# Spirituality & Health: A Select Bibliography Of *Medline*-Indexed Articles Published In

# 2014

Chaplain John W. Ehman (john.ehman@uphs.upenn.edu)
University of Pennsylvania Health System - Philadelphia, PA
May 4, 2015

The following is a selection of 227 *Medline*-indexed journal articles pertaining to spirituality & health published during 2014, from among the more than 1,400 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care"; plus the more than 400 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*.

Adams, R. N., Mosher, C. E., Cannady, R. S., Lucette, A. and Kim, Y. [Department of Psychology, Indiana University-Purdue University Indianapolis]. "**Caregiving experiences predict changes in spiritual well-being among family caregivers of cancer patients**." *Psycho-Oncology* 23, no. 10 (Oct 2014): 1178-1184. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] OBJECTIVE: Although enhanced spiritual well-being has been linked to positive mental health outcomes among family caregivers of cancer patients, little is known regarding predictors of spiritual well-being in this population. The current study aimed to examine caregiving experiences as predictors of change in family caregivers' spiritual well-being during the initial months following the patient's cancer diagnosis. METHODS: Seventy family caregivers of newly diagnosed cancer patients (74% female, mean age=59 years) participated in this longitudinal survey. Caregivers completed baseline questionnaires shortly before staying with the patient at an American Cancer Society Hope Lodge. Baseline questionnaires assessed caregiving experiences (i.e., self-esteem related to caregiving, family support for providing care, impact of caregiving on finances, and impact of caregiving on one's schedule). In addition, caregivers' spiritual well-being (i.e., meaning in life, peace, and faith) was assessed at baseline and 4-month follow-up. RESULTS: In univariate analyses, all caregiving experiences studied were associated with one or more aspects of spiritual well-being at 4-month follow-up. However, in the multivariate analysis, the only caregiving experience associated with aspects of spiritual well-being at 4-month follow-up was caregivers' perceptions of family support. Specifically, lack of family support was associated with lower levels of meaning and peace. CONCLUSIONS: Findings point to the importance of family support in facilitating the search for meaning and peace shortly after a loved one's cancer diagnosis and suggest that interventions targeting caregivers' support system may enhance their spiritual well-being.

Allen, J. D., Perez, J. E., Tom, L., Leyva, B., Diaz, D. and Idali Torres, M. [Dana-Farber Cancer Institute, Boston, MA]. "**A pilot test of a church-based intervention to promote multiple cancer-screening behaviors among Latinas**." *Journal of Cancer Education* 29, no. 1 (Mar 2014): 136-143.
[Abstract:] We assessed the feasibility, acceptability, and initial impact of a church-based educational program to promote breast, cervical, and colorectal cancer screening among Latinas ages 18 years and over. We used a one-group pre-/post-evaluation within a low-income, Latino Baptist church in Boston, MA. Participants completed interviewer-administered assessments at baseline and at the end of the 6-month intervention. Under the guidance of a patient navigator (PN), women from the church (peer health advisors, or PHAs) were trained to deliver evidence-based screening interventions, including one-to-one outreach, small group education, client reminders, and reduction of structural barriers to screening. The PN and PHAs also implemented a health fair, and the pastor integrated health information into regular sermons. At pre-intervention, nearly half of the sample did not meet screening guidelines. The majority (97%, n=35) of those who completed the post-intervention assessment participated in intervention activities. Two thirds (67%) reported talking with the PN or PHAs about health issues. Participation in small group education sessions was highest (72%), with health fairs (61%) and goal setting (50%) also being popular activities. Fourteen percent also reported receiving help from the PN in finding a primary care provider. This study supports the feasibility and acceptability of churches as a setting to promote cancer screening among Latinas.

Al-Tawfiq, J. A. and Memish. Z. A. [Johns Hopkins Aramco Healthcare, Dhahran, Saudi Arabia; Indiana University School of Medicine, Indianapolis]. "**Mass gathering medicine: 2014 Hajj and Umra preparation as a leading example**." *International Journal of Infectious Diseases* 27 (Oct 2014): 26-31.
[Abstract:] The importation of infectious diseases during a mass gathering may result in outbreaks. Infectious diseases associated with mass gatherings vary depending on the type and location of the mass gathering. The annual Hajj to Makkah in Saudi Arabia is one of the largest annual religious mass gatherings in the world. Preparation for the Hajj encompasses multiple sectors to develop comprehensive plans. These plans include risk assessment, utilizing existing medical infrastructure, developing electronic and paper-based surveillance activity, and the use of information technology. In this review, we describe key features of the preparedness for the 2014 Hajj and Umra, review the recent impact of emerging viruses such as Ebola in West Africa and the Middle East respiratory syndrome coronavirus (MERS-CoV) in affected countries, and highlight the updated requirements and the required vaccines.

Anandarajah, G. and Roseman, J. L. [Alpert Medical School of Brown University]. "**A qualitative study of physicians' views on compassionate patient care and spirituality: medicine as a spiritual practice?**" *Rhode Island Medicine* 97, no. 3 (Mar 2014): 17-22. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Compassion and compassion fatigue are discussed in the medical literature. However, few studies address physicians and none examine physicians' spiritual beliefs related to their provision of compassionate care. METHODS: This in-depth, qualitative interview study explores practicing physicians' views regarding the relationship between compassion and spirituality in medical practice. Interviews were audiotaped, transcribed verbatim and analyzed using the immersion/crystallization method. RESULTS: Despite diversity of personal spiritual beliefs, all study physicians felt compassion was "essential for a physician." Most linked compassion to underlying spiritual values (religious and secular). Many physicians saw medicine as providing opportunities for them to grow in compassion, essentially employing medicine as a spiritual discipline. Significant barriers to compassionate care included time pressures and values of the current culture of medicine. Facilitators included time for self-care. CONCLUSION: Physicians value compassion, linking it to spiritual values and self-care, but identify challenges in daily practice. Further study is needed to explore how to support physicians' provision of compassionate care and prevent burnout. [See also other articles in this theme issue of the journal, also cited in this bibliography: by Drutchas, A., et al.; by Gupta, P. S.; by Nicastri, G. R.; by Russell, R. C.; and by Treloar, H. R., et al.]

Anshel, M. H. and Smith, M. [Middle Tennessee State University, Murfreesboro]. "**The role of religious leaders in promoting healthy habits in religious institutions**." *Journal of Religion & Health* 53, no. 4 (Aug 2014): 1046-1059. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The growing obesity epidemic in the West, in general, and the U.S.A., in particular, is resulting in deteriorating health, premature and avoidable onset of disease, and excessive health care costs. The religious community is not immune to these societal conditions. Changing health behavior in the community requires both input from individuals who possess knowledge and credibility and a receptive audience. One group of individuals who may be uniquely positioned to promote community change but have been virtually ignored in the applied health and consulting psychology literature is religious leaders. These individuals possess extraordinary credibility and influence in promoting healthy behaviors by virtue of their association with time-honored religious traditions and the status which this affords them-as well as their communication skills, powers of persuasion, a weekly (captive) audience, mastery over religious texts that espouse the virtues of healthy living, and the ability to anchor health-related actions and rituals in a person's values and spirituality. This article focuses on ways in which religious leaders might promote healthy habits among their congregants. By addressing matters of health, nutrition, and fitness from the pulpit and in congregational programs, as well as by visibly adopting the tenets of a healthier lifestyle, clergy can deliver an important message regarding the need for healthy living. Through such actions, religious leaders can be effective agents in promoting critical change in these areas.

Assari, S. [University of Michigan School of Public Health, Ann Arbor]. "**Chronic medical conditions and major depressive disorder: differential role of positive religious coping among African Americans, Caribbean Blacks and Non-Hispanic Whites**." *International Journal of Preventive Medicine* 5, no. 4 (Apr 2014): 405-413. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: This study was aimed to investigate the main and buffering effects of positive religious coping on the association between the number of chronic medical conditions and major depressive disorder (MDD) among African Americans, Caribbean Blacks and Non-Hispanic Whites. METHODS: This cross-sectional study used data from the National Survey of American Life, 2001 and 2003. This study enrolled 3,570 African Americans, 1,438 Caribbean Blacks and 891 Non-Hispanic Whites. Number of chronic conditions and positive religious coping were independent variables, 12-month MDD was the outcome and socio-economic characteristics were controls. We fitted the following three ethnic-specific logistic regressions for data analysis. In Model I, we included the number of chronic conditions and controls. In Model II, we added the main effect of religious coping. In Model III, we included an interaction between religious coping and number of chronic conditions. RESULTS: Based on Model I, number of chronic conditions was associated with higher odds of 12-month MDD among all race/ethnic groups. Model II showed a significant and negative association between religious coping and MDD among Caribbean Blacks (odds ratio [OR] =0.55, 95% confidence Interval [CI] =0.39-0.77), but not African Americans or Hispanic Whites. Model III suggested that, only among Caribbean Blacks, the effect of chronic medical conditions on MDD is smaller in the presence of high positive religious coping (OR for interaction = 0.73, 95% CI = 0.55-0.96). CONCLUSIONS: Although the association between multiple chronic conditions and MDD may exist regardless of race and ethnicity, race/ethnicity may shape how positive religious coping buffers this association. This finding sheds more light onto race and ethnic differences in protective effects of religiosity on mental health of populations.

Aydin, O., Celik, G. E., Onen, Z. P., Yilmaz, I., Ozdemir, S. K., Yildiz, O., Mungan, D. and Demirel, Y. S. [Ankara University School of Medicine, Ankara, Turkey, and University of Ottawa, Ontario, Canada; mdomuraydin@gmail.com]. "**How do patients with asthma and COPD behave during fasting?**" *Allergologia et Immunopathologia* 42, no. 2 (Mar-Apr 2014): 115-119.

[Abstract:] BACKGROUND-OBJECTIVE: Several factors might affect the adherence to treatment in patients with asthma and COPD. Among these factors, the effect of religious beliefs and behaviours has been less studied so far. In this study, the effect of fasting on drug use behaviours of patients with asthma and COPD were comparatively analysed. METHODS: A total of 150 adult patients with asthma and 150 adult patients with COPD were consecutively enrolled into this cross-sectional study. The patients were asked whether they fast during Ramadan and if the answer was yes, they were kindly asked to respond to further questions related to use of inhaled medications during that particular time. RESULTS: The majority of the cases from both groups [98 (65.3%) of asthma patients and 139 (92.6%) of COPD] were fasting during Ramadan. The majority of the patients with COPD (n=126; 90.6%) reported that they quitted their regular therapy basis during Ramadan. On the other hand, the majority of asthma patients used their controller inhaled medications during Ramadan and preferred to use them on iftar and sahur times (n=81, 82.6%). CONCLUSION: Our results showed that in a Muslim population, the patients with asthma and COPD do not feel their diseases to be an inhibitory factor for fasting during Ramadan. However, fasting seems to be an important determining factor in medication compliance by modifying the drug use behaviours in each group in a different way. Therefore, the patients should be informed about the effects of fasting on their disease and the allowed drugs during fasting.

Bai, M. and Dixon, J. K. "**Exploratory factor analysis of the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale in people newly diagnosed with advanced cancer**. *Journal of Nursing Measurement* 22, no. 3 (2014): 404-420.

[Abstract:] BACKGROUND AND PURPOSE: The purpose of this study was to reexamine the factor pattern of the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp-12) using exploratory factor analysis in people newly diagnosed with advanced cancer. METHODS: Principal components analysis (PCA) and 3 common factor analysis methods were used to explore the factor pattern of the FACIT-Sp-12. Factorial validity was assessed in association with quality of life (QOL). RESULTS: Principal factor analysis (PFA), iterative PFA, and maximum likelihood suggested retrieving 3 factors: Peace, Meaning, and Faith. Both Peace and Meaning positively related to QOL, whereas only Peace uniquely contributed to QOL. CONCLUSION: This study supported the 3-factor model of the FACIT-Sp-12. Suggestions for revision of items and further validation of the identified factor pattern were provided.

Balboni, M. J., Puchalski, C. M. and Peteet, J. R. [Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, MA]. "**The relationship between medicine, spirituality and religion: three models for integration**." *Journal of Religion & Health* 53, no. 5 (Oct 2014): 1586-1598. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The integration of medicine and religion is challenging for historical, ethical, practical and conceptual reasons. In order to make more explicit the bases and goals of relating spirituality and medicine, we distinguish here three complementary perspectives: a whole-person care model that emphasizes teamwork among generalists and spiritual professionals; an existential functioning view that identifies a role for the clinician in promoting full health, including spiritual well-being; and an open pluralism view, which highlights the importance of differing spiritual and cultural traditions in shaping the relationship.

Balboni, M. J., Sullivan, A., Enzinger, A. C., Epstein-Peterson, Z. D., Tseng, Y. D., Mitchell, C., Niska, J., Zollfrank, A., VanderWeele, T. J. and Balboni, T. A. [Harvard Medical School, Boston]. "**Nurse and physician barriers to spiritual care provision at the end of life**." *Journal of Pain & Symptom Management* 48, no. 3 (Sep 2014): 400-410.          [Abstract:]

CONTEXT: Spiritual care (SC) from medical practitioners is infrequent at the end of life (EOL) despite national standards. OBJECTIVES: The study aimed to describe nurses' and physicians' desire to provide SC to terminally ill patients and assess 11 potential SC barriers. METHODS: This was a survey-based, multisite study conducted from October 2008 through January 2009. All eligible oncology nurses and physicians at four Boston academic centers were approached for study participation; 339 nurses and physicians participated (response rate=63%). RESULTS: Most nurses and physicians desire to provide SC within the setting of terminal illness (74% vs. 60%, respectively; P=0.002); however, 40% of nurses/physicians provide SC less often than they desire. The most highly endorsed barriers were "lack of private space" for nurses and "lack of time" for physicians, but neither was associated with actual SC provision. Barriers that predicted less frequent SC for all medical professionals included inadequate training (nurses: odds ratio [OR]=0.28, 95% confidence interval [CI]=0.12-0.73, P=0.01; physicians: OR=0.49, 95% CI=0.25-0.95, P=0.04), "not my professional role" (nurses: OR=0.21, 95% CI=0.07-0.61, P=0.004; physicians: OR=0.35, 95% CI=0.17-0.72, P=0.004), and "power inequity with patient" (nurses: OR=0.33, 95% CI=0.12-0.87, P=0.03; physicians: OR=0.41, 95% CI=0.21-0.78, P=0.007). A minority of nurses and physicians (21% and 49%, P=0.003, respectively) did not desire SC training. Those less likely to desire SC training reported lower self-ratings of spirituality (nurses: OR=5.00, 95% CI=1.82-12.50, P=0.002; physicians: OR=3.33, 95% CI=1.82-5.88, P<0.001) and male gender (physicians: OR=3.03, 95% CI=1.67-5.56, P<0.001). CONCLUSION: SC training is suggested to be critical to the provision of SC in accordance with national care quality standards.

Balbuena, L., Baetz, M. and Bowen, R. [Department of Psychiatry, University of Saskatchewan , Saskatoon, Saskatchewan, Canada]. "**Religious attendance after elevated depressive symptoms: is selection bias at work?**" *PeerJ* 2 (2014): e311 [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:] In an attempt to determine if selection bias could be a reason that religious attendance and depression are related, the predictive value of elevated depressive symptoms for a decrease in future attendance at religious services was examined in a longitudinal panel of 1,673 Dutch adults. Religious attendance was assessed yearly over five years using the single question, "how often do you attend religious gatherings nowadays?" Depressive symptoms were assessed four times within the first year using the Depression subscale of the Brief Symptom Inventory. Logistic regression models of change in attendance were created, stratifying by baseline attendance status. Attenders who developed elevated symptoms were less likely to subsequently decrease their attendance (relative risk ratio: 0.55, 95% CI [0.38-0.79]) relative to baseline as compared to those without elevated symptoms. This inverse association remained significant after controlling for health and demographic covariates, and when using multiply imputed data to account for attrition. Non-attenders were unlikely to start attending after elevated depressive symptoms. This study provides counter evidence against previous findings that church attenders are a self-selected healthier group.

Banerjee, A. T., Strachan, P. H., Boyle, M. H., Anand, S. S. and Oremus, M. [Women's College Research Institute, Toronto, Canada]. "**Attending religious services and its relationship with coronary heart disease and related risk factors in older adults: a qualitative study of church pastors' and parishioners' perspectives**." *Journal of Religion & Health* 53, no. 6 (Dec 2014): 1770-1785. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] A qualitative study was undertaken to explain findings of a cross-sectional study of Canadian Community Health Survey (CCHS) 4.1 data showing older persons who attend religious services more than once a week, compared to persons who do not attend at all, have lower prevalences of coronary heart disease (CHD), diabetes and high blood pressure. Twelve semi-structured interviews with ordained pastors and three focus groups with older parishioners from Canadian churches were conducted. Interviews were transcribed and analyzed for emergent themes through a process of direct content analysis. All participants claimed that religious service attendance (RSA): (1) enhances mental health; (2) provides social support and activities; and (3) promotes health and lifestyle behaviours that lower CHD risk. These three themes appear to be underlying mechanisms that help to explain the inverse association between RSA and the prevalence of adverse health outcomes found in the CCHS 4.1 data.

Bartlett, J. L., Thomas-Wright, J. and Pugh, H. "**When is it okay to cry? An end-of-life simulation experience**." *Journal of Nursing Education* 53, no. 11 (Nov 1, 2014): 659-662.

[Abstract:] This article details how a small college of nursing affiliated with a faith-based health care corporation integrated the education of end-of-life care into a megacode simulation. Students participated in a high-fidelity simulated megacode scenario in which the simulator died. Following de-briefing, student groups participated in an additional scenario in which faculty coached them through postmortem care and interaction with a family member and a hospital chaplain. As a result of this multidimensional, interprofessional simulation, students developed

heightened skill in applying basic life-saving measures, increased knowledge of and comfort with postmortem care, and increased awareness of the emotions elicited by the experience.

Baruch, D. E., Kanter, J. W., Pirutinsky, S. Murphy, J. and Rosmarin, D. H. [University of Wisconsin-Milwaukee; University of Washington, Seattle; Columbia University, New York; and McLean Hospital/Harvard Medical School, Belmont]. "**Depression stigma and treatment preferences among Orthodox and non-Orthodox Jews**." *Journal of Nervous & Mental Disease* 202, no. 7 (Jul 2014): 556-561. [Erratum appears in vol. 202, no. 11, p. 839.]

[Abstract:] Anecdotal reports of increased stigma toward mental illness among Orthodox Jews seems to conflict with an existing literature describing less stigmatization toward depression among Jewish individuals. This online survey study investigated stigma toward depression and treatment preference among Orthodox and non-Orthodox Jews (N = 391). All participants were presented with a depression vignette to assess for stigma and then randomized to a vignette depicting a treatment modality (behaviorally oriented or insight oriented) to assess for treatment preference across several delivery options (individual, group, or Internet). Results indicated elevated depression stigma among Orthodox Jews as expressed by elevated levels of secrecy, treatment-seeking stigma, family/marriage stigma, and stigmatizing experiences, but not attitudinal social distancing. No group differences were found with respect to overall treatment preference, treatment modality, or manner of delivery. Overall, participants preferred individual therapy more than group and Internet therapy and preferred group therapy more than Internet therapy. Clinical and research implications are discussed.

Beauvais, A., Stewart, J. G. and DeNisco, S. "**Emotional intelligence and spiritual well-being: implications for spiritual care**." *Journal of Christian Nursing* 31, no. 3 (Jul-Sep 2014): 166-171.

[Abstract:] Understanding factors that influence spiritual well-being may improve nurses' spiritual caregiving. This study examined relationships between emotional intelligence (EI) and spiritual well-being (SWB) in undergraduate and graduate nursing students. Using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and the spiritual well-being scale (SWBS) relationships were found between managing emotion and spiritual well-being, and managing emotion and existential well-being. Implications for education and practice are discussed.

Best, M., Butow, P. and Olver, I. [University of Sydney]. "**Spiritual support of cancer patients and the role of the doctor**." *Supportive Care in Cancer* 22, no. 5 (May 2014): 1333-1339.

[Abstract:] PURPOSE: Spiritual care is reported as important for cancer patients, but the role of the doctor in its provision is unclear. We undertook to understand the nature of spiritual support for Australian cancer patients and their preferences regarding spiritual care from doctors. METHODS: Using grounded theory, semistructured interviews were conducted with 15 cancer patients with advanced disease in a variety of care settings. Patients were asked about the source of their spiritual support and how they would like their doctors to engage with them on spiritual issues. RESULTS: Three themes were identified as follows: (1) sources of spiritual support which helped patients cope with illness and meet spiritual needs, (2) facilitators of spiritual support, and (3) role of the doctor in spiritual support. Regardless of religious background, the majority of patients wanted their doctor to ask about their source of spiritual support and facilitate access to it. Patients did not want spiritual guidance from their doctors, but wanted to be treated holistically and to have a good relationship, which allowed them to discuss their fears. Doctors' understanding of the spiritual dimension of the patient was part of this. CONCLUSIONS: Spirituality is a universal phenomenon. Patients in a secular society want their doctor to take an interest in their spiritual support and facilitate access to it during illness.

Bodemann, C. [Department of Pastoral Care, Lutheran Medical Center, Brooklyn, NY]. "**A chaplain's story**." *American Journal of Hospice & Palliative Medicine* 31, no. 2 (Mar 2014): 228-229.

[Abstract:] Julia, a 31-year-old woman, is brain dead after having suffered a cardiac arrest. This article describes a hospital chaplain's journey with her family through the tragedy of letting her die. It addresses the power of pastoral presence and prayer in a situation of loss and grief and the importance of storytelling for everyone involved in Julia's end-of-life care.

Brett, C., Heriot-Maitland, C, McGuire, P. and Peters, E. [Institute of Psychiatry, King's College London]. "**Predictors of distress associated with psychotic-like anomalous experiences in clinical and non-clinical populations**." *British Journal of Clinical Psychology* 53, no. 2 (Jun 2014): 213-227.

[Abstract:] OBJECTIVES: Psychotic-like anomalous experiences are not inherently distressing, nor do they inevitably lead to clinical conditions. However, distress is an important predictor of onset and relapse in psychosis, and a primary indicator of problematic mental health. This study aimed to identify factors that predict distress across three groups with anomalous experiences. DESIGN AND METHODS: This study used a cross-sectional design. Participants in 'Diagnosed' (n = 35), 'At Risk' (n = 20), and 'Undiagnosed' (n = 36) groups completed the Appraisals of Anomalous Experiences Interview (AANEX; Brett et al., 2007, Br. J. Psychiatry, 191, s23), which taps anomalies experienced, appraisals, and other psychological and contextual variables. A series of ordinal logistic regression analyses was conducted to investigate which variables predicted anomaly-related distress. RESULTS: Predictors of higher distress were anomalous states characterized by changes in awareness and cognitive functioning (rather than more typical positive symptoms), appraisals of experiences as caused by 'other people', and greater attempted control over experiences. Predictors of lower distress were 'spiritual' appraisals, greater perceived social support/understanding, greater perceived controllability, and reacting with a 'neutral response'. CONCLUSIONS: While psychotic-like experiences themselves are not necessarily distressing, appraisals and responses to anomalies do predict distress, as do factors relating to the social context. This adds support to the cognitive-behavioural models, and continuum models, of positive psychotic symptoms.

Brewer-Smyth, K. and Koenig, H. G. [University of Delaware, College of Health Sciences, Newark]. "**Could spirituality and religion promote stress resilience in survivors of childhood trauma?**" *Issues in Mental Health Nursing* 35, no. 4 (Apr 2014): 251-256. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Trauma is a precursor to many mental health conditions that greatly impact victims, their loved ones, and society. Studies indicate that neurobiological associations with adverse childhood experiences are mediated by interpersonal relationships and play a role in adult behavior, often leading to cycles of intergenerational trauma. There is a critical need to identify cost effective community resources that optimize stress resilience. Faith-based communities may promote forgiveness rather than retaliation, opportunities for cathartic emotional release, and social support, all of which have been related to neurobiology, behavior, and health outcomes. While spirituality and religion can be related to guilt, neurotic, and psychotic disorders, they also can be powerful sources of hope, meaning, peace, comfort, and forgiveness for the self and others. This article provides an overview of religion and spirituality as they relate to the neurobiology of resilience in victims of

childhood trauma. [See also other articles in the same issue of the journal, also cited in this bibliography: by Shores, C. I.; by Tuck, I. and Anderson, L.]

Brown, J., Hanson, J. E., Schmotzer, B. and Webel, A. R. [Department of Biochemistry, Case Western Reserve University, Cleveland, OH]. "**Spirituality and optimism: a holistic approach to component-based, self-management treatment for HIV.**" *Journal of Religion & Health* 53, no. 5 (Oct 2014): 1317-1328. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] For people living with HIV (PLWH), spirituality and optimism have a positive influence on their health, can slow HIV disease progression, and can improve quality of life. Our aim was to describe longitudinal changes in spirituality and optimism after participation in the SystemCHANGETM-HIV intervention. Upon completion of the intervention, participants experienced an 11.5 point increase in overall spiritual well-being (p = 0.036), a 6.3 point increase in religious well-being (p = 0.030), a 4.8 point increase in existential well-being (p = 0.125), and a 0.8 point increase in total optimism (p = 0.268) relative to controls. Our data suggest a group-based self-management intervention increases spiritual well-being in PLWH.

Brown, Q. L., Linton, S. L., Harrell, P. T., Mancha, B. E., Alexandre, P. K., Chen, K. F. and Eaton, W. W. [Johns Hopkins Bloomberg School of Public Health, Baltimore, MD]. "**The influence of religious attendance on smoking**." *Substance Use & Misuse* 49, no. 11 (Sep 2014): 1392-1399.
[Abstract:] Generalized linear models were used to assess the relationship between religious attendance and lifetime smoking status among middle-aged adults (n = 666) sampled from waves three (1993 to 1996) and four (2004 to 2005) of the Baltimore Epidemiologic Catchment Area (ECA) study. Religious attendance once per week or greater as compared to never was inversely associated with smoking status. Future research should explore potential mediating factors of the association between religious attendance and smoking among middle-aged adults in order to gain a greater understanding of the mechanisms underlying this relationship.

Burke, L. A. and Neimeyer, R. A. [Department of Psychology, University of Memphis, TN]. "**Complicated spiritual grief I: relation to complicated grief symptomatology following violent death bereavement**." *Death Studies* 38, nos. 1-5 (Jan-Jun 2014): 259-267.
[Abstract:] Losing a loved one to violent death has been associated with poor mental health outcomes, including posttraumatic stress disorder, depression, and complicated grief (CG), a protracted, debilitating, and sometimes life-threatening reaction to loss. In addition, recent research suggests that traumatic loss can violate mourners' basic assumptive worldviews, and can precipitate a spiritual crisis following loss, also known as complicated spiritual grief (CSG). The present cross-sectional study investigated these multidimensional outcomes in a diverse sample of 150 grievers. The authors found that (a) violently bereaved individuals reported greater CG and CSG than did individuals bereaved by natural death; (b) CG and CSG were correlated across the larger sample, and yet are theoretically different constructs; and (c) specific cause of death (natural anticipated, natural sudden, homicide, suicide, or fatal accident) differentially predicted levels of CG and CSG. Implications of these findings for a clearer understanding of spiritual coping in the wake of troubling loss are noted, as well as for intervention with mourners struggling with clinical complications. [See also in the same issue of the journal: Burke, L. A., et al., "Complicated spiritual grief II: a deductive inquiry following the loss of a loved one," pp. 268-281; Burke, L. A., et al., "Inventory of complicated spiritual grief: development and validation of a new measure," pp. 239-250; and Hayward, R. D., et al., "How religious doubt moderates depression symptoms following older adult bereavement," pp. 217-223; cited elsewhere in this bibliography.]

Burke, L. A., Neimeyer, R. A., Holland, J. M., Dennard, S., Oliver, L. and Shear, M. K. [Department of Psychology, University of Memphis, TN]. "**Inventory of complicated spiritual grief: development and validation of a new measure**." *Death Studies* 38, nos. 1-5 (Jan-Jin 2014): 239-250.
[Abstract:] Although spirituality often has been associated with better outcomes following bereavement, it can be significantly challenged by loss as well. Studies have shown that some bereaved individuals suffer profoundly not only in relation to the death of their loved one but also in their relationship with God and their faith community, a condition known as complicated spiritual grief (CSG). However, to date, in the absence of a simple, multidimensional, and well-validated measure of spiritual crisis following loss, investigators have measured CSG with nongrief-specific instruments. In this study, the authors tested the reliability and validity of a newly developed measure of CSG, called the Inventory of Complicated Spiritual Grief (ICSG). With 2 diverse samples of bereaved adult Christians (total n = 304), the authors found that the ICSG had strong internal consistency, and high test-retest reliability for both subscales in a subsample of participants. Analyses of both samples supported a 2-factor model, with one factor measuring Insecurity with God and the other assessing Disruption in Religious Practice. Analyses further supported the convergent and incremental validity of the 18-item ICSG relative to other theoretically similar instruments and measures of poor bereavement outcome, suggesting its usefulness in clinical research and practice. [See also in the same issue of the journal: Burke, L. A., et al., "Complicated spiritual grief I: relation to complicated grief symptomatology following violent death bereavement," pp. 259-267; Burke, L. A., et al., "Complicated spiritual grief II: a deductive inquiry following the loss of a loved one," pp. 268-281; and Hayward, R. D., et al., "How religious doubt moderates depression symptoms following older adult bereavement," pp. 217-223; cited elsewhere in this bibliography.]

Burke, L. A., Neimeyer, R. A., Young, A. J., Bonin, E. P. and Davis, N. L. "**Complicated spiritual grief II: a deductive inquiry following the loss of a loved one**." *Death Studies* 38, nos. 1-5 (Jan-Jun 2014): 268-281.
[Abstract:] Recent studies have revealed an association between complicated grief-a severe, prolonged response to the loss of a loved one-and complicated spiritual grief-a spiritual crisis following loss. Furthermore, bereavement research has benefitted from a number of studies using qualitative inquiry as a means of examining the experiences of individuals grieving a variety of types of losses. However, a gap in the literature remains in terms of the qualitative investigation of spiritual struggle following loss. Thus, using participants' written responses to open-ended questions along with systematic exploration of this topic with a five-member focus group, we designed this qualitative study to better understand the firsthand experiences of bereaved individuals who have suffered a crisis of faith after the death of a loved one. Specifically, our directed content analysis of bereaved focus group members' responses revealed 17 different common and salient themes subsumed in an overarching narrative of resentment and doubt toward God, dissatisfaction with the spiritual support received, and substantial changes in the bereaved person's spiritual beliefs and behaviors. Thus, our study clarified the construct of complicated spiritual grief, and laid the groundwork for development of more specific assessment and treatment of this condition. [See also in the same issue of the journal: Burke, L. A., et al.,

"Complicated spiritual grief I: relation to complicated grief symptomatology following violent death bereavement," pp. 259-267; Burke, L. A., "Inventory of complicated spiritual grief: development and validation of a new measure," pp. 239-250; and Hayward, R. D., et al., "How religious doubt moderates depression symptoms following older adult bereavement," pp. 217-223; cited elsewhere in this bibliography.]

Carey, L. B., Polita, C., Marsden, C. R. and Krikheli, L. [Palliative Care Unit, School of Public Health and Human Biosciences, La Trobe University, Melbourne, Australia]. "**Pain control and chaplaincy in Aotearoa New Zealand**." *Journal of Religion & Health* 53, no. 5 (Oct 2015): 1562-1574.
[Abstract:] This paper summarizes the results of 100 New Zealand health care chaplains with regard to their involvement in issues concerning pain control within the New Zealand health care context. Both quantitative (via survey) and qualitative methods (in-depth interviewing) were utilized. The findings of this study indicated that approximately 52 % of surveyed hospital chaplains had provided some form of pastoral intervention directly to patients and/or their families dealing with issues concerning pain and that approximately 30 % of hospital chaplains had assisted clinical staff with issues concerning pain. NZ chaplaincy personnel involved in pain-related issues utilized a number of pastoral interventions to assist patients, their families and clinical staff. Differences of involvement between professionally stipended hospital chaplains and their volunteer chaplaincy assistants are noted, as are the perspectives of interviewed chaplains about their pastoral interventions with issues relating to pain. Some implications of this study with respect to chaplaincy utility, training and collaboration with clinical staff are noted, as are comparisons with international findings.

Carr, D. and Sharp, S. [Department of Sociology and Institute for Health, Health Care Policy and Aging Research, Rutgers University, New Brunswick, NJ]. "**Do afterlife beliefs affect psychological adjustment to late-life spousal loss?**" *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 69, no. 1 (Jan 2015): 103-112.
[Abstract:] OBJECTIVES: We explore whether beliefs about the existence and nature of an afterlife affect 5 psychological symptoms (anxiety, anger, depression, intrusive thoughts, and yearning) among recently bereaved older spouses. METHOD: We conduct multivariate regression analyses using data from the Changing Lives of Older Couples (CLOC), a prospective study of spousal loss. The CLOC obtained data from bereaved persons prior to loss and both 6 and 18 months postloss. All analyses are adjusted for health, sociodemographic characteristics, and preloss marital quality. RESULTS: Bleak or uncertain views about the afterlife are associated with multiple aspects of distress postloss. Uncertainty about the existence of an afterlife is associated with elevated intrusive thoughts, a symptom similar to posttraumatic distress. Widowed persons who do not expect to be reunited with loved ones in the afterlife report significantly more depressive symptoms, anger, and intrusive thoughts at both 6 and 18 months postloss. DISCUSSION: Beliefs in an afterlife may be maladaptive for coping with late-life spousal loss, particularly if one is uncertain about its existence or holds a pessimistic view of what the afterlife entails. Our findings are broadly consistent with recent work suggesting that "continuing bonds" with the decedent may not be adaptive for older bereaved spouses.

Chan, R. R. "**Mantra meditation as a bedside spiritual intervention**." *MEDSURG Nursing* 23, no. 2 (Mar-Apr 2014): 84-88, 100.
[Abstract:] The increased acceptance of integrative care allows nurses to investigate their role as active providers of spiritual care at the bedside. Lack of clear role expectations and interventions support the need for a simple, flexible spiritual bedside intervention. The use of a meditation mantra is discussed.

Cicoria, T. and Cicoria, J. "**Getting comfortable with near-death experiences. My near-death experience: a telephone call from God**." *Missouri Medicine* 111, no. 4 (Jul-Aug 2014): 304-307.
This is a personal narrative, as part of a series on "Getting comfortable with near-death experiences." [See also another article in the series: Hausheer, J. R., "My unimaginable journey: a physician's near-death experience," in vol. 111, no. 3, pp. 180-183 of the same journal, cited elsewhere in this bibliography.]

Conway-Phillips, R. and Janusek, L. "**Influence of sense of coherence, spirituality, social support and health perception on breast cancer screening motivation and behaviors in African American women**." *ABNF Journal* 25, no. 3 (2014): 72-79.
[Abstract:] Despite formidable barriers, some African American women (AAW) engage in breast cancer screening (BCS) behaviors. Understanding individual characteristics that allow AAW to overcome barriers to BCS is critical to reduce breast cancer mortality among AAW. A salutogenic model of health was used to evaluate the influence of sense of coherence, social support, spirituality and health perception on BCS motivation and behaviors in AAW, and to determine differences in these factors in AAW who participate in free BCS programs compared to AAW who do not. Findings revealed that greater levels of spirituality were significantly associated with greater motivation to practice BCS. Further, women who utilized free BCS programs reported significantly greater rates of both performing and of intent to perform breast self examinations (BSE) in the future, obtaining clinical breast exams and mammograms. Findings can inform the development of culturally specific programs to improve the utilization of BCS programs by AAW.

Cooper, D. C., Thayer, J. F. and Waldstein, S. R. "**Coping with racism: the impact of prayer on cardiovascular reactivity and post-stress recovery in African American women**." *Annals of Behavioral Medicine* 47, no. 2 (Apr 2014): 218-230.
[Abstract:] BACKGROUND: Prayer is often used to cope with racism-related stress. Little is known about its impact on cardiovascular function. PURPOSE: This study examined how prayer coping relates to cardiovascular reactivity (CVR), post-stress recovery, and affective reactivity in response to racism-related stress. METHODS: African American women (n =81; mean age=20 years) reported their use of prayer coping on the Perceived Racism Scale and completed anger recall and racism recall tasks while undergoing monitoring of systolic and diastolic blood pressure (DBP), heart rate, heart rate variability (HRV), and hemodynamic measures. Prayer coping was examined for associations with CVR, recovery, and affective change scores using general linear models with repeated measures. RESULTS: Higher prayer coping was associated with decreased state stress and DBP reactivity during racism recall (p's<0.05) and with decreased DBP and increased HRV during racism recall recovery(p's<0.05). CONCLUSIONS: Coping with racism by utilizing prayer may have cardiovascular benefits for African American women.

Cotton, S., Grossoehme, D. H., Bignall, W. R. and Weekes-Kanu, J. C. [Department of Family and Community Medicine, University of Cincinnati College of Medicine, OH]. "**Should my provider pray with me? Perspectives of urban adolescents with asthma on addressing religious and spiritual issues in hypothetical clinical settings**." *Journal of Religion & Health* 53, no. 2 (Apr 2015): 604-613. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This qualitative study examined the preferences of urban adolescents with asthma for including religious/spiritual (R/S) inquiry in a variety of hypothetical clinical encounters. Twenty-one urban adolescents (M(age) = 15.6 years, 52 % female, 81 % African American) with asthma participated in a semi-structured interview. Interviews were transcribed and underwent a thematic analysis. R/S preferences were contextual rather than personal, driven by: (1) acuity of the hypothetical clinical context; (2) nature of the patient-provider relationship; and (3) level of R/S intervention/inquiry. Most adolescents welcomed prayer if near death, but did not see the relevance of R/S in a routine office visit.

Cozzolino, P. J., Blackie, L. E. and Meyers, L. S. [Department of Psychology, University of Essex, Colchester, UK]. "**Self-related consequences of death fear and death denial**." *Death Studies* 38, nos. 6-10 (Jul-Dec): 418-422.
[Abstract:] This study explores self-related outcomes (e.g., esteem, self-concept clarity, existential well-being) as a function of the interaction between self-reported levels of death fear and death denial. Consistent with the idea that positive existential growth can come from individuals facing, rather than denying, their mortality (Cozzolino, 2006), the authors observed that not fearing and denying death can bolster important positive components of the self. That is, individuals low in death denial and death fear evidenced an enhanced self that is valued, clearly conceived, efficacious, and that has meaning and purpose. [See also in this same issue of the journal: Troyer, J. M., "Older widowers and postdeath encounters: a qualitative investigation," noted elsewhere in this bibliography.]

Crigger, B. J. [American Medical Association, Chicago, IL]. "**The Rashomon effect: another view of medicine, religion, and the American Medical Association**." *Academic Medicine* 89, no. 12 (Dec 2014): 1582-1585.
[Abstract:] What is the story of medicine and religion at the American Medical Association (AMA)? Where did the Department of Medicine and Religion originate? What did the program accomplish? Why was it all but completely discontinued after scarcely a decade? The surviving records support more than one interpretation. Exploring the broader organizational context helps tell a richer story.In this issue of Academic Medicine, Daniel Kim and colleagues open a window on a fascinating bit of history: that of the AMA's formal experience with religion and medicine during the 1960s and early 1970s; however, reconstructing the story of a program from documentary records is always something of an uncertain proposition. Equally important is taking account of such factors as the role of the AMA's House of Delegates in policy making, of state and county medical societies in carrying out program activities, and of the influence of charismatic individuals on decisions regarding programs and activities. Before the medical community decides what lesson(s) to draw from the story of the AMA's Department of Medicine and Religion, it should try to understand that story as completely as possible.As Kim et al note, the available materials leave out much that historians might wish to know. Records preserve the substance of decisions taken, but are largely silent about the reasoning behind those decisions. Relevant information is scattered through multiple record systems, making it difficult to find. Inevitably, historians have to read between the lines. [See also: Kim, D. T., et al., "Back to the future: The AMA and religion, 1961-1974," on pp. 1603-1609 of the same issue of the journal, also cited in this bibliography.]

Daaleman, T. P., Reed, D., Cohen, L, W. and Zimmerman, S. [Department of Family Medicine, University of North Carolina at Chapel Hill]. "**Development and preliminary testing of the quality of spiritual care scale**." *Journal of Pain & Symptom Management* 47, no. 4 (Apr 2014): 793-800.
[Abstract:] CONTEXT: The provision of spiritual care is considered a key element of hospice and palliative care, but there is a paucity of empirically developed quality-of-care measures in this domain. OBJECTIVES: To describe the development and reliability and validity of the Quality of Spiritual Care (QSC) scale in family caregivers. METHODS: We conducted analyses of interviews conducted that included the QSC scale with family members of residents who died in long-term care settings taken after the resident had died. To determine reliability and validity of the QSC scale, we examined internal consistency, concurrent construct validity, and factor analysis with promax rotation. RESULTS: Of 165 family caregivers of decedents who were asked whether they received spiritual care, 91 (55%) responded yes, and 89 of these (98%) completed at least 80% of the QSC items. Two items (i.e., satisfaction with and value of spiritual care) were perfectly correlated so the latter item was dropped in scale development. Factor analysis identified two factors, personal spiritual enrichment (mean pattern matrix loading = 0.77) and relationship enrichment (mean pattern matrix loading = 0.72). Reliability analysis yielded a Cronbach's alpha of 0.87, and item-total correlations for all items were in excess of 0.55. Preliminary validity of the QSC was supported by significant and expected correlations in both direction and magnitude with items from validated instruments conceptually associated with the quality of spiritual care. CONCLUSION: Preliminary testing of the QSC scale suggests that it is a valid and reliable outcome measure of the quality of spiritual care at the end of life.

Daly, L. and Fahey-McCarthy, E. [Trinity College Dublin]. "**Attending to the spiritual in dementia care nursing**." *British Journal of Nursing* 23, no. 14 (Jul 24-Aug 13, 2014): 787-791.
[Abstract:] Spirituality is a complex and subjective concept. However, spiritual wellness is an important component in a person's overall well-being and the spiritual support of patients is central to nursing care. People with dementia may not be well-supported in this aspect of care; this may lead to spiritual distress. Spiritual needs may be identified by taking the person's spiritual history or, in the case of advanced dementia, by asking a person's significant others about the important spiritual aspects of the person's life. Spiritual care for people with dementia involves reflective practice and meaningful engagement with the person with dementia, so as to facilitate shared understanding. Furthermore, the support of the spiritual and religious beliefs of the person need to be facilitated within an individualized or person centered approach to care and delivered within a multi-disciplinary collaborative context.

Danis, M. and Pollack, J. M. [Department of Bioethics and Department of Spiritual Care, National Institutes of Health, Bethesda, MD]. "**The valuable contribution of spiritual care to end-of-life care in the ICU\***." *Critical Care Medicine* 42, no. 9 (Sep 2014): 2131-2132.
This is a comment by a physician and a chaplain on Johnson, J. R., et al., "The association of spiritual care providers' activities with family members' satisfaction with care after a death in the ICU," appearing on pp. 1991-2000 of the same issue of the journal [and also cited elsewhere in this bibliography].

Davis, C., Dutton, W. B., Durant, T., Annunziato, R. A. and Marcotte, D. "**Achieving cultural congruency in weight loss interventions: can a spirituality-based program attract and retain an inner-city community sample?**" *Journal of Obesity* (2014): 641939 [electronic journal article designation].
[Abstract:] Ethnic minorities continue to be disproportionately affected by obesity and are less likely to access healthcare than Caucasians. It is therefore imperative that researchers develop novel methods that will attract these difficult-to-reach groups. The purpose of the present study is

to describe characteristics of an urban community sample attracted to a spiritually based, weight loss intervention. METHODS. Thirteen participants enrolled in a pilot version of Spiritual Self-Schema Therapy (3S) applied to disordered eating behavior and obesity. Treatment consisted of 12 one-hour sessions in a group therapy format. At baseline, participants were measured for height and weight and completed a battery of self-report measures. RESULTS: The sample was predominantly African-American and Hispanic and a large percentage of the sample was male. Mean baseline scores of the EDE-Q, YFAS, and the CES-D revealed clinically meaningful levels of eating disordered pathology and depression, respectively. The overall attrition rate was quite low for interventions targeting obesity. DISCUSSION: This application of a spiritually centered intervention seemed to attract and retain a predominantly African-American and Hispanic sample. By incorporating a culturally congruent focus, this approach may have been acceptable to individuals who are traditionally more difficult to reach.

Day, D., Silva, D. K. and Monroe, A. O. "**The wisdom of indigenous healers**." *Creative Nursing* 20, no. 1 (2014): 37-46.

[Abstract:] The wisdom of indigenous peoples is manifest in ways of knowing, seeing, and thinking that are passed down orally from generation to generation. This article takes the reader on a journey through three distinct ways of knowing, specifically as they relate to healing and health. The authors are a Midewanniquay, or Water Woman, of the Ojibway-Anishinabe people of the upper Midwest in the United States and Canada; a Iomilomi healer from Hawaii; and an initiated Priest in the Yoruba tradition of West Africa. The philosophies of all three cultures emphasize the importance of spirituality to health and wellbeing (or healing process), but each has unique ways in which it nurtures relationship with the Creator, the earth, and humankind through sacred rituals and healing practices.

Delgado-Guay, M. O. [Department of Palliative Care and Rehabilitation Medicine, University of Texas MD Anderson Cancer Center, Houston]. "**Spirituality and religiosity in supportive and palliative care**." *Current Opinion in Supportive & Palliative Care* 8, no. 3 (Sep 2014): 308-313. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE OF REVIEW: To provide an updated overview about the role of spirituality and religiosity in the way patients with life-threatening illnesses cope, and the importance of providing a comprehensive spiritual assessment and spiritual care in an interdisciplinary team work setting, such as supportive and palliative care. RECENT FINDINGS: Spirituality is a lifelong developmental task, lasting until death. Spirituality and religion continue to play an important role across cultures globally. Spirituality is seen as a vital element connected to seeking meaning, purpose, and transcendence in life. Many individuals recognize their life-threatening illness as an opportunity for spiritual growth; therefore, these individuals who have access to spirituality through meaning, purpose, connections with others, or connections with a higher power will have the spiritual resources necessary to adjust to adverse circumstances. It is extremely important to pay attention to patients' and caregivers' cultural and spiritual identity and spiritual needs. SUMMARY: The interdisciplinary supportive and palliative care model of spiritual care proposes inclusion of the spiritual domain in the overall screening and history-taking process and spiritual care by all members of the team, including a full spiritual assessment by a professional chaplain. Research in this extremely important field needs to continue growing.

Derose, K. P., Bogart, L. M., Kanouse, D. E., Felton, A., Collins, D. O., Mata, M. A., Oden, C. W., Dominguez, B. X., Florez, K. R., Hawes-Dawson, J. and Williams, M. V. "**An intervention to reduce HIV-related stigma in partnership with African American and Latino churches**." *AIDS Education & Prevention* 26, no, 1 (Feb 2014): 28-42.

[Abstract:] HIV-related stigma negatively affects prevention and care, and community-based interventions are needed. Here we describe the development of a multi-ethnic, faith-based intervention to reduce HIV stigma that included: educational workshops on HIV, testing, and stigma; peer leader workshops using role plays and drawing on principles of motivational interviewing; a pastor-delivered sermon on HIV that incorporated theological reflection and an imagined contact scenario; and congregation-based HIV testing events. Lessons learned include: partnership development is essential and requires substantial investment; tailoring intervention components to single race-ethnic groups may not be preferable in diverse community settings; and adapting testing processes to be able to serve larger numbers of people in shorter time frames is needed for congregational settings. This development process successfully combined the rigorous application of social science theory and community engagement to yield a multifaceted HIV stigma reduction intervention appropriate for Protestant and Catholic churches in African American and Latino communities.

DeWall, C. N., Pond, R. S., Carter, E. C., McCullough, M. E., Lambert, N. M., Fincham, F. D. and Nezlek, J. B. [University of Kentucky, University of North Carolina at Wilmington, University of Miami, Brigham Young University, Florida State University, and College of William & Mary]. "**Explaining the relationship between religiousness and substance use: self-control matters**." *Journal of Personality & Social Psychology* 107, no. 2 (Aug 2014): 339-351.

[Abstract:] Religiousness is reliably associated with lower substance use, but little research has examined whether self-control helps explain why religiousness predicts lower substance use. Building on prior theoretical work, our studies suggest that self-control mediates the relationship between religiousness and a variety of substance-use behaviors. Study 1 showed that daily prayer predicted lower alcohol use on subsequent days. In Study 2, religiousness related to lower alcohol use, which was mediated by self-control. Study 3 replicated this mediational pattern using a behavioral measure of self-control. Using a longitudinal design, Study 4 revealed that self-control mediated the relationship between religiousness and lower alcohol use 6 weeks later. Study 5 replicated this mediational pattern again and showed that it remained significant after controlling for trait mindfulness. Studies 6 and 7 replicated and extended these effects to both alcohol and various forms of drug use among community and cross-cultural adult samples. These findings offer novel evidence regarding the role of self-control in explaining why religiousness is associated with lower substance use.

Drutchas, A. and Anandarajah, G. [Alpert Medical School of Brown University]. "**Spirituality and coping with chronic disease in pediatrics**." *Rhode Island Medicine* 97, no. 3 (Mar 2014): 26-30. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Chronic illnesses represent a growing burden of disease among children and adolescents, making it imperative to understand the factors that affect coping and medical adherence in this population. Spirituality has been identified as an important factor in the overall health and wellbeing of pediatric patients; however, in this regard, most studies have focused on pediatric palliative and end-of-life care. This article reviews childhood spirituality related to chronic disease coping. The existing literature, though sparse, reveals that children have a rich and complex spiritual life; one which often goes beyond religiosity to examine purpose in the context of illness. Studies suggest that spiritual beliefs have the potential to support as well as hinder children's ability to cope with chronic illness. More research is needed to better

understand and meet the spiritual needs of children with chronic illnesses. [See also other articles in this theme issue of the journal, also cited in this bibliography: by Anandarajah, G., et al.; by Gupta, P. S.; by Nicastri, G. R.; by Russell, R. C.; and by Treloar, H. R., et al.]

Evans, M. D. and Kelley, J. [University of Nevada, Reno]. "**Influence of scientific worldviews on attitudes toward organ transplants: national survey data from the United States**." *Progress in Transplantation* 24, no. 2 (Jun 2014): 178-188.

[Abstract:] CONTEXT: Public acceptance of routine medical procedures is nearly universal, but controversy over dramatic or invasive procedures like transplants is common. OBJECTIVES: To assess the distributions and organization of public opinion on organ transplant and to discover the magnitude of the direct and indirect impacts of religion, scientific knowledge, and acceptance of evolution on individuals' support for organ transplant. PARTICIPANTS: A representative sample (N=2069) of the US adult, English-speaking population in 2009. INTERVENTION: Participants were administered the International Social Science Survey/USA 2009. RESULTS: Organ transplants were warmly endorsed by most Americans in 2009, as earlier, but support is not universal. Confirmatory factor analysis shows that Americans' opinions on heart, kidney, and pancreas transplants all reflect the same underlying attitude toward major organ transplants. Structural equation modeling shows that scientific knowledge is the most important influence on these attitudes, with more knowledgeable persons being more supportive. Acceptance of the theory of evolution is the second most important factor, also associated with greater support for transplant. Growing up in a church-going family encourages people to support organ transplant, even after adjusting for other influences. Otherwise denomination and religious belief have only small indirect influences. Demographic differences are small. CONCLUSIONS: These results provide clues about future trends. A religious revival, were it to occur, would not be likely to alter support for transplants. If public knowledge of science continues to increase, or acceptance of the theory of evolution grows, support for transplant will most likely increase.

Farley, V. "**The chaplain's role: where aid in dying is legal**." *Health Progress* 95, no. 1 (Jan-Feb 2014): 11-13.

This is a personal account of support of a patient who chose physician assisted suicide in a state where that is legal. The Catholic chaplain involved is clear that the practice of physician assisted suicide "goes against [his] beliefs and values," but he describes how he honors the patient's decision. The account is particularized by what he thinks, feels and does during specific visits.

Finocchiaro, D. N., Roth, P. A. and Connelly, C. D. [School of Nursing, California State University Los Angeles, Pasadena]. "**Spiritual well-being as predictor of quality of life for adults with paraplegia**." *Rehabilitation Nursing Journal* 39, no. 6 (Nov-Dec 2014): 285-293.

[Abstract:] PURPOSE: The promotion of quality of life (QOL) and healthy development across the person's life span can result in long and meaningful lives. The purpose of this study was to examine relationships between spiritual well-being (SWB), depression, and QOL for adults with paraplegia. DESIGN: A descriptive correlational design was used for this study. METHODS: A purposive sample of 75 participants completed the Ellison's SWB Scale, the Center for Epidemiologic Studies-Depression Scale, and a QOL scale. FINDINGS: Quality of life was significantly associated with SWB ($r = .47$, $p = .01$), and depression ($r = -.59$, $p = .01$), 43% of the variance in QOL was explained by age, gender, length of stay, SWB, and depression ($F[5,69] = 10.45$, $p < .001$). CONCLUSIONS: Participants with a strong sense of purpose or meaning in life were more likely to experience a higher QOL. CLINICAL RELEVANCE: Rehabilitation nurses can help guide patients to the discovery of what brings purpose and meaning to their lives.

Fitchett, G., Nieuwsma, J. A., Bates, M. J., Rhodes, J. E. and Meador, K. G. [Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago]. "**Evidence-based chaplaincy care: attitudes and practices in diverse healthcare chaplain samples**." *Journal of Health Care Chaplaincy* 20, no. 4 (2014): 144-160.

[Abstract:] Leaders in health care chaplaincy and practice guidelines, such as the Association of Professional Chaplains' Standards of Practice, call for chaplains to develop an evidence-based approach to their work. The extent to which practicing chaplains accept this new paradigm is unclear. The aim of this study was to gather information regarding chaplains' attitudes and practices with respect to evidence-based chaplaincy care. Data for the study came from surveys of healthcare chaplains working in the Department of Veterans Affairs (VA, n = 440), the Department of Defense (DoD, n = 164), and civilian settings (n = 169). Chaplains from all three contexts strongly endorsed an evidence-based approach to chaplaincy. Approximately three-fourths of the healthcare chaplains from VA and DoD and 42% of those from civilian settings considered their current chaplaincy practices to be evidenced based, with over half in VA and DoD samples and 94% in the civilian sample indicating that they would like their chaplaincy care to be more evidence-based. Approximately half of the VA and DoD chaplains and 35% of the civilian chaplains reported currently using measurement tools in their chaplaincy care. These results suggest that there is generally strong support among practicing chaplains for an evidence-based approach to chaplaincy care.

Flannelly, L. T., Flannelly, K. J. and Jankowski, K. R. [Psychosocial Research, Massapequa, NY]. "**Independent, dependent, and other variables in healthcare and chaplaincy research**." *Journal of Health Care Chaplaincy* 20, no. 4 (2014): 161-170.

[Abstract:] This article begins by defining the term variable and the terms independent variable and dependent variable, providing examples of each. It then proceeds to describe and discuss synonyms for the terms independent variable and dependent variable, including treatment, intervention, predictor, and risk factor, and synonyms for dependent variable, such as response variables and outcomes. The article explains that the terms extraneous, nuisance, and confounding variables refer to any variable that can interfere with the ability to establish relationships between independent variables and dependent variables, and it describes ways to control for such confounds. It further explains that even though intervening, mediating, and moderating variables explicitly alter the relationship between independent variables and dependent variables, they help to explain the causal relationship between them. In addition, the article links terminology about variables with the concept of levels of measurement in research.

Flannelly, K. J. and Jankowski, K. R. "**Research designs and making causal inferences from health care studies**." *Journal of Health Care Chaplaincy* 20, no. 1 (2014): 25-38.

[Abstract:] This article summarizes the major types of research designs used in healthcare research, including experimental, quasi-experimental, and observational studies. Observational studies are divided into survey studies (descriptive and correlational studies), case-studies and analytic studies, the last of which are commonly used in epidemiology: case-control, retrospective cohort, and prospective cohort studies. Similarities and differences among the research designs are described and the relative strength of evidence they provide is discussed. Emphasis is placed on five criteria for drawing causal inferences that are derived from the writings of the philosopher John Stuart Mill, especially his methods or canons. The application of the criteria to experimentation is explained. Particular attention is given to the degree to which different designs meet the five criteria for making causal inferences. Examples of specific studies that have used various designs in

chaplaincy research are provided. [See also the same authors' introductory essay to same issue of the journal: "Scientific method and its application to chaplaincy," pp. 1-2.]

Flannelly, K. J., Jankowski, K. R. and Flannelly, L. T. [Center for Psychosocial Research, Massapequa, NY]. "**Operational definitions in research on religion and health**." *Journal of Health Care Chaplaincy* 20, no. 2 (2014): 83-91.

[Abstract:] This article summarizes the historical development of operational definitions and discusses their application to research on religion and health, and their importance for research, in general. The diversity of religious concepts that have been operationalized is described, as well as the development of multi-dimensional self-report measures of religion specifically designed for use in health research. The operational definitions of a variety of health concepts are also described, including the development of multi-dimensional self-report measures of health. Some of the most consistently observed salutary relationships between religion and health are mentioned. The rising interest in spirituality in health research is discussed, along with problems with the current operational definitions of spirituality in healthcare research. The levels of measurement used in various, operationally defined religious and healthcare concepts are highlighted.

Ford, D. W., Downey, L., Engelberg, R., Back, A. L. and Curtis, J. R. [Division of Pulmonary and Critical Care, Department of Medicine, Medical University of South Carolina, Charleston]. "**Association between physician trainee self-assessments in discussing religion and spirituality and their patients' reports**." *Journal of Palliative Medicine* 17, no. 4 (Apr 2014): 453-462.

[Abstract:] BACKGROUND: Effective physician communication at the end-of-life is a cornerstone to providing patient-centered palliative care. Educational programs in physician communication often rely on self-assessments of physician knowledge and attitudes and seldom provide patients' reports. Thus, it is unclear whether physician self-assessments are associated with patient perspectives. OBJECTIVE: To determine whether physician trainees' self-assessments of their communication skills in religious/spiritual discussions were associated with assessments obtained from patients under their care. DESIGN: Prospective, observational, survey-based study of internal medicine trainees' self-assessments matched with their patients' reports. Data were obtained from preintervention surveys prior to the trainees participating in a communication educational intervention. SETTING AND SUBJECTS: The study took place at two internal medicine training programs, one in the southeastern United States and one in the northwestern United States. Our subjects were 181 physician trainees in internal medicine and 541 patients with advanced medical illnesses under their care. MEASUREMENTS: The outcomes were patient reports of the occurrence of religious/spiritual communication and patient ratings of the quality of this communication. The primary predictor of interest was trainees' preintervention self-assessments of their competency in religious/spiritual communication. RESULTS: Using multiple variable and path analysis we found that trainees' self-assessments of their communication skills in religious/spiritual communication was significantly and positively associated with their patients' reports of the occurrence and ratings of religious/spiritual communication. CONCLUSIONS: Physician trainee self-assessments may be a valid surrogate for patient ratings of quality with respect to religious/spiritual communication. This specific domain of physician-patient communication should receive further investigation as our finding contrasts with reports of more general measures of physician-patient end-of-life communication.

Frenk, S. M. [University of North Carolina-Chapel Hill]. "**Beyond clergy: congregations' sponsorship of social services for people with mental disorders**." *Administration & Policy in Mental Health* 41, no. 2 (Mar 2014): 146-157. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study examines U.S. congregations' sponsorship of social services for people with mental disorders using data from a nationally representative sample of congregations. The analysis finds that 8.0 % of congregations sponsor social services for people with mental disorders, and that congregations' religious tradition influences the likelihood that they sponsor them. Most of the services assist people with substance use disorders. Coupled with findings from previous studies, we conclude that most of the support and care people with mental disorders receive from congregations comes from clergy rather than formal social services. Organizations interested in partnering with congregations to provide social services for people with mental disorders should take note of the findings about the programs already underway and their patterning in order to accurately pinpoint nexuses of congregational receptivity.

Friese, M., Schweizer, L., Arnoux, A., Sutter, F. and Wanke, M. [Department of Psychology, Saarland University, Germany]. "**Personal prayer counteracts self-control depletion**." *Consciousness & Cognition* 29 (Oct 2014): 90-5 [electronic journal article designation]. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Praying over longer time spans can foster self-control. Less is known about the immediate, short-term consequences of praying. Here we investigated the possibility that praying may counteract self-control depletion. Participants suppressed or did not suppress thoughts about a white bear before engaging in a brief period of either personal prayer or free thought. Then, all participants completed a Stroop task. As expected, thought suppression led to poorer Stroop performance in the free thought, but not in the prayer condition. This effect emerged on a dependent variable devoid of any religious or moral associations (Stroop task). Possible mediating mechanisms and directions for future research are discussed

Fromson, J. A., Iodice, K. E., Donelan, K. and Birnbaum, R. J. [Massachusetts General Hospital, Boston]. "**Supporting the returning veteran: building linkages between clergy and health professionals**." *Journal of Psychiatric Practice* 20, no. 6 (Nov 2014): 479-483. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: Rather than seeking psychiatric services, veterans often turn to clergy members as first responders to cope with exposure to traumatic events. The goal of this study was to evaluate clergy preparedness to assist with these issues and to determine if an educational symposium geared toward this population would increase preparedness and collaboration with psychiatrists. METHODS: A pre- and post-conference survey was administered to clergy members who attended an educational symposium on the benefits of collaboration between psychiatry and spirituality for service members. RESULTS: Analyses found that clergy frequently self-reported difficulties recognizing symptoms of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) and identifying resources. After attending a symposium on the topic, follow-up data indicated significant increases in the clergy's preparedness to address traumatic events. CONCLUSIONS: Educational programs may assist clergy in filling knowledge gaps related to recognizing symptoms of PTSD and TBI and providing resources to veterans and their family members.

Gangi, L. "**A lifetime of recovery: spirituality groups on an acute inpatient psychiatry unit**." *Journal of Pastoral Care & Counseling* 68, no. 2 (2014): 3 [electronic journal article designation]. [*NOTE: Medline incorrectly lists this issue as 1-2 instead of 2*.]

[Abstract:] Spirituality groups provide an environment in which persons experiencing acute stages of mental illness can find healing. Focused spiritual care is an important aspect in the recovery model of mental health care, by addressing the needs of the whole person rather than simply treating an illness. Spirituality groups provide a non-judgmental setting in which patients can discover and experience three elements for recovery: acknowledgement, meaning, and coping skills. This article briefly describes a recovery model for psychiatric care and the acute care environment identifying how the three key modular elements are facilitated within the dynamics of a group. Structured experiences and treatments are particularly important during acute stages of mental illness. This model provides a structured intervention detailed for an acute inpatient psychiatric spirituality group.

Garrido, M. M. and Prigerson, H. G. [James J. Peters Veterans Affairs Medical Center, Bronx, NY, and Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY]. "**The end-of-life experience: modifiable predictors of caregivers' bereavement adjustment**." *Cancer* 120, no. 6 (Mar 15 2014): 918-925.

[Abstract:] BACKGROUND: The objective of the current study was to determine the best set of predictors of psychological disorders, regrets, health-related quality of life, and mental health function among bereaved caregivers of patients with cancer, thereby identifying promising targets for interventions to improve bereavement adjustment. METHODS: Coping with Cancer is a longitudinal study of patients with advanced cancer and their informal caregivers who were enrolled from 2002 to 2008. The main outcome measure was bereavement adjustment of 245 caregivers (eg, depression, anxiety, and regrets) 6 months after the loss of the patient. The Structured Clinical Interview of the Diagnostic and Statistical Manual of Mental Disorders determined whether caregivers met the criteria for major depressive disorder or an anxiety disorder. Changes in health-related quality of life and mental health function from baseline to after the patient's death were assessed with the Medical Outcomes Study Short Form (SF-36). RESULTS: Greater than 50% of the caregivers reported regret about the cancer patient's end-of-life care; better patient quality of death (adjusted odds ratio, 0.77; 95% confidence interval, 0.67-0.88) reduced the risk of bereavement regret. The incidence of major depressive disorder or anxiety among the bereaved caregivers was 12.6% and was less likely for caregivers with better mental health before the loss of the patient (adjusted odds ratio, 0.03; 95% confidence interval, 0.004-0.25). Better patient quality of death also predicted improved caregiver health-related quality of life (adjusted standardized beta, .28; $P<.001$). The completion of a do-not-resuscitate order was found to be predictive of improved mental health from before the death of the patient to after the death (adjusted standardized beta, .29; $P<.001$). CONCLUSIONS: Reducing caregiver distress, encouraging advance care planning by patients, and improving patients' quality of death appear to be promising targets of interventions to improve caregiver bereavement adjustment.

Gervais, W. M. [University of Kentucky, Department of Psychology, Lexington]. "**Everything is permitted? People intuitively judge immorality as representative of atheists**." *PLoS ONE* 9, no. 4 (2014): e92302 [electronic journal article designation].

[Abstract:] Scientific research yields inconsistent and contradictory evidence relating religion to moral judgments and outcomes, yet most people on earth nonetheless view belief in God (or gods) as central to morality, and many view atheists with suspicion and scorn. To evaluate intuitions regarding a causal link between religion and morality, this paper tested intuitive moral judgments of atheists and other groups. Across five experiments (N = 1,152), American participants intuitively judged a wide variety of immoral acts (e.g., serial murder, consensual incest, necrobestiality, cannibalism) as representative of atheists, but not of eleven other religious, ethnic, and cultural groups. Even atheist participants judged immoral acts as more representative of atheists than of other groups. These findings demonstrate a prevalent intuition that belief in God serves a necessary function in inhibiting immoral conduct, and may help explain persistent negative perceptions of atheists.

Glombicki, J. S. and Jeuland, J. [Department of Spiritual Care and Palliative Care Program, Yale-New Haven Hospital, CT]. "**Exploring the importance of chaplain visits in a palliative care clinic for patients and companions**." *Journal of Palliative Medicine* 17, no. 2 (Feb 2014): 131-132.

This pilot, exploratory study was conducted at an outpatient palliative care clinic by chaplains who visited with 21 patients and 12 companions. Findings indicate that "outpatient palliative care [patients and companions] deem a chaplain visit important, especially when introduced by a medical provider" and that "[d]ata suggested that 12.82 minutes was considered 'enough' time for an outpatient visit, challenging previous studies' hypothesis that SRE [spiritual, religious, and existential] support in outpatient settings may be difficult due to complexity of providing SRE support with limited time" [p. 131].

Goh, A. M., Eagleton, T., Kelleher, R., Yastrubetskaya, O., Taylor, M., Chiu, E. A., Hamilton, B., Trauer, T. and Lautenschlager, N. T. [University of Melbourne, Australia]. "**Pastoral care in old age psychiatry: addressing the spiritual needs of inpatients in an acute aged mental health unit**." *Asia-Pacific Psychiatry* 6, no. 2 (Jun 2014): 127-134.

[Abstract:] INTRODUCTION: Pastoral Care (PC) practitioners respond to the spiritual needs of patients and families of all spiritual orientations. The integrated PC service in an acute psychogeriatric inpatient ward at St Vincent's Aged Mental Health Service, Melbourne, Australia, was examined to investigate how PC was being accessed by inpatients. METHODS: A retrospective medical record file audit was undertaken of patients admitted over a 16-month period from 1 February 2009 to 30 June 30 2010 (n = 202). RESULTS: Sixty-eight percent were seen by PC practitioners during their admission. Sixty-six percent received PC assessments, 32% received PC ministry, and 10% received PC ritual or worship interventions. Other interventions (counseling/education, crisis situation, grief/ bereavement counseling) occurred infrequently. Seventy-five percent of Roman Catholic patients received PC compared to 57% of those patients with no religious affiliation. However, the overall association between religious grouping and receiving PC was not significant. Gender, religion, marital status, legal status, country of birth, language spoken, living situation, carer needs, or educational level were not related to PC contact. Whether or not an inpatient received PC assessment was unrelated to diagnostic category. Patients seen by PC were significantly more likely to engage in religious practice, have longer length of stay, and have neuropsychological, social work and occupational therapy assessments. DISCUSSION: Results suggest that PC practitioners can help optimize the clinical care of patients by developing a comprehensive understanding of their spiritual and religious needs and providing a more holistic service.

Goldingay, S., Dieppe, P. and Farias, M. [University of Exeter]. "'**And the pain just disappeared into insignificance': the healing response in Lourdes - Performance, psychology and caring**." *International Review of Psychiatry* 26, no. 3 (Jun 2014): 315-323.

[Abstract:] Three academic/practitioners from different disciplines (performance, medicine and psychology) describe the ways in which observing, and importantly, participating in the healing rituals of the French pilgrimage site of Lourdes challenged their ways of thinking about both their discipline's research approaches and their understandings of community, caring and healing. By positioning themselves as both first-person and third-person researchers, they suggest that a new type of 'trans-disciplinary', longitudinal, reflexively sensitive methodology is needed in order to investigate activities involving groups of people and spiritual practices as a whole system in order to better understand how they can positively affect our innate healing response.

Gomi, S., Starnino, V. R. and Canda, E. R. [University of Kansas, Lawrence, KS]. "**Spiritual assessment in mental health recovery**." *Community Mental Health Journal* 50 no. 4 (May 2014): 447-453.

[Abstract:] Mental health recovery-oriented and strengths model proponents recognize spirituality to be a key aspect of the recovery process. In order to incorporate spirituality in practice, practitioners need to know how to conduct spiritual assessment effectively. Although implicit and explicit spiritual assessment approaches have been identified as useful frameworks for conducting spiritual assessment, there is a gap in knowledge about what constitutes effective approaches and questions for addressing spirituality in the lives of people with psychiatric disabilities. To address this gap, focus group interviews were conducted with providers and consumers of mental health services in order to develop practical guidance for spiritual assessment. Focus group participants provided feedback about a list of sample spiritual assessment questions and then suggested principles and questions for practitioners to use. Collective insights from the focus groups formed the basis for recommendations for spiritual assessment.

Gostecnik, C., Repic Slavic, T., Lukek, S. P. and Cvetek, R. [Department of Psychology and Sociology of Religion, Faculty of Theology, University of Ljubljana, Ljubljana, Slovenia; christian.gostecnik@guest.arnes.si]. "**Trauma and religiousness**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 690-701. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Victims of traumatic events who experience re-traumatization often develop a highly ambivalent relationship to God and all religiosity as extremely conflictual. On the one hand, they may choose to blame God for not having protected them, for having left them to feel so alone, for having been indifferent to them or they may even turn their wrath upon God, as the source of cruelty. Often though, the traumas experienced by individuals prompt them to turn to God and religion in search of help. This gives reason for the need of new and up-to-date research that can help elucidate why some people choose to seek help in religion and others turn away from it.

Grossoehme, D. H. [Division of Pulmonary Medicine, Department of Pastoral Care, Cincinnati Children's Hospital Medical Center, Cincinnati, OH]. "**Overview of qualitative research**." *Journal of Health Care Chaplaincy* 20, no. 3 (2014): 109-122.

[Abstract:] Qualitative research methods are a robust tool for chaplaincy research questions. Similar to much of chaplaincy clinical care, qualitative research generally works with written texts, often transcriptions of individual interviews or focus group conversations and seeks to understand the meaning of experience in a study sample. This article describes three common methodologies: ethnography, grounded theory, and phenomenology. Issues to consider relating to the study sample, design, and analysis are discussed. Enhancing the validity of the data, as well reliability and ethical issues in qualitative research are described. Qualitative research is an accessible way for chaplains to contribute new knowledge about the sacred dimension of people's lived experience.

Gupta, P. S. and Anandarajah, G. [Johns Hopkins University School of Medicine, and Alpert Medical School of Brown University]. "**The role of spirituality in diabetes self-management in an urban, underserved population: a qualitative exploratory study**." *Rhode Island Medicine* 97, no. 3 (Mar 2014): 31-35. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Although many studies examine motivators for diabetes self-management, few explore the role spirituality plays in this disease, especially in low-income urban populations. METHODS: This qualitative, focus group study elicits thoughts of diabetic patients regarding spirituality in diabetes self-care, at an urban primary care practice in Rhode Island. Focus group discussions were audiotaped, transcribed verbatim, and analyzed using the immersion/crystallization technique. RESULTS: Themes included: significant impact of diabetes on daily life; fear and family as prominent self-care motivators; relationships with self, others, nature and the divine as major sources of hope and strength. Patients varied considerably regarding the role spirituality played in their illness, ranging from minimal to profound impact. All appeared comfortable discussing spirituality within the context of strength and hope. CONCLUSION: Patients in this urban, underserved population are willing to discuss spirituality related to their diabetes care. They vary in the role spirituality plays in their illness experience. [See also other articles in this theme issue of the journal, also cited in this bibliography: by Anandarajah, G., et al.; by Drutchas, A., et al.; by Nicastri, G. R.; by Russell, R. C.; and by Treloar, H. R., et al.]

Guthrie, M. [Spiritual Care Department, Presbyterian St. Luke's Medical Center, Rocky Mountain Hospital for Children, Denver, CO]. "**A health care chaplain's pastoral response to moral distress**." *Journal of Health Care Chaplaincy* 20, no. 1 (2014): 3-15.

[Abstract:] This article offers health care chaplains a pastoral response to moral distress experienced by health care professionals. The article offers a broad definition, explores its impact on health care professionals, and looks at various interventions to ameliorate its effects. The article goes on to clarify the concept of moral distress by differentiating it from the experience of moral dilemmas, and looking closer at the aspects of initial and reactive distress. After defining moral distress, the article explores two clinical models that create a better context to understand the phenomenon. Finally, the article proposes a pastoral response to moral distress from the integration of the five functions of pastoral care: "healing," "sustaining," "guiding," "reconciling," and "nurturing" based on the work of William Clebsch, Charles Jaekle, and Howard Clinebell. The author then applies the pastoral response to moral distress by illustrating the outcome of a scenario with a critical care nurse.

Gutierrez, J., Devia, C., Weiss, L., Chantarat, T., Ruddock, C., Linnell, J., Golub, M., Godfrey, L., Rosen, R. and Calman, N. [Center for Evaluation and Applied Research, New York Academy of Medicine, New York, NY]. "**Health, community, and spirituality: evaluation of a multicultural faith-based diabetes prevention program**." *Diabetes Educator* 40, no. 2 (Mar-Apr 2014): 214-222.

[Abstract:] PURPOSE: The purpose of this study was to evaluate Fine, Fit, and Fabulous (FFF), a faith-based diabetes prevention program for black and Latino congregants at churches in low-income New York City neighborhoods. FFF includes nutrition education and fitness activities while incorporating Bible-based teachings that encourage healthy lifestyles. METHODS: FFF is a 12-week, bilingual program developed by

the Bronx Health REACH coalition, a Centers for Disease Control and Prevention-funded Center of Excellence for the Elimination of Disparities. This program has been implemented in 15 Bronx and Harlem churches, engaging a primarily black and Latino overweight and obese urban population. Pre-post surveys, nutrition tests, and weight logs were collected to assess knowledge, attitudes, and behaviors regarding healthy eating and physical activity. RESULTS: Participants (n = 183) reported statistically significant improvements in knowledge and healthy behaviors from baseline. Increased numbers of participants reported exercising in the past 30 days, eating fruit daily, being able to judge portion sizes, and reading food labels. Statistically significant numbers reported that they ate less fast food and were less likely to overeat at follow-up. The average weight loss across churches was 4.38 lbs or 2% of participants' initial body weight. Significant differences were observed when stratifying by race/ethnicity. CONCLUSION: Evaluation results show FFF's success at engaging overweight adults in behavior changes related to healthy eating and exercise. FFF demonstrates the potential of faith-based health interventions to address obesity and diabetes risk in high-need communities of color.

Hall, S. and Beatty, S. [King's College London, Department of Palliative Care Policy and Rehabilitation, Cicely Saunders Institute, London, UK; sue.hall@kcl.ac.uk]. "**Assessing spiritual well-being in residents of nursing homes for older people using the FACIT-Sp-12: a cognitive interviewing study**." *Quality of Life Research* 23, no. 6 (Aug 2014): 1701-1711.

[Abstract:] PURPOSE: To detect any problems with completion of the Functional Assessment of Chronic Illness Therapy Spiritual Well-being Scale (FACIT-Sp-12), to analyse the causes of such problems and to propose solutions to overcome them. METHODS: We audio-recorded face-to-face interviews with 17 older people living in one of three nursing homes in London, UK, while they completed FACIT-Sp-12. We used cognitive interviewing methods to explore residents' responses. Our analysis was based on the Framework approach to qualitative analysis. We developed the framework of themes a priori. These comprised: comprehension of the question; retrieval from memory of relevant information; decision processes; and response processes. RESULTS: Ten residents completed the FACIT-Sp-12 with no missing data. Most problems involved comprehension and/or selecting response options. Twelve residents had problems with comprehension of at least one question, particularly with abstract concepts (e.g. harmony, productivity), or where there were assumptions inherent in the questions (e.g. they had an illness). When residents had problems comprehending the question, they also found it difficult to select a response. Thirteen residents had difficulties selecting responses (e.g. categories did not reflect their views or were not meaningful in the context of the statement). Some chose not to respond, others responded to the question as they understood it. CONCLUSIONS: The FACIT-Sp-12 could provide valuable insights into the spiritual concerns of nursing home residents; however, data may be neither valid nor reliable if they do not comprehend the questions as intended and respond appropriately. Providing clear and detailed instructions, including definitions of abstract concepts, may improve the validity of this measure for this population.

Hausheer, J. R. "**Getting comfortable with near-death experiences. My unimaginable journey: a physician's near-death experience**." *Missouri Medicine* 111, no. 3 (May-Jun 2014): 180-183.

This is a personal narrative, as part of a series on "Getting comfortable with near-death experiences." [See also another article in the series: Cicoria, T. and Cicoria, J., "My near-death experience: a telephone call from God," in vol. 111, no. 4, pp. 304-307 of the same journal; cited elsewhere in this bibliography.]

Hayward, R. D. and Krause, N. [Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor]. "**How religious doubt moderates depression symptoms following older adult bereavement**." *Death Studies*. 38, nos. 1-5 (Jan-Jin 2014): 217-223.

[Abstract:] This study examined the relationship of religious doubt with mental health following bereavement, using data from a nationally representative longitudinal survey of religion and health in older adulthood. Growth curve modeling analyzed trajectories of change in symptoms of depression at up to three waves over up to seven years following either family bereavement or non-bereavement trauma. After bereavement, those with more religious doubt reported worsening symptoms, whereas those with less doubt reported stable or improving symptoms over the same period. After nonbereavement trauma, religious doubt was not associated with symptom change. [See also in the same issue of the journal: Burke, L. A., et al., "Complicated spiritual grief I: relation to complicated grief symptomatology following violent death bereavement," pp. 259-267; Burke, L. A., et al., "Complicated spiritual grief II: a deductive inquiry following the loss of a loved one," pp. 268-281; and Burke, L. A., et al., "Inventory of complicated spiritual grief: development and validation of a new measure," pp. 239-250; cited elsewhere in this bibliography.]

Henrie, J. and Patrick, J. H. "**Religiousness, religious doubt, and death anxiety**." *International Journal of Aging & Human Development* 78, no. 3 (2014): 203-227.

[Abstract:] Terror Management Theory (TMT) (Greenberg, Pyszczynski, & Solomon, 1986) suggests that culturally-provided worldviews (e.g., religion) may protect individuals from experiencing death anxiety, and several studies have supported this position. However, if one's worldview can offer protection, doubts concerning one's worldview could undermine this protection. The current study investigated whether age, gender, religiousness, and religious doubt were associated with death anxiety. Using data from 635 younger, middle-aged, and older adults, a structural equation model with age, gender, religiousness, and religious doubt predicting death anxiety was tested. The model had a good fit (chi2 (76) = 193.467, p < .001; GFI = .961, CFI = .976, TLI = .967, RMSEA = .049) and accounted for 12.3% of the variance in death anxiety. Results were consistent with TMT, as religiousness was inversely associated with death anxiety, while religious doubt was positively associated with death anxiety.

Hensel, D. and Laux M. [School of Nursing, Indiana University, Bloomington ,IN]. "**Longitudinal study of stress, self-care, and professional identity among nursing students**." *Nurse Educator* 39, no. 5 (Sep-Oct 2014): 227-231.

[Abstract:] This longitudinal study describes the factors associated with the acquisition of a professional identity over the course of prelicensure education among 45 baccalaureate nursing students. At every time point, personal spiritual growth practices and the students' perceptions of their caring abilities predicted sense of fit with the profession. Even as there is a growing emphasis of quality and safety education, caring and spirituality remain central to nurses' professional identities on entry to practice.

Hill, N. J., Siwatu, M. and Robinson, A. K. [Department of Economics, Finance, and General Business, Jackson State University, Jackson, MS]. "'**My religion picked my birth control': the influence of religion on contraceptive use**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 825-833. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This research investigates the influence of religious preference and practice on the use of contraception. Much of earlier research examines the level of religiosity on sexual activity. This research extends this reasoning by suggesting that peer group effects create a willingness to mask the level of sexuality through the use of contraception. While it is understood that certain religions, that is, Catholicism does not condone the use of contraceptives, this research finds that Catholics are more likely to use certain methods of contraception than other religious groups. With data on contraceptive use from the Center for Disease Control's Family Growth Survey, a likelihood probability model is employed to investigate the impact religious affiliation on contraception use. Findings suggest a preference for methods that ensure non-pregnancy while preventing feelings of shame and condemnation in their religious communities.

Hodge, D. R. and Lietz, C. A. "**Using spiritually modified cognitive-behavioral therapy in substance dependence treatment: therapists' and clients' perceptions of the presumed benefits and limitations**." *Health & Social Work* 39, no. 4 (Nov 2014): 200-210.

[Abstract:] Cognitive-behavioral therapy (CBT) that has been modified to incorporate clients' spiritual beliefs and practices has been used to treat a variety of problems. This study examines the utility of this modality with the treatment of alcohol dependence and other forms of substance abuse. Toward this end, six focus groups (three therapist groups and three client groups) were conducted to identify the presumed benefits and limitations of using spiritually modified CBT in substance dependence treatment. In terms of benefits, spiritually modified CBT was perceived to enhance outcomes through operationalizing horizontal and vertical sources of social support, divine coping resources, and spiritual motivation. Potential challenges include the risk of therapists inadvertently imposing their own beliefs during the modification process and the possibility of offending clients when conflicts in belief systems emerge, particularly in group setting. The article concludes by providing suggestions for incorporating spiritually modified CBT into treatment and develops a number of illustrative examples of spiritually modified CBT self-statements.

Hodge, D. R., Sun, F. and Wolosin, R. J. [School of Social Work, Arizona State University, Phoenix]. "**Hospitalized Asian patients and their spiritual needs: developing a model of spiritual care**." *Journal of Aging & Health* 26, no. 3 (Apr 2014): 380-400.

[Abstract:] OBJECTIVES: A paucity of research has examined the relationship between addressing the spiritual needs of hospitalized Asians and their overall satisfaction with service provision. This study examined this relationship, in tandem with the effects of eight potential mediators, to develop a model of spiritual care for older hospitalized Asians. METHOD: Structural equation modeling was used with a national sample of Asians (N = 805), age 50 and above, who were consecutively discharged from hospitals over a 12-month period. RESULTS: The relationship between spiritual needs and satisfaction was fully mediated by five variables: nurses, physicians, the discharge process, visitors, and the admissions process. DISCUSSION: As the first study to develop and test a model of spiritual care for older hospitalized Asians, the findings provide practitioners with the information to target their efforts on the most important organizational areas that facilitate more effective, culturally relevant service delivery to members of this population.

Hodge, D. R. and Wolosin, R. J. [Arizona State University, Phoenix, and Program for Research on Religion and Urban Civil Society, University of Pennsylvania, Philadelphia]. "**American Indians and spiritual needs during hospitalization: developing a model of spiritual care**." *Gerontologist* 54, no. 4 (Aug 2014): 683-692. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: Although spirituality is typically intertwined with health in Native cultures, little research has examined the relationship between American Indians' spiritual needs and overall satisfaction with service provision during hospitalization. This study examined this relationship, in tandem with the effects of 8 potential mediators, to develop a model of spiritual care for older hospitalized American Indians. DESIGN AND METHODS: Structural equation modeling was used with a sample of American Indians (N = 860), aged 50 and older, who were consecutively discharged from hospitals across the United States over a 12-month period. RESULTS: As posited, addressing spiritual needs was positively associated with overall satisfaction with service provision. The relationship between spiritual needs and satisfaction was fully mediated by 4 variables: nursing staff, the discharge process, physicians, and visitors. IMPLICATIONS: As the first study to develop and test a model of spiritual care for older hospitalized American Indians, this study provides practitioners with the information to provide more effective, culturally relevant services to older American Indians.

Holt, C. L., Clark, E. M., Debnam, K. J. and Roth, D. L. [University of Maryland, School of Public Health, Department of Behavioral and Community Health, College Park]. "**Religion and health in African Americans: the role of religious coping**." *American Journal of Health Behavior* 38, no. 2 (Mar 2014): 190-199. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVES: To test a model of the religion-health connection to determine whether religious coping plays a mediating role in health behaviors in a national sample of African Americans. METHODS: Participants completed a telephone survey (N = 2370) assessing religious involvement, religious coping, health behaviors, and demographics. RESULTS: Religious beliefs were associated with greater vegetable consumption, which may be due to the role of positive and negative religious coping. Negative religious coping played a role in the relationship between religious beliefs and alcohol consumption. There was no evidence of mediation for fruit consumption, alcohol use in the past 30 days, or smoking. CONCLUSIONS: Findings have implications for theory and health promotion activities for African Americans.

Hultman, C. S., Saou, M. A., Roach, S. T., Hultman, S. C., Cairns, B. A., Massey, S. and Koenig, H. G. [Division of Plastic Surgery and NC Jaycee Burn Center, University of North Carolina, Chapel Hill]. "**To heal and restore broken bodies: a retrospective, descriptive study of the role and impact of pastoral care in the treatment of patients with burn injury**." *Annals of Plastic Surgery* 72, no. 3 (Mar 2014): 289-294.

[Abstract:] INTRODUCTION: Despite advances in resuscitation, resurfacing, and reconstruction, recovery in burn patients often depends upon emotional, psychosocial, and spiritual healing. We characterized the spiritual needs of burn patients to help identify resources necessary to optimize recovery. METHODS: We performed a retrospective review of all patients admitted to a regional, accredited burn center, in 2011. We accessed multiple clinical, financial, and administrative databases, collected demographic data, including religious affiliation, and recorded the number and type of pastoral care visits. Outcome measures included length of stay (LOS), physician and facility charges, and mortality. We compared patients who had a pastoral care visit with those who did not, as well as patients with a religious affiliation with those who had no or an unknown affiliation. RESULTS: During the study period, our burn center admitted 1338 patients, 314 of whom were visited by chaplains, for a total of 1077 encounters (3.43 visits per patient seen). Most frequent interventions were prayer, social support, and spiritual counseling.

Compared to patients who had no visit, patients who saw a chaplain had a larger total body surface area burn, longer LOS, higher charges, and higher mortality (10.2% vs. 0.78%, P < 0.001). Patients who had a religious affiliation had slightly lower mortality than patients with unknown or no religious affiliation (0.87% vs. 3.19%), but this did not reach statistical significance. CONCLUSIONS: In burn patients, utilization of pastoral care appears to be linked to size of burn, financial charges, and length of stay, with religious affiliation serving as a possible marker for improved survival. Plastic surgeons and burn providers should consider and address the spiritual needs of burn patients, as a component of recovery.

Hunt, K. J., Shlomo, N. and Addington-Hall, J. [Faculty of Health Sciences, University of Southampton, UK]. "**End-of-life care and preferences for place of death among the oldest old: results of a population-based survey using VOICES-Short Form**." *Journal of Palliative Medicine* 17, no. 2 (Feb 2014): 176-182.

This study of 473 responses to a questionnaire sent to 1,422 families 6-12 months after the death of family member found that the "oldest old" (>85 years) "were reported to receive poorer relief of nonpain symptoms and less emotional and spiritual support" [--from the abstract].

Iyassu, R., Jolley, S., Bebbington, P., Dunn, G., Emsley, R., Freeman, D., Fowler, D., Hardy, A., Waller, H., Kuipers, E. and Garety, P. [Department of Psychology, King's College London, Institute of Psychiatry, University of London]. "**Psychological characteristics of religious delusions**." *Social Psychiatry & Psychiatric Epidemiology* 49, no. 7 (Jul 2014): 1051-1061.

[Abstract:] PURPOSE: Religious delusions are common and are considered to be particularly difficult to treat. In this study we investigated what psychological processes may underlie the reported treatment resistance. In particular, we focused on the perceptual, cognitive, affective and behavioural mechanisms held to maintain delusions in cognitive models of psychosis, as these form the key treatment targets in cognitive behavioural therapy. We compared religious delusions to delusions with other content. METHODS: Comprehensive measures of symptoms and psychological processes were completed by 383 adult participants with delusions and a schizophrenia spectrum diagnosis, drawn from two large studies of cognitive behavioural therapy for psychosis. RESULTS: Binary logistic regression showed that religious delusions were associated with higher levels of grandiosity (OR 7.5; 95 % CI 3.9-14.1), passivity experiences, having internal evidence for their delusion (anomalous experiences or mood states), and being willing to consider alternatives to their delusion (95 % CI for ORs 1.1-8.6). Levels of negative symptoms were lower. No differences were found in delusional conviction, insight or attitudes towards treatment. CONCLUSIONS: Levels of positive symptoms, particularly anomalous experiences and grandiosity, were high, and may contribute to symptom persistence. However, contrary to previous reports, we found no evidence that people with religious delusions would be less likely to engage in any form of help. Higher levels of flexibility may make them particularly amenable to cognitive behavioral approaches, but particular care should be taken to preserve self-esteem and valued aspects of beliefs and experiences.

Jeffries, W. L. 4th, Okeke, J. O., Gelaude, D. J., Torrone, E. A., Gasiorowicz, M., Oster, A. M., McCree, D. H. and Bertolli, J. [Centers for Disease Control and Prevention, Atlanta, GA]. "**An exploration of religion and spirituality among young, HIV-infected gay and bisexual men in the USA**." *Culture, Health & Sexuality* 16, no. 9 (2014): 1070-1083. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Although religion and spirituality can promote healthy behaviours and mental well-being, negative religious experiences may harm sexual minority men's health. Despite increasing vulnerability to HIV infection among young gay and bisexual men, few studies examine how religion and spirituality might affect them. To this end, we interviewed young gay and bisexual men who were diagnosed with HIV infection during January 2006-June 2009. Questionnaires assessed religious service attendance, disclosure of sexuality within religious communities, and beliefs about homosexuality being sinful. A subset described religious and spiritual experiences in qualitative interviews. We calculated the prevalence of religion- and spirituality-related factors and identified themes within qualitative interviews. Among men completing questionnaires, 66% currently attended religious services, 16% believed they could disclose their sexuality at church, and 37% believed homosexuality was sinful. Participants who completed qualitative interviews commonly discussed religious attendance and negative experiences within religious settings. They often expressed their spirituality through prayer, and some used it to cope with adverse experiences. These data suggest that religion and spirituality are notable factors that shape young, HIV-infected gay and bisexual men's social contexts. Programmes and interventions that constructively engage with religious institutions and are sensitive to spiritual beliefs may promote these men's health.

Johnson, J. R., Engelberg, R. A., Nielsen, E. L., Kross, E. K., Smith, N. L., Hanada, J. C., Doll O'Mahoney, S. K. and Curtis, J. R. [Department of Medicine, Harborview Medical Center, University of Washington, Seattle, WA]. "**The association of spiritual care providers' activities with family members' satisfaction with care after a death in the ICU\***." *Critical Care Medicine* 42, no. 9 (Sep 2014): 1991-2000.

[Abstract:] OBJECTIVES: Spiritual distress is common in the ICU, and spiritual care providers are often called upon to provide care for patients and their families. Our goal was to evaluate the activities spiritual care providers' conduct to support patients and families and whether those activities are associated with family satisfaction with ICU care. DESIGN: Prospective cohort study. SETTING: Three hundred fifty-bed tertiary care teaching hospital with 65 ICU beds. SUBJECTS: Spiritual care providers and family members of patients who died in the ICU or within 30 hours of transfer from the ICU. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Spiritual care providers completed surveys reporting their activities. Family members completed validated measures of satisfaction with care and satisfaction with spiritual care. Clustered regression was used to assess the association between activities completed by spiritual care providers and family ratings of care. Of 494 eligible patients, 275 family members completed surveys (response rate, 56%). Fifty-seven spiritual care providers received surveys relating to 268 patients, completing 285 surveys for 244 patients (response rate, 91%). Spiritual care providers commonly reported activities related to supporting religious and spiritual needs (> 90%) and providing support for family feelings (90%). Discussions about the patient's wishes for end-of-life care and a greater number of spiritual care activities performed were both associated with increased overall family satisfaction with ICU care (p < 0.05). Discussions about a patient's end-of-life wishes, preparation for a family conference, and total number of activities performed were associated with improved family satisfaction with decision-making in the ICU (p < 0.05). CONCLUSIONS: Spiritual care providers engage in a variety of activities with families of ICU patients; several are associated with increased family satisfaction with ICU care in general and decision-making in the ICU specifically. These findings provide insight into spiritual care provider activities and provide guidance for interventions to improve spiritual care delivered to families of critically ill patients. [For a comment on this article, see: Danis, M. and Pollack, J. M., "The valuable contribution of spiritual care to end-of-life care in the ICU\*," on pp. 2131-2132 of the same issue of this journal –cited elsewhere in this bibliography.]

Jordan, K. D., Masters, K. S., Hooker, S. A., Ruiz, J. M. and Smith, T. W. [University of Utah]. "**An interpersonal approach to religiousness and spirituality: implications for health and well-being**." *Journal of Personality* 82, no. 5 (Oct 2014): 418-431. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The interpersonal tradition (Horowitz & Strack, 2011) provides a rich conceptual and methodological framework for theory-driven research on mechanisms linking religiousness and spirituality (R/S) with health and well-being. In three studies, we illustrate this approach to R/S. In Studies 1 and 2, undergraduates completed various self-report measures of R/S, interpersonal style, and other aspects of interpersonal functioning. In Study 3, a community sample completed a wide variety of R/S measures and a measure of interpersonal style. Many, but not all, aspects of religiousness (e.g., overall religiousness, intrinsic religiousness) were associated with a warm interpersonal style, and most aspects and measures of spirituality were associated with a warm and somewhat dominant style. Spirituality and related constructs (i.e., gratitude, compassion) were associated with interpersonal goals that emphasize positive relationships with others, and with beneficial interpersonal outcomes (i.e., higher social support, less loneliness, and less conflict). However, some aspects of R/S (e.g., extrinsic religiousness, belief in a punishing God) were associated with a hostile interpersonal style. R/S have interpersonal correlates that may enhance or undermine health and emotional adjustment. This interpersonal perspective could help clarify why some aspects of religiousness and spirituality are beneficial and others are not.

Kamal, A. H., Gradison, M., Maguire, J. M., Taylor, D. and Abernethy, A. P. [Duke University Medical Center, Durham, NC, and University of North Carolina, Chapel Hill]. "**Quality measures for palliative care in patients with cancer: a systematic review**." *Journal of Oncology Practice/American Society of Clinical Oncology* 10, no. 4 (Jul 2014): 281-287. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

Among the findings of this review of 284 measures [--from the abstract]: ...The most common domains for measure content were Physical Aspects of Care (35%) and Structure and Processes of Care (22%). Of symptom-related measures, pain (36%) and dyspnea (26%) were the most commonly addressed. Spiritual (4%) and Cultural (1%) Aspects of Care were least represented domains. ...CONCLUSION: Within a large cohort of quality measures for palliative, care is often a focus on physical manifestations of disease and adverse effects of therapy; relatively little attention is given to the other aspects of suffering commonly observed among patients with advanced cancer, including psychological, social, and spiritual distress.

Kapogiannis, D., Deshpande, G., Krueger, F., Thornburg, M. P. and Grafman, J. H. [National Institute on Aging (NIA/NIH), Baltimore, MD]. "**Brain networks shaping religious belief**." *Brain Connectivity* 4, no. 1 (Feb 2014): 70-79.

[Abstract:] We previously demonstrated with functional magnetic resonance imaging (fMRI) that religious belief depends upon three cognitive dimensions, which can be mapped to specific brain regions. In the present study, we considered these co-activated regions as nodes of three networks each one corresponding to a particular dimension, corresponding to each dimension and examined the causal flow within and between these networks to address two important hypotheses that remained untested in our previous work. First, we hypothesized that regions involved in theory of mind (ToM) are located upstream the causal flow and drive non-ToM regions, in line with theories attributing religion to the evolution of ToM. Second, we hypothesized that differences in directional connectivity are associated with differences in religiosity. To test these hypotheses, we performed a multivariate Granger causality-based directional connectivity analysis of fMRI data to demonstrate the causal flow within religious belief-related networks. Our results supported both hypotheses. Religious subjects preferentially activated a pathway from inferolateral to dorsomedial frontal cortex to monitor the intent and involvement of supernatural agents (SAs; intent-related ToM). Perception of SAs engaged pathways involved in fear regulation and affective ToM. Religious beliefs are founded both on propositional statements for doctrine, but also on episodic memory and imagery. Beliefs based on doctrine engaged a pathway from Broca's to Wernicke's language areas. Beliefs related to everyday life experiences engaged pathways involved in imagery. Beliefs implying less involved SAs and evoking imagery activated a pathway from right lateral temporal to occipital regions. This pathway was more active in non-religious compared to religious subjects, suggesting greater difficulty and procedural demands for imagining and processing the intent of SAs. Insights gained by Granger connectivity analysis inform us about the causal binding of individual regions activated during religious belief processing.

Karvinen, K. H. and Carr, L. J. [Nipissing University, Canada]. "**Does the perception that God controls health outcomes matter for health behaviors?**" *Journal of Health Psychology* 19, no. 4 (Apr 2014): 521-530.

[Abstract:] The purpose of this study was to examine the associations between God Locus of Health Control, health behaviors, and beliefs utilizing a cross-sectional online survey (N = 549). Results indicated that God Locus of Health Control was correlated with alcohol use, physical activity, perceived risk of chronic disease, and beliefs that poor health behaviors contribute to chronic disease (all p values < .05). Multiple regression analyses including covariates and other locus of control variables revealed that God Locus of Health Control was only an independent correlate of the belief that physical inactivity contributed to chronic disease. Insights from this study may be important for future faith-based health behavior change interventions.

Kasen, S., Wickramaratne, P. and Gameroff, M. J. [Division of Epidemiology, New York State Psychiatric Institute, New York, NY; and College of Physicians and Surgeons, Columbia University, New York, NY]. "**Religiosity and longitudinal change in psychosocial functioning in adult offspring of depressed parents at high risk for major depression**." *Depression & Anxiety* 31, no. 1 (Jan 2014): 63-71.

[Abstract:] BACKGROUND: Recent findings suggest that beliefs about religious or spiritual importance or attending religious/spiritual services may protect high-risk offspring against depression. This research has not extended to examining religiosity in relation to psychosocial functioning in high-risk offspring. METHODS: Offspring selected for having a depressed parent and offspring of nondepressed parents were evaluated for lifetime major depressive disorder (MDD) in childhood and adolescence, and at 10-year (T10) and 20-year (T20) follow-ups. Relations between self-reported religiosity at T10 and longitudinal change in psychosocial function from T10 to T20 (assessed by clinical ratings on Global Assessment Scale [GAS]) were examined separately in 109 daughters and 76 sons by risk status. RESULTS: Lifetime MDD was diagnosed in 57.8% of daughters and 40.8% of sons by T20. Among daughters, only those with lifetime MDD showed improved psychosocial functioning in relation to higher level of service attendance at T10, their mean GAS score improving by 3.5 points (P = .018) over the next decade. For daughters with and without lifetime MDD, relations between higher levels of religiosity and improved psychosocial function were of greater magnitude in those with a depressed parent. Among sons, only those with lifetime MDD showed improved psychosocial function in relation to higher level of religious/spiritual importance, their mean GAS score improving by 4.6 points (P < .0001)

over the next decade; that relation was of greater magnitude in sons with both lifetime MDD and a depressed parent. CONCLUSIONS: Greater improvement in psychosocial functioning in relation to religious involvement in more vulnerable offspring supports religiosity as a resilience factor.

Keshet, Y. and Simchai, D. [Tel Hai College, Upper Galilee, Israel; email: dalitsimchai@hotmail.com]. "**The 'gender puzzle' of alternative medicine and holistic spirituality: a literature review**." *Social Science & Medicine* 113 (Jul 2014): 77-86.

[Abstract:] Both as producers and consumers women are more likely than men to engage with complementary and alternative medicine (CAM) and 'New Age' holistic spiritualities. We conducted a literature review of sociological and anthropological articles, with the aim of studying why women in particular use and practice these alternatives, and whether using them presents an opportunity to challenge the conventional gender order and unequal power relations. A systematic search of nine databases, complemented by an informal search resulted in the identification of 114 articles, of which 27 were included in the review. The search period was limited to 2000-2013. Thematic analysis of the literature indicated three major trends: women draw on traditional female resources and perceived 'feminine' characteristics; the realm of CAM and holistic spirituality challenges power relations and gender inequalities in healthcare, wellbeing, and employment, and may serve as an emancipating, empowering alternative; however, factors such as lack of political support, legitimacy, and a solid institutional base for the field of CAM and holistic spirituality, and its use by predominantly white middle- and upper-class women, work against significant change in the realm of healthcare and limit gendered social change. We suggest that the empowerment women experience is a form of feminine strength and personal empowerment that stems from power-from-within, which is not directed toward resistance. The literature review reveals some lacunae in the literature that call for future gendered research: the lack of quantitative studies, of data concerning the financial success of CAM practitioners, of studies linking CAM with a feminist-oriented analysis of the medical world, of understanding gender perceptions in the holistic milieu and CAM, and of studies conducted from an intersectionality perspective.

Khanna, S. and Greyson. B. [Department of Psychiatry and Neurobehavioral Sciences, University of Virginia Health System, Charlottesville, VA]. "**Near-death experiences and spiritual well-being.**" *Journal of Religion & Health* 53, no. 6 (Dec 2014): 1605-1615. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] People who have near-death experiences often report a subsequently increased sense of spirituality and a connection with their inner self and the world around them. In this study, we examined spiritual well-being, using Paloutzian and Ellison's Spiritual Well-Being Scale, among 224 persons who had come close to death. Participants who reported having near-death experiences reported greater spiritual well-being than those who did not, and depth of spiritual well-being was positively correlated with depth of near-death experience. We discussed the implications of these findings in light of other reported aftereffects of near-death experiences and of spiritual well-being among other populations.

Kim, D. T., Curlin, F. A., Wolenberg, K. M, and Sulmasy, D. P. [University of Chicago, IL]. "**Back to the future: the AMA and religion, 1961-1974**." *Academic Medicine* 89, no. 12 (Dec 2014): 1603-1609.

[Abstract:] U.S. medical scholarship and education regarding religion and spirituality has been growing rapidly in recent years. This rising interest, however, is not new; it is a renewal of significant interweavings that date back to the mid-20th century. In this Perspective, the authors draw attention to the little-known history of organized medicine's engagement with religion from 1961 to 1974. Relying on primary source documents, they recount the dramatic rise and fall of the Committee on Medicine and Religion (CMR) at the American Medical Association (AMA). At its height, there were state-level committees on medicine and religion in 49 states, the District of Columbia, and Puerto Rico, and there were county-level committees in over 800 county medical societies. Thousands of physicians attended annual conferences for clinicians and clergy, and direct outreach to patients included a film viewed by millions. The CMR arose in the context of rapid medical advances, the growth of professional chaplaincy, and concern for declining "humanism" in medicine-conditions with parallels in medicine today. The CMR was brought to a puzzling end in 1972 by the AMA's Board of Trustees. The authors argue that this termination was linked to the AMA's long and contentious debate on abortion. They conclude with the story's significance for today's explorations of the intersection of spirituality, religion, and medicine, focusing on the need for mutual respect, transparency, and dialogue around the needs of patients and physicians. [See also: Crigger, B. J., "The Rashomon effect: another view of medicine, religion, and the American Medical Association," on pp. 1582-1585 of the same issue of the journal, also cited in this bibliography.]

Kiran, G. K. K., Chalana, H. and Singh, H. "**Effect of Rajyoga meditation on chronic tension headache**." *Indian Journal of Physiology & Pharmacology* 58, no. 2 (Apr-Jun 2014): 157-161.

[Abstract:] Chronic tension-type headache (CTTH) is the most common type of headache with no truly effective treatment. This study was designed to correlate the additive effect of meditation on CTTH patients receiving medical treatment. 50 patients (aged 18-58 years) presenting with a clinical diagnosis of CCTH, were divided in 2 groups. Group 1 (n=30) received 8 lessons and practical demonstration of Brahmakumaris spiritual based meditation known as Rajyoga meditation for relaxation therapy, in addition to routine medical treatment (analgesics and muscle relaxants). Group 2 (n=20) patients received analgesics and muscle relaxants twice a day but no relaxation therapy in the form of meditation. Both groups were followed up for 8 weeks period. The parameters studied were severity, frequency and duration of CCTH, and their headache index calculated. Patients in both groups showed a highly significant reduction in headache variables (P<0.001) after 8 weeks. But the percentage of patients showing highly significant relief in severity of headache, duration & frequency in Group 1 was 94%, 91% and 97% respectively whereas in Group 2 it was 36%, 36% and 49% respectively. Headache relief as calculated by headache index was 99% in Group 1 as compared to 51% in Group 2. Even Short term spiritual based relaxation therapy (Rajyoga meditation) was highly effective in causing earlier relief in chronic tension headache as measured by headache parameter

Kissil, K., Nino, A., Ingram, M. and Davey, M. [Drexel University, Philadelphia, PA]. "**'I knew from day one that I'm either gonna fight this thing or be defeated': African American parents' experiences of coping with breast cancer**." *Journal of Family Nursing* 20, no. 1 (Feb 2014): 98-119.

[Abstract:] Few studies have explored how African American parents navigate breast cancer while parenting their school-age children. This focus-group study examined how African American parents cope with the diagnosis and treatment of breast cancer. Three focus groups were conducted with nine African American parents coping with breast cancer. Interviews were analyzed using content analysis. Participants described a variety of coping strategies. Five primary themes emerged: involvement in community of support, relationship with cancer, being the family emotional regulator, highlighting positives, and spirituality. Findings suggest that providers can improve the care of African

American breast cancer patients and their families by facilitating patient advocacy, encouraging patients to reach out to various support systems, discussing with patients their children's functioning, and integrating spirituality into available support programs. Developing more culturally sensitive support groups that promote shared family understanding and open communication among African American parents and their children can facilitate better coping.

Klass, D. [Webster University-St. Louis, MO]. "**Grief, consolation, and religions: a conceptual framework**." *Omega - Journal of Death & Dying* 69, no. 1 (2014): 1-18.

[Abstract:] Consolation is grief's traditional amelioration, but contemporary bereavement theory lacks a conceptual framework to include it. The article begins to develop that framework. The article argues that grief is inter-subjective, even at the biological level. Consolation and grief happen in the same inter-subjective space. Material from the histories of several religions sets the article in a cross-cultural and historical environment. The article examines consolation in interpersonal relationships, and then moves to consolation in cultural/religious resources that range from the literal image of God as an idealized parent to the abstract architecture of Brahm's Requiem. The most common consolation in the histories of religions comes within continuing bonds that are accessed in a wide variety of beliefs, rituals, and devotional objects. The article closes by briefly drawing the connection between consolation and faith.

Koenig, H. G., Berk, L. S., Daher, N. S., Pearce, M. J., Bellinger, D. L., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J. and King, M. B. [Duke University Medical Center, Durham, NC]. "**Religious involvement is associated with greater purpose, optimism, generosity and gratitude in persons with major depression and chronic medical illness**." *Journal of Psychosomatic Research* 77, no. 2 (Aug 2014): 135-143.

[Abstract:] OBJECTIVE: Religious involvement may help individuals with chronic medical illness cope better with physical disability and other life changes. We examine the relationships between religiosity, depressive symptoms, and positive emotions in persons with major depression and chronic illness. METHODS: 129 persons who were at least somewhat religious/spiritual were recruited into a clinical trial to evaluate the effectiveness of religious vs. secular cognitive behavioral therapy. Reported here are the relationships at baseline between religious involvement and depressive symptoms, purpose in life, optimism, generosity, and gratefulness using standard measures. RESULTS: Although religiosity was unrelated to depressive symptoms (F=0.96, p=0.43) and did not buffer the disability-depression relationship (B=-1.56, SE 2.90, p=0.59), strong relationships were found between religious indicators and greater purpose, optimism, generosity, and gratefulness (F=7.08, p<0.0001). CONCLUSIONS: Although unrelated to depressive symptoms in the setting of major depression and chronic medical illness, higher religious involvement is associated with positive emotions, a finding which may influence the course of depression over time.

Koren, M. E. and Purohit, S. [Northern Illinois University School of Nursing and Health Studies, DeKalb]. "**Interventional studies to support the spiritual self-care of health care practitioners: an integrative review of the literature**." *Holistic Nursing Practice* 28, no. 5 (Sep-Oct-2014): 291-300.

[Abstract:] The impact of spiritual practices on job satisfaction remains unclear. This integrative literature review assessed the effectiveness of various spiritual interventions and found that mindfulness was the intervention most widely used. The most promising outcome measures were stress, burnout, mindfulness, and self-compassion. Future research recommendation includes longitudinal reinforcement of mindfulness.

Kortt, M. A. and Dollery, B. [Southern Cross University, Riverside Campus, Tweed Heads, Australia; michael.kortt@scu.edu.au]. "**Religion and BMI in Australia**." *Journal of Religion & Health* 53, no. 1 (Feb 2014): 217-228.

[Abstract:] We estimated the relationship between religion and body mass index (BMI) for a general and representative sample of the Australia population. Data from the Household Income Labour Dynamics survey were analysed for 9,408 adults aged 18 and older. OLS regression analyses revealed that religious denomination was significantly related to higher BMI, after controlling for socio-demographic, health behaviours, and psychosocial variables. 'Baptist' men had, on average, a 1.3 higher BMI compared to those reporting no religious affiliation. Among women, 'Non-Christians' had, on average, a 1 unit lower BMI compared to those reporting no religious affiliation while 'Other Christian' women reported, on average, a 1 unit higher BMI. Our results also indicate that there was a negative relationship between religious importance and BMI among Australian women.

Koszycki, D., Bilodeau, C., Raab-Mayo, K. and Bradwejn, J. [University of Ottawa, Ottawa, Ontario, Canada]. "**A multifaith spiritually based intervention versus supportive therapy for generalized anxiety disorder: a pilot randomized controlled trial**." *Journal of Clinical Psychology* 70, no. 6 (Jun 2014): 489-509.

[Abstract:] OBJECTIVES: We have previously reported that a multifaith spiritually based intervention (SBI) may have efficacy in the treatment of generalized anxiety disorder (GAD). This randomized pilot trial tested whether the SBI had greater efficacy than a nonspecific control condition in GAD. METHOD: Twenty-three participants with GAD of at least moderate severity were randomized to 12 individual sessions of the SBI (n = 11) or supportive psychotherapy (SP)--our control condition (n = 12). RESULTS: Intent-to-treat analysis revealed the SBI fared better than SP in decreasing blind clinician ratings of anxiety and illness severity and self-report worry and intolerance of uncertainty, with large between-group effect sizes. The SBI also produced greater changes in spiritual well-being. Results remained the same when supplementary analyses were performed on the completer sample. Treatment gains were maintained at 3-months follow-up. CONCLUSIONS: This small pilot trial demonstrates that a nondenominational SBI has greater efficacy than a rigorous control in improving symptoms of GAD and enhancing spiritual well-being. These results are encouraging and further research on the efficacy of the SBI and its underlying mechanisms is warranted

Krause, N. and Hayward. R. D. [University of Michigan, Ann Arbor]. "**Religion, finding interests in life, and change in self-esteem during late life**." *Research on Aging* 36, no. 3 (May 2014): 364-381. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Research indicates that greater involvement in activities is essential for successful aging. The purpose of the current study is to examine a construct that motivates involvement in activities-finding interests in life. In the process, we also show how involvement in religion may help promote interests. In order to examine these issues, a conceptual model is tested that contains the following core hypotheses: (1) older people who go to church more often will be more likely to have stronger God-mediated control beliefs (i.e., the belief that God works together with people to resolve problems and reach desired goals); (2) older adults with a stronger sense of God-mediated control will be more likely to

find things in life that are interesting; and (3) older individuals with more interests experience a greater sense of self-worth over time. Findings from a nationwide survey provide support for the key relationships described above.

Krause, N. and Hayward, R. D. [University of Michigan]. "**Religious involvement and death anxiety**." *Omega - Journal of Death & Dying* 69, no. 1 (2014): 59-78.

[Abstract:] The purpose of this study is to test a conceptual model that aims to clarify the relationship between religious commitment and death anxiety. This model contains the following hypotheses: (1) people who affiliate with Conservative Protestant congregations will be more likely to attend worship services; (2) people who go to church more often will be more likely to feel they belong in their congregations; (3) those who feel they belong in their congregations will be more deeply committed to their faith; (4) individuals who are more deeply committed to their faith will be more likely to forgive others; (5) people who forgive others are more likely to feel they have been forgiven by God; and (6) individuals who feel they are forgiven by God will experience less death anxiety. Data from a nationwide survey of older Mexican Americans provides support for each hypothesis.

Krause, N. and Hayward, R. D. [University of Michigan, Ann Arbor]. "**Trust-based prayer expectancies and health among older Mexican Americans."** *Journal of Religion & Health* 53, no. 2 (Apr 2014): 591-603.

[Abstract:] This study assesses the health-related effects of trust-based prayer expectancies, which reflect the belief that God answers prayers at the right time and in the best way. The following relationships are evaluated in our conceptual model: (1) older Mexican Americans who attend worship services more often tend to develop a closer relationship with God; (2) people who feel close to God will be more likely to develop trust-based prayer expectancies; (3) people who endorse trust-based prayer expectancies will have greater feelings of self-esteem; and (4) higher self-esteem is associated with better self-rated health. The data support each of these relationships.

Kremer, H. and Ironson, G. [Department of Psychology, University of Miami, FL]. "**Longitudinal spiritual coping with trauma in people with HIV: implications for health care**." *AIDS Patient Care & STDs* 28, no. 3 (Mar 2014): 144-154.

[Abstract:] This 10-year study (N=177) examines how people with HIV use spirituality to cope with life's trauma on top of HIV-related stress (e.g., facing death, stigma, poverty, limited healthcare) usual events. Spirituality, defined as a connection to a higher presence, is independent from religion (institutionalized spirituality). As a dynamic adaptive process, coping requires longitudinal studying. Qualitative content-analysis of interviews/essays yielded a coding of specific aspects and a longitudinal rating of overall spiritual coping. Most participants were rated as spiritual, using spiritual practices, about half experienced comfort, empowerment, growth/transformation, gratitude, less than one-third meaning, community, and positive reframing. Up to one-fifth perceived spiritual conflict, struggle, or anger, triggering post-traumatic stress, which sometimes converted into positive growth/transformation later. Over time, 65% used spiritual coping positively, 7% negatively, and 28% had no significant use. Spirituality was mainly beneficial for women, heterosexuals, and African Americans (p<0.05). Results suggest that spirituality is a major source of positive and occasionally negative coping (e.g., viewing HIV as sin). We discuss how clinicians can recognize and prevent when spirituality is creating distress and barriers to HIV treatment, adding a literature review on ways of effective spiritual assessment. Spirituality may be a beneficial component of coping with trauma, considering socio-cultural contexts.

Krysinska, K., Andriessen, K. and Corveleyn, J. [Faculty of Psychology and Educational Sciences, KU Leuven - University of Leuven, Belgium]. "**Religion and spirituality in online suicide bereavement: an analysis of online memorials**." *Crisis: Journal of Crisis Intervention & Suicide* 35, no. 5 (2014): 349-356. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Religion and spirituality can be valuable resources in coping with bereavement. There is a paucity of studies focusing specifically on their role in suicide bereavement, although there are indications that religion/spirituality can be helpful for suicide survivors. AIMS: The study explores the role of religion and/or spirituality in suicide bereavement by analyzing this theme in online memorials dedicated to suicide victims. METHOD: We randomly selected 250 memorials in two online cemeteries: Faces of Suicide and Gone too Soon. Interpretative and deductive thematic analysis was used to identify themes in the collected material, including the theme of religion/spirituality. RESULTS: References to religion/spirituality were found in 14% of memorials. These memorials were written by family members, friends, and (ex-)partners of the deceased and were dedicated mostly to young adult males. Religion/spirituality was mentioned in the context of God's will, peace wish, continuation of the spirit, afterlife, reunion, gratitude, description of the deceased, and grief reactions of suicide survivors. CONCLUSION: Some suicide survivors spontaneously mention the role of religious/spiritual beliefs in coping with their loss. Future studies could explore which subgroups of the bereaved are likely to turn to these resources, and whether they can contribute to the well-being of the suicide survivors.

Kuczewski, M. G., McCarthy, M. P., Michelfelder, A., Anderson, E. E., Wasson, K. and Hatchett, L. [Loyola University Chicago, Maywood, IL]. "'**I will never let that be OK again': student reflections on competent spiritual care for dying patients**." *Academic Medicine* 89, no. 1 (Jan 2014): 54-59.

[Abstract:] PURPOSE: To examine medical students' reflections on the spiritual care of a patient who has died so as to understand how students experienced this significant event and how they or their teams addressed patients' spiritual needs. METHOD: In 2010-2011, the authors gave third-year students at Loyola University Chicago Stritch School of Medicine an essay assignment, prompting them to reflect on the experience of the death of one of thei r patients. The authors analyzed the content of the essays using an iterative, multistep process. Three authors independently coded the essays for themes based on the competencies (developed by Puchalski and colleagues and reflected in the essay prompt) of communication, compassionate presence, patient care, and personal and professional development. The authors reached consensus through discussion. RESULTS: A salient theme in the students' writings was awareness of their personal and professional development. Students reported being aware that they were becoming desensitized to the human dimension of care, and particularly to dying patients and their families. Students wished to learn to contain their emotions to better serve their patients, and they articulated a commitment to addressing patient and family needs. Students identified systemic fragmentation of patient care as a barrier to meeting patient needs and as a facilitator of provider desensitization. CONCLUSIONS: Written student reflections are a rich source of data regarding the spiritual care of dying patients and their families. They provide insight into the personal and professional development of medical students and suggest that medical schools should support students' formation. [See also articles by Ledford, C. J., et al.; by McEvoy, M., et al.; by Puchalski, C. M., et al.; and by Talley, J. A., et al.; in the same issue of the journal and also cited in this bibliography.]

Kuwert, P., Knaevelsrud, C. and Pietrzak, R. H. [HELIOS Hansehospital Stralsund, Free University Berlin, Germany, U.S. Department of Veterans Affairs National Center for Posttraumatic Stress Disorder, VA Connecticut Healthcare System, and Department of Psychiatry, Yale University, School of Medicine, New Haven, CT; kuwert@uni-greifswald.de]. "**Loneliness among older veterans in the United States: results from the National Health and Resilience in Veterans Study**." *American Journal of Geriatric Psychiatry* 22, no. 6 (Jun 2014): 564-569.

[From the abstract:] …METHODS: Two thousand twenty-five veterans aged 60 years and older participated in the National Health and Resilience in Veterans Study. Loneliness was assessed using a questionnaire adapted from the Revised UCLA Loneliness Scale. A broad range of demographic, military, health, and psychosocial variables was also assessed. RESULTS: 44% of veterans reported feeling lonely at least some of the time (10.4% reported often feeling lonely). Greater age, disability in activities of daily living, lifetime traumas, perceived stress, and current depressive and post-traumatic stress disorder symptoms were positively associated with loneliness, and being married/cohabitating, higher income, greater subjective cognitive functioning, social support, secure attachment, dispositional gratitude, and frequency of attending religious services were negatively associated with loneliness. The largest magnitude associations were observed for perceived social support, secure attachment style, and depressive symptoms….

Kypriotakis, G., Francis, L. E., O'Toole, E., Towe, T. P. and Rose, J. H. [Case Western Reserve University, Cleveland, OH]. "**Preferences for aggressive care in underserved populations with advanced-stage lung cancer: looking beyond race and resuscitation**." *Supportive Care in Cancer* 22, no. 5 (May 2014): 1251-1259.

[Abstract:] PURPOSE: This paper examines the relationship between race, religiousness, spiritual well-being, antitumor treatment and preference for aggressive care among Black and White patients with advanced stage lung cancer receiving ambulatory cancer care in an urban setting. METHODS: A cross-sectional exploration of patients enrolled in a Cleveland-based longitudinal study after initial diagnosis of advanced lung cancer were interviewed in Cleveland regarding religiousness, spiritual well-being, preferences for cardiopulmonary resuscitation (CPR), goals of aggressive care, and willingness to tolerate adverse health states. Receipt of antitumor treatment was identified from medical records. RESULTS: We analyzed data from 67 Black and 129 White patients (N=196). Regression analysis for CPR showed that race was not associated with preference for CPR (OR=1.12, CI 0.44-2.85). The odds of choosing CPR were three times higher among patients receiving antitumor treatment (OR=3.26, CI 1.12-9.44). Greater willingness to endure adverse health states was associated with higher spiritual well-being scores (b=0.12, CI 0.01-0.25). Choosing goals to extend life versus relieve pain was higher among persons with higher spiritual well-being as well (RRR=1.08, CI 1.01-1.16), yet the relationship with religiousness was negative (RRR=0.46, CI 0.22-0.98). CONCLUSIONS: After controlling for multiple factors, race was associated only with CPR, but not with other measures of preference for aggressive care. In addition, receipt of active antitumor treatment was positively associated with preference for CPR and spiritual well-being was important to setting end-of-life care goals and perspectives. Future directions for tailoring end-of-life care decision-making initiatives should move beyond race and discussions of CPR alone and focus on a full spectrum of patient beliefs and preferences at the end of life.

Lawrence, R. E., Rasinski, K. A., Yoon, J. D. and Curlin. F. A. [Department of Psychiatry, Columbia University Medical Center and the New York State Psychiatric Institute, New York; and Program on Medicine and Religion, University of Chicago, IL]. "**Primary care physicians' and psychiatrists' willingness to refer to religious mental health providers**." *International Journal of Social Psychiatry* 60, no. 7 (Nov 2014): 627-636. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Recent decades have witnessed some integration of mental health care and religious resources. AIM: We measured primary care physicians' (PCPs) and psychiatrists' knowledge of religious mental health-care providers, and their willingness to refer there. METHODS: A national survey of PCPs and psychiatrists was conducted, using vignettes of depressed and anxious patients. Vignettes included Christian or Jewish patients, who regularly or rarely attended services. We asked whether physicians knew of local religious mental health providers, and whether they would refer patients there. RESULTS: In all, 896/1427 PCPs and 312/487 psychiatrists responded. Half of PCPs (34.1%-44.1%) and psychiatrists (51.4%-56.3%) knew Christian providers; fewer PCPs (8.5%-9.9%) and psychiatrists (15.8%-19.6%) knew Jewish providers. Predictors included the following: patients were Christian (odds ratio (OR) = 2.2-2.9 for PCPs, 2.3-2.4 for psychiatrists), respondents were Christian (OR = 2.1-9.3 for PCPs) and respondents frequently attend services (OR = 3.5-7.0 for PCPs). Two-thirds of PCPs (63.3%-64%) and psychiatrists (48.8%-52.6%) would refer to religious providers. Predictors included the following: patients regularly attend services OR = 1.2 for PCPs, 1.6 for Psychiatrists, depression vignette only), respondents were Christian (OR = 2.8-18.1 for PCPs, 2.3-9.2 for psychiatrists) and respondents frequently attend services (OR = 5.1-6.3 for PCPs). CONCLUSION: Many physicians would refer patients to religious mental health providers. However, less religious PCPs are less knowledgeable about local religious providers.

Ledford, C. J., Seehusen, D. A., Canzona, M. R. and Cafferty, L. A. [Department of Biomedical Informatics, Uniformed Services University of the Health Sciences, Bethesda, MD]. "**Using a teaching OSCE to prompt learners to engage with patients who talk about religion and/or spirituality**." *Academic Medicine* 89, no. 1 (Jan 2014): 60-65.

[Abstract:] PURPOSE: The objective structured clinical examination (OSCE) has only occasionally been used as a teaching tool. The authors describe the initial use of an educational innovation consisting of a teaching OSCE used as "sensitizing practice," followed by personal, guided, and group reflection. METHOD: Staff and resident physicians and one medical student (N = 28) at a community hospital's family medicine residency participated in the innovation during August 2012. The initial use of the educational innovation allowed learners to engage in a potentially challenging conversation with a standardized patient about religion and/or spirituality (R/S). The aim of the innovation was not to equip learners with a particular tactic to introduce or discuss R/S but, rather, to prompt learners to engage in mindful practice with patients who identify R/S as part of their biopsychosocial contexts. Written, dyadic, and group reflection added value to the OSCE by allowing participants to reflect on a difficult learning objective over time. RESULTS: Participants moved along the stages-of-change continuum when engaging in guided reflection compared with personal reflection. Additionally, all participants provided evidence of at least the preparation stage at the time of guided reflection. By following the OSCE's sensitizing practice with three periods of reflection, learners were enabled first, to recognize the need for readiness to address challenging communication topics (in this case, R/S) and, second, to reflect on practiced strategies for those conversations. CONCLUSIONS: The educational innovation can help learners become more aware of and skillful in dealing with difficult physician-patient communication topics. [See also articles by Kuczewski, M. G., et al; by McEvoy, M., et al.; by Puchalski, C. M., et al.; and by Talley, J. A., et al.; in the same issue of the journal and also cited in this bibliography.]

Lee, M., Nezu, A. M. and Nezu, C. M. [Department of Psychology, Drexel University, Philadelphia, PA]. "**Positive and negative religious coping, depressive symptoms, and quality of life in people with HIV**." *Journal of Behavioral Medicine* 37, no. 5 (Oct 2014): 921-930. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The present study examined the relationships of positive and negative types of religious coping with depression and quality of life, and the mediating role of benefit finding in the link between religious coping and psychological outcomes among 198 individuals with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). The results of multiple hierarchical analyses revealed that negative religious coping was significantly associated with a high level of depressive symptoms and a low level of quality of life, controlling for demographic and clinical variables. On the other hand, positive religious coping was significantly associated with positive domains of outcome measures such as positive affect and life satisfaction, but not with overall depressive symptoms or quality of life. Tests of mediation analyses showed that benefit finding fully mediated the relationship between positive religious coping and the positive sub-domains of psychological outcomes. The importance of investigating both positive and negative types of religious coping in their relationships with psychological adaptation in people with HIV was discussed, as well as the significance of benefit finding in understanding the link between religious coping and psychological outcomes.

Lichter, D. A. "**CHA chaplaincy surveys offer key insights**." *Health Progress* 95, no. 5 (Sep-Oct 2014): 57-59.

National surveys of Catholic health care executives and clinical staff were conducted in 2012, using the database of the Catholic Health Association (CHA) of the United States, to understand their views of chaplains and spiritual care services. Among the findings: health care executives ranked "the purpose and value of spiritual care and professional chaplaincy" as follows: providing patient and family support, demonstrating Catholic identity/mission, treating the whole person, and providing staff support [p. 57]. Comparatively, the most frequent responses from clinical staff regarding the "purpose and value of spiritual care and professional chaplaincy" were: patient and family support , essential for treatment of the whole person, support staff, and important (with little clarification) [p. 58]. Also, while "executives want to know how chaplains' services contribute to patient satisfaction and how they support and educate staff on their role in spiritual care," [c]linicians want to know more about the specific roles and responsibilities, training and credentialing of chaplains" [p. 59].

Lillis, B. S. [McLean Hospice, Simsbury, CT]. "**Understanding the complex role of a hospice spiritual counselor**." *American Journal of Hospice & Palliative Medicine* 31, no. 4 (Jun 2014): 353-355. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Hospice's professional roles in end-of-life care can be widely misunderstood by physicians, patients, and family members as well as others who do not work directly with them. The role of the spiritual counselor may be the most misunderstood due to the nature of this professional title. Hospice care at the end of life is holistic in that it is important to meet physical, emotional, and spiritual needs of the patient and their family. In order to provide the most complete and beneficial end-of-life care, it is important to understand the complexity and the importance of the role of the spiritual counselor.

Lim, C., Sim, K., Renjan, V., Sam, H. F. and Quah, S. L. [University of Southern California, Los Angeles]. "**Adapted cognitive-behavioral therapy for religious individuals with mental disorder: a systematic review**." *Journal of Psychiatry* 9 (Jun 2014): 3-12.

[Abstract:] Cognitive-behavioral therapy (CBT) is considered an evidence-based psychological intervention for various mental disorders. However, mental health clinicians should be cognizant of the population that was used to validate the intervention and assess its acceptability to a target group that is culturally different. We systematically reviewed published empirical studies of CBT adapted for religious individuals with mental disorder to determine the extent to which religiously modified CBT can be considered an empirically supported treatment following the criteria delineated by the American Psychological Association Task Force on Promotion and Dissemination of Psychological Procedures. Overall, nine randomized controlled trials and one quasi-experimental study were included that compared the effectiveness of religiously modified CBT to standard CBT or other treatment modalities for the treatment of depressive disorders, generalized anxiety disorder, and schizophrenia. The majority of these studies either found no difference in effectiveness between religiously modified CBT compared to standard CBT or other treatment modalities, or early effects that were not sustained. Considering the methodological limitations of the reviewed studies, religiously modified CBT cannot be considered a well-established psychological intervention for the treatment of the foregoing mental disorders following the a priori set criteria at this juncture. Nevertheless, melding religious content with CBT may be an acceptable treatment modality for individuals with strong religious convictions.

Lobar, S. L. [College of Nursing and Health Sciences, Florida International University, Miami]. "**Family adjustment across cultural groups in autistic spectrum disorders**." *Advances in Nursing Science* 37, no. 2 (Apr-Jun 2014): 174-186.

[Abstract:] This pilot ethnomethodological study examined perceptions of parents/caregivers of children diagnosed with autistic spectrum disorders concerning actions, norms, understandings, and assumptions related to adjustment to this chronic illness. The sample included 14 caregivers (75% Hispanic of various ethnic groups). Maximum variation sampling was used to compare participants on variables that were inductively derived via constant comparative methods of analysis. The following action categories emerged: "Seeking Diagnosis," "Engaging in Routines to Control behavior," "Finding Therapies (Types of Therapies)," "Finding School Accommodations," "Educating Others," "Rising to Challenges," and "Finding the Role of Spiritual and Religious Belief."

Lord, B. D. and Gramling, S. E. [Virginia Commonwealth University, Richmond, VA]. "**Patterns of religious coping among bereaved college students**." *Journal of Religion & Health* 53, no. 1 (Feb 2014): 157-177. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Contemporary research has suggested that bereavement is a paramount issue in college populations, a group which has historically been underrepresented in grief research (Balk. in Death studies 25:67-84, 2001; Balk et al. in Death Studies 34:459-468, 2010). Indeed, there has been a call to generate new research on grief with specific populations and age groups (Center for the Advancement of Health. in Death Studies 28:568-575, 2004). Religion is often described as a primary way that individuals cope with bereavement in particular (Frantz et al. in Pastor Psychol 44(3):151-163, 1996) and has been shown to effect college student reactions to stress in general (Merrill et al. in Mental Health, Religion & Culture 12(5):501-511, 2009). The RCOPE (Pargament et al. in J Clin Psychol 56(4):519-543, 2000, J Health Psychol 9:713-730, 2004) is a frequently used measure of religious coping, but has not been evaluated with a bereaved undergraduate population. Given that

emerging adulthood is a critical developmental phase of religious identity (Fowler. in New Directions for Child Development 3(52):27-45, 1991), the current study examined the factor structure of the RCOPE within a sample of bereaved college students. An exploratory factor analysis was performed, which approximated the factor structure proposed by Pargament et al. (J Clin Psychol 56(4):519-543, 2000). However, a high correlation between the positive and negative religious coping subscales (r = 0.71) detracted from the predictive utility of Pargament et al.'s (2000) two overarching subscales. Therefore, an exploratory factor analysis with an orthogonal rotation was used to identify two uncorrelated subscales (adaptive religious coping and maladaptive religious coping). This new two-factor, 39-item version of the RCOPE was found to demonstrate good internal consistency (alpha > 0.8) as well as convergent and discriminant validity. The interaction between religious coping strategies and core beliefs about the predictability of the world is explored, and directions for future research and clinical practice are suggested.

Lucchetti, G. and Lucchetti, A. L. [Federal University of Juiz de Fora, Brazil]. "**Spirituality, religion, and health: over the last 15 years of field research (1999-2013)**." *International Journal of Psychiatry in Medicine* 48, no. 3 (2014): 199-215.

[Abstract:] OBJECTIVE: Although several studies have examined the contribution of specific countries, journals, and authors in different scientific disciplines, little is known about the contribution of different world countries, journals, and authors to scientific research in the field of "Spirituality, religion, and health" (S/R). The present study aims to analyze the last 15 years of research in the field of spirituality and religiousness (S/R) through a bibliometric analysis. METHODS: Using the Pubmed database, we retrieved all articles related to S/R field for the period 1999-2013. We then estimated the total number of publications, number of articles published per year, articles published per country, journals with most publications in S/R field, most productive authors, and most used keywords. RESULTS: We found a growth of publications in the last years, most from the United States and the United Kingdom and published in the English language. Noteworthy, some developing countries such as India, Brazil, Israel, and Iran are at higher positions in this list. The S/R articles were published in journals embracing all fields of research, including high impact journals. CONCLUSION: In the present study, we took a closer look at the field of "Spirituality, religion, and health," showing that this field of research has been constantly growing and consolidating in the scientific community.

Lynn, B., Yoo, G. J. and Levine, E. G. [San Francisco State University, San Francisco, CA]. "'**Trust in the Lord': religious and spiritual practices of African American breast cancer survivors**." *Journal of Religion & Health* 53, no. 6 (Dec 2014): 1706-1716. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Few studies have examined the role of religion and spirituality among African American breast cancer patients. This study explored how African American women cope with breast cancer through religious and spiritual practices. Forty-seven African American women who had completed treatment for breast cancer participated in in-depth interviews about their experiences. The majority of the women mentioned using both individual and communal religious and spiritual practices to cope with their breast cancer diagnosis and treatment. The main themes that emerged in terms of the types of religious and spiritual practices included: (1) attendance at religious services, (2) comfort through prayers of others, and (3) encouragement through reading Biblical scriptures. These practices helped women "trust in the Lord" throughout the many challenges of cancer from diagnosis through survivorship. Although this study is exploratory, the findings illustrate how African American women with breast cancer use religious and spiritual practices to cope with their diagnosis and treatment. For clinicians, the findings provides an understanding of spiritual and religious needs in diverse populations and the importance of referring patients onto spiritual and religious resources and support.

Lyon, M. E., Garvie, P., He, J., Malow, R., McCarter, R. and D'Angelo, L. J. [Children's National Medical Center, Washington, DC]. "**Spiritual well-being among HIV-infected adolescents and their families**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 637-653. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Congruence in spirituality between HIV+ adolescent (n = 40)/family (n = 40) dyads and psychological adjustment and quality of life were assessed, using the Spiritual Well-Being Scale of the Functional Assessment of Chronic Illness Therapy, Beck Depression Inventory-II, Beck Anxiety Inventory and Pediatric Quality of Life Inventory at baseline and 3-month post-intervention. Adolescents were 60% female and 92% African American. Congruence in spirituality between adolescent/surrogate dyads remained unchanged at 3 months. High congruence existed for "having a reason for living"; rejection of "life lacks meaning/purpose" and "HIV is a punishment from God." Adolescents were less likely to forgive the harm others caused them than their families.

Lyon, M. E., Jacobs, S., Briggs, L., Cheng, Y. I. and Wang, J. [Center for Translational Science and George Washington University School of Medicine and Health Sciences, Washington, DC]. "**A longitudinal, randomized, controlled trial of advance care planning for teens with cancer: anxiety, depression, quality of life, advance directives, spirituality**." *Journal of Adolescent Health* 54, no. 6 (Jun 2014): 710-717.

[Abstract:] PURPOSE: To test the feasibility, acceptability and safety of a pediatric advance care planning intervention, Family-Centered Advance Care Planning for Teens With Cancer (FACE-TC). METHODS: Adolescent (age 14-20 years)/family dyads (N = 30) with a cancer diagnosis participated in a two-armed, randomized, controlled trial. Exclusion criteria included severe depression and impaired mental status. Acceptability was measured by the Satisfaction Questionnaire. General Estimating Equations models assessed the impact of FACE-TC on 3-month post-intervention outcomes as measured by the Pediatric Quality of Life Inventory 4.0 Generic Core Scale, the Pediatric Quality of Life Inventory 4.0 Cancer-Specific Module, the Beck Depression and Anxiety Inventories, the Spiritual Well-Being Scale of the Functional Assessment of Chronic Illness Therapy-IV, and advance directive completion. RESULTS: Acceptability was demonstrated with enrollment of 72% of eligible families, 100% attendance at all three sessions, 93% retention at 3-month post-intervention, and 100% data completion. Intervention families rated FACE-TC worthwhile (100%), whereas adolescents' ratings increased over time (65%-82%). Adolescents' anxiety decreased significantly from baseline to 3 months post-intervention in both groups (beta = -5.6; p = .0212). Low depressive symptom scores and high quality of life scores were maintained by adolescents in both groups. Advance directives were located easily in medical records (100% of FACE-TC adolescents vs. no controls). Oncologists received electronic copies. Total Spirituality scores (beta = 8.1; p = .0296) were significantly higher among FACE-TC adolescents versus controls. The FACE-TC adolescents endorsed the best time to bring up end-of-life decisions: 19% before being sick, 19% at diagnosis, none when first ill or hospitalized, 25% when dying, and 38% for all of the above. CONCLUSIONS: Family-Centered Advance Care Planning for Teens With Cancer demonstrated feasibility and acceptability. Courageous adolescents willingly participated in highly structured, in-depth pediatric advance care planning conversations safely

Magyar-Russell, G., Brown, I. T., Edara, I. R., Smith, M. T., Marine, J. E. and Ziegelstein, R. C. [Department of Pastoral Counseling, Loyola University Maryland, Columbia, MD]. "**In search of serenity: religious struggle among patients hospitalized for suspected acute coronary syndrome**." *Journal of Religion & Health* 53, no. 2 (Apr 2014): 562-578.

[Abstract:] Hospitalization for a sudden cardiac event is a frightening experience, one that is often marked by uncertainty about health status, fear of recurrent cardiac problems, and related existential, religious, and spiritual concerns. Religious struggle, reflecting tension and strain regarding religious and spiritual issues, may arise in response to symptoms of acute coronary syndrome (ACS). The present study examined the prevalence and types of religious struggle using the Brief RCOPE, as well as associations between religious struggle, psychological distress, and self-reported sleep habits among 62 patients hospitalized with suspected ACS. Fifty-eight percent of the sample reported some degree of religious struggle. Questioning the power of God was the most frequently endorsed struggle. Those struggling religiously reported significantly more symptoms of anxiety, depression, and sleep disturbance. Non-White participants endorsed greater use of positive religious coping strategies and religious struggle. Results suggest that patients hospitalized for suspected ACS experiencing even low levels of religious struggle might benefit from referral to a hospital chaplain or appropriately trained mental health professional for more detailed religious and spiritual assessment. Practical means of efficiently screening for religious struggle during the often brief hospitalization period for suspected ACS are discussed.

Manning, L. K. [Center for the Study of Aging and Human Development, Duke University, Durham, NC]. "**Enduring as lived experience: exploring the essence of spiritual resilience for women in late life**." *Journal of Religion & Health* 53, no. 2 (Apr 2014): 352-362.

[Abstract:] The purpose of this study was to explore spirituality and its relationship to resilience for women in late life. Over thirty interviews with six women aged 80 and older provide a dataset allowing for the phenomenological investigation of spiritual resilience. Themes emerged illustrating the components of spiritual resilience. The components of spiritual resilience are having divine support, maintaining purpose, and expressing gratitude. These factors are essential to the women's resilience and act as mechanisms that promote high levels of subjective well-being and an overall good quality of life. Essentially, participants articulate how their experiences of enduring hardships are informed by spiritual resilience.

Martyn, H., Barrett, A. and Nicholson, H. D. [Department of Anatomy, Otago School of Medical Sciences, University of Otago, Dunedin, New Zealand]. "**A belief in the soul may contribute to the stress experienced in the dissecting room**." *Journal of Anatomy* 224, no. 3 (Mar 2014): 345-351.

[Abstract:] The aim of this research was to explore whether medical students believe in a soul and how this may affect their dissecting experience. Three questionnaires were delivered electronically to the 2011 cohort of second-year medical students over a 2-year period. At the University of Otago, students enter medicine via three categories: Health Sciences First Year (following 1 year of university); postgraduate (following a Bachelors or higher degree); and 'other' category entry (Allied Health Professional or 3 years after a Bachelors degree). The entry category, age, ethnicity and gender of the students were collected; 51.6% of the students believed in the concept of a soul. On a scale of 1-5, students ranked the importance of religion/spirituality as 2.69. Those who believed in a soul were more likely to have a religious/spiritual component to their life and be males or 'other' category entrants. However, there were many students who believed in the soul who did not have a religious/spiritual association, suggesting that this belief extends beyond religion. Those who believed in a soul had significantly higher anticipatory stress and experienced higher levels of stress during dissection. A higher proportion of students in the 'other' category entrants believed in the concept of the soul and also had significantly higher levels of stress during dissection. Our data suggest that a belief in a soul may affect students' experiences in dissecting. Incorporating the teaching of humanities with anatomy may help medical students as they assimilate both the biomedical and philosophical aspects of dissection.

Matteliano, D., St Marie, B. J., Oliver, J. and Coggins, C. [School of Nursing, State University of New York, Buffalo]. "**Adherence monitoring with chronic opioid therapy for persistent pain: a biopsychosocial-spiritual approach to mitigate risk**." *Pain Management Nursing* 15, no. 1 Mar 2014): 391-405.

[Abstract:] Opioids represent a mainstay in the pharmacologic management of persistent pain. Although these drugs are intended to support improved comfort and function, the inherent risk of abuse or addiction must be considered in the delivery of care. The experience of living with persistent pain often includes depression, fear, loss, and anxiety, leading to feelings of hopelessness, helplessness, and spiritual crisis. Collectively, these factors represent an increased risk for all patients, particularly those with a history of substance abuse or addiction. This companion article to the American Society for Pain Management Nursing "Position Statement on Pain Management in Patients with Substance Use Disorders" (2012) focuses on the intersection of persistent pain, substance use disorder (SUD), and chronic opioid therapy and the clinical implications of monitoring adherence with safe use of opioids for those with persistent pain. This paper presents an approach to the comprehensive assessment of persons with persistent pain when receiving opioid therapy by presenting an expansion of the biopsychosocial model to include spiritual factors associated with pain and SUD, thus formulating a biopsychosocial-spiritual approach to mitigate risk. Key principles are provided for adherence monitoring using the biopsychosocial-spiritual assessment model developed by the authors as a means of promoting sensitive and respectful care

McEvoy, M., Burton, W. and Milan. F. [Albert Einstein College of Medicine, Yeshiva University, New York, NY]. "**Spiritual versus religious identity: a necessary distinction in understanding clinicians' behavior and attitudes toward clinical practice and medical student teaching in this realm**." *Journal of Religion & Health* 53, no. 4 (Aug 2014): 1249-1256. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Social sciences view spirituality and religion separately; medicine views them together. We identified distinctions regarding clinical practice and teaching among clinician educators based on their self-identified spirituality versus religiosity. We emailed a 24-item survey on spiritual/religious (S/R) issues to clinician educators (n = 1067) at our institution. Three summary scales were created. Responses to statements, 'I consider myself to be spiritual' and 'I consider myself to be religious' generated four comparison groups: 'spiritual only,' 'religious only,' 'both spiritual and religious' and 'neither.' Analyses employed ANOVA and T tests. A total of 633 (59%) surveys were completed. Four percentage self-identified as 'religious only'; remaining respondents divided evenly, about 30% into each of the other categories. Groups differed from one another on all summary scales (p < .0001). Using T tests, the 'spiritual only' group differed from the 'religious only' group regarding teaching. The 'spiritual and religious' group had the highest mean ratings for all summary scales. The 'neither' and 'religious only' group had the lowest

mean ratings. Clinicians' spiritual versus religious identity is associated with differences in behavior/attitudes regarding S/R toward clinical practice and medical student teaching. These findings elucidate opportunities for faculty development to explore effects of beliefs on behavior and attitudes within this realm.

McEvoy, M., Schlair, S., Sidlo, Z., Burton, W. and Milan, F. [Albert Einstein College of Medicine of Yeshiva University, Bronx, NY]. "**Assessing third-year medical students' ability to address a patient's spiritual distress using an OSCE case**." *Academic Medicine* 89, no. 1 (Jan 2014): 66-70.

[Abstract:] PURPOSE: To inform curricular development by assessing the ability of third-year medical students to address a patient's spiritual distress during an acute medical crisis in the context of an objective structured clinical examination (OSCE) case. METHOD: During March and April 2010, 170 third-year medical students completed an eight-station videotaped OSCE at Albert Einstein College of Medicine of Yeshiva University. One of the standardized patients (SPs) was a 65-year-old man with acute chest pain who mentioned his religious affiliation and fear of dying. If prompted, he revealed his desire to speak with a chaplain. The SP assessed students' history taking, physical examination, and communication skills. In a postencounter written exercise, students reported their responses to the patient's distress via four open-ended questions. Analysis of the postencounter notes was conducted by three coders for emergent themes. Clinical skills performance was compared between students who reported making chaplain referral and those who did not. RESULTS: A total of 108 students (64%) reported making a chaplain referral; 4 (2%) directly addressed the patient's religious/spiritual beliefs. Students' clinical performance scores showed no significant association with whether they made a chaplain referral. CONCLUSIONS: Findings suggest that the majority of medical students without robust training in addressing patients' spiritual needs can make a chaplain referral when faced with a patient in spiritual crisis. Yet, few students explicitly engaged the patient in a discussion of his beliefs. Thus, future studies are needed to develop more precise assessment measures that can inform development in spirituality and medicine curricula. [See also articles by Kuczewski, M. G., et al; by Ledford, C. J., et al.; by Puchalski, C. M., et al.; and by Talley, J. A., et al.; in the same issue of the journal and also cited in this bibliography.]

Mendel, P., Derose, K. P., Werber, L., Palar, K., Kanouse, D. E. and Mata, M. [RAND Corporation, Santa Monica, CA]. "**Facilitators and barriers to HIV activities in religious congregations: perspectives of clergy and lay leaders from a diverse urban sample**." *Journal of Religion & Health* 53, no. 5 (Oct 2014): 1472-1486. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This paper examines facilitators and barriers to HIV activities within religious congregations, the relative internal or external sources of these influences, and suggestive differences across congregational types. Results are based on in-depth interviews with clergy and lay leaders (n = 57) from 14 congregations in Los Angeles County, California, purposively selected to reflect diversity in racial-ethnic composition, denomination, size, and HIV activity level. Many common facilitators and barriers were related to norms and attitudes, only a few of which appeared overtly associated with theological orientations. Clergy support was a facilitator particularly prevalent among congregations having higher HIV activity levels, indicating its importance in sustaining and expanding HIV programs. Resource issues were also prominent, with material resource barriers more frequently mentioned by smaller congregations and human resource barriers more among larger congregations. Organizational structure issues were mostly centered on external linkages with various social service, public health, and faith-based entities. Analysis of internal versus external sources highlights the roles of different stakeholders within and outside congregations in promoting HIV activities. Potential differences across congregational types represent fruitful areas for future research.

Miller, A. C., Ziad-Miller, A. and Elamin, E. M. "**Brain death and Islam: the interface of religion, culture, history, law, and modern medicine**." *Chest* 146, no. 4 (Oct 2014): 1092-1101.

[Abstract:] How one defines death may vary. It is important for clinicians to recognize those aspects of a patient's religious beliefs that may directly influence medical care and how such practices may interface with local laws governing the determination of death. Debate continues about the validity and certainty of brain death criteria within Islamic traditions. A search of PubMed, Scopus, EMBASE, Web of Science, PsycNet, Sociological Abstracts, DIALOGUE ProQuest, Lexus Nexus, Google, and applicable religious texts was conducted to address the question of whether brain death is accepted as true death among Islamic scholars and clinicians and to discuss how divergent opinions may affect clinical care. The results of the literature review inform this discussion. Brain death has been acknowledged as representing true death by many Muslim scholars and medical organizations, including the Islamic Fiqh Academies of the Organization of the Islamic Conference and the Muslim World League, the Islamic Medical Association of North America, and other faith-based medical organizations as well as legal rulings by multiple Islamic nations. However, consensus in the Muslim world is not unanimous, and a sizable minority accepts death by cardiopulmonary criteria only.

Modell, S. M., Citrin, T., King, S. B. and Kardia, S. L. [School of Public Health, University of Michigan, Ann Arbor]. "**The role of religious values in decisions about genetics and the public's health**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 702-714. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The latest health care legislation, which promotes prevention and health screening, ultimately depends for its success on recognition of people's values concerning the technologies being employed, not just the interventions' technical virtues. Values concerning the deterministic nature of a condition and what groups should be targeted rest on a sense of what is morally, often religiously right in a given health circumstance. This paper looks at a number of leading-edge case examples--breast cancer genetic screening and family decision-making, and newborn screening and biobanks--in examining how the choices made at the individual, family, and societal levels rest on faith in a higher source of efficacy and moral perspectives on the measures that can be taken. Qualitative responses expressing people's attitudes toward these technologies underscore the importance of considering faith-based values in individual decisions and collective policies on their use. These examples are considered in the context of the historic interplay between science and religion and recent definitions and models of health which incorporate physical, emotional, and social elements, and most importantly, are expanding to incorporate the religious and spiritual values domains.

Mohamed, N. G., Abidin, N. Z., Law, K. S., Abe, M., Suzuki, M., Muhamed, A. M. and Singh. R [Advanced Medical and Dental Institute, Universiti Sains Malaysia, Penang, Malaysia]. "**The effect of wearing sanitary napkins of different thicknesses on physiological and psychological responses in Muslim females**." *Journal of Physiological Anthropology* 33 (2014):28.

[Abstract:] BACKGROUND: Menstruation is associated with significant unpleasantness, and wearing a sanitary napkin (SN) during menses causes discomfort. In addition, many Muslim women use a thick type of SN during menses due to the religious requirement that even

disposable SNs be washed before disposal. Therefore, the objective of this study was to measure the physiological and psychological responses to wearing SNs of different thicknesses during menstruation and non-menstruation phases at rest and during physical activity/exercise among Muslim women. METHODS: Eighteen Muslim females were randomly assigned to wear an ultra slim type (US, thin) or a maxi type (MT, thick) SN on two different occasions (i.e., during non-menses and menses). Each subject tested both types of SN. Upon arriving at the laboratory, each subject was equipped with an ambulatory electrocardiograph and rested in a seated position for 10 min. She was then given either an US or MT SN, put it in place, and rested in a seated position for 10 min. Each subject then walked at 3 km/h for 10 min, sat resting for 10 min, and then walked at 5 km/h for another 10 min. At the end of each 10-min stage, subjects marked their feelings of discomfort on the visual analog scale (VAS). Perceived exertion during exercise was evaluated using the Borg scale. Heart rate and low frequency-to-high frequency ratio (LF/HF) of heart rate variability were continuously recorded during rest and exercise. RESULTS: During both the non-menses and menses trials, VAS and LF/HF were significantly lower in subjects using the US SN compared to the MT SN. These results indicate that when wearing the US SN, subjects were more comfortable and did not increase sympathetic activities. Meanwhile, perceived exertion during exercise had no significant difference between US and MT although the means of the scores for US tended to be lower than those of MT. CONCLUSIONS: The results of this study (VAS and LF/HF) indicate that wearing an US SN induces less physiological and psychological stress compared to wearing a MT SN. Thus, use of the former will empower women to live their lives with vitality during menses.

Mohr, S. and Huguelet, P. [Department of Mental Health and Psychiatry, Service of General Psychiatry, University Hospital of Geneva, Switzerland]. "**The wishes of outpatients with severe mental disorders to discuss spiritual and religious issues in their psychiatric care.**" *International Journal of Psychiatry in Clinical Practice* 18, no. 4 (Oct 2014): 304-307. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] OBJECTIVE: In a previous multisite comparative study of spiritual and religious coping (S/R) among outpatients with schizophrenia; S/R were adaptive for 80% of patients; harmful for 13%; and marginal for 7%. This importance was underestimated by clinicians. We created an interfaith therapeutic group to address such topics. The aim of the study is to assess patients' wish to address S/R issues in their psychiatric care. METHOD: Psychiatrists asked consecutive outpatients about their wish; with who they shared S/R concerns; and their interest to enroll in the "Spiritual and Recovery Group". RESULTS: Among the 147 patients included less than half shared their spiritual concerns with other people. A quarter wished to address S/R issues in their care; 24/147 already shared those issues with a religious professional; half of them wished also to share them with their psychiatrist. Among the 21 patients who participated in an in-depth spiritual assessment 16 patients were directed to the S/R group and 5 patients were directed to groups addressing other therapeutic objectives. CONCLUSION: For one patient out of ten, S/R issues were of a clinical significance warranting integration into psychiatric treatment. This study shows that patients' views are in accordance with former research, putting forward psychiatrists' stance on this issue.

Mokel, M. J. and Shellman, J. M. [University of Connecticut, Storrs]. "**Acceptability of the Fetzer/NIA Multidimensional Measure of Religiousness and Spirituality in a sample of community-dwelling Black adults.**" *Journal of Transcultural Nursing* 25, no. 1 (Jan 2014): 70-79.
[Abstract:] PURPOSE: To examine the acceptability of the National Institute on Aging/Fetzer Multidimensional Measure of Religiousness and Spirituality in a sample of Black, community-dwelling, older adults using focus group inquiry (N =15). DESIGN AND METHOD: Focus group methodology was used for data collection and analysis. Three focus groups (N = 15) were conducted in two different urban settings in the northeastern part of the United States. FINDINGS: Key findings were that (a) self-rating on religiousness was uncomfortable for many participants, (b) selfless was a word many participants confused with selfish, and (c) spirituality was an important concept. CONCLUSION: Overall, the Measure was found to be culturally acceptable and required little modification. IMPLICATIONS FOR PRACTICE: Religious health beliefs such as "rebuking" or "not claiming" medical diagnoses are important considerations to bear in mind in seeking to understand the impact of religiousness on health in this population.

Monden, K. R., Trost, Z., Catalano, D., Garner, A. N., Symcox, J., Driver, S., Hamilton, R. G. and Warren, A. M. [Division of Surgical Education, Baylor University Medical Center, Dallas, TX]. "**Resilience following spinal cord injury: a phenomenological view.**" *Spinal Cord* 52, no. 3 (Mar 2014): 197-201.
Among the findings of this study of a convenience sample of 28 participants (14 current patients; 14 former patients) in semi-structured focus groups, was that six themes emerged regarding what they believed contributed to their own resilience in adapting to spinal chord injury: psychological strength, social support, perspective, adaptive coping, spirituality or faith, and serving as a role model or inspiring others. Regarding spirituality in particular: "Spirituality was a strong theme among participants in this study. Many participants felt that their spirituality, faith or ability to make meaning out of their experience had a significant impact on their ability to adapt." [p. 199]

Montgomery, B. E., Stewart, K. E., Bryant, K. J. and Ounpraseuth, S. T. [University of Arkansas for Medical Sciences, Little Rock]. "**Dimensions of religion, depression symptomatology, and substance use among rural African American cocaine users.**" *Journal of Ethnicity in Substance Abuse* 13, no. 1 (2014): 72-90.
[Abstract:] Research has shown a relationship between depression, substance use, and religiosity but, few have investigated this relationship in a community sample of African Americans who use drugs. This study examined the relationship between dimensions of religion (positive and negative religious coping; private and public religious participation; religious preference; and God-, clergy-, and congregation-based religious support), depression symptomatology, and substance use among 223 African American cocaine users. After controlling for gender, employment, and age, greater congregation-based support and greater clergy-based support were associated with fewer reported depressive symptoms. In addition, greater congregation-based support was associated with less alcohol use.

Moreira-Almeida, A., Koenig, H. G. and Lucchetti, G. [School of Medicine, Universidade Federal de Juiz de Fora (UFJF), Brazil]. "**Clinical implications of spirituality to mental health: review of evidence and practical guidelines.**" *Revista Brasileira de* Psiquiatria 36, no. 2 (pr-Jun 2014): 176-182.
`      [Abstract:] OBJECTIVE: Despite empirical evidence of a relationship between religiosity/spirituality (R/S) and mental health and recommendations by professional associations that these research findings be integrated into clinical practice, application of this knowledge in the clinic remains a challenge. This paper reviews the current state of the evidence and provides evidence-based guidelines for spiritual assessment and for integration of R/S into mental health treatment. METHODS: PubMed searches of relevant terms yielded 1,109 papers. We selected empirical studies and reviews that addressed assessment of R/S in clinical practice. RESULTS: The most widely acknowledged and

agreed-upon application of R/S to clinical practice is the need to take a spiritual history (SH), which may improve patient compliance, satisfaction with care, and health outcomes. We found 25 instruments for SH collection, several of which were validated and of good clinical utility. CONCLUSIONS: This paper provides practical guidelines for spiritual assessment and integration thereof into mental health treatment, as well as suggestions for future research on the topic.

Morgan, P. D., Tyler, I., Fogel, J. and Barnett, K. "**African American women share 'real talk' stories about fatigue related to breast cancer treatment**." *ABNF Journal* 25, no. 4 (2014): 116-122.
[From the abstract:] …The purpose of this qualitative exploratory study is to share stories of 10 AA women who experienced fatigue related to breast cancer treatment. AA women provided real talk descriptors of fatigue. Women expressed how physicians were supportive of their exercising to manage their fatigue. However, many women describe the medications prescribed for fatigue as not very helpful or even making them feel worse. Women shared use of complementary treatment approaches and that their physicians approved of such complementary treatment use. All the participants described how they relied on prayer for their spiritual strength to deal with the overwhelming effects of fatigue on their daily lives….

Morley, J. E. and Sanford, A. M. [Division of Geriatric Medicine, Saint Louis University School of Medicine, St. Louis, MO]. "**The God card: spirituality in the nursing home**." *Journal of the American Medical Directors Association* 15, no. 8 (Aug 2014): 533-535.
Concerning the role of spirituality in "reminiscence care for nursing home residents.

Morris, D. N., Stecher, J., Briggs-Peppler, K. M., Chittenden, C. M., Rubira, J. and Wismer, L. K. [College of Health Professions, Florida Gulf Coast University, Fort Myers, FL]. "**Spirituality in occupational therapy: do we practice what we teach?**" *Journal of Religion & Health* 53, no. 1 (Feb 2014): 27-36.
[Abstract:] This mixed-method study examined the responses of 97 occupational therapists on the subject of spirituality in occupational therapy practice. The inclusion of spirituality into the Occupational Therapy Practice Framework (2008) implies that clinicians address spirituality as a component of client-centered practice. This research revealed a gap between education, theory, and practice as evidenced in the quantitative and qualitative data. Although occupational therapy is intended to be holistic, therapists require a more complete understanding of what spirituality is and what the role of the occupational therapist is when addressing spirituality in evaluation or treatment. The discussion of this research provides information for future occupational therapy educators and educational programs as they seek to incorporate the construct of spirituality into curricula.

Moscati, A. and Mezuk, B. [Virginia Institute for Psychiatric and Behavioral Genetics, and Department of Family Medicine and Population Health, Virginia Commonwealth University, Richmond]. "**Losing faith and finding religion: religiosity over the life course and substance use and abuse**." *Drug & Alcohol Dependence* 136 (Mar 1, 2014): 127-134.
[Abstract:] BACKGROUND: Religion has only come into the light of scientific inquiry as a factor influencing health and behavior in the last few decades. While religiosity is a protective factor for contemporaneous substance misuse, the relationship between longitudinal changes in religiosity and substance use outcomes is understudied. METHODS: Using data from the National Comorbidity Study - Replication (N=6203), we examined how changes in religiosity from childhood to adulthood are related to use and abuse/dependence of licit (alcohol and tobacco) and illicit drugs. Multivariable logistic regression was used to account for potential confounders including demographic characteristics, familial disruption during childhood, and comorbid major depression. RESULTS: Religiosity was inversely associated with use and misuse of both licit and illicit substances; however this relationship varied by level of childhood religiosity. Relative to stable levels of religiosity from childhood to adulthood, a 2-unit decrease in religiosity from childhood was associated with increased likelihood of illicit drug use in the past year (odds ratio (OR): 2.43, 95% confidence interval (CI): 1.39-4.25). However, a 2-unit increase in religiosity was also associated with past-year illicit drug use (OR: 1.85, 95% CI: 1.09-3.13). Comparable associations were found with a range of recent and lifetime measures of alcohol, tobacco, and illicit drugs. CONCLUSIONS: Substantial gains or losses in religiosity from childhood to adulthood are associated with substance use and misuse. Findings support the use of a life course approach to understanding the relationship between religiosity and substance use outcomes.

Nelson, K. R. [Department of Neurology, University of Kentucky, Lexington]. "**Near-death experience: arising from the borderlands of consciousness in crisis**." *Annals of the New York Academy of Sciences* 1330 (Nov 2014): 111-119.
[Abstract:] Brain activity explains the essential features of near-death experience, including the perceptions of envelopment by light, out-of-body, and meeting deceased loved ones or spiritual beings. To achieve their fullest expression, such near-death experiences require a confluence of events and draw upon more than a single physiological or biochemical system, or one anatomical structure. During impaired cerebral blood flow from syncope or cardiac arrest that commonly precedes near-death, the boundary between consciousness and unconsciousness is often indistinct and a person may enter a borderland and be far more aware than is appreciated by others. Consciousness can also come and go if blood flow rises and falls across a crucial threshold. During crisis the brain's prime biologic purpose to keep itself alive lies at the heart of many spiritual experiences and inextricably binds them to the primal brain. Brain ischemia can disrupt the physiological balance between conscious states by leading the brainstem to blend rapid eye movement (REM) and waking into another borderland of consciousness during near-death. Evidence converges from many points to support this notion, including the observation that the majority of people with a near-death experience possess brains predisposed to fusing REM and waking consciousness into an unfamiliar reality, and are as likely to have out-of-body experience while blending REM and waking consciousness as they are to have out-of-body experience during near-death. [See also: Parnia, S., "Death and consciousness--an overview of the mental and cognitive experience of death," on pp. 75-93 of the same issue of the journal, also cited in this bibliography.]

Newberg, A. B. [Myrna Brind Center of Integrative Medicine, Thomas Jefferson University, Philadelphia, PA]. "**The neuroscientific study of spiritual practices**." *Frontiers in Psychology* 5 (2014): 215 [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 purpose of this paper will be to provide a perspective on the current state of the research evaluating the neurobiological correlates of spiritual practices and review the methodological issues that confront this research field. There are many types of spiritual practices that might be studied including prayer and meditation, as well as unusual practices such as mediumistic trance states, speaking in tongues, and also drug-induced experiences. Current studies have utilized neuroimaging techniques including functional magnetic resonance imaging, single photon emission computed tomography, and positron emission tomography. These studies have helped elucidate the

neurobiological mechanisms associated with spiritual practices. Such studies confront unique challenges for scientific methodology including determining the most appropriate objective measures such as neuroimaging studies and physiological parameters, and correlating them with subjective measures that help capture states of spiritual significance. Overall, a neuroscientific study of spiritual practices and experiences has the potential to provide fascinating data to further our understanding of the relationship between the brain and such phenomena.

Newmeyer, M., Keyes, B., Gregory, S., Palmer, K., Buford, D., Mondt, P. and Okai, B. "**The Mother Teresa Effect: the modulation of spirituality in using the CISM model with mental health service providers**." *International Journal of Emergency Mental Health* 16, no. 1 (2014): 251-258.

[Abstract:] Mental health service providers are at risk of experiencing compassion fatigue, burnout, and vicarious traumatization as a result of working in difficult contexts or when working with individuals who have experienced trauma. Numerous studies have examined the mitigating factors in professional caregivers' stress and related prevention strategies thought to be associated with professional self-care. This retrospective study examined the impact of debriefing strategies referred to as Critical Incident Stress Management (CISM) and spirituality in 22 mental health service providers working in a stressful, cross-cultural context. Quantitative analysis of pre and post self-report instruments suggests that training and utilization of CISM techniques may be important in preventing future problems. To the surprise of the researchers, spirituality may not only serve as a protective factor in moderating compassion fatigue, but also increases compassion satisfaction among professional caregivers. Thus, the "Mother Teresa Effect."

Nicastri, G. R. [Alpert Medical School of Brown University]. "**Spirituality in medicine: a surgeon's perspective**." *Rhode Island Medicine* 97, no. 3 (Mar 2014): 23-25. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Technological advances over the past 50 years have contributed to change the focus of medicine from a caring, nurturing model to a technological, evidence-based, result-oriented model. Lost in this "Brave New World" of technology is the role of human spirituality. Just how ones' own faith and/or spiritual well-being affects ones' own health has only recently regained the attention of the medical community. Whether faith and spirituality, as independent factors, affect measurable outcomes in healthcare is certainly a difficult task to prove (or disprove, for that matter). This is especially true in the surgical specialties, where successes and failures are usually readily quite apparent. [See also other articles in this theme issue of the journal, also cited in this bibliography: by Anandarajah, G., et al.; by Drutchas, A., et al.; by Gupta, P. S.; by Russell, R. C.; and by Treloar, H. R., et al.]

Nicdao, E. G. and Ai, A. L. [University of the Pacific, Stockton, CA]. "**Religion and the use of complementary and alternative medicine (CAM) among cardiac patients**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 864-877. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This study investigates the prevalence and predictors of using complementary and alternative medicine (CAM) among middle-aged and older patients prior to cardiac surgery. Additionally, it addresses the correlates of using 10 commonly used CAM therapies. The influence of religion on itemized CAM usage is also explored. Comprehensive data were collected from adult patients undergoing cardiac surgery through a preoperative survey 2 weeks prior to surgery, followed by a telephone interview the day before surgery. More than two-thirds of participants (80.9 %) indicated at least one CAM use. Income, religiosity, education, BMI, employment, and congestive heart failure predicted greater CAM utility. After multiple controls, major cardiac indicators were significantly positively associated with greater utility of CAM. There was also a significant positive association between religiosity and CAM use. Findings suggest considerable CAM use in this cardiac sample and certain associations among cardiac conditions, religiosity, and itemized CAM utilization. Future research is needed to investigate the potential joint therapeutic and adverse effects of drug and herbal remedies in cardiac patients.

Nicholson, N. R. Jr., Dixon, J. K. and McCorkle, R. "**Predictors of diminished levels of social integration in older adults**." *Research in Gerontological Nursing* 7, no. 1 (Jan-Feb 2014): 33-43.

[Abstract:] The purpose of this secondary analysis of prospective longitudinal data was to determine the variables predictive of diminished social integration in older adults over time. Using generalized estimating equations to model diminished levels of social integration over the 12-year study period, the following variables were predictive of diminished levels of social integration over time: bad overall health (odds ratio [OR] = 2.31, 95% confidence interval [CI] 1.39, 3.83), depressive symptoms (OR = 1.36, 95% CI 1.13, 1.65), positive smoking status (OR = 1.40, 95% CI 1.15, 1.71), and decreased religious engagement (OR = 1.81, 95% CI 1.04, 2.19). A better understanding of predictive factors could positively impact resource allocation, prioritization, and case management for older adults.

Nieuwsma, J. A., Fortune-Greeley, A. K., Jackson, G. L., Meador, K. G., Beckham, J. C. and Elbogen. E. B. [Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), Durham Veterans Affairs Medical Center]. "**Pastoral care use among post-9/11 veterans who screen positive for mental health problems**." *Psychological Services* 11, no. 3 (Aug 2014): 300-308.

[Abstract:] As a result of their military experience, veterans with mental health problems may have unique motivations for seeking help from clergy. Patterns and correlates of seeking pastoral care were examined using a nationwide representative survey that was conducted among veterans of post-9/11 conflicts (adjusted N = 1,068; 56% response rate). Separate multivariate logistic regression models were used to examine veteran characteristics associated with seeking pastoral care and seeking mental health services. Among post-9/11 veterans with a probable mental disorder (n = 461)-defined as a positive screen for posttraumatic stress disorder, major depressive disorder, or alcohol misuse-20.2% reported talking to a "pastoral counselor" in the preceding year, 44.7% reported talking to a mental health professional, and 46.6% reported talking to neither. In a multivariate analysis for veterans with a probable mental disorder, seeing a pastoral counselor was associated with an increased likelihood of seeing a mental health professional in the past year (OR: 2.16; 95% CI: [1.28, 3.65]). In a separate bivariate analysis, pastoral counselors were more likely to be seen by veterans who indicated concerns about stigma or distrust of mental health care. These results suggest that pastoral and mental health care services may complement one another and underscore the importance of enhancing understanding and collaboration between these disciplines so as to meet the needs of the veterans they serve.

Nieuwsma, J. A., Jackson, G. L., DeKraai, M. B., Bulling, D. J., Cantrell, W. C., Rhodes, J. E., Bates, M. J., Ethridge, K., Lane, M. E., Tenhula, W. N., Batten, S. V. and Meador. K. G. [Mental Health and Chaplaincy, Department of Veterans Affairs, Mid-Atlantic Mental Illness Research, Education and Clinical Center, Durham, NC]. "**Collaborating across the Departments of Veterans**

**Affairs and Defense to integrate mental health and chaplaincy services**." *Journal of General Internal Medicine* 29, suppl. 4 (Dec 2014): 885-894. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Recognizing that clergy and spiritual care providers are a key part of mental health care systems, the Department of Veterans Affairs (VA) and Department of Defense (DoD) jointly examined chaplains' current and potential roles in caring for veterans and service members with mental health needs. OBJECTIVE: Our aim was to evaluate the intersection of chaplain and mental health care practices in VA and DoD in order to determine if improvement is needed, and if so, to develop actionable recommendations as indicated by evaluation findings. DESIGN: A 38-member multidisciplinary task group partnered with researchers in designing, implementing, and interpreting a mixed methods study that included: 1) a quantitative survey of VA and DoD chaplains; and 2) qualitative interviews with mental health providers and chaplains. PARTICIPANTS: Quantitative: the survey included all full-time VA chaplains and all active duty military chaplains (n=2,163 completed of 3,464 invited; 62 % response rate). Qualitative: a total of 291 interviews were conducted with mental health providers and chaplains during site visits to 33 VA and DoD facilities. MAIN MEASURES: Quantitative: the online survey assessed intersections between chaplaincy and mental health care and took an average of 37 min to complete. Qualitative: the interviews assessed current integration of mental health and chaplain services and took an average of 1 h to complete. KEY RESULTS: When included on interdisciplinary mental health care teams, chaplains feel understood and valued (82.8-100 % of chaplains indicated this, depending on the team). However, findings from the survey and site visits suggest that integration of services is often lacking and can be improved. CONCLUSIONS: Closely coordinating with a multidisciplinary task group in conducting a mixed method evaluation of chaplain-mental health integration in VA and DoD helped to ensure that researchers assessed relevant domains and that findings could be rapidly translated into actionable recommendations.

Oh, P. J. and Kim, S. H. [Department of Nursing, Sahmyook University in Seoul, Department of Nursing, Inha University in Incheon, South Korea]. "**The effects of spiritual interventions in patients with cancer: a meta-analysis."** *Oncology Nursing Forum* 41, no. 5 (Sep 2014): E290-301. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE/OBJECTIVES: To evaluate the effects of a spiritual intervention in patients with cancer. DATA SOURCES: Databases searched included both international electronic databases (MEDLINE via PubMed, Cochrane Library CENTRAL, EMBASE, and CINAHL) as well as Korean electronic databases (KMBASE, KOREAMED, RISS, KISS, and NANET) through December 2013. DATA SYNTHESIS: A meta-analysis was conducted of 15 studies involving 14 controlled trials (7 randomized and 7 nonrandomized) with 889 patients with cancer. Spiritual interventions were compared with a usual care control group or other psychosocial interventions. The weighted average effect size across studies was -0.48 ($p = 0.006$, $I2 = 65\%$) for spiritual well-being, -0.58 ($p = 0.02$, $I2 = 70\%$) for meaning of life, -0.87 ($p = 0.02$, $I2 = 87\%$) for anxiety, and -0.62 ($p = 0.001$, $I2 = 73\%$) for depression. CONCLUSIONS: The findings showed that spiritual interventions had significant but moderate effects on spiritual well-being, meaning of life, and depression. However, the evidence remains weak because of the mixed study design and substantial heterogeneity. IMPLICATIONS FOR NURSING: Oncology nurses increasingly recognize the significance of the spiritual domain of care. The current study indicates that facilitating spiritual awareness and needs may be a worthwhile nursing intervention for patients with cancer.

Overton, T. L., Williams, G., Shafi, S. and Gandhi. R. R. "**Utilization of pastoral care services for a screening, brief intervention, and referral-to-treatment program at an urban Level I Trauma Center**." *Journal of Emergency Nursing* 40, no. 6 (Nov 2014): 560-562. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

Description of a program that utilized a chaplain for an alcohol intervention: SBIRT (Screening, Brief Intervention, and Referral to Treatment. Follow-ups were attempted at 3, 6, and 12 months after the initial contact. This report suggests that the use of chaplains for this is feasible, and it gives some exemplary patients' stories.

Oxhandler, H. K. and Pargament, K. I. "**Social work practitioners' integration of clients' religion and spirituality in practice: a literature review**." *Social Work* 59, no. 3 (Jul 2014): 271-279.

[Abstract:] Emerging research on religion, spirituality, health, and mental health has begun to catch the attention of helping professionals. Some clients are expressing a desire for their health and mental health practitioners to initiate discussion of their religious or spiritual beliefs as they relate to their case. Social workers are the most represented group among personnel providing mental health services, so it is important to understand their attitudes, views, and behaviors regarding integrating clients' religion and spirituality (RS) into practice. Few studies have assessed such an integration; those that are available focus primarily on practitioner characteristics and use of specific helping activities to integrate clients' RS in treatment. This article discusses how RS have been integrated into social work practice and education and reviews instruments used to assess such practices. In addition, the findings from previous studies examining social workers' integration of clients' RS are compared with those of other helping professions. Finally, implications for education and practice are discussed.

Padela, A. I., Furber, S. W., Kholwadia, M. A. and Moosa, E. "**Dire necessity and transformation: entry-points for modern science in Islamic bioethical assessment of porcine products in vaccines**." *Bioethics* 28, no. 2 (Feb 2014): 59-66.

[Abstract:] The field of medicine provides an important window through which to examine the encounters between religion and science, and between modernity and tradition. While both religion and science consider health to be a 'good' that is to be preserved, and promoted, religious and science-based teachings may differ in their conception of what constitutes good health, and how that health is to be achieved. This paper analyzes the way the Islamic ethico-legal tradition assesses the permissibility of using vaccines that contain porcine-derived components by referencing opinions of several Islamic authorities. In the Islamic ethico-legal tradition controversy surrounds the use of proteins from an animal (pig) that is considered to be impure by Islamic law. As we discuss the Islamic ethico-legal constructs used to argue for or against the use of porcine-based vaccines we will call attention to areas where modern medical data may make the arguments more precise. By highlighting areas where science can buttress and clarify the ethico-legal arguments we hope to spur an enhanced applied Islamic bioethics discourse where religious scholars and medical experts use modern science in a way that remains faithful to the epistemology of Islamic ethics to clarify what Islam requires of Muslim patients and healthcare workers.

Padela, A. I. and Zaganjor, H. [Program on Medicine and Religion, the University of Chicago]. "**Relationships between Islamic religiosity and attitude toward deceased organ donation among American Muslims: a pilot study**." *Transplantation* 97, no. 12 (Jun 27, 2014): 1292-1299.

[Abstract:] BACKGROUND: Religion-rooted beliefs and values are often cited as barriers to organ donation among Muslims. Yet how Islamic religiosity relates to organ donation attitude among Muslims is less studied. METHODS: Using a community based participatory research approach, we recruited adults from mosque communities to self-administer a questionnaire assessing levels of Islamic religiosity, attitude toward deceased organ donation, and sociodemographic descriptors. RESULTS: Of the 97 respondents, there were nearly equal numbers of men and women. Over a third were Arab American (n=36), and nearly a quarter were either South Asian (n=23) or African American (n=25). Respondents viewing difficulties in life as punishment from God had a decreased odds of believing deceased organ donation to be justified (OR 0.85, P<0.05). Other measures of Islamic religiosity, such as intrinsic religiosity, positive religious coping and one related to following Islamic ethical guidelines, were not associated with organ donation attitude. Arab Muslims were more likely to believe deceased organ donation to be justified than South Asian or African Americans (OR 7.06, P<0.05). Sociodemographic descriptors including age, sex, and country of origin, as well as self-reported health and trust of the American health-care system, were not significantly associated with attitude toward deceased organ donation. CONCLUSION: Higher levels of intrinsic religiosity or adherence to Islamic ethics do not appear to associate with negative attitudes toward deceased organ donation. Negative religious coping appears, however, to be related to lower rates of believing deceased organ donation to be justified. Future studies with larger samples that incorporate additional measures of religiosity can further clarify relationships between religiosity and organ donation attitude among Muslim communities.

Parhami, I., Davtian, M., Collard, M., Lopez, J. and Fong, T. W. [Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles]. "**A preliminary 6-month prospective study examining self-reported religious preference, religiosity/spirituality, and retention at a Jewish residential treatment center for substance-related disorders**." *Journal of Behavioral Health Services & Research* 41, no. 3 (Jul 2014): 390-401. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Although there is a substantial amount of research suggesting that higher levels of religiosity/spirituality (R/S) are associated with better treatment outcomes of substance-related disorders, no studies have explored this relationship at a faith-based residential treatment center. The objective of this prospective study is to explore the relationship between R/S, self-reported religious preference, and retention at a Jewish residential treatment center for substance-related disorders. Using the Daily Spiritual Experience Scale, R/S levels were assessed for 33 subjects at baseline, 1 month, 3 months, and 6 months. Results demonstrated a significant relationship between baseline R/S level and retention at 6 months, while R/S levels were unchanged during the course of treatment. Notably, no relationship was found between self-reported religious affiliation and retention. This study demonstrates that patients' R/S level, rather than religious affiliation, is a possible predictor for better outcome at faith-based residential centers for substance-related disorders.

Park, C. L., Lim, H., Newlon, M., Suresh, D. P. and Bliss, D. E. [University of Connecticut, Storrs]. "**Dimensions of religiousness and spirituality as predictors of well-being in advanced chronic heart failure patients**." *Journal of Religion & Health* 53, no. 2 (Apr 2014): 579-590.

[Abstract:] We examined relationships between seven dimensions of religion/spirituality (RS) (forgiveness, daily spiritual experiences, belief in afterlife, religious identity, religious support, public practices, and positive RS coping) and three dimensions of well-being (physical, mental, and existential) in a sample of 111 patients with advanced chronic heart failure. Participants completed questionnaires at baseline and 3 months later. Results showed that fairly high levels of RS were reported on all seven dimensions. Furthermore, RS dimensions were differentially related to well-being. No aspect of RS was related to physical well-being, and only a few aspects were related to mental well-being. Forgiveness was related to less subsequent depression, while belief in afterlife was related to poorer mental health. All aspects of RS were related to at least one aspect of existential well-being. In particularly, daily spiritual experiences were linked with higher existential well-being and predicted less subsequent spiritual strain. These results are consistent with the view that in advanced disease, RS may not affect physical well-being but may have potent influences on other aspects of well-being, particularly existential aspects.

Parnia, S. [State University of New York at Stony Brook, Stony Brook, NY]. "**Death and consciousness--an overview of the mental and cognitive experience of death.**" *Annals of the New York Academy of Sciences* 1330 (Nov 2014): 75-93.

[Abstract:] Advances in resuscitation science have indicated that, contrary to perception, death by cardiorespiratory criteria can no longer be considered a specific moment but rather a potentially reversible process that occurs after any severe illness or accident causes the heart, lungs, and brain to stop functioning. The resultant loss of vital signs of life (and life processes) is used to declare a specific time of death by physicians globally. When medical attempts are made to reverse this process, it is commonly referred to as cardiac arrest; however, when these attempts do not succeed or when attempts are not made, it is called death by cardiorespiratory criteria. Thus, biologically speaking, cardiac arrest and death by cardiorespiratory criteria are synonymous. While resuscitation science has provided novel opportunities to reverse death by cardiorespiratory criteria and treat the potentially devastating consequences of the resultant postresuscitation syndrome, it has also inadvertently provided intriguing insights into the likely mental and cognitive experience of death. Recollections reported by millions of people in relation to death, so-called out-of-body experiences (OBEs) or near-death experiences (NDEs), are often-discussed phenomena that are frequently considered hallucinatory or illusory in nature; however, objective studies on these experiences are limited. To date, many consistent themes corresponding to the likely experience of death have emerged, and studies have indicated that the scientifically imprecise terms of NDE and OBE may not be sufficient to describe the actual experience of death. While much remains to be discovered, the recalled experience surrounding death merits a genuine scientific investigation without prejudice. [See also: Nelson, K. R., "Near-death experience: arising from the borderlands of consciousness in crisis," on pp. 111-119 of the same issue of the journal, also cited in this bibliography.]

Perechocky, A., DeLisser, H., Ciampa, R., Browning, J., Shea, J. A. and Corcoran, A. M. [Perelman School of Medicine, University of Pennsylvania, Philadelphia]. "**Piloting a medical student observational experience with hospital-based trauma chaplains**." *Journal of Surgical Education* 71, no. 1 (Jan-Feb 2014): 91-95.

[Abstract:] INTRODUCTION: Medical students have typically received relatively modest training in approaches for engaging the concerns of patients and families facing life-threatening situations and terminal illnesses. We propose that medical students would perceive benefits to their communication skills, understanding of the role of the chaplain, and knowledge of emotional and spiritual needs of grieving patients and

families after shadowing hospital-based trauma chaplains whose work focuses on emergency department traumas and intensive care units. METHODS: The authors developed a pilot program in which medical students shadowed a trauma chaplain during an on-call shift in an urban level 1 trauma center. Students subsequently completed an evaluative survey of their experience. RESULTS: Of 21 participants, 14 (67%) completed the questionnaire. Students observed an average of 1.50 traumas and 3.57 interactions with patients or families. One-third of the students witnessed a death. More than 90% of respondents agreed or strongly agreed that (1) the program provided them with a greater understanding of how to engage patients and families in difficult conversations; (2) they learned about the chaplain's role in the hospital; and (3) the experience was useful for their medical education, careers, and personal development. About two-thirds (9/14) perceived that they learned how to discuss spirituality with patients and families. All recommended the experience be part of the medical school curriculum. DISCUSSION: Observational experiences with hospital-based trauma chaplains might be an effective nondidactic approach for teaching medical students effective communication with patients and families, collaboration with chaplains, and spirituality in patient care.

Peselow, E., Pi, S., Lopez, E., Besada, A. and Ishak, W. W. [Richmond University Medical Center, Staten Island, New York, NY; and Cedars-Sinai Medical Center, Los Angeles, CA]. "**The impact of spirituality before and after treatment of major depressive disorder**." *Innovations in Clinical Neuroscience* 11, nos. 3-4 (Mar 2014): 17-23. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] OBJECTIVE: The authors sought to assess spirituality in depressed patients and evaluate whether the degree of initial depressive symptoms and response to pharmacotherapy treatment has a correlation with degree of spirituality and belief in God. METHODS: Our participants included 84 patients who presented to a depression/anxiety clinic for naturalistic treatment of their depressive illness over the course of two years. All patients met the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision criteria for major depression, as confirmed by structured interviews using the Structured Clinical Interview for DSM-IV, and were treated with selective serotonin reuptake inhibitors for eight weeks. MEASUREMENTS: Patients were evaluated at baseline and after treatment using the Montgomery Asberg Depression Rating Scale, the Beck Hopelessness Scale, the Dysfunctional Attitude Scale, and the Spiritual Orientation to Life scale. RESULTS: At baseline, patients reporting greater spirituality had significantly lower measures of hopelessness, dysfunctional attitudes, and depressive symptoms. Those who believed in God had a greater mean change score than those who did not on the Montgomery Asberg Depression Rating Scale, the Beck Hopelessness Scale, and the Dysfunctional Attitude Scale, with the Montgomery Asberg Depression Rating Scale showing the greatest mean change score. Significant correlations were detected between the Spiritual Orientation to Life scale score and the Montgomery Asberg Depression Rating Scale, the Beck Hopelessness Scale, and the Dysfunctional Attitude Scale pre-scores, post-scores, and change scores. CONCLUSION: The findings suggest that greater spirituality is associated with less severe depression. Moreover, the degree to which the measures of depressive symptom severity, hopelessness, and cognitive distortions improved over the course of eight weeks was significantly greater for those patients who were more spiritual.

Peteet, J. R. [Department of Psychiatry, Brigham and Women's Hospital, Boston, MA]. "**What is the place of clinicians' religious or spiritual commitments in psychotherapy? A virtues-based perspective**." *Journal of Religion & Health* 53, no. 4 (Aug 2014): 1190-1198. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] Value neutrality in psychotherapy is widely acknowledged to be a myth, and a majority of US physicians report that their religious faith influences their practice. Most attention to therapists' religious and spiritual commitments has focused on ethical boundaries, transference/countertransference dynamics and questions about how to relate religious and psychological truth. No consensus exists about the legitimate place in psychotherapy of clinicians' differing value commitments. Therapists' virtues are vitally important in psychotherapy, not least in the relational and aspirational process by which the patient identifies with the therapist as they engage together in confronting obstacles which the patient has been unable to surmount alone. Among the individual and cultural factors that shape a therapist's virtues are spiritual traditions, which encourage preferred or characteristic virtues. Arguably, these include for Jews, communal responsibility and critical thought; for Christians, love and grace; for Muslims, reverence and obedience; for Buddhists, equanimity and compassion; for Hindus, appreciation of Dharma and Karma; and for secularists, respect for scientific evidence and intelligibility. These have differing implications for treatment, as illustrated through the use of a hypothetical case. Attention to differing spiritual and religious virtues in a pluralistic culture offers opportunities for creative dialogue, collaborative teaching and interdisciplinary research.

Peterman, A. H., Reeve, C. L., Winford, E. C., Cotton, S., Salsman, J. M., McQuellon, R., Tsevat, J. and Campbell, C. [Department of Psychology and Health Psychology, University of North Carolina at Charlotte]. "**Measuring meaning and peace with the FACIT-spiritual well-being scale: distinction without a difference?**" *Psychological Assessment* 26, no. 1 (Mar 2014): 127-137. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp; Peterman, Fitchett, Brady, Hernandez, & Cella, 2002) has become a widely used measure of spirituality; however, there remain questions about its specific factor structure and the validity of scores from its separate scales. Specifically, it remains unclear whether the Meaning and Peace scales denote distinct factors. The present study addresses previous limitations by examining the extent to which the Meaning and Peace scales relate differentially to a variety of physical and mental health variables across 4 sets of data from adults with a number of chronic health conditions. Although a model with separate but correlated factors fit the data better, discriminant validity analyses indicated limited differences in the pattern of associations each scale showed with a wide array of commonly used health and quality-of-life measures. In total, the results suggest that people may distinguish between the concepts of Meaning and Peace, but the observed relations with health outcomes are primarily due to variance shared between the 2 factors. Additional research is needed to better understand the separate and joint role of Meaning and Peace in the quality of life of people with chronic illness.

Petersen, C. L. [Marquette University College of Nursing, Milwaukee, WI]. "**Spiritual care of the child with cancer at the end of life: a concept analysis**." *Journal of Advanced Nursing* 70, no. 6 (Jun 2014): 1243-1253.
[Abstract:] AIM: The aim of this paper is to report an analysis of the concept of spiritual care of a child with cancer at the end of life. BACKGROUND: Spirituality is a vital dimension of a child's experience at the end of life; providing comfort; support; and a sense of connection. Spiritual care is paramount to address the substantial spiritual distress that may develop. DESIGN: Rodgers' method of evolutionary concept analysis guided the review process. DATA SOURCES: The literature search was not limited by start date and literature through the end of 2012 was included. English, peer-reviewed texts in the databases CINAHL, ATLA and PubMed were included. METHODS: Critical analysis of the literature identified surrogate terms, related concepts, attributes, antecedents and consequences.

RESULTS: The analysis identified six attributes: assessing spiritual needs; assisting the child to express feelings; guiding the child in strengthening relationships; helping the child to be remembered; assisting the child to find meaning; and aiding the child to find hope. Antecedents include existential questions and spiritual distress. Consequences include a peaceful death, spiritual growth, a relationship of trust and enhanced end-of-life care. CONCLUSION: Spiritual care is a vital aspect of holistic nursing care; however, gaps in knowledge and practice prevent children from receiving adequate spiritual care at the end of life. Nurses would benefit from increased awareness, skills and knowledge about spiritual care. Research is needed to identify interventions that exert the greatest effect on patient care outcomes.

Pfeiffer, J. B., Gober, C. and Taylor, E. J. [School of Nursing, Azusa Pacific University, San Bernardino, CA]. "**How Christian nurses converse with patients about spirituality**." *Journal of Clinical Nursing* 23, nos. 19-20 (Oct 2014): 2886-2895. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS AND OBJECTIVES: To describe the experience of conversing with clients to provide spiritual care from the perspective of Christian nurses identified as exemplary spiritual caregivers. More specifically, findings presented here describe the goals and strategies of these nurses when conversing with patients about spirituality. BACKGROUND: Although verbal communication is pivotal to most spiritual care interventions recognised in the nursing literature, there is scant empirical evidence to inform such spiritual care. There is evidence, however, that many nurses have discomfort and difficulty with conversations about spirituality. DESIGN: Cross-sectional, descriptive, qualitative design framed by phenomenology. METHODS: Semi-structured interviews were conducted with 14 southern California registered nurses working in varied clinical settings. Data were coded and thematically analysed by three researchers who established equivalency. Methods to support the trustworthiness of the findings were employed. RESULTS: Themes providing structure to the description of how nurses converse with patients about spirituality included assessing and establishing connection, overt introductions of spirituality, finding spiritual commonality, self-disclosure, spiritual encouragement, spiritual advice or religious teaching, and prayer. Requisite to any spiritual care conversation, however, was 'allowing them (patients) to talk'. Informants tread 'gently and softly' in approaching spiritual discourse, assessing for any patient resistance, and not pushing further if any was met. CONCLUSION: Findings illustrate compassionate nursing with specifiable goals and strategies for conversations about spirituality; they also raise questions about how nurse religious beliefs are to ethically inform these conversations. RELEVANCE TO CLINICAL PRACTICE: The Invitation, Connection, Attentive care, Reciprocity mnemonic is offered as a means for nurses to remember essentials for communication with patients about spirituality.

Piderman, K. M., Johnson, M. E., Frost, M. H., Atherton, P. J., Satele, D. V., Clark, M. M., Lapid, M. I., Sloan, J. A. and Rummans, T. A. [Department of Chaplain Services, and Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN]. "**Spiritual quality of life in advanced cancer patients receiving radiation therapy**." *Psycho-Oncology* 23, no. 2 (Feb 2014): 216-221.

[Abstract:] OBJECTIVE: The aim of this randomized controlled trial for patients with advanced cancer receiving radiation therapy was to determine the effect of a multidisciplinary intervention on spiritual quality of life (QOL) at the end of the intervention (week 4) and at two follow-up time points (weeks 26 and 52). METHODS: One hundred thirty-one persons were randomized to either the intervention or control (forms only) groups. The intervention included six 90-min in-person sessions based on the physical, emotion, social, and spiritual domains of QOL. Three sessions included the spiritual component. Caregivers were present for four sessions, one which included a spiritual component. Ten follow-up phone calls were made to the patients in the intervention group during the 6-month follow-up period. Patients completed the Functional Assessment of Cancer Therapy: General Scale, the Linear Analog Self-Assessment which includes an assessment of spiritual QOL, and the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp) at enrollment, and weeks 4, 27, and 52. RESULTS: Following the intervention, the intervention group demonstrated improved spiritual QOL on the FACIT-Sp, whereas the spiritual QOL of the control group decreased, resulting in significant mean changes between groups (total score: 1.7 vs. -2.9; $p<0.01$; meaning/peace subscale: 1.0 vs. -3.5; $p<0.01$; faith subscale: 3.1 vs. -1.7; $p=0.04$). CONCLUSIONS: The results indicate that a multidisciplinary intervention which includes a spiritual component can maintain the spiritual QOL of patients with advanced cancer during radiation therapy.

Piderman, K. M., Sontag, L. F., Hsu, J. and Lapid, M. I. "**Relationship between medical burden, depression, and quality of life in psychogeriatric inpatients: implications for providers of pastoral care**." *Journal of Pastoral Care & Counseling* 68, no. 2 (2014): 2 [electronic journal article designation]. [*NOTE: Medline incorrectly lists this issue as 1-2 instead of 2.*]

[Abstract:] This study describes medical burden among individuals > or = 65 years hospitalized for depression in order to determine its associations with depression and quality of life (QOL) and thus provide suggestions for spiritual care providers. Using reliable, validated measures, the 45 participants who completed the study demonstrated moderate medical burden that was significantly associated with physical QOL but not with mental QOL or depression. Irrespective of the level of medical burden, subjects exhibited significant improvement of both depression and QOL during hospitalization. Results suggest that advocacy by spiritual care providers is essential.

Possel, P., Winkeljohn Black, S., Bjerg, A. C., Jeppsen, B. D. and Wooldridge, D. T. [Department of Educational and Counseling Psychology, University of Louisville, KY]. "**Do trust-based beliefs mediate the associations of frequency of private prayer with mental health? A cross-sectional study**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 904-916. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Significant associations of private prayer with mental health have been found, while mechanisms underlying these associations are largely unknown. This cross-sectional online study (N = 325, age 35.74, SD 18.50, 77.5 % females) used path modeling to test if trust-based beliefs (whether, when, and how prayers are answered) mediated the associations of prayer frequency with the Anxiety, Confusion, and Depression Profile of Mood States-Short Form scales. The association of prayer and depression was fully mediated by trust-based beliefs; associations with anxiety and confusion were partially mediated. Further, the interaction of prayer frequency by stress was associated with anxiety.

Proeschold-Bell, R. J., Yang, C., Toth, M., Corbitt Rivers, M. and Carder, K. [Duke University Center for Health Policy and Inequalities Research, Durham, NC]. "**Closeness to God among those doing God's work: a spiritual well-being measure for clergy**." *Journal of Religion & Health* 53, no. 3 (Jun 2014): 878-894. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Measuring spiritual well-being among clergy is particularly important given the high relevance of God to their lives, and yet its measurement is prone to problems such as ceiling effects and conflating religious behaviors with spiritual well-being. To create a measure of

closeness to God for Christian clergy, we tested survey items at two time points with 1,513 United Methodist Church clergy. The confirmatory factor analysis indicated support for two, six-item factors: Presence and Power of God in Daily Life, and Presence and Power of God in Ministry. The data supported the predictive and concurrent validity of the two factors and evidenced high reliabilities without ceiling effects. This Clergy Spiritual Well-being Scale may be useful to elucidate the relationship among dimensions of health and well-being in clergy populations.

Puchalski, C. M. "**The FICA Spiritual History Tool #274**." *Journal of Palliative Medicine* 17, no. 1 (Jan 2014): 105-106.
This gives the well-established FICA guide for taking a spiritual history.

Puchalski, C. M., Blatt, B., Kogan, M. and Butler, A. [George Washington School of Medicine, Washington, DC]. "**Spirituality and health: the development of a field**." *Academic Medicine* 89, no. 1 (Jan 2014): 10-16.
[Abstract:] Spirituality has played a role in health care for centuries, but by the early 20th century, technological advances in diagnosis and treatment overshadowed the more human element of medicine. In response, a core group of medical academics and practitioners launched a movement to reclaim medicine's spiritual roots, defining spirituality broadly as a search for meaning, purpose, and connectedness. This commentary describes the history of the field of spirituality and health-its origins, its furtherance through the Medical School Objectives Project, and its ultimate incorporation into the curricula of over 75% of U.S. medical schools. The diverse efforts in developing this field within medical education and in national and international organizations created a need for a cohesive framework. The National Competencies in Spirituality and Health-created at a consensus conference of faculty from seven medical schools and reported here for the first time-answered that need.Also reported are some of the first applications of these competencies-competency-linked curricular projects. This issue of Academic Medicine features articles from three of the participating medical schools as well as one from an additional medical school. This commentary also describes another competency application: the George Washington Institute of Spirituality and Health-Templeton Reflection Rounds initiative, known as G-TRR, which has provided clerkship students with the opportunity, through reflection on their patient encounters, to develop their own inner resources to address the suffering of others. This commentary concludes with the authors' proposals for future directions for the field. [See also articles by Kuczewski, M. G., et al; by Ledford, C. J., et al.; by McEvoy, M., et al.; and by Talley, J. A., et al.; in the same issue of the journal and also cited in this bibliography.]

Puchalski, C. M., Vitillo, R., Hull, S. K. and Reller, N. [George Washington Institute for Spirituality and Health, George Washington University School of Medicine and Health Sciences, The George Washington University, Washington, DC]. "**Improving the spiritual dimension of whole person care: reaching national and international consensus**." *Journal of Palliative Medicine* 17, no. 6 (Jun 2014): 642-656.
[Abstract:] Two conferences, Creating More Compassionate Systems of Care (November 2012) and On Improving the Spiritual Dimension of Whole Person Care: The Transformational Role of Compassion, Love and Forgiveness in Health Care (January 2013), were convened with the goals of reaching consensus on approaches to the integration of spirituality into health care structures at all levels and development of strategies to create more compassionate systems of care. The conferences built on the work of a 2009 consensus conference, Improving the Quality of Spiritual Care as a Dimension of Palliative Care. Conference organizers in 2012 and 2013 aimed to identify consensus-derived care standards and recommendations for implementing them by building and expanding on the 2009 conference model of interprofessional spiritual care and its recommendations for palliative care. The 2013 conference built on the 2012 conference to produce a set of standards and recommended strategies for integrating spiritual care across the entire health care continuum, not just palliative care. Deliberations were based on evidence that spiritual care is a fundamental component of high-quality compassionate health care and it is most effective when it is recognized and reflected in the attitudes and actions of both patients and health care providers.

Putman, M. S., Yoon, J. D., Rasinski, K. A. and Curlin, F. A. [Pritzker School of Medicine, University of Chicago, Chicago, IL]. "**Directive counsel and morally controversial medical decision-making: findings from two national surveys of primary care physicians**." *Journal of General Internal Medicine* 29, no. 2 (Feb 2014): 335-340.
[Abstract:] BACKGROUND: Because of the potential to unduly influence patients' decisions, some ethicists counsel physicians to be nondirective when negotiating morally controversial medical decisions. OBJECTIVE: To determine whether primary care providers (PCPs) are less likely to endorse directive counsel for morally controversial medical decisions than for typical ones and to identify predictors of endorsing directive counsel in such situations. DESIGN AND PARTICIPANTS: Surveys were mailed to two separate national samples of practicing primary care physicians. Survey 1 was conducted from 2009 to 2010 on 1,504 PCPs; Survey 2 was conducted from 2010 to 2011 on 1,058 PCPs. MAIN MEASURES: Survey 1: After randomization, half of the PCPs were asked if physicians should encourage patients to make the decision that the physician believes is best (directive counsel) with respect to "typical" medical decisions and half were asked the same question with respect to "morally controversial" medical decisions. Survey 2: After reading a vignette in which a patient asked for palliative sedation to unconsciousness, PCPs were asked whether it would be appropriate for the patient's physician to encourage the patient to make the decision the physician believes is best. KEY RESULTS: Of 1,427 eligible physicians, 896 responded to Survey 1 (63 %). Physicians asked about morally controversial decisions were half as likely (35 % vs. 65 % for typical decisions, p<0.001) to endorse directive counsel. Of 986 eligible physicians, 600 responded to Survey 2 (61 %). Two in five physicians (41 %) endorsed directive counsel after reading a vignette describing a patient requesting palliative sedation to unconsciousness; these physicians tended to be male and more religious. CONCLUSIONS: PCPs are less likely to endorse directive counsel when negotiating morally controversial medical decisions. Male physicians and those who are more religious are more likely to endorse directive counsel in these situations.

Raffay, J. [Sheffield Health and Social Care NHS Foundation Trust, Sheffield, UK]. "**How staff and patient experience shapes our perception of spiritual care in a psychiatric setting**." *Journal of Nursing Management* 22, no. 7 (Oct 2014): 940-950. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]
[Abstract:] AIM: To explore how our understanding of care practice is shaped by the extent of our engagement with staff and patient experience. BACKGROUND: In spite of the fact that service users desire good spiritual care and that government guidelines recognize its importance, frontline staff in psychiatric settings often find current spiritual assessment tools hard to use and the concept of spirituality difficult to comprehend. METHOD: A database search was conducted, the grey literature analysed, spirituality assessment tools were explored, and an approach based on user experience was considered. KEY ISSUES: Each of these four perspectives resulted in different perceptions of care. CONCLUSIONS: By engaging patient and staff experience, we begin to see spiritual care very differently. There may be rich opportunities for

research into the lived experience of the support systems that service users create for each other on wards when they experience staff as inaccessible. IMPLICATIONS FOR NURSING MANAGEMENT: Deeper engagement with patients and staff and their concerns is likely to result in breakthroughs in both the understanding and the practice of spiritual care as well as potentially other areas of nursing care

Ragsdale, J. R., Hegner, M. A., Mueller, M. and Davies, S. [Cincinnati Children's Hospital, Cincinnati, OH]. "**Identifying religious and/or spiritual perspectives of adolescents and young adults receiving blood and marrow transplants: a prospective qualitative study**." *Biology of Blood & Marrow Transplantation* 20, no. 8 (Aug 2014): 1242-1247. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The potential benefits (or detriments) of religious beliefs in adolescent and young adults (AYA) are poorly understood. Moreover, the literature gives little guidance to health care teams or to chaplains about assessing and addressing the spiritual needs of AYA receiving hematopoietic stem cell transplants (HSCT). We used an institutional review board-approved, prospective, longitudinal study to explore the use of religion and/or spirituality (R/S) in AYA HSCT recipients and to assess changes in belief during the transplantation experience. We used the qualitative methodology, grounded theory, to gather and analyze data. Twelve AYA recipients were interviewed within 100 days of receiving HSCT and 6 participants were interviewed 1 year after HSCT; the other 6 participants died. Results from the first set of interviews identified 5 major themes: using R/S to address questions of "why me?" and "what will happen to me;" believing God has a reason; using faith practices; and benefitting from spiritual support people. The second set of interviews resulted in 4 major themes: believing God chose me; affirming that my life has a purpose; receiving spiritual encouragement; and experiencing strengthened faith. We learned that AYA patients were utilizing R/S far more than we suspected and that rather than losing faith in the process of HSCT, they reported using R/S to cope with illness and HSCT and to understand their lives as having special purpose. Our data, supported by findings of adult R/S studies, suggest that professionally prepared chaplains should be proactive in asking AYA patients about their understanding and use of faith, and the data can actively help members of the treatment team understand how AYA are using R/S to make meaning, address fear, and inform medical decisions.

Ravishankar, N. and Bernstein, M. [Division of Neurosurgery, Toronto Western Hospital, University of Toronto, Canada]. "**Religion benefiting brain tumour patients: a qualitative study**." *Journal of Religion & Health* 53, no. 6 (Dec 2014): 1898-1906. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] As the focus on modern neurosurgery has shifted to the realm of technological advancement, some patients and their loved ones still hold a strong faith in their religion to guide them through the process. This study aimed to determine whether religion as a coping mechanism was beneficial for patients before, during and after craniotomy. Qualitative case study methodology was used. Interviews were conducted with randomly selected 36 adult patients who underwent surgery for a benign or malignant brain tumour. Interviews were audio recorded and transcribed, and the data subjected to thematic analysis. Four overarching themes emerged from the data: (1) religion significantly benefited neurosurgical patients; (2) neurosurgical patients did not require a dedicated religious room in the hospital; (3) neurosurgical patients required religious resources such as leaders and/or groups; and (4) patients were not in favour of their physician engaging in the religious ritual. Most patients found religion to be an effective coping mechanism, offering them strength, comfort, and hope through the surgery. The findings from this study emphasize the need for including a "religious time-out" before and after surgery and the inclusion of religious leaders/groups for those in favour to ensure quality care and patient satisfaction.

Reblin, M., Otis-Green, S., Ellington, L. and Clayton, M. F. [University of Utah and City of Hope National Medical Center]. "**Strategies to support spirituality in health care communication: a home hospice cancer caregiver case study**." *Journal of Holistic Nursing* 32, no. 4 (Dec 2014): 269-277. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Although there is growing recognition of the importance of integrating spirituality within health care, there is little evidence to guide clinicians in how to best communicate with patients and family about their spiritual or existential concerns. METHODS: Using an audio-recorded home hospice nurse visit immediately following the death of a patient as a case-study, we identify spiritually-sensitive communication strategies. RESULTS: The nurse incorporates spirituality in her support of the family by 1) creating space to allow for the expression of emotions and spiritual beliefs and 2) encouraging meaning-based coping, including emphasizing the caregivers' strengths and reframing negative experiences. DISCUSSION: Hospice provides an excellent venue for modeling successful examples of spiritual communication. Health care professionals can learn these techniques to support patients and families in their own holistic practice. IMPLICATIONS FOR PRACTICE: All health care professionals benefit from proficiency in spiritual communication skills. Attention to spiritual concerns ultimately improves care.

Redmond, L. W. "**Spiritual coping tools of religious victims of childhood sexual abuse**." *Journal of Pastoral Care & Counseling* 68, no. 1 (2014): 3 [electronic journal article designation]. *[NOTE: Medline incorrectly lists this issue as 1-2 instead of 1.*]

[Abstract:] This study surveys religious victims of CSA from three Christian universities with regard to general coping strategies, religious practices used in the healing process, and self-report of current life satisfaction. About twenty percent of the respondents acknowledged some type of childhood sexual abuse. The study identified negative correlations between both professional and church based counseling and positive life satisfaction ratings. When specific spiritual practices were used there was positive correlation between forgiveness and life satisfaction.

Reynolds, N., Mrug, S., Britton, L., Guion, K., Wolfe, K. and Gutierrez, H. [University of Alabama at Birmingham]. "**Spiritual coping predicts 5-year health outcomes in adolescents with cystic fibrosis**." *Journal of Cystic Fibrosis* 13, no. 5 (Sep 2014): 593-600. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Positive spiritual coping in adolescent patients with cystic fibrosis (CF) is associated with better emotional functioning, but its role in health outcomes is unknown. METHODS: Adolescents diagnosed with CF (n = 46; M = 14.7 years) reported on their use of positive and negative spiritual coping. Measures of nutrition status (BMIp), pulmonary function (%FEV1), and hospitalizations were obtained for a five-year follow up period. Changes in BMIp and %FEV1 scores were estimated with hierarchical linear models; days hospitalized were modeled with negative binomial regression. RESULTS: Positive spiritual coping was associated with slower decline in pulmonary function, stable vs. declining nutritional status, and fewer days hospitalized over the five-year period. Negative spiritual coping was associated with higher BMI percentile at baseline, but not with health outcomes over time. CONCLUSIONS: These results suggest that positive spiritual coping plays a key role in maintaining long-term health of adolescent patients with CF.

Reynolds, N., Mrug, S., Hensler, M., Guion, K. and Madan-Swain, A. [University of Alabama at Birmingham, and Oregon Health and Science University]. "**Spiritual coping and adjustment in adolescents with chronic illness: a 2-year prospective study**." *Journal of Pediatric Psychology* 39, no. 5 (Jun 2014): 542-551.

[Abstract:] OBJECTIVE: Examine longitudinal relationships between spiritual coping and psychological adjustment among adolescents with chronic illness. METHODS: Adolescents (N = 128; M = 14.7 years) with cystic fibrosis or diabetes completed measures of spiritual coping and adjustment at 2 time points ~2 years apart; parents also reported on adolescent adjustment. Prospective relationships between spiritual coping and adjustment were evaluated with an autoregressive cross-lagged path model. RESULTS: Positive spiritual coping predicted fewer symptoms of depression and less negative spiritual coping over time, whereas negative spiritual coping predicted more positive spiritual coping. Depressive symptoms predicted higher levels of negative spiritual coping and conduct problems over time. The results did not vary by disease. CONCLUSIONS: Positive spiritual coping may buffer adolescent patients from developing depression and maladaptive coping strategies. Results also highlight the harmful role of depression in subsequent behavior difficulties and maladaptive coping. Addressing spiritual beliefs and depressive symptoms in pediatric medical care is warranted.

Richardson, P. [UMass Memorial HealthCare, Health Alliance Hospitals, Fitchburg, MA] "**Spirituality, religion and palliative care**." *Annals of Palliative Medicine* 3, no. 3 (Jul 2014): 150-159.

[Abstract:] As medical science has evolved, many conditions that once were thought to be "death sentences" have become chronic illness. In some ways, this makes death and dying more complicated, fraught with decisions about what care is appropriate and when to withhold or withdraw care. Studies have shown that most patients faced with life-threatening illness have spiritual needs that are not adequately addressed by their health care providers. The philosophy and practice of palliative care operates upon an understanding of whole person care, reflected in the muli-dimensional approach of the biopsychosocial model. One cannot provide whole-person care without giving consideration to the relevant spiritual needs held by patients with serious illness. As palliative care clinicians, we are uniquely positioned to work with teams/patients/families to explore the many variables that individuals and their families use as the guiding principles when making difficult decisions around end of life. While we are often consulted to manage physical symptoms, that is only part of our work. As we work on building relationships, both with our patients and their care team, we are often able to help facilitate communication that allows for mutually satisfactory goal setting. We are equipped to work with patients within their cultural contexts of which spirituality is a part. It is important to recognize the barriers to providing adequate spiritual care. The National Consensus Project has created clinical practice guidelines to provide a road map for the provision of quality palliative care. These guidelines delineate eight domains that are addressed through the provision of palliative care; the fifth domain gives attention to spiritual, religious and existential aspects of care. Guidelines recommend the use of standardized tools wherever possible to assess spiritual needs; referral to members of the interdisciplinary team who have specialized skills in addressing existential and spiritual concerns, and initiating contact and communication with community spiritual providers as requested by patients and their families. Palliative care providers are also called to be advocates for the spiritual and religious rituals of patients and families, especially at the time of death.

Rider, K. A., Terrell, D. J., Sisemore, T. A. and Hecht, J. E. [School of Counseling, Richmont Graduate University, Atlanta, GA]. "**Religious coping style as a predictor of the severity of anorectic symptomology**." *Brunner-Mazel Eating Disorders Monograph Series* 22, no. 2 (2014): 163-179.

[Abstract:] A review of the literature concerning the relationship between anorexia nervosa (AN) and religion reveals two disparate themes: religion as a cultivator of AN, and religion as a recovery benefactor. The purpose of the present study was to address this discrepancy by exploring one factor--religious coping style--suspected to influence the role religion assumes in the lives of individuals with AN. A sample of 134 women who self-identified as having received an AN diagnosis completed measures of religious coping style and anorectic symptomology. Analyses revealed that religious coping style significantly predicted severity of anorectic symptomology.

Rosmarin, D. H., Malloy, M. C. and Forester, B. P. [Department of Psychiatry, McLean Hospital/Harvard Medical School, Belmont, MA]. "**Spiritual struggle and affective symptoms among geriatric mood disordered patients.**" *International Journal of Geriatric Psychiatry* 29, no. 6 (Jun 2014): 653-660.

[Abstract:] OBJECTIVES: We explored relationships between general religiousness, positive religious coping, negative religious coping (spiritual struggle), and affective symptoms among geriatric mood disordered outpatients, in the northeastern USA. METHODS: We assessed for general religiousness (religious affiliation, belief in God, and private and public religious activity) and positive/negative religious coping, alongside interview and self-report measures of affective functioning in a diagnostically heterogeneous sample of n = 34 geriatric mood disordered outpatients (n = 16 bipolar and n = 18 major depressive) at a psychiatric hospital in eastern Massachusetts. RESULTS: Except for a modest correlation between private prayer and lower Geriatric Depression Scale scores, general religious factors (belief in God, public religious activity, and religious affiliation) as well as positive religious coping were unrelated to affective symptoms after correcting for multiple comparisons and controlling for significant covariates. However, a large effect of spiritual struggle was observed on greater symptom levels (up to 19.4% shared variance). Further, mean levels of spiritual struggle and its observed effects on symptoms were equivalent irrespective of religious affiliation, belief, and private and public religious activity. CONCLUSIONS: Previously observed effects of general religiousness on (less) depression among geriatric mood disordered patients may be less pronounced in less religious areas of the USA. However, spiritual struggle appears to be a common and important risk factor for depressive symptoms, regardless of patients' general level of religiousness. Further research on spiritual struggle is warranted among geriatric mood disordered patients.

Rushton, L. [Maidstone Hospital, Kent, UK]. "**What are the barriers to spiritual care in a hospital setting?**" *British Journal of Nursing* 23, no. 7 (Apr 10-23, 2014): 370-374.

[Abstract:] Spiritual care is a vital component of care that is given to patients by health professionals in order to prevent poor health and treat illness. It is fundamental to patients' wellbeing and nurses' integrity that nurses carry out their care in a holistic manner and meet patients' spiritual needs. However, a number of studies show that health professionals are failing to meet patients' spiritual needs while in hospital. Nurses are unable to fulfil patients' spiritual needs for a variety of reasons. The main barriers to spiritual care are the difficulty in defining spirituality; the lack of clear guidelines for the nurse's role in providing spiritual care; nurses' lack of time to provide spiritual care; and a lack of training and education on spirituality for pre- and post-registration nurses.

Russell, R. C. "**Professional chaplains in comprehensive patient-centered care**." *Rhode Island Medicine* 97, no. 3 (Mar 2014): 39-42. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] There is growing recognition of the valuable role that professional chaplains provide in the medical setting. Yet, most physicians are unfamiliar with or misinformed about chaplains and how they can be effectively utilized in providing quality patient care. Many physicians also feel unskilled and unprepared to identify or discuss patients' spiritual or religious concerns that arise. Using case studies, this article provides an overview of the training and skills of professional chaplains in a medical setting. Chaplains can be effective partners in assessing and treating patients' needs. They also provide ethical and spiritual support to the medical team. In an increasingly culturally diverse patient population, chaplains can offer a proactive, ongoing response to the needs of diverse patients. When integrated into medical teams, chaplains can bring fresh perspectives to patient care and are a highly skilled professional resource for successfully managing patients' spiritual needs. . [See also other articles in this theme issue of the journal, also cited in this bibliography: by Anandarajah, G., et al.; by Drutchas, A., et al.; by Gupta, P. S.; by Nicastri, G. R.; and by Treloar, H. R., et al.]

Sacco, S. J., Park, C. L., Suresh, D. P. and Bliss, D. [Department of Psychology, University of Connecticut, Storrs, CT]. "**Living with heart failure: psychosocial resources, meaning, gratitude and well-being**." *Heart & Lung* 43, no. 3 (May-Jun 2014): 213-218.

[Abstract:] OBJECTIVES: The present study explored the experiences of people living with advanced heart failure (HF) to determine the extent to which (1) psychosocial resources relevant to HF patients were qualitatively reported, and (2) to determine the extent to which psychosocial resources were correlates of subsequent well-being as assessed by validated quantitative measures. BACKGROUND: HF is a serious life-limiting illness that involves impaired heart functionality. Patients commonly face severe physical fatigue and frequently endure disabling depression. Individuals with HF often report the use of social support and religion/spirituality (R/S) as helpful, but little work has systematically linked their reliance on these resources and well-being. METHODS: 111 participants completed four open-ended questions to assess aspects of living with HF. Open-ended questions were coded to identify psychosocial resources: positive meaning, gratitude, R/S, social support, and medical resources. Data were collected once and then again 3 months later. Participants also completed measures of well-being, including religious meaning, life meaning, satisfaction with life, depressive symptoms, death anxiety, and health-related quality of life. Bivariate correlations were used to relate psychosocial resources and well-being. RESULTS: Patients reported many psychosocial resources, particularly positive meaning, R/S, social support, and medical resources. Positive meaning and R/S were inversely linked with depressive symptoms. R/S was also related to less death anxiety, while social support was related to higher anxiety about death three months later. CONCLUSIONS: Findings advance our understanding of the struggles HF patients experience and the roles of psychosocial resources such as meaning and gratitude in alleviating these struggles. Results may help explain how resources like R/S and social support may influence well-being.

Sandau, K. E., Hoglund, B. A., Weaver, C. E., Boisjolie, C. and Feldman, D. [Bethel University, St. Paul, MN]. "**A conceptual definition of quality of life with a left ventricular assist device: results from a qualitative study**." *Heart & Lung* 43, no. 1 (Jan-Feb 2014): 32-40.

[Abstract:] OBJECTIVE: To develop a conceptual definition of quality of life (QoL) with a left ventricular assist device (LVAD). BACKGROUND: Conceptual and operational definitions of QoL with an LVAD are lacking. METHODS: A grounded theory method was used. Adult, outpatient LVAD recipients (n = 11) participated twice in individual or paired interviews. RESULTS: A conceptual definition of QoL while living with an LVAD was established as: "Being well enough to do and enjoy day-to-day activities that are important to me." Participants described 5 important life domains consistent with QoL literature: physical, emotional, social, cognitive, and spiritual/meaning. However, participants identified unique concerns not addressed by generic or heart failure disease specific measures typically used in the LVAD population. CONCLUSION: Existing generic and heart-failure specific QoL measures are not adequate for understanding QoL among LVAD patients. Cognition and spiritual/meaning domains were significant; these need inclusion for comprehensive QoL assessment in the LVAD population.

Sauer-Zavala, S., Burris, J. L. and Carlson, C. R. [Department of Psychology, University of Kentucky, Lexington]. "**Understanding the relationship between religiousness, spirituality, and underage drinking: the role of positive alcohol expectancies**." *Journal of Religion & Health* 53, no. 1 (Feb 2014): 68-78. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Research has consistently found that religiousness and spirituality are negatively associated with underage drinking. However, there is a paucity of research exploring the mechanisms by which these variables influence this important outcome. With 344 underage young adults (ages 18-20; 61 % women), we investigated positive alcohol expectancies as a mediator between religiousness and spirituality (measured separately) and underage alcohol use. Participants completed the Religious Commitment Inventory-10, Daily Spiritual Experiences Scale, Alcohol Expectancies Questionnaire, and Drinking Styles Questionnaire. Results indicate less positive alcohol expectancies partially mediate the relationship between both religiousness and spirituality and underage alcohol use. This suggests religiousness and spirituality's protective influence on underage drinking is partly due to their influence on expectations about alcohol's positive effects. Since underage drinking predicts problem drinking later in life and places one at risk for serious physical and mental health problems, it is important to identify specific points of intervention, including expectations about alcohol that rise from religious and spiritual factors.

Savel, R. H. and Munro, C. L. [Maimonides Medical Center and Albert Einstein College of Medicine, New York City; and University of South Florida, Tampa]. "**The importance of spirituality in patient-centered care**." *American Journal of Critical Care* 23, no. 4 (Jul 2014): 276-278.

This editorial from the coeditors-in-chief of the *American Journal of Critical Care* addresses not only the importance of spirituality for patients but encourages "nourishing our own spiritual needs …to become more powerful advocates for patients" [p. 278].

Seckin, K. D., Yeral, M. I., Karsli, M. F. and Gultekin, I. B. [Department of Gynecology and Obstetrics, Bingol Solhan Government Hospital, Bingol, Turkey; doga_seckin@hotmail.com]. "**Effect of maternal fasting for religious beliefs on fetal sonographic findings and neonatal outcomes**." *International Journal of Gynaecology & Obstetrics* 126, no. 2 (Aug 2014): 123-125.

[Abstract:] OBJECTIVE: To investigate the effects of long-lasting maternal fasting on fetal biometry, amniotic fluid volume, fetal Doppler parameters, and neonatal outcomes. METHODS: The present study, conducted at Solhan State Hospital, Bingol, Turkey, between July and

August 2013 recruited 82 healthy and otherwise normal pregnant women with a gestational age of 29 weeks or more who were fasting for at least 20 days. The control group comprised 87 healthy non-fasting women matched for maternal age, parity, gestational age. Fetal parameters were measured at the beginning and the end of the fasting month. Perinatal outcomes were compared between the groups. RESULTS: There were no significant differences between the groups in fetal biometry, fetal Doppler parameters, or neonatal outcomes. In the fasting group, however, there was a significantly greater decrease in amniotic fluid index during the fasting period (P<0.001). The number of women who initially had a normal amniotic fluid measurement and subsequently developed oligohydramnios was also significantly higher in the religious fasting group (P<0.05). CONCLUSION: Fetal development, Doppler parameters, and neonatal outcomes were not significantly affected in healthy fasting women; however, there was a significant association between fasting and amniotic fluid index. These findings mandate more frequent follow-up visits for this group of women.

Segal, E. [Department of Anesthesia, Critical Care and Pain Medicine, Assuta Medical Centers, Tel Aviv, Israel]. "**Religious objections to brain death***." Journal of Critical Care* 29, no. 5 (Oct 2015): 875-877.

This is a brief consideration focusing on the religious concerns about determination of death by neurologic criteria. The authors offer their own experience from practice in Israel and support educational initiatives that favor the concept of brain death.

Selman, L., Young, T., Vermandere, M., Stirling, I. and Leget, C., for the Research Subgroup of European Association for Palliative Care Spiritual Care Taskforce  [King's College London, Cicely Saunders Institute, London]. "**Research priorities in spiritual care: an international survey of palliative care researchers and clinicians**." *Journal of Pain & Symptom Management* 48, no. 4 (Oct 2014): 518-531. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] CONTEXT: Spiritual distress, including meaninglessness and hopelessness, is common in advanced disease. Spiritual care is a core component of palliative care, yet often neglected by health care professionals owing to the dearth of robust evidence to guide practice. OBJECTIVES: To determine research priorities of clinicians/researchers and thus inform future research in spiritual care in palliative care. METHODS: An online, cross-sectional, mixed-methods survey was conducted. Respondents were asked whether there is a need for more research in spiritual care, and if so, to select the five most important research priorities from a list of 15 topics. Free-text questions were asked about additional research priorities and respondents' single most important research question, with data analyzed thematically. RESULTS: In total, 971 responses, including 293 from palliative care physicians, 112 from nurses, and 111 from chaplains, were received from 87 countries. Mean age was 48.5 years (standard deviation, 10.7), 64% were women, and 65% were Christian. Fifty-three percent reported their work as "mainly clinical," and less than 2.5% stated that no further research was needed. Integrating quantitative and qualitative data demonstrated three priority areas for research: 1) development and evaluation of conversation models and overcoming barriers to spiritual care in staff attitudes, 2) screening and assessment, and 3) development and evaluation of spiritual care interventions and determining the effectiveness of spiritual care. CONCLUSION: In this first international survey exploring researchers' and clinicians' research priorities in spiritual care, we found international support for research in this domain. Findings provide an evidence base to direct future research and highlight the particular need for methodologically rigorous evaluation studies

Shariff, A. F. and Aknin, L. B. [Department of Psychology, University of Oregon, Eugene]. "**The emotional toll of hell: cross-national and experimental evidence for the negative well-being effects of hell beliefs**." *PLoS ONE* 9, no. 1 (2014): e85251 [electronic journal article designation].

[Abstract:] Though beliefs in Heaven and Hell are related, they are associated with different personality characteristics and social phenomena. Here we present three studies measuring Heaven and Hell beliefs' associations with and impact on subjective well-being. We find that a belief in Heaven is consistently associated with greater happiness and life satisfaction while a belief in Hell is associated with lower happiness and life satisfaction at the national (Study 1) and individual (Study 2) level. An experimental priming study (Study 3) suggests that these differences are mainly driven by the negative emotional impact of Hell beliefs. Possible cultural evolutionary explanations for the persistence of such a distressing religious concept are discussed.

Shaw, S. A. and El-Bassel, N. [School of Social Work, Columbia University, New York, NY]. "**The influence of religion on sexual HIV risk**." *AIDS & Behavior* 18, no. 8 (Aug 2014): 1569-1594. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] This systematic review examines the relationship between religion and sexual HIV risk behavior. It focuses primarily on how studies have conceptualized and defined religion, methodologies, and sexual risk outcomes. We also describe regions where studies were conducted and mechanisms by which religion may be associated with sexual risk. We included 137 studies in this review, classifying them as measuring: (1) only religious affiliation (n = 57), (2) only religiosity (n = 48), and (3) both religious affiliation and religiosity (n = 32). A number of studies identified lower levels of sexual HIV risk among Muslims, although many of these examined HIV prevalence rather than specific behavioral risk outcomes. Most studies identified increased religiosity to be associated with lower levels of sexual HIV risk. This finding persists but is weaker when the outcome considered is condom use. The paper reviews ways in which religion may contribute to increase and reduction in sexual HIV risk, gaps in research, and implications for future research on religion and HIV.

Shenefelt, P. D. and Shenefelt, D. A. [Dermatology and Cutaneous Surgery, University of South Florida, Tampa]. "**Spiritual and religious aspects of skin and skin disorders**." *Psychology Research & Behavior Management* 7 (2014): 201-212. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Skin and skin disorders have had spiritual aspects since ancient times. Skin, hair, and nails are visible to self and others, and touchable by self and others. The skin is a major sensory organ. Skin also expresses emotions detectable by others through pallor, coldness, "goose bumps", redness, warmth, or sweating. Spiritual and religious significances of skin are revealed through how much of the skin has been and continues to be covered with what types of coverings, scalp and beard hair cutting, shaving and styling, skin, nail, and hair coloring and decorating, tattooing, and intentional scarring of skin. Persons with visible skin disorders have often been stigmatized or even treated as outcasts. Shamans and other spiritual and religious healers have brought about healing of skin disorders through spiritual means. Spiritual and religious interactions with various skin disorders such as psoriasis, leprosy, and vitiligo are discussed. Religious aspects of skin and skin diseases are evaluated for several major religions, with a special focus on Judaism, both conventional and kabbalistic.

Shinall, M. C. Jr., Ehrenfeld, J. M. and Guillamondegui, O. D. [Department of Surgery, Vanderbilt University Medical Center, Nashville, TN]. "**Religiously affiliated intensive care unit patients receive more aggressive end-of-life care**." *Journal of Surgical Research* 190, no. 2 (Aug 2014): 623-627.

[Abstract:] BACKGROUND: Previous studies among cancer patients have demonstrated that religious patients receive more aggressive end-of-life (EOL) care. We sought to examine the effect of religious affiliation on EOL care in the intensive care unit (ICU) setting. MATERIALS AND METHODS: We conducted a retrospective review of all patients admitted to any adult ICU at a tertiary academic center in 2010 requiring at least 2 d of mechanical ventilation. EOL patients were those who died within 30 d of admission. Hospital charges, ventilator days, hospital days, and days until death were used as proxies for intensity of care among the EOL patients. Multivariate analysis using multiple linear regression, zero-truncated negative binomial regression, and Cox proportional hazard model were used. RESULTS: A total of 2013 patients met inclusion criteria; of which, 1355 (67%) affirmed a religious affiliation. The EOL group had 334 patients, with 235 (70%) affirming a religious affiliation. The affiliated and nonaffiliated patients had similar levels of acuity. Controlling for demographic and medical confounders, religiously affiliated patients in the EOL group incurred 23% (P = 0.030) more hospital charges, 25% (P = 0.035) more ventilator days, 23% (P = 0.045) more hospital days, and 30% (P = 0.036) longer time until death than their nonaffiliated counterparts. Among all included patients, survival did not differ significantly among affiliated and nonaffiliated patients (log-rank test P = 0.317), neither was religious affiliation associated with a difference in survival on multivariate analysis (hazard ratio of death for religious versus nonreligious patients 0.95, P = 0.542). CONCLUSIONS: Compared with nonaffiliated patients, religiously affiliated patients receive more aggressive EOL care in the ICU. However, this high-intensity care does not translate into any significant difference in survival.

Shores, C. I. [North Carolina Agricultural and Technical State University, School of Nursing, Greensboro, NC]. "**Spiritual interventions and the impact of a faith community nursing program**." *Issues in Mental Health Nursing* 35, no. 4 (Apr 2014): 299-305. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Faith community nursing had its formal beginnings in the Midwestern United States in 1984 when six nurses received financial support from a local hospital to work in churches. Over time, the churches assumed increasing responsibility for the nurses' salaries. The success of this initiative was associated with the understanding that faith communities are dedicated to keeping people well. The number of programs increased over the past 30 years and now there are thousands of faith community nurses serving populations around the world. Research for this specialty practice has not experienced comparable growth, and is needed to further develop faith community nursing science. This study, based on the Roy Adaptation Model, used a qualitative design to identify spiritual nursing interventions that faith community nurses use in their practice, and to examine the spiritual impact of a faith community nursing program. Data were collected from faith community members, clergy representatives, and faith community nurses with a researcher-developed demographic tool and a six-item open-ended questionnaire that were both mailed to participants (N = 112; n = 52; response rate = 46%) and analyzed through content analysis. A variety of spiritual nursing interventions were identified. Themes related to the spiritual impact included the physical, mental, and spiritual health connection, caring, hope, spiritual support and benefits, and religious concepts. [See also other articles in the same issue of the journal, also cited in this bibliography: by Brewer-Smyth, K. and Koenig, H. G.; and by Tuck, I. and Anderson, L.]

Smith, B. P. "**Spiritual care in the midst of health care reform: creating a framework for effective staffing**." *Health Progress* 95, no. 5 (Sep-Oct 2014): 52-56.

[Abstract/Opening:] Health care in the United States today is marked by extraordinary change. The Affordable Care Act has highlighted the significance of meeting not only our mission-related goals, but our operating margins as well. As health and hospital systems adjust to ongoing financial pressures, meeting the spiritual and emotional needs of patients in cost-effective and efficient ways takes on renewed focus.

Smith, S. and Suto, M. J. "**Spirituality in bedlam: exploring patient conversations on acute psychiatric units**." *Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie* 81, no. 1 (Feb 2014): 18-28.

[Abstract:] BACKGROUND: Spirituality is a complex yet vital aspect of care on acute psychiatric units. Occupational therapists play a role in engaging their clients regarding spirituality as a resource for recovery. PURPOSE: This manuscript reports on Part I of a research study that explored the experience of spiritual conversations for patients (Part I) and mental health professionals (Part 2) on acute psychiatric units. METHOD: Community-based participatory research framed the project philosophically and relationally, and interpretive description defined the data collection, data analysis, and dissemination methods. FINDINGS: Seven inpatients on acute psychiatric units participated in interviews or focus groups. Authentic spiritual conversation that was not associated with mental illness symptoms proved difficult to initiate on inpatient psychiatric units. Participants desired direct questioning and the provision of optional spiritual resources. IMPLICATIONS: Therapists can make a range of spirituality educational resources available for clients. They can also advocate for clients' spiritual needs in the acute context. [See also an article by the same authors (though in reverse order), on pp. 8-17 of the same issue of the journal: Suto, M. J. and Smith, S. "Spirituality in bedlam: exploring professional conversations on acute psychiatric units"; cited elsewhere in this bibliography.]

Spidell, S. [Houston Methodist West Hospital, Houston, TX]. "**Resilience and professional chaplaincy: a paradigm shift in focus**." *Journal of Health Care Chaplaincy* 20, no. 1 (2014): 16-24.

[Abstract:] Research into the area of resilience provides a challenge and a great opportunity for professional chaplaincy. In this article, we will consider the challenge that the research primarily of George Bonanno of Columbia University offers to the traditional, clinical perspectives and assessments of professional chaplains serving in health care. Secondly, we will propose the practical implications for a wider paradigm and an expanded focus on intentionality and interventions of chaplains. Resilience is seen as a positive response possibility for those facing potentially traumatic events. It is understood to be a predominant response to traumatic events more often than the grief recovery model usually presumed to be active. Resilience has heuristic value and merits being factored in to professional chaplaincy as it relates to patient assessment, interventions, interdisciplinary care, staff and corporate support, and transcultural usefulness.

Stephenson, P. S. [College of Nursing, Kent State University, Kent, OH]. "**Spiritual uncertainty: exemplars of 2 hospice patients**." *Holistic Nursing Practice* 28, no. 4 (Jul-Aug 2014): 233-237.

[Abstract:] Spirituality is important to persons approaching the end of life. The ambiguous nature of dying and spirituality creates many opportunities for uncertainty. This article presents 2 exemplars from hospice patients about the different ways that spiritual uncertainty affected their dying experience.

Stephenson, P. S. and Berry, D. M. [College of Nursing, Kent State University, OH]. "**Spirituality and uncertainty at the end of life**." *Oncology Nursing Forum* 41, no. 1 (Jan 1, 2014): 33-39.

[Abstract:] PURPOSE/OBJECTIVES: To examine the theoretical congruency between uncertainty and spirituality at the end of life (EOL). DATA SOURCES: Relevant empirical and theoretical articles using the key words spirituality, uncertainty, terminal illness, and similar derivatives were drawn from the databases of CINAHL, MEDLINE, PsycINFO, and SocINDEX. DATA SYNTHESIS: Spirituality and uncertainty were compared for theoretical congruency based on five general categories: prevalence, temporality, interpretation, quality, and directionality. The categories were drawn from the uncertainty literature and looked at the ability of spirituality and uncertainty to contribute to or detract from health. CONCLUSIONS: This article presents an innovative way of viewing how spirituality is experienced at the EOL. The likelihood that uncertainty and spirituality can coexist as a simultaneous and even blended construct that influences the EOL is supported and warrants additional exploration. IMPLICATIONS FOR NURSING: Health professionals must recognize the prevalence of spiritual uncertainty in the lives of their patients and understand the need to frequently assess for spiritual uncertainty. Specific recommendations are provided to guide professionals in addressing spiritual uncertainty with patients.

Sterba, K. R., Burris, J. L., Heiney, S. P., Ruppel, M. B., Ford, M. E. and Zapka, J. [Hollings Cancer Center, Medical University of South Carolina, Charleston]. "'**We both just trusted and leaned on the Lord': a qualitative study of religiousness and spirituality among African American breast cancer survivors and their caregiver**s." *Quality of Life Research* 23, no. 7 (Sep 2014): 1909-1920. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] PURPOSE: Most breast cancer (BC) survivorship research focuses on the general population of survivors. Scant research investigates the potentially unique experiences of minorities, especially during and after the difficult transition from primary treatment to post-treatment. This qualitative study explored African American BC survivors' and caregivers' quality-of-life in the post-treatment period with a focus on social and spiritual well-being. METHODS: Participants included a convenience sample of African American women with stage I-III BC (N = 23) who completed treatment 6-24 months before enrollment. Primary caregivers (N = 22) included friends, spouses and other family members (21 complete dyads). Participants completed separate semi-structured telephone interviews. Template analysis was used to evaluate themes related to religiousness and spirituality, both across and within dyads. RESULTS: After treatment, religiousness and spirituality played a major role in both survivors' and caregivers' lives by: (1) providing global guidance, (2) guiding illness management efforts and (3) facilitating recovery. Participants described a spiritual connectedness with God and others in their social networks. Dyad members shared the goal of keeping a positive attitude and described positive growth from cancer. Few future concerns were expressed due to the belief that survivors were healed and "done" with cancer. Beyond practical and emotional support, provision of spiritual assistance was common. CONCLUSIONS: Results highlight the principal, positive role of religiousness and spirituality for African American BC survivors and caregivers after treatment. Findings emphasize the need to assess the importance of religious and spiritual beliefs and practices, and if appropriate, to provide resources that promote spiritual well-being.

Stewart, M. [Social Work, Memorial Sloan-Kettering Cancer Center, New York, NY]. "**Spiritual assessment: a patient-centered approach to oncology social work practice**." *Social Work in Health* Care 53, no. 1 (2014): 59-73.

[Abstract:] Spirituality is central to many people's lives, yet social workers often defer discussing the topic with patients. Their avoidance can be linked to the lack of training on how to speak with patients about spiritual matters (Lemmer, 2010). With further education, clinical social workers are empowered to assess this significant aspect of the patient's cancer experience as they progress along the illness continuum. The social worker's comfort and familiarity with spiritual assessment, spiritual language, and various forms of religious and/or spiritual practices will improve their clinical work with patients who have chronic cancer by providing insight to guide appropriate social work interventions designed to enhance spiritual well-being.

Sullivan, G., Hunt, J., Haynes, T. F., Bryant, K., Cheney, A. M., Pyne, J. M., Reaves, C., Sullivan, S., Lewis, C., Barnes, B., Barnes, M., Hudson, C., Jegley, S., Larkin, B., Russell, S., White, P., Gilmore, L., Claypoole, S., Smith, J. and Richison, R. "**Building partnerships with rural Arkansas faith communities to promote veterans' mental health: lessons learned."** *Progress in Community Health Partnerships* 8, no. 1 (2014): 11-19.

[Abstract:] BACKGROUND: The Mental Health-Clergy Partnership Program established partnerships between institutional (Department of Veterans' Affairs [VA] chaplains, mental health providers) and community (local clergy, parishioners) groups to develop programs to assist rural veterans with mental health needs. OBJECTIVES: Describe the development, challenges, and lessons learned from the Mental Health-Clergy Partnership Program in three Arkansas towns between 2009 and 2012. METHODS: Researchers identified three rural Arkansas sites, established local advisory boards, and obtained quantitative ratings of the extent to which partnerships were participatory. RESULTS: Partnerships seemed to become more participatory over time. Each site developed distinctive programs with variation in fidelity to original program goals. Challenges included developing trust and maintaining racial diversity in local program leadership. CONCLUSIONS: Academics can partner with local faith communities to create unique programs that benefit the mental health of returning veterans. Research is needed to determine the effectiveness of community based programs, especially relative to typical "top-down" outreach approaches.

Sullivan, S., Pyne, J. M., Cheney, A. M., Hunt, J., Haynes, T. F. and Sullivan, G. [South Central Mental Illness Research, Education and Clinical Center, Central Arkansas Veterans Healthcare System, North Little Rock]. "**The pew versus the couch: relationship between mental health and faith communities and lessons learned from a VA/clergy partnership project**." *Journal of Religion & Health* 53, no. 4 (Aug 2014): 1267-1282. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The history of the relationship between religion and mental health is one of commonality, conflict, controversy, and distrust. An awareness of this complex relationship is essential to clinicians and clergy seeking to holistically meet the needs of people in our clinics, our churches, and our communities. Understanding this relationship may be particularly important in rural communities. This paper briefly discusses the history of this relationship and important areas of disagreement and contention. The paper moves beyond theory to present some current practical tensions identified in a brief case study of VA/Clergy partnerships in rural Arkansas. The paper concludes with a framework of three models for understanding how most faith communities perceive mental health and suggests opportunities to overcome the tensions between "the pew" and "the couch."

Sunni, M., Brunzell, C., Nathan, B. and Moran, A. "**Management of diabetes during Ramadan: practical guidelines**." *Minnesota Medicine* 97, no. 6 (Jun 2014): 36-38.

[Abstract:] Ramadan is a month-long period of heightened self-reflection about one's religion and one's relationships with others. During Ramadan, fasting during daylight hours is required. The fast is typically followed by a feast after dark. Although Muslims with certain medical conditions are allowed by Islamic law to abstain from fasting, many choose to fast during Ramadan for personal reasons. Diabetes is one of the most challenging conditions to manage during this time, and physicians and clinics with Muslim patients who have diabetes will need to be prepared if they are to support their patients who desire to fast. This article provides a general overview of Ramadan and offers practical guidance for managing adults and children with diabetes who are fasting during this important time in the Muslim calendar.

Suto, M. J. and Smith, S. "**Spirituality in bedlam: exploring professional conversations on acute psychiatric units**." *Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie* 81, no. 1 (Feb 2014): 18-28.

[Abstract:] BACKGROUND: The inclusion of spiritual conversations in occupational therapy is congruent with the Canadian Model of Occupational Performance and Engagement, which identifies spirituality as the core of every human being. Research indicates that spirituality can be a resource for mental health recovery. PURPOSE: This manuscript reports on Part 2 of a research study that explored the experience of spiritual conversations for patients (Part I) and mental health professionals (Part 2) on acute psychiatric units. METHOD: Eight acute-based mental health professionals (MHPs)/participants, representing a variety of disciplines, participated in a focus group or individual interview. Community-based participatory research, appreciative inquiry, and interpretive description provided methodological and analytic guidance. FINDINGS: MHP/participants described challenges in setting boundaries related to spirituality conversations and discerning spiritual experience from psychosis. MHPs/participants emphasized the importance in providing an empathetic presence while also engaging in spiritual networking. IMPLICATIONS: Therapists can incorporate spiritual conversations with patients in acute psychiatric settings by taking specific actions to enhance their openness and engaging in spiritual networking. [See also an article by the same authors (though in reverse order), on pp. 8-17 of the same issue of the journal: Smith, S. and Suto, M. J., "Spirituality in bedlam: exploring patient conversations on acute psychiatric units"; cited elsewhere in this bibliography.]

Talley, J. A. and Magie, R. [Department of Pediatrics and Office of Research and Sponsored Programs, Kansas City University of Medicine and Biosciences, Kansas City, MO]. "**The integration of the "spirituality in medicine" curriculum into the osteopathic communication curriculum at Kansas City University of Medicine and Biosciences**." *Academic Medicine* 89, no. 1 (Jan 2014): 43-47.

[Abstract:] With grant funding from the John Templeton Spirituality and Medicine Curricular Award to the George Washington Institute for Spirituality and Health, faculty at Kansas City University of Medicine and Biosciences (KCUMB) developed the "Spirituality in Medicine" curriculum. In developing the curriculum, faculty took into consideration competencies required by the Association of American Medical Colleges and qualitative results from surveys of medical school applicants and enrolled students. Strategies for curriculum delivery included lectures, panel discussions, role-playing, and training in the use of a spirituality assessment tool. A majority of the 250 students who received the training in 2010-2011 were able to demonstrate the following competencies: (1) being sensitive to patients' spiritual and cultural needs, (2) assessing patients' and their own spiritual needs, (3) appropriately using chaplain services for patient care, and (4) understanding the effects of health disparities and ethical issues on patient care. Challenges to implementation included a reduction in chaplain availability due to the economic downturn, a lack of student exposure to direct patient care during shadowing, too little religious diversity among chaplains, and changes in assignment schedules. New competencies required by the National Board of Osteopathic Medical Examiners overlap with and help ensure sustainability of the Spirituality in Medicine curriculum. KCUMB leaders have incorporated the use of the spirituality assessment tool into other parts of the curriculum and into service experiences, and they have introduced a new elective in palliative care. Synergistic efforts by faculty leaders for this initiative were critical to the implementation of this curriculum. [See also articles by Kuczewski, M. G., et al; by Ledford, C. J., et al.; by McEvoy, M., et al.; and by Puchalski, C. M., et al.; in the same issue of the journal and also cited in this bibliography.]

Taylor, E. J., Park, C. G. and Pfeiffer, J. B. [School of Nursing, Loma Linda University, CA]. "**Nurse religiosity and spiritual care**." *Journal of Advanced Nursing* 70, no. 11 (Nov 2014): 2612-2621. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] AIMS: To describe how the religiosity of Christian nurses motivates their practice and manifests during patient care, especially spiritual care. BACKGROUND: Nurses around the world are often religious. This religiosity inherently affects nursing practice. Ethical codes, however, direct that nurses ought to never proselytize their religion while caring for patients. Little is known about how the religion of nurses affects their nursing practice. DESIGN: Cross-sectional phenomenological study. METHODS: Data were collected during semi-structured interviews in 2009-2011 with 14 Christian nurses in the USA. Data were coded and thematically analysed after transcription. FINDINGS: Informants described how they approached patients with religious conversation or spiritual care interventions that were overtly Christian in nature. With some awareness of the potential for harm in presenting their Christian beliefs and practices, these nurses also observed for patient cues before raising religious discourse and maintained caution so as to respect patient autonomy. Religiosity also was a personal resource for these nurses as they cared for very ill patients. The following themes were described: religious determinants and influences, perceptions of divine promptings and protection, religious approaches to spiritual care, respecting patient spirituality/religiosity and religious preparation for daily work. CONCLUSION: Understanding these religious motivations and religious spiritual care practices of Christian nurses provides evidence that can stimulate debate for policy makers and scholars. It can also inform educators teaching spiritual care and administrators supervising religious nurses.

Taylor, E. J., Testerman, N. and Hart, D. "**Teaching spiritual care to nursing students: an integrated model**." *Journal of Christian Nursing* 31, no. 2 (Apr-Jun 2014): 94-99.

[Abstract:] Graduating nurses are required to know how to support patient spiritual well-being, yet there is scant literature about how spiritual care is taught in undergraduate programs. Typically spiritual content only is sporadically included; the authors recommend integrating spiritual care throughout the nursing curriculum. This article describes how one Christian nursing school integrates spiritual care content, supports student spiritual well-being throughout the program, and evaluates spiritual care instruction at graduation.

Thangathurai, D., Roffey, P. and Strum. E. [Keck School of Medicine, University of Southern California, Los Angeles]. "**Total care (spirituality, positive psychology, and surgical home) to minimize demoralization syndrome in intensive care unit setting**." *Southern Medical Journal* 107, no. 1 (Jan 2014): 58.

> This is a brief note about demoralization syndrome in the intensive care unit setting, said to affect approximately 15% to 20% of patients. The authors note the potential value of spiritual support.

Thompson, W. E. and Eriator, I. [School of Social Work, Andrews University, Berrien Springs, MI]. "**Pain control in sickle cell disease patients: use of complementary and alternative medicine**." *Pain Medicine* 15, no. 2 (Feb 2014): 241-246.

> [Abstract:] OBJECTIVE: To examine the factors associated with the use of complementary and alternative medicine (CAM) as reported by patients attending an adult sickle cell clinic at a tertiary institution. DESIGN: Cross-sectional survey. SETTING: This study was conducted in a university tertiary care adult sickle cell clinic. SUBJECTS: Adult sickle cell patients. METHOD: Following Institutional Review Board approval, a questionnaire was administered to patients in a sickle cell clinic to examine their use of CAM for managing pain at home and while admitted to the hospital. RESULTS: Of the 227 respondents who completed the questionnaire, 92% experienced pain lasting from 6 months to more than 2 years. Two hundred and eight (91.6%) indicated that they have used CAM within the last 6 months to control pain. The frequency of CAMs use was higher among females, singles, those with more education, and higher household income. CONCLUSIONS: This study shows that a substantial majority of sickle cell patients live with pain on a regular basis and that there is substantial CAM use in the adult Sickle cell disease population. Being female and having a high school or higher education were significantly correlated with the use of CAM in sickle cell patients. A variety of CAM therapies are used, with the most common being prayer.

Toussaint, L., Barry, M., Bornfriend, L. and Markman, M. [Luther College, Decorah , IA]. "**Restore: the journey toward self-forgiveness: a randomized trial of patient education on self-forgiveness in cancer patients and caregivers**." *Journal of Health Care Chaplaincy* 20, no. 2 (2014): 54-74.

> [Abstract:] The present study evaluated "Restore: The Journey Toward Self-Forgiveness," a brief psycho-spiritual curriculum for encouraging self-forgiveness. This was a randomized, wait-list controlled trial including 83 cancer patients and caregivers. Restore encourages self-acceptance, self-improvement, and commitment using prayer/meditation, reflection, and expressive writing in a workbook format. Measures of self-forgiveness, acceptance, self-improvement, and optimism/pessimism were collected before and after participation. Using Analysis of Covariance to control initial levels, post-session levels showed that Restore participants scored higher than wait-list controls on self-forgiveness $(F(1,78) = 9.85, p < .001)$, acceptance $(F(1,77) = 4.84, p < .05)$, and self-improvement $(F(1,79) = 5.28, p < .05)$ and lower than wait-list controls on pessimism $(F(1,77) = 5.01, p < .05)$. Changes in acceptance, self-improvement, and pessimism mediate the Restore effect on self-forgiveness (Beta = -.08, p < .05). This is the first known brief, evidence-based program for facilitating self-forgiveness in patients with self-forgiveness issues.

Treloar, H. R., Dubreuil, M. E. and Miranda, R. Jr. [Alpert Medical School of Brown University]. "**Spirituality and treatment of addictive disorders**." *Rhode Island Medicine* 97, no. 3 (Mar 2014): 36-38. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

> [Abstract:] Spirituality is generally protective against the initiation of alcohol and drug use and progression to disordered use. In addition, mutual-help organizations, such as Alcoholics Anonymous, were founded on spiritual principles, and reliance on a "higher power" is a central component of the 12 steps. Despite this, spirituality is not commonly addressed in formal treatment of addictions. The purpose of this paper is to provide a summary of the role of spirituality in the development and recovery from addictive disorders for health care professionals. [See also other articles in this theme issue of the journal, also cited in this bibliography: by Anandarajah, G., et al.; by Drutchas, A., et al.; by Gupta, P. S.; by Nicastri, G. R.; and by Russell, R. C.]

Trevino, K. M., Balboni, M., Zollfrank, A., Balboni, T. and Prigerson, H. G. [Rowan University, Glassboro, NJ]. "**Negative religious coping as a correlate of suicidal ideation in patients with advanced cancer**." *Psycho-Oncology* 23, no. 8 (Aug 2014): 936-945. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

> [Abstract:] OBJECTIVE: The purpose of this study is to examine the relationship between negative religious coping (NRC) and suicidal ideation in patients with advanced cancer, controlling for demographic and disease characteristics and risk and protective factors for suicidal ideation. METHODS: Adult patients with advanced cancer (life expectancy <6months) were recruited from seven medical centers in the northeastern and southwestern USA (n=603). Trained raters verbally administered the examined measures to patients upon study entry. Multivariable logistic regression analyses regressed suicidal ideation on NRC controlling for significant demographic, disease, risk, and protective factors. RESULTS: Negative religious coping was associated with an increased risk for suicidal ideation (OR, 2.65 [95% CI, 1.22, 5.74], p=0.01) after controlling for demographic and disease characteristics, mental and physical health, self-efficacy, secular coping, social support, spiritual care received, global religiousness and spirituality, and positive religious coping. CONCLUSIONS: Negative religious coping is a robust correlate of suicidal ideation. Assessment of NRC in patients with advanced cancer may identify patients experiencing spiritual distress and those at risk for suicidal ideation. Confirmation of these results in future studies would suggest the need for interventions targeting the reduction of NRC to reduce suicidal ideation among advanced cancer patients

Trevino, K. M. and McConnell, T. R. [Psychology Department, Rowan University, Glassboro, NJ]. "**Religiosity and religious coping in patients with cardiovascular disease: change over time and associations with illness adjustment**." *Journal of Religion & Health* 53, no. 6 (Dec 2014):1907-1917. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

> [Abstract:] Little is known about the longitudinal relationship between religiosity/spirituality (R/S) and patient physical and mental health in patients with cardiovascular disease. Forty-three patients with a first-time myocardial infarction or coronary artery revascularization bypass surgery completed measures of religiosity, religious coping, quality of life (QOL), and weight prior to a cardiac rehabilitation program and 1 and 2 years later. R/S changed over time; the direction of the change varied by type of R/S. Increases in religiosity were associated with increases in weight and QOL; increases in religious coping were associated with decreases in weight and increases in QOL.

Troyer, J. M. [Department of Behavioral Sciences, Maryville College, Maryville, TN]. "**Older widowers and postdeath encounters: a qualitative investigation**." *Death Studies* 38, nos. 6-10 (Jul-Dec 2014): 637-647.

[Abstract:] This study examined older widowers' descriptions and interpretations of their postdeath encounters, including sense of presence experiences and sensory experiences (e.g., saw the deceased, heard the deceased's voice). Six older widowers who had reported at least one postdeath encounter were interviewed. Their responses were interpreted within a constructivist perspective. Each widower's explanation of the encounters generally matched his individual religious/spiritual worldview. The participants used both internal (e.g., "My mind was tricking me") and external (e.g., a sign from heaven) sources to explain their postdeath encounters. The author presents implications for future research. [*See also in this same issue of the journal: Cozzolino, P. J., et al., "Self-related consequences of death fear and death denial," noted elsewhere in this bibliography.*]

Tsai, A. C., Lucas, M., Sania, A., Kim, D. and Kawachi, I. "**Social integration and suicide mortality among men: 24-year cohort study of U.S. health professionals**." *Annals of Internal Medicine* 161, no. 2 (Jul 15, 2014): 85-95.

[Abstract:] BACKGROUND: Suicide is a major public health problem. Current thinking about suicide emphasizes the study of psychiatric, psychological, or biological determinants. Previous work in this area has largely relied on surrogate outcomes or samples enriched for psychiatric morbidity. OBJECTIVE: To evaluate the relationship between social integration and suicide mortality. DESIGN: Prospective cohort study initiated in 1988. SETTING: United States. PARTICIPANTS: 34,901 men aged 40 to 75 years. MEASUREMENTS: Social integration was measured with a 7-item index that included marital status, social network size, frequency of contact, religious participation, and participation in other social groups. Vital status of study participants was ascertained through 1 February 2012. The primary outcome of interest was suicide mortality, defined as deaths classified with codes E950 to E959 from the International Classification of Diseases, Ninth Revision. RESULTS: Over 708,945 person-years of follow-up, there were 147 suicides. The incidence of suicide decreased with increasing social integration. In a multivariable Cox proportional hazards regression model, the relative hazard of suicide was lowest among participants in the highest (adjusted hazard ratio [AHR], 0.41 [95% CI, 0.24 to 0.69]) and second-highest (AHR, 0.52 [CI, 0.30 to 0.91]) categories of social integration. Three components (marital status, social network size, and religious service attendance) showed the strongest protective associations. Social integration was also inversely associated with all-cause and cardiovascular-related mortality, but accounting for competing causes of death did not substantively alter the findings. LIMITATIONS: The study lacked information on participants' mental well-being. Some suicides could have been misclassified as accidental deaths. CONCLUSION: Men who were socially well-integrated had a more than 2-fold reduced risk for suicide over 24 years of follow-up.

Tuck, I. and Anderson, L. [North Carolina Agricultural & Technical State University, School of Nursing, Greensboro, NC]. "**Forgiveness, flourishing, and resilience: the influences of expressions of spirituality on mental health recovery**." *Issues in Mental Health Nursing* 35, no. 4 (Apr 2014): 277-282. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The relationships of spirituality, religion, and health have been the subject of research in a variety of disciplines over the past two decades. Findings have varied: Some findings appear to have strong evidence of relationships while other findings are deemed inconclusive. A few studies have distinguished between religion and spirituality, but most investigators have treated the two as one concept with no clear lines of distinction between them. This theoretical study, focusing on the topic of spirituality, explores several related concepts, including forgiveness, flourishing, and resilience, as a basis for developing approaches to facilitate recovery in mental health clients using spiritual interventions. [See also other articles in the same issue of the journal, also cited in this bibliography: by Brewer-Smyth, K. and Koenig, H. G.; and by Shores, C. I.]

Tyagi, A. and Cohen, M. "**Yoga and hypertension: a systematic review**." *Alternative Therapies in Health & Medicine* 20, no. 2 (Mar-Apr 2014): 32-59.

[Abstract:] Lifestyle modification is a cornerstone of hypertension (HPT) treatment, yet most recommendations currently focus on diet and exercise and do not consider stress reduction strategies. Yoga is a spiritual path that may reduce blood pressure (BP) through reducing stress, increasing parasympathetic activation, and altering baroreceptor sensitivity; however, despite reviews on yoga and cardiovascular disease, diabetes, metabolic syndrome, and anxiety that suggest yoga may reduce BP, no comprehensive review has yet focused on yoga and HPT. A systematic review of all published studies on yoga and HPT was performed revealing 39 cohort studies, 30 nonrandomized, controlled trials (NRCTs), 48 randomized, controlled trials (RCTs), and 3 case reports with durations ranging from 1 wk to 4 y and involving a total of 6693 subjects. Most studies reported that yoga effectively reduced BP in both normotensive and hypertensive populations. These studies suggest that yoga is an effective adjunct therapy for HPT and worthy of inclusion in clinical guidelines, yet the great heterogeneity of yoga practices and the variable quality of the research makes it difficult to recommend any specific yoga practice for HPT. Future research needs to focus on high quality clinical trials along with studies on the mechanisms of action of different yoga practices.

Unterrainer, H. F. and Lewis, A. J. [Center for Integrative Addiction Research (Gruner Kreis Society), Vienna, Austria; and School of Psychology, Faculty of Health, Deakin University, Melbourne, Australia]. "**The Janus face of schizotypy: enhanced spiritual connection or existential despair?**" *Psychiatry Research* 220, nos. 1-2 (Dec 15, 2014): 233-236. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] It has been asserted that schizotypy has a negative relationship with subjective well-being. By employing a multidimensional measure of spiritual well being with 400 British College students we report a more complex relationship. The Multidimensional Inventory for Religious/Spiritual Well-Being and Schizotypal Personality Questionnaire-Brief Version were used and analysis made use of Canonical Correlational Analysis. Results suggested that two distinct relationships emerged between schizotypy and spirituality. First, a positive association between cognitive/perceptual features of schizotypy and spiritual connectedness emerged. Second a more global negative relationship between feelings of spiritual isolation and despair was found for all aspects of schizotypy. These findings challenge the previous literature based on one-dimensional subjective well being measures which have found only a negative relationship. However, the positive association between connectedness and cognitive-perceptual aspects of schizotypy raises import questions about the possible benefit of certain types of schizotypal experience.

Unterrainer, H. F., Lewis, A. J. and Fink, A. [Center for Integrative Addiction Research (Gruner Kreis Society/ARS), Vienna, Austria; human.unterrainer@uni-graz.at]. "**Religious/Spiritual Well-being, personality and mental health: a review of results and conceptual issues**." *Journal of Religion & Health* 53, no. 2 (Apr 2014): 382-392.

[Abstract:] The current paper provides background to the development of the Multidimensional Inventory for Religious/Spiritual Well-being and then summarises findings derived from its use with other measures of health and personality. There is substantial evidence for religiosity/spirituality being positively related to a variety of indicators of mental health, including subjective well-being and personality dimensions. Furthermore, religiosity/spirituality can play an important role in the process of recovering from mental illness as well as providing a protective function against addictive or suicidal behaviours. However, further research is needed to examine the mechanisms through which religiosity/spirituality have an impact on health-related conditions.

Van Voorhees, E. E., Hamlett-Berry, K., Christofferson, D. E., Beckham, J. C. and Nieuwsma. J. A. [Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), Durham, NC, and Veterans Affairs National Public Health Tobacco & Health: Policy and Programs, Washington, DC]. "**No wrong door to smoking cessation care: a Veterans Affairs Chaplain survey**." *Military Medicine* 179, no. 5 (May 2014): 472-476. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Cigarette smoking disproportionately affects veterans, particularly those with psychiatric diagnoses. Chaplains working within the Department of Veterans Affairs (VA) play key roles in emotional, physical, and spiritual health care of veterans, and veterans often turn to chaplains with mental health concerns. The VA/Department of Defense Integrated Mental Health Care Strategy is working to understand how collaboration between chaplains and mental health professionals may improve services to veterans, and one interest area is the role chaplains might play in facilitating the dissemination of smoking cessation programs. We report the survey results of 321 VA chaplains regarding their interest and willingness to be involved in smoking cessation efforts. Results indicated that over 80% of responding chaplains would feel "somewhat" or "very comfortable" providing information to veterans about VA smoking cessation programs, and that a smaller majority (between 55% and 85%) would feel this level of comfort engaging in smoking cessation-related activities. Findings suggest the potential for collaboration among chaplains and mental health providers in smoking cessation efforts, and also point to the need for further discussion and deeper mutual understanding between these professionals in how they view their roles in contributing to the overall health and well-being of veterans.

Van Wagoner, N., Mugavero, M., Westfall, A., Hollimon, J., Slater, L. Z., Burkholder, G., Raper, J. L. and Hook, E. W. 3rd. [Division of Infectious Diseases, Department of Medicine, University of Alabama at Birmingham]. "**Church attendance in men who have sex with men diagnosed with HIV is associated with later presentation for HIV care**." *Clinical Infectious Diseases* 58, no. 2 (Jan 2014): 295-299.

[Abstract:] We demonstrate an interdependent relationship between sexual behavior and church attendance on timing of human immunodeficiency virus (HIV) diagnosis and presentation for care. Men who have sex with men (MSM) and who attend church are more likely to present with lower CD4(+) T-lymphocyte counts than MSM who do not attend church.

Webb, J. R., Toussaint, L. and Dula, C. S. [Department of Psychology, East Tennessee State University, Johnson City, TN]. "**Ritualistic, theistic, and existential spirituality: initial psychometric qualities of the RiTE measure of spirituality**." *Journal of Religion & Health* 53, no. 4 (Aug 2014): 972-985. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] An expanded model to conceptualize sacred human experiences is discussed wherein the term Spirituality is broadened to include: (1) Ritualistic Spirituality, (2) Theistic Spirituality, and (3) Existential Spirituality. However, a measure incorporating this expanded model does not yet exist. A 67-item self-report questionnaire was developed and data were collected from 1,301 undergraduate students. A series of factor analytic procedures yielded a three-factor structure consistent with the guiding theoretical model and refinement produced three 10-item subscales. Evidence for construct validity and sound psychometric properties was indicative of a reliable, valid, and unique tool to assess the multidimensional nature of spirituality.

Weber, S. R. and Pargament. K. I. [Ohio State University Wexner Medical Center, Columbus; and Bowling Green State University, Bowling Green, OH]. "**The role of religion and spirituality in mental health**." *Current Opinion in Psychiatry* 27, no. 5 (Sep 2014): 358-363.

[Abstract:] PURPOSE OF REVIEW: There has been increased interest in the relationship between religion and spirituality and mental health in recent years. This article reviews recent research into the capacity of religion and spirituality to benefit or harm the mental health of believers. We also examine the implications this may have for assessment and treatment in psychiatric settings. RECENT FINDINGS: Studies indicate that religion and spirituality can promote mental health through positive religious coping, community and support, and positive beliefs. Research also shows that religion and spirituality can be damaging to mental health by means of negative religious coping, misunderstanding and miscommunication, and negative beliefs. Tools for the assessment of patients' spiritual needs have been studied, and incorporation of spiritual themes into treatment has shown some promise. SUMMARY: Religion and spirituality have the ability to promote or damage mental health. This potential demands an increased awareness of religious matters by practitioners in the mental health field as well as ongoing attention in psychiatric research.

Wellman, A. R. [University of Central Missouri]. "**Faith without answers: the use of religion among cold case homicide survivors**." *Omega - Journal of Death & Dying* 69, no. 1 (2014): 19-39.

[Abstract:] Through data gathered from interviews with cold case homicide survivors, this article reveals the important role of religion and faith in the aftermath of an unsolved murder. Using qualitative methodology, the author highlights the lived experiences and personal journeys of cold case homicide surviving family members, who are often a forgotten and an overlooked segment of victims. Qualitative data suggests that these cold case homicide survivors found religion to be critical in the aftermath of their loved one's murder. Specifically, survivors indicated their faith was fundamental in coping with the homicide and provided hope for anticipating a resolution in their cases. From these intimate, personal survivor accounts, scholars and practitioners can begin to develop future research and programs that are specifically designed to highlight the role of religion in moving forward after an unsolved murder.

Westers, N. J., Rehfuss, M., Olson, L. and Wiemann, C. M. "**An exploration of adolescent nonsuicidal self-injury and religious coping**." *International Journal of Adolescent Medicine & Health* 26, no. 3 (2014): 345-349. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Abstract Many adolescents who engage in nonsuicidal self-injury (NSSI) self-identify as religious, but the role of religion in their NSSI is not known. This exploratory study examined the relationship between religious coping and religiousness among adolescents who self-injure and the function of their NSSI. Thirty adolescents aged 12-19 years who had engaged in NSSI participated in an interview and completed questionnaires. Multiple regressions were used to examine the relationship between religious coping and NSSI, and Pearson correlations were used to assess the relationship between religiousness and function of NSSI. Greater use of positive religious coping was associated with lower likelihood of engaging in NSSI to rid oneself of unwanted emotions, whereas greater use of negative religious coping was associated with greater likelihood of engaging in NSSI for this reason as well as to avoid punishment or unwanted responsibility. Higher religiousness was associated with greater use of NSSI to communicate with or gain attention from others, whereas lower religiousness was associated with greater use of NSSI to relieve unwanted emotions. Having a greater understanding of how religious constructs are related to the various functions served by NSSI may inform treatment of this population, particularly among religious youth who self-injure.

Williams, L., Gorman, R. and Hankerson, S. [Mental Health Association in New Jersey, Verona, NJ]. "**Implementing a mental health ministry committee in faith-based organizations: the promoting emotional wellness and spirituality program**." *Social Work in Health Care* 53, no. 4 (2014): 414-434.

[Abstract:] Social workers have successfully collaborated with African-American faith-based organizations to improve health outcomes for numerous medical conditions. However, the literature on Faith-Based Health Promotion for major depression is sparse. Thus, the authors describe a program used to implement a Mental Health Ministry Committee in African-American churches. Program goals are to educate clergy, reduce stigma, and promote treatment seeking for depression. Key lessons learned are to initially form partnerships with church staff if there is not a preexisting relationship with the lead pastor, to utilize a community-based participatory approach, and to have flexibility in program implementation.

Wright, J. M., Cottrell, D. J. and Mir, G. [Leeds Institute of Health Sciences, University of Leeds, UK; j.m.wright@leeds.ac.uk]. "**Searching for religion and mental health studies required health, social science, and grey literature databases**." *Journal of Clinical Epidemiology* 67, no. 7 (Jul 2014): 800-810.

[Abstract:] OBJECTIVE: To determine the optimal databases to search for studies of faith-sensitive interventions for treating depression. STUDY DESIGN AND SETTING: We examined 23 health, social science, religious, and grey literature databases searched for an evidence synthesis. Databases were prioritized by yield of (1) search results, (2) potentially relevant references identified during screening, (3) included references contained in the synthesis, and (4) included references that were available in the database. We assessed the impact of databases beyond MEDLINE, EMBASE, and PsycINFO by their ability to supply studies identifying new themes and issues. We identified pragmatic workload factors that influence database selection. RESULTS: PsycINFO was the best performing database within all priority lists. ArabPsyNet, CINAHL, Dissertations and Theses, EMBASE, Global Health, Health Management Information Consortium, MEDLINE, PsycINFO, and Sociological Abstracts were essential for our searches to retrieve the included references. Citation tracking activities and the personal library of one of the research teams made significant contributions of unique, relevant references. Religion studies databases (Am Theo Lib Assoc, FRANCIS) did not provide unique, relevant references. CONCLUSION: Literature searches for reviews and evidence syntheses of religion and health studies should include social science, grey literature, non-Western databases, personal libraries, and citation tracking activities

Yamada, A. M., Subica, A. M., Kim, M. A., Van Nguyen, K., Lim, C. S. and Mancuso, L. L. [School of Social Work, University of Southern California, Los Angeles]. "**State of spirituality-infused mental health services in Los Angeles County wellness and client-run centers**." *Administration & Policy in Mental Health* 41, no. 6 (Nov 2014): 835-844. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Spiritual coping is associated with positive mental health outcomes for individuals with serious mental illness, yet spirituality-infused services are seldom offered in public sector mental health agencies. The Los Angeles County Department of Mental Health introduced a policy addressing spirituality in 2012. This study explored the breadth and degree to which spirituality-infused activities were being offered in 53 Los Angeles wellness and recovery centers after the policy was widely disseminated. More than 98 % of the centers offered options for spirituality-infused activities; one-third offered spirituality-focused groups. Los Angeles's progress may guide implementation of spirituality-infused services in other state or local public mental health systems.

Zernicke, K. A., Campbell, T. S., Speca, M., McCabe-Ruff, K., Flowers, S. and Carlson, L. E. [University of Calgary, Canada]. "**A randomized wait-list controlled trial of feasibility and efficacy of an online mindfulness-based cancer recovery program: the eTherapy for cancer applying mindfulness trial**." *Psychosomatic Medicine* 76, no. 4 (May 2014): 257-267.

[Abstract:] OBJECTIVE: A treatment-as-usual randomized wait-list controlled trial was conducted to investigate the feasibility and impact of an online synchronous Mindfulness-Based Cancer Recovery (MBCR) group program for underserved distressed cancer survivors. METHODS: Sixty-two men and women exhibiting moderate to high distress within 3 years of completing primary cancer treatment without access to in-person MBCR were randomized to either immediate online MBCR (n = 30) or to wait for the next available program (n = 32). Participants completed questionnaires preintervention and postintervention or wait period online. Program evaluations were completed after MBCR. Feasibility was tracked through monitoring eligibility and participation through the protocol. Intent-to-treat mixed-model analyses for repeated measures were conducted. RESULTS: Feasibility targets for recruitment and retention were achieved, and participants were satisfied and would recommend online MBCR. There were significant improvements and moderate Cohen d effect sizes in the online MBCR group relative to controls after MBCR for total scores of mood disturbance (d = 0.44, p = .049), stress symptoms (d = 0.49, p = .021), spirituality (d = 0.37, p = .040), and mindfully acting with awareness (d = 0.50, p = .026). Main effects of time were observed for posttraumatic growth and remaining mindfulness facets. CONCLUSIONS: Results provide evidence for the feasibility and efficacy of an online adaptation of MBCR for the reduction of mood disturbance and stress symptoms, as well as an increase in spirituality and mindfully acting with awareness compared with a treatment-as-usual wait-list. Future study using larger active control RCT designs is warranted.

Zou, J., Huang, Y., Maldonado, L., Kasen, S., Cohen, P. and Chen, H. [Department of Epidemiology and Biostatistics, College of Public Health, University of South Florida, Tampa]. "**The efficacy of religious service attendance in reducing depressive symptoms**." *Social Psychiatry & Psychiatric Epidemiology* 49, no. 6 (Jun 2014): 911-918.

[Abstract:] PURPOSE: To examine whether religiosity may help people ward off depression, we investigated the association between religious service attendance and depressive symptom scores in a community-based 30-year follow-up longitudinal study. METHODS: This study used data on 754 subjects followed over 30 years and evaluated at four time points. Linear mixed effects models were used to assess the association between religious service attendance and depressive symptoms development; frequency of attendance and age also were used as predictors. Demographic factors, life-time trauma, family socioeconomic status, and recent negative events were considered as control variables. RESULTS: Depressive symptom scores were reduced by an average of 0.518 units (95 % CI from -0.855 to -0.180, p < 0.005) each year in subjects who attended religious services as compared with subjects who did not. The more frequent the religious service attendance, the stronger the influence on depressive symptoms when compared with non-attendance. Yearly, monthly, and weekly religious service attendance reduced depression scores by 0.474 (95 % CI from -0.841 to -0.106, p < 0.01), 0.495 (95 % CI from -0.933 to -0.057, p < 0.05) and 0.634 (95 % CI from -1.056 to -0.212, p < 0.005) units on average, respectively, when compared with non-attendance after controlling for other covariates. CONCLUSION: Religious service attendance may reduce depressive symptoms significantly, with more frequent attendance having an increasingly greater impact on symptom reduction in this 30-year community-based longitudinal study.

Zukerman, G. and Korn, L. [School of Health Sciences, Ariel University, Ariel, Israel]. "**Post-traumatic stress and world assumptions: the effects of religious coping**." *Journal of Religion & Health* 53, no. 6 (Dec 2014): 1676-1690. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] Religiosity has been shown to moderate the negative effects of traumatic event experiences. The current study was designed to examine the relationship between post-traumatic stress (PTS) following traumatic event exposure; world assumptions defined as basic cognitive schemas regarding the world; and self and religious coping conceptualized as drawing on religious beliefs and practices for understanding and dealing with life stressors. This study examined 777 Israeli undergraduate students who completed several questionnaires which sampled individual world assumptions and religious coping in addition to measuring PTS, as manifested by the PTSD check list. Results indicate that positive religious coping was significantly associated with more positive world assumptions, while negative religious coping was significantly associated with more negative world assumptions. Additionally, negative world assumptions were significantly associated with more avoidance symptoms, while reporting higher rates of traumatic event exposure was significantly associated with more hyper-arousal. These findings suggest that religious-related cognitive schemas directly affect world assumptions by creating protective shields that may prevent the negative effects of confronting an extreme negative experience.

Zullig, L. L., Jackson, G. L., Provenzale, D., Griffin, J, M., Phelan, S., Nieuwsma, J. A, and van Ryn, M. [Center for Health Services Research in Primary Care, Durham Veterans Affairs Medical Center, Durham, NC]. "**Utilization of hospital-based chaplain services among newly diagnosed male Veterans Affairs colorectal cancer patients.**" *Journal of Religion & Health* 53, no. 2 (Apr 2014): 498-510. [Note: This article was still listed on Medline's In-Process database at the time of this bibliography's completion.]

[Abstract:] The aim of the study was to examine utilization of chaplain services among Veterans Affairs patients with colorectal cancer (CRC). In 2009, the Cancer Care Assessment and Responsive Evaluation Studies questionnaire was mailed to VA CRC patients diagnosed in 2008 (67 % response rate). Multivariable logistic regression examined factors associated with chaplain utilization. Of 918 male respondents, 36 % reported utilizing chaplains. Chaplain services were more likely to be utilized by patients with higher pain levels (OR = 1.017; 95 % CI = 0.999-1.035), younger age (age OR = 0.979; 95 % CI = 0.964-0.996), and later cancer stage (early stage OR = 0.743; 95 % CI = 0.559-0.985). Chaplain services are most utilized by younger, sicker patients.