



RESEARCH REVIEW

A DIGEST OF NEW SCIENTIFIC RESEARCH
CONCERNING RELIGION, BRAIN & BEHAVIOR

JANUARY, 2011

INTRODUCTION

IBCSR Research Review (IRR) is published by the Institute for the Biocultural Study of Religion, a non-profit research institute dedicated to the scientific study of the biocultural aspects of religion. *IRR* briefly annotates and furnishes online information about scientific research articles related to brain, behavior, culture, and religion published in English in leading journals. It also lists relevant books. Articles in press are listed without annotation. Annotations for articles aim to supply a preliminary understanding of the methods and results of a research study, or the argument of a paper. Annotations typically furnish more detail for articles in the scientific study of religion related to religion, brain, and behavior, than for articles in the area of spirituality and health, in accordance with IBCSR research priorities.

Articles for this issue were located by searching the following databases: Applied Science and Technology, ASFA Biological Sciences, ATLA Religion Database, General Science, PubMed, Psychology and Behavioral Sciences Collection, PsycARTICLES, PsycINFO, ScienceDirect, and Web of Science. The search terms were altruism, god, goddess, meditat*, prayer, relig*, spiritu*, and yoga, tailored to the database being searched. Books were located on Amazon.com. Articles not directly relevant to the scientific study of religion were excluded, as were correspondence and reviews. From a universe of 492 articles, 77 articles have been retained from 57 journals. There are 51 pre-publication citations from 28 journals.

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PART 1: ARTICLES IN RELIGION, BRAIN, AND BEHAVIOR

1.1 SCIENTIFIC STUDY OF RELIGION: COGNITIVE NEUROSCIENCE

Grant, Joshua A., Jérôme Courtemanche & Pierre Rainville. 2011. A non-elaborative mental stance and decoupling of executive and pain-related cortices predicts low pain sensitivity in Zen meditators. *Pain* 152(1). 150-156.
doi:[10.1016/j.pain.2010.10.006](https://doi.org/10.1016/j.pain.2010.10.006).

Using functional magnetic resonance imaging and a thermal pain paradigm, researchers found that practitioners of Zen (n=9), compared to controls (n=9), reduce activity in executive, evaluative and emotion areas during pain (prefrontal cortex, amygdala, hippocampus). Meditators with the most experience showed the largest activation reductions. Simultaneously, meditators more robustly activated primary pain processing regions (anterior cingulate cortex, thalamus, insula). The lower pain sensitivity in meditators was strongly predicted by reductions in functional connectivity between executive and pain-related cortices. Results suggest a functional decoupling of the cognitive-evaluative and sensory-discriminative dimensions of pain, possibly allowing practitioners to view painful stimuli more neutrally. The activation pattern is remarkably consistent with the mindset described in Zen and the notion of mindfulness. These findings contrast and challenge current concepts of pain and emotion regulation and cognitive control; commonly thought to manifest through increased activation of frontal executive areas. The authors suggest that it is possible to self-regulate in a more 'passive' manner, by reducing higher-order evaluative processes, as demonstrated in this study by the disengagement of anterior brain systems in meditators.

Hölzel, Britta K., James Carmody, Mark Vangel, Christina Congleton, Sita M. Yerramsetti, Tim Gard & Sara W. Lazar. 2011. Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging* 191(1). 36-43.
doi:[10.1016/j.psychresns.2010.08.006](https://doi.org/10.1016/j.psychresns.2010.08.006).

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In a controlled longitudinal study to investigate pre–post changes in brain gray matter concentration attributable to participation in a mindfulness-based stress reduction (MBSR) program, anatomical magnetic resonance images from 16 healthy, meditation-naïve participants were obtained before and after they underwent the 8-week program. Changes in gray matter concentration were investigated using voxel-based morphometry, and compared with a waiting list control group of 17 individuals. Analyses in a priori regions of interest confirmed increases in gray matter concentration within the left hippocampus. Whole brain analyses identified increases in the posterior cingulate cortex, the temporo-parietal junction, and the cerebellum in the MBSR group compared with the controls. The authors conclude that participation in MBSR is associated with changes in gray matter concentration in brain regions involved in learning and memory processes, emotion regulation, self-referential processing, and perspective taking.

Jang, Joon Hwan, Wi Hoon Jung, Do-Hyung Kang, Min Soo Byun, Soo Jin Kwon, Chi-Hoon Choi & Jun Soo Kwon. 2011. Increased default mode network connectivity associated with meditation. *Neuroscience Letters* 487(3). 358-362.
doi:[10.1016/j.neulet.2010.10.056](https://doi.org/10.1016/j.neulet.2010.10.056).

Researchers hypothesized that meditators would show heightened functional default mode network (DMN) connectivity in areas of cortical midline activity while at rest. Thirty-five meditation practitioners and 33 healthy controls without meditation experience were included in this study. Meditation practitioners demonstrated greater functional connectivity within the DMN in the medial prefrontal cortex area than did controls. The authors suggest that the long-term practice of meditation may be associated with functional changes in regions related to internalized attention even when meditation is not being practiced.

Wang, Danny J. J., Hengyi Rao, Marc Korczykowski, Nancy Wintering, John Pluta, Dharma Singh Khalsa & Andrew B. Newberg. 2011. Cerebral blood flow changes associated with different meditation practices and perceived depth of meditation. *Psychiatry Research: Neuroimaging* 191(1). 60-67.
doi:[10.1016/j.psychresns.2010.09.011](https://doi.org/10.1016/j.psychresns.2010.09.011).

In this study, ten experienced meditators performed two types of meditation: a “focused-based” practice and a “breath-based” practice. Subjects were scanned using perfusion functional magnetic resonance imaging (fMRI) during a baseline state, both meditation states, and a post-meditation baseline state. Using a general linear model, researchers found that the frontal regions, anterior cingulate, limbic system and parietal lobes were affected during meditation and that there were different patterns of cerebral blood flow between the two meditation states. We observed strong correlations between depth of meditation and neural activity in the left inferior forebrain areas including the insula, inferior frontal cortex, and temporal pole. There were persistent changes in the left anterior insula and the precentral gyrus even after meditation was stopped. These changes correlated with the subjective experiences of the practitioners.

1.2 SCIENTIFIC STUDY OF RELIGION: EVOLUTION

Atkinson, Quentin D. & Pierrick Bourrat. 2011. Beliefs about god, the afterlife and morality support the role of supernatural policing in human cooperation. *Evolution and Human Behavior* 32(1). 41-49.
doi:[10.1016/j.evolhumbehav.2010.07.008](https://doi.org/10.1016/j.evolhumbehav.2010.07.008).

Researchers used cross-cultural survey data from a global sample of 87 countries to show that beliefs about two related sources of supernatural monitoring and punishment—God and the afterlife—independently predict respondents’ assessment of the justifiability of a range of moral transgressions. This relationship holds even after controlling for frequency of religious participation, country of origin, religious denomination and level of education. The authors conclude that, across cultural and religious backgrounds, beliefs about the permissibility of moral

transgressions are tied to beliefs about supernatural monitoring and punishment, supporting arguments that these beliefs may be important promoters of cooperation in human groups, even among non-kin.

- Atkinson, Quentin D. & Harvey Whitehouse. 2011. The cultural morphospace of ritual form: Examining modes of religiosity cross-culturally. *Evolution and Human Behavior* 32(1). 50-62.
doi:[10.1016/j.evolhumbehav.2010.09.002](https://doi.org/10.1016/j.evolhumbehav.2010.09.002).

The authors compiled data on 645 religious rituals from 74 cultures around the globe, extracted from the Human Relations Area Files, and found that the cultural morphospace of ritual form favors rituals that are either low-frequency and highly dysphorically arousing, or high-frequency with lower arousal, and that these ritual dynamics are linked to group size and structure. These data suggest that low dysphoric arousal, high-frequency rituals may have been tied to the advent of agriculture and subsequent emergence of the first large-scale civilizations.

1.3 SCIENTIFIC STUDY OF RELIGION: PSYCHOLOGY AND CULTURE

- Borch, Casey, Shane R. Thye, Chris Robinson & Matthew R. West. 2011. What predicts religious participation and giving? Implications for religion in the United States. *Sociological Spectrum* 31(1). 86-113.
doi:[10.1080/02732173.2011.525697](https://doi.org/10.1080/02732173.2011.525697).

Using data from the 1998 congregational module of the General Social Survey researchers found that, net of other predictors, immediate positive sanctions (receiving help from the congregation) and immediate negative sanctions (receiving criticism from the congregation) significantly increase the amount of money given by respondents to religious organizations. Results also indicate that sanctions promised in the future (belief in Heaven and belief in Hell) have little to no effect on religious giving. Furthermore, they find that immediate positive and negative sanctions as well as future negative sanctions predict greater participation in religious organizations, while future positive sanctions show no such effects.

- Doran, Caroline Josephine & Samuel Michael Natale. 2011. $\xi\mu\pi\acute{\alpha}\theta\epsilon\iota\alpha$ (Empatheia) and caritas: The role of religion in fair trade consumption. *Journal of Business Ethics* 98(1). 1-15.
doi:[10.1007/s10551-010-0533-y](https://doi.org/10.1007/s10551-010-0533-y).

This article sought to advance the current understanding of fair trade consumers by investigating the role of religion in fair trade consumption. In this study, fair trade consumers and non-consumers across many religions as well as the non-religious described their consumption of fair trade products as well as the use of their religious beliefs in their purchase behavior. Research indicates that the non-religious are slightly more inclined toward buying fair trade products. Of the religious observers studied, Buddhists have a greater propensity to buy fair trade.

- Hanek, Kathrin J., Bradley D. Olson & Dan P. McAdams. 2011. Political Orientation and the Psychology of Christian Prayer: How Conservatives and Liberals Pray. *International Journal for the Psychology of Religion* 21(1). 30-42.
doi:[10.1080/10508619.2011.532445](https://doi.org/10.1080/10508619.2011.532445).

The authors of this study examined relations between self-reported political orientation and the content of prayer narratives in a sample of 128 midlife North American Christians. Politically liberal Christians were more likely than politically conservative Christians to emphasize provision in prayer, asking God to provide resources for people and to fulfill human needs. Conservatives, however, were no more likely than liberals to emphasize protection in prayer. Further, politically conservative Christians tended to emphasize praise and thanksgiving in their prayers and tended to ask God for both guidance and forgiveness to a greater extent than did politically liberal Christians.

Leak, Gary K. & Laura L. Finken. 2011. The Relationship Between the Constructs of Religiousness and Prejudice: A Structural Equation Model Analysis. *International Journal for the Psychology of Religion* 21(1). 43-62.

doi:[10.1080/10508619.2011.532448](https://doi.org/10.1080/10508619.2011.532448).

The present study used structural equation modeling (SEM) to examine the relationship between religion and prejudice using four of the most important and heavily researched constructs in the psychology of religion: religious commitment, orthodoxy, fundamentalism, and openness, as well as their relationships with three types of prejudice: racial, sexual orientation, and religious. The strongest results revealed that religious commitment, orthodoxy, and fundamentalism were linked positively with sexual orientation prejudice, whereas religious openness was linked negatively with that type of prejudice. Other religiousness-prejudice relationships were weaker and also more complex.

Makowsky, Michael D. 2011. A theory of liberal churches. *Mathematical Social Sciences* 61(1). 41-51.

doi:[10.1016/j.mathsocsci.2010.10.001](https://doi.org/10.1016/j.mathsocsci.2010.10.001).

To explain the success of religious groups requiring only moderate sacrifice, the author extends the club theory of religion to operate within an agent-based computational context, with a distribution of heterogeneous agents occupying coordinates in a two dimensional lattice, making repeated decisions over time. The model offers the possibility of successful moderate groups, including outcomes wherein the population is dominated by moderate groups. He finds that the viability of moderate groups is dependent on extending the model to accommodate agent heterogeneity, not just within the population of agents drawn from, but heterogeneity within groups. Moderate sacrifice rates mitigate member free riding and serve as a weak screening device that permits a range of agent types into the group. Within-group heterogeneity allows agents to benefit from the differing comparative advantages of their fellow members.

Reeve, Charlie L. & Debra Basalik. 2011. A state level investigation of the associations among intellectual capital, religiosity and reproductive health. *Intelligence* 39(1). 64-73.

doi:[10.1016/j.intell.2010.09.007](https://doi.org/10.1016/j.intell.2010.09.007).

The current study examines the degree in the United States to which state intellectual capital, state religiosity and reproductive health form a meaningful nexus of ecological relations. Though the specific magnitude of effects vary across outcomes, results from hierarchical regression analyses were consistent with the hypothesized path model indicating that a state's intellectual capital (as indicated by average state IQ and graduation rates at various levels) has a positive overall effect on state reproductive health statistics, whereas state religiosity generally has a negative impact. Specifically, both IQ and education were positively associated with breastfeeding rates, immunization rates, and rates of mammography screening, and negatively associated with teen fertility rates and infant mortality rates. Additionally, results confirm that education rates partially mediate the influence of IQ onto religiosity, and both education and religiosity partially or fully mediate the relation between IQ and state health (depending on specific outcome measure). The current results are consistent with a growing interdisciplinary literature establishing that individual, state and national well-being is substantially related to general mental ability and its covariates.

Schwadel, Philip. 2011. Age, period, and cohort effects on religious activities and beliefs. *Social Science Research* 40(1). 181-192.

doi:[10.1016/j.ssresearch.2010.09.006](https://doi.org/10.1016/j.ssresearch.2010.09.006).

In an effort to determine trends in religious activity, the author used the intrinsic estimator, a recently developed method of simultaneously estimating age, period, and cohort effects, to examine changes in Americans' religious service attendance, prayer, belief in the afterlife, and biblical literalism. Results show that regular service attendance declines, predominantly across cohorts. There are also period- and cohort-based declines in biblical

literalism and a cohort-based decline in prayer. Belief in the afterlife is relatively stable across periods and cohorts. These results provide mixed support for theories of religious decline, and they demonstrate the importance of differentiating between period and cohort effects on social change.

- Sechrist, Jori, J. Jill Sutor, Nicholas Vargas & Karl Pillemer. 2011. The role of perceived religious similarity in the quality of mother-child relations in later life: Differences within families and between races. *Research on Aging* 33(1). 3-27.
doi:[10.1177/0164027510384711](https://doi.org/10.1177/0164027510384711).

Despite evidence of the importance of value similarity in predicting parent-adult child relations, little attention has been given to the unique role of religious similarity. Using 1,407 dyads nested within 390 families, the authors examine whether religious similarity predicts the quality of mother-child relations in later life and whether the strength of this association differs by race. Consistent with the authors' hypotheses, religious similarity was found to be an important factor in predicting both closeness and conflict, particularly in Black families.

- Sherkat, Darren E., Melissa Powell-Williams, Gregory Maddox & Kylan Mattias de Vries. 2011. Religion, politics, and support for same-sex marriage in the United States, 1988-2008. *Social Science Research* 40(1). 167-180.
doi:[10.1016/j.ssresearch.2010.08.009](https://doi.org/10.1016/j.ssresearch.2010.08.009).

Using data from the General Social Surveys, the authors show that respondents who identify more strongly with the Republican Party, sectarian denominations, and those who subscribe to biblical fundamentalism and political conservatism are substantially more opposed to same-sex marriage than are other Americans. Heterogeneous ordinal logistic regression models show that these religious and political factors have become more important over the last two decades. Cohorts born after 1945 became substantially more supportive of marriage rights between 1988 and 2008, but shifts in support for marriage rights were less sizeable for persons affiliated with sectarian denominations, religious fundamentalists, Republicans, and political conservatives. Estimates from structural equation models show that religious factors influence political conservatism and Republican identification, yet both religious and political factors have significant and substantial independent direct effects on support for same-sex marriage.

- Toosi, Negin R. & Nalini Ambady. 2011. Ratings of Essentialism for Eight Religious Identities. *International Journal for the Psychology of Religion* 21(1). 17-29.
doi:[10.1080/10508619.2011.532441](https://doi.org/10.1080/10508619.2011.532441).

In this study, college students (n=55) provided ratings of essentialism (when social groups are considered to have deep, immutable, and inherent defining properties) for eight religious identities: Atheist, Buddhist, Catholic, Hindu, Jewish, Muslim, Protestant, and Spiritual-but-not-religious. Significant differences in essentialism were found between the target groups. Islam, Judaism, and Hinduism were considered not only to be more deeply held, natural, and unchangeable than other religious identities but also to be more cohesive, more important to members, more united by common goals and a common fate, and so on. Spiritual and Atheists were, conversely, viewed as more malleable identities, without the degree of cohesiveness that characterized the other religious identities. Catholics, Buddhists, and Protestants were rated somewhere in the middle.

- Ward, A. Zachary & Stephen W. Cook. 2011. The complex associations between conforming to masculine norms and religiousness in men. *Psychology of Men & Masculinity* 12(1). 42-54.
doi:[10.1037/a0020003](https://doi.org/10.1037/a0020003).

Researchers administered to 154 male undergraduates a comprehensive measure of 11 masculine norms, and measures of 5 aspects of religiousness: religious commitment; intrinsic, extrinsic, and quest religious motivations; and religious fundamentalism. Analysis indicated that both positive and negative associations exist between masculinity and religiousness. Three aspects of traditional masculinity (winning, power over women, and disdain

for homosexuals) were positively correlated with various aspects of religiousness, and 3 aspects of traditional masculinity (emotional control, violence, and playboy) were negatively associated with various aspects of religiousness. Furthermore, 3 significant canonical functions were interpreted linking various aspects of masculinity to (a) traditional religiousness, (b) nondogmatic religiousness, and (c) both intrinsic and extrinsic religiousness.

1.4 SCIENTIFIC STUDY OF RELIGION: METHOD & THEORY

Schuermans-Stekhoven, James Benjamin. 2011. Is it God or just the data that moves in mysterious ways? How well-being research may be mistaking faith for virtue. *Social Indicators Research* 100(2). 313-330.

doi:[10.1007/s11205-010-9630-7](https://doi.org/10.1007/s11205-010-9630-7).

In a study of the link between spiritual faith-based beliefs (SFBBs) and psychological well-being, the authors included virtue (e.g., kindness, etc.) and SFBB as predictors of well-being. Simple analyses replicate typical SFBB findings, while multivariate analyses reveal that virtues (spirituality) positively (negatively) predict well-being. The authors hold that, since multivariate analyses are appropriate for testing competing theories, past claims that SFBBs improve well-being appear spurious.

PART 2. ARTICLES IN SPIRITUALITY & HEALTH RESEARCH

2.1 SPIRITUALITY & HEALTH: GENERAL HEALTH & WELL-BEING

Bert, Shannon Carothers. 2011. The influence of religiosity and spirituality on adolescent mothers and their teenage children. *Journal of Youth and Adolescence* 40(1). 72-84.
doi:[10.1007/s10964-010-9506-9](https://doi.org/10.1007/s10964-010-9506-9).

This project assessed the influence of religiosity and spirituality on the socioemotional and behavioral adjustment of 110 adolescent mothers and their teenage offspring at age 14. Maternal religiosity, measured prenatally and when children were 3, 5, and 8 years of age, was defined as involvement in church as well as contact with and dependence on church officials and members. Levels of spirituality, defined as religious practices and beliefs, were assessed for both mothers and their children at 14 years postpartum. Hierarchical regression analyses suggested that maternal religiosity was a strong predictor of maternal and child adjustment; children's own spirituality served as a predictor of their socioemotional adjustment as well. Furthermore, child spirituality mediated the relationship between maternal religiosity and children's externalizing behavior.

Bower, Julienne E, Deborah Garet & Beth Sternlieb. 2011. Yoga for persistent fatigue in breast cancer survivors: results of a pilot study. *Evidence-Based Complementary and Alternative Medicine: eCAM* 2011. Article ID 623168.
doi:[10.1155/2011/623168](https://doi.org/10.1155/2011/623168).

This single-arm pilot study evaluated the feasibility and preliminary efficacy of a yoga intervention for fatigued breast cancer survivors based on the Iyengar tradition. Twelve women were enrolled in the trial, and 11 completed the full 12-week course of treatment. There was a significant improvement in fatigue scores from pre- to post-intervention that was maintained at the 3-month post-intervention followup. Significant improvements were also observed in measures of physical function, depressed mood, and quality of life.

Chiesa, Alberto & Alessandro Serretti. 2011. Mindfulness-based interventions for chronic pain: a systematic review of the evidence. *Journal of Alternative and Complementary Medicine* 17(1). 83-93.
doi:[10.1089/acm.2009.0546](https://doi.org/10.1089/acm.2009.0546).

A literature review regarding the effects of mindfulness-based interventions (MBIs) on chronic pain found inconclusive results. Analysis of 10 studies showed that MBIs could have nonspecific effects for the reduction of pain symptoms and the improvement of depressive symptoms in patients with chronic pain, while there is only limited evidence suggesting specific effects of such interventions. Further findings evidenced some improvements in psychologic measures related to chronic pain such as coping with pain following MBIs as well.

Evans, Subhadra, Laura Cousins, Jennie Ci Tsao, Saskia Subramanian, Beth Sternlieb & Lonnie K Zeltzer. 2011. A randomized controlled trial examining Iyengar yoga for young adults with rheumatoid arthritis: a study protocol. *Trials* 12(15). 19.
doi:[10.1186/1745-6215-12-19](https://doi.org/10.1186/1745-6215-12-19).

The authors describe the protocol for an upcoming study testing the potential benefits of Iyengar yoga on clinical symptoms, psychospiritual functioning and visceral sensitivity, focusing on young people aged 14-26 years. Sixty irritable bowel syndrome patients aged 14-26 will be randomly assigned to a standardized 6-week twice weekly Iyengar yoga group-based program or a wait-list usual care control group. The groups will be compared on the primary clinical outcomes of irritable bowel syndrome symptoms, quality of life and global improvement at post-treatment and 2-month follow-up.

- Finocchiaro-Kessler, S, D Catley, J Berkley-Patton, M Gerkovich, K Williams, J Banderas & K Goggin. 2011. Baseline predictors of ninety percent or higher antiretroviral therapy adherence in a diverse urban sample: the role of patient autonomy and fatalistic religious beliefs. *AIDS Patient Care and STDs* 25(2). 103-111.
doi:[10.1089/apc.2010.0319](https://doi.org/10.1089/apc.2010.0319).

This study assessed baseline predictors of high antiretroviral therapy (ART) adherence (=90%) measured by electronic drug monitors (EDM) at 12 and 24 weeks after enrollment in a randomized controlled trial testing behavioral interventions to improve ART adherence (n=204). Baseline levels of autonomous support from friends and family, motivation to adhere, and having an active coping style were all positively associated with adherence, while the belief that God is in control of one's health was negatively associated with adherence.

- Gregoski, Mathew J., Vernon A. Barnes, Martha S. Tingen, Gregory A. Harshfield & Frank A. Treiber. 2011. Breathing Awareness Meditation and LifeSkills Training Programs Influence Upon Ambulatory Blood Pressure and Sodium Excretion Among African American Adolescents. *Journal of Adolescent Health* 48(1). 59-64.
doi:[10.1016/j.jadohealth.2010.05.019](https://doi.org/10.1016/j.jadohealth.2010.05.019).

Following 3 consecutive days of systolic blood pressure (SBP) screenings, 166 eligible participants were randomized by school to either breathing awareness meditation (BAM; n=53), Botvin LifeSkills Training (LST; n=69), or health education control (HEC; n=44). In-school intervention sessions were administered for 3 months by health education teachers. Significant group differences were found for changes in overnight SBP and SBP, diastolic blood pressure, and heart rate over the 24-hour period and during school hours. The BAM treatment exhibited the greatest overall decreases on these measures. The authors conclude that BAM appears to improve hemodynamic function and may affect sodium handling among African American adolescents who are at increased risk for development of cardiovascular disease.

- Haaz, Steffany & Susan J Bartlett. 2011. Yoga for arthritis: a scoping review. *Rheumatic Diseases Clinics of North America* 37(1). 33-46.
doi:[10.1016/j.rdc.2010.11.001](https://doi.org/10.1016/j.rdc.2010.11.001).

In this literature review, eleven studies were identified that researched using yoga for arthritis, including 4 randomized controlled trials (RCTs) and 4 non-RCTs. All trials were small and control groups varied. No adverse events were reported, and attrition was comparable or better than that typical for exercise interventions. Evidence was strongest for reduced disease symptoms (tender/swollen joints, pain) and disability and for improved self-efficacy and mental health. Interventions, research methods, and disease diagnoses were heterogeneous.

- Ljótsson, Brjánn, Erik Hedman, Perjohan Lindfors, Timo Hursti, Nils Lindefors, Gerhard Andersson & Christian Rück. 2011. Long-term follow-up of internet-delivered exposure and mindfulness based treatment for irritable bowel syndrome. *Behaviour Research and Therapy* 49(1). 58-61.
doi:[10.1016/j.brat.2010.10.006](https://doi.org/10.1016/j.brat.2010.10.006).

The authors conducted a follow-up of a previously reported study of internet-delivered cognitive behavior therapy for irritable bowel syndrome, based on exposure and mindfulness exercises. Seventy-five participants from the original sample of 85 (88%) reported follow-up data at 15–18 months (mean 16.4 months) after completing treatment. Intention-to-treat analysis showed that treatment gains were maintained on all outcome measures, including IBS symptoms, quality of life, and anxiety related to gastrointestinal symptoms. A total of fifty participants reported adequate relief of symptoms. Improvements at follow-up were more pronounced for the participants that had completed the full treatment and maintenance of improvement did not seem to be dependent on further treatment seeking.

Marini, Irmo & Noreen M. Glover-Graf. 2011. Religiosity and Spirituality Among Persons With Spinal Cord Injury: Attitudes, Beliefs, and Practices. *Rehabilitation Counseling Bulletin* 54(2). 82-92. doi:[10.1177/0034355210368868](https://doi.org/10.1177/0034355210368868).

A total of 157 persons with spinal cord injury completed the Spirituality and Spinal Cord Injury Survey in relation to their spiritual and/or religious attitudes, beliefs, and practices in terms of adapting to their disability. Factor analysis accounting for 69% of the variance revealed four factors related to Spiritual Help and Improvement (36%), Spiritual Decline (22%), Punishment/Atonement (6%), and Body/Mind Improvements (5%). Participants were further classified by time since injury, which statistically indicated that some individuals tend to become more focused on religious or spiritual practices and beliefs regarding cure soon after injury; however, these behaviors and beliefs tend to dissipate over time. The majority of participants expressed overall satisfaction with God or a Spiritual Power (G/SP) and that G/SP helped them cope, gave them meaning, and was a source of happiness in their lives.

Masters, Kevin S. & Andrea Knestel. 2011. Religious Orientation Among a Random Sample of Community-Dwelling Adults: Relations With Health Status and Health-Relevant Behaviors. *International Journal for the Psychology of Religion* 21(1). 63-76. doi:[10.1080/10508619.2011.532450](https://doi.org/10.1080/10508619.2011.532450).

This empirical study was designed as the first to describe the distribution of the four religious orientation types in the general population, based on Allport and Ross's Intrinsic/Extrinsic typology, and to test whether differences in health status and health relevant behaviors based on religious type exist. Throughout 2005-2006 individuals (n=157) were randomly telephoned and administered a measure of religious orientation. Intrinsic and Non-religious types reported the most favorable health perceptions and lowest body mass indexes. Intrinsic and Pro-religious types were least likely to smoke tobacco or drink alcohol.

Thomley, Barbara S., Siddiqi H. Ray, Stephen S. Cha & Brent A. Bauer. Effects of a Brief, Comprehensive, Yoga-Based Program on Quality of Life and Biometric Measures in an Employee Population: A Pilot Study. *EXPLORE: The Journal of Science and Healing* 7(1). 27-29. doi:[10.1016/j.explore.2010.10.004](https://doi.org/10.1016/j.explore.2010.10.004).

Among a group of employees who participated in a yoga-based wellness program, after six weeks statistically significant improvements were observed in weight, diastolic blood pressure, flexibility score, body fat percentage, and overall quality of life.

Young, Laura A. 2011. Mindfulness meditation: a primer for rheumatologists. *Rheumatic Diseases Clinics of North America* 37(1). 63-75. doi:[10.1016/j.rdc.2010.11.010](https://doi.org/10.1016/j.rdc.2010.11.010).

The purpose of this review is to provide the practicing rheumatologist with an overview of mindfulness and how it can be applied to Western medical treatment plans to enhance both the medical and psychological care of patients

Zeng, Yi, Danan Gu & Linda K. George. 2011. Association of religious participation with mortality among Chinese old adults. *Research on Aging* 33(1). 51-83. doi:[10.1177/0164027510383584](https://doi.org/10.1177/0164027510383584).

This research examines the association of religious participation with mortality using a longitudinal data set collected from 9,017 oldest-old (aged 85+) and 6,956 younger elders aged 65 to 84 in China in 2002 and 2005 and hazard models. Results show that adjusted for demographics, family/ social support, and health practices, risk of dying was 24% and 12% lower among frequent and infrequent religious participants than among nonparticipants for all elders aged 65+. After baseline health was adjusted, the corresponding risk of dying declined to 21% and 6%, respectively.

2.2 SPIRITUALITY & HEALTH: MENTAL HEALTH

Braam, Arjan W, Marianne Klinkenberg & Dorly J H Deeg. 2011. Religiousness and mood in the last week of life: an explorative approach based on after-death proxy interviews. *Journal of Palliative Medicine* 14(1). 31-37.
doi:[10.1089/jpm.2010.0262](https://doi.org/10.1089/jpm.2010.0262).

For the current study, after-death interviews with proxy respondents (n=277) of deceased sample members of the Longitudinal Aging Study Amsterdam provided information on depressive mood and anxiety in the last week of life, as well as on the presence of a sense of peace at the approaching end of life. Proxy respondents also were asked about serious physical symptoms in the last week of life of the respondent, the respondent's cognitive decline, and their estimate of the salience of religion for the sample member. Other characteristics were derived from the last interviews with the sample members when still alive: depressive symptoms, chronic diseases, religious affiliation, church attendance, belief in Heaven, belief in Hell, and salience of religion. None of the characteristics of religiousness was significantly associated with depressive mood or anxiety, as estimated by the proxy respondent. A sense of peace, however, was predicted by higher church attendance, belief in Hell (among church-members), and the proxy's estimate of the salience of religion. The authors conclude that religiousness did not affect depressive mood or anxiety in the last week of life in the current sample.

Bruce, Anne, Rita Schreiber, Olga Petrovskaya & Patricia Boston. 2011. Longing for ground in a ground(less) world: a qualitative inquiry of existential suffering. *BMC Nursing* 10(1). 2.
doi:[10.1186/1472-6955-10-2](https://doi.org/10.1186/1472-6955-10-2).

A grounded theory approach was used to explore processes in the context of situated interaction and to explore the process of existential suffering. We began with in vivo codes of participants' words, and clustered these codes at increasingly higher levels of abstractions until we were able to theorize. Findings suggest the process of existential suffering begins with an experience of groundlessness that results in an overarching process of Longing for Ground in a Ground(less) World, a wish to minimize the uncomfortable or anxiety-provoking instability of groundlessness. Longing for ground is enacted in three overlapping ways: by turning toward one's discomfort and learning to let go (engaging groundlessness), turning away from the discomfort, attempting to keep it out of consciousness by clinging to familiar thoughts and ideas (taking refuge in the habitual), and learning to live within the flux of instability and unknowing (living in-between).

Crane, Catherine, Danka Jandric, Thorsten Barnhofer & J Mark G Williams. 2010. Dispositional Mindfulness, Meditation, and Conditional Goal Setting. *Mindfulness* 1(4). 204-214.
doi:[10.1007/s12671-010-0029-y](https://doi.org/10.1007/s12671-010-0029-y).

In this program, Study 1 examined the correlation between changes in dispositional mindfulness and changes in conditional goal setting (CGS) over a 3-4 month period in patients participating in a pilot randomized controlled trial of Mindfulness-Based Cognitive Therapy (MBCT). Results indicated that increases in dispositional mindfulness were significantly associated with decreases in CGS, although this effect could not be attributed specifically to the group who had received training in meditation. Study 2 explored the impact of brief periods of either breathing or loving kindness meditation on CGS in 55 healthy participants. Contrary to expectation, a brief period of meditation increased CGS. Further analyses indicated that this effect was restricted to participants low in goal re-engagement ability who were allocated to loving kindness meditation. Longer term changes in dispositional mindfulness are associated with reductions in CGS in patients with depressed mood. However initial reactions to meditation, and in particular loving kindness meditation, may be counterintuitive and further research is required in order to determine the relationship between initial reactions and longer-term benefits of meditation practice.

Delgado-Guay, Marvin, Henrique Parsons, David Hui, Maxine De La Cruz, Kathy Govan, Eduardo Bruera & Steve Thorney. 2011. The Impact of Spirituality, Religiosity, and Spiritual Pain in Coping Strategies and Quality of Life (QOL) of (CACP) in the Palliative Care (PC) Setting (717). *Journal of Pain and Symptom Management* 41(1). 282.
doi:[10.1016/j.jpainsymman.2010.10.196](https://doi.org/10.1016/j.jpainsymman.2010.10.196).

Researchers interviewed 43 Caregivers of Advanced Cancer Patients (CACP) in a palliative care-outpatient clinic. Self-rated spirituality, religiosity, and spiritual-pain were assessed using numeric-rating scales. Almost all CACP considered themselves spiritual (100%) and religious (98%). The caregivers reported spirituality and religiosity help them cope with their patients' illness and have a positive impact on their patients' physical and emotional symptoms. Spiritual-pain was reported in 23/40 (58%) CACP. Caregivers with spiritual pain expressed worse HADS-anxiety, worse HADS-depression, and expressed denial, behavioral disengagement, and dysfunctional coping strategies and worse QOL.

Ellison, Dawn M. 2011. Religious negativism and fantasy guilt. *The Family Journal* 19(1). 101-107.
doi:[10.1177/1066480710388754](https://doi.org/10.1177/1066480710388754).

This literature review examines the nature of sexual fantasies and their impact (both negative and positive) on arousal. The effects of guilt and shame resulting from religious negativism—specifically Christianity—toward fantasies is explored.

Exline, Julie J., Crystal L. Park, Joshua M. Smyth & Michael P. Carey. 2011. Anger toward God: Social-cognitive predictors, prevalence, and links with adjustment to bereavement and cancer. *Journal of Personality and Social Psychology* 100(1). 129-148.
doi:[10.1037/a0021716](https://doi.org/10.1037/a0021716).

From five studies, researchers show that perceived relationships with God carry the potential for experiencing anger toward God. Studies with the U.S. population (Study 1), undergraduates (Studies 2 and 3), bereaved individuals (Study 4), and cancer survivors (Study 5), addressed 3 fundamental issues regarding anger toward God: perceptions and attributions that predict anger toward God, its prevalence, and its associations with adjustment. Social-cognitive predictors of anger toward God paralleled predictors of interpersonal anger and included holding God responsible for severe harm, attributions of cruelty, difficulty finding meaning, and seeing oneself as a victim. Anger toward God was frequently reported in response to negative events, although positive feelings predominated. Anger and positive feelings toward God showed moderate negative associations. Religiosity and age correlated negatively with anger toward God.

Hexem, Kari R., Cynthia J. Mollen, Karen Carroll, Dexter A. Lanctot & Chris Feudtner. 2011. How parents of children receiving pediatric palliative care use religion, spirituality, or life philosophy in tough times. *Journal of Palliative Medicine* 14(1). 39-44.
doi:[10.1089/jpm.2010.0256](https://doi.org/10.1089/jpm.2010.0256).

Parents of children who had enrolled in a prospective cohort study on parental decision-making for children receiving pediatric palliative care (n=73) were asked an open-ended question on how religion, spirituality, or life philosophy (RSLP) was helpful in difficult times. Most parents of children receiving palliative care felt that RSLP was important in helping them deal with tough times, and most parents reported either participation in formal religious communities, or a sense of personal spirituality. A minority of parents, however, did not wish to discuss the topic at all. For those who described their RSLP, their beliefs and practices were associated with qualities of their overall outlook on life, questions of goodness and human capacity, or that "everything happens for a reason." RSLP was also important in defining the child's value and beliefs about the child's afterlife. Prayer and reading the bible were important spiritual practices in this population, and parents felt that these practices influenced their perspectives on the medical circumstances and decision-making, and their locus of control. From

religious participation and practices, parents felt they received support from both their spiritual communities and from God, peace and comfort, and moral guidance. Some parents, however, also reported questioning their faith, feelings of anger and blame towards God, and rejecting religious beliefs or communities.

- Hollis-Walker, Laurie & Kenneth Colosimo. 2011. Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences* 50(2). 222-227.
doi:[10.1016/j.paid.2010.09.033](https://doi.org/10.1016/j.paid.2010.09.033).

This study examined relationships between mindfulness and indices of happiness and explored a five-factor model of mindfulness. The current study tested the hypothesis that the prediction of psychological well-being (PWB) by mindfulness would be augmented and partially mediated by self-compassion. Participants were 27 men and 96 women (mean age = 20.9 years). Results show that mindfulness is related to psychologically adaptive variables and that self-compassion is a crucial attitudinal factor in the mindfulness–happiness relationship.

- Huguelet, Philippe, Sylvia Mohr, Carine Betrisey, Laurence Borrás, Christiane Gillieron, Adham Mancini Marie, Isabelle Rieben, Nader Perroud & Pierre-Yves Brandt. 2011. A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience. *Psychiatric Services (Washington, D.C.)* 62(1). 79-86.
doi:[10.1176/appi.ps.62.1.79](https://doi.org/10.1176/appi.ps.62.1.79).

In this study, outpatients with psychosis were randomly assigned to two groups: an intervention group that received traditional treatment and a religious and spiritual assessment (n=40) and a control group that received only traditional treatment (n=38). Eight psychiatrists were trained to administer the assessment to their established and stable patients. After each administration, the psychiatrist attended a supervision session with a psychiatrist and a psychologist of religion. Baseline and three-month data were collected. The spiritual assessment was well accepted by patients. During supervision, psychiatrists reported potential clinical uses for the assessment information for 67% of patients. No between-group differences in medication adherence and satisfaction with care were found at three months, although patients in the intervention group had significantly better appointment attendance during the follow-up period. Their interest in discussing religion and spirituality with their psychiatrists remained high. The process was not as well accepted by psychiatrists.

- Sandage, Steven J., Peter C. Hill & Deanne C. Vaubel. 2011. Generativity, Relational Spirituality, Gratitude, and Mental Health: Relationships and Pathways. *International Journal for the Psychology of Religion* 21(1). 1-16.
doi:[10.1080/10508619.2011.532439](https://doi.org/10.1080/10508619.2011.532439).

In this study, the authors investigated generativity strivings or commitments in relation to spirituality, spiritual transformation (ST), gratitude, and mental health in the educational training context of graduate-level students (n=194) at a university-based theological seminary in North America. Intrinsic religiosity was positively and quest negatively related to generativity strivings over and above age. The self-report of a recent ST moderated the relationship between generativity strivings and quest with those reporting an ST showing a quadratic relationship and those not reporting an ST showing a negative relationship. Gratitude mediated the relationship between generativity strivings and mental health, although this effect did not hold in a post hoc analysis controlling for spiritual impression management.

- Shapiro, Shauna L, Kirk Warren Brown, Carl Thoresen & Thomas G Plante. 2011. The moderation of Mindfulness-based stress reduction effects by trait mindfulness: results from a randomized controlled trial. *Journal of Clinical Psychology* 67(3). 267-277.
doi:[10.1002/jclp.20761](https://doi.org/10.1002/jclp.20761).

In a randomized controlled trial (n=30), researchers explored whether individuals with higher levels of pretreatment trait mindfulness would benefit more from MBSR intervention. Results demonstrated that relative to a control condition (n=15), MBSR treatment (n=15) had significant effects on several outcomes, including increased trait mindfulness, subjective well-being, and empathy measured at 2 and 12 months after treatment. However, relative to controls, MBSR participants with higher levels of pretreatment mindfulness showed a larger increase in mindfulness, subjective well-being, empathy, and hope, and larger declines in perceived stress up to 1 year after treatment.

Stålhandske, Maria L, Maria Ekstrand & Tanja Tydén. 2011. Women's existential experiences within Swedish abortion care. *Journal of Psychosomatic Obstetrics and Gynaecology* 32(1). 35-41.
doi:[10.3109/0167482X.2010.545457](https://doi.org/10.3109/0167482X.2010.545457).

Through interviews with 24 women with previous experience of unwanted pregnancy and abortion, researchers found that although the women had similar experiences of the abortion care offered, the needs they expressed differed. Swedish abortion care was described as rational and neutral, with physical issues dominating over existential ones. For some women, the medical procedures triggered existential experiences of life, meaning, and morality. While some women abstained from any form of existential support, others expressed a need to reflect upon the existential aspects and/or to reconcile their decision emotionally.

Suhail, Kausar, Naila Jamil, Jan Oyeboode & Mohammad Asir Ajmal. 2011. Continuing Bonds in Bereaved Pakistani Muslims: Effects of Culture and Religion. *Death Studies* 35(1). 22-41.
doi:[10.1080/07481181003765592](https://doi.org/10.1080/07481181003765592).

This study explores the bereavement process and continuing bond in Pakistani Muslims with the focus on how culture and religion influence these processes. From interviews with ten participants, three domains were identified: death and the process of grieving, continuing the link with the deceased, and influencing agents. The findings indicated that Pakistani Muslims maintained their link with the deceased through cultural and religious rituals, such as performing prayers, reciting holy verses, talking and dreaming about the deceased, doing charity, visiting graves, and arranging communal gatherings. The prime purpose of many of these practices was the forgiveness of the deceased. Grief reactions seemed to be determined by the nature of death, prior relationships with the deceased, reaction of society and gender of the bereaved. Religion provided a strong basis for coping and adjustment of the bereaved, through rationalizing and accepting the death.

Tan, Erica S N & Mark A Yarhouse. 2010. Facilitating congruence between religious beliefs and sexual identity with mindfulness. *Psychotherapy* 47(4). 500-511.
doi:[10.1037/a0022081](https://doi.org/10.1037/a0022081).

Sexual identity therapy (SIT) was developed to assist individuals who are seeking to address potential conflicts between religious and sexual identities by focusing on personal congruence. In this study, mindfulness was applied to SIT to assist individuals with same-sex attraction to become nonjudgmentally aware of their thoughts and feelings related to same-sex attraction such that they are able to experience their attractions in an open and honest manner without feeling compelled to either dismiss or augment these attractions. Mindful awareness of same-sex attraction facilitates congruence because there is less emphasis on changing behaviors, thoughts or feelings, but rather, changing the relationship the individual has to their experiences of same-sex attraction so that they are experienced as neutral, as opposed to aversive.

Vahia, Ipsit V., Colin A. Depp, Barton W. Palmer, Ian Fellows, Shahrokh Golshan, Wesley Thompson, Matthew Allison & Dilip V. Jeste. 2011. Correlates of spirituality in older women. *Aging & Mental Health* 15(1). 97-102.
doi:[10.1080/13607863.2010.501069](https://doi.org/10.1080/13607863.2010.501069).

In a sample of community-dwelling older women (n=1,973) enrolled at the San Diego site of the Women's Health Initiative study, researchers examined the association between spirituality and a range of variables associated with successful cognitive and emotional aging, including optimism, resilience, depression, and health-related quality of life (HRQoL). Overall, 40% women reported regular attendance in organized religious practice, and 53% reported engaging in private spiritual practices. Spirituality was significantly associated only with higher resilience, lower income, lower education, and lower likelihood of being in a marital or committed relationship.

Van Dam, Nicholas T., Sean C. Sheppard, John P. Forsyth & Mitch Earleywine. 2011. Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders* 25(1). 123-130.
doi:[10.1016/j.janxdis.2010.08.011](https://doi.org/10.1016/j.janxdis.2010.08.011).

The present study compared the ability of the Self-Compassion Scale (SCS) and the Mindful Attention Awareness Scale (MAAS) to predict anxiety, depression, worry, and quality of life in a large community sample seeking self-help for anxious distress (n=504). Analyses showed that self-compassion is a robust predictor of symptom severity and quality of life, accounting for as much as ten times more unique variance in the dependent variables than mindfulness. Of particular predictive utility are the self-judgment and isolation subscales of the SCS. The authors conclude that self-compassion is a robust and important predictor of psychological health that may be an important component of mindfulness-based interventions for anxiety and depression.

Vespa, Anna, Paul B. Jacobsen, Liana Spazzafumo & Lodovico Balducci. 2011. Evaluation of intrapsychic factors, coping styles, and spirituality of patients affected by tumors. *Psycho-Oncology* 20(1). 5-11.
doi:[10.1002/pon.1719](https://doi.org/10.1002/pon.1719).

In a study of 88 patients with lung cancer, and 56 patients with large bowel cancer, researchers found a significant correlation among inner spirituality (IS), spiritual coping (SC) and Spiritual Well Being (SWB). The patients with high spirituality are more prone to develop their potentialities and capacities. Patients with higher levels of IS and SC have more effective coping mechanisms with stressful situations. They care for themselves by developing their own capacities and potentialities. The profile of patients with lower intrinsic spirituality and SC scores suggest ineffective coping with high risk of depression, self-neglect both in the physical and emotional dimensions, and of self-abuse.

2.3 SPIRITUALITY & HEALTH: METHOD AND THEORY

Balboni, Tracy, Michael Balboni, M. Elizabeth Paulk, Andrea Phelps, Alexi Wright, John Petee, Susan Block, Chris Lathan, Tyler VanderWeele & Holly Prigerson. 2011. Support of Cancer Patients' Spiritual Needs and Associations with Medical Care Costs at the End of Life (419-C). *Journal of Pain and Symptom Management* 41(1). 243-244.
doi:[10.1016/j.jpainsymman.2010.10.131](https://doi.org/10.1016/j.jpainsymman.2010.10.131).

In a prospective, multi-site study of 339 terminal cancer patients, spiritual care was measured by patients' reports that the healthcare team supported their religious/spiritual needs. End of life care and costs in the last week were compared among patients whose spiritual needs were well-supported versus those not. In comparison to patients receiving less spiritual care, patients whose religious/spiritual needs were well-supported by clinic staff were more likely to receive a week or more of hospice and less likely to die in an ICU. Among racial/ethnic minorities and high religious coping patients, those with well-supported R/S needs received less ICU care, more hospice care and had fewer ICU deaths. EOL costs were lower when clinicians supported patients' spiritual needs, particularly among racial/ethnic minorities and high religious coping patients.

Baldacchino, Donia R. 2011. Teaching on spiritual care: The perceived impact on qualified nurses. *Nurse Education in Practice* 11(1). 47-53.
doi:[10.1016/j.nepr.2010.06.008](https://doi.org/10.1016/j.nepr.2010.06.008).

This paper discusses the perceived impact of the study unit Spiritual Coping in Illness and Care on qualified nurses. Qualitative data were collected by a self-administered questionnaire from the three cohort groups of qualified nurses who undertook this study unit in 2003–2004 (n= 33), 2004–2005 (n=35) and 2006–2007 (n=35). Learners found the study unit as a resource for updating their knowledge on spirituality in care and increased self-awareness of their own spirituality and nursing care. They acknowledged their role as change agents in order to implement holistic care in collaboration with the multidisciplinary team.

Bell, Karen & Nancy Boutin. 2011. Help Me Understand: The Use of Story Teaching in Palliative and Hospice Care--The Science, the Benefits, the How To (528): Humanities and Spirituality. *Journal of Pain and Symptom Management* 41(1). 269-270.
doi:[10.1016/j.jpainsymman.2010.10.176](https://doi.org/10.1016/j.jpainsymman.2010.10.176).

The authors describe how to use using stories to teach enhances learning, fosters critical and creative thinking, and improves problem-solving skills. Story teaching is especially effective for those who have experienced surprises or expectation failures and need to reshape goals and expectations—common experiences for patients/families at end of life.

Bopp, Melissa, Elizabeth A Fallon & David X Marquez. 2011. A faith-based physical activity intervention for Latinos: outcomes and lessons. *American Journal of Health Promotion: AJHP* 25(3). 168-171.
doi:[10.4278/ajhp.090413-ARB-138](https://doi.org/10.4278/ajhp.090413-ARB-138).

Culturally and spiritually relevant education materials and activities were developed promoting the health benefits of physical activity (PA), and distributed to a subsample of the congregation at two Catholic churches (n=24). An 8-week team based walking contest promoted social support for PA. A health “fiesta” provided hands-on educational opportunities for PA. One comparison church was used (n=23). Compared with 36% of comparison participants, 66% of intervention participants identified health reasons for participating in PA, and 47% accurately described PA recommendations, compared with 16% of comparison participants.

Chatters, Linda M, Jacqueline S Mattis, Amanda Toler Woodward, Robert Joseph Taylor, Harold W Neighbors & Nyasha A Grayman. 2011. Use of ministers for a serious personal problem among African Americans: findings from the national survey of American life. *The American Journal of Orthopsychiatry* 81(1). 118-127.
doi:[10.1111/j.1939-0025.2010.01079.x](https://doi.org/10.1111/j.1939-0025.2010.01079.x).

This study examined use of ministers for assistance with a serious personal problem within a nationally representative sample of African Americans. Study findings supported religious socialization and problem-oriented explanations indicating that persons who are heavily invested in religious pursuits and organizations (i.e., women, frequent attenders) are more likely than their counterparts to use ministerial assistance. Contrary to expectations from the social stratification perspective, positive income and education effects indicated that higher status individuals were more likely to report use of ministers. Finally, problems involving bereavement are especially suited for assistance from ministers owing to their inherent nature (e.g., questions of ultimate meaning) and the extensive array of ministerial support and church resources that are available to address the issue.

Cook, Christopher C. H., Andrew Powell, Andrew Sims & Sarah Eagger. 2011. Spirituality and secularity: professional boundaries in psychiatry. *Mental Health, Religion & Culture* 14(1). 35-42.
doi:[10.1080/13674676.2010.484935](https://doi.org/10.1080/13674676.2010.484935).

Spirituality is assuming increasing importance in clinical practice and in research in psychiatry. This increasing salience of spirituality raises important questions about the boundaries of good professional practice. Answers to these questions require not only careful attention to defining and understanding the nature of spirituality, but also closer attention to the nature of concepts of secularity and self than psychiatry has usually given. Far from being 'neutral ground,' secularity is inherently biased against concepts of transcendence. Our secular age is preoccupied with a form of immanence that emphasizes interiority, autonomy and reason, but this preoccupation has paradoxically been associated with an explosion of interest in the transcendent in new, often non-religious and non-traditional forms. This context, as well as the increasing evidence base for spiritual and religious coping as important ways of dealing with mental stress and mental disorder, requires that psychiatry gives more careful attention to the ways in which people find meaning in spirituality and religion. This in turn requires that more clinical attention be routinely given to spiritual history taking and the incorporation of spiritual considerations in treatment planning.

Douglass, Laura. 2011. Thinking through the body: The conceptualization of yoga as therapy for individuals with eating disorders. *Eating Disorders: The Journal of Treatment & Prevention* 19(1). (Eating Disorders and Mindfulness). 83-96.
doi:[10.1080/10640266.2011.533607](https://doi.org/10.1080/10640266.2011.533607).

Yoga has historically been viewed as a discipline that increases self-awareness through body based practices, meditation, self-study, and the reading of philosophical texts. In the 21st century the mindfulness techniques of yoga have been adapted as an adjunct to the treatment of individuals with eating disorders. In an effort to understand the conceptualization of yoga as therapy for individuals with eating disorders, this article juxtaposes how mindfulness based yoga is regarded in three disciplines: sociology, neuroscience, and the "spiritual texts" of yoga.

Durà-Vilà, Glòria, Matthew Hagger, Simon Dein & Gerard Leavey. 2011. Ethnicity, religion and clinical practice: a qualitative study of beliefs and attitudes of psychiatrists in the United Kingdom. *Mental Health, Religion & Culture* 14(1). 53-64.
doi:[10.1080/13674676.2010.495111](https://doi.org/10.1080/13674676.2010.495111).

Twenty interviews were conducted with migrant psychiatrists, in London, exploring their attitudes to religion and spirituality within their practices. The main finding was the strong degree of dissonance amongst the migrant psychiatrists between their practice in their home countries (incorporating patients' religious beliefs) and in the United Kingdom (excluding them). The need for more training in this area and the relevance of the results are discussed and placed in the context of previous literature.

Ellor, James W. & Susan H. McFadden. 2011. Perceptions of the roles of religion and spirituality in the work and lives of professionals in gerontology: Views of the present and expectations about the future. *Journal of Religion, Spirituality & Aging* 23(1-2). 50-61.
doi:[10.1080/15528030.2011.534702](https://doi.org/10.1080/15528030.2011.534702).

A survey of the membership of the American Society on Aging and the National Interfaith Coalition on Aging resulted in 457 responses to an e-mail survey and found that about 54% consider themselves spiritual and religious (R + S), while about 33% call themselves spiritual but not religious (SnR). This study also examined how these professionals in the aging field rate the sources of meaning in their lives today and what they think will provide meaning in the future. For both the present and future, relationships were deemed most important. There were significant differences between the R + S and SnR group regarding their views of whether religious organizations in the future will be prepared to meet the religious and spiritual needs of aging baby boomers.

- Fang, C. K., P. Y. Li, M. L. Lai, M. H. Lin, D. T. Bridge & H. W. Chen. 2011. Establishing a 'physician's spiritual well-being scale' and testing its reliability and validity. *Journal of Medical Ethics: Journal of the Institute of Medical Ethics* 37(1). 6-12.
doi:[10.1136/jme.2010.037200](https://doi.org/10.1136/jme.2010.037200).

The purpose of this study was to develop a Physician's Spiritual Well-Being Scale (PSPWBS). The significance of a physician's spiritual well-being was explored through in-depth interviews with and qualitative data collection from focus groups. Based on the results of qualitative analysis and related literature, the PSPWBS consisting of 25 questions was established. Reliability and validity tests were performed on 177 subjects. Four domains of the PSPWBS were devised: physician's characteristics; medical practice challenges; response to changes; and overall well-being. The scale has satisfactory reliability and validity and could serve as the basis for assessment of the spiritual well-being of a physician.

- Fernandez, Anne C, Mark D Wood, L A R Stein & Joseph S Rossi. 2010. Measuring mindfulness and examining its relationship with alcohol use and negative consequences. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors* 24(4). 608-616.
doi:[10.1037/a0021742](https://doi.org/10.1037/a0021742).

Researchers sought to validate an emerging mindfulness measure, the Five Facet Mindfulness Questionnaire (FFMQ), and examine its relationship with alcohol use and alcohol-related negative consequences among a sample of 316 college-aged adults. The purported factor structure of the FFMQ was examined using confirmatory factor analysis. Consistent with past research, results supported the five-factor structure of the FFMQ. Structural equation modeling analyses revealed that two awareness-based factors of mindfulness were negatively related to alcohol use. After controlling for alcohol use, one acceptance-based factor (nonjudging of thoughts and feelings) was negatively related to alcohol-related consequences, and one awareness-based factor was positively related to consequences.

- Höfling, Volkmar, Helfried Moosbrugger, Karin Schermelleh-Engel & Thomas Heidenreich. 2011. Mindfulness or Mindlessness? A Modified Version of the Mindful Attention and Awareness Scale (MAAS). *European Journal of Psychological Assessment* 27(1). 59-64.
doi:[10.1027/1015-5759/a000045](https://doi.org/10.1027/1015-5759/a000045).

The present study examines whether the mindfulness facet "mindful attention and awareness" (MAA) can be measured with both positively and negatively worded items if we take method effects due to item wording into account. To this end, the 15 negatively worded items of the MAAS and additionally 13 positively rephrased items were assessed (n=602). Confirmatory factor analyses (CFA) models with and without regard to method effects were carried out and evaluated by means of model fit. As a result, the positively and negatively worded items should be seen as different methods that influence the construct validity of mindfulness. Furthermore, a modified version of the MAAS (MAAS-Short) with five negatively worded items (taken from the MAAS) and five positively worded items ("mirror items") was introduced as an alternative to assess MAA. The MAAS-Short appears superior to the original MAAS.

- Kerr, Catherine E, Krishnapriya Josyula & Ronnie Littenberg. 2011. Developing an observing attitude: an analysis of meditation diaries in an MBSR clinical trial. *Clinical Psychology & Psychotherapy* 18(1). 80-93.
doi:[10.1002/cpp.700](https://doi.org/10.1002/cpp.700).

This qualitative study of a mindfulness-based stress reduction (MBSR) cohort (n=8) in a larger RCT examined participants' daily diary descriptions of their home-practice experiences. Grounded theory analysis revealed that during the trial, all participants, to varying degrees, described moments of distress related to practice; at the end of the course, all participants who completed the training demonstrated greater detail and clarity in their descriptions,

improved affect, and the emergence of an observing self. The closed-ended coding schema revealed that the emergence of an observing self was not related to the valence of participants' experiential descriptions: even participants whose diaries contained predominantly negative characterizations of their experience throughout the trial were able, by the end of the trial, to demonstrate an observing, witnessing attitude towards their own distress. Progress in MBSR may rely less on the valence of participants' experiences and more on the way participants describe and relate to their own inner experience.

- Kristeller, Jean L. & Ruth Q. Wolever. 2011. Mindfulness-based eating awareness training for treating binge eating disorder: The conceptual foundation. *Eating Disorders: The Journal of Treatment & Prevention* 19(1). (Eating Disorders and Mindfulness). 49-61.
doi:[10.1080/10640266.2011.533605](https://doi.org/10.1080/10640266.2011.533605).

This paper reviews the conceptual foundation of mindfulness-based eating awareness training (MB-EAT). It provides an overview of key therapeutic components as well as a brief review of current research. MB-EAT is a group intervention that was developed for treatment of binge eating disorder (BED) and related issues. BED is marked by emotional, behavioral and physiological dysregulation in relation to food intake and self-identity. MB-EAT involves training in mindfulness meditation and guided mindfulness practices that are designed to address the core issues of BED: controlling responses to varying emotional states; making conscious food choices; developing an awareness of hunger and satiety cues; and cultivating self-acceptance.

- Liem, Torsten. 2011. Osteopathy and (hatha) yoga. *Journal of Bodywork and Movement Therapies* 15(1). 92-102.
doi:[10.1016/j.jbmt.2009.11.001](https://doi.org/10.1016/j.jbmt.2009.11.001).

Differences and points of contact between osteopathy and yoga as regards their history and practical application are outlined. Both seek to promote healing. Yoga seeks the attainment of consciousness; osteopathy aims for providing support to health. One fundamental difference is the personal involvement of the individual in yoga. Teacher and student alike are challenged to re-examine the attitudes of mind they have adopted toward their lives. Osteopathy generally involves a relatively passive patient while the osteopath is active in providing treatment. Practical examples are used to highlight points of contact between yoga and osteopathy. The text includes a discussion of the importance of physicality and a description of ways of using it in healing processes. Furthermore, processes of attaining consciousness are outlined. Possible reductionist misconceptions in yoga and osteopathy are also pointed out. Fundamental attitudes and focus that complement each other are presented, taking the concept of stillness as a particular example.

- Limb, Gordon E. & David R. Hodge. 2011. Utilizing spiritual ecograms with Native American families and children to promote cultural competence in family therapy. *Journal of Marital and Family Therapy* 37(1). 81-94.
doi:[10.1111/j.1752-0606.2009.00163.x](https://doi.org/10.1111/j.1752-0606.2009.00163.x).

This study signifies an initial step at giving family therapists an important assessment tool as they seek to increase cultural competence with Native American families and children. To determine the relevancy and consistency of utilizing a spiritual ecogram assessment tool with Native Americans, 50 Native American participants, with extensive experience with this population, reviewed, rated, and gave feedback on its use. Although some limitations were noted, results showed that spiritual ecograms were moderately consistent with Native American culture and, if used properly, can help family therapists develop culturally appropriate interventions with Native American families and children.

- Lomax, James W. 2011. Learning from losing: ethical, psychoanalytic, and spiritual perspectives on managing the incremental losses of the distributed self in dementia. *Journal of Psychiatric Practice* 17(1). 41-48.

doi:[10.1097/01.pra.0000393843.71464.dc](https://doi.org/10.1097/01.pra.0000393843.71464.dc).

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

McFadden, Susan H., Melvin A. Kimble, James W. Ellor, James E. Seeber & Robert Rost. 2011. The center on aging, religion, and spirituality: Lessons learned. *Journal of Religion, Spirituality & Aging* 23(1-2). 62-76.

doi:[10.1080/15528030.2010.533358](https://doi.org/10.1080/15528030.2010.533358).

The Center on Aging, Religion, and Spirituality (CARS) was associated with Luther Seminary (St. Paul, Minnesota) from 1994 until 2007. Emphasizing the need for immanent and transcendent meaning in late life, it provided an ecumenical, interdisciplinary continuing education program for clergy, chaplains, lay leaders, and others interested in pastoral care and ministry with older persons. It also supported research and scholarship on aging, religion, and spirituality, and shared this knowledge with others through conferences, journal articles, and two edited handbooks. This article tells the story of CARS, describes its activities, and identifies the lessons learned when its directors concluded that it could no longer be sustained. The article concludes with observations about whether programs like CARS are still needed.

Mehrotra, Seema & Ravikesh Tripathi. 2011. Positive psychology research in India: A review and critique. *Journal of the Indian Academy of Applied Psychology* 37(1). 9-26.

The present paper reviews the published empirical literature from India that falls within the purview of positive psychology. The themes covered ranged from folk notions of happiness, values and wellbeing, socio-demographic, intrapersonal and interpersonal correlates and predictors of subjective wellbeing, positive adaptation to illness, posttraumatic growth, perceptions and expressions of positive emotions, development of positive traits & strengths, to examining outcomes that go beyond subjective reports of wellbeing. A large proportion of intervention studies have been rooted in spiritual frameworks. The review indicates the nature of issues addressed in field while bringing to light some of the areas that require attention in further research.

Neuman, Michelle E. 2011. Addressing Children's Beliefs Through Fowler's Stages of Faith. *Journal of Pediatric Nursing* 26(1). 44-50.

doi:[10.1016/j.pedn.2009.09.002](https://doi.org/10.1016/j.pedn.2009.09.002).

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

Nolan, Steve. 2011. Hope beyond (redundant) hope: how chaplains work with dying patients. *Palliative Medicine* 25(1). 21-25.

doi:[10.1177/0269216310380297](https://doi.org/10.1177/0269216310380297).

This study examines the experience of 19 palliative care chaplains in counseling dying people. The study aimed to understand how palliative care chaplains work with patients at the point when it has been decided to cease active treatment, the point where they risk losing hope and falling into despair. Analyzing the data using code-based theory building software, the author identified four organic moments in the chaplain–patient relationship, each moment being a discernable development in the chaplain’s being-with the patient: ‘evocative presence’; ‘accompanying presence’; ‘comforting presence’; and ‘hopeful presence’. The author represents the four moments as a theory of ‘chaplain as hopeful presence’, and offers a description of the way in which the quality of presence can facilitate patients to develop ‘a hopeful manner’ in which hope is reconfigured into an attribute of being. The author concludes (with Levinas) that chaplains and other palliative care staff should be aware that simply being-with an other can, in itself, be hope fostering.

- O’Shea, Eileen R, Meredith Wallace, Mary Quinn Griffin & Joyce J Fitzpatrick. 2011. The effect of an educational session on pediatric nurses’ perspectives toward providing spiritual care. *Journal of Pediatric Nursing* 26(1). 34-43.
doi:[10.1016/j.pedn.2009.07.009](https://doi.org/10.1016/j.pedn.2009.07.009).

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

- Pargament, Kenneth I. & Patrick J. Sweeney. 2011. Building Spiritual Fitness in the Army: An Innovative Approach to a Vital Aspect of Human Development. *American Psychologist* 66(1). 58-64.
doi:[10.1037/a0021657](https://doi.org/10.1037/a0021657).

This article describes the development of the spiritual fitness component of the Army’s Comprehensive Soldier Fitness (CSF) program. Spirituality is defined in the human sense as the journey people take to discover and realize their essential selves and higher order aspirations. Several theoretically and empirically based reasons are articulated for why spirituality is a necessary component of the CSF program: Human spirituality is a significant motivating force, spirituality is a vital resource for human development, and spirituality is a source of struggle that can lead to growth or decline. A conceptual model developed by Sweeney, Hannah, and Snider (2007) is used to identify several psychological structures and processes that facilitate the development of the human spirit. From this model, an educational, computer-based program has been developed to promote spiritual resilience. This program consists of three tiers: (a) building awareness of the self and the human spirit, (b) building awareness of resources to cultivate the human spirit, and (c) building awareness of the human spirit of others.

- Poole, Rob & Robert Higgs. 2011. Spirituality and the threat to therapeutic boundaries in psychiatric practice. *Mental Health, Religion & Culture* 14(1). 19-29.
doi:[10.1080/13674671003746845](https://doi.org/10.1080/13674671003746845).

There is a determined campaign to make exploration of patients’ spiritual experience an intrinsic and necessary part of routine psychiatric care. This has support from the Royal College of Psychiatrists, though there has been no consultation with psychiatrists. Whilst many of the proposals are uncontroversial, some involve serious breaches of normal professional boundaries of behavior as set out in General Medical Council guidance. The contentious proposals are that a spiritual history should be taken from all patients, even where they resist; that it is sometimes acceptable to pray with patients; and that clinicians should support ‘healthy’ religious beliefs and challenge ‘unhealthy’ ones. The proposals are based on a model of universal spirituality which is culture bound and lacks

neutrality. This paper explores these issues and the consequences that might flow from altering professional boundaries in psychiatry, concluding that the changes are unnecessary and should be resisted.

Taylor, Dan, Madhuri S. Mulekar, Arnold Luterman, Frederick N. Meyer, William O. Richards & Charles B. Rodning. Spirituality Within the Patient-Surgeon Relationship. *Journal of Surgical Education* 68(1). 36-43.

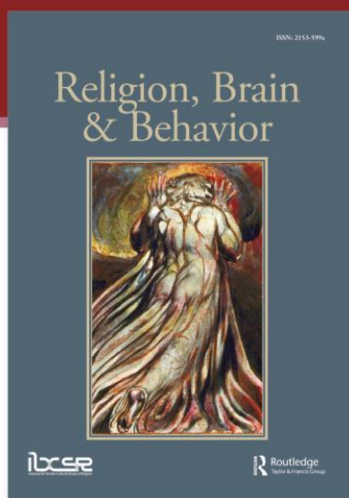
doi:[10.1016/j.jsurg.2010.08.007](https://doi.org/10.1016/j.jsurg.2010.08.007).

In an anonymous questionnaire completed by 361 general and orthopaedic surgical outpatients, 83% agreed or strongly agreed that surgeons should be aware of their patients' religiosity and spirituality; 63% concurred that surgeons should take a spiritual history; and 64% indicated that their trust in their surgeon would increase if they did so. Nevertheless, 17%, 37%, and 36% disagreed or strongly disagreed with those perspectives, respectively.

White, Mary L, Rosalind Peters & Stephanie Myers Schim. 2011. Spirituality and spiritual self-care: expanding self-care deficit nursing theory. *Nursing Science Quarterly* 24(1). 48-56.

doi:[10.1177/0894318410389059](https://doi.org/10.1177/0894318410389059).

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



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PART 3. BOOKS

3.1 SCIENTIFIC STUDY OF RELIGION, BRAIN, AND BEHAVIOR

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