs and practices and social support's relationship to diabetes self-care activities in African Americans**." *Diabetes Educator* 39, no. 2 (Mar-Apr 2013): 231-239.

[Abstract:] PURPOSE: The purpose of this study is to investigate the relationship among spiritual and religious beliefs and practices, social support, and diabetes self-care activities in African Americans with type 2 diabetes, hypothesizing that there would be a positive association. METHOD: This cohort study used a cross-sectional design that focused on baseline data from a larger randomized control trial. Diabetes self-care activities (summary of diabetes self-care activities) and sociodemographic characteristics were assessed, in addition to spiritual and religious beliefs and practices and social support based on the systems of belief inventory subscales I (beliefs and practices) and II (social support). RESULTS: There were 132 participants: most were women, middle-aged, obese, single, high school educated, and not employed. Based on Pearson correlation matrices, there were significant relationships between spiritual and religious beliefs and practices and general diet. Additional significant relationships were found for social support with general diet, specific diet, and foot care. Based on multiple linear regression, social support was a significant predictor for general diet, specific diet, and foot care. Sex was a significant predictor for specific diet, and income was a significant predictor for blood glucose testing. CONCLUSIONS: The findings of this study highlight the importance of spiritual and religious beliefs and practices and social support in diabetes self-care activities. Future research should focus on determining how providers integrate patients' beliefs and practices and social support into clinical practice and include those in behavior change interventions.

Way, P. [Candle Project, St. Christopher's Hospice, London, UK; p.way@stchristophers.org.uk]. "**A practitioner's view of children making spiritual meanings in bereavement**." *Journal of Social Work in End-of-Life & Palliative Care* 9, nos. 2-3 (2013): 144-157.

[Abstract:] Little attention has been given to how bereaved children make meaning after the death of someone important to them and how they manage changes in their belief systems and worldviews. Some children, even very young ones, may be challenged in their beliefs about an afterlife or the nature or existence of God. Children may be confused by differing worldviews around them at home, in school, or in their communities. Examples are offered of such crises emerging for children after bereavement and challenges this may present for the practitioner. The article calls for more research in this area to support social workers and other professionals as well as parents in helping bereaved children suffering spiritual dilemmas in bereavement. [This article is part of a theme issue of the journal. See also other articles in that issue by Callahan, A. M.; by Dein, S., et al.; and by Hess, D.; also cited in this bibliography.]

White, M. L. and Schim, S. M. [University of Detroit Mercy, Detroit, MI; whiteml@udmercy.edu]. "**Development of a spiritual self-care practice scale**." *Journal of Nursing Measurement* 21, no. 3 (2013): 450-462. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND AND PURPOSE: Development of a valid, reliable instrument to measure spiritual self-care practices of patients with heart failure. METHODS: African American patients (N = 142) with heart failure participated in the study. Spiritual advisors from several religious groups reviewed the Spiritual Self-Care Practices Scale (SSCPS) for content validity. Construct validity was determined using a principal components factor analysis. Reliability was established using Cronbach's alpha coefficients. RESULTS: Religious advisors provided

suggestions to improve content validity. Four factors consistent with spiritual practices (personal spiritual practices, spiritual practices, physical spiritual practices, and interpersonal spiritual practices) emerged from the factor analysis. The alpha coefficient was moderate at 0.64. CONCLUSIONS: Results indicated the SSCPS was reliable and valid for measuring spiritual self-care practices among African Americans with heart failure. Additional testing is needed to confirm results in other patient groups with chronic illnesses.

Wiener, L., McConnell, D. G., Latella, L. and Ludi, E. [National Cancer Institute, National Institutes of Health, Bethesda, MD; wienerl@mail.nih.gov]. "**Cultural and religious considerations in pediatric palliative care**." *Palliative & Supportive Care* 11, no. 1 (Feb 2013): 47-67.

[Abstract:] OBJECTIVE: A growing multicultural society presents healthcare providers with a difficult task of providing appropriate care for individuals who have different life experiences, beliefs, value systems, religions, languages, and notions of healthcare. This is especially vital when end-of-life care is needed during childhood. There is a dearth of literature addressing cultural considerations in the pediatric palliative care field. As members of a specific culture often do not ascribe to the same religious traditions, the purpose of this article was to explore and review how culture and religion informs and shapes pediatric palliative care. METHOD: Comprehensive literature searches were completed through an online search of nine databases for articles published between 1980 and 2011: PsychINFO, MEDLINE, Journal of Citation Reports-Science Edition, Embase, Scopus, CINAHL, Social Sciences Citation Index (SSCI), EBSCO, and Ovid. Key terms included: culture, transcultural, spiritual, international, ethnic, customs or religion AND end-of-life, palliative care, death, dying, cancer, or hospice, and children, pediatrics, or pediatric oncology. Reference lists in the retrieved articles were examined for additional studies that fit the inclusion criteria, and relevant articles were included for review. In addition, web-based searches of specific journals were conducted. These included, but were not limited to: Qualitative Health Research, Psycho-Oncology, Journal of Psychosocial Oncology, Journal of Pediatric Psychology, Journal of Pediatric Health Care, Journal of Pediatric Oncology Nursing, Omega, Social Work in Health Care, and Journal of Palliative Medicine. RESULTS: Thirty-seven articles met eligibility criteria. From these, seven distinct themes emerged that have implications for pediatric palliative care. These include the role of culture in decision-making, faith and the involvement of clergy, communication (spoken and unspoken language), communicating to children about death (truth telling), the meaning of pain and suffering, the meaning of death and dying, and location of end-of-life care. SIGNIFICANCE OF RESULTS: The review of the literature provides insight into the influence of religion and how culture informs lifestyle and shapes the experiences of illness, pain, and end-of-life care. Recommendations for providing culturally sensitive end-of-life care are offered through the framework outlined in the Initiative for Pediatric Palliative Care Quality Improvement Project of 2002. Cultural traditions are dynamic, never static, and cannot be generalized to all families. Guidelines to aid in approaches to palliative care are provided, and providers are encouraged to define these important differences for each family under their care.

Winter, L. [Philadelphia VA Medical Center, Philadelphia, PA; Laraine.winter@gmail.com]. "**Patient values and preferences for end-of-life treatments: are values better predictors than a living will?**" *Journal of Palliative Medicine* 16, no. 4 (Apr 2013): 362-368.

[Abstract:] BACKGROUND: Advance care planning is widely considered important for good treatment decision making. Patient values have been proposed as superior to standard living wills as guides to end-of-life (EOL) care decisions on behalf of decisionally incapacitated patients. Little research has examined whether values outperform living wills as predictors of treatment preferences. OBJECTIVE: The study aimed to test whether patient values are associated with treatment preferences, compare values and preferences to responses from a standard living will, and determine whether some values are better predictors than others. DESIGN: Community-dwelling elderly men and women (n=304) were interviewed in their homes by telephone. The interview consisted of an eight-item EOL values scale, a standard living will question, preferences for four life-prolonging treatments in each of six scenarios, and sociodemographic questions. RESULTS: Principal components analysis of the EOL values revealed two factors: (1) dignity, pain management, and reluctance to burden others; and (2) religiosity and desire for longevity and following family wishes. In regression analyses, stronger preferences for life-prolonging treatments were correlated with higher scores on factor 1 and lower scores on factor 2. But when living will responses were also entered into the regression model, only religiosity, longevity, and following family wishes predicted treatment preferences independently of the living will responses. CONCLUSIONS: Providing better guidance than a living will in determining a patient's EOL treatment preferences are (1) knowledge about a patient's religiosity, (2) patient's wishes for longevity, and (3) patient's wishes for following family preferences. Wishes for dignity and pain management and reluctance to burden others do not offer better guidance than a living will.

Wolenberg, K. M., Yoon, J. D., Rasinski, K. A. and Curlin, F. A. [Vanderbilt University School of Medicine, Nashville, TN; kelly.m.wolenberg@vanderbilt.edu]. "**Religion and United States physicians' opinions and self-predicted practices concerning artificial nutrition and hydration**." *Journal of Religion & Health* 52, no. 4 (Dec 2013): 1051-1065. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study surveyed 1,156 practicing US physicians to examine the relationship between physicians' religious characteristics and their approaches to artificial nutrition and hydration (ANH). Forty percent of physicians believed that unless a patient is imminently dying, the patient should always receive nutrition and fluids; 75 % believed that it is ethically permissible for doctors to withdraw ANH. The least religious physicians were less likely to oppose withholding or withdrawing ANH. Compared to non-evangelical Protestant physicians, Jews and Muslims were significantly more likely to oppose withholding ANH, and Muslims were significantly more likely to oppose withdrawing ANH.

Womble, M. N., Labbe, E. E. and Cochran, C. R. [Department of Psychology, University of South Alabama, Mobile]. "**Spirituality and personality: understanding their relationship to health resilience**." *Psychological Reports* 112, no. 3 (Jun 2013): 706-715.

[Abstract:] A growing body of research suggests there are important relationships among spirituality, certain personality traits, and health (organismic) resilience. In the present study, 83 college students from two southeastern universities completed a demographic questionnaire, the NEO Five Factor Inventory, and the Resilience Questionnaire. The Organismic resilience and Relationship with something greater subscales of the Resilience Questionnaire were used for analyses. Health resilience was associated with four of the Big Five personality variables and the spirituality score. Health resilience was positively correlated with ratings of extraversion, agreeableness, conscientiousness, and spirituality and negatively correlated with neuroticism. Forty-three percent of the variance of the health resilience score was accounted for by two of the predictor variables: spirituality and neuroticism. These findings are consistent with the literature and provide further support for the idea that spirituality and health protective personality characteristics are related to and may promote better health resilience.

Wyatt, G., Sikorskii, A., Tamkus, D. and You, M. [College of Nursing, Michigan State University, East Lansing; gwyatt@msu.edu]. "**Quality of life among advanced breast cancer patients with and without distant metastasis**." *European Journal of Cancer Care* 22, no. 2 (Mar 2013): 272-280.

[Abstract:] This study presents the results of a secondary analysis of data collected during a trial of reflexology that aimed to improve health-related quality of life (HRQOL) among women with advanced breast cancer in treatment. A comparison of HRQOL (functioning, symptoms, spirituality) of those with (n = 298) and without (n = 87) distant metastasis is presented. Following the intake interview, 385 women were randomised to reflexology, lay foot manipulation or conventional care control, and were interviewed again at weeks 5 and 11. Those with distant metastasis were older, had fewer comorbid conditions, and a smaller proportion were employed. Longitudinal analysis of HRQOL at intake, 5 and 11 weeks revealed that those with distant metastasis had lower functioning and more pain; however, no differences were found on fatigue, nausea, shortness of breath, sleep quality, anxiety, depressive symptoms or spirituality. Despite advanced disease, 56% of all women in this study were below the clinical screening cut-off for depressive symptoms. These findings may indicate that patients with advanced breast cancer have adapted emotionally and spiritually; however, the management of physical symptoms remains a priority.

Yan, G. W. and Beder, J. [NJ War Related Illness & Injury Study Center, Department of Veterans Affairs, 385 Tremont Avenue, East Orange, NJ]. "**Professional quality of life and associated factors among VHA chaplains**." *Military Medicine* 178, no. 6 (Jun 2013): 638-645.

[Abstract:] Chaplains play a unique role in the Veterans Affairs (VA) health care systems and have numerous responsibilities. Compassion satisfaction (CS), compassion fatigue (CF), and burnout (BO) are three major phenomenons that have been documented in other helping professions, but little is known about VA Chaplains' professional quality of life. This study examines a national sample of VA Chaplains and their professional quality of life along with associated factors. Two-hundred and seventeen VA Chaplains completed an anonymous Internet survey, and regression analyses were conducted to determine which variables affect professional quality of life. On average, participants report high levels of CS and low levels of CF and BO. Gender, perceived support from VA administration, and mental health (MH) integration were significant predictors for CS. MH integration and perceived support significantly affected CF. Age, MH integration, and perceived support affected BO. Significant interaction effects were found for CF and BO. In summary, younger Chaplains and Chaplains who report low levels of collaboration with MH professionals are most likely to develop CF and BO. This supports continued support from the VA for interdisciplinary initiatives and mentorship of younger Chaplains.

Zernicke, K. A., Campbell, T. S., Blustein, P. K., Fung, T. S., Johnson, J. A., Bacon, S. L. and Carlson, L. E. [Department of Psychology, University of Calgary, Alberta, Canada]. "**Mindfulness-based stress reduction for the treatment of irritable bowel syndrome symptoms: a randomized wait-list controlled trial**." *International Journal of Behavioral Medicine* 20, no. 3 (Sep 2013): 385-396. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Irritable bowel syndrome (IBS) is a functional disorder of the lower gastrointestinal (GI) tract affected by stress, which may benefit from a biopsychosocial treatment approach such as mindfulness-based stress reduction (MBSR). PURPOSE: A treatment as usual (TAU) wait-list controlled trial was conducted in Calgary, Canada to investigate the impact of MBSR on IBS symptoms. It was hypothesized that MBSR patients would experience greater reduction in overall IBS symptom severity and self-reported symptoms of stress relative to control patients. METHOD: Ninety patients diagnosed with IBS using the Rome III criteria were randomized to either an immediate MBSR program (n=43) or to wait for the next available program (n=47). Patients completed IBS symptom severity, stress, mood, quality of life (QOL), and spirituality scales pre- and post-intervention or waiting period and at 6-month follow-up. Intent-to-treat linear mixed model analyses for repeated measures were conducted, followed by completers analyses. RESULTS: While both groups exhibited a decrease in IBS symptom severity scores over time, the improvement in the MBSR group was greater than the controls and was clinically meaningful, with symptom severity decreasing from constantly to occasionally present. Pre- to post-intervention dropout rates of 44 and 23 % for the MBSR and control groups, respectively, were observed. At 6-month follow-up, the MBSR group maintained a clinically meaningful improvement in overall IBS symptoms compared to the wait-list group, who also improved marginally, resulting in no statistically significant differences between groups at follow-up. Improvements in overall mood, QOL, and spirituality were observed for both groups over time. CONCLUSIONS: The results of this trial provide preliminary evidence for the feasibility and efficacy of a mindfulness intervention for the reduction of IBS symptom severity and symptoms of stress and the maintenance of these improvements at 6 months post-intervention. Attention and self-monitoring and/or anticipation of MBSR participation may account for smaller improvements observed in TAU patients.

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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