Spirituality & Health: A Select Bibliography
of *Medline*-Indexed Articles Published in
2007

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The following is a selection of 420 *Medline*-indexed journal articles pertaining to spirituality & health published during 2007, from among the more than 1,600 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care" (and includes a small number of articles from Medline's *In-Process* database not yet listed on the general Medline database at the time of this bibliography's completion). The sample here indicates the great scope of the literature, but note that since *Medline* is itself a selective index of journals, an even broader range of material may be found through other health science indices/databases—e.g., *CINAHL/Nursing* or *PsycINFO*.

Ai, A. L., Park, C. L., Huang, B., Rodgers, W. and Tice, T. N. [University of Washington, Seattle; amyai@u.washington.edu]. "**Psychosocial mediation of religious coping styles: a study of short-term psychological distress following cardiac surgery**." *Personality & Social Psychology Bulletin* 33, no. 6 (Jun 2007): 867-882.
[Abstract:] Although religiousness and religious coping styles are well-documented predictors of well-being, research on the mechanisms through which religious coping styles operate is sparse. This prospective study examined religious coping styles, hope, and social support as pathways of the influence of general religiousness (religious importance and involvement) on the reduced postoperative psychological distress of 309 cardiac patients. Results of structural equation modeling indicated that controlling for preoperative distress, gender, and education, religiousness contributed to positive religious coping, which in turn was associated with less distress via a path fully mediated by the secular factors of social support and hope. Furthermore, negative religious coping styles, although correlated at the bivariate level with preoperative distress but not with religiousness, were associated both directly and indirectly with greater post-operative distress via the same mediators.

Ai, A. L., Peterson, C., Tice, T. N., Huang, B., Rodgers, W. and Bolling, S. F. [University of Washington; moserr@mail.nih.gov]. "**The influence of prayer coping on mental health among cardiac surgery patients: the role of optimism and acute distress**." *Journal of Health Psychology* 12, no. 4 (Jul 2007): 580-596.
[Abstract:] To address the inconsistent findings and based on Hegel's dialectic contradictive principle, this study tested a parallel mediation model that may underlie the association of using prayer for coping with cardiac surgery outcomes. Three sequential interviews were conducted with 310 patients who underwent open-heart surgery. A structural equation model demonstrated that optimism mediated the favorable effect of prayer coping. Prayer coping was also related to preoperative stress symptoms, which had a counterbalance effect on outcomes. Age was associated with better preoperative mental health, but age-related chronic conditions were associated with poor outcomes; both of these were mediated through the same mediators.

Aldeen, A. Z. [Northwestern University Feinberg School of Medicine, Chicago, IL; ameraldeen@gmail.com]. "**The Muslim ethical tradition and emergent medical care: an uneasy fit**." *Academic Emergency Medicine* 14, no. 3 (Mar 2007): 277-278.
This is a commentary on Padela, A. I., "Can you take care of my mother? Reflections on cultural competency and clinical accommodation" [pp. 275-277 of the same issue], which describes the case of a Muslim patient who presented a resident with dilemmas in cross-cultural care.

Ambs, A. H., Miller, M. F., Smith, A. W., Goldstein, M. S., Hsiao, A. F. and Ballard-Barbash, R. [Applied Research Program, Division of Cancer Control and Prevention Sciences, National Cancer Institute, Bethesda, MD; ambsa@mail.nih.gov]. "**Religious and spiritual practices and identification among individuals living with cancer and other chronic disease**." *Journal of the Society for Integrative Oncology* 5, no. 2 (2007): 53-60.
[Abstract:] Religion and spirituality in the context of health care are poorly understood, particularly for individuals with chronic illness. Using data from the 2003 Complementary and Alternative Medicine supplement to the 2001 California Health Interview Survey, we examined whether cancer survivors (n = 1,777) and individuals with other chronic illnesses (n = 4,784) were either more likely to identify themselves as religious and spiritual or more likely to use religious and spiritual practices for health purposes than individuals with no disease (n = 2,342). We observed that cancer survivors and individuals with chronic illnesses were more likely than those with no disease to use religious and spiritual prayer and healing practices. Individuals with chronic diseases were not inherently more likely to identify themselves as religious than were healthy individuals and were only slightly more likely to identify themselves as spiritual. These findings indicate that individuals with cancer and other chronic illnesses may be using religious and spiritual practices as a way to cope with their illness. Future research should continue to examine whether and how religious and spiritual practices are used as complementary or alternative medicine, and health care professionals should ask their patients about such use.

American College of Clinical Pharmacy, O'Connell, M. B., Korner, E. J., Rickles, N. M. and Sias, J. J. "**Cultural competence in health care and its implications for pharmacy, part 1: overview of key concepts in multicultural health care**." *Pharmacotherapy* 27, no. 7 (Jul 2007): 1062-1079.
This ACCP "white paper" notes *passim* the significance of religion to pharmacotherapy. See esp. Figure 1 on p. 1066, and Table 2 on p. 1067.

Ammerman, D. J., Watters, J., Clinch, J. J., Hebert, P. C., Wilson, K. G., Morris, D. B. and Fergusson, D. [Clinical Epidemiology Program, Ottawa Health Research Institute, Ottawa, Canada]. "**Exploring quality of life for patients undergoing major surgery: the perspectives of surgeons, other healthcare professionals, and patients**." *Surgery* 141, no. 1 (Jan 2007): 100-109. This study analyzed interviews with 52 elective surgery patients, 14 surgeons, and 19 other healthcare professionals, and identified 85 themes in 6 domains. [From the abstract:] CONCLUSIONS: Surgeons, other healthcare professionals, and patients identified many similar concerns related to the well-being of patients undergoing major surgery. However, the importance of social and spiritual themes to patients may be underestimated by surgeons.

Anandarajah, G. and Mennillo, R. [Brown Medical School, Pawtucket, RI; gowri_anandarajah@brown.edu]. "**Responding to a patient's request to pray**." *American Family Physician* 76, no. 1 (Jul 1, 2007): 133-134. This brief "curbside consultation" article offers some practical advice for physicians faced with requests for prayer. The authors cite a handful of articles on the subject [--however they do *not* cite the very helpful article: Lo, B., et al., "Responding to requests regarding prayer and religious ceremonies by patients near the end of life and their families." *Journal of Palliative Medicine* 6, no. 3 (June 2003): 409-15].

Anandarajah, G. and Mitchell, M. [Family Medicine, Brown Medical School, Providence, RI; gowri_anandarajah@brown.edu]. "**A spirituality and medicine elective for senior medical students: 4 years' experience, evaluation, and expansion to the family medicine residency**." *Family Medicine* 39, no. 5 (May 2007): 313-315. [Abstract:] BACKGROUND: Evidence suggests that spirituality is important in patient care and medical education, yet there are few reports of spirituality and medicine curricular evaluation. METHODS: We developed, implemented, and evaluated a 17-hour elective on spirituality and patient care for 4 consecutive years. We presented the elective to 10 fourth-year medical students (MS4s) in years one and two and to eight MS4s and 15 residents, faculty, and staff in years three and four. We evaluated knowledge and skills using pre-course and post-course questionnaires and written cases and learner satisfaction using course evaluations. RESULTS: Students' knowledge improved on the evidence about spirituality, clinical resources, role of chaplains, approaches to patient care, and recognizing spiritual distress. Reported course strengths included diversity of topics and instructors, universal principles, small-group format, case discussions, and opportunity for self-reflection. Comments reflected enhanced value in the "meaning in medicine" and "whole person care." CONCLUSIONS: Senior medical students rated the elective positively and increased their knowledge of spirituality and medicine. It was also positively received by residents, faculty, and staff and paved the way for residency curricula in this subject. [See also, from this same journal issue: Anandarajah, et al., "Evaluation of a required spirituality and medicine teaching session in the family medicine clerkship," noted in this bibliography.]

Anandarajah, G., Mitchell, M. and Stumpff, J. "**Evaluation of a required spirituality and medicine teaching session in the family medicine clerkship**." *Family Medicine* 39, no. 5 (May 2007): 311-312. This is a brief report of a six-year run of a clerkship program involving 490 students. It evolved from a didactic-based curriculum to one that engaged students' own experiences with patients. "This teaching session on spirituality and medicine was successfully integrated into the core clinical clerkship, was acceptable to a diverse student body and resulted in increased knowledge of the subject. Improved skills training and evaluation could be achieved with the addition of direct patient care and/or standardized patient interviews." (pp. 311-312). [See also, from this same journal issue: Anandarajah & Mitchell, "A spirituality and medicine elective for senior medical students: 4 years' experience, evaluation, and expansion to the family medicine residency," noted in this bibliography.]

Aquino,V. V. and Zago, M. M. [Ribeirao Preto College of Nursing, University of Sao Paulo, Brazil]. "**The meaning of religious beliefs for a group of cancer patients during rehabilitation**." *Revista Latino-Americana de Enfermagem* 15, no. 1 (Jan-Feb 2007): 42-47. [Abstract:] The objective of this exploratory study was to identify how religion influences the survival of a group of cancer patients. The study consisted of an ethnographic case with the participation of six laryngectomized male and female patients between 51 and 72 years old, who had been operated on two to five years earlier. Data were collected by semistructured interviews and analyzed on the basis of the concepts of culture and religion. The results were synthesized into three descriptive categories: the moral representation of cancer, religious beliefs about the cancer trajectory, and negotiation with religion for survival. These categories give rise to the meaning "the hope for a second chance", which emphasizes the importance of religion as part of the support networks that articulate with the patient's coping with the stigma of cancer, with the hope for cure, and with the ways of organizing everyday life, during survival.

Arcury, T. A., Stafford, J. M., Bell, R. A., Golden, S. L., Snively, B. M. and Quandt, S. A. [Department of Family and Community Medicine, Wake Forest University School of Medicine, Winston-Salem, NC; tarcury@wfubmc.edu]. "**The association of health and functional status with private and public religious practice among rural, ethnically diverse, older adults with diabetes**." *Journal of Rural Health* 23, no. 3 (2007): 246-253. [Abstract:] PURPOSE: This analysis describes the association of health and functional status with private and public religious practice among ethnically diverse (African American, Native American, white) rural older adults with diabetes. METHODS: Data were collected using a population-based, cross-sectional, stratified, random sample survey of 701 community-dwelling elders with diabetes in two rural North Carolina counties. Outcome measures were private religious practice, church attendance, religious support provided, and religious support received. Correlates included religiosity, health and functional status, and personal characteristics. Statistical significance was assessed using multiple linear regression and logistic regression models. FINDINGS: These rural elders had high levels of religious belief, and private and public religious practice. Religiosity was associated with private and public religious practice. Health and functional status were not associated with private religious practice, but they were associated with public religious practice, such that those with limited functional status participated less in public religious practice. Ethnicity was associated with private religious practice: African Americans had higher levels of private religious practice than Native Americans or whites, while Native Americans had higher levels than whites. CONCLUSIONS: Variation in private religious practice among rural older adults is related to personal characteristics and religiosity, while public religious practice is related to physical health, functional status, and religiosity. Declining health may affect the social integration of rural older adults by limiting their ability to participate in a dominant social institution.

Arnette, N. C., Mascaro, N., Santana, M. C., Davis, S. and Kaslow, N. J. [Emory University School of Medicine, Atlanta, GA]. "**Enhancing spiritual well-being among suicidal African American female survivors of intimate partner violence**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 909-924.

[Abstract:] Spirituality has been identified as one component of a culturally competent therapeutic intervention for African American women. The present study was designed to investigate the ability of factors, such as level of hopelessness and the use of positive religious coping strategies, to predict spiritual well-being over time. Seventy-four low-income African American women were administered self-report questionnaires measuring hopelessness, use of religious coping strategies, and two domains of spiritual well-being. Path analysis indicated that hopelessness, existential well-being, religious well-being, and positive religious coping are correlated with one another. Further, lower levels of hopelessness predict increases in existential well-being over time; higher levels of positive religious coping predict increases in religious well-being over time. Results were consistent with the study hypotheses and highlight the need to attend to predictors of spiritual well-being when implementing culturally relevant interventions with abused, suicidal African American women. Therapeutic strategies for reducing hopelessness and enhancing positive religious coping to improve spiritual and existential well-being are presented; such strategies will ensure the interventions are more culturally competent. [This article is part of a special journal issue on spirituality and psychotherapy.]

Arriola, K. R., Perryman, J. P., Doldren, M. A., Warren, C. M. and Robinson, D. H. [Rollins School of Public Health of Emory University, Atlanta, GA; kjacoba@sph.emory.edu]. "**Understanding the role of clergy in African American organ and tissue donation decision-making**." *Ethnicity & Health* 12, no. 5 (Nov 2007): 465-482.

[Abstract:] OBJECTIVES: To describe and understand the attitudes, beliefs, and experiences towards organ and tissue donation among African American clergy in Atlanta, Georgia, USA. The secondary objective is to understand what messages clergy are providing to their parishioners relative to organ and tissue donation, and what their perceived role is in donation education. DESIGN: A qualitative study in which African American clergy (n=26) participated in four focus groups. RESULTS: African American clergy, though generally supportive of organ and tissue donation in principle, have serious reservations about donation due to perceived inequalities in the donation and transplantation system. The clergy did not personally hold religious concerns about donation, but expressed that these concerns were a major barrier to donation among their parishioners. None of the clergy knew the written position that their religion took on donation; they acknowledged the need for more education for them and their parishioners on this topic. They also felt that as religious leaders, they could play an important role in promoting organ and tissue donation among African American parishioners. CONCLUSIONS: African American clergy and religious leaders may play an important role towards improving willingness to donate among African American parishioners, but more education and advocacy is needed to prepare them for this role.

Astrow, A. B., Wexler, A., Texeira, K., He, M. K. and Sulmasy, D. P. [Maimonides Medical Center, Brooklyn, NY]. "**Is failure to meet spiritual needs associated with cancer patients' perceptions of quality of care and their satisfaction with care?**" *Journal of Clinical Oncology* 25, no. 36 (Dec 20, 2007): 5753-5757.

[Abstract:] PURPOSE: Few studies regarding patients' views about spirituality and health care have included patients with cancer who reside in the urban, northeastern United States. Even fewer have investigated the relationship between patients' spiritual needs and perceptions of quality and satisfaction with care. PATIENTS AND METHODS: Outpatients (N = 369) completed a questionnaire at the Saint Vincent's Comprehensive Cancer Center in New York, NY. The instrument included the Quality of End-of-Life Care and Satisfaction with Treatment quality-of-care scale and questions about spiritual and religious beliefs and needs. RESULTS: The participants' mean age was 58 years; 65% were female; 67% were white; 65% were college educated; and 32% had breast cancer. Forty-seven percent were Catholic; 19% were Jewish; 16% were Protestant; and 6% were atheist or agnostic. Sixty-six percent reported that they were spiritual but not religious. Only 29% attended religious services at least once per week. Seventy-three percent reported at least one spiritual need; 58% thought it appropriate for physicians to inquire about their spiritual needs. Eighteen percent reported that their spiritual needs were not being met. Only 6% reported that any staff members had inquired about their spiritual needs (0.9% of inquiries by physicians). Patients who reported that their spiritual needs were not being met gave lower ratings of the quality of care (P = .009) and reported lower satisfaction with care (P = .006). CONCLUSION: Most patients had spiritual needs. A slight majority thought it appropriate to be asked about these needs, although fewer thought this compared with reports in other settings. Few had their spiritual needs addressed by the staff. Patients whose spiritual needs were not met reported lower ratings of quality and satisfaction with care.

Atkins, R. G. Jr. and Hawdon, J. E. [The Walsh Group, Bethesda, MD 20817]. "**Religiosity and participation in mutual-aid support groups for addiction**." *Journal of Substance Abuse Treatment* 33, no. 3 (Oct 2007): 321-331.

[Abstract:] Mutual-aid support groups play a vital role in substance abuse treatment in the United States. A national survey of mutual-aid support groups for addiction was conducted to identify key differences between participants in recovery groups. Survey data indicate that active involvement in support groups significantly improves one's chances of remaining clean and sober, regardless of the group in which one participates. Respondents whose individual beliefs better matched those of their primary support groups showed greater levels of group participation, resulting in better outcomes as measured by increased number of days clean and sober. Religious respondents were more likely to participate in 12-step groups and Women for Sobriety. Nonreligious respondents were significantly less likely to participate in 12-step groups. Religiosity had little impact on SMART Recovery participation but actually decreased participation in Secular Organizations for Sobriety. These results have important implications for treatment planning and matching individuals to appropriate support groups. [See also articles by Galanter, M. and by Galanter, M., et al., in this same issue of the journal.]

Balboni, T. A., Vanderwerker, L. C., Block, S. D., Paulk, M. E., Lathan, C. S., Peteet, J. R. and Prigerson, H. G. [Harvard Radiation Oncology Program, Dana-Farber Cancer Institute, Boston, MA; tbalboni@partners.org]. "**Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life**." *Journal of Clinical Oncology* 25, no. 5 (Feb 10, 2007): 555-560. Comment on pp. 467-468.

[Abstract:] PURPOSE: Religion and spirituality play a role in coping with illness for many cancer patients. This study examined religiousness and spiritual support in advanced cancer patients of diverse racial/ethnic backgrounds and associations with quality of life (QOL), treatment preferences, and advance care planning. METHODS: The Coping With Cancer study is a federally funded, multi-institutional investigation examining factors associated with advanced cancer patient and caregiver well-being. Patients with an advanced cancer diagnosis and failure of first-line chemotherapy were interviewed at baseline regarding religiousness, spiritual support, QOL, treatment preferences, and advance care planning. RESULTS: Most (88%) of the study population (N = 230) considered religion to be at least somewhat important. Nearly half (47%)

reported that their spiritual needs were minimally or not at all supported by a religious community, and 72% reported that their spiritual needs were supported minimally or not at all by the medical system. Spiritual support by religious communities or the medical system was significantly associated with patient QOL (P = .0003). Religiousness was significantly associated with wanting all measures to extend life (odds ratio, 1.96; 95% CI, 1.08 to 3.57). CONCLUSION: Many advanced cancer patients' spiritual needs are not supported by religious communities or the medical system, and spiritual support is associated with better QOL. Religious individuals more frequently want aggressive measures to extend life.

Banthia, R., Moskowitz, J. T., Acree, M. and Folkman, S. [University of California, San Francisco]. "**Socioeconomic differences in the effects of prayer on physical symptoms and quality of life**." *Journal of Health Psychology* 12, no. 2 (Mar 2007): 249-260.
[Abstract:] The extent to which religiosity is related to well-being may differ as a function of race/ethnicity, education or income. We asked 155 caregivers to complete measures of religiosity, prayer, physical symptoms and quality of life. Lower education and, to a lesser extent, lower income were correlated with religiosity and prayer. There were few direct relationships of religiosity and prayer with quality of life and health symptoms. However, the relationships became significant when education and, to a lesser degree, income were taken into account. Prayer was associated with fewer health symptoms and better quality of life among less educated caregivers.

Bartkowski, J. P. and Xu X. [Department of Sociology, Anthropology, and Social Work, Mississippi State University, Mississippi State, MS; bartkowski@soc.msstate.edu]. "**Religiosity and teen drug use reconsidered: a social capital perspective**." *American Journal of Preventive Medicine* 32, no. 6, Suppl. (Jun 2007): S182-194.
[Abstract:] BACKGROUND: Although religiosity has often been shown to have a deterrent effect on teen drug use, noteworthy theoretic gaps and contradictory findings have left important questions unanswered. METHODS: Conceptualizing religion as a measure of social capital and using cross-sectional data from Monitoring the Future (1996), a nationally representative sample of American high school seniors collected annually, this study is designed to shed new light on the relationship between religiosity and drug use among American youth. Levels of teen drug use for three different components of faith-based social capital-exposure to and internalization of religious norms, integration within religious networks, and trust in religious phenomena-are explored with respect to high school seniors' use of alcohol, marijuana, and other illicit drugs during the year prior to the survey. In addition, drug use associated with faith-based and secular forms of civic engagement among teens (e.g., participation in religious youth groups vs secular organizations such as sports and school clubs, theistic trust vs secular trust) are compared. RESULTS: Among religiosity variables, integration within congregational networks (i.e., worship service attendance) exhibits the most consistent negative association with youth drug use. Theistic trust is not associated with teen drug use, but secular trust and civic participation in secular organizations are associated with less drug use. CONCLUSIONS: Elements of both religious and secular social capital are associated with lower reported drug use, thereby suggesting that multiple avenues for the prevention of teen drug use might be pursued. Implications and directions for future research are discussed.

Basit, A. [abasit97@aol.com]. "**An Islamic perspective on coping with catastrophe**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 950-951.
This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Bayat M. [School of Education, DePaul University, Chicago, IL; mbayat@depaul.edu]. "**Evidence of resilience in families of children with autism**." *Journal of Intellectual Disability Research* 51, pt. 9 (Sep 2007): 702-714.
[From the abstract:] This report, a part of a larger study--using both quantitative and qualitative methodologies--is an examination of factors of family resilience in the families of children with autism. …Survey respondents consisted of 175 parents and other primary caregivers of a child with autism--ages between 2 and 18 years. RESULTS: Results suggest identification of specific resilience processes, such as: making positive meaning of disability, mobilization of resources, and becoming united and closer as a family; finding greater appreciation of life in general, and other people in specific; and gaining spiritual strength….

Beckman, S., Boxley-Harges, S., Bruick-Sorge, C. and Salmon, B. [Department of Nursing, Indiana University-Purdue University, Fort Wayne, IN; beckmans@ipfw.edu]. "**Five strategies that heighten nurses' awareness of spirituality to impact client care**." *Holistic Nursing Practice* 21, no. 3 (May-Jun 2007): 135-139.
[Abstract:] Professional practice standards mandate that spiritual nursing care is a responsibility, not an option. This article explores 5 experiential learning activities that seek to heighten a person's awareness of his or her own spirituality and that also increases one's sensitivity to the spiritual needs of others.

Beitel, M., Genova, M., Schuman-Olivier, Z., Arnold, R., Avants, S. K. and Margolin, A. [Yale University School of Medicine, New Haven, CT]. "**Reflections by inner-city drug users on a Buddhist-based spirituality-focused therapy: a qualitative study**." *American Journal of Orthopsychiatry* 77, no. 1 (Jan 2007): 1-9.
[Abstract:] A manual-guided, spirituality-focused intervention--spiritual self-schema (3-S) therapy--for the treatment of addiction and HIV-risk behavior was developed as part of a Stage I behavioral therapies development project. It is theoretically grounded in cognitive and Buddhist psychologies and may be suitable for individuals of diverse faiths. The therapy development process began with focus groups to assess addicted clients' perceived need for a spirituality-focused intervention. The therapy was then codified in manual format, and a controlled clinical trial was conducted. Here the authors report on inner-city, methadone-maintained clients' personal experiences that were recorded in semistructured interviews following completion of the therapy. Findings from this qualitative study support the value of integrating spirituality-focused interventions into addiction treatment for the purpose of increasing motivation for drug abstinence and HIV prevention.

Bekelman, D. B., Dy, S. M., Becker, D. M., Wittstein, I. S., Hendricks, D. E., Yamashita, T. E. and Gottlieb, S. H. [Department of Medicine, Division of General Internal Medicine, University of Colorado at Denver and Health Sciences Center, Denver, CO; David.Bekelman@UCHSC.edu]. "**Spiritual well-being and depression in patients with heart failure**." *Journal of General Internal Medicine* 22, no. 4 (Apr 2007): 470-477. [Erratum appears in vol. 22, no. 7 (July 2007): 1066.]
[Abstract:] BACKGROUND: In patients with chronic heart failure, depression is common and associated with poor quality of life, more frequent hospitalizations, and higher mortality. Spiritual well-being is an important, modifiable coping resource in patients with terminal cancer and is associated with less depression, but little is known about the role of spiritual well-being in patients with heart failure. OBJECTIVE: To

identify the relationship between spiritual well-being and depression in patients with heart failure. DESIGN: Cross-sectional study. PARTICIPANTS: Sixty patients aged 60 years or older with New York Heart Association class II-IV heart failure. MEASUREMENTS: Spiritual well-being was measured using the total scale and 2 subscales (meaning/peace, faith) of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being scale, depression using the Geriatric Depression Scale-Short Form (GDS-SF). RESULTS: The median age of participants was 75 years. Nineteen participants (32%) had clinically significant depression (GDS-SF > 4). Greater spiritual well-being was strongly inversely correlated with depression (Spearman's correlation -0.55, 95% confidence interval -0.70 to -0.35). In particular, greater meaning/peace was strongly associated with less depression ($r = -.60$, $P < .0001$), while faith was only modestly associated ($r = -.38$, $P < .01$). In a regression analysis accounting for gender, income, and other risk factors for depression (social support, physical symptoms, and health status), greater spiritual well-being continued to be significantly associated with less depression ($P = .05$). Between the 2 spiritual well-being subscales, only meaning/peace contributed significantly to this effect ($P = .02$) and accounted for 7% of the variance in depression. CONCLUSIONS: Among outpatients with heart failure, greater spiritual well-being, particularly meaning/peace, was strongly associated with less depression. Enhancement of patients' sense of spiritual well-being might reduce or prevent depression and thus improve quality of life and other outcomes in this population.

Bellamy, C. D., Jarrett, N. C., Mowbray, O., MacFarlane, P., Mowbray, C. T. and Holter, M. C. [Yale University School of Medicine, Department of Psychiatry, Program for Recovery and Community Health, New Haven, CT; chyrell.bellamy@yale.edu]. "**Relevance of spirituality for people with mental illness attending consumer-centered services**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 287-294.

[Abstract:] Spirituality has been cited in the literature as having a positive effect on mental health outcomes. This paper explores the relationship of spirituality to demographic, psychiatric illness history and psychological constructs for people with mental illness (N=1835) involved in consumer-centered services (CCS-Clubhouses and Consumer run drop-in centers). Descriptive statistics indicate that spirituality is important for at least two thirds of the members in the study. Members primarily indicated participation in public spiritual activities (i.e., church, bible study groups), followed by private activities (prayer, reading the bible, and meditation) (both of which were centered on belief in the transcendent). A logistic regression analysis was done to explore variables related to spirituality (i.e., demographics, psychiatric illness history, and psychological constructs). Results suggest that age, gender, having psychotic symptoms, having depressive symptoms, and having a higher global quality of life, hope and sense of community were all significant correlates of spirituality. [This article is part of a special issue of the journal on spirituality.]

Benjamins, M. R. [Sinai Urban Health Institute, Mt. Sinai Hospital, Chicago, IL; benmau@sinai.org]. "**Predictors of preventive health care use among middle-aged and older adults in Mexico: the role of religion**." *Journal of Cross-Cultural Gerontology* 22, no. 2 (Jun 2007): 221-234.

[From the abstract:] …The current study uses a nationally representative sample of middle-aged and older adults in Mexico (n = 9,890) to test the association between three facets of religion and three preventive services aimed at detecting chronic conditions or underlying risk factors. The findings show that religious salience is significantly related to the use of blood pressure and cholesterol screenings, even after controlling for a variety of social, demographic, and health-related factors. In addition, attending religious services and participating in religious activities are both positively associated with blood pressure and diabetes screening….

Benjamins, M. R. and Finlayson, M. [Sinai Urban Health Institute, Mt. Sinai Hospital, Chicago, IL]. "**Using religious services to improve health: findings from a sample of middle-aged and older adults with multiple sclerosis**." *Journal of Aging & Health* 19, no. 3 (Jun 2007): 537-553.

[Abstract:] PURPOSE: The purpose of this study is to examine the use of religious services to improve health among middle-aged and older adults with multiple sclerosis (MS). METHOD: Data from the study "Aging With MS: Unmet Needs in the Great Lakes Region" were used to investigate religious service use among 1,275 adults with MS. RESULTS: The findings indicate that nearly two thirds of the sample currently use religious services to improve their health or well-being. Individuals whose MS is stable and those who have had the disease longer are significantly more likely to use religious services to improve their health. CONCLUSIONS: Religious organizations should continue providing out-reach and increasing accessibility for individuals with disabling conditions. In addition, health care professionals should be aware of the importance of religious services to individuals with MS and do their part to facilitate participation for those who desire it.

Berges, I. M., Kuo, Y. F., Markides, K. S. and Ottenbacher, K. [Sealy Center on Aging and Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston, TX; imberges@utmb.edu]. "**Attendance at religious services and physical functioning after stroke among older Mexican Americans**." *Experimental Aging Research* 33, no. 1 (Jan-Mar 2007): 1-11.

[Abstract:] The purpose of this study was to examine the association of attendance at religious services and change in physical functioning among older Mexican Americans who report residual physical limitations due to stroke. Using data from the Hispanic Established Population for the Epidemiological Study of the Elderly (H-EPESE), generalized linear models were used to evaluate change in physical function over 3 years in persons with stroke aged 65 and older, controlling for demographics, medical conditions, health behaviors, and physical mobility. The results showed frequent attendees at religious services had significantly fewer declines in activities of daily living (ADLs) disability compared to infrequent attendees. The frequent attendance group also showed less decline in lower body function compared to the infrequent attendees. Findings are indicative that church attendance pre-stroke is associated with better physical function post-stroke in older Mexican Americans.

Berrett, M. E., Hardman, R. K., O'Grady, K. A. and Richards, P. S. [Center for Change, Orem, UT; mberrett@centerforchange.com]. "**The role of spirituality in the treatment of trauma and eating disorders: recommendations for clinical practice**." *Brunner-Mazel Eating Disorders Monograph Series* 15, no. 4 (Jul-Sep 2007): 373-389.

[Abstract:] The relationships among trauma, eating disorders, and spirituality are complex. Both trauma and eating disorders can distance women from their own spirituality, which undermines a potentially important treatment resource. In this article, we offer suggestions based on our clinical experience for helping eating disorder patients who have suffered trauma to rediscover their faith and spirituality. We describe how spirituality can be used as a resource to assist women throughout treatment and in recovery.

Bienenfeld, D. and Yager, J. [Department of Psychiatry, Wright State University Boonshoft School of Medicine, Dayton, OH; david.bienenfeld@wright.edu]. "**Issues of spirituality and religion in psychotherapy supervision**." *Israel Journal of Psychiatry & Related Sciences* 44, no. 3 (2007): 178-186.
[Abstract:] OBJECTIVE: We note gaps between the basic science of psychotherapy and the spiritual dimensions of religious life; between the beliefs and practices of patients and those of therapists; and between evidence for the influence of spirituality on health and the lack of its integration into psychotherapeutic training. We attempt to provide a framework to bridge this gap in supervision. METHOD: We reviewed the literature on the roles of spirituality and religion in mental health and illness; on the place of religion in psychotherapy; and on the pedagogy of spirituality. RESULTS: Issues requiring attention include definitions of terms; awareness of personal beliefs; consideration of the boundaries between religiosity and pathology; and distinction between religious structures and personal beliefs. A format for addressing these issues in supervision includes: assisting the trainee with self-awareness; providing tools for spiritual assessment of the patient; providing developmental schema for spirituality; and maintaining awareness of the intersubjectivity of the patient-therapist field and the trainee-supervisor field. CONCLUSIONS: Existing literature provides usable frameworks for integrating religion and spirituality into psychotherapy supervision. We offer suggestions on how this may be accomplished.

Bitros, B. S. [Life Choice Hospice, 200 Dryden Rd, Suite 3300, Dresher, PA 19025; BBitros@LifeChoiceHospice.com]. "**Advocating for management of cancer pain**." *Journal of the American Osteopathic Association* 107, no. 12, suppl. 7 (Dec 2007): ES4-8.
[Abstract:] Management of cancer pain is still a significant problem in healthcare today despite the fact that such discomfort can be controlled in approximately 90% of patients. Emotional, psychosocial, and spiritual suffering associated with this disease complicates the problem. Guidelines issued by the Agency for Healthcare Research and Quality address management of cancer pain. Pain intensity scales, complementary and alternative methods, and the role of an interdisciplinary care team, as well as a need to provide spiritual support to both patient and family, are included in this discussion. A case vignette describes management of cancer pain in a typical patient admitted to hospice.

Black, H. K., Demichele, K. A. and Rubinstein, R. L. [Thomas Jefferson University, Center for Applied Research on Aging and Health, Philadelphia, PA]. "**Conceptualizations of dying by an elderly man**." *Journal of Palliative Care* 23, no. 2 (2007): 87-92.

Blanch, A. [Center for Religious Tolerance, Sarasota, FL; akblanch@aol.com]. "**Integrating religion and spirituality in mental health: the promise and the challenge**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 251-260.
[Abstract:] Today's mental health system is largely a product of western science. Like a one-eyed giant, it has great power, but it lacks the wisdom which makes life sacred and meaningful. The challenge for today's mental health system is to unite East and West; to integrate wisdom and science; to make room for the sacred as well as the practical. One of the most critical domains for integration-and one of the most difficult to address-is the area of religion and spirituality. The purpose of this paper is to review the historical tension concerning the integration of religion and the science of mental health; to explore current social trends that are creating new opportunities and pressures to move in this direction; and to discuss strategies for the integration of religion and spirituality in mental health services and practice. [61 references] [This article is part of a special issue of the journal on spirituality.]

Blazer, D. "**Selected annotated bibliography on depression and suicide**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 761-763.
This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Blazer, D. [Duke University Medical Center, Durham, NC; blaze001@mc.duke.edu]. "**Spirituality, depression and suicide: a cross-cultural perspective**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 735-736.
This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Blazer, D. G. "**Religious beliefs, practices and mental health outcomes: what is the research question?**" *American Journal of Geriatric Psychiatry* 15, no. 4 (Apr 2007): 269-272.
This is a comment in relation to two special articles appearing in the journal issue: Koenig, H. G., "Religion and depression…," and Hebert, R. S., et al., "Religious beliefs and practices…" [--both cited elsewhere in this bibliography].

Blazer, D. G. [Duke University Medical Center, Durham, NC; blaze001@mc.duke.edu]. "**Section introduction: spirituality, depression & suicide**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 733-734.
This is the introductory piece to a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Blazer, D. G. [Duke University Medical Center, Durham, NC; blaze001@mc.duke.edu]. "**Spirituality and depression: a case study**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 759-760.
This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Bloom, J. R., Petersen, D. M. and Kang, S. H. [University of California, Berkeley, CA; jbloom@berkeley.edu]. "**Multi-dimensional quality of life among long-term (5+ years) adult cancer survivors**." *Psycho-Oncology* 16, no. 8 (Aug 2007): 691-706.
This literature review found that spirituality was the least frequently measured domain for quality of life. Summaries of studies regarding spirituality and QOL in adult survivors of various cancers are given on pp. 699, 700, 701, 702, and 703.

Blumenthal, J. A., Babyak, M. A., Ironson, G., Thoresen, C., Powell, L., Czajkowski, S., Burg, M., Keefe, F. J., Steffen, P. and Catellier, D., for the ENRICHD Investigators [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; Blume003@mc.duke.edu]. "**Spirituality, religion, and clinical outcomes in patients recovering from an acute myocardial infarction**." *Psychosomatic Medicine* 69, no. 6 (Jul-Aug 2007): 501-508. Comment on pp. 493-494. [Correction in *Psychosomatic Medicine* 69, no. 8 (October 2007): 826.]

[Abstract:] OBJECTIVE: To assess the prospective relationship between spiritual experiences and health in a sample of patients surviving an acute myocardial infarction (AMI) with depression or low social support. METHODS: A subset of 503 patients participating in the enhancing recovery in coronary heart disease (ENRICHD) trial completed a Daily Spiritual Experiences (DSE) questionnaire within 28 days from the time of their AMI. The questionnaire assessed three spirituality variables-worship service/church attendance, prayer/meditation, and total DSE score. Patients also completed the Beck Depression Inventory to assess depressive symptoms and the ENRICHD Social Support Inventory to determine perceived social support. The sample was subsequently followed prospectively every 6 months for an average of 18 months to assess all-cause mortality and recurrent AMI. RESULTS: Of the 503 participants who completed the DSE questionnaire at the time of index AMI, 61 (12%) participants either died or sustained a recurrent MI during the follow-up period. After adjustment for gender, education level, ethnicity, and a composite medical prognosis risk score derived specifically for the ENRICHD trial, we observed no relationship between death or nonfatal AMI and total spirituality as measured by the DSE (p = .446), worship service attendance (p = .120), or frequency of prayer/meditation (p = .679). CONCLUSION: We found little evidence that self-reported spirituality, frequency of church attendance, or frequency of prayer is associated with cardiac morbidity or all-cause mortality post AMI in patients with depression and/or low perceived support.

Bopp, M., Wilcox, S., Laken, M., Hooker, S. P., Saunders, R., Parra-Medina, D., Butler, K. and McClorin, L. [Dept. of Kinesiology, Kansas State University; mbopp@ksu.edu]. "**Using the RE-AIM framework to evaluate a physical activity intervention in churches**." *Preventing Chronic Disease* 4, no. 4 (Oct 2007): A87 [www.cdc.gov/pcd/issues/2007/oct/06_0155.htm].

[Abstract:] INTRODUCTION: Health-e-AME was a 3-year intervention designed to promote physical activity at African Methodist Episcopal churches across South Carolina. It is based on a community-participation model designed to disseminate interventions through trained volunteer health directors. METHODS: We used the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework to evaluate this intervention through interviews with 50 health directors. RESULTS: Eighty percent of the churches that had a health director trained during the first year of the intervention and 52% of churches that had a health director trained during the second year adopted at least one component of the intervention. Lack of motivation or commitment from the congregation was the most common barrier to adoption. Intervention activities reached middle-aged women mainly. The intervention was moderately well implemented, and adherence to its principles was adequate. Maintenance analyses showed that individual participants in the intervention's physical activity components continued their participation as long as the church offered them, but churches had difficulties continuing to offer physical activity sessions. The effectiveness analysis showed that the intervention produced promising, but not significant, trends in levels of physical activity. CONCLUSION: Our use of the RE-AIM framework to evaluate this intervention serves as a model for a comprehensive evaluation of the health effects of community programs to promote health. [See also, Sauaia, A., et al., "Church-based breast cancer screening education…," in the same issue of this journal --cited elsewhere in this bibliography.]

Bosek, M. S., Anderson, J. A., Vernaglia, L. W., Morrigan, S. P. and Bard, T. R. [Department of Clinical Ethics, Fletcher Allen Health Care, and College of Nursing and Health Sciences, University of Vermont, Burlington, VT]. "**Refusal of brain death diagnosis**." *JONA's Healthcare Law, Ethics, & Regulation* 9, no. 3 (Jul-Sep 2007): 87-94.

This is an Ethics-in-Practice case discussion that considers *passim* the influence of religion; but see especially the included piece: Bard, T. R., "Refusal of brain death diagnosis: a rabbi's response," on pp. 92-94.

Bostwick, J. M. and Rummans, T. A. [Department of Psychiatry, Mayo Clinic College of Medicine, Mayo Clinic, Rochester, MN; bostwick.john@mayo.edu]. "**Spirituality, depression and suicide in middle age**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 746-747.

This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Braxton, N. D., Lang, D. L., Sales, J. M., Wingood, G. M. and DiClemente, R. J. [Department of Behavioral Science and Health Education , Rollins School of Public Health, Emory University, Atlanta, GA; nbraxto@sph.emory.edu]. "**The role of spirituality in sustaining the psychological well-being of HIV-positive black women**." *Women & Health* 46, nos. 2-3 (2007): 113-129.

[Abstract:] Historically, spirituality has been an instrumental component to the survival of Black women. In an era when the HIV epidemic disproportionately compromises their health, it is imperative to explore spirituality's role in sustaining the psychological health of Black women living with HIV. This study examined the relationship between spirituality and self-reported depression among Black women living with HIV. A sample of 308 HIV-positive Black women were recruited from HIV/ AIDS clinics in the Southeastern United States. Participants completed an interview assessing demographics, quality of life, depression, coping, and spirituality. A hierarchical multiple regression was used to determine the association between spirituality and depression. The results suggest that in our sample, spirituality accounted for a small, yet significant proportion of variance in reducing depressive symptoms, above and beyond variance accounted for by demographic variables and other theoretically important psychosocial factors. In light of these findings, future studies with HIV-positive Black women should assess spirituality as a salient factor affecting psychological health. Developing interventions that address spirituality may serve to enhance women's psychological adjustment to living with HIV.

Bresnahan, M., Lee, S. Y., Smith, S. W., Shearman, S. and Yoo, J. H. [Department of Communication, Michigan State University, East Lansing; bresnah1@msu.edu]. "**Reservations of the spirit: the development of a culturally sensitive spiritual beliefs scale about organ donation**." *Health Communication* 21, no. 1 (2007): 45-54.

[Abstract:] This study investigated whether spiritual beliefs offered any explanation for why participants from Korea (N = 146), Japan (N = 134), and the United States (N = 146) were willing or reluctant to register as organ donors. A culturally appropriate measure of spiritual beliefs about organ donation, the Spiritual Beliefs Scale, was developed consisting of 2 factors: (a) Spiritual Connection and (b) Spiritual Concern. Spiritual Connection was a significant predictor of behavioral intention to become an organ donor for Korean respondents, whereas Spiritual Concern was a significant predictor of reluctance to become an organ donor for American respondents. Spiritual beliefs correlated as predicted with attitude toward organ donation and fear of bodily mutilation, showing that the Spiritual Beliefs Scale exhibited internal, external, and predictive validity. Across the 3-country sample, Spiritual Connection was associated with greater willingness to become an organ donor for

women, whereas Spiritual Concern inhibited participation for men. Implications of these findings are discussed for developing culturally effective education and procurement campaigns.

Brosig, C. L., Pierucci, R. L., Kupst, M. J. and Leuthner, S. R. [Department of Pediatrics, Medical College of Wisconsin, Milwaukee, WI]. "**Infant end-of-life care: the parents' perspective**." *Journal of Perinatology* 27, no. 8 (Aug 2007): 510-516.
This study of 19 families found, regarding spirituality [--from p. 514:] "All families reported that they found some comfort in their beliefs in God: 'I think God helped us through it all, with our continued strength and support through prayer, I really think that is what really got us through it, our faith.' Some families reported returning to religion during this time, which filled a void in their lives. Many parents spoke spiritually about how the deceased child has helped them in their current lives, by bringing their family closer together, or feeling like their other children are being 'watched over.' Parents were able to make meaning out of the situation, and found a purpose behind the child's birth and death. No parent reported a negative spiritual experience, or turning away from their faith."

Brown, A. E., Pavlik, V. N., Shegog, R., Whitney, S. N., Friedman, L. C., Romero, C., Davis, G. C., Cech, I., Kosten, T. R. and Volk, R. J. [Department of Family and Community Medicine, Baylor College of Medicine, Houston, TX; anthonyb@bcm.edu]. "**Association of spirituality and sobriety during a behavioral spirituality intervention for Twelve Step (TS) recovery**." *American Journal of Drug & Alcohol Abuse* 33, no. 4 (2007): 611-617.
[Abstract:] Twelve-Step (TS) recovery utilizes spirituality to promote sobriety, yet there are no proven programs designed to facilitate spiritual involvement. We developed a seven-week behavioral spirituality intervention titled "Knowing Your Higher Power" for implementation along with usual TS care. Twenty-six participants from a recovery center enrolled. We assessed behavior at baseline, 7-week, and 12-week follow-up. The sample showed significant increase in spiritual involvement and beliefs over the 12-week measurement period and a significantly greater spirituality score in those maintaining total sobriety compared to those that relapsed. These findings encourage a controlled trial to determine if this work has efficacy for practitioners in substance abuse treatment.

Brown, C., Battista, D. R., Sereika, S. M., Bruehlman, R. D., Dunbar-Jacob, J. and Thase, M. E. [University of Pittsburgh School of Medicine, Pittsburgh, PA; brownc@upmc.edu]. "**Primary care patients' personal illness models for depression: relationship to coping behavior and functional disability**." *General Hospital Psychiatry* 29, no. 6 (Nov-Dec 2007): 492-500.
Among the findings of this study of 191 primary care patients receiving antidepressant medication for the treatment of depression [from the abstract:] …Coping behavior did not mediate the relationship between illness beliefs and physical functioning. The relationships between participants' beliefs about the cause, controllability and duration of depressive symptoms were mediated by the use of behavioral disengagement, venting or self-blame as a strategy to cope with depression. In addition, use of acceptance, religious coping or behavioral disengagement moderated the relationship between beliefs about the cause of depression (i.e., environment or chance or medical illness) and psychosocial functioning….

Bruce, C. A. [ricknchristie.bruce@verizon.net]. "**Helping patients, families, caregivers, and physicians, in the grieving process**." *Journal of the American Osteopathic Association* 107, no. 12, suppl. 7 (Dec 2007): ES33-40.
The author, a hospice bereavement coordinator, addresses *passim* the role of spirituality in the grieving process.

Buck, J. [University of Pennsylvania School of Nursing, Barbara Bates Center for the Study of the History of Nursing, Philadelphia, PA]. "**Reweaving a tapestry of care: religion, nursing, and the meaning of hospice, 1945-1978**." *Nursing History Review* 15 (2007): 113-145.
[From pp. 113-114:] "This article examines transitions in community-based care for the dying before and after the inception of the American hospice movement. Specifically, the early development of modern hospices in Britain and the state of Connecticut (1945-1974) is used as a case study to examine the interplay among religion, nursing, and the modern conceptualization of hospice. Beginning with a discussion of the antecedents of modern hospices, the article explores how these shaped [Cicely] Saunders's conceptualization of hospice and both a place and a systematic approach to care for the dying. This is followed by an examination of how and why the transatlantic exchange of knowledge and ideas brought a multidisciplinary group together to advance hospice as a necessary health care reform in the United States and the challenges the group faced as they moved toward integrating hospice into the American medical system. In reconstructing the hospice movement, I argue that, although the modern hospice concept may have been in sharp contrast to the standard medical and nursing care for the dying in some academic medical centers, it was not wholly different from the nursing care provided at home and in specialized homes for the dying in both Britain and the United States. Although few of those homes were called hospices, they were critical to the modern conceptualization of hospice as both a place and a philosophy of care for the dying."

Bull, A and Gillies, M. [Yorkhill Division/Women and Children's Directorate, Greater Glasgow Health Board]. "**Spiritual needs of children with complex healthcare needs in hospital**." *Paediatric Nursing* 19, no. 9 (Nov 2007): 34-38.
[Abstract:] AIMS: To explore the views of hospitalized school-aged children with complex healthcare needs related to spiritual care. This could help inform national policies and raise awareness of the impact that a stay in an acute pediatric hospital can have on the spiritual needs of some of the children who use the NHS. METHOD: Pictures used in previous (US) studies were used to facilitate story telling, enabling children to talk about concepts that may not have emerged through direct conversation. A convenience sample of five hospitalized children were presented with the pictures one at a time and asked open-ended questions about each picture. Data analysis involved identifying emerging themes from the transcriptions using a grounded theory approach. FINDINGS: The main themes to emerge from the interview data were: the role of the child's relationships with family, friends and healthcare professionals; the impact of the hospital environment on the child; coping with invasive procedures; belief--children's views about their health and belief system. CONCLUSION: There is a need for all healthcare professionals to recognize that children have spiritual needs that can include religious beliefs, and that it is part of their duty of care to attempt to identify and meet such needs.

Bussema, E. F. and Bussema, K. E. [U.S. Psychiatric Rehabilitation Association, Linthicum, MD 21090; ebussema@uspra.org]. "**Gilead revisited: faith and recovery**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 301-305.
[Abstract:] The role of spirituality in recovery from mental illness has gained increased attention in recent years. In this article, the authors present an update on previous work exploring the role and function of religion/spirituality in the lives of people participating in a psychiatric rehabilitation program (Bussema & Bussema, 2000). Fifty-eight (58) participants age 18 to 64 completed a spirituality survey based on

Pargament's five coping functions of religion. Chi-square tests for independence and independent groups t-tests were performed. Seventy-one percent of the respondents reported that their spiritual life has played a significant role in their recovery. Reported religious coping strategies are discussed within the framework of a recovery model of service delivery. [This article is part of a special issue of the journal on spirituality.]

Bussing, A., Abu-Hassan, W. M., Matthiessen, P. F. and Ostermann T. [Department of Medical Theory and Complementary Medicine, Faculty of Medicine, University Witten-Herdecke, Gerhard-Kienle-Weg 4, Herdecke 58313, Germany; arndt.buessing@uni-wh.de]. "**Spirituality, religiosity, and dealing with illness in Arabic and German patients**." *Saudi Medical Journal* 28, no. 6 (Jun 2007): 933-942.
[Abstract:] OBJECTIVE: To investigate the impact of spirituality and religiosity (SpR) in Arabic patients with a Muslim background as compared to patients from Western Germany. METHODS: A total of 66 Arabic patients with hypertension were recruited between November 2005 and June 2006 consecutively at Al-Razi Hospital and Khalil Sulaiman Hospital in Jenin (Palestine) and completed the translated SpREUK questionnaire (SpREUK is an acronym of the German translation of spiritual and religious attitudes in dealing with illness). One hundred and eighty German patients were matched according to age, marital status, gender, and chronic diseases. RESULTS: Arabic patients with a Muslim background had significantly higher scores for all 4 SpREUK scales than German patients, namely, Search for meaningful support, Trust in higher source, Positive interpretation of disease, and Support in relations of life through SpR. CONCLUSION: For Muslims, the spiritual causes of disease are regarded much more as given by Allah, but this does neither impair faith as observed in German patients nor the positive interpretation of disease. It is of high importance to acknowledge these differences due to individuals with different SpR attitudes significantly differ in the way they find meaning in disease and hold in their spiritual source. [Bussing, Matthiessen, and Ostermann are leading researchers on spirituality & health in Germany.]

Bussing, A., Ostermann, T. and Koenig, H. G. [Department of Medical Theory and Complementary Medicine, University Witten/Herdecke, Herdecke, Germany; arndt.buessing@uni-wh.de]. "**Relevance of religion and spirituality in German patients with chronic diseases**." *International Journal of Psychiatry in Medicine* 37, no. 1 (2007): 39-57.
[Abstract:] OBJECTIVE: Many American patients depend on religion to cope, but less is known about the spiritual/religious (SpR) characteristics of medical patients in Europe, a more secular environment. We examined self-categorizations of SpR (spiritual, religious, both, neither), patients' search for meaningful support, trust in higher source, positive interpretation of disease, and support in relations of life through SpR, as measured with the SpREUK questionnaire, in German medical patients. METHOD: We analyzed data on 710 West-German patients with a mean age of 54. Forty-two percent had chronic pain diseases, 25% cancer, 10% multiple sclerosis, 21% other chronic diseases, and 3% acute diseases. RESULTS: The general interest in search for meaningful support was moderate. Trust in a higher source and support in life through SpR were rated higher, while almost all patients had a positive interpretation of their diseases, i.e, hint to change life. The interest in SpR issues was highest in cancer patients and lowest in patients with multiple sclerosis. Univariate analyses confirmed that the SpR self-categorization was the strongest predictor of all four factors, while trust in a higher source was also affected by religious affiliation and age. Positive interpretations of disease correlated well with search for meaningful support. CONCLUSIONS: Patients with chronic diseases differ with respect to their SpR self-categorizations and may thus utilize different aspects of SpR. Cancer patients, in particular, often depend on their trust in a higher power and in conventional religious activities to help them to cope with their illness.

Buxton, F. [University Hospital NHS Foundation Trust, Edgbaston, Birmingham, UK]. "**Spiritual distress and integrity in palliative and non-palliative patients**." *British Journal of Nursing* 16, no. 15 (Aug 9-Sep 12, 2007): 920-924.
[Abstract:] Twenty-two patients in a Midlands acute hospital Trust supplied recorded narratives of their experience of spiritual distress, their hopes for spiritual integrity, and any means that were proving helpful in moving from distress to integrity. The research subjects included both patients in palliative care and those undergoing various therapies. There was little difference between the responses of these two groups. The most frequently expressed spiritual distress centred on the sense of 'not being myself', and concern for the family. The most frequently expressed spiritual integrities, were the hope to help others, and to use the illness as an opportunity for personal growth and acceptance. Support from hospital staff was seen as most important in facilitating change from distress to integrity.

Byrne, M. [The Prince and Princess of Wales Hospice, Glasgow, UK; marjory.byrne@ppwh.org.uk]. "**Spirituality in palliative care: what language do we need? Learning from pastoral care**." *International Journal of Palliative Nursing* 13, no. 3 (Mar 2007): 118-124.
[Abstract:] This article is a sequel to 'Spirituality in palliative care: what language do we need?' (Byrne, 2002). It looks at the language of pastoral care, its place in palliative settings and how it is regarded by patients and carers. Spirituality and spiritual need is multifaceted, and the various beliefs regarding the concept of spirituality and the spiritual needs of terminally ill patients are appraised, and the methods of spiritual assessment reviewed. The role of the chaplain in spiritual care is also assessed, and an ability to move beyond the boundaries of their own denominational position addressed. Several components of the language of pastoral care are identified. [46 references]

Cacciatore, J. and Bushfield, S. [Social Work Department, Arizona State University, Phoenix, AZ; joanne.cacciatore@asu.edu]. "**Stillbirth: the mother's experience and implications for improving care**." *Journal of Social Work in End-of-Life & Palliative Care* 3, no. 3 (2007): 59-79.
[From the abstract:] Forty-seven women between the ages of 19 and 51 were recruited through nonprofit agencies that provide bereavement care to grieving families. Results of this qualitative study suggest that stillbirth is emotionally complex with long-lasting symptoms of grief and significant struggles to find meaning. The findings also support the need for perceived psychosocial and spiritual support from professional caregivers, family, and friends. The women's own experiences argue for comprehensive approaches to support the grief and loss of stillbirth, and for the importance of social work involvement in both immediate and longer term interventions.

Cadell, S. [Lyle S Hallman Faculty of Social Work, Wilfrid Laurier University, Kitchener, Ontario, Canada; scadell@wlu.ca]. "**The sun always comes out after it rains: understanding posttraumatic growth in HIV caregivers**." *Health & Social Work* 32, no. 3 (Aug 2007): 169-176.
[Abstract:] Coping theory and research have long focused on negative outcomes. However, a growing body of literature has indicated that individuals may experience certain benefits from stressful life events. This research explored the positive and negative changes in caregivers' lives after caring for someone who had died of complications related to HIV/AIDS. Fifteen participants with either high or low scores of

posttraumatic growth were interviewed. Data were analyzed from a grounded theory standpoint using open, axial, and selective coding. All of the individuals interviewed were undergoing or had undergone a process of finding meaning in their bereavement, in HIV disease in general, or both. Themes of distress, growth, humor, support, spirituality, fear of death, and the intertwining of support and spirituality emerged from the data. This research contributes to the growing areas of concentration on strengths and positive outcomes in coping. In addition, the results echo the re-emergence of interest in spirituality and social work.

Calhoun, F. J. [Nat'l. Institute on Alcohol Abuse & Alcoholism, Nat'l. Institutes of Health, Bethesda, MD; fbroadwater@verizon.net]. "**Developmental research on alcohol and spirituality: what we know and what we don't know**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 427-429.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Campbell, C. S., Clark, L. A. Loy, D., Keenan, J. F., Matthews, K., Winograd, T. and Zoloth, L. [Department of Philosophy, Oregon State University, Corvallis, OR]. "**The bodily incorporation of mechanical devices: ethical and religious issues (part 1**)." *Cambridge Quarterly of Healthcare Ethics* 16, no. 2 (2007): 229-239.

[From p. 230:] "In this essay, we consider the implications of the increasing mechanization of the body, using both external and implanted devices, as well as the prospects of a human–machine merger, for understandings of our identity as embodied beings. We are interested in assessing moral and existential differences in the use of devices that intervene in organic processes of bodily functioning as distinguished from higher order brain functioning, as well as the extent to which there may be enhancement uses of existing therapeutic devices. Our analytical focus will draw on the ethics of the world's classic religions, from which we elicit three patterns of normative response—appropriation, ambivalence, and resistance. Generally speaking, in these traditions, mechanical interventions on bodily processes, such as restoring mobility to impaired soldiers, are ethically uncontroversial and follow the pattern of appropriation insofar as they meet standards of safety and efficacy. However, certain circumstances (military applications) or forms (neurocognitive interventions) may elicit caution or ambivalence, if not outright resistance, to incorporating medical devices. The prospect of an electrode array for enhanced hearing or vision or a computer chip implanted in the brain that might expand faculties such as memory and reasoning powers present enhancement possibilities over our natural bodily endowments that some religious traditions are willing to appropriate, whereas other traditions find such developments contrary to the realization of our authentic human nature, identity, and destiny." [*Part 2 of this paper (by the same title) appears in vol. 16, no. 3 (2007): 268-280.*]

Campbell, M. K., Hudson, M. A., Resnicow, K., Blakeney, N., Paxton, A. and Baskin, M. [UNC Lineberger Comprehensive Cancer Center and the Department of Nutrition, University of North Carolina, Chapel Hill, NC; MarciCampbell@unc.edu]. "**Church-based health promotion interventions: evidence and lessons learned**." *Annual Review of Public Health* 28 (2007): 213-234.

[Abstract:] Church-based health promotion (CBHP) interventions can reach broad populations and have great potential for reducing health disparities. From a socioecological perspective, churches and other religious organizations can influence members' behaviors at multiple levels of change. Formative research is essential to determine appropriate strategies and messages for diverse groups and denominations. A collaborative partnership approach utilizing principles of community-based participatory research, and involving churches in program design and delivery, is essential for recruitment, participation, and sustainability. For African Americans, health interventions that incorporate spiritual and cultural contextualization have been effective. Evidence indicates that CBHP programs have produced significant impacts on a variety of health behaviors. Key elements of CBHP are described with illustrations from the authors' research projects. [63 references]

Carey, L. B. and Newell, C. J. [La Trobe University, Melbourne, Australia; lindsay.carey@defence.gov.au]. "**Chaplaincy and resuscitation**." *Resuscitation* 75, no. 1 (Oct 2007): 12-22.

[Abstract:] This paper summarizes the results of 327 Australian health care chaplains with regard to their involvement in issues concerning Not For Resuscitation (NFR)/Do Not Attempt Resuscitate (DNAR) decisions within the health care context. The findings indicate that 24% of the chaplains surveyed had provided some form of pastoral intervention directly to patients and/or their families dealing with issues concerning NFR/DNAR and that approximately 18% of chaplains had assisted clinical staff with issues concerning NFR/DNAR decisions. Differences of involvement between volunteer and staff chaplains are noted, as are the perspectives of chaplaincy informants regarding their role in relation to NFR/DNAR decisions. Some implications of this study with respect to chaplaincy training and practice are noted.

Carrico, A. W., Gifford, E. V. and Moos, R. H. [Dept. of Psychiatry, Univ. of CA, San Francisco]. "**Spirituality/religiosity promotes acceptance-based responding and 12-step involvement**." *Drug & Alcohol Dependence* 89, no. 1 (Jun 15, 2007): 66-73.

[Abstract:] BACKGROUND: Previous investigations have observed that spirituality/religiosity (S/R) is associated with enhanced 12-step involvement. However, relatively few studies have attempted to examine the mechanisms for this effect. For the present investigation, we examined whether acceptance-based responding (ABR) - awareness or acknowledgement of internal experiences that allows one to consider and perform potentially adaptive responses - accounted for the effect of S/R on 12-step self-help group involvement 2 years after a treatment episode. METHODS: Data were collected as part of a multi-site treatment outcome study with 3698 substance-dependent male veterans recruited at baseline. Assessments were conducted at baseline, discharge, 1-year follow-up, and 2-year follow-up. We utilized structural equation modeling to examine the relationships among latent variables of S/R, ABR, and 12-step involvement over time. RESULTS: In the final model, S/R was not directly related to 12-step involvement at 2-year follow-up. However, S/R predicted enhanced ABR at 1-year follow-up after accounting for discharge levels of ABR. In turn, ABR at 1-year follow-up predicted increased 12-step involvement at 2-year follow-up after accounting for discharge levels of 12-step involvement. CONCLUSIONS: S/R promotes the use of post-treatment self-regulation skills that, in turn, directly contribute to ongoing 12-step self-help group involvement.

Carter, B. S. and Guthrie, S. O. [Department of Pediatrics/Neonatology, Vanderbilt Children's Hospital, Nashville, TN; Brian.Carter@vanderbilt.edu]. "**Utility of morbidity and mortality conference in end-of-life education in the neonatal intensive care unit**." *Journal of Palliative Medicine* 10, no. 2 (Apr 2007): 375-380.

[From the abstract:] A monthly neonatal intensive care unit (NICU) morbidity and mortality conference (M&MC) was used to study the documentation of end-of-life (EOL) care, and integrate related education for staff and trainees. …RESULTS: Twenty-six surveys were completed (48% of deaths in NICU over the study period). Documentation of EOL care ranged from excellent (pain management, 100%) to poor (spiritual support, 54%)….

Catanzaro, A. M., Meador, K. G., Koenig, H. G., Kuchibhatla, M. and Clipp, E. C. [School of Nursing and Health Sciences, La Salle University, Philadelphia, PA; catanzar@lasalle.edu]. "**Congregational health ministries: a national study of pastors' views**." *Public Health Nursing* 24, no. 1 (Jan-Feb 2007): 6-17.

[Abstract:] OBJECTIVES: Since the 1980s, there has been a growing, but little studied, movement that organizes church-based health services under the direction of a coordinator, usually a registered nurse. These Congregational Health Ministries (CHMs) emphasize health promotion and disease prevention. We compared the perceptions of pastors with and without organized CHMs and the characteristics of their congregations' health ministries. DESIGN: We used a quantitative, cross-sectional survey design. SAMPLE: We surveyed a national multidenominational sample of 349 pastors representing over 80 Christian denominations. RESULTS: With limited resources, CHMs provide significant health promotion, disease prevention, and support services. Pastors with CHMs were significantly more involved in health promotion and disease prevention activities. Pastors without CHMs perceived a need for congregations to be involved in health-related services and were willing to become involved if they have adequate resources. CONCLUSIONS: Because of long-term trusting relationships that exist between congregants and those who minister to them, religious congregations may be ideally suited to provide cost-effective, community-based health promotion and disease prevention services as well as health-supporting services to community-dwelling elderly and persons with chronic illnesses.

Cavendish, R., Edelman, M., Naradovy, L., Bajo, M. M., Perosi, I. and Lanza, M. [New York City College of Technology, City University of New York, Brooklyn, NY; RCavendish@Prodigy.net]. "**Do pastoral care providers recognize nurses as spiritual care providers?**" *Holistic Nursing Practice* 21, no. 2 (Mar-Apr 2007): 89-98.

[Abstract:] This descriptive qualitative study was conducted to explicate pastoral care providers' perceptions of nurses as spiritual providers. Spirituality is especially meaningful in contemporary society as a whole with spiritual care an expectation of hospitalized patients. Spiritual care given by nurses is grounded in nursing's history, inherent in its philosophical framework, and supported by research and professional mandates. In hospitals today, the primary responsibility for the spiritual care of patients resides with pastoral care providers. Collaboration between pastoral care providers and nurses may improve patients' spiritual care outcomes. Before collaboration can occur, it is important to learn whether pastoral care providers recognize nurses as spiritual providers. Guided by qualitative research methods, participants were sought until data saturation occurred. This qualitative study consisted of 8 participants who were experienced, full-time pastoral care providers from general and religious-affiliated hospitals. Data were collected through audiotaped open-ended interviews, a demographic data form, and exploratory questions or probes. The analysis included concurrent data collection, constant examination of conceptual interactions, linkages, and the conditions under which they occurred. Themes emerged: quest, conscious response, and essence of caring. Pastoral care providers perceive nurses as spiritual providers. Few felt comfortable initiating collaboration. Study findings are not generalizable.

Chattopadhyay, S. [University Medical Centre, Nijmegen, The Netherlands; linkdrsc@yahoo.com]. "**Religion, spirituality, health and medicine: Why should Indian physicians care?**" *Journal of Postgraduate Medicine* 53, no. 4 (Oct-Dec 2007): 262-266. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Religion, spirituality, health and medicine have common roots in the conceptual framework of relationship amongst human beings, nature and God. Of late, there has been a surge in interest in understanding the interplay of religion, spirituality, health and medicine, both in popular and scientific literature. A number of published empirical studies suggest that religious involvement is associated with better outcomes in physical and mental health. Despite some methodological limitations, these studies do point towards a positive association between religious involvement and better health. When faced with disease, disability and death, many patients would like physicians to address their emotional and spiritual needs, as well. The renewed interest in the interaction of religion and spirituality with health and medicine has significant implications in the Indian context. Although religion is translated as dharma in major Indian languages, dharma and religion are etymologically different and dharma is closer to spirituality than religion as an organized institution. Religion and spirituality play important roles in the lives of millions of Indians and therefore, Indian physicians need to respectfully acknowledge religious issues and address the spiritual needs of their patients. Incorporating religion and spirituality into health and medicine may also go a long way in making the practice of medicine more holistic, ethical and compassionate. It may also offer new opportunities to learn more about Ayurveda and other traditional systems of medicine and have more enriched understanding and collaborative interaction between different systems of medicine. Indian physicians may also find religion and spirituality significant and fulfilling in their own lives.

Chawla, N., Neighbors, C., Lewis, M. A., Lee, C. M. and Larimer, M. E. [University of Washington, Department of Psychology, Seattle, WA; nchawla@u.washington.edu]. "**Attitudes and perceived approval of drinking as mediators of the relationship between the importance of religion and alcohol use**." *Journal of Studies on Alcohol* 68, no. 3 (May 2007): 410-418.

[Abstract:] OBJECTIVE: Previous research has consistently demonstrated that religiosity and personal importance of religion are associated with lower levels of alcohol use among both adolescents and college students. Although a number of different mechanisms have been proposed to account for this, few studies have empirically examined potential mediators of this relationship. Given the extensive literature on the impact of social norms on the drinking behavior of college students, the present study evaluates the role of perceived drinking norms as a mediator of the relationship between the importance of religion and alcohol use. Specifically, we examined both personal attitudes and perceived injunctive norms with regard to reference groups that vary in their proximity to students (i.e., close friends and typical college students). METHOD: Participants were 1,400 undergraduate students (60.6% women) who were assessed using self-report measures of alcohol consumption, importance of religion, attitudes, and perceived norms. RESULTS: Results indicated that, consistent with the hypotheses, personal attitudes were the strongest mediator of the relationship between importance of religion and alcohol use, followed by the approval of close friends, and, to a lesser extent, the approval of typical college students. CONCLUSIONS: These findings suggest that importance of religion may have an indirect effect on alcohol use via personal attitudes and the perceived approval or disapproval of important others, and this relationship varies as a function of reference group. Implications for interventions that incorporate information on social norms are discussed.

Chen, H., Cheal, K., McDonel Herr, E. C., Zubritsky, C. and Levkoff, S. E. [Department of Psychiatry, Harvard Medical School, Boston, MA; htchen@rics.bwh.harvard.edu]. "**Religious participation as a predictor of mental health status and treatment outcomes in older persons**." *International Journal of Geriatric Psychiatry* 22, no. 2 (Feb 2007): 144-153.

[Abstract:] OBJECTIVES: This study focuses on examining the relations of religious participation and affiliation to mental health status among older primary care patients, and to the use and clinical outcomes of mental health services. METHODS: A sample of older adults participating

in a clinical study (PRISM-E) to treat their depression with or without co-morbid anxiety (n = 1610) were queried about their religious affiliation and the frequency of their participation in religious activities. The diagnoses of depressive and anxiety disorders were made based on the MINI-International Neuropsychiatric Interview. Severity of depressive disorders was assessed by emotional distress using the CES-D. RESULTS: Those attending religious activities on a weekly, monthly, or occasional basis were significantly less likely to have suicidal ideation (p < 0.02) and emotional distress (p < 0.0001) than those who never participated or participated on a less frequent basis. Frequency of religious participation was not associated with mental health service utilization (p = 0.16), but it was predictive of a lower CES-D score at the end of the study intervention (p < 0.001). CONCLUSIONS: Religious participation is positively associated with older adults' mental health status and treatment effects, but results regarding mental health service utilization were inconclusive.

Chhean, V. K. [Cambodian Buddhist Monastery, and Long Beach Asian Pacific Mental Health Program, Department of Mental Health, Los Angeles, CA; KChhean@dmh.co.la.ca.us]. "**A Buddhist perspective on coping with catastrophe**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 952-953.
This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Chi, G. C. [University of Texas M.D. Anderson Cancer Center, Houston, TX; u_5chi@yahoo.com]. "**The role of hope in patients with cancer**." *Oncology Nursing Forum* 34, no. 2 (Mar 2007): 415-424.
This review of literature looks at 26 articles regarding hope in patients with cancer, makes references *passim* to the role of religion/spirituality.

Chichester, M. [Christiana Care Health System, Newark, DE; mchichester@christianacare.org]. "**Requesting perinatal autopsy: multicultural considerations**." *MCN, American Journal of Maternal Child Nursing* 32, no. 2 (Mar-Apr 2007): 81-86. Quiz on pp. 87-88.
[From the abstract:] …[The] purpose of this article is to provide information on selected cultural and religious groups to assist the nurse who is seeking consent for a perinatal autopsy. [31 references]

Clark, L., Leedy, S., McDonald, L., Muller, B., Lamb, C., Mendez, T., Kim, S. and Schonwetter, R. [LifePath Hospice and Palliative Care, Inc., Tampa, FL 33637]. "**Spirituality and job satisfaction among hospice interdisciplinary team members**." *Journal of Palliative Medicine* 10, no. 6 (Dec 2007): 1321-1328.
[Abstract:] As a continuing effort to enhance the quality of palliative care for the dying, this study examined (1) the prevalence of spirituality among hospice interdisciplinary team (IDT) members; (2) whether spirituality is related to job satisfaction; and (3) the structural path relationships among four variables: spiritual belief, integration of spirituality at work, self actualization and job satisfaction. The study surveyed 215 hospice IDT members who completed the Jarel Spiritual Well-Being Scale, the Chamiec-Case Spirituality Integration and Job Satisfaction Scales. Multiple regression and structural path modeling methods were applied to explain the path relationships involving all four variables. The IDT members surveyed were: nurses, 46.4%; home health aids, 24.9%; social workers, 17.4%; chaplains, 4.2%; physicians, 2.3%; and other, 4.8%. Ninety-eight percent of the respondents viewed themselves as having spiritual well-being. On a 0-100 scale, IDT staff reported high spiritual belief (mean = 89.4) and they were self-actualizing (mean = 82.6). Most reported high job satisfaction (mean = 79.3) and spiritual integration (mean = 67.9). In multiple regression, spirituality, integration and self-actualization explained 22% of the variation in job satisfaction (R = 0.48; adjusted R(2) = 0.218; df = 3,175; F = 17.2; p = 0.001). Structural path models revealed that job satisfaction is more likely to be realized by a model that transforms one's spirituality into processes of integrating spirituality at work and self actualization (chi(2) = 0.614; df = 1; p = 0.433) than a model that establishes a direct path from spirituality to job satisfaction (chi(2) = 1.65; df = 1; p = 0.199). Hospice IDT member's integration of their spirituality at work and greater self actualization significantly improve job satisfaction.

Clarke, D. M. [Monash University, Melbourne, Victoria, Australia; david.clarke@med.monash.edu.au]. "**Growing old and getting sick: maintaining a positive spirit at the end of life**." *Australian Journal of Rural Health* 15, no. 3 (Jun 2007): 148-154.
[Abstract:] End of life throws up significant mental health challenges. A high proportion of people in the terminal stages of illness experience depressive symptoms. This paper integrates a theory of hierarchy of human needs and empirical research describing experiences of grief and depression in terminal illness, to develop a model of care aimed at reducing depression and suffering. This care attends to physical, psychological, social and spiritual aspects, taking into account the concerns of patients and their families. Professional help can be offered to patients to restore dignity and hope, strengthen their ways of coping, and encourage social connections. To offer this, a well-resourced and coordinated, multidisciplinary and skilled workforce is needed.

Cloninger, C. R. [Washington University School of Medicine, Department of Psychiatry, St. Louis, MO; clon@tci.wustl.edu]. "**Spirituality and the science of feeling good**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 740-743.
This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Colgrove, L. A., Kim, Y. and Thompson, N. [Eastern Virginia Medical School]. "**The effect of spirituality and gender on the quality of life of spousal caregivers of cancer survivors**." *Annals of Behavioral Medicine* 33, no. 1 (Feb 2007): 90-98.
[Abstract:] BACKGROUND: Research has indicated spirituality buffers the adverse effect of stress, but few studies have examined the role of spirituality in the context of providing cancer care. PURPOSE: This study examines the moderating effects of spirituality on the relation between caregiving stress and spousal caregivers' mental and physical health. In addition, gender differences in the target moderating effects are explored. METHODS: A caregiver survey was mailed to familial caregivers nominated by their respective cancer survivors including measures of spirituality (Functional Assessment of Chronic Illness Therapy-Spirituality), caregiving stress (Pearlin Stress Scale), and mental and physical health (MOS Short Form-36). Four hundred and three spousal caregivers provided valid information on these measures. RESULTS: Hierarchical regression analyses supported the hypothesized moderating effects of spirituality but in different patterns. Caregiving stress was associated with poorer mental functioning, which was less prominent among caregivers with a high level of spirituality (stress-buffering effect). Caregiving stress was also associated with poorer physical functioning but was only significant among caregivers with a high level of spirituality (stress-aggravating effect). The same stress-buffering or aggravating effects were found for both sexes. CONCLUSIONS: The findings suggest maintaining faith and finding meaning in cancer caregiving buffer the adverse effect of caregiving stress on mental health. Highly spiritual caregivers should also be encouraged to pay more attention to their physical health while providing cancer care.

Como, J. M. [Faculty-Department of Nursing, College of Staten Island, City University of New York; jcomo@mail.csi.cuny.edu]. "**Spiritual practice: a literature review related to spiritual health and health outcomes**." *Holistic Nursing Practice* 21, no. 5 (Sep-Oct 2007): 224-236.
[Abstract:] Spirituality and the expression of spirituality have received renewed interest in both nursing and nonnursing literature over the last 20 years. Scholars in spirituality studies have contributed to the wealth of both qualitative and quantitative data that exist. Spiritual practices that facilitate spiritual health are embedded within many nursing interventions. The purpose of this review is to provide an overview of empirical and associated nursing literature on spiritual practices. Definitions of spirituality and spiritual health are included, and theoretical underpinnings of the empirical literature are discussed. Relation of spiritual practice as a health behavior is presented with implications for future research identified. [61 references]

Conrad, G. D. [Program in Integrative Medicine, University of Arizona, Tucson; GConradMD@aol.com]. "**Spontaneous remission of Graves' Disease: a spiritual odyssey**." *Explore-The Journal of Science & Healing* 3, no. 6 (Nov-Dec 2007): 600-603.
This is a case report and reflection by a physician.

Cotter, L. T. [Hospice of New Mexico, 4015 Carlisle Boulevard NE, Albuquerque, NM 87107; ltcotter@att.net]. "**Continuing the spiritual transformation of the hospice movement**." *American Journal of Hospice & Palliative Care* 24, no. 4 (Aug-Sep 2007): 257-258.
This is a commentary (perhaps better described as a meditation) by a chaplain upon the work of hospice staff, concerning a sense of boundaries and dedication to the task of helping people facing death.

Craigie, F. C. "**Clinicians, chaplains and spiritual care**." *Southern Medical Journal* 100, no. 1 (Jan 2007): 84-85.
This brief article is part of a special section in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Crane-Okada, R. [John Wayne Cancer Institute, Saint John's Health Center, Santa Monica, CA; craner@jwci.org]. "**A compass for the cancer journey: scientific, spiritual, and practical directives**." *Oncology Nursing Forum* 34, no. 5 (Sep 2007): 945-955.
"The purpose of this article is to affirm the significant contributions of oncology nurses to the well-being of people with cancer and their families, through stories representative of the cancer journey, a journey moving toward healing and wholeness" [p. 945]. The author construes the word *spiritual* broadly, often using it to refer to a caring interpersonal connection between nurse and patient, though she does make specific reference to concern for a patient's "spiritual life" and the use of pastoral care resources for patient support [--see p. 952]. She summarizes the spiritual objective of nursing as: "to develop our personal sense of meaning and purpose, of spirituality, and resources for patients, families, and ourselves" [p. 953].

Curlin, F. A., Dugdale, L. S., Lantos, J. D. and Chin, M. H. [Department of Medicine, Section of General Internal Medicine, University of Chicago, Chicago, Ill; fcurlin@uchicago.edu]. "**Do religious physicians disproportionately care for the underserved?**" *Annals of Family Medicine* 5, no. 4 (Jul-Aug 2007): 353-360.
[Abstract:] PURPOSE: Religious traditions call their members to care for the poor and marginalized, yet no study has examined whether physicians' religious characteristics are associated with practice among the underserved. This study examines whether physicians' self-reported religious characteristics and sense of calling in their work are associated with practice among the underserved. METHODS: This study entailed a cross-sectional survey by mail of a stratified random sample of 2,000 practicing US physicians from all specialties. RESULTS: The response rate was 63%. Twenty-six percent of US physicians reported that their patient populations are considered underserved. Physicians who were more likely to report practice among the underserved included those who were highly spiritual (multivariate odds ratio [OR] = 1.7; 95% confidence interval [CI], 1.1-2.7], those who strongly agreed that their religious beliefs influenced their practice of medicine (OR = 1.6; 95% CI, 1.1-2.5), and those who strongly agreed that the family in which they were raised emphasized service to the poor (OR = 1.7; 95% CI, 1.0-2.7). Physicians who were more religious in general, as measured by intrinsic religiosity or frequency of attendance at religious services, were much more likely to conceive of the practice of medicine as a calling but not more likely to report practice among the underserved. CONCLUSIONS: Physicians who are more religious do not appear to disproportionately care for the underserved.

Curlin, F. A., Lawrence, R. E., Chin, M. H. and Lantos, J. D. [Department of Medicine, University of Chicago, Chicago, IL; fcurlin@medicine.bsd.uchicago.edu]. "**Religion, conscience, and controversial clinical practices**." *New England Journal of Medicine* 356, no. 6 (Feb 8, 2007): 593-600. Comment, with authors' reply, in vol. 356, no. 18 (May 3, 2007): 1889-1892.
[Abstract:] BACKGROUND: There is a heated debate about whether health professionals may refuse to provide treatments to which they object on moral grounds. It is important to understand how physicians think about their ethical rights and obligations when such conflicts emerge in clinical practice. METHODS: We conducted a cross-sectional survey of a stratified, random sample of 2000 practicing U.S. physicians from all specialties by mail. The primary criterion variables were physicians' judgments about their ethical rights and obligations when patients request a legal medical procedure to which the physician objects for religious or moral reasons. These procedures included administering terminal sedation in dying patients, providing abortion for failed contraception, and prescribing birth control to adolescents without parental approval. RESULTS: A total of 1144 of 1820 physicians (63%) responded to our survey. On the basis of our results, we estimate that most physicians believe that it is ethically permissible for doctors to explain their moral objections to patients (63%). Most also believe that physicians are obligated to present all options (86%) and to refer the patient to another clinician who does not object to the requested procedure (71%). Physicians who were male, those who were religious, and those who had personal objections to morally controversial clinical practices were less likely to report that doctors must disclose information about or refer patients for medical procedures to which the physician objected on moral grounds (multivariate odds ratios, 0.3 to 0.5). CONCLUSIONS: Many physicians do not consider themselves obligated to disclose information about or refer patients for legal but morally controversial medical procedures. Patients who want information about and access to such procedures may need to inquire proactively to determine whether their physicians would accommodate such requests.

Curlin, F. A., Lawrence, R. E., Odell, S., Chin, M. H., Lantos, J. D., Koenig, H.G. and Meador, K. G. [Department of Medicine, University of Chicago, IL; fcurlin@medicine.bsd.uchicago.edu]. "**Religion, spirituality, and medicine: psychiatrists' and other physicians' differing observations, interpretations, and clinical approaches**." *American Journal of Psychiatry* 164, no. 12 (Dec 2007): 1825-1831. Comment on pp. 1774-1775

[Abstract:] OBJECTIVE: This study compared the ways in which psychiatrists and nonpsychiatrists interpret the relationship between religion/spirituality and health and address religion/spirituality issues in the clinical encounter. METHOD: The authors mailed a survey to a stratified random sample of 2,000 practicing U.S. physicians, with an oversampling of psychiatrists. The authors asked the physicians about their beliefs and observations regarding the relationship between religion/spirituality and patient health and about the ways in which they address religion/spirituality in the clinical setting. RESULTS: A total of 1,144 physicians completed the survey. Psychiatrists generally endorse positive influences of religion/spirituality on health, but they are more likely than other physicians to note that religion/spirituality sometimes causes negative emotions that lead to increased patient suffering (82% versus 44%). Compared to other physicians, psychiatrists are more likely to encounter religion/spirituality issues in clinical settings (92% versus 74% report their patients sometimes or often mention religion/spirituality issues), and they are more open to addressing religion/spirituality issues with patients (93% versus 53% say that it is usually or always appropriate to inquire about religion/spirituality). CONCLUSIONS: This study suggests that the vast majority of psychiatrists appreciate the importance of religion and/or spirituality at least at a functional level. Compared to other physicians, psychiatrists also appear to be more comfortable, and have more experience, addressing religion/spirituality concerns in the clinical setting.

Curlin, F. A., Odell, S. V., Lawrence, R. E., Chin, M. H., Lantos, J. D., Meador, K. G. and Koenig, H. G. [Department of Medicine, University of Chicago, Chicago, IL; fcurlin@uchicago.edu]. "**The relationship between psychiatry and religion among U.S. physicians**." *Psychiatric Services* 58, no. 9 (Sep 2007): 1193-1198. Comments and author reply in vol. 58, no. 11 (Nov 2007): 1499-1501.

[Abstract:] OBJECTIVE: This study compared the religious characteristics of psychiatrists with those of other physicians and explored whether nonpsychiatrist physicians who are religious are less willing than their colleagues to refer patients to psychiatrists and psychologists. METHODS: Surveys were mailed to a stratified random sample of 2,000 practicing U.S. physicians, with an oversampling of psychiatrists. Physicians were queried about their religious characteristics. They also read a brief vignette about a patient with ambiguous psychiatric symptoms and were asked whether they would refer the patient to a clergy member or religious counselor, or to a psychiatrist or a psychologist. RESULTS: A total of 1,144 physicians completed the survey, including 100 psychiatrists. Compared with other physicians, psychiatrists were more likely to be Jewish (29% versus 13%) or without a religious affiliation (17% versus 10%), less likely to be Protestant (27% versus 39%) or Catholic (10% versus 22%), less likely to be religious in general, and more likely to consider themselves spiritual but not religious (33% versus 19%). Nonpsychiatrist physicians who were religious were more willing to refer patients to clergy members or religious counselors (multivariate odds ratios from 2.9 to 5.7) and less willing to refer patients to psychiatrists or psychologists (multivariate odds ratios from .4 to .6). CONCLUSIONS: Psychiatrists are less religious than other physicians, and religious physicians are less willing than nonreligious physicians to refer patients to psychiatrists. These findings suggest that historic tensions between religion and psychiatry continue to shape the care that patients receive for mental health concerns.

Curlin, F. A. and Roach, C. J. [University of Chicago; fcurlin@uchicago.edu]. "**By intuitions differently formed: how physicians assess and respond to spiritual issues in the clinical encounter**." *American Journal of Bioethics* 7, no. 7 (Jul 2007): 19-20.

This is a comment regarding Kuczewski, M. G., "Talking about spirituality in the clinical setting: can being professional require being personal?" --cited elsewhere in this bibliography.

Curlin, F. A., Sellergren, S. A., Lantos, J. D. and Chin, M. H. [Section of General Internal Medicine, Department of Medicine, and MacLean Center for Clinical Medical Ethics, The University of Chicago, IL; fcurlin@medicine.bsd.uchicago.edu]. "**Physicians' observations and interpretations of the influence of religion and spirituality on health**." *Archives of Internal Medicine* 167, no. 7 (Apr 9, 2007): 649-654.

[Abstract:] BACKGROUND: In spite of a substantial body of empirical data, professional disagreement persists regarding whether and how religion and spirituality (hereinafter "R/S" and treated as a single concept) influences health. This study examines the association between physicians' religious characteristics and their observations and interpretations of the influence of R/S on health. METHODS: A cross-sectional survey was mailed to a stratified, random sample of 2000 practicing US physicians from all specialties. Physicians were asked to estimate how often patients mention R/S issues, how much R/S influences health, and in what ways the influence is manifested. RESULTS: The response rate was 63%. Most physicians (56%) believed that R/S had much or very much influence on health, but few (6%) believed that R/S often changed "hard" medical outcomes. Rather, most physicians believed that R/S (1) often helps patients to cope (76%), (2) gives patients a positive state of mind (75%), and (3) provides emotional and practical support via the religious community (55%). Compared with those with low religiosity, physicians with high religiosity are substantially more likely to (1) report that patients often mention R/S issues (36% vs 11%)(P<.001); (2) believe that R/S strongly influences health (82% vs 16%) (P<.001); and (3) interpret the influence of R/S in positive rather than negative ways. CONCLUSION: Patients are likely to encounter quite different opinions about the relationship between their R/S and their health, depending on the religious characteristics of their physicians.

Dadich, A. [Social Policy Research Centre, University of New South Wales, Sydney, Australia; A.Dadich@unsw.edu.au]. "**Is spirituality important to young people in recovery? Insights from participants of self-help support groups**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 422-425.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Dailey, D. E. and Stewart, A. L. [Department of Family Health Care Nursing, University of California, San Francisco, CA]. "**Psychometric characteristics of the spiritual perspective scale in pregnant African-American women**." *Research in Nursing & Health* 30, no. 1 (Feb 2007): 61-71.

[Abstract:] In health disparities research, studying the vulnerabilities of African Americans should be balanced by research on resources and strengths that influence health. One resource is spirituality, yet few tools have been developed and tested in diverse populations. This study evaluated the psychometric characteristics of the Spiritual Perspective Scale (SPS) in 102 pregnant African American women. Internal consistency reliability was high and evidence of construct validity was provided. The SPS correlated as hypothesized with church attendance, religiosity, and self-reported spirituality. In addition, the SPS correlated negatively with depression, anxiety, and stress. Factor analysis revealed a two-factor solution. The SPS performed well suggesting that it is an appropriate tool to use as a measure of spirituality in pregnant African American women.

Danjoux, N., Hawryluck, L. and Lawless, B. [nathalie.danjoux@uhn.on.ca]. "**Cultural and religious aspects of care in the intensive care unit within the context of patient-centred care**." *Healthcare Quarterly* 10, no. 4 (2007): 42-50.
This is a report of a workshop on cultural and religious perspectives on patient care in the intensive care unit. [From the abstract:] This article provides an overview of that workshop, the reaction to it, and within that context, examines the need for a broad-based, non-judgmental and respectful approach to designing care delivery in the ICU. The article also addresses these complex and challenging issues while recognizing the constant financial and human resource constraints and the growing demand for care that is exerting tremendous pressure on Ontario's limited critical care resources. Finally, the article also explores the healthcare system's readiness and appetite for an informed, intelligent and respectful debate on the many issues that, while often difficult to address, are at the heart of ensuring excellence in critical care delivery.

Davidson, J. E., Powers, K., Hedayat, K. M., Tieszen, M., Kon, A. A., Shepard, E., Spuhler, V., Todres, I. D., Levy, M., Barr, J., Ghandi, R., Hirsch, G. and Armstrong, D. "**Clinical practice guidelines for support of the family in the patient-centered intensive care unit: American College of Critical Care Medicine Task Force 2004-2005**." *Critical Care Medicine* 35, no. 2 (Feb 2007): 605-622.
[From the abstract:] …More than 300 related studies were reviewed. However, the level of evidence in most cases is at Cochrane level 4 or 5, indicating the need for further research. Forty-three recommendations are presented that include, but are not limited to, endorsement of a shared decision-making model, early and repeated care conferencing to reduce family stress and improve consistency in communication, honoring culturally appropriate requests for truth-telling and informed refusal, spiritual support, staff education and debriefing to minimize the impact of family interactions on staff health, family presence at both rounds and resuscitation, open flexible visitation, way-finding and family-friendly signage, and family support before, during, and after a death. [For spiritual issues, see especially pp. 611-612.]

Davidson, P. M., Dracup, K., Phillips, J., Daly, J. and Padilla, G. [School of Nursing, University of Western Sydney, and Sydney West Area Health Service, Sydney, Australia; patricia_davidson@wsahs.nsw.gov.au]. "**Preparing for the worst while hoping for the best: the relevance of hope in the heart failure illness trajectory**." *Journal of Cardiovascular Nursing* 22, no. 3 (May-Jun 2007): 159-165.
This literature review, analyzing 768 articles from 1982-2004 found that [from the abstract:] "hope" and "hopelessness" are underdeveloped, yet important constructs and conceptually linked with depression and spirituality. Intriguing findings from descriptive, observational studies have demonstrated the positive impact of expression of hope on cardiovascular outcomes. These findings need to be validated in randomized controlled trials. …This critical literature review has determined that "hope" is strongly associated with the individual's future orientation. Increased understanding of this concept may assist in refining patient-focused interventions and developing therapeutic strategies to enhance hope. [82 references]

Davidson, P. M., Macdonald, P., Moser, D. K., Ang, E., Paull, G., Choucair, S., Daly, J., Gholizadeh, L. and Dracup, K. [School of Nursing, Family and Community Health, University of Western Sydney, Australia]. "**Cultural diversity in heart failure management: findings from the DISCOVER study (part 2)**." *Contemporary Nurse* 25, nos. 1-2 (May-Jun 2007): 50-61.
Among the findings of this Australian study was [from the abstract]: religious and traditional beliefs became more important as people aged and considered their mortality.

Davis-Smith, M. [Mercer University School of Medicine, Medical Center of Central Georgia/Family Medicine, Macon, GA; davis-smith.monique@mccg.org]. "**Implementing a diabetes prevention program in a rural African-American church**." *Journal of the National Medical Association* 99, no. 4 (Apr 2007): 440-446. Comment on p. 439.
[Abstract:] OBJECTIVES: The purpose of this study was to determine the feasibility of implementing a diabetes prevention program (DPP) in a rural African-American church. METHODS: A six-session DPP, modeled after the successful National Institutes of Health (NIH) DPP, was implemented in a rural African-American church. Adult members of the church identified as high risk for diabetes, based on results of a risk questionnaire, were screened with a fasting glucose. Persons with prediabetes, a fasting glucose of 100-125 mg/dL, participated in the six-session, Lifestyle Balance Church DPP. The primary outcomes were attendance rates and changes in fasting glucose, weight and body mass index measured at baseline, six- and 12-month follow-up. RESULTS: Ninety-nine adult church members were screened for diabetes risk. Eleven had impaired fasting glucose. Ten of 11 participated in the six-session intervention, for an attendance rate of 78%. After the intervention and 12-month follow-up, there was a mean weight loss of 7.9 lbs and 10.6 lbs, respectively. CONCLUSIONS: This pilot project suggests that a modified six-session DPP can be translated to a group format and successfully implemented in a church setting. Further randomized studies are needed to determine the effectiveness of such an intervention.

Delgado, C. [School of Nursing, Cleveland State University, Cleveland, OH; c.delgado@csuohio.edu]. "**Meeting clients' spiritual needs**." *Nursing Clinics of North America* 42, no. 2 (Jun 2007): 279-293, vii.
[Abstract:] True holistic care requires attention to spiritual as well as physical needs, but many health care providers do not feel comfortable discussing spiritual matters with clients. Although recognized by national nursing groups as a standard of care, nurses are not well prepared or rewarded for spiritual care efforts. There are several spiritual assessment tools available and many suggestions for interventions, but little research-based evidence on the effectiveness of spiritual care assessments or interventions. Nurses are well positioned by their continued intimate contact with clients and the importance of caring to nursing to lead the health care profession in developing spiritual care theory and practices. [68 references]

Delgado, C. [School of Nursing, Cleveland State University, Cleveland, OH; c.delgado@csuohio.edu]. "**Sense of coherence, spirituality, stress and quality of life in chronic illness**." *Journal of Nursing Scholarship* 39, no. 3 (2007): 229-234.
[Abstract:] PURPOSE: To investigate the relationship between sense of coherence and spirituality and their association with perceptions of stress, and quality of life. METHODS: Questionnaires mailed to nonhospitalized patients with chronic obstructive pulmonary disease. Data analyses included descriptive statistics, Pearson's correlations, multiple regressions, and ANOVA. RESULTS: High sense of coherence (SOC) and spirituality were correlated with low stress and high quality of life (QoL). Neither SOC nor spirituality related significantly to objective symptom severity. In regression analyses 73.2% of the variance in QoL was explained by SOC, the FEV1/FVC ratio, and functional ability. CONCLUSIONS: Psychosocial factors are important in patients' cognitive interpretations of illness. SOC and spirituality may buffer stress in the context of chronic illness.

Dell, M. L. and Josephson, A. M. [Emory University School of Medicine, Atlanta, GA; dellml@comcast.net]. "**Religious and spiritual factors in childhood and adolescent eating disorders and obesity**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 628-632.

This is a brief piece for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Dennis, D. A., Komistek, R. D., Scuderi, G. R. and Zingde. S. [Department of Biomedical Engineering, University of Tennessee, Knoxville, TN; kslutzky@co-ortho.com]. "**Factors affecting flexion after total knee arthroplasty**." *Clinical Orthopaedics & Related Research* 464 (Nov 2007): 53-60.

The authors observe that while total knee arthroplasty has shown to provide patients with excellent pain relief and increased function, especially with regard to the activity of walking, it may not meet the need for squatting or sitting crosslegged by members of certain religious or ethnic groups (e.g., Indian, Chinese, Japanese, Muslim, etc.) where those activities "typically require 111° to 165° of knee flexion" [p. 464]. The authors therefore encourage the evaluation of such factors that influence knee flexation after total knee arthroplasty

Dennis, M. L., Foss, M. A. and Scott, C. K. [Chestnut Health Systems, Chicago and Bloomington, IL; Mdennis@chestnut.org]. "**An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery**." E*valuation Review* 31, no. 6 (Dec 2007): 585-612.

This analysis of data from 1,162 people entering treatment and followed up (> 94%) for 8 years concludes: "Consistent with the literature, the duration of abstinence was associated with reduced environmental risks and increased number of clean and sober friends, level of social support, spiritual support, and self-efficacy to resist relapse" [p. 605].

Desbiens, J. F. and Fillion, L. [Faculty of Nursing, Laval University, Quebec, Canada]. "**Coping strategies, emotional outcomes and spiritual quality of life in palliative care nurses**." *International Journal of Palliative Nursing* 13, no. 6 (Jun 2007): 291-300.

[Abstract:] It is in accompanying the dying that palliative care nurses say they find meaning in their work. To further explore this phenomenon, consideration of coping strategies is proposed. The main objective of this correlational study was to describe the association between coping strategies (using a revised version of the COPE scale (Carver et al, 1999)), emotional outcomes (distress and vigor; profile of mood states (POMS)), and spiritual quality of life (using the Functional Assessment of Chronic Illness Therapy - Spiritual Wellbeing Scale (FACIT-sp)). A sample of 120 nurses providing palliative care in acute care hospitals and the community in Quebec was included. Positive reinterpretation (beta=.27; p<.01) and turning to religion (beta=.33; p<.001), two strategies related to meaning-making coping and disengagement (beta=-.19; p<.05), were the best predictors, accounting for 22% of variance of spiritual quality of life. These findings are consistent with recent studies and highlight the importance of meaning-making strategies in psychological adjustment to bereavement for palliative care nurses.

DesHarnais, S., Carter, R. E., Hennessy, W., Kurent, J. E. and Carter, C. [Penn State Hershey, Department of Health Evaluation Sciences, The Milton S. Hershey Medical Center College of Medicine, Hershey, PA; sdesharn@psu.edu]. "**Lack of concordance between physician and patient: reports on end-of-life care discussions**." *Journal of Palliative Medicine* 10, no. 3 (Jun 2007): 728-740.

This pilot study involving 22 physicians and 71 of their (matched) patients found that "for communication regarding the patients' preferences for end-of-life care and for pain management, and for communication regarding financial and religious/spiritual factors influencing these preferences, the concordance scores were very low [p. 738].

Desrosiers, A. and Miller, L. [Department of Clinical Psychology, Teachers College, Columbia University, New York, NY; ad2199@columbia.edu]. "**Relational spirituality and depression in adolescent girls**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 1021-1037.

[Abstract:] This study examines the possibility that relational spirituality may be inversely associated with the relatively higher rates of adolescent depression found in girls as compared with boys. Subjects were 615 adolescents, representing a diverse range of religious, ethnic, and socioeconomic backgrounds. Overall spirituality and depression were measured using The Brief-Multidimensional Measure of Religiosity/Spirituality and the Beck Depression Inventory, respectively. Overall, both level of depression and level of relational spirituality were higher in girls as compared with boys. Regression analyses conducted independently for boys and girls revealed that daily spiritual experiences, forgiveness, and religious coping were associated with less-depressive symptomatology exclusively in girls. This pattern in the findings suggests that uniquely in girls, depression may be associated with disruptions in a relational form of spirituality. [This article is part of a special journal issue on spirituality and psychotherapy.]

D'Souza, R. [Dept. of Clinical Trials, Northern Psychiatry Research Centre, Univ. of Melbourne, VIC; rdsouza1@bigpond.net.au]. "**The importance of spirituality in medicine and its application to clinical practice**." *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S57-59.

[Abstract:] Recent international and Australian surveys have shown that there is a need to incorporate the spiritual and religious dimension of patients into their management. By keeping patients' beliefs, spiritual/religious needs and supports separate from their care, we are potentially ignoring an important element that may be at the core of patients' coping and support systems and may be integral to their wellbeing and recovery. A consensus panel of the American College of Physicians has suggested four simple questions that physicians could ask patients when taking a spiritual history. Doctors and clinicians should not "prescribe" religious beliefs or activities or impose their religious or spiritual beliefs on patients. The task of in-depth religious counseling of patients is best done by trained clergy. In considering the spiritual dimension of the patient, the clinician is sending an important message that he or she is concerned with the whole person. This enhances the patient-physician relationship and is likely to increase the therapeutic impact of interventions. Doctors, health care professionals and mental health clinicians should be required to learn about the ways in which religion and culture can influence patients' needs and recovery. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Duffin, J. [Queen's University, Kingston, Ontario, Canada; duffinj@queensu.ca]. "**The doctor was surprised; or, how to diagnose a miracle**." *Bulletin of the History of Medicine* 81, no. 4 (2007): 699-729.

[Abstract:] A survey of more than six hundred miracle records in the canonization files of the Vatican Secret Archives from the seventeenth century to the twentieth century reveals that more than 95 percent are healings from illness. The history of the canonization process is summarized to explain the sources. The diagnoses amenable to miracle cure change through time to reflect current medical preoccupations and methods. Physician testimony has always been crucial to the investigation of miracles for declaring the hopeless prognosis and the surprise at recovery. From this analysis, medicine and religion emerge as parallel semiotic endeavors, using their canons of wisdom and careful observation to derive meaning in suffering.

Duke, G., Thompson, S. and Hastie, M. [Office of Nursing Research and Scholarship, The University of Texas at Tyler, College of Nursing and Health Sciences, Tyler, TX; gduke@uttyler.edu]. "**Factors influencing completion of advanced directives in hospitalized patients**." *International Journal of Palliative Nursing* 13, no. 1 (Jan 2007): 39-43.

[From the abstract:] AIM: A cross-sectional, descriptive study to describe characteristics and other factors that influenced the decision by hospitalized patients in the East Texas area to formulate an advanced directive (AD). FINDINGS: Spouses, family members and sense of spirituality were the strongest influential factors for completion of an AD….

Duncan, J., Spengler, E. and Wolfe, J. [Pediatric Advanced Care Team, DFCI and Children's Hospital, Boston, and Weill Cornell Medical School, New York; janet.duncan@childrens.harvard.edu]. "**Providing pediatric palliative care: PACT in action**." *MCN, American Journal of Maternal Child Nursing* 32, no. 5 (Sep-Oct 2007): 279-287.

This description of a pediatric palliative care team (PACT) notes, *passim*, the role of spiritual support.

Dunlap, S J. [Duke Divinity School, Durham, NC; sjd4@duke.edu]. "**Suicide: a clinical-pastoral perspective**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 750-751.

This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Dunn, K. S. and Riley-Doucet, C. K. [Oakland University School of Nursing, Rochester, MI]. "**Self-care activities captured through discussion among community-dwelling older adults**." *Journal of Holistic Nursing* 25, no. 3 (Sep 2007): 160-169. Discussion on pp. 170-171.

[From the abstract:] Four separate focus group sessions were conducted in the Detroit metropolitan area to invite vital elders to speak freely about their health, health problems, health practices, and how they maintain their bio-psycho-social and spiritual well-being. Twenty-eight participants were interviewed. …Five themes were revealed that described the context of well-being for community-dwelling elders: faith ways, positive energy, support systems, wellness activities, and affirmative self-appraisal. Well-being depended on an awareness of how lifestyle impacted the physical, psychological, social, and spiritual health of each individual. This study lends credence to interventions aimed at promoting holistic health care for community-dwelling elders.

Dunn, L. L. and Shelton, M. M. [Capstone College of Nursing, The University of Alabama, Tuscaloosa, AL; ldunn@bama.ua.edu]. "**Spiritual well-being, anxiety, and depression in antepartal women on bedrest**." *Issues in Mental Health Nursing* 28, no. 11 (nov 2007): 1235-1246.

[Abstract:] This descriptive correlational study examined relationships among anxiety, depression, and spiritual well-being (SWB) in three groups of women (non-pregnant, normal pregnancy, high-risk pregnancy on bedrest). Women in each group completed a demographic survey, a Spiritual Well-Being Scale, and depression and anxiety subscales from the Abbreviated Scale for the Assessment of Psychosocial Status in Pregnancy. All groups (N = 180) demonstrated significant, inverse relationships among SWB, anxiety, and depression. Findings emphasize the importance of obstetrical nurses screening pregnant women to evaluate emotional health, especially in high risk pregnancies. Collaboration with mental health nurses may be useful in developing interventions to improve a woman's SWB, reduce anxiety and depression, and improve pregnancy outcomes.

DuRant, R. H. "**Adolescents' spirituality and alcohol use**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 341-342.

This is a comment on Knight, et al., "Alcohol use and religiousness/spirituality among adolescents," on pp. 349-355 of the same issue of the journal. [It is part of a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Dutney, A. [Flinders University, Parkin-Wesley College, Brooklyn Park, Australia; andrew.dutney@flinders.edu.au]. "**Religion, infertility and assisted reproductive technology**." *Best Practice & Research in Clinical Obstetrics & Gynaecology* 21, no. 1 (Feb 2007): 169-180.

[Abstract:] This chapter describes religion in general before discussing the centrality of its concern for family formation. In light of this, the impact of infertility on religious people is considered. Recognizing religion's cautiously positive attitude towards assisted reproductive technology (ART) as a potential ally in the project of family formation and the relief of infertility, two areas that have caused concern for the religions are discussed: perceived threats to marriage and the sanctity of the human embryo. Throughout the chapter, illustrations are drawn from particular religions, including Christianity, Judaism, Islam, Hinduism and Buddhism. There are striking similarities in their concerns and in the range of their responses to ART. Ways in which medical personnel should take into account the religious dimensions of the experience of infertility in their care for patients are suggested.

Dyer, A. R. [Department of Psychiatry and Behavioral Sciences, East Tennessee State University, Johnson City, TN; dyer@etsu.edu]. "**In the wake of the tsunami: a physician's perspective**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 928.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Dyer, J. [School of Psychology, Psychiatry and Psychological Medicine, Monash University, Melbourne, Victoria, Australia; Jade.Dyer@med.monash.edu.au]. "**How does spirituality affect physical health? A conceptual review**." *Holistic Nursing Practice* 21, no. 6 (Nov-Dec 2007): 324-328.

[Abstract:] Spirituality is thought to have a beneficial impact on physical health and mortality, yet experimental findings are mixed in their support of this assumption. This article examines the most persuasive experimental evidence that spiritual beliefs influence physical health and explores the mediating factors that may explain how this connection operates.

Eaton, J. [Physician Health Services, Waltham, MA; jeaton@mms.org]. "**Medicine, spirituality, and alcoholics anonymous: a personal story**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 441-444.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Eckersley, R. M. [National Centre for Epidemiology and Population Health, Australian National University, Canberra, Australia; richard.eckersley@anu.edu.au]. "**Culture, spirituality, religion and health: looking at the big picture**." *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S54-56.

[Abstract:] Religion provides things that are good for health and wellbeing, including social support, existential meaning, a sense of purpose, a coherent belief system and a clear moral code. But these benefits can also come from other sources. Conversely, religion is shaped by its social context in ways that affect its social role. Religion is no panacea when it comes to improving health. Religion's role in health needs to be examined in a broad context, especially the ways in which culture influences religion's expression of the spiritual. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; D'Souza, R.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Ecklund, E. H., Cadge, W., Gage, E. A. and Catlin, E. A. [Department of Sociology, University at Buffalo, State University of New York, Buffalo, NY; ehe@buffalo.edu]. "**The religious and spiritual beliefs and practices of academic pediatric oncologists in the United States**." *Journal of Pediatric Hematology/Oncology* 29, no. 11 (Nov 2007): 736-742. Comment on pp. 733-735.

[Abstract:] OBJECTIVES: Religion and spirituality are increasingly recognized as important in the care of seriously ill patients. This study evaluates religious and spiritual beliefs and practices among pediatric oncology faculty and compares their religiosity and spirituality to the general public. METHODS: Information was gathered from a sampling frame of all pediatric oncology faculty working in 13 US News and World Report's "honor role" hospitals. These data were compared with the general public (using the General Social Survey), through frequency distributions, descriptive crosstabs, and tests of significance, including chi(2) statistics. RESULTS: Eighty-five percent of pediatric oncology faculty described themselves as spiritual. In all, 24.3% reported attending religious services 2 to 3 times a month or more in the past year. Twenty-seven percent of pediatric oncologists believed in God with no doubts. In all, 52.7% believed their spiritual or religious beliefs influence interactions with patients and colleagues. Among the general public 40.1% reported attending religious services 2 to 3 times a month or more in the past year (P<0.01) and 60.4% believed in God with no doubts (P<0.001). CONCLUSIONS: Although many have no traditional religious identity, large fractions of pediatric oncology faculty described themselves as spiritual. This may have implications for the education of pediatric oncologists and the spiritual care of seriously ill children and their families.

Edin, M. G. [Medical Services, Department of Geriatrics and Internal Medicine, Baycrest Geriatric Health Care System, Toronto, Canada; m.gordon@baycrest.org]. "**Cardiopulmonary resuscitation in the frail elderly: clinical, ethical and halakhic issues**." *Israel Medical Association Journal* 9, no. 3 (Mar 2007):177-179.

[From the abstract:] …A review of the medical, ethics and halakhic literature on the potential merits of CPR in the frail elderly revealed that in secular medical practice, CPR is often routinely provided to elderly frail individuals for whom its clinical benefit is questionable. For patients suffering from dementia, surrogates are usually responsible for decision making, which complicates the process. With such poor clinical outcomes, the halakhic interpretation of what steps should be taken, and currently are, may not be valid and CPR may be applied too frequently. When clinical ambiguity is combined with strong cultural and religious influences, an acceptable CPR/DNR (Do Not Resuscitate) approach to cardiac arrest can be daunting. A clinically responsible, ethically sound and religiously sensitive approach to CPR requires a deep understanding of the factors involved in decision making. It seems timely for the halakhic interpretation of the duty to provide CPR in the frail elderly to be reevaluated. Perhaps a more humane and halakhically sound approach might be reached by stringently limiting CPR to clinically unusual circumstances rather than the common practice of providing frail Jewish elders with CPR in the absence of a DNR order.

Edser, S. J. and May, C. G. [Centre for Cancer Management and Psychology, Carrington, Australia; Stuart.Edser@newcastle.edu.au]. "**Spiritual life after cancer: connectedness and the will to meaning as an expression of self-help**." *Journal of Psychosocial Oncology* 25, no. 1 (2007): 67-85.

[Abstract:] This article uses a mixed quantitative/qualitative design to elicit the attitudes and experience of spirituality in a group of N = 11 heterogeneous cancer participants, who were interviewed regarding self-help practice. Part of this interview enquired about spirituality and was analyzed separately from the larger body of data, becoming the Spiritual Interview. The authors argue for a conceptualization of spirituality as a "will to meaning" and "connectedness." Further, they propose that it is the integration of spiritual life that is the crucial variable in assessing spirituality. Participants demonstrated a wide diversity of attitude and experience that supports the authors' contentions.

Eisenberg, D. [Department of Radiology, Albert Einstein Medical Center, Philadelphia, PA; eisenber@pol.net]. "**A traditional Jewish approach to risky medical treatment**." *Cancer Investigation* 25, no. 3 (Apr-May 2007): 209-215.

[Abstract:] The area of oncology in particular deals with patient treatments that entail significant risk. The approach of Jewish law is valuable in formulating a generic approach to the area of risky medical treatments and is beneficial in understanding the choices that Jewish patients might make regarding their care.

Elkin, T. D., Jensen, S. A., McNeil, L., Gilbert, M. E., Pullen, J. and McComb, L. [Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, Jackson, MS; delkin@psychiatry.umsmed.edu]. "**Religiosity and coping in mothers**

of children diagnosed with cancer: an exploratory analysis." *Journal of Pediatric Oncology Nursing* 24, no. 5 (Sep-Oct 2007): 274-278.

[Abstract:] Although several factors related to coping in parents of children diagnosed with cancer have been explored, little is known about their religious beliefs and behavior and its relationship to coping. The purpose of this study was to provide preliminary data on the religious beliefs and behaviors of mothers of children with cancer and the relation to their psychological adjustment. Twenty-seven mothers of children diagnosed with cancer completed several measures of religious beliefs and behaviors as well as the Beck Depression Inventory-II. The sample was highly religious and specifically Christian. Thirty percent of the mothers reported elevated levels of depressive symptoms, and these mothers reported lower levels of religious belief and behavior than the mothers who denied depressive symptoms. These data suggest a relationship between religiosity and positive coping behavior that should continue to be explored. [See also the articles by Kerr, L. M., et al. and Harper, J., et al., appearing in this same issue of the journal.]

Elliott, B. A., Gessert, C. E. and Peden-McAlpine, C. [University of Minnesota Medical School, Duluth, MN; belliott@d.umn.edu]. "**Decision making by families of older adults with advanced cognitive impairment: spirituality and meaning**." *Journal of Gerontological Nursing* 33, no. 8 (Aug 2007): 49-55.

[Abstract:] This qualitative study investigated the decision making of family members of institutionalized older adults with advanced cognitive impairment. Eight focus groups were conducted with 39 family caregivers at Minnesota nursing homes. Participants described their beliefs and values as central in their decision making; many said their spirituality provided guidance. Family members spontaneously described finding meaning in their decision-making roles. Many decision makers caring for their relatives with advanced cognitive impairment invoke their spirituality to guide relationships and decisions, creating meaning in the process.

English, D. C. [Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC; dcenglish@cox.net]. "**Addressing a patient's refusal of care based on religious beliefs**." *American Family Physician* 76, no. 9 (Nov 1, 2007): 1393-1394.

This is a brief case of a Muslim woman whose understanding of religious prohibitions (esp. regarding modesty) led her to refuse treatment. A physician reflects upon the dynamics of religious diversity issues in patient care.

Ens, C. and Bond, J. B. Jr. [Faculty of Medicine, University of Manitoba, Canada; carla.ens@gmail.com]. "**Death anxiety in adolescents: the contributions of bereavement and religiosity**." *Omega - Journal of Death & Dying* 55, no. 3 (2007): 169-184.

[Abstract:] Possible relationships between bereavement and religiosity to death anxiety levels of adolescents were investigated. Scales measuring religiosity, bereavement, and death anxiety were incorporated into one questionnaire. Two hundred and twenty-six adolescents between the ages of 11 and 18 participated in the study based in urban and rural private schools within Manitoba. Females exhibited significantly higher death anxiety levels than did males; differences between the death anxiety levels of adolescents having a no-previous-death-experience death and those who had experienced a familial death were not significant; while religiosity levels were significantly higher for students attending religion-based schools, the relationships between measurements of religiosity and death anxiety were weak. Grief due to bereavement was the major factor in determining death anxiety for the adolescent.

Evans, M. J. and Hallett, C. E. [School of Nursing, The University of Salford, Lancashire, UK]. "**Living with dying: a hermeneutic phenomenological study of the work of hospice nurses**." *Journal of Clinical Nursing* 16, no. 4 (Apr 2007): 742-751.

[From the abstract:] …The paper reports a hermeneutic phenomenological study of the work of 15 hospice nurses based in one hospice in the north of England. Sampling was purposive, and data were collected by means of semi-structured interviews. A reflective diary was also kept. The interpretation of data was guided by phenomenological and hermeneutic methodology. RESULTS: The nurses interviewed spoke openly about their experiences of working with hospice patients. They saw the relief of suffering through 'comfort care' as an important element of their work. The findings are presented under three thematic headings: 'Comfort and relief', 'Peace and ease' and 'Spirituality and meaning'.…

Fallot, R. D. [Community Connections, Washington, DC 20003; rfallot@ccdc1.org]. "**Spirituality and religion in recovery: some current issues**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 261-270.

[Abstract:] This paper addresses current perspectives on the roles of spirituality and religion in recovery from serious mental health problems. Drawing on a variety of discussion groups and consultations in addition to the published literature, consumer perceptions as well as those of mental health and religious professionals are reviewed. Consumers note both potentially supportive and burdensome roles of religion and spirituality in recovery. Professionals report both hope for, and discomfort with, these domains in the context of mental health services. From each perspective emerge key recommendations regarding the appropriate place of spirituality and religion in psychiatric rehabilitation and related supports. [52 references] [This article is part of a special issue of the journal on spirituality.]

Fatone, A. M., Moadel, A. B., Foley, F. W., Fleming, M. and Jandorf, L. [Department of Oncological Sciences, Mount Sinai School of Medicine, New York]. "**Urban voices: the quality-of-life experience among women of color with breast cancer**." *Palliative & Supportive Care* 5, no. 2 (Jun 2007): 115-125.

[From the abstract:] …In an effort to understand the quality of life experience after breast cancer among women of color, this study describes the nature and impact of physical, emotional, and menopausal symptoms among African American (n = 8) and Hispanic (n = 12) breast cancer survivors based on qualitative data gathered through semistructured interviews. Themes were identified and categorized into six HRQL domains: physical (e.g., pain, nausea), psychological (e.g., sadness, irritability), cognitive (e.g., memory problems), sexual (e.g., decreased desire), social/functional (e.g., financial strain, social distress), and spiritual/existential (e.g., increased faith, spiritual coping), with high interrater reliability (kappa = .81). RESULTS: For both groups, physical issues had a major impact on HRQL, with psychological issues being additionally salient for Hispanic women. Most (88%) African American women voiced positive changes in their faith after diagnosis whereas 50% of Hispanic women viewed faith as an important way of coping with breast cancer.…

Faull, K. and Hills, M. D. [QE Health, Rotorua, New Zealand; research@qehealth.co.nz]. "**The QE Health Scale (QEHS): assessment of the clinical reliability and validity of a spiritually based holistic health measure**." *Disability & Rehabilitation* 29, no. 9 (May 15, 2007): 701-716.

[Abstract:] PURPOSE: To assess the clinical reliability and validity of a holistic health measure, the QE Health Scale (QEHS), for use with people with physical disabilities. METHOD: A test-retest design saw the QEHS administered and compared with established measures of health at admission and discharge from three-week inpatient rehabilitation programs. Data was analyzed by factor and correlation analysis. Clinician-reported credibility and usefulness of the theoretical basis of the QEHS, the QEHS itself, and Patient Profiles derived from the QEHS were also used to evaluate clinical validity. RESULTS: The QEHS was judged to possess satisfactory reliability and validity. CONCLUSION: The QEHS is a clinically reliable, valid, credible and useful holistic health instrument to facilitate client-centered therapeutic interventions, inform decision-making and evaluate outcomes for people with physical disabilities.

Faull, K. and Hills, M. D. [QE Health, Rotorua, New Zealand.]. "**A spiritually-based measure of holistic health for those with disabilities: development, preliminary reliability and validity assessment**." *Disability & Rehabilitation* 29, no. 13 (Jul 15, 2007): 999-1010.

[Abstract:] PURPOSE: To develop and test a spiritually-based measure of holistic health for those with chronic physical conditions. METHOD: Two studies are reported. Study One used 69 ex-patients with chronic physical conditions to develop a spiritually-based holistic measure of health. An open-ended questionnaire, the Participant Health Questionnaire used the echo technique to obtain statements about the nature of health. These were assembled to form the Rating of Health Statements Questionnaire, which was completed by 59 participants. Reliability and validity analysis yielded a 38-item Health Attitude Scale, the HAS:1, to which the responses of 48 participants produced the 40-item HAS:2, which included an Intent subscale. Wording the HAS:2 in the past tense then created a behavioral measure, the QE Health Scale (QEHS). Study Two used 233 participants from the same population with chronic conditions to assess the reliability of the HAS:2 and QEHS, and their validity against the STAI and the SOC-13. RESULTS: The QEHS proved reliable (Cronbach's alpha = 0.92) and valid in that it correlated with the SOC-13 (r = 0.32, p < 0.01), the STAI (State) (r = 0. - 39, p < 0.01), the STAI (Trait) (r = 0.35, p < 0.01), the HAS:2 (Importance) (r = 0.61, p < 0.01) and the HAS:2 (Intent) (r = 0.61, p < 0.01). CONCLUSION: The QEHS possessed sufficient reliability and validity as a spiritually-based holistic measure of health to warrant further investigation.

Feldbush, M. W. [Adventist Chaplaincy Ministries Department, World Headquarters of the Seventh-day Adventist Church, 12501 Old Columbia Pike, Silver Spring, MD 20904; acm@gc.adventist.org]. "**The role of clergy in responding to disaster events**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 942-943.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Finkelstein, F. O., West, W., Gobin, J., Finkelstein, S. H. and Wuerth, D. [Renal Research Institute, Hospital of St. Raphael, Yale University, New Haven, CT; fof@comcast.net]. "**Spirituality, quality of life and the dialysis patient**." *Nephrology Dialysis Transplantation* 22, no. 9 (Sep 2007): 2432-2434.

This commentary supports further research into spirituality's role in quality of life, especially for patients with end-stage renal disease.

Fitzpatrick, A. L., Standish, L. J., Berger, J., Kim, J. G., Calabrese, C. and Polissar, N. [Department of Epidemiology, University of Washington, Seattle]. "**Survival in HIV-1-positve adults practicing psychological or spiritual activities for one year**." *Alternative Therapies in Health & Medicine* 13, no. 5 (Sep-Oct 2007): 18-20, 22-24.

[Abstract:] OBJECTIVE: To investigate associations between survival and use of psychological and spiritual activities practiced over 1 year in HIV-positive (HIV+) patients. METHOD: Nine hundred one HIV+ adults living in the United States using at least 1 form of complementary and alternative medicine (CAM) completed a questionnaire 3 times between 1995 and 1998. Information on specific mind-body therapies included psychotherapy (group therapy, support groups, individual therapy) and spiritual therapies (self-defined "spiritual" activities, prayer, meditation, affirmations, psychic healing, visualizations). Subsequent death was ascertained from the National Death Index (NDI). Cox proportional-hazards regression assessed risk of death through 1999. RESULTS: Use of any psychological therapy reported in both the 6-month and 12-month follow-up questionnaires (1 year continuous use) was associated with a reduced risk of death (hazard ratio [HR]: 0.5, 95% CI: 0.3-0.9) adjusted for income, clinical acquired immune deficiency syndrome, CD4 count, smoking, alcohol use, and use of antiretroviral therapy or highly active antiretroviral therapy (HAART). The relationship between spiritual activities and survival was modified by use of HAART, which may reflect severity of illness. Individuals not currently using HAART and who participated in spiritual activities over the previous year were found to be at a reduced risk of death (HR: 0.4, 95% CI: 0.2-0.9) compared to those not practicing spirituality. CONCLUSIONS: Participation in spiritual and psychological therapies may be related to beneficial clinical outcomes in HIV+ individuals, including improved survival. Due to the self-selection of therapies in this observational cohort, it is not possible to distinguish use of the therapies from other characteristics or activities of the people participating in them.

Franklin, M. D., Schlundt, D. G., McClellan, L. H., Kinebrew, T., Sheats, J., Belue, R., Brown, A., Smikes, D., Patel, K. and Hargreaves, M. [Department of Psychology, Vanderbilt University, Nashville, TN;. Monica.d.franklin@vanderbilt.edu]. "**Religious fatalism and its association with health behaviors and outcomes**." *American Journal of Health Behavior* 31, no. 6 (Nov-Dec 2007): 563-572.

[Abstract:] OBJECTIVE: To examine the association between religious fatalism and health care utilization, health behaviors, and chronic illness. METHODS: As part of Nashville's REACH 2010 project, residents (n=1273) participated in a random telephone survey that included health variables and the helpless inevitability subscale of the Religious Health Fatalism Questionnaire. RESULTS: Religious health fatalism was higher among African Americans and older participants. Some hypotheses about the association between fatalism and health outcomes were confirmed. CONCLUSION: Religious fatalism is only partially predictive of health behaviors and outcomes and may be a response to chronic illness rather than a contributor to unhealthy behaviors.

Friedman, S. and Gilmore, D. [Neurodevelopmental Disabilities Program, Children's Hospital Boston, Division of General Pediatrics, Boston, MA; Sandra.friedman@childrens.harvard.edu]. "**Factors that impact resuscitation preferences for young people with severe developmental disabilities**." *Intellectual & Developmental Disabilities* 45, no. 2 (Apr 2007): 90-97.

Among the findings [from the abstract] …Survey results suggest that interpersonal relationships, such as those with family members, religious leader, and physician, were more influential for families who chose full resuscitation compared to those with DNR preferences….

Fulcher, C. D. and Gosselin-Acomb, T. K. [Duke University Hospital, Durham, NC; caryl.fulcher@duke.edu]. "**Distress assessment: practice change through guideline implementation**." *Clinical Journal of Oncology Nursing* 11, no. 6 (Dec 2007): 817-821.
The authors describe piloting an assessment for distress based upon the National Comprehensive Cancer Network Problem Checklist, including an item for Spiritual/Religious concerns.

Galanter, M. [Department of Psychiatry, NYU School of Medicine, New York, NY;. marcgalanter@nyu.edu]. "**Spirituality and recovery in 12-step programs: an empirical model**." *Journal of Substance Abuse Treatment* 33, no. 3 (Oct 2007): 265-272.
[Abstract:] Alcoholics Anonymous (AA) and other 12-step programs are widely employed in the addiction rehabilitation community. It is therefore important for researchers and clinicians to have a better understanding of how recovery from addiction takes place, in terms of psychological mechanisms associated with spiritual renewal. A program like AA is described here as a spiritual recovery movement, that is, one that effects compliance with its behavioral norms by engaging recruits in a social system that promotes new and transcendent meaning in their lives. The mechanisms underlying the attribution of new meaning in AA are considered by recourse to the models of positive psychology and social network support; both models have been found to be associated with constructive health outcomes in a variety of contexts. By drawing on available empirical research, it is possible to define the diagnosis of addiction and the criteria for recovery in spiritually oriented terms. [See also articles by Atkins, R. G. Jr., et al. and by Galanter, M., et al., in this same issue of the journal.]

Galanter, M., Dermatis, H., Bunt, G., Williams, C., Trujillo, M. and Steinke, P. [Division of Alcoholism and Drug Abuse, New York University School of Medicine, New York, NY; marcgalanter@nyu.edu]. "**Assessment of spirituality and its relevance to addiction treatment**." *Journal of Substance Abuse Treatment* 33, no. 3 (Oct 2007): 257-264.
[Abstract:] The prominence of Twelve-Step programs has led to increased attention on the putative role of spirituality in recovery from addictive disorders. We developed a 6-item Spirituality Self-Rating Scale designed to reflect a global measure of spiritual orientation to life, and we demonstrated here its internal consistency reliability in substance abusers on treatment and in nonsubstance abusers. This scale and the measures related to recovery from addiction and treatment response were applied in three diverse treatment settings: a general hospital inpatient psychiatry service, a residential therapeutic community, and methadone maintenance programs. Findings on these patient groups were compared to responses given by undergraduate college students, medical students, addiction faculty, and chaplaincy trainees. These suggest that, for certain patients, spiritual orientation is an important aspect of their recovery. Furthermore, the relevance of this issue may be underestimated in the way treatment is framed in a range of clinical facilities. [See also articles by Atkins, R. G. Jr., et al. and by Galanter, M., in this same issue of the journal.]

Galvan, F. H., Collins, R. L., Kanouse, D. E., Pantoja, P. and Golinelli, D. [Charles R. Drew University of Medicine and Science, Los Angeles, CA; frankgalvan@cdrewu.edu]. "**Religiosity, denominational affiliation and sexual behaviors among people with HIV in the United States**." *Journal of Sex Research* 44, no. 1 (Feb 2007): 49-58.
[From the abstract:] This study sought to describe religiosity and denominational affiliation among the U.S. population living with HIV and to test whether either is associated with HIV-related sexual risk behaviors. A nationally representative sample of 1,421 people in care for HIV, 932 of whom reported recent sexual activity, was utilized. Religiosity was associated with fewer sexual partners and a lower likelihood of engaging in unprotected sex and in high-risk sex. Catholics were less likely to report unprotected sex than were other Christians, adherents of non-Christian religions, and those reporting no religious affiliation. Catholics were also less likely than other Christians to report high-risk sex and reported fewer sexual partners compared to those of non-Christian religions. We did not observe a difference between Catholics and Evangelicals in the three sexual behaviors investigated….

Garland, S. N., Carlson, L. E., Cook, S., Lansdell, L. and Speca, M. [Department of Psychology, University of Calgary, Calgary, Alberta, Canada]. "**A non-randomized comparison of mindfulness-based stress reduction and healing arts programs for facilitating post-traumatic growth and spirituality in cancer outpatients**." *Supportive Care in Cancer* 15, no. 8 (Aug 2007): 949-961.
[Abstract:] GOALS OF WORK: The aim of this study was to compare a mindfulness-based stress reduction (MBSR) program and a healing through the creative arts (HA) program on measures of post-traumatic growth (PTGI-R), spirituality (FACIT-Sp), stress (SOSI), and mood disturbance (POMS) in cancer patients. MATERIALS AND METHODS: A sample of cancer outpatients (MBSR, n = 60; HA, n = 44) with a variety of diagnoses chose to attend either an 8-week MBSR program or a 6-week HA program and were assessed pre- and post-intervention. The majority of participants were female, married, and had breast cancer. MAIN RESULTS: Repeated measures analysis of variance indicated that participants in both groups improved significantly over time on overall post-traumatic growth (p = 0.015). Participants in the MBSR group improved on measures of spirituality more than those in the HA group (p = 0.029). Participants in the MBSR group also showed more improvement than those in HA on measures of anxiety (POMS, p = 0.038), anger (POMS, p = 0.004), overall stress symptoms (SOSI, p = 0.041), and mood disturbance (POMS, p = 0.023). Several main effects of time were also observed in both groups. These results were found despite attrition in both groups. CONCLUSIONS: Both programs may improve facilitation of positive growth after traumatic life experiences for those who choose to participate. MBSR may be more helpful than HA in enhancing spirituality and reducing stress, depression, and anger.

Geppert, C., Bogenschutz, M. P. and Miller, W. R. [New Mexico Veterans Affairs Health Care System, Department of Psychiatry, University of New Mexico School of Medicine, Religious Studies Program, University of New Mexico; ethicdoc@comcast.net]. "**Development of a bibliography on religion, spirituality and addictions**." *Drug & Alcohol Review* 26, no. 4 (Jul 2007): 389-395. Comment on pp. 435-436.
[Abstract:] INTRODUCTION AND AIMS: The aim of this study was to develop a comprehensive annotated public-domain bibliography of the literature on spirituality and addictions to facilitate future research and scholarship. DESIGN AND METHODS: A search was conducted of all citations listed in the MEDLINE, PsychINFO and ALTA Religion databases covering a period from 1941 to 2004 using the following search terms: substance abuse, substance dependence, addiction, religion, spirituality. A group of experts in the field then classified each citation according to empirically derived categories. RESULTS: A total of 1353 papers met the search parameters and were classified into 10 non-exclusive categories: (1) attitudes toward spirituality and substance use, (2) commentaries, (3) spiritual practices and development in recovery, (4) spiritual and religion variables in the epidemiology of substance abuse, (5) psychoactive substances and spiritual experiences, (6) religious and spiritual interventions, (7) literature reviews, (8) measurement of spirituality and addictions, (9) 12-Step spirituality and (10) youth and development. DISCUSSION AND CONCLUSIONS: The literature is voluminous, but has focused primarily in a few areas.

Common findings included an inverse relationship between religiosity and substance use/abuse, reduced use among those practising meditation and protective effects of 12-Step group involvement during recovery. Although sound instruments are available for measuring spirituality, studies have tended to use simplistic, often single-item measures.

Gerdner, L. A., Cha, D., Yang, D. and Tripp-Reimer, T. [Stanford Geriatric Education Center, Stanford University School of Medicine, Palo Alto, CA; lgerdner@gmail.com]. "**The circle of life: end-of-life care and death rituals for Hmong-American elders**." *Journal of Gerontological Nursing* 33, no. 5 (May 2007): 20-29. Quiz on pp. 30-31.

[Abstract:] The Hmong are an ethnic minority from Southeast Asia who constitute a growing U.S. population. Gerontological nurses need to understand the cultural meaning and rituals associated with dying, death, and the bereavement process of Hmong Americans. Critical to this is the structure and role of clan and family as a source of support and their involvement in the decision-making process. In this article, we provide an overview of the traditional spiritual beliefs related to life and death with implications for end-of-life and postmortem care. Information was acquired through invited field experiences. Published literature and consultation with Hmong elders were used to clarify, enhance, and validate this understanding. [32 references]

Gerdner, L. A., Tripp-Reimer, T. and Simpson, H. C. [Stanford Geriatric Education Center, Stanford University, Palo Alto, CA; lgerdner@gmail.com]. "**Hard lives, God's help, and struggling through: caregiving in Arkansas Delta**." *Journal of Cross-Cultural Gerontology* 22, no. 4 (Dec 2007): 355-374.

[Abstract:] The purpose of this ethnographic study was to describe the experience of African American adults providing in-home care for a family member with chronic confusion living in the Arkansas Delta. We conducted this study over fourteen months in two rural Delta counties using participant observation and in-depth interviews. The majority of caregivers were adult daughters. Nearly half attributed chronic confusion to a difficult life and emotional stress or "worry;" a third believed it to be a natural component of "old age." Caregivers tended to view their work as an expression of love and devotion that was accompanied by emotional stress and personal sacrifice. While just under half of the caregivers had no other family members willing or available to assist with the physical care of the elder, the majority were able to turn to family members for emotional support. Further they identified strong religious beliefs as the primary force that sustained them in the caregiving role. The centrality of spirituality, faith/religion was noted in nearly all aspects of life. Faith in God was seen as continuing to be an important aspect of the care recipients' lives as well. Recipients' spiritual needs were addressed by accompanying the care recipient to church services and reading Bible passages to them on a regular basis. Selective community services (i.e., adult day care, home health services) were used that supported efforts at maintaining the family caregiver role. Findings are discussed within the context of historical and sociopolitical factors of the geographic region.

Gilbert, P. D. [Faculty of Health, Staffordshire University, Stoke on Trent, Staffordshire, UK; pgilbert@gilbert88.fsbusiness.co.uk]. "**Spirituality and mental health: a very preliminary overview**." *Current Opinion in Psychiatry* 20, no. 6 (Nov 2007): 594-598.

[Abstract:] PURPOSE OF REVIEW: Demand for the spiritual dimension to be taken account of in the diagnosis, treatment and care of people with mental ill-health has come strongly from users, carers and professionals. RECENT FINDINGS: Research in the US over the past 10 years has shown a clear correlation between affiliation to a religious group and better outcomes in terms of mental and physical health, and even longevity. In the UK, however, the evidence from research is much less clear, and needs a more focused approach to really elucidate what helps people stay mentally healthy and recover from mental ill-health. SUMMARY: Spirituality is now a key issue as individuals, communities and mental health services struggle to combine technical efficacy and business efficiency, but remain human, so as to nurture service users, carers and staff. This is set in a postmodern world, scarred by the trauma of 9/11 and its aftermaths, and in the context of a global consumerism, which has resulted in individuals being increasingly atomized and isolated. A consumerist society means that those classed as 'deficient consumers', especially those whose ill-health and/or poverty excludes them from the marketplace, are seen as outsiders and a dangerous class.

Glas, G. [Leiden University Medical Centre, The Netherlands; glasg@xs4all.nl]. "**Anxiety, anxiety disorders, religion and spirituality**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 621-625

This is a brief overview for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Goldstein, E. D. [Institute of Transpersonal Psychology, Palo Alto, CA; Elishagoldstein@comcast.net]. "**Sacred moments: implications on well-being and stress**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 1001-1019.

[Abstract:] This research provides a theoretical, empirical, and qualitative examination of the role of cultivating sacred moments in daily life on subjective well-being (SWB), psychological well-being (PWB), and stress. Seventy-three participants were randomly assigned to two groups: (a) a 3-week intervention group where members were instructed in cultivating sacred moments, or (b) a 3-week control group where members were instructed in writing about daily activities. Findings indicate that the intervention was equally as effective as an adapted therapeutic writing intervention. There were significant effects over time across multiple assessments related to SWB, PWB, stress, and daily spiritual experiences after the 3-week intervention and again 6 weeks later. Qualitative analysis complemented and enriched the findings of these results. This study introduces a new intervention into the field of clinical psychology and extends the findings of prior research. [This article is part of a special journal issue on spirituality and psychotherapy.]

Gonzales, D., Redtomahawk, D., Pizacani, B., Bjornson, W. G., Spradley, J., Allen, E. and Lees, P. [OHSU Smoking Cessation Center, Division of Pulmonary and Critical Medicine, Department of Medicine, Oregon Health & Science University, Portland, OR; gonzales@ohsu.edu]. "**Support for spirituality in smoking cessation: results of pilot survey**." *Nicotine & Tobacco Research* 9, no. 2 (Feb 2007): 299-303.

[Abstract:] Patient spiritual resources are increasingly included in the treatment of medical conditions such as cancers and alcohol and drug dependence, but use of spiritual resources is usually excluded from tobacco dependence treatment. We hypothesized that this omission may be linked to perceived resistance from smokers. To examine this hypothesis, we conducted a pilot survey to assess whether current smokers would consider spiritual, including religious, resources helpful if they were planning to quit. Smokers at least 18 years of age at Oregon Health & Science University in Portland, Oregon, (N=104) completed a brief survey of smoking behaviors and spiritual beliefs. None were attempting to quit. Of these individuals, 92 (88%) reported some history of spiritual resources (spiritual practice or belief in a Higher Power), and of those

respondents, 78% reported that using spiritual resources to quit could be helpful, and 77% reported being open to having their providers encourage use of spiritual resources when quitting. Results of logistic regression analysis indicated that those aged 31-50 years (OR=3.3), those over age 50 years (OR=5.4), and women (OR=3.4) were significantly more likely to have used spiritual resources in the past. Of the 92 smokers with any history of spiritual resources, those smoking more than 15 cigarettes/day were significantly more receptive to provider encouragement of spiritual resources in a quit attempt (OR=5.4). Our data are consistent with overall beliefs in the United States about spirituality and recent trends to include spirituality in health care. We conclude that smokers, especially heavier smokers, may be receptive to using spiritual resources in a quit attempt and that spirituality in tobacco dependence treatment warrants additional investigation and program development.

Graham, L. K. [Iliff School of Theology, Denver, CO]. "**The value of observing an autopsy in clergy and pastoral care education**." *Journal of Pastoral Care & Counseling* 61, no. 4 (2007): 365-378.
[Abstract:] The value of observing an autopsy for clergy and students training to provide pastoral care is that it raises consciousness about death and dying, assists in the participants' healing from loss, provides resources for ministering to the bereaved, builds a network with other professionals responding to death and dying, and evokes viscerally-generated insights into theological questions concerning body and soul, life after death, and concepts of God in relation to death and bereavement.

Grauf-Grounds, C. and Backton, A. [Department of Marriage & Family, Seattle Pacific University]. "**Patterns of conversation between clergy and their parishioners and referral to other professionals**." *Journal of Pastoral Care & Counseling* 61, nos. 1-2 (Spring-Summer 2007): 31-38.
[Abstract:] Clergy deal with mental and physical health care issues as well as spiritual concerns within their congregations. Collaboration with psychotherapists and physicians could be argued to be "best practice" by clergy, but little is known about how clergy collaborate, particularly in non-hospital settings. This study describes reported practice patterns of referral by clergy in the context of their conversations with parishioners. Clergy report that parishioners regularly express psychosocial and medical concerns to them, and clergy also initiate these conversations. Clergy refer to medical providers and psychotherapist 23% of the time, and these referrals are found to be helpful, even though the professionals rarely connect with each other. Physicians and psychotherapists report they refer to clergy 10% and 24% of the time, respectively, and often find these referrals helpful. Further research is needed to understand the barriers and bridges to collaboration between professionals in different domains of care.

Greenwald, H. P. and McCorkle, R. [School of Policy, Planning, and Development, University of Southern California, Los Angeles]. "**Remedies and life changes among invasive cervical cancer survivors**." *Urologic Nursing* 27, no. 1 (Feb 2007): 47-53.
Among the findings of this qualitative study of 208 women who were 6-29 years post-invasive cervical cancer diagnosis: 34.9% reported that they perceived their cervical disease as having had a positive impact on their religious beliefs, 3% indicated that it had a negative impact on their religious beliefs, and 65.2% indicated that there was no impact. Regarding "other spiritual activities," 24.3% reported that their disease had a positive impact, 1.6% indicated a negative impact, and 75.8% indicated no impact. [See p. 50 and Table 3 on p. 51.]

Griffin, J. P., Koch, K. A., Nelson, J. E., Cooley, M. E., American College of Chest Physicians. [University of Tennessee Health Science Center, Memphis, TN; jpgriffin@utmem.edu]. "**Palliative care consultation, quality-of-life measurements, and bereavement for end-of-life care in patients with lung cancer: ACCP evidence-based clinical practice guidelines (2nd edition)**." *Chest* 132, no. 3, Suppl. (Sep 2007): 404S-422S.
[From the abstract:] …Bereavement studies of the physical and emotional morbidity of family members and caregivers before, during, and after the death of a cancer patient have supported truthful communication, consideration of psychological problems, effective palliative care, understanding of the patient's spiritual and cultural background, and sufficient forewarning of impending death….

Griffin, M. T., Lee, Y. H., Salman, A., Seo, Y., Marin, P. A., Starling, R. C. and Fitzpatrick, J. J. [Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH; mary.quinngriffin@case.edu]. "**Spirituality and well being among elders: differences between elders with heart failure and those without heart failure**." *Clinical Interventions in Aging* 2, no. 4 (2007): 669-675.
[Abstract:] Heart failure is a chronic debilitating disease that affects all aspects of a person's life, including physical, mental and spiritual dimensions. The associations among these dimensions, and the relationship to overall health status, have not been clearly identified. The purpose of this quantitative, descriptive study was to explore differences between spirituality, depressive symptoms, and quality of life among elders with and without heart failure. A total of 44 elders with heart failure and 40 non-heart failure elders completed several questionnaires including: The Daily Spiritual Experiences Scale (DSES), Spirituality Index of Well-Being (SIWB), Center for Epidemiologic Studies Depression Scale (CES-D), and SF-12 Health Survey. There were significant differences in the groups on gender and ethnicity; thus these variables were controlled in the analyses related to the dependent variables. After controlling for gender and ethnicity, there were significant differences in the physical component of quality of life and spiritual well-being. The heart failure patients had significantly lower physical quality of life but more spiritual well-being than the non-heart failure patients. There were no significant differences in daily spiritual experiences, mental component of quality of life, and depressive symptoms between the two groups.

Griffith, J., Caron, C. D., Desrosiers, J. and Thibeault, R. [Centre de sante et services sociaux La Pommeraie, Cowansville, Quebec; jgriffith@canoemail.com]. "**Defining spirituality and giving meaning to occupation: the perspective of community-dwelling older adults with autonomy loss**." *Canadian Journal of Occupational Therapy - Revue Canadienne d Ergotherapie* 74, no. 2 (Apr 2007): 78-90.
[Abstract:] BACKGROUND: In the Canadian Model of Occupational Performance, meaningful occupation involves interaction between spirituality and environment. However little research exists on the process of giving meaning to occupation. PURPOSE: This study explored both meaningful occupation and the definition of spirituality from the perspective of community-dwelling older adults with autonomy loss. METHOD: Using a qualitative approach, grounded theory method of Glaser and Strauss (1967), eight cognitively intact persons were interviewed individually. RESULTS: The process of giving meaning to occupation involves an intrinsic link between identity and meaningful occupation, with identity being central to the person. Following autonomy loss, a process of adjusting identity, involving social, psychological and spiritual aspects, occurs over time. Spirituality is defined in terms of its close links to religion and belief in a benevolent greater power.

IMPLICATIONS OF RESEARCH: This study contributes to the discussion of the concepts of spirituality, identity and meaning in occupational therapy.

Griffiths, T., Giarchi, G., Carr, A., Jones, P. and Horsham, S. [Foundation for Growth Through Grieving, South Highlands, Blachford Road, Ivybridge, Devon, PL21 0AD, UK]. "**Life mapping: a 'Therapeutic Document' approach to needs assessment**." *Quality of Life Research* 16, no. 3 (Apr 2007): 467-481.
This study testing the Life Map holistic needs assessment based upon the World Health Organization's six Quality of Life domains notes spirituality throughout.

Griswold, K., Zayas, L. E., Kernan, J. B. and Wagner, C. M. [Department of Family Medicine, The State University of New York, University at Buffalo, NY; griswol@buffalo.edu]. "**Cultural awareness through medical student and refugee patient encounters**." *Journal of Immigrant & Minority Health* 9, no. 1 (Jan 2007): 55-60.
[From the abstract:] This paper presents findings from a qualitative investigation of cultural awareness that medical students developed in the context of providing medical care to refugees. Our evaluation question was: What kinds of cultural awareness and communication lessons do medical students derive from clinical encounters with refugee patients? …Thirty-eight semi-structured interviews were conducted to debrief a sample of 27 medical students. …This program's experiential model indicates that after refugee medical encounters, these beginning medical students reported greater awareness of communication issues, and sensitivity toward religious values, family patterns, gender roles and ethnomedical treatments….

Grossoehme, D. H., Cotton, S. and Leonard, A. [Cincinnati Children's Hospital, Cincinnati, OH]. "**Spiritual and religious experiences of adolescent psychiatric inpatients versus healthy peers**." *Journal of Pastoral Care & Counseling* 61, no. 3 (2007): 197-204.
[Abstract:] One hundred twenty-two adolescent psychiatric inpatients with depressive disorders and 80 healthy peers were administered the INSPIRIT, a measure of core spiritual experiences. Healthy adolescents reported a greater frequency of spiritual experiences and a more positive impact of such experiences on their belief in God than did their inpatient peers. Adolescent inpatients reported higher frequencies of experiencing angels, demons, God or guiding spirits; feeling unity with the earth and other living things; and with near death or life after death as compared to healthy peers. Overall, females reported higher frequency of spiritual experiences and higher impact of the experience on their belief in God than did males. It was concluded that the INSPIRIT is a feasible spiritual assessment tool for adolescent populations and may be used by chaplains as a means for guiding clinical conversations with adolescents.

Grossoehme, D. H., Ragsdale, J. R., McHenry, C. L., Thurston, C., DeWitt, T. and VandeCreek, L. [Department of Pastoral Care, Children's Hospital Medical Center, Akron, OH; daniel.grossoehme@cchmc.org]. "**Pediatrician characteristics associated with attention to spirituality and religion in clinical practice**." *Pediatrics* 119, no. 1 (Jan 2007): e117-123.
[Abstract:] OBJECTIVE: The literature suggests that a majority of pediatricians believe that spirituality and religion are relevant in clinical practice, but only a minority gives them attention. This project explored this disparity by relating personal/professional characteristics of pediatricians to the frequency with which they give attention to spirituality and religion. METHODS: Pediatricians (N = 737) associated with 3 academic Midwestern pediatric hospitals responded to a survey that requested information concerning the frequency with which they (1) talked with patients/families about their spiritual and religious concerns and (2) participated with them in spiritual or religious practices (eg, prayer). The associations between these data and 10 personal and professional characteristics were examined. RESULTS: The results demonstrated the disparity, and the analysis identified 9 pediatrician characteristics that were significantly associated with more frequently talking with patients/families about their spiritual and religious concerns. The characteristics included increased age; a Christian religious heritage; self-description as religious; self-description as spiritual; the importance of one's own spirituality and religion in clinical practice; the belief that the spirituality and religion of patients/families are relevant in clinical practice; formal instruction concerning the role of spirituality and religion in health care; relative comfort asking about beliefs; and relative comfort asking about practices. All of these characteristics except pediatrician age were also significantly associated with the increased frequency of participation in spiritual and religious practices with patients/families. CONCLUSIONS: Attention to spiritual and religious concerns and practices are associated with a web of personal and professional pediatrician characteristics. Some characteristics pertain to the physician's personal investment in spirituality and religion in their own lives, and others include being uncomfortable with spiritual and religious concerns and practices. These associations shed light on the disparity between acknowledged spirituality and religion relevancy and inattention to it in clinical practice.

Guilfoyle, S., Franco, R. and Gorin, S. S. [Department of Health Policy and Management, Columbia University, New York, NY]. "**Exploring Older Women's Approaches to Cervical Cancer Screening**." *Health Care for Women International* 28, no. 10 (Nov-Dec 2007): 930-950. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]
Among the findings of this focus group study of 98 low-income African American and Hispanic older women [from the abstract:] Women experienced cues to screening from their own bodies, in symptoms, and relied on spiritual beliefs to support them in coping with their health problems.

Gunn, F. X. [Holy Name of Jesus Church, 207 West 96th Street, New York, NY 10025-6393; spiritfx@aol.com]. "**Spiritual issues in the aftermath of disaster**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 936-937.
This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Gunn, F. X. [Holy Name of Jesus Church, 207 West 96th Street, New York, NY 10025-6393; spiritfx@aol.com]. "**Spirituality and the emergency services**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 938-939.
This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Gupta, D., Lis, C. G. and Grutsch, J. F. [Cancer Treatment Centers of America, Midwestern Regional Medical Center, Zion, IL; digant.gupta@ctca-hope.com]. "**The relationship between cancer-related fatigue and patient satisfaction with quality of life in cancer**." *Journal of Pain & Symptom Management* 34, no. 1 (Jul 2007): 40-47.
Among the findings of this study of 954 cancer patients was that an increase in the measure of fatigue was associated with a decrease in the measure of patient satisfaction with psychological and spiritual functioning.

Gurney, A. G. and Rogers, S. A. [Dept. of Psychology, Westmont College, Santa Barbara, CA; gurney@westmont.edu]. "**Object-relations and spirituality: revisiting a clinical dialogue**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 961-977.
[Abstract:] Antagonism and separateness has characterized the relationship between psychotherapy and religion/spirituality throughout the history of psychology, beginning with Freudian psychoanalytic theory. Recently, however, spirituality, broadly defined as a transcendent relationship with a higher being, has begun to reemerge as a central concept in therapeutic work. There is fertile ground for exploring how spirituality can be enfolded into psychotherapeutic practice, particularly from an object-relations standpoint. The purpose of this article, therefore, is to examine points of convergence and divergence between spirituality and object-relations theory and explore the integration of spirituality with object-relations therapy, with the hope of replacing historical antagonism with thoughtful and intentional integration. [This article is part of a special journal issue on spirituality and psychotherapy.]

Haber, J. R. and Jacob, T. [Veterans Affairs Palo Alto Health Care System, Menlo Park, CA; rhaber@pgsp.edu]. "**Alcoholism risk moderation by a socio-religious dimension**." *Journal of Studies on Alcohol* 68, no. 6 (Nov 2007): 912-922.
[Abstract:] OBJECTIVE: Religious affiliation is inversely associated with the development of alcohol-dependence symptoms in adolescents, but the mechanisms of this effect are unclear. The degree to which religious affiliations accommodate to or differentiate from cultural values may influence attitudes about alcohol use. We hypothesized that, given permissive cultural norms about alcohol in the United States, if a religious affiliation differentiates itself from cultural norms, then high-risk adolescents (those with parents having a history of alcoholism) would exhibit fewer alcohol-dependence symptoms compared with other affiliations and nonreligious adolescents. METHOD: A sample of female adolescent offspring (N = 3,582) in Missouri was selected. Parental alcoholism and religious affiliation and their interaction were examined as predictors of offspring alcohol-dependence symptoms. RESULTS: Findings indicated that (1) parental alcohol history robustly predicted increased offspring alcohol-dependence symptoms, (2) religious rearing appeared protective (offspring exhibited fewer alcohol-dependence symptoms), (3) religious differentiation accounted for most of the protective effect, (4) other religious variables did not account for the differentiation effect, and (5) black religious adolescents were more frequently raised with differentiating affiliations and exhibited greater protective effects. CONCLUSIONS: Results demonstrate that religious differentiation accounts for most of the protective influence of religious affiliation. This may be because religious differences from cultural norms (that include permissive alcohol norms) counteract these social influences given alternative "higher" religious ideals.

Hamilton, J. B., Powe, B. D., Pollard, A. B. 3rd, Lee, K. J. and Felton, A. M. [Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA; jbhamil@emory.edu]. "**Spirituality among African American cancer survivors: having a personal relationship with God**." *Cancer Nursing* 30, no. 4 (Jul-Aug 2007): 309-316.
[Abstract:] African American breast and prostate cancer survivors describe their personal relationship with God as very real, close, and intimate. During their cancer trajectory, God was there with them, healing, protecting, and in control of their lives. Participants believed that God provided types of support not available from family members or friends. In return, these participants dedicated their lives to God through service in their churches or through helping others. Findings can help healthcare professionals and others in clinical practice to understand the reliance that many African American cancer survivors have on their spirituality. These findings also suggest that many African Americans perceive their survival from cancer as a gift from God. Therefore, for them, finding a way to give back is an important component of their spirituality. [See also Linden, H. M., et al., "Attitudes toward participation in breast cancer randomized clinical trials in the African American community…" and Howard, A. F., et al., "Ethnocultural women's experiences of breast cancer…," in the same issue of this journal --cited elsewhere in this bibliography.]

Hampton, D. M., Hollis, D. E., Lloyd, D. A., Taylor, J. and McMillan, S. C. [Clinical Pastoral Education Program, James A. Haley Veterans Hospital, Tampa, FL]. "**Spiritual needs of persons with advanced cancer**." *American Journal of Hospice & Palliative Care* 24, no. 1 (Feb-Mar 2007): 42-48.
[Abstract:] Spiritual needs, spiritual distress, and spiritual well-being of patients with terminal illnesses can affect their quality of life. The spiritual needs of patients with advanced cancer have not been widely studied. This study assessed the spiritual needs of 90 patients with advanced cancer who were newly admitted to hospice home care. They completed a demographic data form and the Spiritual Needs Inventory shortly after hospice admission. Scores could range from a low of 17 to a high of 85; study scores were 23 to 83. Results showed great variability in spiritual needs. Being with family was the most frequently cited need (80%), and 50% cited prayer as frequently or always a need. The most frequently cited unmet need was attending religious services. Results suggest the importance of a focus on the spiritual more than the religious in providing care to patients at the end of life.

Hansen, W. [Western Kentucky University, Bowling Green, KY; wnhansen@hotmail.com]. "**Eye on religion--Shinto and the Japanese attitude toward healing**." *Southern Medical Journal* 100, no. 1 (Jan 2007): 118-119.
This is a brief overview for clinicians --part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Harper, J., Hinds, P. S., Baker, J. N., Hicks, J., Spunt, S. L. and Razzouk, B. I. [Department of Oncology, St. Jude Children's Research Hospital, Memphis, TN; joann.harper@stjude.org]. "**Creating a palliative and end-of-life program in a cure-oriented pediatric setting: the zig-zag method**." *Journal of Pediatric Oncology Nursing* 24, no. 5 (Sep-Oct 2007): 246-254.
[Abstract:] Children living with and dying of advanced-stage cancer suffer physically, emotionally, and spiritually. Relief of their suffering requires comprehensive, compassionate palliative and end-of-life (EoL) care. However, an EoL care program might appear inconsistent with the mission of a pediatric oncology research center committed to seeking cures. Here the authors describe the methods used to achieve full institutional commitment to their EoL care program and those used to build the program's philosophical, research, and educational foundations after they received approval. The authors convened 10 focus groups to solicit staff perceptions of the hospital's current palliative and EoL care.

They also completed baseline medical record reviews of 145 patient records to identify key EoL characteristics. The authors then crafted a vision statement and a strategic plan, implemented new research protocols, and established publication and funding trajectories. They conclude that establishing a state-of-the-art palliative and EoL program in a cure-oriented pediatric setting is achievable via consensus building and recruitment of diverse institutional resources. [See also the articles by Kerr, L. M., et al. and Elkin, T. D., et al., appearing in this same issue of the journal.]

Hart, A. Jr., Bowen, D. J., Kuniyuki, A., Hannon, P. and Campbell, M. K. [Virginia Commonwealth University, Richmond, VA]. "**The relationship between the social environment within religious organizations and intake of fat versus fruits and vegetables**." *Health Education & Behavior* 34, no. 3 (Jun 2007): 503-516.
[Abstract:] The authors explored associations of social environment with dietary behavior among participants in the Eating for a Healthy Life study, a randomized, low-fat, high-fruit-and-vegetable dietary intervention trial in religious organizations. Data in this report are from baseline telephone surveys of 1,520 persons that assessed dietary behaviors (Fat- and Fiber-Related Diet Behavior Questionnaire) and social environment (Moos Group Environment Scale). After adjusting for demographic characteristics, higher scores on the Cohesion and Order/Organization subscales were associated with higher fruit/vegetable scores (indicating higher fruit and vegetable consumption). Higher scores on the Cohesion, Leader Support, and Order/Organization subscales were also associated with lower fat scores (indicating lower fat intake). Dietary behaviors within religious organizations may be related to positive perceptions of the social environment. These results support further exploration of the potential influence of religious organizations' social environment on health behaviors and its applicability to dietary change interventions.

Hanvey, J. [Heythrop Institute for Religion, Ethics and Public Life, London, England; james.hanvey@heythrop.ac.uk]. "**Catastrophes: a theological/spiritual reflection**." *Southern Medical Journal* 100, no. 11 (Nov 2007): 1153-1159.
This brief piece is part of the journal's regular articles on spirituality & medicine for the Southern Medical Association's Spirituality & Medicine Interface Project. It is an extension of the special issue on Spirituality & Catastrophe that was published in September 2007 (vol. 100, no. 9).

Hanvey, J. [Heythrop Institute for Religion, Ethics and Public Life, Kensington Square, London, W8 5HQ, England; james.hanvey@heythrop.ac.uk]. "**Who is this patient?**" *Southern Medical Journal* 100, no. 1 (Jan 2007): 91-95.
This essay addresses the importance of seeing the spirituality of the patient as a means of seeing the whole human being and understanding the patient's identity. It is part of a special section in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Harvey, J. C. [Georgetown University and the Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC]. "**The role of the physician in certifying miracles in the canonization process of the Catholic Church**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1255-1258.
[Abstract:] Physicians play a very important role in the theological processes known as beatification canonization in the Catholic Church. In the first millennium of the Christian era, martyrs and other individuals who lived exemplary lives of Christian perfection in the opinion of the faithful in their locale were venerated as holy persons who had already obtained heaven upon their deaths. Thus, "saints" and their cults were created by action of local Christian communities. Bishops gradually recognized that such action was neither in the best interests of the local community of faithful Christians nor of its Church and Bishop. The creation of "saints" by local acclamatory action often leads to error, scandal, and heresy. In the beginning of the second millennium of the Christian era, the Popes gradually centralized this theological process under their direction. In the process which was developed, physicians were an essential group in certifying to the ecclesiastical authorities that a physical cure produced by a miracle was inexplicable by current medical knowledge. This paper subsequently describes this process of development as well as the special role of physicians in it. [This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Harvey, I. S. and Silverman, M. [Department of Kinesiology and Community Health, College of Applied Health Sciences, University of Illinois at Urbana-Champaign; shevon@uiuc.edu]. "**The role of spirituality in the self-management of chronic illness among older African [Americans] and Whites**." *Journal of Cross-Cultural Gerontology* 22, no. 2 (Jun 2007): 205-220.
[Abstract:] This study used data from in-depth interviews collected from 88 African American and White men and women aged 65 years and older who reside in Allegheny County, Pennsylvania. The purpose of this study was to understand the role of spirituality in the self-management of chronic illness among this population. Thematic content analysis addressed two specific questions: (1) How do older adults use spirituality to help manage their chronic illness? and (2) Are there any racial differences in the use of spirituality? Several core themes emerged from the linkage of spirituality and self-management: God: the healer, God: the enabler through doctors, faith in God, prayer as a mediator, spirituality as a coping mechanism, combining conventional medicine and spiritual practices, and empowering respondents to practice healthy eating habits. These results display racial differences in the use of spirituality in the self-management of chronic illness. African American elders were more likely than White elders to endorse a belief in divine intervention. White elders were more likely than African America elders to merge their spirituality in various self-management practices. Despite these differences, spirituality can play an integral part in a person's health and well-being of chronically ill elders.

Heaven, P. C. and Ciarrochi, J. [Department of Psychology, University of Wollongong, Australia; Patrick_Heaven@uow.edu.au]. "**Personality and religious values among adolescents: a three-wave longitudinal analysis**." *British Journal of Psychology* 98, pt. 4 (Nov 2007): 681-694.
[Abstract:] Using three waves of data, we assessed the relationships between endorsement of religious values, some of the major personality dimensions, and social and emotional well-being amongst teenagers. Participants were 784 high school students at Time 1 (382 males and 394 females; 8 did not indicate their gender) and 563 provided data at each of Time 1, Time 2 and Time 3. We examined the impact of changes in (Eysenckian) psychoticism and conscientiousness from Time 1 to Time 2 on religious values assessed at Time 3. Both personality and personality change predicted religious values and the specific effects depended on gender. Participants higher in hope, joviality, psychological acceptance and mindfulness also tended to be higher in religious values. The implications of these results for adolescent well-being and resilience are discussed.

Hebert, R. S., Arnold, R. M. and Schulz, R. [Division of General Internal Medicine, Section of Palliative Care and Medical Ethics, University of Pittsburgh School of Medicine, Pittsburgh, PA; hebertrs@upmc.edu]. "**Improving well-being in caregivers of terminally ill patients. Making the case for patient suffering as a focus for intervention research**." *Journal of Pain & Symptom Management* 34, no. 5 (Nov 2007): 539-546.

The authors note *passim* the spiritual dimension of suffering. [Abstract:] Family caregivers are integral to the care of patients with physical or mental impairments. Unfortunately, providing this care is often detrimental to the caregivers' health. As a result, in the last decade, there has been a proliferation of interventions designed to improve caregivers' well-being. Interventions for caregivers of persons at end of life, however, are relatively few in number and are often underdeveloped. They also are typically designed to help reduce the work of caregiving or to help caregivers cope with the physical and emotional demands of providing care. Although useful, these interventions generally ignore a primary stressor for family caregivers -- a loved one's suffering. Patient suffering, whether physical, psychosocial, or spiritual, has a major impact on family caregivers. However, interventions that focus on the relief of patient suffering as a way to improve caregiver well-being have rarely been tested. It is our view that more research in this area could lead to new and more effective interventions for family caregivers of seriously or terminally ill patients. In support of our view, we will define suffering and review the relationships between patient suffering and caregiver well-being. We will then discuss a conceptual framework for intervention design. Finally, we conclude with a discussion of implications and future directions for intervention research. [71 references]

Hebert, R. S., Dang, Q. and Schulz, R. [Division of General Internal Medicine, Section of Palliative Care and Medical Ethics, University of Pittsburgh, Pittsburgh, PA; hebertrs@upmc.edu]. "**Religious beliefs and practices are associated with better mental health in family caregivers of patients with dementia: findings from the REACH study**." *American Journal of Geriatric Psychiatry* 15, no. 4 (Apr 2007): 292-300.

[Abstract:] OBJECTIVE: Providing care to a loved one with dementia and the death of that loved one are generally considered two of the most stressful human experiences. Each puts family caregivers at risk of psychologic morbidity. Although research has suggested that religious beliefs and practices are associated with better mental health, little is known about whether religion is associated with better mental health in family caregivers. Our objective, then, is to explore the relationship between religion and mental health in active and bereaved dementia caregivers. METHODS: A total of 1,229 caregivers of persons with moderate to severe dementia were recruited from six geographically diverse sites in the United States and followed prospectively for up to 18 months. Three measures of religion: 1) the frequency of attendance at religious services, meetings, and/or activities; 2) the frequency of prayer or meditation; and 3) the importance of religious faith/spirituality were collected. Mental health outcomes were caregiver depression (Center for Epidemiological Studies-Depression [CES-D] scale) and complicated grief (Inventory of Complicated Grief [ICG]). RESULTS: Religious beliefs and practices were important to the majority of caregivers. After controlling for significant covariates, the three measures of religion were associated with less depressive symptoms in current caregivers. Frequent attendance was also associated with less depression and complicated grief in the bereaved. CONCLUSIONS: Religious beliefs and practices, and religious attendance in particular, are associated with better mental health in family caregivers of persons with dementia.

Heinz, A., Epstein, D. H. and Preston, K. L. [Clinical Pharmacology and Treatment Branch, Intramural Research Program, National Institute on Drug Abuse, Baltimore, MD; aheinz3@uic.edu]. "**Spiritual/Religious experiences and in-treatment outcome in an inner-city program for heroin and cocaine dependence**." *Journal of Psychoactive Drugs* 39, no. 1 (Mar 2007): 41-49.

[Abstract:] Although spirituality is an integral component of some of the most popular approaches to substance abuse treatment, there is little empirical evidence for a causal relationship between spirituality and treatment success. In the present study, 169 (121 male) opiate- or cocaine-abusing treatment seekers completed the Index of Spiritual Experience (INSPIRIT), a questionnaire that assesses both spirituality and religiosity. Responses were analyzed in terms of demographic variables and in-treatment outcome, which was determined by treatment retention and drug screens from observed biweekly urine collections. Religious/spiritual beliefs were common in these participants and were associated with in-treatment outcome: total INSPIRIT score was weakly correlated (r = .16, p < .04) with number of subsequent cocaine-negative urines, and participants reporting that they frequently spent time on religious/spiritual activities showed significantly better outcomes in terms of subsequent drug use and treatment retention. Women and African Americans were more likely than men and non-African Americans to report religious and spiritual beliefs or experiences on several individual items, and African Americans had higher INSPIRIT scores than Caucasians. The results suggest that spiritual and religious experience plays a role in substance abuse recovery and that demographic characteristics should be considered in the design of spiritually oriented behavioral interventions for addiction.

Hermann, C. P. [School of Nursing, University of Louisville, KY; carla.hermann@louisville.edu]. "**The degree to which spiritual needs of patients near the end of life are met**." *Oncology Nursing Forum* 34, no. 1 (Jan 2007): 70-78.

[Abstract:] PURPOSE/OBJECTIVES: To determine to what degree the spiritual needs of patients near the end of life are met. DESIGN: Descriptive. SETTING: One inpatient and five outpatient hospices. SAMPLE: 62 female and 38 male hospice patients with a mean age of 67 years; 74% were dying from cancer. METHODS: Each subject completed the Spiritual Needs Inventory and rated life satisfaction via the Cantril ladder. MAIN RESEARCH VARIABLES: Spiritual needs and life satisfaction. FINDINGS: Women, patients residing in a nursing home or an inpatient hospice unit, and patients with lower levels of education reported a higher number of unmet spiritual needs. Needs that could be met independently by patients and were not related to functional status were met at a higher rate than those that were dependent on others and on functional status. CONCLUSIONS: Spiritual activities are important to patients who are near the end of life, but these patients may have a variety of unmet spiritual needs that depend on many factors, including the care setting. IMPLICATIONS FOR NURSING: Nurses must recognize the importance of spirituality to patients near the end of life. Assessment for specific spiritual needs can lead to the development of interventions to meet those needs. Meeting patients' spiritual needs can enhance their quality of life.

Hernandez, P., Gangsei, D. and Engstrom, D. [Counseling & School Psychology, San Diego State University, CA]. "**Vicarious resilience: a new concept in work with those who survive trauma**." *Family Process* 46, no. 2 (Jun 2007): 229-241.

This article notes the role of religion/spirituality at various points. See pp. 234-235, 236 and 238.

Hill, T. D., Ellison, C. G., Burdette, A. M. and Musick, M. A. [Department of Sociology, University of Miami, Coral Gables, FL; tdh@miami.edu]. "**Religious involvement and healthy lifestyles: evidence from the survey of Texas adults**." *Annals of Behavioral Medicine* 34, no. 2 (Sep-Oct 2007): 217-222.

[Abstract:] BACKGROUND: Although research shows that religious involvement is associated with a wide range of individual health behaviors, it has yet to be determined whether the effect of religious involvement extends to an overall pattern of regular health practices that may constitute a lifestyle. PURPOSE: Building on prior research, we test whether religious individuals tend to engage in healthier lifestyles than individuals who are less religious. METHODS: Using data collected from a statewide probability sample of 1,369 Texas adults, we estimate a series of ordinary least squares regression models to assess the net effect of religious involvement on overall healthy lifestyle scores. RESULTS: The results of our study indicate that religious individuals do tend to engage in healthier lifestyles, and this pattern is similar for men and women and across race/ethnic groups. We also find some evidence to suggest that the association between religious involvement and healthy lifestyles may be less pronounced in old age. CONCLUSIONS: Assuming that religious involvement is associated with healthier lifestyles, additional research is needed to account for these patterns. Future studies should also consider whether healthy lifestyles may serve as a mechanism through which religious involvement might favor health and longevity.

Hodgkinson, K., Butow, P., Fuchs, A., Hunt, G. E., Stenlake, A., Hobbs, K. M., Brand, A. and Wain, G. [Department of Gynecologic Cancer, Westmead Hospital, University of Sydney, Australia; khodgkinson@student.usyd.edu.au]. "**Long-term survival from gynecologic cancer: psychosocial outcomes, supportive care needs and positive outcomes**." *Gynecologic* Oncology 104, no. 2 (Feb 2007): 381-389.

[Abstract:] OBJECTIVES: To assess the long-term psychosocial outcomes and supportive care needs of gynecologic cancer survivors. METHODS: Women who had received care in a tertiary-based gynecologic cancer center 1-8 years earlier and who were disease-free were invited to complete a mailed self-report questionnaire to assess psychosocial outcomes and supportive care needs. RESULTS: In total, 199 survivors participated in the study. Survivors reported normal quality of life and relationship adjustment although functioning was at the lower end of the range; over two-thirds (68%) reported positive outcomes. However, nearly one-third (29%) reported clinical levels of anxiety and the most frequently endorsed need concerned fear of disease recurrence (24%). About one-fifth (19%) reported symptoms that indicated posttraumatic stress disorder (PTSD) and this rose to close to one-third (29%) for survivors of advanced stage disease. Nearly 90% of survivors reported supportive care needs and the diagnosis of anxiety or PTSD resulted in a four-fold increase in unmet needs. Needs most frequently concerned "existential survivorship" (e.g., spiritual beliefs, decision making, the meaning of life) and "comprehensive cancer care" (e.g., team care, communication, local health care services). Years since diagnosis was not related to distress or need levels. CONCLUSIONS: All members of the care team need to be aware that significant psychosocial morbidity may occur many years after the successful treatment of a gynecologic malignancy and may be associated with elevated supportive care needs. Comprehensive and extended supportive care services are required to address anxiety and trauma responses and investigate strategies to meet ongoing needs in order to improve long-term psychosocial outcomes.

Hoffert, D,. Henshaw, C. and Mvududu, N. [Lydia Green School of Nursing, Seattle Pacific University, WA; dhoffert@comcast.net]. "**Enhancing the ability of nursing students to perform a spiritual assessment**." *Nurse Educator* 32, no. 2 (Mar-Apr 2007): 66-72.

[Abstract:] According to the literature, a majority of nurses and nursing students report a lack of comfort and ability to perform a spiritual assessment. The researchers designed and implemented an intervention program to address the 4 barriers most frequently identified as obstacles to performing a spiritual assessment. They discuss this study and suggest teaching interventions to assist nursing students to assess and implement spiritual care. Researcher-developed tools are presented and can be made available for use.

Holley, U. A. [Sage Graduate School, Troy, NY; ursulaannell@frontiernet.net]. "**Social isolation: a practical guide for nurses assisting clients with chronic illness**." *Rehabilitation Nursing* 32, no. 2 (Mar-Apr 2007): 51-56.

This article notes the seriousness of isolation for chronically ill people and suggests [from the abstract:] Practical interventions include contacting peer counselors, referring the patient to a support group, helping to rebuild the family network, enhancing the patient's spirituality, helping the patient use Internet-based supports, and practicing the therapeutic use of self….

Holt, C. L., Clark, E. M. and Klem, P. R. [Division of Preventive Medicine, Univ. of Alabama at Birmingham, AL; cholt@uab.edu]. "**Expansion and validation of the spiritual health locus of control scale: factorial analysis and predictive validity**." *Journal of Health Psychology* 12, no. 4 (Jul 2007): 597-612.

[Abstract:] The present study reports on the development and validation of an expanded scale assessing spiritual health locus of control beliefs. Additional items were developed, and the scale was pilot tested among 108 church-attending African American women. The scale was multidimensional, comprised of the original Active and Passive Spiritual dimensions, and additional subscales reflecting 'Spiritual Life and Faith' and 'God's Grace'. Internal consistency was acceptable, and predictive validity was evidenced by negative correlations between the Passive Spiritual dimension and knowledge about mammography, breast cancer, and breast cancer treatment, and mammography utilization. This instrument provides an in-depth assessment of beliefs regarding the role of God in one's health, and may be useful for the development of church-based health education serving African Americans.

Hood, L. E., Olson, J. K. and Allen, M. [Capital Health Regional Mental Health Program, Alberta Hospital Edmonton, University of Alberta, Canada]. "**Learning to care for spiritual needs: connecting spiritually**." *Qualitative Health Research* 17, no. 9 (Nov 2007): 1198-1206.

[Abstract:] Despite mandates to provide spiritual care, confusion persists among nurses about spirituality, spiritual needs, and related roles. To discover how practicing nurses acquire knowledge for spiritual care, the authors chose a grounded theory design. They constantly compared and analyzed verbatim transcribed interview data to find the core variable, categories, and properties. Connection, manifesting as a state, act, or process, appeared throughout the data. Categories emerged as Needing Connection, Nurturing Connection, Learning Connection, and Living Connection. Nurses used a cyclical, intertwined, and progressive learning process of opening to, struggling with, and making connections between numerous discrete personal and professional experiences. Shifting attention between these interconnected experiences fueled knowledge acquisition. Whether referring to how nurses learn, what they do, or with whom, the theory Connecting Spiritually joined categories into a cumulative experiential learning process that explained how nurses learn to care for spiritual needs.

Howard, A. F., Balneaves, L. G. and Bottorff, J. L. [School of Nursing, University of British Columbia; fuchsia@telus.net]. "**Ethnocultural women's experiences of breast cancer: a qualitative meta-study**." *Cancer Nursing* 30, no. 4 (Jul-Aug 2007): E27-35.

[From the abstract:] …To advance knowledge and provide a foundation for future research, a synthesis was conducted of 15 qualitative research studies focusing on women from ethnocultural groups diagnosed with breast cancer. …The synthesis revealed diverse experiences within and among these ethnocultural groups represented in 5 major themes: (a) the "othered" experience of a breast cancer diagnosis, (b) the treatment experience as "other," (c) losses associated with breast cancer, (d) the family context of breast cancer experiences, and (e) coping with cancer through spirituality and community involvement…. [See also Hamilton, J. B., et al., "Spirituality among African American cancer survivors: having a personal relationship with God" and Linden, H. M., et al., "Attitudes toward participation in breast cancer randomized clinical trials in the African American community…," in the same issue of this journal --cited elsewhere in this bibliography.]

Hughes, B., Whitmer, M. and Hurst, S. [Banner Good Samaritan Medical Center, Phoenix, AZ 85006]. "**Innovative solutions: a plurality of vision--integrating the chaplain into the critical care unit**." *DCCN - Dimensions of Critical Care Nursing* 26, no. 3 (May-Jun 2007): 91-95.

[Abstract:] Banner Good Samaritan Medical Center is a 650-bed quarternary care facility located in the Southwestern United States. It contains 12 intensive care units (ICUs) and experience a high patient acuity as a result of being a referral center for Arizona. The palliative care nurse practitioner and ICU clinical nurse specialist collaborated with the chaplain to entrance his visibility in the ICUs and to incorporate the philosophy of spiritual care assessments in the ICU.

Huguelet, P., Mohr, S., Jung, V., Gillieron, C., Brandt, P. Y. and Borras, L. [Hopitaux Universitaires de Geneve, Departement de Psychiatrie, Service de Psychiatrie Adulte, Secteur 1-Eaux-Vives, Rue du 31-Decembre 36, CH-1207 Geneve, Switzerland; philippe.huguelet@hcuge.ch]. "**Effect of religion on suicide attempts in outpatients with schizophrenia or schizo-affective disorders compared with inpatients with non-psychotic disorders**." *European Psychiatry: The Journal of the Association of European Psychiatrists* 22, no. 3 (Apr 2007): 188-194.

[Abstract:] Little is known of the relations between psychosis, religion and suicide. One hundred and fifteen outpatients with schizophrenia or schizo-affective disorder and 30 inpatients without psychotic symptoms were studied using a semi-structured interview assessing religiousness/spirituality. Their past suicide attempts were examined. Additionally, they were asked about the role (protective or incentive) of religion in their decision to commit suicide. Forty-three percent of the patients with psychosis had previously attempted suicide. Religiousness was not associated with the rate of patients who attempted suicide. Twenty-five percent of all subjects acknowledged a protective role of religion, mostly through ethical condemnation of suicide and religious coping. One out of ten patients reported an incentive role of religion, not only due to negatively connotated issues but also to the hope for something better after death. There were no differences between groups (i.e. psychotic vs. non-psychotic patients). Religion may play a specific role in the decisions patients make about suicide, both in psychotic and non-psychotic patients. This role may be protective, a finding particularly important for patients with psychosis who are known to be at high risk of severe suicide attempts. Interventions aiming to lower the number of suicide attempts in patients with schizophrenia should take these data into account.

Huppert, J. D., Siev, J. and Kushner, E. S. [University of Pennsylvania School of Medicine, Philadelphia; huppertj@mscc.huji.ac.il]. "**When religion and obsessive-compulsive disorder collide: treating scrupulosity in Ultra-Orthodox Jews**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 925-941.

[Abstract:] Evidence-based practice suggests that clinicians should integrate the best available research with clinical judgment and patient values. Treatment of religious patients with scrupulosity provides a paradigmatic example of such integration. The purpose of this study is to describe potential adaptations to make exposure and response prevention, the first-line treatment for obsessive-compulsive disorder, acceptable and consistent with the values of members of the Ultra-Orthodox Jewish community. We believe that understanding these challenges will enhance the clinician's ability to increase patient motivation and participation in therapy and thereby provide more effective treatment for these and other religious patients. [This article is part of a special journal issue on spirituality and psychotherapy.]

Jain, S., Shapiro, S. L., Swanick, S., Roesch, S. C., Mills, P. J., Bell, I. and Schwartz, G. E. [SDSU/UCSD Joint Doctoral Program, Clinical Psychology, San Diego, CA; sjain@ucsd.edu]. "**A randomized controlled trial of mindfulness meditation versus relaxation training: effects on distress, positive states of mind, rumination, and distraction**." *Annals of Behavioral Medicine* 33, no. 1 (Feb 2007): 11-21.

[Abstract:] BACKGROUND: Although mindfulness meditation interventions have recently shown benefits for reducing stress in various populations, little is known about their relative efficacy compared with relaxation interventions. PURPOSE: This randomized controlled trial examines the effects of a 1-month mindfulness meditation versus somatic relaxation training as compared to a control group in 83 students (M age = 25; 16 men and 67 women) reporting distress. Method: Psychological distress, positive states of mind, distractive and ruminative thoughts and behaviors, and spiritual experience were measured, while controlling for social desirability. RESULTS: Hierarchical linear modeling reveals that both meditation and relaxation groups experienced significant decreases in distress as well as increases in positive mood states over time, compared with the control group (p < .05 in all cases). There were no significant differences between meditation and relaxation on distress and positive mood states over time. Effect sizes for distress were large for both meditation and relaxation (Cohen's d = 1.36 and .91, respectively), whereas the meditation group showed a larger effect size for positive states of mind than relaxation (Cohen's d =.71 and .25, respectively). The meditation group also demonstrated significant pre-post decreases in both distractive and ruminative thoughts/behaviors compared with the control group (p < .04 in all cases; Cohen's d = .57 for rumination and .25 for distraction for the meditation group), with mediation models suggesting that mindfulness meditation's effects on reducing distress were partially mediated by reducing rumination. No significant effects were found for spiritual experience. CONCLUSIONS: The data suggest that compared with a no-treatment control, brief training in mindfulness meditation or somatic relaxation reduces distress and improves positive mood states. However, mindfulness meditation may be specific in its ability to reduce distractive and ruminative thoughts and behaviors, and this ability may provide a unique mechanism by which mindfulness meditation reduces distress.

Jantos, M. and Kiat, H. [Behavioural Medicine Institute, Adelaide, Australia; mjantos@behavioural-medicine.com]. "**Prayer as medicine: how much have we learned?**" *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S51-53.

[Abstract:] Many people use prayer, and some studies have shown a positive association between prayer and improved health outcomes. This article explores four possible mechanisms by which prayer may lead to improved health. While acknowledging the efficacy of prayer and recognising the needs of patients, prayer, being a personal spiritual practice, cannot be prescribed, nor should it be used in place of medical care. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Eckersley, R. M.; D'Souza, R.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Jarama, S. L., Belgrave, F. Z., Bradford, J., Young, M. and Honnold, J. A. [NOVA Research Company, Bethesda, MD 20814; ljarama@novaresearch.com]. "**Family, cultural and gender role aspects in the context of HIV risk among African American women of unidentified HIV status: an exploratory qualitative study**." *AIDS Care* 19, no. 3 (Mar 2007): 307-317.

Among the findings of this study of 51 participants [from the abstract:] …Between 39% and 70% of study participants reported at least one of the following HIV risk factors: low condom use, substance use during sex, partner's incarceration and history of abuse. Nonetheless, all women in our study perceived their chances of HIV infection to be almost non-existent, despite a fairly good knowledge of HIV/AIDS modes of transmission including that anyone could become HIV infected, knowing somebody with HIV/AIDS and acknowledgment, among some, of their partner's infidelity and risk behaviors. Our analysis revealed that parental communications about sexuality in relationships focused largely on trust (being mistrustful of men) and women's control of their sexual impulses. Trust was also emphasized (desired) by women in the discussions of gender roles. Women reported a strong reliance on God and made frequent references to the role of the church in HIV prevention. Our findings offer suggestions for HIV prevention for the general population of African American women. HIV-prevention messages that consider their views of relationships, gender roles, sexual abuse history and the role of the church are suggested.

Jesse, D. E., Schoneboom, C. and Blanchard, A. [East Carolina University School of Nursing]. "**The effect of faith or spirituality in pregnancy: a content analysis**." *Journal of Holistic Nursing* 25, no. 3 (Sep 2007): 151-158. Discussion on p. 159].

[Abstract:] This study used a qualitative descriptive research design to discover the relevance and meaning of spirituality in the lives of 130 urban low-income pregnant women by asking the open-ended question, "How does your faith or spirituality affect your pregnancy if at all?" Forty-seven percent of the women in this study described how spirituality affected their pregnancy positively, 45% described that spirituality did not affect them, and 5.4% were unsure. A content analysis of those who answered positively revealed six themes from the data describing the meaning of faith or spirituality in pregnancy: (a) guidance and support; (b) protection, blessing, or reward; (c) communication with God; (d) strength and confidence; (e) help with difficult moral choices; and (f) a generalized positive effect. These findings point to the importance of attending to spirituality as a resource in pregnancy for those who value it and further exploring the meaning of spirituality in pregnancy.

Jesse, D. E. and Swanson, M. S. [East Carolina University, School of Nursing, Greenville, NC; jessed@ecu.edu]. "**Risks and resources associated with antepartum risk for depression among rural southern women**." *Nursing Research* 56, no. 6 (Nov-Dec 2007): 378-386.

[From the abstract:] …Prenatal interviews were conducted at 16-28 weeks gestation with 324 pregnant women from rural prenatal clinics in the southeastern United States; 43% were African American, 31% were Caucasian, and 26% were Hispanic. Multivariate logistic regression tested the contributions of psychosocial risks and psychosocial and spiritual resources to risk for depression (Beck Depression Inventory-II scores >or=16) for the aggregate and for each racial-ethnic group. RESULTS: Beck Depression Inventory-II scores indicating risk for depression were found in 33% of the women. There were no significant differences in symptom rates among African Americans, Caucasians, and Hispanics (37%, 25%, and 36%, respectively). African American race, abuse, more stress, less social support, less self-esteem, and less spirituality were associated with risk for depression, controlling for sociodemographic factors….

Johnson, M. E., Piderman, K. M., Sloan, J. A., Huschka, M., Atherton, P. J., Hanson, J. M., Brown, P. D., Rummans, T. A., Clark, M. M. and Frost, M. H. [Department of Chaplain Services, Mayo Clinic, Rochester, MN; johnson.mary3@mayo.edu]. "**Measuring spiritual quality of life in patients with cancer**." *Journal of Supportive Oncology* 5, no. 9 (Oct 2007): 437-442.

[Abstract:] There is no one established approach to the measurement of spiritual quality of life (QOL). Available instruments are based on various theoretical components. We used a multi-instrument approach to measure the spiritual domain of QOL that adds to our understanding of a participant self-definition of spiritual QOL. In total, 103 participants with advanced cancer receiving radiation therapy were enrolled in this study. Most were Caucasian, male, and had advanced lung, head and neck, or gastrointestinal cancer. Two instruments, the Spiritual Well-Being Linear Analogue Self Assessment (SWB LASA) and the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp-12), were used to measure spiritual QOL at enrollment and 4, 8, and 27 weeks after enrollment. Analyses included descriptive statistics, Spearman correlations, stepwise multiple regression, and repeated measures analysis of variance. There was a strong association between SWB LASA and FACIT-Sp-12 total scores. However, FACIT-Sp-12 items defining SWB LASA scores varied over time. Two to three of the FACIT-Sp-12 items explained approximately two thirds of the variance in the SWB LASA scores at each time point with the exception of 4 weeks after enrollment. SWB scores were strongly associated with all QOL domains. In research and clinical care, SWB must be treated as a complex concept that has the potential to change over time. Although a single-item measure of SWB provides valuable information and is strongly associated with the multiple item FACIT-Sp-12, our more detailed inquiry using the FACIT-Sp-12 provides additional guidance for the design and timing of spiritual support interventions.

Johnson. S. [Centenary Hospice, Merivale, Christchurch, New Zealand; sarahj@nursemaude.org.nz]. "**Hope in terminal illness: an evolutionary concept analysis**." *International Journal of Palliative Nursing* 13, no. 9 (Sep 2007): 451-459.

This review found [from the abstract:] 17 pieces of research-based literature on hope as perceived by adult patients with any terminal illness pathology…. …Ten essential attributes of the concept were identified: positive expectation; personal qualities; spirituality; goals; comfort; help/caring; interpersonal relationships; control; legacy; and life review….

Johnstone, B., Glass, B. A. and Oliver, R. E. [Department of Health Psychology, University of Missouri-Columbia, Columbia, MO; johnstoneg@health.missouri.edu]. "**Religion and disability: clinical, research and training considerations for rehabilitation professionals**." *Disability & Rehabilitation* 29, no. 15 (Aug 15, 2007): 1153-1163.

[Abstract:] PURPOSE: This article (i) reviews existing research on the relationships that exist among spirituality, religion, and health for persons with disabilities; and (ii) compares different theoretical coping models (i.e., spiritual vs. psychoneuroimmunological). BACKGROUND: Over the past decade interest has increased in relationships among spirituality, religion, and health in both the mainstream

media (e.g., Newsweek) and scientific literature (e.g., Koenig). In general, research has concluded that religion and spirituality are linked to positive physical and mental health outcomes. Most religion and health research has focused on populations with life-threatening diseases (e.g., cancer, cardiovascular disorders, AIDS) with minimal attention to persons with chronic, life-long disabling conditions such as brain injury, spinal cord injury, and stroke. However, religion is used by many individuals with disabilities to help them adjust to their impairments and to give new meaning to their lives. CONCLUSIONS: Religion and spirituality are important coping strategies for persons with disabilities. Practical suggestions for rehabilitation professionals are provided regarding: (a) strategies to enhance religious coping; (b) methods to train rehabilitation professionals about religious issues; and (c) issues to consider regarding future research on rehabilitation and religion. [85 references]

Jones, R. A., Taylor, A. G., Bourguignon, C., Steeves, R., Fraser, G., Lippert, M., Theodorescu, D., Mathews, H. and Kilbridge, K. L. [School of Nursing, University of Virginia, Charlottesville, VA; raj9c@virginia.edu]. "**Complementary and alternative medicine modality use and beliefs among African American prostate cancer survivors**." *Oncology Nursing Forum* 34, no. 2 (Mar 2007): 359-364.

This qualitative study involving 14 African American men diagnosed with and treated for prostate cancer found [from the abstract:] All participants used prayer often…. Four themes were revealed: importance of spiritual needs as a CAM modality to health, the value of education in relation to CAM, importance of trust in selected healthcare providers, and how men decide on what to believe about CAM modalities. CONCLUSIONS: Prayer was a highly valued CAM modality among African American prostate cancer survivors as a way to cope with their disease. Medical treatment and trust in healthcare providers also were found to be important….

Josephson, A. M. [University of Louisville School of Medicine, Louisville, KY; allan.josephson@louisville.edu]. "**Depression and suicide in children and adolescents: a spiritual perspective**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 744-745.

This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Josephson, A. M. and Peteet, J. R. [Department of Psychiatry and Behavioral Sciences, University of Louisville, KY; allan.josephson@louisville.edu]. "**Talking with patients about spirituality and worldview: practical interviewing techniques and strategies**." *Psychiatric Clinics of North America* 30, no. 2 (Jun 2007): 181-197.

[Abstract:] Psychiatrists now recognize that religion and spirituality are important to much of the populace and that attending to them probably will improve clinical psychiatric practice. This article presents a practical guide for addressing some of the key interviewing skills needed to explore a patient's framework for meaning-the patient's religion, spirituality, and worldview. It offers guidelines on the process of the interview, including ways to initiate conversation in this area, with suggestions and specific questions for a more thorough exploration of the patient's religious and spiritual life.

Josephson, A. M., Peters, C. K. and Dell, M. L. [Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, University of Louisville; allan.josephson@louisville.edu]. "**Adolescent dysphoria, sexual behavior and spirituality**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 633-634.

This is a brief piece for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Ka'opua, L. S., Gotay, C. C. and Boehm, P. S. [School of Social Work, University of Hawaii, Honolulu, HI; lskaopua@hawaii.edu]. "**Spiritually based resources in adaptation to long-term prostate cancer survival: perspectives of elderly wives**." *Health & Social Work* 32, no. 1 (Feb 2007): 29-39.

[Abstract:] Spiritually based resources (SBR) generally have a salutary effect on coping with cancer diagnosis and treatment. Few studies address this relationship in long-term cancer survivorship, however. As part of a study on long-term prostate cancer survivorship, wives' ways of coping with cancer-related issues were explored through longitudinal interviews. This article describes findings from a subset of women who reported SBR use (N = 28). Wives completing a quality-of-life survey were purposively sampled by age and race and ethnicity and invited to participate in semistructured interviews. Interview transcripts were analyzed using content analysis and grounded theory. Validity was ensured through researchers' consensus, participants' verification, and key informant interviews. Although wives' spiritual beliefs were rooted in diverse traditions, common themes in SBR use were detected. An embracing spirit was the overarching theme, as characterized by acceptance of change, adversity as opportunity for growth, and proactive coping. SBR facilitated adaptation in four core areas: marriage preservation and couple intimacy, personal growth and continuous learning, health-related attitudes and behaviors, and community connections. A conceptual model of SBR use is proposed, and considerations for research and practice are offered.

Katerndahl, D. and Oyiriaru, D. [Department of Family and Community Medicine, University of Texas Health Science Center, San Antonio, TX; Katerndahl@uthscsa.edu]. "**Assessing the biopsychosociospiritual model in primary care: development of the biopsychosociospiritual inventory (BioPSSI)**." *International Journal of Psychiatry in Medicine* 37, no. 4 (2007): 393-414.

[Abstract:] OBJECTIVE: There is growing evidence in support of the Biopsychosociospiritual Model. However, a cohesive instrument to measure each dimension in terms of its dimension-specific symptoms and functional status does not exist, serving as an obstacle to future research in this area. The purpose of this study was to develop and validate an instrument to measure each dimension in terms of its dimension-specific symptoms, appraisals, and functional status in an unselected group of primary care patients. METHOD: An instrument that assessed biopsychosociospiritual symptoms and function and health outcomes was administered to 289 patients attending two primary care clinics. Responses were analyzed using principal component factor analysis with Equimax rotation. This led to the development of five Biopsychosociospiritual Inventory scales (impaired functional status, physical symptoms, psychological symptoms, social symptoms, and spiritual symptoms). Demographic differences in mean scale scores were sought. In addition to internal consistency, construct validity was assessed based upon dimension-specific health care utilization, life satisfaction, and perceived health status. RESULTS: All five scales had excellent internal consistency (alpha > 0.8) and construct validity. Differences were strongly related to income, marital status, and employment in a manner consistent with previous research. CONCLUSIONS: This study developed and validated the Biopsychosociospiritual Inventory which could potentially provide a holistic estimate of the impact of disease and its treatment, support research in this area, and lead to the

expansion of classification systems that include spirituality. Further validation of this instrument in other primary care sites using diverse patient populations as well as its function over time is needed.

Katerndahl, D. A. and Obregon, M. L. [Department of Family and Community Medicine, University of Texas Health Science Center, San Antonio, TX; katerndahl@uthscsa.edu]. "**An exploration of the spiritual and psychosocial variables associated with husband-to-wife abuse and its effect on women in abusive relationships**." *International Journal of Psychiatry in Medicine* 37, no. 2 (2007): 113-128.

[Abstract:] OBJECTIVES: The purpose was to: 1) determine which aspects of religious belief incompatibility were associated with husband-to-wife abuse; 2) determine whether religious coping was independently associated with functional status among victims of spousal abuse; and 3) whether degree of abuse correlated with degrees of religious belief incompatibility or functional status among abused wives. METHOD: Couples were asked to complete a structured interview concerning marital satisfaction, argument frequency, alcohol use, witnessing violence as a child, spirituality, functional status, and domestic violence. RESULTS: In four areas of spiritual belief (sense of being judged, closeness to God, congregational benefits, forgiveness), religious belief incompatibility significantly predicted abuse. Perceived congregational help and religious coping were associated with improved social support. Finally, abuse severity and duration correlated with functional status but not with degree of religious belief incompatibility. CONCLUSIONS: The addition of religious belief incompatibility may account for more variance in husband-to-wife abuse than non-spiritual predictors alone. Although the presence of abuse was associated with poorer functional status in women, religious coping was only linked to improved social support.

Kaufman, Y., Anaki, D., Binns, M., Freedman, M. [Behavioural Neurology Program, Division of Neurology, Baycrest, Canada; ykaufman@herzoghospital.org]. "**Cognitive decline in Alzheimer disease: impact of spirituality, religiosity, and QOL**." *Neurology* 68, no. 18 (May 1, 2007): 1509-1514.

[Abstract:] OBJECTIVE: To assess effects of quality of life (QOL), spirituality, and religiosity on rate of progression of cognitive decline in Alzheimer disease (AD). METHODS: In this longitudinal study, we recruited 70 patients with probable AD. The Mini-Mental State Examination was used to monitor the rate of cognitive decline. Religiosity and spirituality were measured using standardized scales that assess spirituality, religiosity, and organizational and private religious practices. We conducted a simultaneous multiple linear regression analysis for factors contributing to rate of cognitive decline. RESULTS: After controlling for baseline level of cognition, age, sex, and education, a slower rate of cognitive decline was associated with higher levels of spirituality ($p < 0.05$) and private religious practices ($p < 0.005$). These variables accounted for 17% of the total variance [$F(11,58) = 2.24$, $p < 0.05$]. There was no correlation between rate of cognitive decline and QOL. CONCLUSION: Higher levels of spirituality and private religious practices, but not quality of life, are associated with slower progression of Alzheimer disease.

Keddington, R. K. [Emergency Services, Intermountain Healthcare, Urban Central Region, Salt Lake City, Utah 84143; Roger.Keddington@intermountainmail.org]. "**Caring for members of the church of Jesus Christ of Latter-Day Saints (Mormons) in the emergency department**." *Journal of Emergency Nursing* 33, no. 3 (Jun 2007): 252-256.

This brief description of the religious tradition contains some practical information for health care providers. See esp. the section on Comfort Measures.

Keenan, J. F. [Department of Theological Ethics, Boston College, Boston, MA; james.keenan.2@bc.edu]. "**Perfecting ourselves: on Christian tradition and enhancement**." *Southern Medical Journal* 100, no. 1 (Jan 2007): 96-97.

This brief article is part of a special section in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Kehoe, N. [Harvard Medical School; nancy_kehoe@hms.harvard.edu]. "**Spirituality groups in serious mental illness**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 647-648.

This is a brief piece for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Kernohan, W. G., Waldron, M., McAfee, C., Cochrane, B. and Hasson, F. [Institute of Nursing Research and School of Nursing, University of Ulster, Newtonabbey, UK]. "**An evidence base for a palliative care chaplaincy service in Northern Ireland**." *Palliative Medicine* 21, no. 6 (Sep 2007): 519-525.

[Abstract:] Palliative care encompasses spiritual as well as physical, social and psychological aspects. Spiritual care has been identified as a key concern of dying patients. During an audit of the Northern Ireland Hospice chaplaincy service against the national Standards for Hospice and Palliative Care Chaplaincy (2003), 62 patients' spiritual needs along with their interactions with the hospice chaplains were assessed by using a questionnaire survey and reviewing data recorded on their pastoral care notes. Findings suggest that the Standards were useful for assessing and addressing spiritual needs. Access to the chaplaincy service (Standard 1) was partially met and Standard 2's spiritual criteria were fully met. The participants, of whom 92% had a faith in God or a Higher Being, highlighted their top six spiritual needs as: to have the time to think; to have hope; to deal with unresolved issues; to prepare for death; to express true feelings without being judged; to speak of important relationships. The majority of the participants (82%) felt their spiritual needs had been addressed and viewed their interaction with the chaplaincy service positively. Recommendations were made relating to improve communication of chaplaincy services.

Kerr, L. M., Harrison, M. B., Medves, J., Tranmer, J. E. and Fitch, M. I. [Queen's University, School of Nursing, Kingston, Ontario, Canada; kerrl@post.queensu.ca]. "**Understanding the supportive care needs of parents of children with cancer: an approach to local needs assessment**." *Journal of Pediatric Oncology Nursing* 24, no. 5 (Sep-Oct 2007): 279-293.

Among the findings of this study 15 parents, the domains of six areas of need that were identified most frequently were, in order: emotional needs, information needs, spiritual needs, practical needs, physical needs, and psychosocial needs. [See Figure 2 on p. 286 and Table 3 on pp. 285-286.] One third of participants cited spiritual needs. [See also the articles by Elkin, T. D., et al. and Harper, J., et al., appearing in this same issue of the journal.]

Keyes, C. L. and Reitzes, D. C. [Department of Sociology, Emory University, Atlanta, GA; corey.keyes@emory.edu]. "**The role of religious identity in the mental health of older working and retired adults**." *Aging & Mental Health* 11, no. 4 (Jul 2007): 434-443.

[Abstract:] This study investigates whether religious identity explains unique variance of the self esteem and depressive symptoms of older working and retired adults. Data were collected from a larger, five-year project begun in 1992 that compared the well-being of older workers and with that of new retirees living in the Raleigh-Durham-Chapel Hill, North Carolina metropolitan area. Data are from the third and final wave, collected between March and June, 1997, during which 242 of the eligible 255 people participated. Net of religious attendance, religiosity, and various control variables, religious identity predicted both mental health outcomes. As predicted, self esteem increased and depressive symptoms decreased as religious identity increased (i.e., viewing oneself as more competent, confident, and sociable as a religious person). Though there was a trend towards religious identity being more strongly predictive of mental health among retirees than among the working adults, these interactions did not reach statistical significance.

Khan, F. [Nassau University Medical Center, Department of Emergency Medicine, East Meadow, NY; drfanaaz@aol.com]. "**Miraculous medical recoveries and the Islamic tradition**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1246-1251.

This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Kim, K. H. [Cornell University, Division of Nutritional Sciences, Ithaca, NY; khk@uams.edu]. "**Religion, weight perception, and weight control behavior**." *Eating Behaviors* 8, no. 1 (Jan 2007): 121-131.

[Abstract:] Religion's relationships with weight perception and weight control behavior were examined using data (3032 adults aged 25-74) from the National Survey of Midlife Development in the United States. Religion was conceptualized as denomination, religious attendance/practice, religious social support, religious commitment, religious application, and religious identity. Weight perception was conceptualized as underestimating body weight, overestimating body weight, and accurately assessing body weight. Respondents also reported whether they had engaged in any intentional weight loss (yes/no) in the last 12 months. Logistic regression was used, with significant results being set at a p-values of <.01 and <.05. Accurately assessing body weight was the reference category for all weight perception analyses. Women with greater religious commitment and men with greater religious application had greater odds of underestimating their body weight. This relationship remained significant, controlling for age, race/ethnicity, education, and income. Jewish women had greater odds of overestimating their body weight. There were no relationships between religion and weight control behavior. Relationships between religion, weight perception, and weight control behavior illustrate religion's multidimensionality.

Kim, Y., Wellisch, D. K., Spillers, R. L. and Crammer, C. [Behavioral Research Center, American Cancer Society, Atlanta 30303; youngmee.kim@cancer.org]. "**Psychological distress of female cancer caregivers: effects of type of cancer and caregivers' spirituality**." *Supportive Care in Cancer* 15, no. 12 (Dec 2007): 1367-1374.

[Abstract:] INTRODUCTION: This study examined the effects of the survivor's cancer type (gender-specific vs. nongender-specific) and the female caregiver's spirituality and caregiving stress on the caregiver's psychological distress. Cancer caregivers, who were nominated by cancer survivors, participated in a nationwide quality-of-life survey with 252 caregivers providing complete data for the variables. PATIENTS AND METHODS: Breast and ovarian cancer were categorized as gender-specific types of cancer (GTC+), whereas kidney, lung, non-Hodgkin's lymphoma (NHL), and skin melanoma cancers were GTC-. Spirituality, caregiving stress, and psychological distress were measured using the functional assessment of chronic illness therapy--spiritual well-being, stress overload subscale, and profile of mood states--short form, respectively. RESULTS AND DISCUSSION: Hierarchical regression analyses revealed that female caregivers whose care recipient was diagnosed with a nongender specific type of cancer (GTC- group) reported higher psychological distress than did the GTC+ group. The GTC-group also reported lower spirituality and higher caregiving stress related to higher psychological distress than did the GTC+ group. In addition, the beneficial effect of spirituality on reducing psychological distress was more pronounced among the GTC- group or when caregiving stress increased. CONCLUSIONS: Our findings suggest that female caregivers of survivors with a nongender-specific cancer may benefit from programs designed to reduce their psychological distress, and caregivers who are low in spirituality need help to derive faith and meaning in the context of cancer care.

King, D. A., Lyness, J. M., Duberstein, P. R., He, H., Tu, X. M. and Seaburn, D. B. [Department of Psychiatry, University of Rochester Medical Center, Rochester, NY; deborah_king@urmc.rochester.edu]. "**Religious involvement and depressive symptoms in primary care elders**." *Psychological Medicine* 37, no. 12 (Dec 2007): 1807-1815.

[Abstract:] BACKGROUND: Multiple lines of evidence indicate relationships between religious involvement and depression, although the specific nature of the relationships is yet to be clarified. Moreover, there appear to be no well controlled longitudinal studies to date examining this issue in primary care elders. METHOD: The authors assessed the linear and non-linear relationships between three commonly identified types of religious involvement and observer-rated depressive symptoms in 709 primary care elders assessed at baseline and 1-year follow-up. RESULTS: Cross-sectional analyses revealed a curvilinear, U-shaped association between depressive symptoms and organizational religious activity, an inverse linear relationship of depressive symptoms with private religious involvement, and a positive relationship of depressive symptoms with intrinsic religiosity. Longitudinal analyses revealed a U-shaped association between depressive symptoms and private religious involvement, such that those reporting moderate levels of private religiosity at baseline evidenced lower levels of depressive symptoms at 1-year follow-up than those reporting either high or low levels of private religious activity. CONCLUSIONS: The relationships between religious involvement and depression in primary care elders are complex and dependent on the type of religiosity measured. The authors found the strongest evidence for an association of non-organizational, private religious involvement and the severity of depressive symptoms, although further study is warranted using carefully controlled longitudinal designs that test for both linear and curvilinear relationships.

King, D. E. and Crisp, J. [Department of Family Medicine, Medical University of South Carolina, Charleston, SC]. "**Case discussion: do not neglect the spiritual history**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 426.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Kirchhoff, K. T. and Faas, A. I. [University of Wisconsin School of Nursing, Madison, WI; ktkirchhoff@wisc.edu]. "**Family support at end of life**." *AACN Advanced Critical Care* 18, no. 4 (Oct-Dec 2007): 426-435.

This article notes *passim* the importance of spirituality, but see esp. the section, Spiritual and Cultural Support, pp. 430-431.

Kligler, B., Koithan, M., Maizes, V., Hayes, M., Schneider, C., Lebensohn, P. and Hadley, S. [Albert Einstein College of Medicine, Bronx, NY; bkligler@chpnet.org]. "**Competency-based evaluation tools for integrative medicine training in family medicine residency: a pilot study**." *BMC Medical Education* 7 (2007): 7 [www.biomedcentral.com/1472-6920/7/7].

[From the abstract:] …Through the Integrative Family Medicine program, a six site pilot program of a four year residency training model combining integrative medicine and family medicine training, we have developed and tested a set of competency-based evaluation tools to assess residents' skills in integrative medicine history-taking and treatment planning. …RESULTS: Results from the implementation of these tools at the IFM sites suggest that we need more emphasis in our curriculum on incorporating spirituality into history-taking and treatment planning, and more training for IFM residents on effective assessment of readiness for change and strategies for delivering integrative medicine treatment recommendations….

Knight, J. R. and Hugenberger, G. P. [Harvard Medical School and the Center for Adolescent Substance Abuse Research, Children's Hospital, Boston, MA; john.knight@childrens.harvard.edu]. "**On forgiveness**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 420-421.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Knight, J. R., Sherritt, L., Harris, S. K., Holder, D. W., Kulig, J., Shrier, L. A., Gabrielli, J. and Chang, G. [Department of Pediatrics and the Division on Addictions at Cambridge Health Alliance, Harvard Medical School, Boston, MA; john.knight@childrens.harvard.edu]. "**Alcohol use and religiousness/spirituality among adolescents**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 349-355. Comment on pp. 339-340 and 341-342.

[Abstract:] BACKGROUND: Previous studies indicate that religiousness is associated with lower levels of substance use among adolescents, but less is known about the relationship between spirituality and substance use. The objective of this study was to determine the association between adolescents' use of alcohol and specific aspects of religiousness and spirituality. METHODS: Twelve- to 18-year-old patients coming for routine medical care at three primary care sites completed a modified Brief Multidimensional Measure of Religiousness/Spirituality; the Spiritual Connectedness Scale; and a past-90-days alcohol use Timeline Followback calendar. We used multiple logistic regression analysis to assess the association between each religiousness/spirituality measure and odds of any past-90-days alcohol use, controlling for age, gender, race/ethnicity, and clinic site. Timeline Followback data were dichotomized to indicate any past-90-days alcohol use and religiousness/spirituality scale scores were z-transformed for analysis. RESULTS: Participants (n = 305) were 67% female, 74% Hispanic or black, and 45% from two-parent families. Mean +/- SD age was 16.0 +/- 1.8 years. Approximately 1/3 (34%) reported past-90-day alcohol use. After controlling for demographics and clinic site, Religiousness/Spirituality scales that were not significantly associated with alcohol use included: Commitment (OR = 0.81, 95% CI 0.36, 1.79), Organizational Religiousness (OR = 0.83, 95% CI 0.64, 1.07), Private Religious Practices (OR = 0.94, 95% CI 0.80, 1.10), and Religious and Spiritual Coping--Negative (OR = 1.07, 95% CI 0.91, 1.23). All of these are measures of religiousness, except for Religious and Spiritual Coping--Negative. Scales that were significantly and negatively associated with alcohol use included: Forgiveness (OR = 0.55, 95% CI 0.42-0.73), Religious and Spiritual Coping--Positive (OR = 0.67, 95% CI 0.51-0.84), Daily Spiritual Experiences (OR = 0.67, 95% CI 0.54-0.84), and Belief (OR = 0.76, 95% CI 0.68-0.83), which are all measures of spirituality. In a multivariable model that included all significant measures, however, only Forgiveness remained as a significant negative correlate of alcohol use (OR = 0.56, 95% CI 0.41, 0.74). CONCLUSIONS: Forgiveness is associated with a lowered risk of drinking during adolescence. [This article appears in a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Knoerl, A. M. [Madonna University College of Nursing and Health, Livonia, MI; aknoerl@madonna.edu]. "**Cultural considerations and the Hispanic cardiac client**." *Home Healthcare Nurse* 25, no. 2 (Feb 2007): 82-86. Quiz on pp. 87-88.

Among the points of this review is the potential importance of religious values.

Ko, B., Khurana, A., Spencer, J., Scott, B., Hahn, M. and Hammes, M. [Department of Medicine, Section of Nephrology, University of Chicago Hospitals, Chicago, IL]. "**Religious beliefs and quality of life in an American inner-city haemodialysis population**." *Nephrology Dialysis Transplantation* 22, no. 10 (Oct 2007): 2985-2990.

[Abstract:] BACKGROUND: The ability to adapt to the long-term aspects of chronic haemodialysis is multifactorial and poorly understood. Given the many comorbidities of a patient on haemodialysis, religious beliefs may be an important factor in the patient's ability to cope. METHODS: End-stage renal disease patients in an inner-city American in-center haemodialysis unit were given two surveys to quantify their quality of life (KDQOL) and beliefs (Royal Free Score). The population studied included 97% African Americans. The demographics were collected and recorded. The relationship between religious/spiritual beliefs, demographic variables, and how quality of life (QOL) is viewed was analyzed. RESULTS: The vast majority of patients considered themselves religious, spiritual or both. KDQOL scores did not correlate with belief in a higher power, but the non-religious group demonstrated a significantly lower blood urea nitrogen (BUN) and creatinine as compared with the religious group. There was a negative correlation with age and physical function as reported by KDQOL and physical health composite. CONCLUSION: As physical function declines, religious and spiritual beliefs are stronger in the haemodialysis population studied. Given the overwhelming prevalence of religious and spiritual beliefs in this population, further study is needed as acknowledging and incorporating these beliefs into patient treatment plans may be warranted.

Koenig, H. G. [Department of Psychiatry & Behavioral Sciences, Duke University Medical Center, GRECC VA Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Case discussion--religion and coping with natural disaster**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 954.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Koenig, H. G. [Department of Psychiatry & Behavioral Sciences, Duke University Medical Center, GRECC VA Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Introduction: spirituality and catastrophe**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 921-923.

This is an introduction to a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Koenig, H. G. [Department of Psychiatry & Behavioral Sciences, Duke University Medical Center, GRECC VA Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Physician's role in addressing spiritual needs**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 932-933.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Koenig, H. G. [Department of Psychiatry & Behavioral Sciences, Duke University Medical Center, GRECC VA Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Psychological needs of disaster survivors and families**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 934-935.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Koenig, H. G. [Departments of Psychiatry & Behavioral Sciences and Medicine, Duke University Medical Center, GRECC VA Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Religion and depression in older medical inpatients**." *American Journal of Geriatric Psychiatry* 15, no. 4 (Apr 2007): 282-291.

[Abstract:] OBJECTIVE: The objective of this study is to examine the religious characteristics of older medical inpatients with major and minor depression, compare them with religious characteristics of nondepressed patients, and examine their relationship to severity and type of depression. METHODS: Medical inpatients over age 50 at Duke University Medical Center (DUMC) and three community hospitals were identified with depressive disorder using a structured psychiatric interview. Detailed information was obtained on their psychiatric, medical, and religious characteristics. Religious characteristics of these patients were then compared with those of nondepressed patients in a concurrent study at DUMC controlling for demographic, health, and social factors. Among depressed patients, relationships to severity and type of depression were also examined. RESULTS: Religious involvement among 411 patients with major and 585 with minor depression was widespread, although not as frequent as in 428 nondepressed patients. After controlling for demographic and physical health factors, depressed patients were more likely to indicate no religious affiliation, less likely to affiliate with neofundamentalist denominations, more likely to indicate "spiritual but not religious," less likely to pray or read scripture, and scored lower on intrinsic religiosity. Among depressed patients, there was no relationship between religion and depression type, but depression severity was associated with a lower religious attendance, prayer, scripture reading, and lower intrinsic religiosity. Social factors only partially explained these relationships. CONCLUSION: Older medically ill hospitalized patients with depression are less religiously involved than nondepressed patients or those with less severe depression. Implications for clinicians are discussed.

Koenig, H. G. [Department of Psychiatry and Behavioral Sciences, and Medicine, Duke University Medical Center, GRECC VA Medical Center, Durham, North Carolina 27710; koenig@geri.duke.edu]. "**Religion and remission of depression in medical inpatients with heart failure/pulmonary disease**." *Journal of Nervous & Mental Disease* 195, no. 5 (May 2007): 389-395.

[Abstract:] The impact of religious involvement on time to remission of depression was examined in older medical inpatients with heart failure and/or chronic pulmonary disease (CHF/CPD). Inpatients older than 50 years with CHF/CPD were systematically diagnosed with depressive disorder using a structured psychiatric interview. Cox proportional hazards regression was used to examine the effects of religious involvement on time to remission, controlling for covariates. Of 1000 depressed patients identified at baseline, follow-up data on depression course were obtained on 87%. Patients involved in group-related religious activities experienced a shorter time to remission. Although numerous religious measures were unrelated by themselves to depression outcome, the combination of frequent religious attendance, prayer, Bible study, and high intrinsic religiosity, predicted a 53% increase in speed of remission (HR 1.53, 95% CI 1.20-1.94, p = 0.0005, n = 839) after controls. Patients highly religious by multiple indicators, particularly those involved in community religious activities, remit faster from depression.

Koenig, H. G. [Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Religion, spirituality and medicine in Australia: research and clinical practice**." *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S45-46.

This is an introduction to a special issue of the *Medical Journal of Australia* on spirituality & health. [See the articles from this special supplement, noted elsewhere in this bibliography, by Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; D'Souza, R.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Koenig, H. G. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, GRECC VA Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Spirituality and depression: a look at the evidence**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 737-739.

This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Koenig, L. B., McGue, M., Krueger, R. F. and Bouchard, T. J. Jr. [Department of Psychology, University of Minnesota, Minneapolis MN; koen0099@umn.edu]. "**Religiousness, antisocial behavior, and altruism: genetic and environmental mediation**." *Journal of Personality* 75, no. 2 (Apr 2007): 265-290.

[Abstract:] Although religiousness is considered a protective factor against antisocial behaviors and a positive influence on pro-social behaviors, it remains unclear whether these associations are primarily genetically or environmentally mediated. In order to investigate this question, religiousness, antisocial behavior, and altruistic behavior were assessed by self-report in a sample of adult male twins (165 MZ and 100 DZ full pairs, mean age of 33 years). Religiousness, both retrospective and current, was shown to be modestly negatively correlated with antisocial behavior and modestly positively correlated with altruistic behavior. Joint biometric analyses of religiousness and antisocial behavior or altruistic behavior were completed. The relationship between religiousness and antisocial behavior was due to both genetic and shared environmental effects. Altruistic behavior also shared most all of its genetic influence, but only half of its shared environmental influence, with religiousness.

Koldjeski, D., Kirkpatrick, M. K., Everett, L., Brown, S. and Swanson, M. [School of Nursing, East Carolina University, Greenville, NC; polishkay@aol.com]. "**The ovarian cancer journey of families the first postdiagnostic year**." *Cancer Nursing* 30, no. 3 (May-Jun 2007): 232-242.

[From the abstract:] Ovarian cancer care has shifted from hospitals to families and has resulted in an unanticipated cancer journey as survivability for women so diagnosed has increased. This research investigated the impact of this responsibility on selected aspects of family functioning. Eighteen families participated in 5 family research visitations over the first postdiagnostic year. Quantitative data were obtained on socioemotional responses, behaviors, and coping strategies. …Coping responses relied primarily on reframing and spiritual support. Families had hope and optimism and received socioemotional support from kin and friends. Response patterns consisted of providing support and care to sick members; making transformative changes in family structures, roles, and functions; reorganizing daily living experiences to integrate new situations; and minimizing gaps between professional and familial perspectives and realities….

Kourosh, A. and Hosoda, E. [Department of Pediatrics, University of Utah, Redwood University Health Center, Salt Lake City, UT; atoosa@hotmail.com]. "**Eye on religion: the Baha'i Faith**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 445-446.

This is a brief overview for clinicians --part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Kramer, M. R., Hogue, C. J. and Gaydos, L. M. [Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA; mkram02@sph.emory.edu]. "**Noncontracepting behavior in women at risk for unintended pregnancy: what's religion got to do with it?**" *Annals of Epidemiology* 17, no. 5 (May 2007): 327-334.

[Abstract:] PURPOSE: In the United States, 49% of all pregnancies are unintended. Part of this high rate has been attributed to the negative effects of higher levels of personal and community-level religiosity in this country. To explore the impacts of individual-level religiosity on unintended pregnancy, we used 2002 National Survey of Family Growth (NSFG) data to model the relationship between religion and noncontracepting behavior, a crucial precursor to unintended pregnancies. METHODS: We tested logistic models with current and childhood religious affiliation as primary exposures and recent noncontracepting behavior as the outcome, controlling for demographic covariates, religious service importance, and attendance frequency. RESULTS: An estimated 32.7 million women are at risk for unintended pregnancy, 14% of whom use no contraception. Proportions of noncontraceptors were 15.5 % among Catholics, 10.3% among mainstream Protestants, and 15.0% among fundamentalist Protestants. In multivariate modeling, religion was significantly related to not contracepting in teens, but noncontributory for women from 20 to 44 years of age. Variables associated with contraceptive behavior included marital status, age, education, and income. CONCLUSIONS: Among women, current and childhood religious affiliations modify odds ratio for noncontracepting behavior only among teenage girls. For adults, odds ratio vary widely by marital status, education, and income, but not by religious affiliation.

Kub, J. and Groves, S. [Johns Hopkins University, School of Nursing, Balitmore, MD; JKUB@son.jhmi.edu]. "**Miracles and medicine: an annotated bibliography**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1273-1276.

This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Kuczewski, M. G. [Loyola University Chicago Stritch School of Medicine, Maywood, IL; mkuczew@lumc.edu]. "**Talking about spirituality in the clinical setting: can being professional require being personal?**" *American Journal of Bioethics* 7, no. 7 (Jul 2007): 4-11. Multiple comments on pp. 12-32.

[Abstract:] Spirituality or religion often presents as a foreign element to the clinical environment, and its language and reasoning can be a source of conflict there. As a result, the use of spirituality or religion by patients and families seems to be a solicitation that is destined to be unanswered and seems to open a distance between those who speak this language and those who do not. I argue that there are two promising approaches for engaging such language and helping patients and their families to productively engage in the decision-making process. First, patient-centered interviewing techniques can be employed to explore the patient's religious or spiritual beliefs and successfully translate them into choices. Second, and more radically, I suggest that in some more recalcitrant conflicts regarding treatment plans, resolution may require that clinicians become more involved, personally engaging in discussion and disclosure of religious and spiritual worldviews. I believe that both these approaches are supported by rich models of informed consent such as the transparency model and identify considerations and circumstances that can justify such personal disclosures. I conclude by offering some considerations for curbing potential unprofessional excesses or abuses in discussing spirituality and religion with patients.

Kumar, N. and Jivan, S. [Dept. of Ophthalmology, Royal Liverpool University Hospital, Liverpool, UK; nishant6377@gmail.com]. "**Ramadan and eyedrops: the Muslim perspective**." *Ophthalmology* 114, no. 12 (Dec 2007): 2356-2360.

[Abstract:] PURPOSE: To assess views of Muslims with regard to the use of eyedrops during fasting periods of Ramadan and to determine if demographic, religious, and educational factors or the perceived severity of an ocular condition influence these views. DESIGN: Cross-sectional survey. PARTICIPANTS: Two hundred adult Muslims. METHODS: A questionnaire-based survey. MAIN OUTCOME MEASURES: The main outcome measures studied were the proportion of respondents who believe that the use of eyedrops during fasting hours of Ramadan would break the fast and the proportion of respondents who would use drops during fasting hours of Ramadan. RESULTS: Of the 200 questionnaires collected, 10 were excluded because of incomplete data entry (n = 190). Among respondents, 63.7% (n = 121) believe that using eyedrops during fasting periods of Ramadan would break the fast, and only 34.2% (n = 65) would use drops during this period. A further 34.2% (n = 65) would continue their regular treatment, 35.8% (n = 68) would use drops for a nonpainful eye condition, 66.8% (n = 127) for a painful eye condition, 35.3% (n = 67) for a condition that did not affect vision, and 75.8% (n = 144) would use drops during the fasting period for an eye condition if vision was affected. No significant association was noted when comparing views of respondents based on gender, occupation, education, and number of days the fast is observed. Statistical significance was reached when comparing the views of Muslims who would fast additional days if a fast was broken compared with those who would not (P<0.001). CONCLUSIONS: Ramadan could be an important cause for noncompliance with prescribed ophthalmic treatment. This study provides an insight into views of Muslims regarding use of eyedrops during Ramadan. The results suggest that extensive misuse of prescribed drops should be anticipated during Ramadan.

Kwak, J., Salmon, J. R., Acquaviva, K. D., Brandt, K. and Egan, K. A. [The Center on Age and Community/Applied Gerontology, University of Wisconsin-Milwaukee, Milwaukee, WI]. "**Benefits of training family caregivers on experiences of closure during end-of-life care**." *Journal of Pain & Symptom Management* 33, no. 4 (Apr 2007): 434-445.

[Abstract:] Caregiving at Life's End (CGLE) is a program for family caregivers caring for someone during the last years of life that focuses on the emotional, spiritual, and practical aspects of life and relationship completion and closure. This study evaluated the effectiveness of CGLE in improving three major outcomes: comfort with caregiving, closure, and caregiver gain. Family caregivers (n=2,025) participated in programs facilitated by health and human service professionals (n=142) who completed a CGLE train-the-trainer workshop conducted by The Hospice Institute of the Florida Suncoast. The caregivers completed training rosters and pre- and/or post-surveys. Group differences are reported in baseline characteristics and change in three outcomes for caregivers who completed 1) both pre- and post-survey, 2) pre-survey only, and 3) post-survey only. For those who completed both surveys (n=926), paired t-tests and multiple linear regression tested the impact of program length on caregiver outcomes. Caregivers participated in, on average, four sessions and 7.7 hours of training. The majority of caregivers were Caucasian (88%), female (81%), and on average, 60 years old. Significant improvement was found in all three outcomes (P<0.001). The program length made a difference for improvement in comfort with caregiving and closure but not in caregiver gain. Caregivers who are caring for someone during the last years of life benefit from a program that focuses on the life-changing or transformative aspects of caregiving in the last years of life, as well as practical aspects of caregiving. The ability to support caregivers in this relatively low impact intervention can be used in hospice and nonhospice settings.

Labun, E. and Emblen, J. D. [College of Nursing, University of North Dakota]. "**Spirituality and health in Punjabi Sikh**." *Journal of Holistic Nursing* 25, no. 3 (Sep 2007): 141-148. Discussion on pp. 149-150.

[Abstract:] The purpose of this study was to examine the interrelationship of health, illness, and spirituality for Punjabi Sikh living in Canada. A grounded theory study with a convenience sample and use of snowballing technique provided a sample of 15 participants ranging in age from 20 to 70 years. Constant comparative method with dimensional analysis was used to analyze the data beginning with the first interview. The themes of being healthy and looking for the spiritual are described. Looking for the spiritual results in the person becoming spiritually strong and therefore being healthier, recovering from illness, or having the ability to feel comfortable when near death. Nurses who understand the interplay of spirituality and health can support Punjabi Sikh in their food requirements, prayers, and feelings of hope and anguish during illness or life transitions.

Lai, C. F., Kao, T. W., Wu, M. S., Chiang, S. S., Chang, C. H., Lu, C. S., Yang, C. S., Yang, C. C., Chang, H. W., Lin, S. L., Chang, C. J., Chen, P. Y., Wu, K. D., Tsai, T. J. and Chen, W. Y. [Division of Nephrology, Department of Internal Medicine, Far Eastern Memorial Hospital, Taipei, Taiwan]. "**Impact of near-death experiences on dialysis patients: a multicenter collaborative study**." *American Journal of Kidney Diseases* 50, no. 1 (Jul 2007): 124-132. Supplementary data on pp. 132.e1-2.

[Abstract:] BACKGROUND: People who have come close to death may report an unusual experience known as a near-death experience (NDE). This study aims to investigate NDEs and their aftereffects in dialysis patients. STUDY DESIGN: Cross-sectional study. SETTING & PARTICIPANTS: 710 dialysis patients at 7 centers in Taipei, Taiwan. PREDICTOR: Demographic characteristics, life-threatening experience, depression, and religiosity. OUTCOMES: NDE and self-perceived changes in attitudes or behaviors. MEASUREMENTS: Greyson's NDE scale, Royal Free Questionnaire, 10-Question Survey, Ring's Weighted Core Experience Index, and Beck Depression Inventory. RESULTS: 45 patients had 51 NDEs. Mean NDE score was 11.9 (95% confidence interval, 11.0 to 12.9). Out-of-body experience was found in 51.0% of NDEs. Purported precognitive visions, awareness of being dead, and "tunnel experience" were uncommon (<10%). Compared with the no-NDE group, subjects in the NDE group were more likely to be women and younger at life-threatening events. Both frequency of participation in religious ceremonies and pious religious activity correlated significantly with NDE score in patients with NDEs (P < 0.01 and P = 0.01, respectively). The NDE group reported being kinder to others (P = 0.04) and more motivated (P = 0.02) after their life-threatening events than the no-NDE group. LIMITATIONS: Determining the incidence of NDEs is dependent on self-reporting. Many NDEs occurred before the patient began long-term dialysis therapy. Causality between NDE and aftereffects cannot be inferred. CONCLUSIONS: NDE is not uncommon in the dialysis population and is associated with positive aftereffects. Nephrology care providers should be aware of the occurrence and aftereffects of NDEs. The high occurrence of life-threatening events, availability of medical records, and accessibility and cooperativeness of patients make the dialysis population very suitable for NDE research.

Laird, L. D., de Marrais, J. and Barnes, L. L. [Boston University School of Medicine, Boston, MA; lance.laird@bmc.org]. "**Portraying Islam and Muslims in MEDLINE: a content analysis**." *Social Science & Medicine* 65, no. 12 (Dec 2007): 2425-2439. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] The growing number and diversity of Muslims in the United States and Western Europe challenge clinicians and researchers to understand this population's perspectives and experiences regarding health and biomedicine. For information about Muslim patient populations, clinicians and researchers routinely consult medical literature. To examine how this literature portrays Muslims, we conducted an ethnographic content analysis of 2342 OVID MEDLINE-indexed abstracts from 1966 through August 2005, derived from a Boolean search for "islam or muslim or muslims." Manifest (explicitly stated) themes included Muslim religious practices, Islamic law and ethics, history of Islamic medicine, public health, social medicine, and cultural competence. Latent (underlying) themes implied that being an observant Muslim poses health risks; Muslims are negatively affected by tradition, and should adopt modernity; and that "Islam" is a problem for biomedical healthcare delivery. A countervailing latent theme implies that being Muslim may promote good health. We discuss ambiguities in uses of the term "Muslim;" implications of Muslim practices for health management and healthcare delivery; and ways in which MEDLINE-indexed literature intersects with orientalist and colonialist discourse about religious Others. Such intersections highlight connections with potential structural inequalities in healthcare delivery to Muslim patients.

Lantz, C. M. [College of Nursing, University of North Dakota, Grand Forks, ND; cheryl.lantz@dsu.nodak.edu]. "**Teaching spiritual care in a public institution: legal implications, standards of practice, and ethical obligations**." *Journal of Nursing Education* 46, no. 1 (Jan 2007): 33-38.

[Abstract:] The resurgence of interest in spiritual care across the United States has spurred interest and expanded theories of spirituality within the nursing profession. Nursing education rose to the challenge of teaching spiritual care theories and interventions to students, despite the absence of policy to guide educators. However, differences between public and private educational institutions have led to variations in the teaching of spiritual care. In addition to the legal implications stemming from the need for separation of church and state, nurses must also be

aware of their ethical obligations in order to teach spiritual care concepts appropriately. The accrediting agencies for nursing education programs and hospitals, as well as state licensure boards, foster high expectations for nurses to provide spiritual care. A call for research and policy development to guide nurse educators is also addressed in this article.

Lapid, M. I., Rummans, T. A., Brown, P. D., Frost, M. H., Johnson, M. E., Huschka, M. M., Sloan, J. A., Richardson, J. W., Hanson, J. M. and Clark, M. M. [Department of Psychiatry & Psychology, Mayo Clinic College of Medicine, Rochester, MN; lapid.maria@mayo.edu]. "**Improving the quality of life of geriatric cancer patients with a structured multidisciplinary intervention: a randomized controlled trial**." *Palliative & Supportive Care* 5, no. 2 (Jun 2007): 107-114.

[Abstract:] OBJECTIVE: To examine the potential impact of elderly age on response to participation in a structured, multidisciplinary quality-of-life (QOL) intervention for patients with advanced cancer undergoing radiation therapy. METHODS: Study design was a randomized stratified, two group, controlled clinical trial in the setting of a tertiary care comprehensive cancer center. Subjects with newly diagnosed cancer and an estimated 5-year survival rate of 0%-50% who required radiation therapy were recruited and randomly assigned to either an intervention group or a standard care group. The intervention consisted of eight 90-min sessions designed to address the five QOL domains of cognitive, physical, emotional, spiritual, and social functioning. QOL was measured using Spitzer uniscale and linear analogue self-assessment (LASA) at baseline and weeks 4, 8, and 27. RESULTS: Of the 103 study participants, 33 were geriatric (65 years or older), of which 16 (mean age 72.4 years) received the intervention and 17 (mean age 71.4 years) were assigned to the standard medical care. The geriatric participants who completed the intervention had higher QOL scores at baseline, at week 4 and at week 8, compared to the control participants. SIGNIFICANCE OF RESULTS: Our results demonstrate that geriatric patients with advanced cancer undergoing radiation therapy will benefit from participation in a structured multidisciplinary QOL intervention. Therefore, geriatric individuals should not be excluded from participating in a cancer QOL intervention, and, in fact, elderly age may be an indicator of strong response to a QOL intervention. Future research should further explore this finding.

Larimore, W. L., Duininck, M. W. and Morsch, G. B. [In His Image Family Medicine Residency Program, Tulsa, OK]. "**Spiritual needs of physicians during and following a catastrophe**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 940-941.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Lauver, D. R., Connolly-Nelson, K. and Vang, P. [University of Wisconsin-Madison School of Nursing; drlauver@wisc.edu]. "**Stressors and coping strategies among female cancer survivors after treatments**." *Cancer Nursing* 30, no. 2 (Mar-Apr 2007): 101-111.

The researchers interviewed 51 women within 4 weeks and again 3-4 months after treatment after radiation and/or chemotherapy for primary breast or gynecologic cancers. [From the abstract:] Participants used acceptance, religion, and distraction as primary coping strategies. These strategies also were rated highly as helpful coping strategies.

Lawson, E. J. and Thomas, C. [University of North Texas, Denton, TX; elawson@unt.edu]. "**Wading in the waters: spirituality and older Black Katrina survivors**." *Journal of Health Care for the Poor & Underserved* 18, no. 2 (May 2007): 341-354.

[Abstract:] Hurricane Katrina has drawn increased interest in coping strategies, spirituality, and mental health among low-income Blacks. Given the paucity of information available regarding the role of spirituality in surviving Hurricane Katrina, this qualitative study explores active coping strategies of older Blacks. Older respondents who were evacuated to a Texas retirement apartment complex participated in a series of three in-depth interviews (starting approximately three weeks after their arrival in the host state and continuing weekly). Without exception, the findings indicate that this population coped with Katrina and its aftermath through reliance on a Higher Power. The relationship to a Higher Power did not necessarily translate into church membership. The conclusions of the respondents' spiritual coping mechanisms revealed the following themes: 1) regular communication with a supernatural power; 2) miracles of faith through this source of guidance and protection; 3) daily reading of the Bible and various spiritual and devotional materials; and 4) helping others as a consequence of faith and devotion to a supreme being. This study indicates that spirituality promotes emotional resilience in the aftermath of traumatic events such as Hurricane Katrina. These findings also point to the need for researchers to reconsider expressions of spirituality based solely on church membership/attendance and prayer, and to consider redefining spiritual coping as a form of cultural capital.

Lewis, L. M., Hankin, S., Reynolds, D. and Ogedegbe, G. [University of Pennsylvania School of Nursing]. "**African American spirituality: a process of honoring God, others, and self**." *Journal of Holistic Nursing* 25, no. 1 (Mar 2007): 16-23. Discussion on pp. 24-25.

[Abstract:] PURPOSE: The purpose of this pilot study was to explore African American definitions of practicing spirituality and to describe the process of spirituality and its relationship to health promotion. METHOD: Data were collected using semi-structured interview questions via two focus groups from a total of 12 participants who self-identified as African American. FINDINGS: This grounded theory methodology generated three categories of spirituality: (a) love in action, (b) relationships and connections, and (c) unconditional love. The overall process of practicing spirituality and its relationship to health identified a process of honoring God, self, and others. CONCLUSION: Research studies that investigate the concept of spirituality and its relationship to health promotion and disease management need to address the subjective experience of spirituality based on participant definitions rather than researcher-focused definitions of spirituality.

Linden, H. M., Reisch, L. M., Hart, A. Jr., Harrington, M. A., Nakano, C., Jackson, J. C. and Elmore, J. G. [Department of Medicine, Seattle Cancer Care Alliance, University of Washington, Seattle, WA; hmlinden@u.washington.edu]. "**Attitudes toward participation in breast cancer randomized clinical trials in the African American community: a focus group study**." *Cancer Nursing* 30, no. 4 (Jul-Aug 2007): 261-269.

[From the abstract:] Participation of African Americans in research trials is low. Understanding the perspectives of African American patients toward participation in clinical trials is essential to understanding the disparities in participation rates compared with whites. A qualitative study was conducted to discover attitudes of the African American community regarding willingness to participate in breast cancer screening and randomized clinical trials. Six focus groups consisting of 8 to 11 African American women (N = 58), aged 30 to 65, were recruited from local churches. Focus group sessions involved a 2-hour audio-taped discussion facilitated by 2 moderators. …Six themes surrounding willingness to participate in randomized clinical trials were identified: (1) Significance of the research topic to the individual and/or community; (2) level of

trust in the system; (3) understanding of the elements of the trial; (4) preference for "natural treatments" or "religious intervention" over medical care; (5) cost-benefit analysis of incentives and barriers; and (6) openness to risk versus a preference for proven treatments…. [See also Hamilton, J. B., et al., "Spirituality among African American cancer survivors…" and Howard, A. F., et al., "Ethnocultural women's experiences of breast cancer…," in the same issue of this journal --cited elsewhere in this bibliography.]

Liow, K., Ablah, E., Nguyen, J. C., Sadler, T., Wolfe, D., Tran, K. D., Guo, L. and Hoang, T. [Via Christi Comprehensive Epilepsy Center and Neurophysiology Laboratory, Wichita, KS]. "**Pattern and frequency of use of complementary and alternative medicine among patients with epilepsy in the midwestern United States**." *Epilepsy & Behavior* 10, no. 4 (Jun 2004): 576-582.
[From the abstract:] …This study assessed usage and perceptions of CAM by patients with epilepsy in the midwest of the United States. A 25-item survey was administered to adult patients with epilepsy, and data were collected from 228 patients. …Thirty-nine percent reported using CAM; 25% reported using CAM specifically for their epilepsy. Prayer/spirituality was the most commonly used form of CAM (46%), followed by "mega" vitamins (25%), chiropractic care (24%), and stress management (16%)….

Litwinczuk, K. M. and Groh, C. J. [Veteran's Administration]. "**The relationship between spirituality, purpose in life, and well-being in HIV-positive persons**." *Journal of the Association of Nurses in AIDS Care* 18, no. 3 (May-Jun 2007): 13-22.
[Abstract:] Research has shown that spirituality has a positive effect on mental and physical health; however, few studies have explored the influence of spirituality on purpose in life and well-being in persons living with HIV. This descriptive cross-sectional study was designed to examine the relationship between spirituality, purpose in life, and well-being in a sample of 46 HIV-positive men and women. Spirituality was measured using the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R), purpose in life was measured using the Purpose in Life (PIL) test, and well-being was measured using the General Well-Being (GWB) Schedule. Demographic data on gender, age, length of time living with diagnosis of HIV/AIDS, employment status, and religious affiliation were also collected. Spirituality was reported to be significantly correlated with purpose in life ($r = .295$, $p = .049$) but not with well-being ($r = .261$, $p = .084$). Additionally, the SIBS-R, PIL, and GWB had alpha coefficients greater than .83, suggesting they are reliable and valid measures for this population of HIV-positive persons. The result that spirituality and purpose in life were significantly correlated offers the potential for designing nursing interventions and care delivery approaches that support psychological adaptation to HIV. Further studies with larger and more diverse samples are needed to better understand the role of well-being in healing. [See also the article by Seegers, "Spiritual and religious experiences of gay men with HIV illness," on pp. 5-12 of this same issue of the journal.]

Litzelman, D. K. and Cottingham, A. H. [Medical Education and Curricular Affairs, Indiana University School of Medicine, Indianapolis, IN; dklitzel@iupui.edu]. "**The new formal competency-based curriculum and informal curriculum at Indiana University School of Medicine: overview and five-year analysis**." *Academic Medicine* 82, no. 4 (Apr 2007): 410-421. Comment on pp. 321-323.
This article describes the program at Indiana University School of Medicine, focusing on [from the abstract:] …key qualities…essential to providing comprehensive care, including the abilities to communicate effectively with patients and colleagues, act in a professional manner, cultivate an awareness of one's own values and prejudices, and provide care with an understanding of the cultural and spiritual dimensions of patients' lives….

Ljubicic, D., Peitl, M. V., Vitezic, D., Peitl, V. and Grbac, J. [Psychiatry Clinic of KBC Rijeka, Cambijerijeva 17/7, 51000 Rijeka, Croatia; g_ljubicic@yahoo.com]. "**Psychopharmacotherapy and spirituality**." *Psychiatria Danubina* 19, no. 3 (Sep 2007): 216-221.
[Abstract:] Although the connection between spiritual and physical has been acknowledged since the oldest of human civilizations and emphasized in almost all of religions, it has taken a lot of time for that connection to gradually recover its lost meaning. As it is evident that many diseases and illnesses can not be explained purely by physical causes nor treated with purely physical methods there is a growing interest in spirituality and its usability in the treatment of various diseases and states, as well as in everyday life. Despite the fact that a sense of positive, nourishing and healing power of faith is deeply rooted in every religion, objective and empirical research of that connection has been avoided for centuries, and those studies which were conducted are only rudimentary, on the outskirts of empirical science. Scientific literature regarding spirituality and mental health points to a conclusion that spirituality and faith are positively correlated with positive therapeutic outcome and the possible explanation for that can be found in the fact that spirituality and religiosity can satisfy some of the basic needs of psychiatric patients. Efficacy of psychiatric treatment improved with the introduction of psychotropic medicaments and psychotherapeutic techniques, but the outcome is still not satisfying because relapse, recidivation and discontinuation of therapy occur very often. On the other hand, spirituality and religiosity play a very significant role in the healing process because they provide people with strength and will to fight their problems and disease itself. Psychopharmaceuticals are evidently irreplaceable in the therapy of mental disorders, but they are only one of the segments of the overall therapy. In order to adequately answer to the spiritual and religious needs of their patients, psychiatrists, psychologists and related health care professionals are faced with the need for expanding scientific concepts which served as the basis for development of many psychiatric methods and techniques.

Lovanio, K. and Wallace, M. [Fairfield University School of Nursing, Fairfield, CT]. "**Promoting spiritual knowledge and attitudes: a student nurse education project**." *Holistic Nursing Practice* 21, no. 1 (Jan-Feb 2007): 42-47.
[Abstract:] PURPOSE: The spiritual dimension of holistic nursing is an area that has been neglected within nursing education. The purpose of this project was to develop and test a spirituality-focused nursing student education project designed to enhance the knowledge and understanding of spiritual care among nursing students. The researchers anticipated that the pilot program would result in a spiritually focused clinical experience that could be permanently implemented in the course and integrated throughout other clinical courses in the curriculum. METHODS: The Spirituality and Spiritual Care Rating Scale (SSCRS) was used to measure students' knowledge and understanding of spirituality and spiritual care. Following the administration of the pretest, a set of educational strategies was implemented to promote the spiritual knowledge and attitudes of nursing students. Examples of strategies used included a half-day educational presentation as well as the incorporation of presence, prayer, reminiscence, and chapel visits into resident care. RESULTS: Significant differences were seen between student total pretest and posttest scores on the SSCRS ($t = -2.893$, $P = .018$) as well as individual instrument items when compared before and after the intervention. CONCLUSIONS AND IMPLICATIONS: This pilot project focused on a spirituality-focused nursing student education

project designed to enhance the knowledge and understanding of spiritual care among nursing students. Results indicated that the pilot program was beneficial and should be disseminated more widely.

Lukoff, D. [Spiritual Competency Resource Center, 1035 B Street, Peta Luma, CA; dlukoff@comcast.net]. "**Spirituality in the recovery from persistent mental disorders**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 642-646.
    This is one of two pieces by the author for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Lukoff, D. [Spiritual Competency Resource Center, 1035 B Street, Peta Luma, CA; dlukoff@comcast.net]. "**Visionary spiritual experiences**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 635-641.
    This is one of two pieces by the author for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

MacKinlay, E. B. and Trevitt, C. [School of Theology, Charles Sturt University, Barton, Australia; emackinlay@csu.edu.au]. "**Spiritual care and ageing in a secular society**." *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S74-76.
    [Abstract:] Providing spiritual care is about tapping into the concept of spirituality: core meaning, deepest life meaning, hope and connectedness. The search for meaning, connectedness and hope becomes more significant as older people are faced with the possibilities of frailty, disability and dementia. Spirituality, ageing and meaning in life can be discussed in the context of an alternative view of "successful ageing". A model of spiritual tasks in older age can help explain the spiritual dimension and provide a starting point for spiritual assessment. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; D'Souza, R.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; and Wilding, C.]

Mackler, A. L. [Department of Theology, Duquesne University, Pittsburgh, PA; mackler@duq.edu]. "**Eye on religion: a Jewish view on miracles of healing**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1252-1254.
    This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project. Eye on Religion is a regular part of this series.

Magura, S. [National Development and Research Institutes, Inc. New York, NY; magura@ndri.org]. "**The relationship between substance user treatment and 12-step fellowships: current knowledge and research questions**." *Substance Use & Misuse* 42, nos. 2-3 (2007): 343-360.
    In this review, looking at both formal "addiction treatment" and 12-step mutual aid programs, the authors consider, among other subjects, issues of spirituality in the 12-step program, and they pose research questions regarding [from the abstract:] …the relative contributions of striving for spiritual values vs. social support factors to the effectiveness of 12-step, and the comparative effectiveness of secular vs. 12-step mutual aid….

Mann, J. R., McKeown, R. E., Bacon, J., Vesselinov, R. and Bush, F. [Department of Family and Preventive Medicine, University of South Carolina School of Medicine, Columbia; joshua.mann@sc.edu]. "**Religiosity, spirituality, and depressive symptoms in pregnant women**." *International Journal of Psychiatry in Medicine* 37, no. 3 (2007): 301-313.
    [Abstract:] OBJECTIVE: Depression during pregnancy has potential repercussions for both women and infants. Religious and spiritual characteristics may be associated with fewer depressive symptoms. This study examines the association between religiosity/spirituality and depressive symptoms in pregnant women. METHOD: Pregnant women in three southern obstetrics practices were included in a cross sectional study evaluating religiosity, spirituality, and depressive symptoms. Symptoms of depression were measured using the Edinburgh Postnatal Depression Scale (EPDS). The depression outcome was measured in two ways: the EPDS score as a continuous outcome, and a score at or above the recommended EPDS cutoff (> 14). A wide array of potential confounders was addressed. Special attention was given to the interplay between religiosity/spirituality, social support, and depressive symptoms. RESULTS: The mean EPDS score was 9.8 out of a maximum possible score of 30. Twenty-eight women (8.1%) scored above the recommended EPDS cutoff score. Overall religiosity/spirituality was significantly associated with fewer depressive symptoms when controlling for significant covariates, but there was a significant interaction such that the association became weaker as social support increased. Social support did not appear to be an important mediator (intermediate step) in the pathway between religiosity/spirituality and depressive symptoms. CONCLUSIONS: Religiosity and spirituality may help protect from depressive symptoms when social support is lacking. Longitudinal research is needed to assess the directionality of the observed relationships.

Mann, J. R., McKeown, R. E., Bacon, J., Vesselinov, R. and Bush, F. [University of South Carolina School of Medicine; joshua.mann@palmettohealth.org]. "**Religiosity, spirituality, and tobacco use by pregnant women**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 867-872.
    [Abstract:] BACKGROUND: Tobacco use during pregnancy is associated with adverse child outcomes. There is evidence that religiosity/spirituality is associated with less tobacco use. This study aims to investigate the association further, including an assessment of overall religiousness and specific aspects of religiosity/spirituality. METHODS: 404 pregnant women receiving prenatal care in three southern obstetrics practices were surveyed regarding religiosity/ spirituality, other psychosocial characteristics, and recent tobacco. RESULTS: Recent tobacco use was reported by 8% of study participants. In multivariable modeling, black race (OR = 0.32), social support (OR = 0.92), and overall religiousness (OR = 0.57) were significantly associated with lower odds of reporting recent tobacco use. Participation in organized religious activities and self-rated religiosity were the religious/spiritual measures most strongly associated with lower odds of tobacco use. CONCLUSIONS: More religious/spiritual women appear to be less likely to use tobacco during pregnancy. Additional research is needed to investigate potential pathways for this association.

Mao, J. J., Farrar, J. T., Xie, S. X., Bowman, M. A. and Armstrong, K. [Dept. of Family Medicine and Community Health, University of Pennsylvania School of Medicine, Philadelphia, PA; maoj@uphs.upenn.edu]. "**Use of complementary and alternative medicine and prayer among a national sample of cancer survivors compared to other populations without cancer**." *Complementary Therapies in Medicine* 15, no. 1 (Mar 2007): 21-29.

[Abstract:] OBJECTIVES: Extensive use of complementary and alternative medicine (CAM) among cancer survivors has been described in literature, but the rate has not previously been compared to other groups in a true population sample. METHODS: We performed a cross-sectional study using data from the 2002 National Health Interview Survey to determine the prevalence of CAM and prayer for health (PFH) use among cancer survivors and compared the rates of such use among cancer survivors with the US general and other chronic diseased populations while controlling for key socio-demographic factors. RESULTS: Among 31,044 adult survey respondents, 1904 had a prior cancer diagnosis, of whom 40% reported CAM and 62% reported PFH use during the year before the survey. The top three CAM modalities were herbs (20%), deep breathing (14%) and meditation (9%). Controlling for other factors, cancer survivors used more CAM than the general population (adjusted odds ratio [OR] 1.36, 95% confidence interval [CI] 1.20-1.53), but similar to those with chronic symptomatic illness (p=0.5). Cancer survivors used PFH more than the general population (OR 1.87, 95% CI 1.66-2.10) and all other groups (p<0.001). The greater CAM and PFH use by cancer survivors was seen in both recent and distant diagnoses (>10 years). CONCLUSION: A previous cancer diagnosis is associated with a modest increase in CAM use compared with the general population but similar to other chronic symptomatic illnesses; however, cancer survivors are more likely to pray for health than all other populations. Exploring CAM and prayer use in clinical settings may help clinicians better understand the needs of their patients.

Margolin, A., Schuman-Olivier, Z., Beitel, M., Arnold, R. M., Fulwiler, C. E. and Avants, S. K. [Yale University School of Medicine, Welch Center, New Haven, CT; arthur.margolin@yale.edu]. "**A preliminary study of spiritual self-schema (3-S(+)) therapy for reducing impulsivity in HIV-positive drug users**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 979-999.

[Abstract:] The purpose of this study was twofold. First, pretreatment correlations are presented among impulsivity, intoxicant use, HIV risk behavior, spirituality, and motivation in a sample of 38 HIV-positive drug users. Second, treatment outcomes are presented from a preliminary study of spiritual self-schema (3-S(+)) therapy - a manual-guided psychotherapy integrating cognitive and Buddhist psychologies - for increasing motivation for abstinence, HIV prevention, and medication adherence. Impulsivity was negatively correlated with spiritual practices and motivation for recovery, and was positively related to intoxicant use and HIV risk behavior. Relative to a standard care comparison condition, patients completing 3-S(+) therapy reported greater decreases in impulsivity and intoxicant use, and greater increases in spiritual practices and motivation for abstinence, HIV prevention, and medication adherence. [This article is part of a special journal issue on spirituality and psychotherapy.]

Marlatt, G. A. and Chawla, N. [Addictive Behaviors Research Center, Department of Psychology, University of Washington, Seattle; marlatt@u.washington.edu]. "**Meditation and alcohol use**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 451-453.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Marr, L., Billings, J. A. and Weissman, D. E. [Department of Palliative Medicine, Department of Medicine, Medical College of Wisconsin, Milwaukee; lmarr@mcw.edu]. "**Spirituality training for palliative care fellows**." *Journal of Palliative Medicine* 10, no. 1 (Feb 2007): 169-177.

[Abstract:] INTRODUCTION: Spirituality is a major domain of palliative medicine training. No data exist on how it is taught, nor is there a consensus about the content or methods of such education. We surveyed palliative medicine fellowship directors in the United States to learn how they teach spirituality, who does the teaching, and what they teach. METHODS: A PubMed…search using the terms "spirituality" and "medical education" was completed. Thirty-two articles outlined spirituality education content and methods in medical schools and residency programs. From these articles, a survey on spirituality education in palliative medicine fellowship training was prepared, pilot-tested, revised, and then distributed by e-mail in June 2004 to the 48 U.S. palliative medicine fellowship directors listed on the American Board of Hospice and Palliative Medicine (AAHPM) website, but excluding the three fellowship programs represented by the authors. Follow-up requests were sent by email twice during the 6-week collection period. The Institutional Review Board at the Medical College of Wisconsin approved the study. RESULTS: Fourteen fellowship directors completed the survey (29% of all programs; 42% of those currently teaching fellows as indicated on the AAHPM website). All programs indicated they taught "spirituality"; 12 of 14 had separate programs for teaching spirituality and 2 of 14 reported they taught spirituality to their fellows but not as a distinct, separate program. All respondents taught the definitions of spirituality and religion, common spiritual issues faced by patients at end of life (which was not defined further), and the role of chaplains and clergy. Chaplains provided spirituality education in all of the responding programs, but other team members were frequently involved. The most common formats for education in the domains of knowledge and attitudes were small group discussion, lecture, and self-study. Small group discussion, supervision, and shadowing a chaplain or other professional were the most common methods used for skills. Faculty written or oral evaluations of fellows were the most common forms of evaluation, with little evidence of more robust assessment methods, such as structured role-play (none of the programs surveyed). CONCLUSIONS: Palliative medicine fellowship programs generally agree on the content of training on spirituality, but have not incorporated robust educational and evaluation methods to ensure that fellows have obtained the desired attitudes, knowledge, and skills to meet the Initial Voluntary Program Standards for Residency Education in Palliative Medicine of the American Board of Hospice and Palliative Medicine. Based on the survey data and results from the literature review, broad recommendations are made to enhance spirituality education.

Marsden, P., Karagianni, E. and Morgan, J. F. [Division of Mental Health, St George's University, London]. "**Spirituality and clinical care in eating disorders: a qualitative study**." *International Journal of Eating Disorders* 40, no. 1 (Jan 2007): 7-12.

[Abstract:] OBJECTIVE: Historical and contemporary research has posited links between eating disorders and religious asceticism. This study aimed to examine relationships between eating disorders, religion, and treatment. METHOD: Qualitative study using purposeful sampling, applying audiotaped and transcribed depth interview, subjected to interpretative phenomenological analysis. RESULTS: Participants were 10 adult Christian women receiving inpatient treatment for anorexia or bulimia nervosa. Five dominant categories emerged: locus of control, sacrifice, self-image, salvation, maturation. Appetitive control held moral connotations. Negative self-image was common, based more on sin than body-image. Medical treatment could be seen as salvation, with religious conversion manifesting a quest for healing, but treatment failure threatened faith. Beliefs matured during treatment, with prayer, providing a healing relationship. CONCLUSION: Religious beliefs impact on attitudes and motivation in eating disorders. Clinicians' sensitivity determines how beliefs influence clinical outcome. Treatment modifies beliefs such that theological constructs of illness cannot be ignored.

Martin, A. M. [University of Pennsylvania Center for Bioethics]. "**Tales publicly allowed: competence, capacity, and religious belief**." *Hastings Center Report* 37, no. 1 (Jan-Feb 2007): 33-40. Comment in vol. 37, no. 3 (May-Jun 2007): 3.
[Abstract:] What should we make of someone whose beliefs prevent her from accurately understanding her medical needs and care? Should that person still make her own health care decisions? In fact, she probably lacks decision-making capacity. But that does not mean she is not competent.

Martinez, J. S., Smith, T. B. and Barlow, S. H. [Brigham Young University, Provo, UT]. "**Spiritual interventions in psychotherapy: evaluations by highly religious clients**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 943-960.
[Abstract:] Spiritual and religious interventions in psychotherapy have increasingly received research attention, particularly with highly religious clients. This study examined client opinions about and experiences with religious interventions in psychotherapy. A sample of 152 clients at a counseling center of a university sponsored by the Church of Jesus Christ of Latter-Day Saints (LDS) completed a survey with ratings of specific religious interventions concerning appropriateness, helpfulness, and prevalence. Out-of-session religious interventions were considered more appropriate by clients than in-session religious interventions, but in-session interventions were rated as more helpful. Specific interventions considered both appropriate and helpful by the LDS participants included referencing scriptural passages, teaching spiritual concepts, encouraging forgiveness, involving religious community resources, and conducting assessments of client spirituality. Some religious interventions were perceived as inappropriate or not helpful, and clients provided explanations for why religious interventions can be either effective or ineffective in psychotherapy. [This article is part of a special journal issue on spirituality and psychotherapy.]

Maselko, J., Kubzansky, L., Kawachi, I., Seeman, T. and Berkman, L. [Department of Public Health, Temple University, Philadelphia, PA; maselko@temple.edu]. "**Religious service attendance and allostatic load among high-functioning elderly**." *Psychosomatic Medicine* 69, no. 5 (Jun 2007): 464-472.
[Abstract:] OBJECTIVE: To examine the association between frequency of religious service attendance and an index of cumulative physiological dysregulation as measured by allostatic load (AL) (systolic and diastolic blood pressure, waist/hip ratio, high-density lipoprotein and total cholesterol, glycosylated hemoglobin, cortisol, serum dihydroepiandrosterone sulfate, norepinephrine, and epinephrine).There is growing empirical evidence of a positive relationship between religious engagement and better clinical health outcomes. However, studies exploring the subclinical levels of physiological dysregulation are rare; hence, the physiological processes underpinning the religion-health relationship are not well understood. METHODS: In 1988, 853 participants from the MacArthur Successful Aging Study provided information on the frequency of religious service attendance as well as blood and urine samples needed to obtain measures for a ten-item cumulative AL index. Gender-stratified multivariate linear regression models were used to estimate the direction and magnitude of the association between weekly religious service attendance and AL. RESULTS: At least weekly religious service attendance was associated with lower AL levels among women (b = -0.47; p < .01), but not among men (b = 0.02; p = .88) in models that statistically controlled for age, income, education, marital status, and level of physical functioning. This relationship could not be attributed to the association between religious attendance and any one or two of the components of the AL index. It also was not explained by either higher physical functioning or social integration. CONCLUSION: Cumulative physiological dysregulation may be one mechanism through which religious engagement may influence a diverse range of clinically relevant health outcomes.

Massey, K. and Sutton, J. [ELCA Domestic Disaster Response, Lutheran Disaster Response, Evangelical Lutheran Church in America, 8765 W. Higgins Road, Chicago, IL 60631-4101; Kevin.Massey@elca.org]. "**Faith community's role in responding to disasters**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 944-945.
This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Masters, K. S. [Department of Psychology, Syracuse University; kemaster@syr.edu]. "**Religiosity/spirituality and behavioral medicine: investigations concerning the integration of spirit with body**." *Journal of Behavioral Medicine* 30, no. 4 (Aug 2007): 287-289.
[Abstract:] This article introduces the special section on Religiosity/Spirituality and Behavioral Medicine. After brief comments on the increase in interest in this topic and related definition concerns, each of the five articles that comprise the special section is presented. [This is part of a special theme issue on spirituality and health.]

Masters, K. S. and Spielmans, G. I. [Department of Psychology, Syracuse University; kemaster@syr.edu]. "**Prayer and health: review, meta-analysis, and research agenda**." *Journal of Behavioral Medicine* 30, no. 4 (Aug 2007): 329-338. [Erratum appears in vol. 30, no. 5 (Oct 2007): 447.]
[Abstract:] This article reviews the empirical research on prayer and health and offers a research agenda to guide future studies. Though many people practice prayer and believe it affects their health, scientific evidence is limited. In keeping with a general increase in interest in spirituality and complementary and alternative treatments, prayer has garnered attention among a growing number of behavioral scientists. The effects of distant intercessory prayer are examined by meta-analysis and it is concluded that no discernable effects can be found. The literature regarding frequency of prayer, content of prayer, and prayer as a coping strategy is subsequently reviewed. Suggestions for future research include the conduct of experimental studies based on conceptual models that include precise operationally defined constructs, longitudinal investigations with proper measure of control variables, and increased use of ecological momentary assessment techniques. [45 references] [This is part of a special theme issue on spirituality and health.]

Matsuyama, R. K., Grange, C., Lyckholm, L. J., Utsey, S. O. and Smith, T. J. [Social and Behavioral Health, Massey Cancer Center, Virginia Commonwealth University, Richmond, VA; rmatsuyama@vcu.edu]. "**Cultural perceptions in cancer care among African-American and Caucasian patients**." *Journal of the National Medical Association* 99, no. 10 (Oct 2007): 1113-1118.
This focus group study involving 39 African-American and Caucasian cancer patients found [from the abstract:] Regardless of ethnicity, cancer patients share many of the same emotions and experiences, and want complete information and quality care. Differences were also apparent. African-American participants were more likely to report increased religious behaviors, believe that healthcare providers demonstrate care with simple actions and provision of practical assistance, and use church and community information sources. Caucasian participants were more likely to report spiritual but not overtly religious changes, and depend on healthcare providers for information.

Matthews, Q. L. and Curiel, D. T. [Division of Human Gene Therapy, Department of Medicine, Gene Therapy Center, University of Alabama at Birmingham, Birmingham, AL]. "**Gene therapy: human germline genetic modifications--assessing the scientific, socioethical, and religious issues**." *Southern Medical Journal* 100, no. 1 (Jan 2007): 989-100.
This brief article is part of a special section in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Mattis, J. S., Mitchell, N., Zapata, A., Grayman, N. A., Taylor, R. J., Chatters, L. M. and Neighbors, H. W. [Department of Applied Psychology, New York University, NY; jsm2015@nyu.edu]. "**Uses of ministerial support by African Americans: a focus group study**." *American Journal of Orthopsychiatry* 77, no. 2 (Apr 2007): 249-258.
[Abstract:] This focus group study examines the use of ministerial support among African American adults with regard to (1) the issues taken to ministers by church members, (2) the issues not taken to ministers by church members, and (3) the factors that inform people's decisions about whether or not to seek ministerial support. Content analysis of narratives from 13 focus groups revealed significant overlap in the range of concerns for which people seek support and those issues for which they will not seek ministerial help. The factors that influence peoples' decisions included shame as well as evaluations of minister character, sincerity, and skill set. Narrative examples are used to elucidate each theme, and the implications of the findings for theory, research, and practice are discussed.

McCabe, O. L., Lating, J. M., Everly, G. S. Jr., Mosley, A. M., Teague, P. J., Links, J. M. and Kaminsky, M. J. [Department of Mental Health and Center for Public Health Preparedness, The Johns Hopkins Bloomberg School of Public Health, The Johns Hopkins School of Medicine, Baltimore, MD; lmccabe@jhsph.edu]. "**Psychological first aid training for the faith community: a model curriculum**." *International Journal of Emergency Mental Health* 9, no. 3 (2007): 181-191.
[Abstract:] Traditionally faith communities have served important roles in helping survivors cope in the aftermath of public health disasters. However, the provision of optimally effective crisis intervention services for persons experiencing acute or prolonged emotional trauma following such incidents requires specialized knowledge, skills, and abilities. Supported by a federally-funded grant, several academic health centers and faith-based organizations collaborated to develop a training program in Psychological First Aid (PFA) and disaster ministry for members of the clergy serving urban minorities and Latino immigrants in Baltimore, Maryland. This article describes the one-day training curriculum composed of four content modules: Stress Reactions of Mind-Body-Spirit, Psychological First Aid and Crisis Intervention, Pastoral Care and Disaster Ministry, and Practical Resources and Self Care for the Spiritual Caregiver Detailed descriptions of each module are provided, including its purpose; rationale and background literature; learning objectives; topics and sub-topics; and educational methods, materials and resources. The strengths, weaknesses, and future applications of the training template are discussed from the vantage points of participants' subjective reactions to the training.

McClafferty, H. H. [The Center for Children's Integrative Medicine, 55 Vilcom Circle, Chapel Hill, NC 27514; hmcclafferty@earthlink.net]. "**Integrative approach to obesity**." *Pediatric Clinics of North America* 54, no. 6 (Dec 2007): 969-981; xi.
The author states with regard to spirituality: "Although no studies are available on the specific use of spirituality in pediatric obesity treatment, research supports the importance and efficacy of addressing spirituality in the medical treatment plan if the patient and family so desire and resources are available to physicians on how to effectively include spirituality in the medical interview. Studies have confirmed that patients value a discussion of spirituality as it relates to their health and may find inner resources of strength that can significantly contribute to healing or behavior change. Discussion of spirituality may be a useful tool to assist patients and families in obesity treatment." [p. 975]

McLeod, J. E. and Clarke, D. M. [Monash University, Department of Psychological Medicine, Monash Medical Centre, Melbourne, Australia]. "**A review of psychosocial aspects of Motor Neurone Disease**." *Journal of the Neurological Sciences* 258, nos. 1-2 (Jul 15, 2007): 4-10.
This is a comprehensive review of the literature on Motor Neurone Disease, covering 1966-2006. See especially the section: Hope, Meaning, and Spirituality on pp. 7-8, in which there are citations of a handful of studies. [64 references]

McSherry, M., Kehoe, K., Carroll, J. M., Kang, T. I. and Rourke, M. T. [The Pediatric Advanced Care Team, The Children's Hospital of Philadelphia, PA]. "**Psychosocial and spiritual needs of children living with a life-limiting illness**." *Pediatric Clinics of North America* 54, no. 5 (Oct 2007): 609-629, ix-x.

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McSherry, M., Kehoe, K., Carroll, J. M., Kang, T. I. and Rourke, M. T. [The Pediatric Advanced Care Team, The Children's Hospital of Philadelphia, PA]. "**Psychosocial and spiritual needs of children living with a life-limiting illness**." *Pediatric Clinics of North America* 54, no. 5 (Oct 2007): 609-629, ix-x.
[Abstract:] Quality end-of-life care includes the management of distressing symptoms; provisions of care, including the assessment and management of psychosocial and spiritual needs; and respite from diagnosis through death and bereavement. Meeting the palliative care goal of improved quality of life depends on medical and nursing practitioners understanding and effectively assessing psychosocial symptoms. [48 references]

McSherry, W. and Smith, J. [Faculty of Health, and Social Care, University of Hull, UK]. "**How do children express their spiritual needs?**" *Paediatric Nursing* 19, no. 3 (Apr 2007): 17-20.
[Abstract:] Abstract experiences of life including religious and spiritual beliefs to make sense of life events and to cope with crises. They will have a range of preconceived ideas, fears, concerns and fantasies which are usually linked to their stage of cognitive development and prior experiences. This article provides examples of expressions of spiritual beliefs across childhood, related to a discussion of the meaning of spirituality in the context of holistic care. Spiritual needs should be incorporated into daily practice of nursing, beginning with assessment, so that normal home routines are maintained and the family's beliefs respected. However this requires nurses to understand ways that children may express their spirituality.

Meglin, D. E. [Department of Psychiatry, Duke University Medical Center, Durham, NC; Megli001@mc.duke.edu]. "**Suicide: where can help be found?**" *Southern Medical Journal* 100, no. 7 (Jul 2007): 755-756.
This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Meier, B. P., Hauser, D. J., Robinson, M. D., Friesen, C. K. and Schjeldahl, K. [Department of Psychology, Gettysburg College, Gettysburg, PA; bmeier@gettysburg.edu]. "**What's 'up' with God? Vertical space as a representation of the divine**." *Journal of Personality & Social Psychology* 93, no. 5 (Nov 2007): 699-710.

[Abstract:] "God" and "Devil" are abstract concepts often linked to vertical metaphors (e.g., "glory to God in the highest," "the Devil lives down in hell"). It is unknown, however, whether these metaphors simply aid communication or implicate a deeper mode of concept representation. In 6 experiments, the authors examined the extent to which the vertical dimension is used in noncommunication contexts involving God and the Devil. Experiment 1 established that people have implicit associations between God-Devil and up-down. Experiment 2 revealed that people encode God-related concepts faster if presented in a high (vs. low) vertical position. Experiment 3 found that people's memory for the vertical location of God- and Devil-like images showed a metaphor-consistent bias (up for God; down for Devil). Experiments 4, 5a, and 5b revealed that people rated strangers as more likely to believe in God when their images appeared in a high versus low vertical position, and this effect was independent of inferences related to power and likability. These robust results reveal that vertical perceptions are invoked when people access divinity-related cognitions.

Michalak, L., Trocki, K. and Bond, J. [Alcohol Research Group, Public Health Institute, 6475 Christie Avenue, Suite 400, Emeryville, CA 94608]. "**Religion and alcohol in the U.S. National Alcohol Survey: how important is religion for abstention and drinking?**" *Drug & Alcohol Dependence* 87, nos. 2-3 (Mar 16, 2007): 268-280.

[Abstract:] OBJECTIVE: This paper examines the relative importance of three religion variables (religious preference, religiosity, and alcohol proscription) and eight demographic variables (gender, ethnicity, education, income, marital status, age, region, and employment status) as statistical predictors of drinking versus abstention and moderate versus heavy drinking. METHOD: Data from 7370 telephone interviews from the 2000 National Alcohol Survey are analyzed using bivariate cross-tabulations and multiple logistic regression. RESULTS: When analyzed by religious preference groups, the NAS showed diverse patterns of abstention and drinking that suggest that religion variables are important for drinking behaviors. It was found that the religion variables are strongly associated with abstention. For statistical prediction of heavy versus moderate drinking, religion variables significantly improve model fit but are secondary to gender and age. CONCLUSIONS: Religion variables are important for drinking patterns, especially abstention. The relationship of religion to lower levels of alcohol abuse merits further study, such as investigating religious denominations with healthy patterns of abstention and moderate drinking, to learn how these norms are initiated and maintained. Such knowledge has promise of application in programs for prevention and treatment of alcohol problems.

Miklancie, M. A. [George Mason University, Fairfax, VA; mmiklanc@gmu.edu]. "**Caring for patients of diverse religious traditions: Islam, a way of life for Muslims**." *Home Healthcare Nurse* 25, no. 6 (Jun 2007): 413-417.

This article, part of a series on religious diversity, considers practical issues pertinent to nursing care for Muslim patients.

Miller, J. [Marquette University College of Nursing, Milwaukee, WI; judith.miller@mu.edu]. "**Hope: a construct central to nursing**." *Nursing Forum* 42, no. 1 (Jan-Mar 2007): 12-19.

This review mentions spirituality *passim* and supports the facilitation of spiritual beliefs and practices as a means of inspiring hope (see p. 17). [51 references]

Miller, W. R. and Bogenschutz, M. P. [Center on Alcoholism, Substance Abuse and Addictions and the Department of Psychology, University of New Mexico, Albuquerque; wrmiller@unm.edu]. "**Spirituality and addiction**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 433-436.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Milstein, J. M. and Raingruber, B. [Department of Pediatrics, Division of Neonatology, University of California, Sacramento, CA; jmmilstein@ucdavis.edu]. "**Choreographing the end of life in a neonate**." *American Journal of Hospice & Palliative Care* 24, no. 5 (Oct-Nov 2007): 343-349.

This article notes the involvement of a chaplain (see esp. p. 346) and the role of spirituality (*passim*) in end-of-life care for a neonate.

Miner-Williams, D. [South Texas Health Care System, San Antonio, TX; dminerwilliams@satx.rr.com]. "**Connectedness in the nurse-patient relationship: a grounded theory study**." *Issues in Mental Health Nursing* 28, no. 11 (Nov 2007): 1215-1234.

[Abstract:] What is that "special," meaningful relationship that nurse and patient sometimes share? A grounded theory study was undertaken to answer this question. Findings highlighted that the nurse-patient relationship (NPR) exists for the nurse to meet health needs of the patient. Ordinarily, these are biopsychosocial needs. However, at times patients present with needs emanating from deep within the person, which are deemed needs of the spirit. Under certain conditions with a nurse who is competent and willing, a process evolves, marked by meaningfulness, which not only meets these needs of the spirit but strongly impacts the nurse, the patient, or both, and promotes healing, growth, and comfort. This is connectedness in the NPR.

Miovic, M. [Dana Farber Cancer Institute, Psychosocial Oncology Program, Boston, MA; mmiovic@partners.org]. "**Spirituality, OCD, and life-threatening illness**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 649-651.

This is a brief piece for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Mitchell, J. D. and Borasio, G. D. [Motor Neurone Disease Care and Research Centre, Royal Preston Hospital, Fulwood, Preston PR2 9HT, UK; Douglas.Mitchell@lthtr.nhs.uk]. "**Amyotrophic lateral sclerosis**." *Lancet* 369, no. 9578 (Jun 16, 2007): 2031-2041.

This is a general review of ALS and disease management strategies. [From the abstract:] …We review options for control of the main symptoms of amyotrophic lateral sclerosis--including dysphagia, dysarthria, respiratory distress, pain, and psychological disorders--and care in the terminal phase. The need for good psychosocial and spiritual care of patients and families is emphasized….[117 references]

Mitchel, M. and Hall, J. [School of Maternal and Child Health, Faculty of Health and Social Care, University of the West of England, Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD, UK; mary.mitchell@uwe.ac.uk]. "**Teaching spirituality to student midwives: a creative approach**." *Nurse Education in Practice* 7, no. 6 (Nov 2007): 416-424.

[Abstract:] The nature of midwifery both as an art and a science requires methods of teaching students that will enhance this understanding. A philosophy of holistic care of women should underpin education of student midwives and these concepts should be put across to the students in meaningful ways. In the formal midwifery curriculum this has been a neglected aspect (Hall, 2001) [Hall, J., 2001. Midwifery Mind and spirit: emerging issues of care. Books for Midwives, Oxford]. We have developed a teaching session on 'Spirituality and the meaning of birth'. A

creative approach, using mediums of video, music, aroma and storytelling, combined with an opportunity for the students to express their selves through art have been utilised (Cameron, 1993) [Cameron, J., 1993. The Artists Way--A course in discovering and recovering your creative self. Pan Macmillan, London]. Although creative approaches in teaching arts based disciplines is well established, these approaches have not been evaluated for their effectiveness within midwifery education. We conducted a study which aimed to develop an understanding of student's views on the meaning of birth by examining creative work produced by the student midwives. This aspect is reported elsewhere. Further exploration through open-ended questionnaires was made of the effectiveness and value of the activity as a teaching method. This paper will describe the innovative teaching methods used. In addition student's views of birth established through their art and their views of the teaching session elicited through our research will be explored.

Mizuno, T. and Slingsby, B. T. [Center for Biomedical Ethics and Law, Graduate School of Medicine, University of Tokyo, Japan; tmizuno-tky@umin.ac.jp]. "**Eye on religion: considering the influence of Buddhist and Shinto thought on contemporary Japanese bioethics**." *Southern Medical Journal* 100, no. 1 (Jan 2007): 115-117.

[Abstract:] Religious traditions can play a significant role in the shaping of bioethical thought. In Japan, traditional Buddhist and Shinto thought continue to influence contemporary bioethical perspectives. To better define this relationship, this paper examines the correlation between Japanese bioethical perspectives and Buddhist and Shinto thought. An in-depth discussion explores how Buddhist and Shinto scholars have used fundamental concepts with each religious tradition to agree and disagree with the disclosure of an incurable disease to a patient, brain death, and brain-dead organ transplantation. [This is part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Moadel, A. B., Morgan, C. and Dutcher, J. [Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY; moadel@aecom.yu.edu]. "**Psychosocial needs assessment among an underserved, ethnically diverse cancer patient population**." *Cancer* 109, no. 2, Suppl. (Jan 15, 2007): 446-454.

[Abstract:] Little attention has been directed towards identifying and addressing the psychosocial needs of ethnic minority and underserved cancer patients. This study describes the development of a psychosocial needs survey and patterns and predictors of need among an ethnically diverse underserved cancer patient population in Bronx, New York. A 34-item psychosocial needs assessment survey was developed to assess 4 categories of need: Informational, Practical, Supportive, and Spiritual. A total of 248 oncology outpatients (48% non-Hispanic whites, 25% African Americans; 19% Hispanic) completed the survey in oncology clinic waiting rooms. The survey demonstrated high internal consistency and face validity. Ethnicity was the sole predictor of needs (P < .02), even after controlling for education, time since diagnosis, treatment status, marital status, and age. The mean percentage of needs endorsed by African Americans, Hispanics, and non-Hispanic whites respectively was 81%, 85%, 70% for Informational; 63%, 68%, 36% for Practical; 69%, 73%, 48% for Supportive; and 49%, 60%, 31% for Spiritual needs. This needs assessment offers clear directions in which to focus QOL intervention efforts among underserved and ethnic minority cancer patients.

Moadel, A. B., Shah, C., Wylie-Rosett, J., Harris, M. S., Patel, S. R., Hall, C. B. and Sparano, J. A. [Albert Einstein College of Medicine, Department of Epidemiology and Population Health, Bronx, NY; moadel@aecom.yu.edu]. "**Randomized controlled trial of yoga among a multiethnic sample of breast cancer patients: effects on quality of life**." *Journal of Clinical Oncology* 25, no. 28 (Oct 1, 2007): 4387-4395. Comment on pp. 4344-4345.

[Abstract:] PURPOSE: This study examines the impact of yoga, including physical poses, breathing, and meditation exercises, on quality of life (QOL), fatigue, distressed mood, and spiritual well-being among a multiethnic sample of breast cancer patients. PATIENTS AND METHODS: One hundred twenty-eight patients (42% African American, 31% Hispanic) recruited from an urban cancer center were randomly assigned (2:1 ratio) to a 12-week yoga intervention (n = 84) or a 12-week waitlist control group (n = 44). Changes in QOL (eg, Functional Assessment of Cancer Therapy) from before random assignment (T1) to the 3-month follow-up (T3) were examined; predictors of adherence were also assessed. Nearly half of all patients were receiving medical treatment. RESULTS: Regression analyses indicated that the control group had a greater decrease in social well-being compared with the intervention group after controlling for baseline social well-being and covariates (P < .0001). Secondary analyses of 71 patients not receiving chemotherapy during the intervention period indicated favorable outcomes for the intervention group compared with the control group in overall QOL (P < .008), emotional well-being (P < .015), social well-being (P < .004), spiritual well-being (P < .009), and distressed mood (P < .031). Sixty-nine percent of intervention participants attended classes (mean number of classes attended by active class participants = 7.00 +/- 3.80), with lower adherence associated with increased fatigue (P < .001), radiotherapy (P < .0001), younger age (P < .008), and no antiestrogen therapy (P < .02). CONCLUSION: Despite limited adherence, this intent-to-treat analysis suggests that yoga is associated with beneficial effects on social functioning among a medically diverse sample of breast cancer survivors. Among patients not receiving chemotherapy, yoga appears to enhance emotional well-being and mood and may serve to buffer deterioration in both overall and specific domains of QOL.

Mofidi, M., DeVellis, R. F., DeVellis, B. M., Blazer, D. G., Panter, A. T. and Jordan, J. M. [US Department of Health and Human Services, Health Resources and Services Administration, Rockville, MD]. "**The relationship between spirituality and depressive symptoms: testing psychosocial mechanisms**." *Journal of Nervous & Mental Disease* 195, no. 8 (Aug 2007): 681-688.

[Abstract:] Although many studies suggest lower rates of depressive symptoms in those who report greater spirituality, few have investigated the mechanisms by which spirituality might relate to depressive symptoms. The current study aimed to elucidate potential psychosocial mechanisms that link these 2 variables. Data were drawn from a community-dwelling stratified sample of 630 racially diverse adults in rural North Carolina. Spirituality was assessed by 6 items of the Daily Spiritual Experiences Scale. Depressive symptoms were measured using 4 subscales from the Center for Epidemiological Studies-Depression. Hypothesized mediators were optimism, volunteering, and perceived social support. Structural equation modeling was used to test whether proposed mediators explain a link between spirituality and depressive symptoms. The model demonstrated a satisfactory fit. Spirituality was indirectly related to depressive symptoms. More specifically, spirituality was significantly associated with optimism and volunteering but not with social support, and optimism, volunteering and perceived social support were significantly associated with depressive symptoms. The link between spirituality and depressive symptoms is indirect. The relationship is mediated by optimism, volunteering, and social support. Findings present research and practice implications. [See also, Tsuang, M. T., et al., "Spiritual well-being and health," from the same issue of this journal --cited elsewhere in this bibliography.]

Molzahn, A. E. [School of Nursing, University of Victoria, British Columbia, Canada; amolzahn@uvic.ca]. "**Spirituality in later life: effect on quality of life**." *Journal of Gerontological Nursing* 33, no. 1 (Jan 2007): 32-39.

[Abstract:] The purpose of this study was to explore the effects of spirituality on quality of life (QOL) in older adults when age, gender, social support, and health status are controlled. A secondary analysis of data was conducted using results from a cross-sectional survey of older adults. Data were available from a convenience sample of 426 people living in British Columbia, Canada, who volunteered to complete the questionnaire. Instruments included the WHOQOL-100 and a demographic data sheet. The results show spirituality was not a significant factor contributing to QOL in this sample, and that the strongest predictors of overall QOL were social support and health satisfaction. Given difficulties in measuring spirituality and homogeneity of the sample, further research is warranted.

Mooney, B. and Timmins, F. [Centre for Nursing and Midwifery Studies, National University of Ireland, Galway, Ireland]. "**Spirituality as a universal concept: student experience of learning about spirituality through the medium of art**." *Nurse Education in Practice* 7, no. 5 (Sep 2007): 275-284.

[Abstract:] Precise definitions of spirituality can be elusive (McSherry, 2000). This factor together with the increasing class sizes for undergraduate nursing students render the teaching and learning of spirituality in nursing a challenge for both lecturers and students alike (McSherry, 2000). This paper reports on the design, delivery and evaluation of an innovative spirituality program for second year nursing students attending a Bachelor of Science degree at a university in the Republic of Ireland. This teaching program was introduced in 2005 to enhance nursing students' engagement with the concept of spirituality. The program consisted of a series of lectures on the topic, followed by a visit to the National Gallery of Ireland. The latter involved a structured visit, whereby the students (n=100) were divided into ten small groups and asked to wander through a section of the gallery and choose a piece of art work that they perceived to be spiritual in nature. Students were then asked to write their subjective impressions and reasons for their choice of painting. A list of themes related to spirituality was provided to the students as a prompt. Students later visited the paintings with both a lecturer and an art gallery guide and their chosen paintings were discussed within the group. Later that day, purposive sampling was used, whereby a selection of nursing students participating in the Gallery visit (n=21) partook in four recorded focus group interviews following the Gallery visit. Themes emerging from the interviews pertained to the universal and individual nature of spirituality. In keeping with Mc Sherry's (2000:27) definition of spirituality as a "universal concept relevant to all individuals", students in the study revealed their surprise at the uniqueness of their colleague's interpretations. The teaching methodology offered them an opportunity to reflect upon their own understandings and develop a deeper awareness of the meaning of spirituality. It also allowed many of them to understand how spirituality transcends traditional religions and permitted many of them to verbalize their feelings on spirituality for the first time.

Mount, B. M., Boston, P. H. and Cohen, S. R. [McGill Programs in Whole Person Care, Department of Oncology, McGill University, Montreal, Quebec, Canada; balfour.mount@mcgill.ca]. "**Healing connections: on moving from suffering to a sense of well-being**." *Journal of Pain & Symptom Management* 33, no. 4 (Apr 2007): 372-388.

[Abstract:] Life-threatening illness is an assault on the whole person--physical, psychological, social, and spiritual. It frequently presents caregiver and sufferer with a paradox--suffering does not correlate with physical well-being alone. Drawing on a purposive sample of 21 participants, a phenomenological study was carried out to explore the relevance of the existential and spiritual domains to suffering, healing, and quality of life (QOL). The phenomenological method was used to achieve an in-depth description of both existential suffering, and conversely, the experience of integrity and wholeness, in persons with life-threatening illness; identify "inner life" and existential contributors to suffering and subjective well-being in advanced illness; and develop a narrative account of these QOL extremes. The importance of meaning-based adaptation to advanced illness was supported, as were Frankl's sources of meaning and Yalom's sources of existential anguish. Divergent themes characteristic of the two QOL extremes were identified. Four types of "healing connections" involving a sense of bonding to Self, others, the phenomenal world, and ultimate meaning, respectively, were identified. They situated the participant in a context that was greater and more enduring than the self, thus leading to enhanced meaning and QOL. The assumptions underlying the construct "health-related QOL" are questioned.

Mularski, R. A., Dy, S. M., Shugarman, L. R., Wilkinson, A. M., Lynn, J., Shekelle, P. G., Morton, S. C., Sun, V. C., Hughes, R. G., Hilton, L. K., Maglione, M., Rhodes, S. L., Rolon, C. and Lorenz, K. A. [Center for Health Research, Kaiser Permanente Northwest, Oregon Health & Science University, 3800 N. Interstate, WIN 1060, Portland, OR 97227]. "**A systematic review of measures of end-of-life care and its outcomes**." *Health Services Research* 42, no. 5 (Oct 2007): 1848-1870.

Among the findings of this analysis of 200 articles involving measures of end-of-life care and its outcomes, published 1990-2005 [from the abstract:] The most robust measures were in the areas of symptoms, quality of life, and satisfaction; significant gaps existed in continuity of care, advance care planning, spirituality, and caregiver well-being.

Mulcahy, L. [Center for Psychiatric Rehabilitation, Boston University, MA; lennymul@bu.edu]. "**My journey of spirituality and resilience**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 311-312.

This is a personal memoir from a staff member of the Center for Psychiatric Rehabilitation at Boston University, focusing on the importance of prayer in a time of mental illness. [This article is part of a special issue of the journal on spirituality.]

Muller, S. M. and Dennis, D. L. [HPEHP Department, Salisbury University, Salisbury, MD; smmuller@salisbury.edu]. "**Life change and spirituality among a college student cohort**." *Journal of American College Health* 56, no. 1 (Jul-Aug 2007): 55-59.

[Abstract:] OBJECTIVE: Because college marks a time when life-change is typically high, the authors designed this study to determine whether life-change was related to degree of spirituality, the "directing" component of health, among a college student cohort. PARTICIPANTS AND METHODS: The sample group, consisting of 180 northeastern US undergraduate college students, completed the 48-item Life Attitude Profile-Revised (LAP-R) and the Schedule of Recent Experience (SRE) in the fall semester of 2004. RESULTS: Findings indicate that college students who reported experiencing higher levels of life change, both positive and negative, also scored lower on spirituality. Nevertheless, these students had scores indicative of a higher desire to find spirituality, even though their motivation to do so was low. CONCLUSIONS: Although life changes among college students likely will remain high, lower spirituality can be enhanced; therefore, interested health educators are encouraged to help students increase their degree of spirituality.

Munson, D. and Leuthner, S. R. [Division of Neonatology, The Children's Hospital of Philadelphia, The University of Pennsylvania School of Medicine, Philadelphia, PA; munson@email.chop.edu]. "**Palliative care for the family carrying a fetus with a life-limiting diagnosis**." *Pediatric Clinics of North America* 54, no. 5 (Oct 2007): 787-98, xii.

This article looks at the interdisciplinary palliative care model for the family of a fetus with a life-limiting diagnosis. Spiritual issues are considered throughout. See especially Spiritual Considerations in Box 3: Creating a Birth Plan (p. 794): "Does the family want a baptism or other religious ceremony? Do they want to bring their local spiritual leader or do they want support from a hospital chaplain?"

Murray, S. A., Kendall, M., Grant, E., Boyd, K., Barclay, S. and Sheikh, A. [St. Columba's Hospice, and Primary Palliative Care Research Group, Division of Community Health Sciences: General Practice Section, University of Edinburgh, UK; Scott.Murray@ed.ac.uk]. "**Patterns of social, psychological, and spiritual decline toward the end of life in lung cancer and heart failure**." *Journal of Pain & Symptom Management* 34, no. 4 (Oct 2007): 393-402.

[Abstract:] Typical trajectories of physical decline have been described for people with end-stage disease. It is possible that social, psychological, and spiritual levels of distress may also follow characteristic patterns. We sought to identify and compare changes in the psychological, social, and spiritual needs of people with end-stage disease during their last year of life by synthesizing data from two longitudinal, qualitative, in-depth interview studies investigating the experiences and needs of people with advanced illnesses. The subjects were 48 patients with advanced lung cancer (n=24) and heart failure (n=24) who gave a total of 112 in-depth interviews. Data were analyzed within individual case studies and then cross-sectionally according to the stage of physical illness. Characteristic social, psychological, and spiritual end-of-life trajectories were discernible. In lung cancer, the social trajectory mirrored physical decline, while psychological and spiritual well-being decreased together at four key transitions: diagnosis, discharge after treatment, disease progression, and the terminal stage. In advanced heart failure, social and psychological decline both tended to track the physical decline, while spiritual distress exhibited background fluctuations. Holistic end-of-life care needs to encompass all these dimensions. An appreciation of common patterns of social, psychological, and spiritual well-being may assist clinicians as they discuss the likely course of events with patients and carers and try to minimize distress as the disease progresses.

Murray-Swank, A., Goldberg, R., Dickerson, F., Medoff, D., Wohlheiter, K. and Dixon, L. [VA Capitol Network Mental Illness Research, Education, and Clinical Center (MIRECC), VA Maryland Healthcare System, Baltimore, MD 21201]. "**Correlates of religious service attendance and contact with religious leaders among persons with co-occurring serious mental illness and type 2 diabetes**." *Journal of Nervous & Mental Disease* 195, no. 5 (May 2007): 382-388.

[Abstract:] The purpose of this study was to examine the prevalence and correlates of religious participation among persons with co-occurring serious mental illness and type 2 diabetes. Among 201 outpatients, 53% attended religious services, 36% had regular contact with a religious leader, and 15% received assistance from a religious leader. Persons with schizophrenia and African Americans were more likely to attend services and have contact with religious leaders. Both attendance at religious services and regular contact with a religious leader were linked to higher quality of life in selected domains, but not associated with global health ratings or glycosylated hemoglobin (HbA1c) levels. Results indicate that there are important diagnostic and racial differences in religious participation, and that religious participation may be a resilience factor that supports enhanced quality of life for persons with serious mental illness and diabetes.

Nakasone, R. Y. [Graduate Theological Union, 2400 Ridge Road, Berkley, CA; rnakasone@sbcglobal.net]. "**Eye on religion: Buddhism**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 652-653.

This is a brief overview for clinicians regarding Buddhism --part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project. [See also the article by Yu, C. F., regarding Chinese Buddhist tradition, cited elsewhere in this bibliography.]

Nasim, A., Belgrave, F. Z., Jagers, R. J., Wilson, K. D. and Owens, K. [Center for Preventive Health Research on Children and Adolescents, Department of Psychology, Virginia State University, Petersburg, VA; anasim@vsu.edu]. "**The moderating effects of culture on peer deviance and alcohol use among high-risk African-American adolescents**." *Journal of Drug Education* 37, no. 3 (2007): 335-363.

Among the findings of this study of 114 at-risk African-American adolescents was that [from the abstract:] there were significant protective effects of ethnic identity and religiosity on heavy alcohol consumption. One implication of these findings is that prevention programs that infuse cultural values and practices such as Africentrism, ethnic identity, and religiosity may delay alcohol initiation and reduce use especially for youth with high risk peers.

Nelson, A. A. [alan_nelson@hotmail.com]. "**Eye on religion--working with Seventh Day Adventists**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 758.

This is a brief overview for clinicians regarding Seventh Day Adventists --part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Nelson-Becker, H., Nakashima, M. and Canda, E. R. "**Spiritual assessment in aging: a framework for clinicians**." *Journal of Gerontological Social Work* 48, nos. 3-4 (2007): 331-347.

[Abstract:] Older adults may benefit from clinical conversations about the role of spirituality in their lives, but social workers and other helping professionals often do not have an understanding of where to proceed beyond initial questions of whether spirituality and/or religion are important and if so, what religious preference is held. Much has been written about definitions of spirituality and religion, but the literature has not yet provided a clear focus on ways to assess whether these are integrated positively or negatively in the lives of older adults. This article identifies eleven domains in spirituality that might be assessed. Within each domain an explanation is provided as well as a brief discussion of the rationale for including it in the classification. Sample interview questions and an illustrative vignette are included. Together these eleven domains build an important framework and resource for spiritual assessment with older adults.

Ng, F. [Department of Clinical and Biomedical Sciences, Barwon Health, University of Melbourne, Geelong, Victoria, Australia; felicitn@barwonhealth.org.au]. "**The interface between religion and psychosis**." *Australasian Psychiatry* 15, no. 1 (Feb 2007): 62-66.

[Abstract:] OBJECTIVE: This paper aims to explore the interface between religion and psychosis, and to comment on its relevance in clinical practice. METHOD: The context of religious psychotic phenomena is briefly discussed, leading to an examination of the biological substrates of religious experiences, the hypothesized process of religious psychotic symptom formation, and the clinical implications when assessing religious delusions. A PubMED search was conducted to identify original research and review articles of relevance to the discussion. RESULTS: Religion is an enduring theme in psychosis, the understanding of which can be assisted by distinguishing between religion as a culture and religiosity as pathology. There are strong arguments for the involvement of temporolimbic instability in the generation of religious psychotic symptoms. CONCLUSIONS: Psychosis can be conceptualized as the manifestation of aberrant perceptual and/or integrative processes. The prevalence of religion as a psychotic theme may be explained by its central cultural role, the implication of temporolimbic overactivity in the pathogenesis of some cases of psychosis, and the tendency to interpret intense or discrepant perceptual events as spiritual. In the clinical setting, the determination of religious delusions can be challenging at times. In addition to seeking advice on unfamiliar religions, a thorough assessment of the dimensions of religious beliefs and symptoms of neurocognitive dysfunction can be useful.

O'Connell, K. A. and Skevington, S. M. [WHO Centre for the Study of Quality of Life, Department of Psychology, University of Bath, UK]. "**To measure or not to measure? Reviewing the assessment of spirituality and religion in health-related quality of life**." *Chronic Illness* 3, no. 1 (Mar 2007): 77-87.

[Abstract:] Measures of quality of life have not conventionally or routinely included concepts of spirituality, religion, or existential wellbeing. Although spirituality has been seen as irrelevant, or difficult to measure, a growing body of peer-reviewed articles point to a positive and important relationship between spiritual beliefs and other domains of quality of life in health. Following a discussion of current theoretical issues surrounding the inclusion of these generic concepts, we select and review seven quality-of-life assessments in health that provide a spiritual and/or religious dimension, and evaluate each in psychometric terms. Such information could be useful to clinicians working in chronic illness, surgery and terminal care, who seek concept clarification before using an assessment that includes a spiritual domain.

Olatunji, B. O., Abramowitz, J. S., Williams, N. L., Connolly, K. M. and Lohr, JM. [Department of Psychology, Vanderbilt University, Nashville, TN; olubunmi.o.olatunji@vanderbilt.edu]. "**Scrupulosity and obsessive-compulsive symptoms: confirmatory factor analysis and validity of the Penn Inventory of Scrupulosity**." *Journal of Anxiety Disorders* 21, no. 6 (2007): 771-787.

[Abstract:] The current study examined scrupulosity in 352 unselected college students as measured by the 19-item Penn Inventory of Scrupulosity (PIOS). Confirmatory factor analysis yielded support for a two-factor model of the 19-item PIOS. However, item-level analyses provided preliminary support for the validity of a 15-item PIOS (PIOS-R) secondary to the removal of items 2, 6, 15, and 10. The two domains of scrupulosity identified on the PIOS-R consisted of the Fear of Sin and the Fear of God. Both domains and total scrupulosity scores were strongly related to obsessive-compulsive symptoms. Scrupulosity also showed significant, but more modest correlations with a broad range of other measures of psychopathology symptoms (i.e., state anxiety, trait anxiety, negative affect, disgust sensitivity, specific fears). However, only obsessive-compulsive symptoms and trait anxiety contributed unique variance to the prediction of scrupulosity. Examination of specific obsessive-compulsive symptom dimensions revealed that only obsessions contributed unique positive variance to the prediction of Fear of God. However, OCD obsessions, washing, and hoarding symptoms contributed unique positive variance to the prediction of Fear of Sin. These findings are interpreted in the context of future research elucidating the relationship between scrupulosity and obsessive-compulsive symptom dimensions.

Orr, R. D. [Center for Bioethics and Human Dignity, Bannockburn, IL; b.j.orr@comcast.net]. "**Responding to patient beliefs in miracles**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1263-1267.

This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Owen, S. and Khalil, E. [Health, Life and Social Sciences, University of Lincoln, Brayford Pool, Lincoln, UK; sowen@lincoln.ac.uk]. "**Addressing diversity in mental health care: a review of guidance documents**." *International Journal of Nursing Studies* 44, no. 3 (Mar 2007): 467-478.

[From the abstract:] …This paper provides a review of guidance documents on diversity issues with a particular focus on ethnicity, gender, sexuality, learning disability, spirituality, homelessness and age. The review concludes with a summary of the range of approaches that are currently being advocated for translating guidelines and recommendations into improved and equitable mental health services that meet the needs of service users from a wide range of diverse groups. [76 references]

Pakenham, K. I. [Behaviour Research and Therapy Centre, School of Psychology, The University of Queensland, Australia; kenp@psy.uq.edu.au]. "**The nature of benefit finding in Multiple Sclerosis (MS)**." *Psychology Health & Medicine* 12, no. 2 (Mar 2007): 190-196.

[Abstract:] This study examined the nature of benefit finding in MS and the adequacy of the Benefit Finding Scale (BFS; Mohr et al., 1999) as a comprehensive measure of perceived benefits in MS. A total of 502 people with MS completed questionnaires at Time 1 and 3 months later, Time 2 (n=404). Data on demographics and illness were collected at Time 1 and qualitative data on benefit finding was obtained at Time 2. Content analyses revealed seven benefit finding themes (personal growth, strengthening of relationships, appreciation of life, new opportunities, health gains, change in life priorities/goals and spiritual growth). Two of the themes were represented by several items on the BFS (personal, relationship growth), three were not reflected by items on the BFS (health, new opportunities, life priorities) and two were represented by one item each (spiritual, life appreciation).

Pargament, K. I. and Saunders, S. M. [Bowling Green State University, Bowling Green, OH]. "**Introduction to the special issue on spirituality and psychotherapy**." *Journal of Clinical Psychology* 63, no. 10 (Oct 2007): 903-907.

[Abstract:] Religion and spirituality have been topics of interest to psychologists since the inception of the field, and this special issue devoted to spirituality and psychotherapy reflects the maturation of decades of research. Psychotherapy clients would like to discuss religious or spiritual issues with therapists, but therapists feel poorly prepared to do so. This special issue hopefully represents a step towards bridging the needs of clients and the expertise of providers. The seven articles in this issue reflect the progress psychologists have made toward understanding religion and spirituality, and they represent state-of-the-art attempts at integrating these dimensions into treatment.

Park, C. L. [Department of Psychology, University of Connecticut, Storrs, CT; crysdara@aol.com]. "**Religiousness/spirituality and health: a meaning systems perspective**." *Journal of Behavioral Medicine* 30, no. 4 (Aug 2007): 319-328.

[Abstract:] The existence of links between religion and spirituality (R/S) and health appear to be firmly established, but much less is known about how these various aspects of R/S are translated into health outcomes. Within a meaning systems framework, this article reviews and integrates findings regarding the many pathways through which R/S may influence physical health and well-being. In particular, evidence for the pathways of body sanctification, meaning in life, social support, health locus of control, health behaviors, positive and negative affect and stress moderation, treatment adherence, and coping is examined. The article concludes with suggestions for future research. [87 references] [This is part of a special theme issue on spirituality and health.]

Pawlikowski, J. [Department of Ethics and Philosophy of Medicine, Skubiszewski Medical University of Lublin, Poland; jpawlikowski@wp.pl]. "**The history of thinking about miracles in the West**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1229-1235.

This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Peltzer, J. and Leenerts, M. H. [Department of Nursing, University of Kansas Hospital, and the University of Kansas School of Nursing, Kansas City, KS; Jpeltzer2@kumc.edu]. "**Spirituality as a component of holistic self-care practices in human immunodeficiency virus-positive women with histories of abuse**." *Holistic Nursing Practice* 21, no. 3 (May-Jun 2007): 105-112. Quiz 113-114.

[Abstract:] The purpose of this article is to articulate the need for a holistic theory of self-care for women with human immunodeficiency virus that describes and interprets spirituality as a primary component. The authors propose that by conceptualizing spirituality as integral to self-care, nurses will support and educate women with human immunodeficiency virus utilizing a holistic perspective.

Perkins, E. A., Small, B. J., Balducci, L., Extermann, M., Robb, C. and Haley, W. E. [School of Aging Studies, University of South Florida, Tampa; eperkins@mail.usf.edu]. "**Individual differences in well-being in older breast cancer survivors**." *Critical Reviews in Oncology-Hematology* 62, no. 1 (Apr 2007): 74-83.

[From the abstract:] …Older women who survive breast cancer may differ significantly in their long-term well-being. Using a risk and protective factors model, we studied predictors of well-being in 127 women age 70 and above with a history of at least 1 year's survival of breast cancer. …Using life satisfaction, depression and general health perceptions as outcome variables, we assessed whether demographic variables, cancer-related variables, health status and psychosocial resources predicted variability in well-being using correlational and hierarchical regression analyses. …After controlling for demographics, cancer-related variables, and health status, higher levels of psychosocial resources including optimism, mastery, spirituality and social support predicted better outcome in all three dependent variables…. [See also the article by Robb, C., et al., "Impact of breast cancer survivorship on quality of life in older women," on pp. 84-91 in this same issue of the journal.]

Pesut, B. and Thorne, S. [Department of Nursing, Trinity Western University, Langley, British Columbia, Canada; pesut@twu.ca]. "**From private to public: negotiating professional and personal identities in spiritual care**." *Journal of Advanced Nursing* 58, no. 4 (May 2007): 396-403.

[Abstract:] AIM: This paper is an exploration of the challenge of negotiating the highly personalized concept of spirituality within the public sphere of professional-patient interactions. BACKGROUND: Spirituality has become increasingly prominent within the nursing discourse, and providing spiritual care is often positioned as an ethical obligation of care. However, bringing such a personal concept into the public domain of care creates some unique tensions and ethical risks. DISCUSSION: Nurses bring three potentially competing identities to spiritual care encounters with patients. Firstly, they are professionals with a public trust in health promotion and restoration, including those areas that intersect with spiritual health. Secondly, they are citizens of a liberal society where non-judgmental pluralism as it relates to spirituality is enshrined. Thirdly, they are individuals who hold particular beliefs and values about spirituality. Each of these identities may result in particular, and potentially conflicting, approaches to spiritual care. Ultimately, the identity which nurses choose to adopt is often determined by how they view themselves in the spiritual care encounter, either as experts with legitimate authority to intervene in the spiritual lives of patients or as people in a shared relational encounter. Each of these approaches carries ethical risks, although the nature of these risks is different. CONCLUSION: The identities which nurses bring to spiritual care encounters have far-reaching implications for patient experiences in those encounters. Nurses who position themselves as experts run the risk of objectifying the spiritual, being experienced as coercive and transcending nursings' competence. The work of Martin Buber is presented as a model that, while acknowledging competing identities, sets forth a vision of spirituality and spiritual care based upon relational reciprocity.

Peteet, J. [Dana-Farber Cancer Institute, Boston, MA; John_Peteet@dfci.harvard.edu]. "**Spirituality and mental health**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 620.

This is an introduction to a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Peteet, J. [Dana-Farber Cancer Institute, Boston, MA]. "**Suicide and spirituality: a clinical perspective**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 752-754.

This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Peteet, J. R. "**Should clinicians prescribe forgiveness?**" *Southern Medical Journal* 100, no. 4 (Apr 2007): 339-340.

This is a comment on Knight, et al., "Alcohol use and religiousness/spirituality among adolescents," on pp. 349-355 of the same issue of the journal. [It is part of a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Petersen, P. B. [Department of Psychiatry, School of Medicine, University of Utah; bccongo2002@yahoo.com]. "**Eye on religion--working with Mormons (Latter-Day Saints)**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 757.

This is a brief overview for clinicians regarding Mormonism --part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Phillips, R. E. 3rd and Stein, C. H. [Missouri Western State University, MO; rphillips2@missouriwestern.edu]. "**God's will, God's punishment, or God's limitations? Religious coping strategies reported by young adults living with serious mental illness**." *Journal of Clinical Psychology* 63, no. 6 (Jun 2007): 529-540.

[Abstract:] Qualitative research has demonstrated that religious meaning-making coping, defined as attributions of a stressful life event that involve the sacred, is particularly relevant to persons with serious mental illness. However, recent research advances in the study of religious coping have yet to be employed in clinical samples. This longitudinal study examines religious meaning-making coping in a sample of 48 young adults diagnosed with schizophrenia or bipolar disorder over a one-year period. Young adults with mental illness generally reported using religious meaning-making coping in levels comparable to nonpsychiatric samples. Reports of benevolent religious reappraisals were associated with perceptions of positive mental health, whereas punishing God reappraisals and reappraisals of God's power were associated with self-reported distress and personal loss. Religious coping variables accounted for variation in adults' reports of psychiatric symptoms and personal loss one year later over and above demographic and global religious variables. Implications of findings for clinical practice are discussed.

Piderman, K. M., Schneekloth, T. D., Pankratz, V. S., Maloney, S. D. and Altchuler, S. I. [Department of Chaplain Services, Mayo Clinic, Rochester, MN; piderman.katherine@mayo.edu]. "**Spirituality in alcoholics during treatment**." *American Journal on Addictions* 16, no. 3 (May-Jun 2007): 232-237.

[Abstract:] The purpose of this study was to measure spiritual well-being (SWB), private religious practices (PRP), positive religious coping, abstinence self-efficacy (AASE), affiliation with AA (AAA), and their associations with alcoholics in treatment. Seventy-four adults in a three-week outpatient addiction treatment program were assessed at admission and discharge. Wilcoxon signed rank and t tests demonstrated significant increases in all variables. Spearman correlation coefficients detected significant associations between the spiritual variables, SWB and AASE, as well as PRP and AAA. Findings suggest that spiritual variables can change during treatment and that there may be connections between spiritual variables and variables associated with longer-term recovery.

Pinches, C. [Department of Theology, University of Scranton, Scranton, PA; pinchesc1@scranton.edu]. "**Miracles: a Christian theological overview**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1236-1242.

This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Plante, T. G. [Department of Psychology, Santa Clara University, Santa Clara, CA; tplante@scu.edu]. "**Integrating spirituality and psychotherapy: ethical issues and principles to consider**." *Journal of Clinical Psychology* 63, no. 9 (Sep 2007): 891-902.

[Abstract:] Professional and scientific psychology appears to have rediscovered spirituality and religion during recent years, with a large number of conferences, seminars, workshops, books, and special issues in major professional journals on spirituality and psychology integration. The purpose of this commentary is to highlight some of the more compelling ethical principles and issues to consider in spirituality and psychology integration with a focus on psychotherapy. This commentary will use the American Psychological Association's (2002) Ethics Code and more specifically, the RRICC model of ethics that readily applies to various mental health ethics codes across the world. The RRICC model highlights the ethical values of respect, responsibility, integrity, competence, and concern. Being thoughtful about ethical principles and possible dilemmas as well as getting appropriate training and ongoing consultation can greatly help the professional better navigate these challenging waters.

Podnos, Y. D., Juarez, G., Pameijer, C., Uman, G., Ferrell, B. R. and Wagman, L. D. [Department of Surgery, Duke University, Raleigh, NC]. "**Surgical palliation of advanced gastrointestinal tumors**." *Journal of Palliative Medicine* 10, no. 4 (Aug 2007): 871-876.

[From the abstract:] …This study seeks to measure the effect of operations on symptoms and QOL in patients with advanced gastrointestinal malignancies. Patients undergoing World Health Organization (WHO)-defined palliative operations for gastrointestinal cancers were prospectively followed with monthly QOL and Distress Thermometer surveys until 6 months post-operatively. Comparisons were made between preoperative and 3-month postoperative data. Parameters of physical, psychological, social, and spiritual QOL were measured on a scale of 0 (worst) to 5 (best). …When preoperative data were compared to 3 months postoperative, the frequency of the primary symptom improved by 2.22 (p = 0.001) and the distress it caused decreased by 1.82 (p = 0.004). Physical QOL decreased by 0.61 (p = 0.009), psychological QOL decreased by 0.50 (p = 0.015), social QOL decreased by 0.48 (p = 0.017), spiritual QOL decreased by 0.42 (p = 0.008), and overall QOL decreased by 0.50 (p = 0.012)….

Pollock, D. M. [Jewish Community Relations Council of New York, 70 West 36th Street, Suite 700, New York, NY 10018; pollockd@jcrcny.org]. "**Therefore choose life: the Jewish perspective on coping with catastrophe**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 949-949.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Polzer, R. L. [School of Nursing, University of Texas Health Science Center at Houston]. "**African Americans and diabetes: spiritual role of the health care provider in self-management**." *Research in Nursing & Health* 30, no. 2 (Apr 2007): 164-174.

[Abstract:] How African Americans with type 2 diabetes perceive the spiritual role of health care providers (HCPs) and the effects of that role on self-management was explored using a qualitative descriptive analysis. The sample consisted of 29 African American men and women ages 40-75 with type 2 diabetes and 5 ministers of African American churches. A spiritual relationship with their health provider was important in helping participants manage their diabetes. Three typologies from a parent study were expanded with a focus in this extended study on the meaning ascribed to spiritual relationships with providers and the impact of these relationships on self-management. Care perceived as spiritual may be an important component of providing culturally sensitive health care to African Americans and may facilitate their self-management.

Polzer, R. L. and Miles, M. S. [University of Texas Health Science Center at Houston]. "**Spirituality in African Americans with diabetes: self-management through a relationship with God**." *Qualitative Health Research* 17, no. 2 (Feb 2007): 176-188.

[Abstract:] The purpose of this study was to develop a theoretical model about how the spirituality of African Americans affects their self-management of diabetes. The sample consisted of 29 African American men and women, ages 40 to 75, with type 2 diabetes. The authors used a grounded theory design and collected data using minimally structured interviews. The method of analysis was constant comparison. The core concept identified was Self-Management Through a Relationship With God. Participants fell into one of three typologies: (a) Relationship and Responsibility: God Is in Background; (b) Relationship and Responsibility: God Is in Forefront: (c) Relationship and Relinquishing of Self-Management: God Is Healer. These typologies varied according to how participants viewed their relationship with God and the impact of this relationship on their self-management. The spirituality of these African Americans was an important factor that influenced the self-management of their diabetes.

Popovich, J. M., Fox, P. G. and Bandagi, R. [Northern Illinois University, School of Nursing, DeKalb, IL; jpopo22@aol.com]. "**Coping with stroke: psychological and social dimensions in U.S. patients**." *International Journal of Psychiatric Nursing Research* 12, no. 3 (May 2007): 1474-1487.

[From the abstract:] …Sixty participants with a diagnosis of embolic or ischemic stroke were interviewed during their initial hospitalization. …Coping strategies included maintaining a positive attitude and asserting independence, as much as possible, during the acute stroke experience. Many patients expressed general hopes for recovery while some admitted fear of getting worse. Hopefulness was often inspired by interaction with family and spiritual beliefs and practices….

Popovsky, M. [New York Presbyterian Hospital, Department of Pastoral Care and Education]. "**A Spiritual Issues Discussion Group for psychiatric in-patients**." *Journal of Pastoral Care & Counseling* 61, nos. 1-2 (Spring-Summer 2007): 119-128.

[Abstract:] This article describes a weekly Spiritual Issues Discussion Group, co-led by the author, open to psychiatric in-patients at New York Presbyterian Hospital. The group is open to people of all faiths and endeavors to allow participants to explore the many relationships between their beliefs, past experiences, mental illness, and spiritual lives. The article also summarizes the professional literature reporting on similar groups and suggests areas for further study.

Potter, H. [University of Colorado at Boulder]. "**Battered black women's use of religious services and spirituality for assistance in leaving abusive relationships**." *Violence Against Women* 13, no. 3 (Mar 2007): 262-284.

[Abstract:] Though there is substantial rationale to consider any association between spirituality and religion and intimate partner violence, research in this area is particularly lacking. African Americans are known to utilize religion and spirituality at significant rates to deal with adversity. Accordingly, any investigation of Black women's methods of contending with abusive relationships would be deficient if it did not include an examination of the women's use of ecclesiastical resources. Using 40 semistructured in-depth interviews with battered Black women, this article explores the participants' successes and discontent with religion and spirituality to escape abuse.

Powell, T., Ekin-Wood, A. and Collin, C. [Berkshire Healthcare NHS Trust, Erleigh Road Clinic, 25 Erleigh Road, Reading Berks RG1 5LE, UK; trevor.powell@berkshire.nhs.uk]. "**Post-traumatic growth after head injury: a long-term follow-up**." *Brain Injury* 21, no. 1 (Jan 2007): 31-38.

This study of two groups of traumatic brain injury survivors (early: 1-3 years post-injury; and late: 10-12 years post-injury) concludes [from the abstract:] Measures of Post-traumatic Growth (Relating to Others, Personal Strength, New Possibilities, Appreciation of Life and Spirituality) appear to increase over time after head injury.

Preau, M., Apostolidis, T., Francois, C., Raffi, F. and Spire, B. [Social Health Psychology Department, Aix-Marseille I, Aix-en-Provence, France; preau@marseille.inserm.fr]. "**Time perspective and quality of life among HIV-infected patients in the context of HAART**." *AIDS Care* 19, no. 4 (Apr 2007): 449-458.

[Abstract:] We explored associations between time perspective (TP) and quality of life (QOL) among HIV-infected patients. With the French validated version of the Zimbardo Time Perspective Inventory, we evaluated the TP of patients. A self-administered questionnaire gathered information about QOL (WHOQOL-HIV), TP, relationship with medical staff and self-reported side effects of HAART. Six scores of QOL - physical, psychological, social relationship, environment, patient independence and spirituality were used as dependent variables in the linear regressions to identify factors associated with QOL. The sample (n=72) for this study was recruited from a hospital department specialising in HIV care and consisted of 48 (67%) HIV-infected women and 24 (33%) HIV-infected men with a mean age of 42 years. Using hierarchical regression analysis adjusted on socio-demographic characteristics, clinical characteristics and co-factors, significant relationships were observed between the several TP orientations and an impaired physical, environmental QOL as well as level-of-independence QOL. Specific dimensions of QOL are influenced by specific orientations of TP, which provides information on self-perception and subjective evaluation of QOL. The TP construct provides keys to managing HIV infection in order to improve QOL.

Price, S., Lake, M., Breen, G., Carson, G., Quinn, C. and O'Connor, T. [IWK Health Centre, School of Nursing, Dalhousie University, Halifax, Nova Scotia, Canada; sheri.price@iwk.nshealth.ca]. "**The spiritual experience of high-risk pregnancy**." *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing* 36, no. 1 (Jan-Feb 2007): 63-70.

[Abstract:] OBJECTIVE: To uncover the spiritual beliefs and practices of women experiencing high-risk pregnancies. DESIGN: Qualitative, naturalistic inquiry via face-to-face, semistructured interviews, with thematic analysis of interview transcripts. SETTING: A prenatal special care unit of a tertiary health center. PARTICIPANTS: A purposeful sample of 12 women admitted for high-risk pregnancy complications. RESULTS: Analysis of the women's interviews uncovered the following themes: high-risk pregnancy as a challenge, seeking a spiritual language, what makes you who you are, and everything will be OK. CONCLUSIONS: Findings from this study highlight that within the challenges of a high-risk pregnancy, the women often struggled to define their spirituality yet recognized spiritual expression as key to their health and healing. Each woman identified aspects of their spirituality that enabled them and their families to deal with the stress of their high-risk pregnancy experience, which they believed enhanced outcomes for themselves and their unborn child.

Puchalski, C. M. [The George Washington University, Washington, DC; cpuchalski@aol.com]. "**Spirituality and the care of patients at the end-of-life: an essential component of care**." *Omega - Journal of Death & Dying* 56, no. 1 (2007-2008): 33-46.

[Abstract:] Spirituality is an essential component of the care of patients with serious illness and those that are dying. Dame Cicely Saunders developed the hospice movement based on the biopsychosocialspiritual model of care, in which all four dimensions are important in the care of patients. Of all the models of care, hospice and palliative care recognize the importance of spiritual issues in the care of patients and their families. The National Consensus Project Guidelines for Quality Palliative Care, in the United States, provides specific recommendations about all domains of care including the spiritual domain, which is recognized as a critical component of care (The National Consensus Project for Quality Palliative Care www.nationalconsensusproject.org). Studies indicate that the majority of patients would like their spiritual issues addressed, yet find that their spiritual needs are not being met by the current system of care. Interestingly, spirituality is the one dimension that seems to get slightly less emphasis than the biopsychosocial dimensions of care. Some reasons may include the difficulty with definitions of spirituality for clinical and research purposes, the time constraints and financial burdens in the current healthcare system in the United States, and the lack of uniform training for all healthcare professionals. Yet, there are theoretical and ethical frameworks that support spiritual care as well as some educational models in spirituality and health that have been successful in medical education in the United States. Spirituality can be seen as the essential part of the humanity of all people. It is at its root, relational and thus forms the basis of the altruistic care healthcare professionals are committed to. Spirituality has to do with respecting the inherent value and dignity of all persons, regardless of their health status. It is the part of humans that seeks healing, particularly in the midst of suffering. Spiritual care models are based on an intrinsic aspect that calls for compassionate presence to patients as well as an extrinsic component where healthcare professionals address spiritual issues with patients and their loved ones. Currently in the healthcare system, evidence-base models are the criteria for practice recommendations. Yet, spirituality may not be amenable entirely to strict evidence-base criteria. As hospice and palliative care continues to develop as a field, healthcare professionals are challenged to think of ways to advocate for and include the spiritual dimension of care.

Raingruber, B. and Milstein, J. [California State University, Sacramento and University of California, Davis Medical Center]. "**Searching for circles of meaning and using spiritual experiences to help parents of infants with life-threatening illness cope**." *Journal of Holistic Nursing* 25, no. 1 (Mar 2007): 39-49. Discussion on pp. 50-51.

[Abstract:] One of the major challenges parents can face is learning that their child has a life-threatening illness. A phenomenological study was completed to identify which interactions with health care providers were and were not helpful. Parents discussed what it was like to have an infant with a life-threatening illness and what helped them to cope. Parents indicated that they benefited from identifying "circles of meaning," or ways in which their infant touched another life. Parents appreciated hearing from health care providers that they felt close to their infant. This sense of connection allowed parents to reconstruct a semblance of meaning in the midst of a life-altering event. Parents were also influenced by intuitive and spiritual experiences associated with their infant's illness. Parents should be encouraged to reflect on spiritual moments and to identify how their critically ill infant influenced the lives of other family members, friends, and health care professionals.

Reb, A. M. [The Henry M. Jackson Foundation, United States Military Cancer Institute, Washington, DC; areb@comcast.net]. "**Transforming the death sentence: elements of hope in women with advanced ovarian cancer**." *Oncology Nursing Forum* 34, no. 6 (Nov 2007): E70-81.

[From the abstract:] …RESEARCH APPROACH: Grounded theory methodology with interviews. SETTING: Oncology clinics in the northeastern United States. PARTICIPANTS: 20 women aged 42-73 who had completed initial chemotherapy and had no evidence of recurrence. … FINDINGS: Facing the death sentence emerged as the main concern. The core variable in dealing with the concern was transforming the death threat. The three phases of the trajectory were shock (reverberating from the impact), aftershock (grasping reality), and rebuilding (living the new paradigm). Healthcare provider communication and spirituality influenced women's abilities to transform the death sentence….

Reed, J. G. [North Carolina Council of Churches, 1307 Glenwood Avenue, Suite 156, Raleigh, NC 27605-3256; greed@nccouncilofchurches.org]. "**Pandemic flu: why faith groups must care**." *North Carolina Medical Journal* 68, no. 1 (Jan-Feb 2007): 43-44.

This brief essay addresses the role of churches during a pandemic such as one caused by Avian Influenza, including participation in developing pandemic plans, expression of moral and ethical concerns, raising public awareness about pandemic issues, and consideration of the importance and health risk of conducting communal religious events and providing pastoral visitation in the hospital.

Reis, L. M., Baumiller, R., Scrivener, W., Yager, G., Warren, N. S. [Genetic Counseling Program, College of Allied Health Sciences, University of Cincinnati, OH; lreis@chw.org]. "**Spiritual assessment in genetic counseling**." *Journal of Genetic Counseling* 16, no. 1 (Feb 2007): 41-52.

[Abstract:] One hundred and twenty seven full members of the National Society of Genetic Counselors participated in this study exploring current spiritual assessment practices of genetic counselors and reactions to a spiritual assessment tool. While 60% of genetic counselors reported they had performed a spiritual assessment within the past year, fewer than 8.7% of these counselors assessed spirituality in more than half of their sessions. Counselors reporting high perceived relevance of spiritual assessment performed an assessment more frequently than those reporting a low perceived relevance. Barriers to spiritual assessment included lack of time, insufficient skills, and uncertainty regarding the role of spiritual assessment within genetic counseling. Almost two-thirds of counselors expressed that having a spiritual assessment tool would increase their ability to elicit relevant information. These data suggest a need for increased training regarding the methods for and relevance of spiritual assessment in genetic counseling. Recommendations for future directions of research are explored.

Revheim, N. and Greenberg, W. M. [Program in Cognitive Neuroscience and Schizophrenia, NKI, Orangeburg, NY 10962; revheim@nki.rfmh.org]. "**Spirituality matters: creating a time and place for hope**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 307-310.

[Abstract:] Individuals with serious psychiatric disabilities may become demoralized or hopeless consequent to longstanding disability and stigma. Potential antidotes are social support from the religious community and use of personal spiritual resources as coping mechanisms. The "Spirituality Matters Group" offers comfort and hope through structured and innovative exercises focusing on spiritual beliefs and coping. Activities facilitate verbal expression and appropriate social interaction, and build a sense of community. Activities and themes from selected group sessions are discussed within a recovery-oriented "emotion-focused coping" framework. [This article is part of a special issue of the journal on spirituality.]

Rew, L., Wong, Y. J., Torres, R. and Howell, E. [The University of Texas at Austin, Austin, TX; ellerew@mail.utexas.edu]. "**A linguistic investigation of mediators between religious commitment and health behaviors in older adolescents**." *Issues in Comprehensive Pediatric Nursing* 30, no. 3 (Jul-Sep 2007): 71-86.

[Abstract:] Social scientists are beginning to take an interest in the role that religiosity plays in the development of health behaviors throughout adolescence. Although there is mounting evidence of a relationship between these constructs, how and why such relationships exist is not well understood. In this exploratory study of 28 racially diverse university students, we examined whether the relationship between religious commitment and health behaviors could be detected through written language. The results indicated that religious commitment and various indices of healthy lifestyle practices were strongly correlated, that healthy lifestyle practices were related to use of causal words (representing cognitive attempts at understanding causes and effects) and first person plural words (representing social connectedness). The results were consistent with a model in which participants' use of causal words partially or fully mediated the relations between religious commitment and healthy lifestyle practices. Implications of findings and directions for future research are discussed.

Rew, L., Wong, J., Torres, R. and Howell, E. [University of Texas at Austin School of Nursing, Austin; ellerew@mail.utexas.edu]. "**Older adolescents' perceptions of the social context, impact, and development of their spiritual/religious beliefs and practices**." *Issues in Comprehensive Pediatric Nursing* 30, nos. 1-2 (Jan-June 2007): 55-68.

[Abstract:] Religious and spiritual beliefs and practices develop in the context of social relationships, influenced primarily by family and peers. Among older adolescents, such beliefs may shape important decisions. As part of a mixed method preliminary study of 28 university students, participants were asked to write about how similar or different their beliefs were from those of their parents and closest friends, how these beliefs influenced major decisions, and how their beliefs changed since attending the university. Most participants held similar beliefs to those of their parents and friends, one-half said these beliefs influenced major decisions, and one-half said their beliefs were unchanged since attending the university. Findings add to the description of how religious and spiritual beliefs develop during adolescence.

Robb, C., Haley, W. E., Balducci, L., Extermann, M., Perkins, E. A., Small, B. J. and Mortimer, J. [Dept. of Health Administration, Biostatistics and Epidemiology, University of Georgia, Athens, GA; crobb@geron.uga.edu]. "**Impact of breast cancer survivorship on quality of life in older women**." *Critical Reviews in Oncology-Hematology* 62, no. 1 (Apr 2007): 84-91.

[From the abstract:] …The objective of our study was to compare QOL in a sample of older breast cancer survivors to a sample of older women who were never diagnosed with breast cancer. A sample of 127 older breast cancer survivors as identified by a cancer registry was compared to a demographically equated sample of 87 older women participating in an epidemiological study. Both groups completed a questionnaire and participated in an interview to measure QOL. …Survivors reported no more depressive symptoms or anxious mood than the comparison group, but scored lower in measures of positive psychosocial well-being, including life satisfaction, mastery, and spiritual well-being, and reported more depressed mood and days affected by fatigue…. [See also the article by Perkins, E. A., et al., "Individual differences in well-being in older breast cancer survivors," on pp. 74-83 in this same issue of the journal.]

Roberts, L., Ahmed, I. and Hall, S. [Hertford College, Cattle Street, Oxford, UK, OX1 3BW; leannerobert_uk@yahoo.co.uk]. "**Intercessory prayer for the alleviation of ill health**." *Cochrane Database of Systematic Reviews* (1):CD000368, 2007. [Update of *Cochrane Database of Systematic Reviews* 2000;(2):CD000368; PMID: 10796350].

[Abstract:] BACKGROUND: Prayer is an ancient and widely used intervention for alleviating illness and promoting good health. Whilst the outcomes of trials of prayer cannot be interpreted as 'proof/disproof' of God's response to those praying, there may be an effect of prayer not dependent on divine intervention. This may be quantifiable; which makes this investigation of a widely used health care intervention both possible and important. OBJECTIVES: To review the effectiveness of intercessory prayer as an additional intervention for those with health problems already receiving standard medical care. SEARCH STRATEGY: We systematically searched ten databases (June 2005). SELECTION CRITERIA: We included any randomised trial of personal, focused, committed and organised intercessory prayer with those interceding holding some belief that they are praying to a God. This prayer should be offered on behalf of anyone with health problems. DATA COLLECTION AND ANALYSIS: We extracted data independently and analysed on an intention to treat basis calculating, for binary data, the fixed effect relative risk (RR), their 95% confidence intervals (CI), and the number needed to treat or harm (NNT or NNH). MAIN RESULTS: Ten studies are now included (n=7646). We found a slight difference between groups, favouring prayer for death (6 RCTs, N=6782, RR 0.88 CI 0.80 to 0.97, NNT 42 CI 25 to 167, I(2)83%) but no differences between groups for clinical state, complications or leaving the study early. Individual studies did find some effects. One trial separated death data into 'high' and 'low' risk and found prayer had a positive effect on those at 'high' risk of death (1 RCT, N=445, RR 0.3 CI 0.2 to 0.46, NNT 8 CI 7 to 11). A second study found a positive effect of prayer on women undergoing IVF treatment with significantly more successful implantations in the prayer group compared with standard care (1 RCT, n=169, RR 0.68 CI 0.53 to 0.86, NNT 5 CI 3 to 10). A larger study assessed the effect of awareness of prayer and found those aware of receiving prayer had significantly more post operative complications than those not receiving prayer (1 RCT, n=1198, RR 1.15 CI 1.04 to 1.28, NNH 14 CI 8 to 50) and those uncertain if they were receiving prayer (1 RCT, n=1205, RR 1.12 CI 1.01 to 1.24, NNH 17 CI 9 to 201) AUTHORS' CONCLUSIONS: It is not sensible to interpret any of the interesting results with great confidence. However, for women hoping for successful IVF treatment there are some data suggesting a favorable outcome of prayer but these data are derived from only one of the smaller trials. On the other hand, one of the larger studies suggests that those undergoing operations may not wish to know of the prayer that is being offered on their behalf. Most data are equivocal. The evidence presented so far is interesting enough to justify further study into the human aspects of the effects of prayer. However it is impossible to prove or disprove in trials any supposed benefit that derives from God's response to prayer. [47 references]

Robinson, E. A., Cranford, J. A., Webb, J. R. and Brower, K. J. [Addiction Research Center, University of Michigan, 4250 Plymouth Road, Ann Arbor, Michigan 48109-5740; earrobin@umich.edu]. "**Six-month changes in spirituality, religiousness, and heavy drinking in a treatment-seeking sample**." *Journal of Studies on Alcohol* 68, no. 2 (Mar 2007): 282-290.

[Abstract:] OBJECTIVE: This descriptive and exploratory study investigated change in alcoholics' spirituality and/or religiousness (S/R) from treatment entry to 6 months later and whether those changes were associated with drinking outcomes. METHOD: Longitudinal survey data were collected from 123 outpatients with alcohol use disorders (66% male; mean age = 39; 83% white) on 10 measures of S/R, covering behaviors, beliefs, and experiences, including the Daily Spiritual Experiences and Purpose in Life scales. Drinking behaviors were assessed with the Timeline Followback interview. Alcoholics Anonymous (AA) participation and attendance were also measured. RESULTS: Over 6 months, there were statistically significant increases in half of the S/R measures, specifically the Daily Spiritual Experiences scale, the Purpose

in Life scale, S/R practices scale, Forgiveness scale, and the Positive Religious Coping scale. There were also clinically and statistically significant decreases in alcohol use. Multiple logistic regression analyses showed that increases in Daily Spiritual Experiences and in Purpose in Life scores were associated with increased odds of no heavy drinking at 6 months, even after controlling for AA involvement and gender. CONCLUSIONS: In the first 6 months of recovery, many dimensions of S/R increased, particularly those associated with behaviors and experiences. Values, beliefs, self-assessed religiousness, perceptions of God, and the use of negative religious coping did not change. Increases in day-to-day experiences of spirituality and sense of purpose/meaning in life were associated with absence of heavy drinking at 6 months, regardless of gender and AA involvement. The results of this descriptive study support the perspective of many clinicians and recovering individuals that changes in alcoholics' S/R occur in recovery and that such changes are important to sobriety.

Robinson, M. R., Thiel, M. M. and Meyer, E. C. [Department of Chaplaincy, Children's Hospital, Boston, MA; mary.robinson@childrens.harvard.edu]. "**On being a spiritual care generalist**." *American Journal of Bioethics* 7, no. 7 (Jul 2007): 24-26.
This is a comment regarding Kuczewski, M. G., "Talking about spirituality in the clinical setting: can being professional require being personal?" --cited elsewhere in this bibliography.

Rodin, G., Zimmermann, C., Rydall, A., Jones, J., Shepherd, F. A., Moore, M., Fruh, M., Donner, A. and Gagliese, L. [Department of Psychosocial Oncology and Palliative Care, Princess Margaret Hospital, University Health Network, Toronto, Canada; gary.rodin@uhn.on.ca]. "**The desire for hastened death in patients with metastatic cancer**." *Journal of Pain & Symptom Management* 33, no. 6 (Jun 2007): 661-675.
This study of 326 outpatients (which incorporated among its measures the FACIT-Spiritual Well-Being Scale) found that desire for hastened death [from the abstract:] …was correlated positively with hopelessness, depression, and physical distress, and negatively with physical functioning, spiritual well being, social support, and self-esteem; it was not associated with treatment status or proximity to death….

Rokach, A., Matalon, R., Safarov, A. and Bercovitch, M. [Institute for the Study and Treatment of Psychosocial Stress, Toronto, Ontario, Canada; arokach@yorku.ca]. "**The dying, those who care for them, and how they cope with loneliness**." *American Journal of Hospice & Palliative Care* 24, no. 5 (Oct-Nov 2007): 399-407.
[From the abstract:] This study compares the manner in which the dying, their caregivers, and the general population cope with loneliness. The patients were recruited in an oncological hospice in Israel and, despite being on their deathbed, agreed to participate. Thirty-seven cancer-stricken patients, 78 caregivers, and 128 participants from the general population volunteered to take part. The participants anonymously answered a 34-item questionnaire and were asked to endorse those items that described their strategies of successfully coping with loneliness. Results suggested the dying patient, his or her caregiver, and the general population cope with loneliness differently. Dying patients scored significantly lower than the general population on the social support network and increased activity sub-scales, with a reversed trend for religion and faith….

Rosenberg, L., Blakeney, P., Thomas, C. R., Holzer, C. E. 3rd., Robert, R. S. and Meyer, W. J. 3rd. [Shriners Hospitals for Children, Shriners Burns Hospital, Galveston, TX]. "**The importance of family environment for young adults burned during childhood**." *Burns* 33, no. 5 (Aug 2007): 541-546.
[From the abstract:] This study examined the role of family environment for young adult burn survivors making the transition from adolescence to adulthood. Ninety-three young adults who sustained large burns as children were asked to describe their families using the Family Environment Scale (FES). When examining the difference between burn survivors and the normative sample of the FES, burn survivors did not perceive their current family environment different than the normative group. However, burn survivors endorsed more items in the areas of achievement orientation and moral-religious emphasis, and less involvement in intellectual-cultural activities….

Ross, L., Kohler, C. L., Grimley, D. M., Green, B. L. and Anderson-Lewis, C. [Institute of Public Health, College of Pharmacy and Pharmaceutical Sciences, Florida A&M University, Tallahassee, FL; levi.ross@famu.edu]. "**Toward a model of prostate cancer information seeking: identifying salient behavioral and normative beliefs among African American men**." *Health Education & Behavior* 34, no. 3 (Jun 2007): 422-440.
Among the findings of this focus group study involving 52 men was that religious leaders were identified as one of the groups of people who could influence prostate cancer information-seeking behavior.

Ross, R., Sawatphanit, W. and Suwansujarid, T. [Kent State University]. "**Finding peace (Kwam Sa-ngob Jai): a Buddhist way to live with HIV**." *Journal of Holistic Nursing* 25, no. 4 (Dec 2007): 228-235. Discussion on pp. 236-237.
[Abstract:] PURPOSE: This study examines the Buddhist beliefs and practices of Thai HIV-positive postpartum women as ways to live with their infection. METHOD: Seven HIV-positive postpartum, Buddhist, Thai women were interviewed. Principles of hermeneutic phenomenology guided the study. FINDINGS: All women in the study practiced spiritual activities based on their understanding of three central Buddhist beliefs: karma, the Five Precepts, and the Four Noble Truths. These beliefs played a major role in helping them to deal with their infection. Meditating, praying, and doing good deeds are examples of spiritual activities they practiced. All participants maintained that their beliefs and practices allowed them to feel peaceful and that their ultimate goal in life is to find peace (Kwam Sa-ngob Jai). IMPLICATIONS: Understanding patients' spiritual beliefs and practices can help nurses to positively promote better nurse-patient relationships. Nurses should encourage patients' spiritual practices as being grounded in their belief system.

Roudsari, R. L., Allan, H. T. and Smith, P. A. [European Institute of Health & Medical Sciences, The Duke of Kent Building, University of Surrey, Guildford, UK; r.latifnejad@surrey.ac.uk]. "**Looking at infertility through the lens of religion and spirituality: a review of the literature**." *Human Fertility* 10, no. 3 (Sep 2007): 141-149.
[Abstract:] In spite of the growing body of literature that has focused on medical, psychological, social, and cultural consequences of infertility, issues such as religious and spiritual dimensions of infertility have received little attention. Considering that infertility is a multifaceted problem and results in multiple losses, we argue that health professionals need to consider all aspects of holistic care when caring for women with fertility problems. Holistic care considers not only the psychological, social and cultural needs of individuals, but also their religious and spiritual needs. Women may use their religious/spiritual beliefs to cope with crisis, and to find meaning and hope in their suffering. This article

reviews the literature on religion/spirituality and infertility using Medline, CINAHL, PBSC, IBSS and ISI Web of Knowledge from 1985 to the present. It focuses on religious and spiritual care as one aspect of holistic care of women with fertility problems, and draws attention to the religious perspectives of infertility and reproductive technologies. It highlights the spiritual dimension of the infertility experience in previous research, and concludes with a discussion on the gaps in the literature and the implications of including religious and spiritual issues in infertile women's care. [93 references]

Rumbold, B. D. [Palliative Care Unit, La Trobe University, Melbourne, Australia; b.rumbold@latrobe.edu.au]. "**A review of spiritual assessment in health care practice**." *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S60-62.
[Abstract:] The recent surge of interest in links between spirituality and health has generated many assessment approaches that seek to identify spiritual need and suggest strategic responses for health care practitioners. The interpretations of spirituality made within health frameworks do not do justice to the way spirituality is understood in society in general. Spiritual assessment should not impose a view or definition of spirituality, but should seek to elicit the thoughts, memories and experiences that give coherence to a person's life. Spiritual assessment tools should not be used without adequate exploration of the assumptions made. Assessment processes need to be adequately conceptualised and practically relevant. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; D'Souza, R.; Winslow, G. R. & Wehtje-Winslow, B. J.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Runquist, J. J. and Reed, P. G. [University of Wisconsin--Milwaukee College of Nursing, Milwaukee, WI]. "**Self-transcendence and well-being in homeless adults**." *Journal of Holistic Nursing* 25, no. 1 (Mar 2007): 5-13. Discussion on pp. 14-15.
[Abstract:] This study examines the relationships of spiritually and physically related variables to well-being among homeless adults. A convenience sample of 61 sheltered homeless persons completed the Spiritual Perspective Scale, the Self-Transcendence Scale, the Index of Well-Being, and items measuring fatigue and health status. The data were subjected to correlational and multiple regression analysis. Positive, significant correlations were found among spiritual perspective, self-transcendence, health status, and well-being. Fatigue was inversely correlated with health status and well-being. Self-transcendence and health status together explained 59% of the variance in well-being. The findings support Reed's theory of self-transcendence, in which there is the basic assumption that human beings have the potential to integrate difficult life situations. This study contributes to the growing body of evidence that conceptualizes homeless persons as having spiritual, emotional, and physical capacities that can be used by health care professionals to promote well-being in this vulnerable population.

Russinova, Z. and Blanch, A. "**Supported spirituality: a new frontier in the recovery-oriented mental health system**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 247-249.
This is an introduction to a special issue of the journal on spirituality.

Russinova, Z. and Cash, D. [Center for Psychiatric Rehabilitation, Boston University, MA; zlatka@bu.edu]. "**Personal perspectives about the meaning of religion and spirituality among persons with serious mental illnesses**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 271-284.
[Abstract:] This paper examines the various meanings persons with serious mental illnesses attribute to the concepts of religion and spirituality. In-depth semi-structured interviews were conducted with forty individuals with serious mental illnesses who have incorporated alternative healing practices into their recovery process. The qualitative data analysis revealed that study participants differentially defined religion and spirituality using two sets of descriptors: (a) core characteristics describing the nature of each concept, and (b) functional characteristics describing the impact of religion and spirituality on the individual. Implications for clinical practice and future research on the role of religion and spirituality in recovery are discussed. [This article is part of a special issue of the journal on spirituality.]

Ruzicka, S., Sanchez-Reilly, S. and Gerety, M. [School of Nursing, University of Texas Health Science Center, San Antonio, TX; ruzicka@swbell.net]. "**Holistic assessment of chronic pain among elders**." *American Journal of Hospice & Palliative Care* 24, no. 4 (Aug-Sep 2007): 291-299.
[Abstract:] This pilot study assessed pain using 7 dimensions of pain (physiologic, behavioral, sensory, affective, cognitive, sociocultural, and spiritual) to better understand and identify patterns of elder response to chronic pain within a holistic framework. Previously validated instruments were used to assess 150 cognitively intact subjects, aged 65 years and older, with chronic pain. Thirteen patterns were identified reflecting distinct patterns of pain response. Two patterns comprised 85% of the responses: (1) high spiritual well-being, low physiologic pain, and high perceived independent functioning; and (2) high spiritual well-being, low physiologic pain, and lower perceived independent functioning. The 11 other patterns of pain response also varied in their responses to the pain experience. These responses reflect the unique and holistic experience of chronic pain among older adults. Holistic assessment enhances the understanding of the pain specific to the individual. Self-perceived functional dependence and the spiritual component significantly influence chronic pain experiences.

Sacks, J. L. and Nelson, J. P. [University of Colorado at Colorado Springs, CO]. "**A theory of nonphysical suffering and trust in hospice patients**." *Qualitative Health Research* 17, no. 5 (May 2007): 675-689.
[Abstract:] Suffering is a complex, dynamic experience that overarches life experiences and includes physical, social, spiritual, and emotional domains. The purpose of this grounded theory study was to uncover participants' experiences of nonphysical suffering and what was helpful during this time. Eighteen patients who were chronically ill participated in this grounded theory study. Trust was uncovered as a central issue within nonphysical suffering, whereas meaning was the vehicle that enabled the individual to move within the suffering. Participants acknowledged suffering through the identification of various meanings of a situation within their constructed reality and belief system. During individuals' suffering, time was altered and the experience occurred within an expanded present. The individual created an emotional space apart from the meaning of loss within suffering. Trust included the categories of dynamic experience, losing trust, and dealing to regain trust. Participants identified nurse trustworthiness as important for decreasing energy expenditures associated with suffering.

Sauaia, A., Min, S. J., Lack, D., Apodaca, C., Osuna, D., Stowe, A., McGinnis, G. F., Latts, L. M. and Byers, T. [Department of Medicine, University of Colorado Health Sciences Center, Aurora, CO; Angela.Sauaia@UCHSC.edu]. "**Church-based breast cancer screening education: impact of two approaches on Latinas enrolled in public and private health insurance plans**." *Preventing Chronic Disease* 4, no. 4 (Oct 2007): A99 [www.cdc.gov/pcd/issues/2007/oct/06_0150.htm].

[Abstract:] This assessment of a church-based project conducted from 1999 through 2005 concludes [from the abstract:] For insured Latinas, personally delivering church-based education through peer counselors appears to be a better breast-health promotion method than mailing printed educational materials to churches. [See also, Bopp, M., et al., "Using the RE-AIM framework to evaluate a physical activity intervention in churches," in the same issue of this journal --cited elsewhere in this bibliography.]

Saunders, S. M., Lucas, V. and Kuras, L. [Dept. of Psychology, Marquette University, Milwaukee, WI; stephen.saunders@mu.edu]. "**Measuring the discrepancy between current and ideal spiritual and religious functioning in problem drinkers**." *Psychology of Addictive Behaviors* 21, no. 3 (Sep 2007): 404-408.
[Abstract:] The idea that spiritual and religious functioning (SRF) is associated with alcohol misuse is generally supported, but problems with typical research methods limit the utility of findings. Problems in SRF were conceptualized as discrepancies between current and ideal SRF. Two separate studies were conducted to develop and evaluate a scale to measure the subjective importance and adequacy of aspects of SRF that seem to be associated with alcohol problems. The 1st study suggested that a questionnaire developed to evaluate self-reported ratings of current and ideal SRF is both internally consistent and temporally stable. In the 2nd study, the questionnaire was administered to persons seeking treatment for alcohol problems and persons who indicated that they had never sought treatment for an alcohol problem. Results indicate that those with a drinking problem were more likely to report substantial discrepancies between current and ideal SRF, supporting the validity of the measure as an indicator of problems in SRF. The usefulness of this method for treatment and research is discussed.

Savulescu, J. and Clarke, S. [Program on the Ethics of the New Biosciences, University of Oxford, UK; julian.savulescu@philosophy.ox.ac.uk]. "**Waiting for a miracle... miracles, miraclism, and discrimination**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1259-1262
[Abstract:] We argue that the use of publicly funded medical facilities for patients who are waiting for a miracle amounts to discrimination against atheists, agnostics and advocates, of faiths that do not accept miracle claims. The only exception is when this use can be justified by considerations that demonstrate that waiting makes it more likely that a miracle will occur and will aid the patient's recovery. Such justification can be grounded on considerations of faith or of reason. We consider both possibilities and suggest conditions of acceptability for both. In arguing this way, we steer a middle path between discrimination against atheists, agnostics, and advocates of faiths that do not accept miracle claims--miraclism--and a failure to respect religious belief. [This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Scheinfeld, N. [Department of Dermatology, St Lukes Roosevelt Hospital Center, New York; scheinfeld@earthlink.net]. "**Tattoos and religion**." *Clinics in Dermatology* 25, no. 4 (Jul-Aug 2007): 362-366.
[Abstract:] Tattoos play an important role in many religions. Tattoos have been used for thousands of years as important tools in ritual and tradition. Judaism, Christianity, and Islam have been hostile to the use of tattoos, but many religions, in particular Buddhism and Hinduism, make extensive use of them. This article examines their use as tools for protection and devotion.

Seegers, D. L. [Southside Regional Medical Center School of Nursing, Petersburg, VA]. "**Spiritual and religious experiences of gay men with HIV illness**." *Journal of the Association of Nurses in AIDS Care* 18, no. 3 (May-Jun 2007): 5-12.
[Abstract:] A total of 10 gay men with symptomatic HIV illness defined "religion" and "spirituality" and explored their experiences in a transcendental phenomenological study. Themes essential to participants' experiences were (A) spirituality was experienced as a dynamic, evolving, reciprocal relationship with oneself, God, or a universal spirit; (B) participants developed an identity of self in relation to church through the creative resolution of dissonance between institutionalized prejudice in the church and the lived gay Christian experience; (C) spirituality was expressed through religious practices; (D) experiences of religion and spirituality were intertwined with family relationships; (E) religious experiences were perceived as more important to spiritual satisfaction than experiences defined as spiritual but not religious; and (F) for African American participants, the traditions and practices of the Black church were the foundation of spiritual and religious experiences. A total of 8 participants identified others' negative responses to their homosexuality as social problems that affected their behavior in formal religious settings but not self-acceptance. [See also the article by Litwinczuk & Groh, "The relationship between spirituality, purpose in life, and well-being in HIV-positive persons," on pp. 13-22 of this same issue of the journal.]

Sessanna, L., Finnell, D. and Jezewski, M. A. [The State University of New York, School of Nursing, University at Buffalo, NY; ls33@buffalo.edu]. "**Spirituality in nursing and health-related literature: a concept analysis**." *Journal of Holistic Nursing* 25, no. 4 (Dec 2007): 252-262. Discussion on pp. 263-264.
[Abstract:] Spirituality has become an increasingly popular concept among the nursing and health-related literature. The purpose for conducting this concept analysis, guided by Walker and Avant's methodology, was to (a) examine how spirituality has been used within the current body of nursing and health-related literature, (b) clarify the meaning of spirituality by discovering what this concept's current critical attributes/characteristics are, and (c) propose a definition of spirituality based on the concept analysis findings. A total of 90 references were reviewed, including 73 nursing and health-related references. Concept analysis findings revealed that spirituality was defined within four main themes in the nursing and health-related literature: (a) spirituality as religious systems of beliefs and values (spirituality = religion); (b) spirituality as life meaning, purpose, and connection with others; (c) spirituality as nonreligious systems of beliefs and values; and (d) spirituality as metaphysical or transcendental phenomena. [90 references]

Seybold, K. S. [Department of Psychology, Grove City College, Grove City, PA;. ksseybold@gcc.edu]. "**Physiological mechanisms involved in religiosity/spirituality and health**." *Journal of Behavioral Medicine* 30, no. 4 (Aug 2007): 303-309.
[Abstract:] During the last two decades of the 20th century, psychological science rediscovered religiosity/spirituality (R/S) as a legitimate subject matter in understanding the human experience. In large measure, this renewed interest was motivated by the positive association between this variable and health (physical and mental) reported in much of the literature. If the described relationship between R/S and health is accurate, the question of how such an influence might be realized becomes important and subject to empirical investigation. The present paper develops a rationale for why such an outcome might be expected and describes various physiological mechanisms that could mediate the effect of R/S on health. [52 references] [This is part of a special theme issue on spirituality and health.]

Shaw, B., Han, J. Y., Kim, E., Gustafson, D., Hawkins, R., Cleary, J., McTavish, F., Pingree, S., Eliason, P. and Lumpkins, C. [The Centre of Excellence in Cancer Communication Research, University of Wisconsin-Madison; bretshaw@chsra.wisc.edu].

"Effects of prayer and religious expression within computer support groups on women with breast cancer." *Psycho-Oncology* 16, no. 7 (Jul 2007): 676-687.

[Abstract:] Research indicates that two common ways breast cancer patients or women with breast cancer cope with their diagnosis and subsequent treatments are participating in computer support groups and turning to religion. This study is the first we are aware of to examine how prayer and religious expression within computer support groups can contribute to improved psychosocial outcomes for this population. Surveys were administered before group access and then 4 months later. Message transcripts were analyzed using a word counting program that noted the percentage of words related to religious expression. Finally, messages were qualitatively reviewed to better understand results generated from the word counting program. As hypothesized, writing a higher percentage of religion words was associated with lower levels of negative emotions and higher levels of health self-efficacy and functional well-being, after controlling for patients' levels of religious beliefs. Given the proposed mechanisms for how these benefits occurred and a review of the support group transcripts, it appeared that several different religious coping methods were used such as putting trust in God about the course of their illness, believing in an afterlife and therefore being less afraid of death, finding blessings in their lives and appraising their cancer experience in a more constructive religious light.

Sinha, J. W., Cnaan, R. A. and Gelles, R. J. [Princeton University]. **"Adolescent risk behaviors and religion: findings from a national study."** *Journal of Adolescence* 30, no. 2 (Apr 2007): 231-249.

[Abstract:] Too few studies have assessed the relationship between youth risk behaviors and religiosity using measures which captured the varied extent to which youth are engaged in religion. This study applied three measures of religiosity and risk behaviors. In addition, this study ascertained information about youths' participation in religious activities from a parent or caretaker. Based on a national random sample of 2004 teens (ages 11-18), this study indicates that youth perceive religion as important, are active in religious worship and activities, and further shows that perceived importance of religion as well as participation in religious activities are associated with decreased risk behaviors. Looking at ten risk behaviors, religiosity variables were consistently associated with reduced risk behaviors in the areas of: smoking, alcohol use, truancy, sexual activity, marijuana use, and depression. In the case of these six risk variables, religiosity variables were significantly associated with reduced risk behaviors when controlling for family background variables and self-esteem. The study highlights the importance of further understanding the relationship between religious variables, background variables, self-esteem, and youth risk behaviors.

Smith, A. [University of South Alabama, Mobile, AL; anitasmith@usouthal.edu]. **"Measuring the use of intuition by registered nurses in clinical practice."** *Nursing Standard* 21, no. 47 (Aug 1-7, 2007): 35-41.

This report presents the development of the Smith Intuition Instrument to measure intuition by nurses. The instrument's four constituent factors are: Spiritual Connection, Reassuring Feelings, Physical Sensations, and Bad Feelings. The particular items for Spiritual Connection factor are: "I do not need verbal communication to sense a spiritual connection with my patient," "I sense a spiritual connection with my patient," "I sense an energy field around my patient," "I connect with my patients at the soul level," "I sense energy coming from my patient," and "I experience a deep connection with my patient" [--see Table 3 on p. 39].

Smith, B. and Horne, S. [Counseling Psychology Program, University of Memphis, TN]. **"Gay, lesbian, bisexual and transgendered (GLBT) experiences with Earth-spirited faith."** *Journal of Homosexuality* 52, nos. 3-4 (2007): 235-248.

[Abstract:] Earth-spirited faiths (e.g., Pagan and Wiccan spiritualities) have been described as more affirmative toward gay, lesbian, bisexual, and transgendered (GLBT) members than mainstream Judeo-Christian faiths, but no research has explored Earth-spirited faiths' GLBT-affirming behaviors. This study investigated those behaviors as well as the faith experiences of GLBT Earth-spirited individuals. At time of coming out, participants who were affiliated with mainstream Judeo-Christian faiths reported greater faith conflict than those affiliated with Earth-spirited faiths; however, there were no differences in resolution of the conflict between the two groups, internalized homonegativity, or self-acceptance. In addition, Earth-spirited faiths engaged in many GLBT-affirming behaviors.

Smith-Stoner, M. [Department of Nursing, CSU San Bernardino, CA; marilynstoner@verizon.net]. **"End-of-life preferences for atheists."** *Journal of Palliative Medicine* 10, no. 4 (Aug 2007): 923-928.

[Abstract:] Atheists represent an understudied population in palliative care medicine. Although professional and regulatory organizations require an individualized plan of care for each patient and family, little is known about atheist preferences for end-of-life (EOL) care. The aims of this pilot study were twofold: (1) to explore the EOL preferences for atheists, and (2) to apply a threefold model of spiritual care (intrapersonal, interpersonal, and natural interconnectedness) to assess the appropriateness of potential interventions for a group of atheists. Eighty-eight participants completed either an online or paper survey. Analyses of open-ended and closed questions were consistent with prior studies on EOL preferences, including components of a ;;good death." The results related to the first aim of the study, to explore EOL preferences, suggests that participants view of a good death was expanded to include respect for nonbelief and the withholding of prayer or other references to God. Strong preference for physician-assisted suicide and evidence-based medical interventions were central themes from participants. The second aim of the study, to apply a threefold definition of spirituality--which includes intrapersonal, interpersonal, and natural focus--appears appropriate in planning interventions for atheists at EOL. Participants expressed a deep desire to find meaning in their own lives (intrapersonal), to maintain connection with family and friends (interpersonal), and to continue to experience and appreciate the natural world (natural interconnectedness) through the dying experience. Additional research is necessary to explore the preferences for this understudied group. Further clarification of the use of the term "atheist" is also necessary to ensure that the inclusion of all individuals with nontheist beliefs are represented in future research efforts.

Song, J., Ratner, E. R., Bartels, D. M., Alderton, L., Hudson, B. and Ahluwalia, J. S. [Center for Bioethics, University of Minnesota, Minneapolis; songx006@umn.edu]. **"Experiences with and attitudes toward death and dying among homeless persons."** *Journal of General Internal Medicine* 22, no. 4 (Apr 2007): 427-434. Comment on pp. 554-555.

[Abstract:] BACKGROUND: Homeless persons face many barriers to health care, have few resources, and experience high death rates. They live lives of disenfranchisement and neglect. Few studies have explored their experiences and attitudes toward death and dying. Unfortunately, studies done in other populations may not apply to homeless persons. Exploring these experiences and attitudes may provide insight into life, health care, and end-of-life (EOL) concerns of this population. OBJECTIVE: To explore the experiences and attitudes toward death and dying among homeless persons. DESIGN: Qualitative study utilizing focus groups. PARTICIPANTS: Fifty-three homeless persons recruited from homeless service agencies. MEASUREMENTS: In-depth interviews, which were audiotaped and transcribed. RESULTS: We present seven themes, some of which are previously unreported. Homeless persons described many significant experiences with death and dying, and many

participants suffered losses while very young. These encounters influenced participants' attitudes toward risks and risky behavior: e.g., for some, these experiences provided justification for high-risk behaviors and influenced their behaviors while living on the streets. For others, they may be associated with their homelessness. Finally, these experiences informed their attitudes toward death and dying as well as EOL care; homeless persons believe that care will be poor at the EOL. CONCLUSIONS: Findings from this study have implications for addressing social services, health promotion, prevention, and EOL care for homeless persons, as well as for others who are poor and disenfranchised.

Spicer, P., Bezdek, M., Manson, S. M. and Beals, J. [American Indian and Alaska Native Programs, University of Colorado at Denver and Health Sciences Center, Aurora, CO; Paul.Spicer@UCHSC.edu]. "**A program of research on spirituality and American Indian alcohol use**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 430-432.

[Abstract:] In this brief report we summarize a pattern of findings that has emerged from our research on American Indian (AI) alcohol use and spirituality. With funds from the National Institute of Alcohol Abuse and Alcoholism and the Fetzer Institute (AA 13 053; P. Spicer, PI) we have used both epidemiologic and ethnographic methods to develop a more complete understanding of the role that spirituality and religion play in changes in drinking behavior among AIs. We begin by first situating the importance of research on spirituality in the more general literature on the AI experience with alcohol before highlighting our published findings in this area. We then close with some speculation about possible next steps in this research program to address what remains one of the most compelling sources of health disparities in the first nations of the United States. [This article appears in a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Spillers, C. S. [Dept. of Communication Science and Disorders, University of Minnesota Duluth, MN; cspiller@d.umn.edu]. "**An existential framework for understanding the counseling needs of clients**." *American Journal of Speech-Language Pathology* 16, no. 3 (Aug 2007): 191-197.

[Abstract:] PURPOSE: To offer an existential framework for understanding some of the emotional and grieving issues that can accompany communication disorders. METHOD: A narrative review of selected existential psychology literature is provided. I. Yalom's (1980, 1986) model is used as a foundation to explore the 4 existential issues of death, freedom/responsibility, loneliness, and meaninglessness. This model is then applied to communication disorders based on the work of D. Luterman (1984, 2001). These 4 existential issues are juxtaposed with K. Moses' (1989) model of the grief response, which includes denial, anxiety, fear, depression, anger, and guilt. Suggestions for responding within one's scope of practice are provided. CONCLUSION: Combined, existential and grieving models can offer clinicians new insight into clients' loss resolution work. This inner work constitutes a spiritual journey that may parallel the journey through therapy and rehabilitation. The case is made that attending to these issues can enhance long-term outcomes of treatment. [52 references]

Stahler, G. J., Kirby, K. C. and Kerwin, M. E. [Department of Geography and Urban Studies, Temple University, Philadelphia, PA; jstahler@temple.edu]. "**A faith-based intervention for cocaine-dependent Black women**." *Journal of Psychoactive Drugs* 39, no. 2 (Jun 2007): 183-190.

[Abstract:] The purpose of the present study was to obtain preliminary data on the effectiveness of a faith-based treatment adjunct for cocaine-using homeless mothers in residential treatment. The Bridges intervention utilizes various Black church communities to provide culturally-relevant group activities and individual mentoring from volunteers. Eighteen women who were recent treatment admissions were randomly assigned to receive Standard Treatment plus Bridges or Standard Treatment with an Attention Control. Participants were assessed at intake and three and six months after intake. Bridges treatment resulted in significantly better treatment retention (75% vs. 20% at six months) than standard residential treatment alone. In addition, Bridges produced superior outcomes at the six month follow-up assessment on a secondary measure of cocaine abstinence. Creating a community of social support through Black churches appears feasible and promising, and may be a cost-effective means of providing longer-term post-treatment support for cocaine-addicted women.

Stark, M. A. and Brinkley, R. L. [Bronson School of Nursing, Western Michigan University, Kalamazoo; mary.stark@wmich.edu]. "**The relationship between perceived stress and health-promoting behaviors in high-risk pregnancy**." *Journal of Perinatal & Neonatal Nursing* 21, no. 4 (Oct-Dec 2007): 307-314.

[From the abstract:] …SAMPLE: Women (N=69) who had a complication in pregnancy that required referral to a perinatologist at a tertiary care center and ere in the third trimester of pregnancy. …RESULTS: There was a significant and negative relationship between perceived stress and health-promoting lifestyle. The relationships between perceived stress and spiritual growth, interpersonal relations, and stress management were significant and negative….

Steffens, D. C. [Division of Geriatric Psychiatry, Duke University Medical Center, Durham, NC; steff001@mc.duke.edu]. "**Spiritual considerations in suicide and depression among the elderly**." *Southern Medical Journal* 100, no. 7 (Jul 2007): 748-749.

This is a brief piece for a special issue on Spirituality, Depression & Suicide --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Sterling, R. C., Weinstein, S., Losardo, D., Raively, K., Hill, P., Petrone, A. and Gottheil, E. [Department of Psychiatry and Human Behavior, Thomas Jefferson University, Philadelphia, PA; robert.sterling@jefferson.edu]. "**a retrospective case control study of alcohol relapse and spiritual growth**." *American Journal on Addictions* 16, no. 1 (Jan-Feb 2007): 56-61.

[Abstract:] In the context of an NIAAA/Fetzer Institute-funded study designed to look at the impact of spirituality in an inpatient alcohol treatment, this retrospective case control study investigated whether spiritual growth occurred during an inpatient phase of treatment for alcohol dependence, the degree to which spiritual gains (if noted) would be maintained at follow-up, and whether spiritual growth would be associated with follow-up sobriety. To accomplish this goal, thirty-six individuals who reported relapsing to alcohol at three-month follow-up were compared with thirty-six matched controls who reported abstinence at follow-up. Spiritual development and change was assessed via a set of six measures. Paired t-tests revealed that spiritual growth occurred across all measures during the treatment phase. Repeated measures analysis of variance (ANOVA) indicated that this growth was maintained at three-month follow-up. Two-way repeated measures ANOVA revealed that while non-relapsers maintained spiritual growth over the course of four weeks of treatment and in the three-month period following treatment, renewed alcohol use was associated with decreased spirituality.

Sternberg, Z., Munschauer, F. E. 3rd., Carrow, S. S. and Sternberg, E. [Jacobs Neurological Institute, Buffalo General Hospital, 100 High Street, Buffalo, NY; zs2@buffalo.edu]. "**Faith-placed cardiovascular health promotion: a framework for contextual and organizational factors underlying program success**." *Health Education Research* 22, no. 5 (Oct 2007): 619-629.
[Abstract:] The objective of this study was to assess the literature on faith-placed cardiovascular health promotion in order to construct a framework of factors meant to facilitate effective program design. Data source was empirical studies on the contextual and organizational factors underlying faith-placed cardiovascular program performance. Study inclusion criteria were papers reported from 1984 to 2003 that include contextual and organizational variables. Success factors identified in the literature fall under the following clusters: faith support, secular support, partnership (and obstacles to it), faith organization capabilities, secular organization capabilities and caring intervention. Each cluster consists of several factors, whose relative weights cannot be ascertained from the present state of the literature. These clusters of factors can be interrelated through a simple framework that is useful in program design.

Sulmasy, D. P. [Department of Ethics, Saint Vincent's Hospital-Manhattan, New York, NY; daniel_sulmasy@nymc.edu]. "**Distinguishing denial from authentic faith in miracles: a clinical-pastoral approach**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1268-1272.
This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Sulmasy, D. P. [St. Vincent's Hospital, Manhattan, New York; daniel_sulmasy@nymc.edu]. "**What is a miracle?**" *Southern Medical Journal* 100, no. 12 (Dec 2007): 1223-1228.
[Abstract:] Based on arguments from theology and the philosophy of science, a miracle may be defined as: (1) a real, individual event, the occurrence of which must be (or must have been), at least in principle, susceptible to empirical verification; (2) an event which must be extremely unusual or historically unprecedented from the perspective of empirical scientific knowledge; (3) must evoke widespread wonder; (4) must be something freely given by God and not conjured; (5) must be understood as a special sign from God that transcends the bare facts of the case and communicates a spiritual message; and (6) must have been affirmed as a miracle by the community of believers to whom the message of the miracle must be addressed, at least indirectly. [This is a piece for a special issue on Miracles and Medicine --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Swift, C., Calcutawalla, S. and Elliot, R. [The Chaplaincy, Leeds Teaching Hospitals NHS Trust, Beckett Street, Leeds, UK]. "**Nursing attitudes towards recording of religious and spiritual data**." *British Journal of Nursing* 16, no. 20 (Nov 8-21, 2007): 1279-1282.
[Abstract:] Poor recording of patients' religious and spiritual information is known anecdotally and occasionally referred to in publications. Chaplains in particular encounter lack of data entries or errors in records on a routine basis. While novel forms of spiritual assessment have been discussed, the only previously published United Kingdom research on nurses' responses to patients' spiritual needs uses the approach of critical incident analysis. This article reports on the findings of a nurse focus group used to generate issues likely to resonate with staff as to why poor assessment and recording occurs. Apart from clinical factors, nurses cited the intrusiveness of questions about spirituality and the feeling that assessment was 'unnecessary' as major reasons for non-recording. The most significant finding was the correlation between clinical area and the incidence of assessment. Nurses who admitted patients and always asked for religious and spiritual information were three times more likely to work in complex clinical areas. Further training is indicated as most likely to enhance accurate recording. More research is needed to establish whether these findings are matched in practice, and to identify whether the results found in one teaching hospital are equally true for other types of hospital in the UK.

Swinney, R., Yin, L., Lee, A., Rubin, D. and Anderson, C. [Keck School of Medicine, University of Southern California, Los Angeles]. "**The role of support staff in pediatric palliative care: their perceptions, training, and available resources**." *Journal of Palliative Care* 23, no. 1 (2007): 44-50.
[From the abstract:] ..Our study examined the effect of involvement in end-of-life pediatric care on support staff. We found this community to consist of a heterogeneous population of hospital employees, who develop numerous, substantial, direct interactions with dying children and their families. They indicated that such experiences had caused some adverse outcomes in their lives, and that few felt they had sufficient knowledge or training in palliative care. Our respondents voiced noteworthy opinions on symptom control, cultural issues, and spirituality pertinent to pediatric palliative care….

Tanyi, R. A. and Werner, J. S. [Preventitive Care Program, Loma Linda University, Loma Linda, CA; rtanyi@yahoo.com]. "**Spirituality in African American and Caucasian women with end-stage renal disease on hemodialysis treatment**." *Health Care for Women International* 28, no. 2 (Feb 2007): 141-154.
[Abstract:] This reanalysis of data from a previous investigation in the United States was conducted to compare spiritual well-being scores of African American (n = 31) and Caucasian (n = 27) women on hemodialysis for end-stage renal disease (ESRD). Women, aged 24 to 79, completed the spiritual well-being (SWB) scale and other instruments. Results indicated a strong trend for African American women to score higher on religious well-being than Caucasian women. Comparisons of SWB item scores indicated areas of spiritual strengths for African American women: perceptions of God's concern for them, God's help with loneliness, fulfilling relationship with God, satisfaction with life, and sense of life's purpose. These findings have multidisciplinary implications for factors that may mitigate the ill effects of ESRD.

Taylor, E. J. [School of Nursing, Loma Linda University, Loma Linda, CA; ejtaylor@llu.edu]. "**Client perspectives about nurse requisites for spiritual caregiving**." *Applied Nursing Research* 20, no. 1 (Feb 2007): 44-46.
[Abstract:] Some patients welcome nurse-provided spiritual care, while others do not. This pilot study addressed the question: What characteristics does a client look for in a nurse before welcoming spiritual care from that nurse? This cross-sectional, correlational study allowed 156 cancer patients and 68 family caregivers to complete paper-and-pencil questionnaires including the 7-item Nurse Requisites Scale (NRS). Findings suggest relationship is a salient requisite, and that religiosity is directly related to how important it is to a client that these requisites be met prior to spiritual care.

Tinley, S. T. and Kinney, A. Y. [School of Nursing, Creighton University, Omaha, NE; tinley@creighton.edu]. "**Three philosophical approaches to the study of spirituality**." *Advances in Nursing Science* 30, no. 1 (Jan-Mar 2007): 71-80.

[Abstract:] Since the turn of the century, there has been an expanded interest in the place that spirituality has in nursing practice, education, and research. The purpose of this article is to examine the study of spirituality from the perspective of 3 philosophical paradigms: empiricism, interpretivism, and poststructuralism. The strengths and weaknesses of the paradigms are identified through a review of an exemplar article for each. Each paradigm provides a unique approach to the development of knowledge, and thus makes its own contribution to the understanding of spirituality. It is the researcher's responsibility to identify the appropriate paradigm for the question.

Tonigan, J. S. [Center on Alcoholism, Substance Abuse, and Addictions (CASAA) and the Department of Psychology, University of New Mexico, Albuquerque; jtonigan@unm.edu]. "**Spirituality and Alcoholics Anonymous**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 437-440.

[Abstract:] What can be confidently said about AA in general and about the role of spirituality in AA in particular? First, there is convincing evidence that alcoholism severity predicts later AA attendance. Second, atheists are less likely to attend AA, relative to individuals who already hold spiritual and/or religious beliefs. However, belief in God before AA attendance does not offer any advantage in AA-related benefits, and atheists, once involved, are at no apparent disadvantage in deriving AA-related benefits. Third, the spiritually-based principles of AA appear to be endorsed in AA meetings regardless of the perceived social dynamics or climate of a particular meeting, eg, highly cohesive or aggressive. Fourth, significant increases in spiritual and religious beliefs and practices seem to occur among AA-exposed individuals. Fifth, in spite of much discussion to the contrary there is little evidence that spirituality directly accounts for later abstinence. We are finding, however, that spirituality has an important indirect effect in predicting later drinking reductions. Specifically, in the past 20 years a number of effective methods have been developed to facilitate initial AA attendance (AA dropout is high, with some estimates ranging as high as 80%). Interventions that lead to initial increases in spirituality appear to lead to sustained AA affiliation, which, in turn, produces sustained recovery over time. [This article appears in a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.]

Trevino, K. M. and Pargament, K. L. [Bowling Green State University, Bowling Green, OH]. "**Religious coping with terrorism and natural disaster**." *Southern Medical Journal* 100, no. 9 (Sep 2007): 946-947.

This is brief piece for a special issue on Spirituality and Catastrophe --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Tsai, J. L., Miao, F. F. and Seppala, E. [Stanford University, Stanford, CA; jtsai@psych.stanford.edu]. "**Good feelings in Christianity and Buddhism: religious differences in ideal affect**." *Personality & Social Psychology Bulletin* 33, no. 3 (Mar 2007): 409-421.

[Abstract:] Affect valuation theory (AVT) predicts cultural variation in the affective states that people ideally want to feel (i.e., "ideal affect"). National and ethnic comparisons support this prediction: For instance, European Americans (EA) value high arousal positive (HAP) states (e.g., excitement) more and low arousal positive (LAP) states (e.g., calm) less than Hong Kong Chinese. In this article, the authors examine whether religions differ in the ideal affective states they endorse. The authors predicted that Christianity values HAP more and LAP less than Buddhism. In Study 1, they compared Christian and Buddhist practitioners' ideal affect. In Studies 2 and 3, they compared the endorsement of HAP and LAP in Christian and Buddhist classical texts (e.g., Gospels, Lotus Sutra) and contemporary self-help books (e.g., Your Best Life Now, Art of Happiness). Findings supported predictions, suggesting that AVT applies to religious and to national and ethnic cultures.

Tsuang, M. T., Simpson, J. C., Koenen, K. C., Kremen, W. S. and Lyons, M. J. [Department of Psychiatry, Center for Behavioral Genomics, University of California, San Diego, CA, and Massachusetts General Hospital, Boston, MA; mtsuang@ucsd.edu]. "**Spiritual well-being and health**." *Journal of Nervous & Mental Disease* 195, no. 8 (Aug 2007): 673-680.

[Abstract:] Data on empirical associations between religious variables and health outcomes are needed to clarify the complex interplay between religion and mental health. The aim of this study was to determine whether associations with health variables are primarily attributable to explicitly religious aspects of spiritual well-being (SWB) or to "existential" aspects that primarily reflect a sense of satisfaction or purpose in life. Three hundred forty-five pairs of twins from the Vietnam Era Twin Registry completed a diagnostic interview and questionnaires containing the 2-factor SWB Scale and general health items. Observed associations between SWB and health outcomes were uniquely explained by the SWB subscale of existential well-being, with much less of a unique explanatory contribution from religious well-being or "spiritual involvement." We concluded that studies of SWB and health should continue to distinguish between explicitly religious variables and others that more closely approximate the psychological construct of personal well-being. [See also, Mofidi, M., et al., "The relationship between spirituality and depressive symptoms: testing psychosocial mechanisms," from the same issue of this journal --cited elsewhere in this bibliography.]

Tuck, I. and Thinganjana, W. [Virginia Commonwealth University, School of Nursing, Richmond, VA; ituck@vcu.edu]. "**An exploration of the meaning of spirituality voiced by persons living with HIV disease and healthy adults**." *Issues in Mental Health Nursing* 28, no. 2 (Feb 2007): 151-166.

[Abstract:] Spirituality has been documented in several studies as having a positive effect on chronic disease progression and as being efficacious in improving quality of life and well being. In many studies, researchers have used predetermined definitions of spirituality and have proscribed the variable by the selection of measures. This study examines the meaning of spirituality as voiced by participants in two ongoing intervention studies, a sample of healthy adults and a sample of persons living with HIV disease. The findings resulted in six themes for each sample. Exhaustive statements were written depicting the summary relationships of themes. The findings support spirituality as an essential human dimension.

Turner-Musa, J. and Lipscomb, L. [Morgan State University, Department of Psychology, Baltimore, MD; jturnerm@morgan.edu]. "**Spirituality and social support on health behaviors of African American undergraduates**." *American Journal of Health Behavior* 31, no. 5 (Sep-Oct 2007): 495-501.

[Abstract:] OBJECTIVES: To examine the role of spirituality and perceived social support as protective factors for preventing health-compromising behaviors among African American college students. METHODS: Two hundred eleven African American college students completed a spirituality, perceived social support, and health behavior questionnaire. RESULTS: Low spiritual well-being significantly increased the odds of smoking and alcohol use. Low perceived parental support increased the odds of alcohol use whereas low perceived support from friends decreased the odds of alcohol use. CONCLUSIONS: Spirituality and perceived social support may serve as protective factors for smoking and alcohol use among African American college students.

Unruh, A. M. [School of Health Services Administration, Dalhousie University, Halifax, Nova Scotia, Canada; anita.unruh@dal.ca]. "**Spirituality, religion, and pain**." *Canadian Journal of Nursing Research* 39, no. 2 (Jun 2007): 66-86.

[Abstract:] Understanding the relationships between spirituality and health has become increasingly important in health research, including nursing research. Very little of the research thus far has focused on spirituality, religion, and pain even though spiritual views have been intertwined with beliefs about pain and suffering throughout history. Spiritual views can have a substantial impact on patients' understanding of pain and decisions about pain management. The author reviews the research literature on spirituality and pain from a historical perspective. The analysis is concerned with how spirituality and religion have been used to construct a meaning of pain that shapes appraisal, coping, and pain management. The clinical implications include respectful communication with patients about spirituality and pain, inclusion of spirituality in education and support programs, integration of spiritual preferences in pain management where feasible and appropriate, consultation with pastoral care teams, and reflection by nurses about spirituality in their own lives. A discussion of research implications is included. [74 references]

Vaccaro, B. [Brigham and Women's Hospital - Medical Psychiatry Service; bvaccaro@partners.org]. "**Spirituality in the treatment of a man with anxiety and depression**." *Southern Medical Journal* 100, no. 6 (Jun 2007): 626-627.

This is a brief piece for a special issue on Spirituality and Mental Health --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Valente, S. M. [Center for Learning, Research, and Innovation, Department of Veteran Affairs, Los Angeles, CA 90073; Sharon.valente@med.va.gov]. "**Oncology nurses' teaching and support for suicidal patients**." *Journal of Psychosocial Oncology* 25, no. 1 (2007): 121-137.

Among the findings of this study of 454 clinical oncology nurses [from the abstract:] The nurses' difficulties in responding therapeutically to suicidal patients…emerged from their religious/other values, uncomfortable feelings, inadequate knowledge, personal experiences, and weight of professional responsibility.

van Dover, L. and Pfeiffer, J. B. [Graduate Program School of Nursing, Azusa Pacific University, Azusa, CA]. "**Spiritual care in Christian parish nursing**." *Journal of Advanced Nursing* 57, no. 2 (Jan 2007): 213-221.

[Abstract:] AIM: This paper reports the development of a substantive theory to explain the process parish nurses use to provide spiritual care to parishioners in Christian churches in a context where patients and nurses share a common set of values. BACKGROUND: Despite a surge of interest in spirituality and spiritual care in nursing, consensus is lacking on how care should be conceptualized and provided. METHOD: Grounded theory method was used to explore and describe the processes 10 American parish nurses experienced and used as they gave spiritual care. Data were collected between 1998 and 2001. Participants were interviewed and audiotapes transcribed verbatim. Constant comparative methods were used to analyze more than 50 separate incidents reported by the nurses. FINDINGS: From its initial emergence as the core category, 'Bringing God Near' became a Basic Social Process theory of giving spiritual care for these parish nurses. This Basic Social Process became a theory through writing theoretical memos that described how the 'main concern' of the nurses to give spiritual care was resolved. Phases within the process include: trusting God, forming relationships with the patient/family, opening to God, activating/nurturing faith and recognizing spiritual renewal or growth. The essence is bringing God near to people as they face health challenges. Findings from the study and spiritual care literature are integrated in the discussion. CONCLUSION: The parish nurses' spiritual challenge is to respond to what God is directing the nurse to be and do to strengthen people spiritually. This spiritual care can help restore the patient's sense of well-being, and encourage growth in faith. Those interested in providing and teaching spiritual care in the church context will find this theory useful as a conceptual guide.

van Leeuwen, R., Tiesinga, L. J.. Jochemasen. H. and Post, D. [Health Department Ed., Christian University Ede, Ede, Netherlands; rrvleeuwen@che.nl]. "**Aspects of spirituality concerning illness**." *Scandinavian Journal of Caring Sciences* 21, no. 4 (Dec 2007): 482-489.

Among the findings of this focus group study out of the Netherlands [from the abstract:] …Although the spiritual topics seem to manifest themselves more clearly in long-term care relationships, they may also play a role during brief admittance periods (such as treatment decisions).…

Ventura, J. L., Fitzgerald, O. R., Koziol, D. E., Covington, S. N., Vanderhoof, V. H., Calis, K. A. and Nelson, L. M. [Section on Women's Health Research, Developmental Endocrinology Branch, National Institute of Child Health and Human Development, Bethesda, MD]. "**Functional well-being is positively correlated with spiritual well-being in women who have spontaneous premature ovarian failure**." *Fertility & Sterility* 87, no. 3 (Mar 2007): 584-590.

[Abstract:] OBJECTIVE: To examine the relationship between spiritual well-being and functional well-being in women who have spontaneous premature ovarian failure. DESIGN: Cross-sectional. SETTING: The Mark O. Hatfield Clinical Research Center at the US National Institutes of Health. PATIENT(S): Women diagnosed with spontaneous premature ovarian failure (N = 138) at a median age of 28 years. INTERVENTION(S): Administration of validated self-reporting instruments. MAIN OUTCOME MEASURE(S): Functional Well-Being, Spiritual Well-Being, Meaning/Peace, and Faith scores. RESULT(S): We found a significant positive correlation between overall spiritual well-being and functional well-being scores. The Meaning/Peace subscale strongly correlated with functional well-being, explaining approximately 62% of the variance. In contrast, the Faith subscale was less strongly correlated with functional well-being, explaining only 7% of the variance. In multiple regression analysis evaluating the relative subscale contributions to functional well-being, only Meaning/Peace remained statistically significant. We found no significant associations between either spiritual well-being or functional well-being and age; age at diagnosis; time since diagnosis; or partner, children, or racial status. CONCLUSION(S): This study provides cross-sectional data supporting the need for prospective controlled studies. Strategies to improve spiritual well-being in the domains of meaning, purpose, and inner peace may provide a therapeutic approach to reduce the emotional suffering that accompanies the life-altering diagnosis of premature ovarian failure.

Vitek, L., Rosenzweig, M. Q. and Stollings, S. [vitek@hotmail.com]. "**Distress in patients with cancer: definition, assessment, and suggested interventions**." *Clinical Journal of Oncology Nursing* 11, no. 3 (Jun 2007): 413-418.

In this review article, the authors note that the National Comprehensive Cancer Network (NCCN) has [from the abstract:] provided clinical pathways for treating the etiologies of distress using a multidisciplinary approach, including members from social work, pastoral services, mental health, and oncology.

Votova, K. and Wister, A. V. [Department of Sociology, University of Victoria, Victoria, Canada]. "**Self-care dimensions of complementary and alternative medicine use among older adults**." *Gerontology* 53, no. 1 (2007): 21-27.

[From the abstract:] …There is a lack of understanding about the patterns and rates of CAM use among older adults owing to a lack of research on specific types of CAM. OBJECTIVES: This study examines several dimensions of self-care deemed to be associated with CAM. Unmet health care needs, self-care attitudes, and spirituality are interpreted as health belief structures underlying CAM. METHODS: Logistic regression analysis was used to examine use of three groups of practitioner-based CAM: (a) chiropractic; (b) massage, and (c) acupuncture, homeopathy and/or naturopathy use. We analyze a subsample of 4,401 older adults drawn from the 1996/1997 and 1998/1999 waves of the Canadian National Population Health Survey. RESULTS: The logistic regression analyses indicate that self-care attitude and spirituality represent important predictors of practitioner-based CAM use….

Vyavaharkar, M., Moneyham, L., Tavakoli, A., Phillips, K. D., Murdaugh, C., Jackson, K. and Meding, G. [Arnold School of Public Health, University of South Carolina, Columbia; medha@sc.edu]. "**Social support, coping, and medication adherence among HIV-positive women with depression living in rural areas of the southeastern United States**." *AIDS Patient Care & STDs* 21, no. 9 (Sep 2007): 667-680.

[Abstract:] This study examined the relationships among sociodemographic factors, social support, coping, and adherence to antiretroviral therapy (ART) among HIV-positive women with depression. The analyses reported here were limited to the 224 women receiving ART of 280 women recruited from community-based HIV/AIDS organizations serving rural areas of three states in the southeastern United States. Two indicators of medication adherence were measured; self-report of missed medications and reasons for missed medications in the past month. Descriptive statistics, correlation, and regression analyses were performed to systematically identify sociodemographic, coping, and social support variables that predicted medication adherence. In regression analysis, three variables were determined to be significant predictors accounting for approximately 30% of the variability in the self-report of reasons for missed medications. Coping focused on managing HIV disease was negatively associated, while coping focused on avoidance/denial and number of children were positively associated with reasons for missed medications. Coping by spiritual activities and focusing on the present mediated the effect of social support on self-reported missed medications. The relationship of predictor variables to self-report of missed medications was assessed using t-test statistics and logistic regression analysis to determine the odds of self-reported medication adherence. Satisfaction with social support (p = 0.04), and coping focused on managing HIV disease (p = 0.002) were the best positive predictors, whereas number of children (p = 0.02) was the lone significant negative predictor of medication adherence. The study findings have implications for designing, implementing, and testing interventions based on social support and coping theories for achieving better adherence to HIV medications.

Wachholtz, A. B., Pearce, M. J. and Koenig, H. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; Amy.wachholtz@duke.edu]. "**Exploring the relationship between spirituality, coping, and pain**." *Journal of Behavioral Medicine* 30, no. 4 (Aug 2007): 311-318.

[Abstract:] There is growing recognition that persistent pain is a complex and multidimensional experience stemming from the interrelationship among biological, psychological, social, and spiritual factors. Chronic pain patients use a number of cognitive and behavioral strategies to cope with their pain, including religious/spiritual forms of coping, such as prayer, and seeking spiritual support to manage their pain. This article will explore the relationship between the experience of pain and religion/spirituality with the aim of understanding not only why some people rely on their faith to cope with pain, but also how religion/spirituality may impact the experience of pain and help or hinder the coping process. We will also identify future research priorities that may provide fruitful research in illuminating the relationship between religion/spirituality and pain. [52 references] [This is part of a special theme issue on spirituality and health.]

Wain, O. and Spinella, M. [Neuropsychology Laboratory, Richard Stockton College of New Jersey, Pomona, NJ]. "**Executive functions in morality, religion, and paranormal beliefs**." *International Journal of Neuroscience* 117, no. 1 (Jan 2007): 135-146.

[Abstract:] Moral, religious, and paranormal beliefs share some degree of overlap and play important roles in guiding peoples' behavior. Although partly cultural phenomena, they also have neurobiological components based on functional neuroimaging studies and research in clinical populations. Because all three show relationships to prefrontal system functioning, the current study examined whether they related to executive functions as measured by the Executive Function Inventory in a community sample. As in previous research, religious beliefs related positively to both moral attitudes and paranormal beliefs. Moral attitudes, however, did not relate to paranormal beliefs. Paranormal beliefs related inversely to impulse control and organization, whereas small positive correlations occurred between traditional religious beliefs, impulse control, and empathy. Moral attitudes, on the other hand, showed consistent positive correlations with all executive functions measured, independent of demographic influences. These findings concordantly support that prefrontal systems play a role in morality, religion, and paranormal beliefs.

Walker, C., Ainette, M. G., Wills, T. A. and Mendoza, D. [Department of Epidemiology and Population Health, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY]. "**Religiosity and substance use: test of an indirect-effect model in early and middle adolescence**." *Psychology of Addictive Behaviors* 21, no. 1 (Mar 2007): 84-96.

[Abstract:] The authors tested hypothesized pathways from religiosity to adolescent substance use (tobacco, alcohol, and marijuana) with data from samples of middle school (n = 1,273) and high school students (n = 812). Confirmatory analysis of measures of religiosity supported a 2-factor solution with behavioral aspects (belonging, attendance) and personal aspects (importance, value, spirituality, forgiveness) as distinct factors. Structural modeling analyses indicated inverse indirect effects of personal religiosity on substance use, mediated through more good self-control and less tolerance for deviance. Religiosity was correlated with fewer deviant peer affiliations and nonendorsement of coping motives for substance use but did not have direct effects on these variables. Parental support and parent-child conflict also had significant effects (with opposite direction) on substance use, mediated through self-control and deviance-prone attitudes. Implications for prevention research are discussed.

Wall, R. J., Engelberg, R. A., Gries, C. J., Glavan, B. and Curtis, J. R. [Harborview Medical Center, Division of Pulmonary and Critical Care, Department of Medicine, University of Washington, Seattle, WA; brickw@u.washington.edu]. "**Spiritual care of families in the intensive care unit**." *Critical Care Medicine* 35, no. 4 (Apr 2007): 1084-1090. Comment on pp. 1208-1209.

[Abstract:] OBJECTIVES: There is growing recognition of the importance of spiritual care as a quality domain for critically ill patients and their families, but there is a paucity of research to guide quality improvement in this area. Our goals were to: 1) determine whether intensive care unit (ICU) family members who rate an item about their spiritual care are different from family members who skip the item or rate the item as "not applicable" and 2) identify potential determinants of higher family satisfaction with spiritual care in the ICU. DESIGN: Cross-sectional study, using data from a cluster randomized trial aimed at improving end-of-life care in the ICU. SETTING: ICUs in ten Seattle-area hospitals. SUBJECTS: A total of 356 family members of patients dying during an ICU stay or within 24 hrs of ICU discharge. INTERVENTION: None. MEASUREMENTS AND MAIN RESULTS: Family members were surveyed about spiritual care in the ICU. Chart abstractors obtained clinical variables including end-of-life care processes and family conference data. The 259 of 356 family members (73%) who rated their spiritual care were slightly younger than family members who did not rate this aspect of care (p = .001). Multiple regression revealed family members were more satisfied with spiritual care if a pastor or spiritual advisor was involved in the last 24 hrs of the patient's life (p = .007). In addition, there was a strong association between satisfaction with spiritual care and satisfaction with the total ICU experience (p < .001). Ratings of spiritual care were not associated with any other demographic or clinical variables. CONCLUSIONS: These findings suggest that for patients dying in the ICU, clinicians should assess each family's spiritual needs and consult a spiritual advisor if desired by the family. Further research is needed to develop a comprehensive approach to ICU care that meets not only physical and psychosocial but also spiritual needs of patients and their families.

Wallace, M. and O'Shea, E. [School of Nursing, Yale University, New Haven, CT]. "**Perceptions of spirituality and spiritual care among older nursing home residents at the end of life**." *Holistic Nursing Practice* 21, no. 6 (Nov-Dec 2007): 285-289. Quiz on pp. 290-291.

[Abstract:] BACKGROUND: Spirituality is of particular importance in the lives of many older adults at the end of life. While the role of spirituality may differ among older adults, spirituality may offer a purpose and meaning toward the end of life and provides a framework for managing concerns and decisions at this time. Despite the increasingly evident role of spirituality in the United States, the spirituality of older adults has been neglected. Moreover, little research has been undertaken to determine how nurses may best help older adults improve spiritual health. PURPOSE: The purpose of this analysis was to investigate perceptions of spirituality and spiritual care among older nursing home residents at the end of life. METHODS: A total of 26 older long-term care residents were surveyed using the Spirituality and Spiritual Care Rating scale from 2 faith-based nursing facilities to better understand residents' spirituality and perception of spiritual care. FINDINGS: Descriptive statistics were used to analyze the participant's perceptions of spirituality and spiritual care. The 2 samples in this study received a mean score of 51.36 (SD = 5.99) with a range of 43 to 68, indicating moderately high views of aspects of spirituality and spiritual care among the sample, supporting spirituality as a framework for life. The sample reported on several interventions that nurses could use to support spirituality, including arranging visits with religious personnel, showing kindness, spending time listening to residents (presence), and showing respect for resident's needs. IMPLICATIONS: The results of the study provide information that may be used to increase knowledge and improve spiritual interventions for nursing home residents at the end of life.

Walton, J. [Carroll College, Helena, MT; jwalton@carroll.edu]. "**Prayer warriors: a grounded theory study of American Indians receiving hemodialysis**." *Nephrology Nursing Journal: Journal of the American Nephrology Nurses' Association* 34, no. 4 (Jul-Aug 2007): 377-386. Quiz on p. 387.

[Abstract:] The purpose of this classic grounded theory study was to explore what spirituality means to individuals who are American Indians receiving hemodialysis. Twelve women and 9 men ages 24 to 62, volunteered for this study. Informed consent was obtained, and in-depth interviews, field notes, and theoretical memos were completed. The metaphor "Prayer Warriors" described the core category of this study. Praying played a major role in the following categories: (a) suffering, (b) honoring spirit, (c) healing old wounds, and (d) connecting with community. Praying involved hard work, suffering, sweating, hunger, and passion, and was a powerful way to cope with the stress of hemodialysis.

Watson, L. A. [Chaplaincy Department, Regions Hospital, St Paul, MN; Lisa.A.Watson@Heatlhpartners.com]. "'**I already knew': the experience of a chaplain**." *Journal of Trauma Nursing* 14, no. 2 (Apr-Jun 2007): 98-99.

This article reflects the personal experience of a chaplain regarding effective communication to patients/families about unfortunate news and offering helpful support. The author addresses the issues with all staff members in mind.

Wess, M. [Life Choice Hospice, 200 Dryden Rd, Suite 3300, Dresher, PA 19025; millicent@lifechoicehospice.com]. "**Bringing hope and healing to grieving patients with cancer**." *Journal of the American Osteopathic Association* 107, no. 12, suppl. 7 (Dec 2007): ES41-47.

[Abstract:] Cancer is one of the most feared diseases in the world. The fear of this disease contributes to the grief experienced after the diagnosis. The patient, family members, caregivers, and physicians experience this grief, which has many dimensions and can be extremely complicated. Grief is expressed differently by different cultures, and faith can help in dealing with grief, but no one can escape the emotional, psychological, and spiritual pain associated with the grief individuals feel when they suffer a loss. For this reason, it is best to have a holistic approach when caring for those who are grieving to more effectively meet their needs and to bring hope and healing into a very painful experience. Two case presentations illustrate the application of the hospice approach to grieving patients and the complexity of their grief.

Whitman, S. M. [Drexel University College of Medicine, Dept. of Psychiatry, Philadelphia, PA; sarah.whitman@drexelmed.edu]. "**Pain and suffering as viewed by the Hindu religion**." *Journal of Pain* 8, no. 8 (Aug 2007): 607-613.

[Abstract:] Religion and spiritual practices are among the resources used by patients to cope with chronic pain. The major concepts of Hinduism that are related to pain and suffering are presented. Ways that Hindu traditions deal with pain and suffering are reviewed, including the concept of acceptance, which has been studied in the pain medicine literature. By becoming more familiar with Hindu views of pain and suffering, pain medicine practitioners can offer potentially helpful concepts to all patients and support Hindus' spirituality as it relates to pain and suffering. PERSPECTIVE: Religion or spirituality is often important to patients. This article will inform the pain medicine practitioner

how pain and suffering are viewed in Hinduism, the third largest religion in the world. It is hoped that these concepts will prove helpful when treating not only followers of Hinduism but all patients.

Wilcox, S., Laken, M., Bopp, M., Gethers, O., Huang, P., McClorin, L., Parrott, A. W., Swinton, R. and Yancey, A. [Department of Exercise Science, Arnold School of Public Health, University of South Carolina, Columbia, SC; wilcoxs@gwm.sc.edu]. "**Increasing physical activity among church members: community-based participatory research.**" *American Journal of Preventive Medicine* 32, no. 2 (Feb 2007): 131-138.

[Abstract:] BACKGROUND: Faith-based interventions using a community-based participatory approach hold promise for eliminating ethnic health disparities. This study evaluated the effects of a volunteer-led statewide program to increase physical activity among members of African-American churches. METHODS: African Methodist Episcopal churches within six regions (Conferences) were randomly assigned to receive training in the program immediately or 1 year later. A cohort of 20 randomly selected churches and 571 members within them took part in telephone surveys at baseline (May-September 2003) and 1 year (May-August 2004) and 2 years later (June-September 2005). Primary outcomes were physical activity participation, meeting physical activity recommendations, and stage of readiness for physical activity change. Statistical analyses were completed in April 2006. RESULTS: Volunteers (N=889) from 303 churches were trained. Among survey respondents, physical activity did not increase significantly over time, although 67% were aware of the program. Program awareness was significantly related to all three physical activity outcomes and to fruit and vegetable consumption. Pastoral support was significantly associated with physical activity. CONCLUSIONS: Although this intervention reached a large number of churches and created awareness of intervention components, no effects on physical activity behaviors were found. Potential reasons for the lack of significant effects are discussed.

Wilding, C. [School of Community Health, Charles Sturt University, Albury, Australia; cwilding@csu.edu.au]. "**Spirituality as sustenance for mental health and meaningful doing: a case illustration.**" *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S67-69.

[Abstract:] In the past 10-20 years there has been increasing interest in the relationship between spirituality and health. I interviewed six patients from community mental health centres, using a phenomenological approach to explore how concepts of spirituality, occupation and mental illness/mental health are related. One person's story is presented to illustrate the issues. Four main themes were identified: Spirituality is a phenomenon that provides meaning to life. Spirituality can help a person cope with mental illness. Spiritual beliefs can make everyday occupations more meaningful and health-enhancing. Some people find it valuable to engage in shared occupations that focus on spirituality. Spirituality is an important and relevant issue to be discussed between patients and health practitioners, provided that practitioners can exercise sensitivity, caution, tolerance and acceptance of values that may differ from their own. [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; D'Souza, R.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; and MacKinlay, E. B. & Trevitt, C.]

Williams, D. R. and Sternthal, M. J. [Department of Society, Human Development and Health, Harvard University, Boston, MA; dwilliam@hsph.harvard.edu]. "**Spirituality, religion and health: evidence and research directions.**" *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S47-50.

[Abstract:] Levels of spirituality and religious beliefs and behaviour are relatively high in Australia, although lower than those in the United States. There is mounting scientific evidence of a positive association between religious involvement and multiple indicators of health. The strongest evidence exists for the association between religious attendance and mortality, with higher levels of attendance predictive of a strong, consistent and often graded reduction in mortality risk. Negative effects of religion on health have also been documented for some aspects of religious beliefs and behaviour and under certain conditions. Health practices and social ties are important pathways by which religion can affect health. Other potential pathways include the provision of systems of meaning and feelings of strength to cope with stress and adversity. [55 references] [This article is part of a special supplement of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; D'Souza, R.; Rumbold, B. D.; Winslow, G. R. & Wehtje-Winslow, B. J.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Wilson, K. G., Chochinov, H. M., Skirko, M. G., Allard, P., Chary, S., Gagnon, P. R., Macmillan, K., De Luca, M., O'Shea, F., Kuhl, D., Fainsinger, R. L. and Clinch, J. J. [The Ottawa Hospital Rehabilitation Center, Ottawa, and Department of Psychiatry, University of Manitoba, Winnipeg, Canada; kewilson@ottawahospital.on.ca]. "**Depression and anxiety disorders in palliative cancer care.**" *Journal of Pain & Symptom Management* 33, no. 2 (Feb 2007): 118-129.

[From the abstract:] …In the Canadian National Palliative Care Survey, semi-structured interviews assessing depression and anxiety disorders were administered to 381 patients who were receiving palliative care for cancer. There were 212 women and 169 men, with a median survival of 63 days. We found that 93 participants (24.4%, 95% confidence interval=20.2-29.0) fulfilled Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnostic criteria for at least one anxiety or depressive disorder (20.7% prevalence of depressive disorders, 13.9% prevalence of anxiety disorders). …Those diagnosed with a disorder were significantly younger than other participants (P=0.002). They also had lower performance status (P=0.017), smaller social networks (P=0.008), and less participation in organized religious services (P=0.007). In addition, they reported more severe distress on 14 of 18 physical symptoms, social concerns, and existential issues….

Winett, R. A., Anderson, E. S., Wojcik, J. R., Winett, S. G. and Bowden, T. [Department of Psychology, Virginia Polytechnic Institute and State University, Blacksburg, VA; rswinett@vt.edu]. "**Guide to health: nutrition and physical activity outcomes of a group-randomized trial of an Internet-based intervention in churches.**" *Annals of Behavioral Medicine* 33, no. 3 (May-Jun 2007): 251-261.

[Abstract:] BACKGROUND: Theory-based interventions accessible to large groups of people are needed to induce favorable shifts in health behaviors and body weight. PURPOSE: The aim was to assess nutrition; physical activity; and, secondarily, body weight in the tailored, social cognitive Guide to Health (GTH) Internet intervention delivered in churches. METHODS: Participants (N = 1,071; 33% male, 23% African American, 57% with body mass index > or = 25, 60% sedentary, Mdn age = 53 years) within 14 Baptist or United Methodist churches were randomized to the GTH intervention only (GTH-Only; 5 churches), with church-based supports (GTH-Plus; 5 churches), or to a waitlist (control; 4 churches). Verified pedometer step counts, measured body weight, fat, fiber, and fruit and vegetable (F&V) servings from food

frequency and supermarket receipts were collected at pretest, posttest (7 months after pretest), and follow-up (16 months after pretest). RESULTS: Participants in GTH-Only increased F&V at post (approximately 1.50 servings) compared to control (approximately 0.50 servings; p = .005) and at follow-up (approximately 1.20 vs. approximately 0.50 servings; p m = .038) and increased fiber at post (approximately 3.00 g) compared to control (approximately 1.5 g; p = .006) and follow-up (approximately 3.00 g vs. approximately 2.00 g; p = .040). GTH-Plus participants compared to control increased steps at post (approximately 1,500 steps/day vs. approximately 400 steps/day; p = .050) and follow-up (approximately 1,000 steps/day vs. approximately - 50 steps/day; p = .010), increased F&V at post (approximately 1.5 servings; p = .007) and follow-up (approximately 1.3 servings; p = .014), increased fiber at post (approximately 3.00A g; p = .013), and follow-up (approximately 3.00; p = .050) and decreased weight at post (approximately - 0.30 kg vs. approximately + 0.60 kg; p = .030). CONCLUSIONS: Compared to control, both GTH treatments improved nutrition at posttest, but church supports improved physical activity and nutrition at posttest and follow-up, suggesting environmental supports may improve Internet-based interventions.

Wink, P., Ciciolla, L., Dillon, M. and Tracy, A. [Dept. of Psychology, Wellesley College, Wellesley, MA; pwink@wellesley.edu]. "**Religiousness, spiritual seeking, and personality: findings from a longitudinal study**." *Journal of Personalit*y 75, no. 5 (Oct 2007): 1051-1070.

[Abstract:] The hypothesis that personality characteristics in adolescence can be used to predict religiousness and spiritual seeking in late adulthood was tested using a structural equation modeling framework to estimate cross-lagged and autoregressive effects in a two-wave panel design. The sample consisted of 209 men and women participants in the Berkeley Guidance and Oakland Growth studies. In late adulthood, religiousness was positively related to Conscientiousness and Agreeableness, and spiritual seeking was related to Openness to Experience. Longitudinal models indicated that Conscientiousness in adolescence significantly predicted religiousness in late adulthood above and beyond adolescent religiousness. Similarly, Openness in adolescence predicted spiritual seeking in late adulthood. The converse effect, adolescent religiousness to personality in late adulthood, was not significant in either model. Among women, adolescent Agreeableness predicted late-life religiousness and adolescent religiousness predicted late-life Agreeableness; both these effects were absent among men. Adolescent personality appears to shape late-life religiousness and spiritual seeking independent of early religious socialization.

Winslow, G. R. and Wehtje-Winslow, B. J. [Loma Linda University, Loma Linda, CA; gwinslow@llu.edu]. "**Ethical boundaries of spiritual care**." *Medical Journal of Australia* 186, no. 10, Suppl. (May 21, 2007): S63-66.

[Abstract:] In an age that features technologically sophisticated medical interventions, patients still desire spiritually nurturing health care. Attention to patients' spiritual needs and resources in the clinical setting may raise a number of ethical questions. Five ethical guidelines are offered as illustrations of norms that respect patients' preferences and preserve health care professionals' integrity. [This article is part of a special issue of the *Medical Journal of Australia* on spirituality & health. See the other articles in the issue, noted elsewhere in this bibliography, by Koenig, H. G., Williams, D. R. & Sternthal; Jantos, M. & Kiat H., M.; Eckersley, R. M.; D'Souza, R.; Rumbold, B. D.; Wilding, C.; and MacKinlay, E. B. & Trevitt, C.]

Winter, L., Dennis, M. P. and Parker, B. [Center for Applied Research on Aging and Health, Thomas Jefferson University, Pennsylvania, Philadelphia; Laraine.Winter@Jefferson.edu]. "**Religiosity and preferences for life-prolonging medical treatments in African-American and white elders: a mediation study**." *Omega - Journal of Death & Dying* 56, no. 3 (2007-2008): 273-288. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] -*Research on end-of-life treatment preferences has documented robust racial differences, with African-Americans preferring more life-prolonging treatment than Whites. Although little research has attempted to explain these racial differences systematically, speculation has centered on religiosity. We examined a dimension of religiosity frequently invoked in end-of-life research-guidance by God's will-as a potential mediator of racial differences in such treatment preferences. Three hundred African-American and White men and women aged 60 or older participated in a 35-minute telephone interview that elicited preferences for four common life-prolonging treatments in each of nine health scenarios. The questionnaire included the five-item God's will (GW) scale, a health conditions checklist, a depression measure, and sociodemographic questions. GW mediated racial differences at least partially for most treatments and in most health scenarios. Implications are discussed for understanding end-of-life treatment preferences and why races tend to differ.

Wlodarczyk, N. [The Florida State University, Big Bend Hospice]. "**The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report**." *Journal of Music Therapy* 44, no. 2 (2007): 113-122.

[Abstract:] The purpose of this study was to determine the effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report. Participants (N = 10) were used as their own control in an ABAB design format. Session A consisted of approximately 30 minutes of music therapy, after which the patient/subject responded to a spiritual well-being questionnaire; Session B consisted of approximately 30 minutes of a nonmusic visit, after which the patient/subject responded to a spiritual well-being questionnaire. The spiritual well-being questionnaire used in this study is an 18-item, religiously nonspecific, self-report questionnaire using a Likert Scale of 6 degrees adapted from the Spiritual Well-Being Scale (Ellison & Paloutzian, 1982). All participants gave written consent prior to participation in the study. Data results were graphically and statistically analyzed after four visits and four spiritual well-being questionnaires were completed for each subject. Results indicate a statistically significant increase in spiritual well-being scores on music days.

Wong-McDonald. A. [County of Los Angeles Department of Mental Health, Los Angeles, CA; awongmcdonald@lacdmh.org]. "**Spirituality and psychosocial rehabilitation: empowering persons with serious psychiatric disabilities at an inner-city community program**." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 295-300.

[Abstract:] Of 48 persons in a psychosocial rehabilitation program, 20 participated in an optional spirituality group (SG), while the other 28 did not. The recovery progress based on treatment goal attainment is compared between those participating and those not participating in the SG. Within 6 months, all of the SG participants (ioo%) achieved their goals, compared to 16 of the 28 individuals (57%) not in the SG. The difference between the two groups is statistically significant. The role that spirituality played in the SG participants' recovery process is discussed in light of their self-reports. [This article is part of a special issue of the journal on spirituality.]

Yi, M. S., Mrus, J. M., Mueller, C. V., Luckhaupt, S. E., Peterman, A. H., Puchalski, C. M. and Tsevat, J. [Section of Outcomes Research, Department of Internal Medicine, University of Cincinnati Medical Center, Cincinnati, OH; michael.yi@uc.edu].

"**Self-rated health of primary care house officers and its relationship to psychological and spiritual well-being**." *BMC Medical Education* 7:9 (May 2, 2007): www.biomedcentral.com/1472-6920/7/9 [online journal].

[Abstract:] BACKGROUND: The stress associated with residency training may place house officers at risk for poorer health. We sought to determine the level of self-reported health among resident physicians and to ascertain factors that are associated with their reported health. METHODS: A questionnaire was administered to house officers in 4 residency programs at a large Midwestern medical center. Self-rated health was determined by using a health rating scale (ranging from 0 = death to 100 = perfect health) and a Likert scale (ranging from "poor" health to "excellent" health). Independent variables included demographics, residency program type, post-graduate year level, current rotation, depressive symptoms, religious affiliation, religiosity, religious coping, and spirituality. RESULTS: We collected data from 227 subjects (92% response rate). The overall mean (SD) health rating score was 87 (10; range, 40-100), with only 4 (2%) subjects reporting a score of 100; on the Likert scale, only 88 (39%) reported excellent health. Lower health rating scores were significantly associated ($P < 0.05$) with internal medicine residency program, post-graduate year level, depressive symptoms, and poorer spiritual well-being. In multivariable analyses, lower health rating scores were associated with internal medicine residency program, depressive symptoms, and poorer spiritual well-being. CONCLUSION: Residents' self-rated health was poorer than might be expected in a cohort of relatively young physicians and was related to program type, depressive symptoms, and spiritual well-being. Future studies should examine whether treating depressive symptoms and attending to spiritual needs can improve the overall health and well-being of primary care house officers.

Yoon, D. P. and Lee, E. K. "**The impact of religiousness, spirituality, and social support on psychological well-being among older adults in rural areas**." *Journal of Gerontological Social Work* 48, nos. 3-4 (2007): 281-298.

[Abstract:] This paper presents the results of a study on the impact of spirituality, religiousness, and social support on the psychological well-being among rural elderly. With a rural community sample of 215 older adults, hierarchical regression analyses found significant associations between dimensions of spirituality/religiousness, social support, and psychological well-being, with spirituality/religiousness inversely related to depression and social support, positively related to life satisfaction. Findings of this study suggest that practitioners need to develop programs or services that are congruent with religious/spiritual beliefs and practices in order to better enhance the psychosocial well-being and improve the quality of life among older persons in rural areas.

Young, M. M. "**The body as a battlefield: stories from the front line of spiritual health**." *Southern Medical Journal* 100, no. 4 (Apr 2007): 416-417.

This is a brief piece for a special issue highlighting Adolescents' Spirituality and Alcoholism --part of series of special issues in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project.

Young, N. N. and Braun, K. L. [John A. Burns School of Medicine, University of Hawai'i, Honolulu; young.natalie@gmail.com]. "**La'au lapa'au and Western medicine in Hawai'i: experiences and perspectives of patients who use both**." *Hawaii Medical Journal* 66, no. 7 (Jul 2007): 176, 178-180.

[Abstract:] Using qualitative methods, we examined 12 patients' experiences with combining la'au lapa'au (Hawaiian herbal healing) and Western medicine. Participants felt a higher degree of connectedness and understanding in their relationship with their healer than with their physician, and they felt that healers took more time to listen and clearly explain diagnoses. La'au lapa'au was more likely than Western medicine to incorporate a spiritual and prayer component, lead to improvements in cultural and personal identity, and foster feelings of connectedness to the land and Hawaiian values.

Yu, C. F. [Columbia University, New York, NY; cy2126@columbia.edu]. "**Eye on religion: miracles in the Chinese Buddhist tradition**." *Southern Medical Journal* 100, no. 12 (Dec 2007): 1243-1245.

This is a brief overview for clinicians regarding Chinese Buddhist tradition --part of the "Eye on Religion" series in the journal for the Southern Medical Association's Spirituality & Medicine Interface Project. [See also the article by Nakasone, R. Y., regarding Buddhism, cited elsewhere in this bibliography.]

Zanchetta, M. S., Perreault, M., Kaszap, M. and Viens, C. [School of Nursing, Faculty of Community Services, Ryerson University, Toronto, Canada; mzanchet@ryerson.ca]. "**Patterns in information strategies used by older men to understand and deal with prostate cancer: an application of the modelisation qualitative research design**." *International Journal of Nursing Studies* 44, no. 6 (Aug 2007): 961-972.

Among the findings of this qualitative study involving 15 French-Canadian men, aged 61-83 [from the abstract:] The construction of information networks provided participants with knowledge and with emotional and spiritual support to cope with [prostate cancer].

Zemore, S. E. [Alcohol Research Group, 2000 Hearst Avenue, Berkeley, CA 94709; szemore@arg.org]. "**A role for spiritual change in the benefits of 12-step involvement**." *Alcoholism: Clinical & Experimental Research* 31, no. 10, Suppl. (Oct 2007): 76s-79s.

[Abstract:] BACKGROUND: Emerging evidence implies a role for spirituality in recovery from substance abuse. The current study examines the hypothesis that spiritual change helps mediate (or explain) effects for involvement in 12-step groups on recovery outcomes among substance-abusing populations. METHODS: Participants (baseline N = 733) received treatment at 1 of 5 day hospital and 7 residential substance abuse treatment programs in California. Assessments included a baseline interview and 1-year follow-up; analyses incorporated regressions informed by Baron and Kenny (1986) and Sobel's (1982) test. To assess spirituality, measures included (1) the Religious Background and Behaviors scale and (2) an item assessing whether or not participants had had a spiritual awakening through their involvement with 12-step groups. RESULTS: Results confirmed the hypothesis. Increases in 12-step involvement from baseline to follow-up predicted higher odds of total abstinence at follow-up, and this relationship was partially explained by increases in spirituality. Results held in multivariate analyses and regardless of which spirituality measure was analyzed. CONCLUSIONS: The present study provides further evidence that spiritual change contributes to recovery, at least within the context of 12-step involvement. The study also deepens our understanding of how 12-step involvement works.

Earlier bibliographies are available on line through the web site of the Department of Pastoral Care at the Hospital of the University of Pennsylvania at www.uphs.upenn.edu/pastoral.