



RESEARCH REVIEW

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

OCTOBER, 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, ATLA Religion Database, General Science, PubMed, EBSCO Psychology and Behavioral Sciences Collection, PsycARTICLES, PsycINFO, ScienceDirect, and Web of Science. The search terms were altruism, god, goddess, meditat*, prayer, relig*, ritual, 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 462 articles, 90 articles have been retained from 54 journals. There are 45 pre-publication citations from 33 journals.

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PART 1: ARTICLES IN RELIGION, BRAIN, AND BEHAVIOR

1.1 SCIENTIFIC STUDY OF RELIGION: COGNITIVE NEUROSCIENCE

Butler, Paul M, Patrick McNamara, Jessica Ghofrani & Raymon Durso. 2011. Disease-associated differences in religious cognition in patients with Parkinson's disease. *Journal of Clinical and Experimental Neuropsychology* 33(8). 917-928.
doi:10.1080/13803395.2011.575768.

Researchers investigated whether patients with Parkinson's disease (PD) (n=71) exhibit a change in religiosity as a function of disease progression and asymmetry, medication regimens, mood dysfunction, sex, and age, compared to age-matched controls (n=75). They found that PD patients exhibit significant differences in both controlled and automatic access to religious concepts, consistently scoring lower in five of six dimensions of religiosity, with mid/late-stage, male, left-onset patients most impaired in access to religious cognition. On/off drug testing confirmed these findings to be independent of medication effects. Gain/decay semantic modeling suggested that right and left forebrain pathways selectively mediated the time constant of gain and decay, respectively, for religious concepts. The authors conclude that aspects of religious/spiritual cognition appear related to specific cerebral structures.

Hayward, R. David, Amy D. Owen, Harold G. Koenig, David C. Steffens & Martha E. Payne. 2011. Associations of religious behavior and experiences with extent of regional atrophy in the orbitofrontal cortex during older adulthood. *Religion, Brain & Behavior* 1(2). 103-118.
doi:10.1080/2153599X.2011.598328.

This study used structural magnetic resonance imaging (MRI) to examine the association between religious or spiritual factors and volume of the orbitofrontal cortex (OFC), a region of the brain linked with religious or spiritual activity. Change in the volume of participants' left and right OFC was measured longitudinally over a

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period of 2-8 years, and analysis showed that religious or spiritual factors were related to the extent of atrophy in the left OFC. Significantly less atrophy of the left OFC was observed in participants who reported a life-changing religious or spiritual experience during the course of the study, and in members of Protestant religious groups who reported being born-again when entering the study. Significantly greater atrophy of the left OFC was also associated with more frequent participation in public religious worship. No significant relationship was observed between religious or spiritual factors and extent of atrophy in the right OFC. The authors conclude that these results support the presence of a long-term relationship between religious or spiritual experience and brain structure.

Moyer, Christopher A., Michael P. W. Donnelly, Jane C. Anderson, Kally C. Valek, Sarah J. Huckaby, Derek A. Wiederholt, Rachel L. Doty, Aaron S. Rehlinger & Brianna L. Rice. 2011. Frontal electroencephalographic asymmetry associated with positive emotion is produced by very brief meditation training. *Psychological Science* 22(10). 1277-1279.
doi:10.1177/0956797611418985

Researchers examined whether frontal EEG asymmetry, associated with positive emotion, could be generated by 5 weeks of meditation training (n=11 meditators; n=10 waiting list controls). The two groups did not differ in frontal EEG asymmetry before training. After training, meditation participants had significantly greater leftward shift in frontal EEG asymmetry than waiting list participants did across all time points.

1.2 SCIENTIFIC STUDY OF RELIGION: EVOLUTION

Bourrat, Pierrick, Quentin D. Atkinson & Robin I.M. Dunbar. 2011. Supernatural punishment and individual social compliance across cultures. *Religion, Brain & Behavior* 1(2). 119-134.
doi:10.1080/2153599X.2011.598325.

Researchers evaluate the “fear of supernatural punishment hypothesis” (FSPH), which proposes that belief in supernatural punishment might offer a solution to the free-rider problem of social cooperation, by using variables that are linked to individual interaction and expanding the number of variables measuring belief in different forms of supernatural punishment. Study findings do not fit the more general FSPH predictions. The authors suggest there may be something special about the link between moralizing high gods and institutional enforcement of cooperation that is not captured by these other variables.

Mark, Noah P. 2011. The Cultural Evolution of Indiscriminate Altruism in a Large Randomly Matching Population. *The Journal of Mathematical Sociology* 35(4). 235-248.
doi:10.1080/0022250X.2010.509676.

The author asserts that cultural transmission can create a cultural evolutionary force toward indiscriminate altruism in a large randomly matching population. The cultural transmission of a behavior (altruistic or selfish) disproportionately exposes those who acquire that behavior to that behavior prior to its acquisition. That is, individuals who have acquired an altruistic behavior through cultural transmission were disproportionately exposed to the altruistic acts of others. Likewise, individuals who have acquired a selfish behavior through cultural transmission were disproportionately exposed to the selfish acts of others. Because of this disproportionate prior exposure, altruists have disproportionately benefitted from the altruistic acts of others, and selfish individuals have disproportionately been hurt by the selfish acts of others. If the benefits of being the target of altruistic acts increase one’s attractiveness as a behavioral model, then a cultural evolutionary force toward altruism results.

Shulst, F. LeRon. 2011. Bearing gods in mind and culture. *Religion, Brain & Behavior* 1(2). 154-167.
doi:10.1080/2153599X.2011.613615.

The author reviews four books – David Lewis-Williams’s Conceiving God: The Cognitive Origin and Evolution of Religion, Pascal Boyer’s The Fracture of an Illusion: Science and the Dissolution of

Religion, *Scott Atran's Talking to the Enemy: Faith, Brotherhood, and the (Un)making of Terrorists*, and *Matt Rossano's Supernatural Selection: How Religion Evolved – to illustrate the tendency in the biocultural study of religion to explain the origin and perpetuation of supernatural agents by reference to “anthropomorphic promiscuity” and “sociographic prudery.” After comparing and contrasting the books' approaches, he concludes by calling attention to the contemporary psychological, political, and philosophical relevance of these developments.*

Souza, André L. & Cristine H. Legare. 2011. The role of testimony in the evaluation of religious expertise. *Religion, Brain & Behavior* 1(2). 146-153.
doi:10.1080/2153599X.2011.598320.

Researchers investigated the effect of consensus information and the expertise of informants on perceived efficacy in the evaluation of religious healers in Brazil, a cultural context in which religious healers are consulted to solve a great variety of everyday problems, frequently by supernatural healing practices and remedies. Results indicate that although both consensus information and expertise independently influence the perceived efficacy of a religious healer, the opinion of another expert overrides consensus information when the two are in conflict.

1.3 SCIENTIFIC STUDY OF RELIGION: PSYCHOLOGY AND CULTURE

Casey, David M., Robert J. Williams, Annik M. Mossière, Donald P. Schopflocher, Nady el-Guebaly, David C. Hodgins, Garry J. Smith & Robert T. Wood. 2011. The role of family, religiosity, and behavior in adolescent gambling. *Journal of Adolescence* 34(5). 841-851.
doi:10.1016/j.adolescence.2011.02.002.

In a study of 436 adolescents, researchers found that, compared to adolescent male non-gamblers, adolescent male gamblers were older, had more conflict in their family, were more likely to have used drugs, and to have peers that gamble. Compared to adolescent female non-gamblers, adolescent female gamblers had more attention and thought problems, and scored higher on rule-breaking. For both males and females, religiosity was a protective factor against involvement in gambling.

Demaris, Alfred, Annette Mahoney & Kenneth I Pargament. 2011. Doing the Scut Work of Infant Care: Does Religiousness Encourage Father Involvement? *Journal of Marriage and the Family* 73(2). 354-368.
doi:10.1111/j.1741-3737.2010.00811.x

Using a data set of 169 married couples, the authors find little evidence that religiousness enhances father involvement in parenting. Biblically conservative couples exhibit a greater gender gap in childcare than others, with mothers more involved than fathers. The gender gap is also greater the more fathers work outside the home, the greater mothers' knowledge of infant development, and the more unadaptable the infant. Average daily childcare is lower the greater the spouses' work hours, but higher with difficult pregnancies or fussy babies.

Hernandez, Krystal M., Annette Mahoney & Kenneth I. Pargament. 2011. Sanctification of Sexuality: Implications for Newlyweds' Marital and Sexual Quality. *Journal of Family Psychology* 25(5). 775-780.
doi:10.1037/a0025103.

Researchers investigated whether specific spiritual beliefs about sexuality enhance marital sexuality. Using a community sample of 83 individuals married between 4 and 18 months, researchers found that greater perceptions of sexuality as sanctified predicted greater marital satisfaction, sexual satisfaction, sexual intimacy, and spiritual intimacy beyond global religiousness and demographics.

Jones, Stanton L & Mark A Yarhouse. 2011. A longitudinal study of attempted religiously mediated sexual orientation change. *Journal of Sex & Marital Therapy* 37(5). 404-427.
doi:10.1080/0092623X.2011.607052.

The authors conducted a quasi-experimental longitudinal study spanning 6-7 years examining attempted religiously mediated sexual orientation change from homosexual orientation to heterosexual orientation. An initial sample was formed of 72 men and 26 women who were involved in a variety of Christian ministries, with measures of sexual attraction, infatuation and fantasy, and composite measures of sexual orientation and psychological distress, administered longitudinally. Evidence from the study suggested that change of homosexual orientation appears possible for some and that psychological distress did not increase on average as a result of the involvement in the change process.

Reber, Rolf & Edward G. Slingerland. 2011. Confucius meets cognition: new answers to old questions. *Religion, Brain & Behavior* 1(2). 135-145.
doi:10.1080/2153599X.2011.598329.

The authors discuss how the cognitive sciences can contribute to potential solutions to ancient ethical tensions found in early Chinese Confucian virtue ethics: First, how can one attain spontaneity by expending effort? Second, how can one come to love what one does not already love? Third, why is a deed considered not virtuous if consciously done for the sake of attaining virtue? Evidence from cognitive psychology begins to suggest solutions to these tensions, and the humanities can contribute to problems psychologists have only recently begun to explore.

Ren, Jun, Zhihui Huang, Jing Luo, Gaoxia Wei, Xiaoping Ying, Zhiguang Ding, Yibin Wu & Fei Luo. 2011. Meditation promotes insightful problem-solving by keeping people in a mindful and alert conscious state. *Science China: Life Sciences* 54(10). 961-965.
doi:10.1007/s11427-011-4233-3

Forty-eight university students were given a list of 10 insight problems to solve (the pre-test session). After being trained in meditation, researchers focused on the unsolved problems and examined if they could be successfully solved after a 20 min rest interval with or without meditation. Results showed that relative to the control group that listened to Chinese or English words and made a language judgment, the participants who learned meditation successfully solved significantly more failed problems from the pre-test session, providing direct evidence for the role of meditation in promoting insight.

Shaw, Moira, Stephanie A. Quezada & Michael A. Zárate. 2011. Violence With a Conscience: Religiosity and Moral Certainty as Predictors of Support for Violent Warfare. *Psychology of Violence* 1(4). 275-286.
doi:10.1037/a0025346.

Ninety-three predominantly Catholic and Protestant participants from a university setting completed the present study. First, researchers measured participants' degrees of religiosity and moral certainty. On the second day of the experiment, the perception that the United States' war in the Middle East is a religious or geopolitical conflict was experimentally manipulated, and support for violent warfare was measured. As predicted, greater religiosity related to greater moral certainty, and greater moral certainty strengthened the (positive) relation between religiosity and support for violent warfare. Furthermore, moral certainty is a stronger predictor of support for violent warfare in religious conflict than it is in geopolitical conflict.

Su, Hiewu, Tungshan Chou & Peter G. Osborne. 2011. When Financial Information Meets Religion: Charitable-giving Behavior in Taiwan. *Social Behavior and Personality: an international journal* 39(8). 1009-1019.
doi:10.2224/sbp.2011.39.8.1009.

The effects of religiosity and financial information on charitable-giving behavior were juxtaposed for examination in a sample of 410 adults representing people from across Taiwan who were Christians and Buddhists, people who believed in a folk religion, and people who had no religious beliefs. The results indicate that although charitable giving may reasonably be viewed, according to theory of planned behavior, as a rational behavior, it is influenced much more by religiosity than by financial information. Type of religious belief moderates the effect of religion on both the decision to give and the amount to give, with the strongest positive relationship found for those professing the Christian faith.

Vincent, Wilson, Dominic J. Parrott & John L. Peterson. 2011. Effects of Traditional Gender Role Norms and Religious Fundamentalism on Self-identified Heterosexual Men's Attitudes, Anger, and Aggression Toward Gay Men and Lesbians. *Psychology of Men and Masculinity* 12(4). 383-400. doi:10.1037/a0023807.

Sexual prejudice and antigay anger were examined as mediators of the associations between traditional male gender norms, religious fundamentalism, and aggression toward gay men and lesbians. Participants were 201 self-identified heterosexual men. Results showed that sexual prejudice and antigay anger partially mediated the effect of antifemininity on aggression and fully mediated the effect of religious fundamentalism on aggression. Sexual prejudice alone fully mediated the effect of status on aggression and neither sexual prejudice nor antigay anger mediated the effect of toughness on aggression. Further, results suggested that religious fundamentalism is a multifaceted construct of which some aspects increase risk for aggression toward gay men and lesbians, whereas other aspects decrease this risk. These data provide evidence that extreme internalization of dominant cultural values can set the stage for violence toward marginalized groups.

Watts, Graeme. 2011. Intellectual disability and spiritual development. *Journal of Intellectual & Developmental Disability* 36(4). 234-241. doi:10.3109/13668250.2011.617731

The author asserts the importance of the acknowledgement of an inner spiritual state, which some call soul, in the context of those with a profound level of intellectual disability. This acknowledgement is pivotal to the anticipation of a spiritual awareness in that population. It is proposed that through reference to the language of symbols, to the openness of a child-like mindset, and to the influence of close personal relationships, spiritual awareness may be stimulated and developed.

1.4 SCIENTIFIC STUDY OF RELIGION: METHOD & THEORY

McNamara, Patrick, Richard Sosis & Wesley J. Wildman. 2011. The scientific study of religion and the humanities. *Religion, Brain & Behavior* 1(2). 101-102. doi:10.1080/2153599X.2011.613614.

In this editorial, the authors describe the need for a scientific study of religion within the humanities, in order to combine a sophisticated understanding of religion itself with the sophisticated analytical tools of scientific inquiry.

PART 2. ARTICLES IN SPIRITUALITY & HEALTH RESEARCH

2.1 SPIRITUALITY & HEALTH: GENERAL HEALTH & WELL-BEING

Bahrami, Masoud, Elaheh Balouchestani, Alireza Amini & Maryam Eghbali. 2010. Assessing the effect of two praying methods on the life quality of patients suffering from cancer hospitalized at Seyedo Shohada medical center of Isfahan University of Medical Sciences. *Iranian Journal of Nursing and Midwifery Research* 15(Suppl 1). 296-301.

The present study examined the effect of two individual and choral praying methods on the life quality of 70 cancer-stricken patients. Following intervention, the life quality score was increased in the individual-choral group. Also, comparing the average life quality score in the two groups of individual and choral praying revealed a significant difference in which the quality of life had improved more in the choral praying group than in the individual praying group.

Bay, Roohallah & Fatemeh Bay. 2011. Combined therapy using acupressure therapy, hypnotherapy, and transcendental meditation versus placebo in type 2 diabetes. *Journal of Acupuncture and Meridian Studies* 4(3). 183-186.

doi:10.1016/j.jams.2011.09.006

This study evaluated the effect of 10 days of combined therapy using acupressure therapy, hypnotherapy, and transcendental meditation (TM) on the blood sugar (BS) level, in comparison with placebo, in type 2 diabetic patients (n=20). Mean BS level in the post-tests and follow-up tests for the experimental group was reduced significantly in comparison with the pre-tests whereas in the placebo group no changes were observed.

Bhavanani, Ananda Balayogi, Kaviraja Udupa, Madanmohan & P.N. Ravindra. 2011. A comparative study of slow and fast suryanamaskar on physiological function. *International Journal of Yoga* 4(2). 71-76.

doi:10.4103/0973-6131.85489

In this study of patients suffering from cancer, 42 children aged 12-16 years were randomly divided into two groups of 21 each. Group I and Group II received 6 months training in performance of slow suryanamaskar (SSN) and fast suryanamaskar (FSN), respectively. Following the training, participants in SSN showed a significant decrease in diastolic pressure. In contrast, training in FSN produced a significant increase in systolic pressure. Although there was a highly significant increase in isometric hand grip strength and hand grip endurance in both the groups, the increase in HGE in FSN group was significantly more than in SSN group. Pulmonary function tests showed improvements in both the groups though intergroup comparison showed no significance difference. The authors conclude that the effects of FSN are similar to physical aerobic exercises, whereas the effects of SSN are similar to those of yoga training.

Ebnezar, John, Raghuram Nagarathna, Yogitha Bali & Hongasandra Ramarao Nagendra. 2011. Effect of an integrated approach of yoga therapy on quality of life in osteoarthritis of the knee joint: A randomized control study. *International Journal of Yoga* 4(2). 55-63.

doi:10.4103/0973-6131.85486

Researchers compared integrated yoga therapy (n=118) to therapeutic exercises (n=117) for osteoarthritis (OA) of knee joints. Both groups received transcutaneous electrical stimulation and ultrasound treatment. Following treatment, significant differences were observed within and between groups, with better results in the yoga group than in the control group, both at 15th day and 90th day.

Fan, Jue-Ting & Kuei-Min Chen. 2011. Using silver yoga exercises to promote physical and mental health of elders with dementia in long-term care facilities. *International Psychogeriatrics / IPA* 23(8). 1222-1230.

doi:10.1017/S1041610211000287

From a convenience sample of 68 residents in long-term care facilities in southern Taiwan, aged 60 years and above with mild to moderate dementia, an experimental group of 33 elders participated in a 12-week yoga training program. After the program, the yoga-trained participants had better physical and mental health than those who did not participate, including lowered blood pressure, reduced respiration rate, strengthened cardiopulmonary fitness, enhanced body flexibility, improved muscle strength and endurance, improved balance, and increased joints motion. In addition, the depression state and problem behaviors of these demented elders were significantly reduced.

Foster, Michael L, Emily Arnold, Gregory Rebchook & Susan M Kegeles. 2011. "It's my inner strength': spirituality, religion and HIV in the lives of young African American men who have sex with men. *Culture, Health & Sexuality* 13(9). 1103-1117.

doi:10.1080/13691058.2011.600460

Researchers conducted 31 interviews with 18- to 30-year-old men who have sex with men in the San Francisco-Oakland Bay Area. This paper examines the roles of religion and spirituality in men who have sex with men's lives, which is central in the lives of many African Americans. Six prominent themes emerged: (1) childhood participation in formal religious institutions, (2) the continued importance of spirituality among men who have sex with men, (3) homophobia and stigmatization in traditional black churches, (4) tension between being a man who has sex with men and being a Christian, (5) religion and spirituality's impact on men's sense of personal empowerment and coping abilities and (6) treatment of others and building compassion. Findings suggest that integrating spiritual practice into HIV prevention may help programs be more culturally grounded, thereby attracting more men and resonating with their experiences and values.

Geyer, Russell, Anne Lyons, Linda Amazeen, Lisha Alishio & Laura Cooks. 2011. Feasibility study: the effect of therapeutic yoga on quality of life in children hospitalized with cancer. *Pediatric Physical Therapy* 23(4). 375-379.

doi:10.1097/PEP.0b013e318235628c

In this feasibility study, six children hospitalized for cancer participated in 5 yoga sessions over 2 months. After 2 months, statistically significant differences were found in child perception of gross motor function.

Green, Marquisha R, Charles F Emery, Elizabeth Kozora, Philip T Diaz & Barry J Make. 2011. Religious and spiritual coping and quality of life among patients with emphysema in the national emphysema treatment trial. *Respiratory Care* 56(10). 1514-1521.

doi:10.4187/respcare.01105

Forty patients with emphysema were matched on age, sex, race, and education with 40 healthy individuals recruited from the community. Researchers conducted baseline assessment of overall coping strategies, psychological functioning, quality of life, pulmonary function, and exercise capacity, and assessed overall coping strategies and religious and spiritual coping at 2-year follow-up. Ninety percent of the patients with emphysema considered themselves at least slightly religious and spiritual. The patients reported using both negative religious coping (e.g., questioning God) and positive religious coping (e.g., prayer) more than the healthy control subjects at follow-up. However, greater use of religious and spiritual coping was associated with poorer illness-related quality of life.

Holt, Cheryl L, Robert A Oster, Kimberly S Clay, Julie Urmie & Mona Fouad. 2011. Religiosity and physical and emotional functioning among African American and White colorectal and lung cancer patients. *Journal of Psychosocial Oncology* 29(4). 372-393.

The present study examined the role of religiosity in functioning among African Americans and Whites (n=269) with a cancer diagnosis. Analyzing data from a religiosity survey, analyses indicated that in the overall sample religious behaviors were marginally and positively associated with mental health and negatively with depressive symptoms. Among women, religious behaviors were positively associated with mental health and negatively with depressive symptoms. Religiosity was not a predictor of study outcomes for men. Among African Americans, religious behaviors were positively associated with mental health and vitality. Among Whites, religious behaviors were negatively associated with depressive symptoms. These findings suggest a mixed role of religious involvement in cancer outcomes.

Khemka, Sushil S, Nagendra Hongasandra Ramarao & Alex Hankey. 2011. Effect of integral yoga on psychological and health variables and their correlations. *International Journal of Yoga* 4(2). 93-99.

doi:10.4103/0973-6131.85492

The study was a pre-post intervention study. The variables were measured at the beginning and the end of a one-month yoga course. Based on health criteria, 108 subjects were selected out of 198 volunteers to form the experimental yoga group. The variables measured were sustained attention, emotional intelligence (EQ), general health (GHQ), guna personality (sattva, rajas and tamas). Post-intervention analysis showed significant correlations between the following pairs: the two sustained attention variables; emotional intelligence and general health; GHQ and tamas; sattva and tamas; and rajas and tamas. The authors conclude that EQ and general health variables correlate significantly with each other and negatively with tamas. EQ and tamas form positive and negative predictors of health respectively.

Kurita, Akira, Bonpei Takase, Naosuke Shinagawa, Eitaro Kodani, Kaoru Okada, Shinichiro Iwahara, Yoshiaki Kusama & Hirotsugu Atarashi. 2011. Spiritual Activation in Very Elderly Individuals Assessed as Heart Rate Variability and Plasma IL-10/IL-6 Ratios. *International Heart Journal* 52(5). 299-303.

Thirty-three very elderly individuals with previous cardiovascular (CV) disease, cerebrovascular (CVA) disease, and/or pulmonary disease (PD) participated in weekly 30-minute sermons by chaplains for over 20 months of chaplain liturgy (CL group). Plasma IL-10 and IL-6 levels were compared with 26 age-matched individuals who did not participate in these activities (non-CL group). Both high frequency (HF) and pNN50 of heart rate variability (HRV) were higher in the CL group than in the non-CL group, whereas the LF/HF ratio was lower. Levels of IL-10/IL-6 were higher in the CL group. Hospitalization rates due to CVD and/or PD were lower in the CL group than in the non-CL group. The authors conclude that spiritual activation can modify proinflammatory cytokines and suppress CVD, CVA and/or PD via vagal modifications.

Mellor, Jennifer M & Beth A Freeborn. 2011. Religious participation and risky health behaviors among adolescents. *Health Economics* 20(10). 1226-1240.

doi:10.1002/hec.1666

Using data from the National Longitudinal Study of Adolescent Health, the authors sought to identify the effect of religious participation on smoking, binge drinking, and marijuana use using a county-level measure of religious market density as an instrument. They found that religious market density has a strong positive association with adolescent religious participation, but not with secular measures of social capital. Upon accounting for unobserved heterogeneity, researchers found that religious participation continues to have a significant negative effect on illicit drug use. On the contrary, the estimated effects of attendance in instrumental variables models of binge drinking and smoking are statistically imprecise.

Moliver, N, EM Mika, MS Chartrand, SSM Burrus, RE Haussmann & SBS Khalsa. 2011. Increased Hatha yoga experience predicts lower body mass index and reduced medication use in women over 45 years. *International Journal of Yoga* 4(2). 77-86.
doi:10.4103/0973-6131.85490

Data was gathered from online surveys of 211 female yoga practitioners. The authors found that long-term yoga practice was associated with little or no obesity. There were significant inverse relationships between yoga experience and both BMI and medication load. These significant relationships remained after accounting for age and lifestyle factors. When yoga experience was computed in terms of total calendar years, without accounting for hours of practice, significant relationships did not remain, indicating a dose-response effect. There was no obesity in the 49 participants with more than 25 years of yoga practice. Yoga practitioners were less likely than non-practitioners to use medication for metabolic syndrome, mood disorders, inflammation, and pain.

Park, Juyoung, Ruth McCaffrey, Dorothy Dunn & Rhonda Goodman. 2011. Managing osteoarthritis: comparisons of chair yoga, reiki, and education (pilot study). *Holistic Nursing Practice* 25(6). 316-326.
doi:10.1097/HNP.0b013e318232c5f9

The aim of this pilot study was to determine whether chair yoga and Reiki affect pain, depressive mood, and physical function compared with an educational program for older adults with osteoarthritis. Findings showed significant relationships only between physical function and chair yoga. In focus group interviews, participants expressed feelings of improved health and well-being after the yoga intervention.

Posadzki, Paul, Edzard Ernst, Rohini Terry & Myeong Soo Lee. 2011. Is yoga effective for pain? A systematic review of randomized clinical trials. *Complementary Therapies in Medicine* 19(5). 281-287.
doi:10.1016/j.ctim.2011.07.004

This review analyzed ten randomized clinical trials to assess the effectiveness of yoga as a treatment option for any type of pain. Their methodological quality ranged between 1 and 4 on the five-point Jadad scale. Nine RCTs suggested that yoga leads to a significantly greater reduction in pain than various control interventions such as standard care, self-care, therapeutic exercises, relaxing yoga, touch and manipulation, or no intervention. One RCT failed to provide between group differences in pain scores. The authors conclude that yoga has the potential for alleviating pain, though definitive judgments are not possible.

Salmoirago-Blotcher, Elena, George Fitchett, Judy K Ockene, Eliezer Schnall, Sybil Crawford, Iris Granek, JoAnn Manson, et al. 2011. Religion and healthy lifestyle behaviors among postmenopausal women: the women's health initiative. *Journal of Behavioral Medicine* 34(5). 360-371.
doi:10.1007/s10865-011-9322-z

Researchers examined whether religious service attendance is associated with healthy behaviors, i.e. use of preventive medicine services, non-smoking, moderate drinking, exercising regularly, and with healthy dietary habits, in a sample of 71,689 post-menopausal women enrolled in the Women's Health Initiative. Worship attendance was positively associated with the use of preventive services, but not with regular exercise or with lower saturated fat and caloric intake. These findings suggest that worship attendance is associated with certain, but not all, healthy behaviors.

Santaella, Danilo F, Cesar R S Devesa, Marcos R Rojo, Marcelo B P Amato, Luciano F Drager, Karina R Casali, Nicola Montano & Geraldo Lorenzi-Filho. 2011. Yoga respiratory training improves respiratory function and cardiac sympathovagal balance in elderly subjects: a randomised controlled trial. *BMJ Open* 1(1). e000085.
doi:10.1136/bmjopen-2011-000085

In a randomized control trial, healthy elderly subjects were randomized into a 4-month training program of either stretching (control, n=14) or respiratory exercises (yoga, n=15). After intervention, physiological variables did not change from baseline in the control group. In the yoga group, there were significant increases in maximum static expiratory (PE max) and inspiratory (PI max) pressure, and a significant decrease in the low frequency component (a marker of cardiac sympathetic modulation) and low frequency/high frequency ratio (marker of sympathovagal balance) of heart rate variability. Spontaneous baroreflex did not change, and quality of life only marginally increased in the yoga group.

Wong, Samuel Yeung-Shan, Frank Wan-Kin Chan, Rebecca Lai-Ping Wong, Ming-Chi Chu, Yu-Yuk Kitty Lam, Stewart W. Mercer & S. Helen Ma. 2011. Comparing the effectiveness of mindfulness-based stress reduction and multidisciplinary intervention programs for chronic pain: a randomized comparative trial. *The Clinical Journal of Pain* 27(8). 724-734.
doi:10.1097/AJP.0b013e3182183c6e

Ninety-nine participants, aged 24 to 64 years, with pain for a minimum of 3 months, were recruited from community-based clinics, hospitals, and community service centers. Participants were randomly allocated to either a Mindfulness-Based Stress Reduction (MBSR) program (n=51) or a multidisciplinary pain intervention (MPI) program (n=48). Following intervention, patients in both groups who completed the trial demonstrated statistically significant improvements in pain intensity and pain-related distress. No statistically significant differences were observed in overall results between the MBSR and MPI groups.

2.2 SPIRITUALITY & HEALTH: MENTAL HEALTH

Bowland, Sharon, Bipasha Biswas, Stavroula Kyriakakis & Tonya Edmond. 2011. Transcending the Negative: Spiritual Struggles and Resilience in Older Female Trauma Survivors. *Journal of Religion, Spirituality & Aging* 23(4). 318-337.
doi:10.1080/15528030.2011.592121.

Qualitative data were gathered during a spiritually focused intervention with 36 older women who had experienced some combination of childhood sexual or physical abuse, emotional abuse, domestic violence, and/or sexual assault over their life span. The women described an array of positive spiritual coping strategies, including their persistent action to find God by transcending negative or "man-made" images of God given to them by their religious traditions. They reported persistence in their faith journeys despite spiritual struggles with God, clergy, and their church communities.

Denny, Kevin J. 2011. Instrumental variable estimation of the effect of prayer on depression. *Social Science & Medicine* 73(8). 1194-1199.
doi:10.1016/j.socscimed.2011.08.004.

This paper uses a cross-country representative sample of Europeans over the age of 50 to analyze whether individuals' religiosity is associated with higher levels of well-being as a large number of studies by mental health researchers and economists have suggested. It is shown that in simple models which take no account of possible simultaneity that religiosity, as measured by the frequency of prayer, is associated with a higher level of depression. To circumvent possible reverse causality, the paper utilizes a quasi-experimental/instrumental variable design which allows one to interpret the findings as causal. This leads to the conclusion that prayer leads to a lower level of depressive symptoms.

Geary, Cara & Susan L Rosenthal. 2011. Sustained Impact of MBSR on Stress, Well-Being, and Daily Spiritual Experiences for 1 Year in Academic Health Care Employees. *Journal of Alternative and Complementary Medicine* 17(10). 939-944.
doi:10.1089/acm.2010.0335

Researchers evaluated self-reported stress levels, daily spiritual experiences, and pulse rate variability (PRV) in academic health care employees before (n=59), immediately after, and 1 year after enrolling in a mindfulness-based stress reduction (MBSR) course, and compared results to those of a control group (n=94). MBSR participants improved on all measures except the physical component score of the Measure of Health and Well-Being scale upon completion of the MBSR course, and these results were maintained at the 1-year follow-up. The control group did not significantly change on any of the measures. PRV as measured by the Heart Math system did not correlate with any of the self-report questionnaires.

Halama, Peter & Mária Lačná. 2011. Personality change following religious conversion: perceptions of converts and their close acquaintances. *Mental Health, Religion & Culture* 14(8). 757-768.
doi:10.1080/13674676.2010.522564.

Researchers surveyed 60 Slovakian religious converts, and found that they self-perceived several personality changes: neuroticism decreased while self-esteem, agreeableness, conscientiousness, and extraversion increased. They also reported a large increase in meaningfulness. Perceived changes were in part related to education level, age, and religiosity, suggesting a retrospective bias.

Hussain, Ajmal, Lars Weisaeth & Trond Heir. 2011. Changes in religious beliefs and the relation of religiosity to posttraumatic stress and life satisfaction after a natural disaster. *Social Psychiatry and Psychiatric Epidemiology* 46(10). 1027-1032.
doi:10.1007/s00127-010-0270-7

An adult population of 1,180 Norwegian tourists who experienced the 2004 tsunami was surveyed by a postal questionnaire 2 years after the disaster. Among the respondents, 8% reported strengthening and 5% reported weakening of their religious beliefs. Strengthening was associated with pre-tsunami mental health problems and posttraumatic stress. Weakening was associated with younger age and posttraumatic stress. Two years after the tsunami, 11% of the sample considered themselves to be positively religious. There were no significant differences in posttraumatic stress, general psychopathology or life satisfaction between religious and non-religious groups. Religion did not play an important role in the lives of Norwegian tsunami survivors in general. Respondents who had the greatest disaster exposure were more likely to report changes in religious beliefs in both directions. Religious beliefs did not prevent post-disaster long-term mental distress, and religiosity was not related to higher levels of life satisfaction.

Johnsdotter, Sara, Karin Ingvarsdotter, Margareta Östman & Aje Carlbom. 2011. Koran reading and negotiation with jinn: strategies to deal with mental ill health among Swedish Somalis. *Mental Health, Religion & Culture* 14(8). 741-755.
doi:10.1080/13674676.2010.521144.

The authors discuss traditional Somali concepts of mental ill health based on qualitative interviews with some 20 Swedish Somali interviewees about factors causing mental ill health, traditional classification, strategies to deal with mental ill health, and attitudes to the mental health care services in Sweden. Social mobilization and religious healing are cornerstones of traditional Somali measures to deal with mental suffering. Traditional Somali views of mental ill health stand in stark contrast to classification of mental ill health in the western biomedical model, and include a strong religious component.

Miller, Linda Mayorga, Terry Lynn Gall & Lise Corbeil. 2011. The Experience of Prayer With a Sacred Object Within the Context of Significant Life Stress. *Journal of Spirituality in Mental Health* 13(4). 247-271.
doi:10.1080/19349637.2011.616101.

Ten individuals, men and women, from the Catholic faith participated in interviews about the subjective experience of prayer with a sacred object within the context of a significant life stressor. Participants revealed three overarching

themes: (a) contextual information on the nature of the significant life event, (b) the spiritual architecture of prayer with a sacred object, and (c) a spiritual relationship with the sacred. The experience of prayer with a sacred object is a rich and integral aspect of these participants' spiritual lives that ultimately supports a sense of life meaning within the context of a significant life stressor.

- Neimeyer, Robert A., Joseph M. Currier, Rachel Coleman, Adrian Tomer & Emily Samuel. 2011. Confronting Suffering and Death at the End of Life: The Impact of Religiosity, Psychosocial Factors, and Life Regret Among Hospice Patients. *Death Studies* 35(9). 777-800. doi:10.1080/07481187.2011.583200.

The present study examines the relative impact of demographic characteristics, religious and psychosocial factors, and life regret on death attitudes and psychological well-being for a diverse group of 153 hospice patients. Results showed that factors assessed in this investigation were significantly correlated with death attitudes and emotional health. When study factors were examined simultaneously, gender, ethnicity, intrinsic religiosity, social support, and future-related regret each were shown to have a unique impact on various aspects of end of life adjustment and distress.

- Pesut, Barbara, Nancy Clark, Victoria Maxwell & Erin E. Michalak. 2011. Religion and spirituality in the context of bipolar disorder: a literature review. *Mental Health, Religion & Culture* 14(8). 785-796. doi:10.1080/13674676.2010.523890.

The authors conducted a systematic review of empirical studies that have explored religion and spirituality (R/S) in individuals with bipolar disorder (BD) or samples that explicitly delineate individuals with BD. Six studies met inclusion criteria. Findings from these studies suggest that R/S strategies may be important for some people in the management of BD. Religion and spirituality thus become relevant concerns for a therapeutic regime that seeks to develop wellness within a bio-psycho-social model. However, the limited body of research and methodological shortcomings of existing research make it difficult to draw relevant.

- Pokorski, M & A Warzecha. 2011. Depression and religiosity in older age. *European Journal of Medical Research* 16(9). 401-406.

A total of 34 older adults, all Roman Catholic believers, completed self-reported questionnaires on the presence of depressive symptoms, religiosity, health, worry, and the style of coping with stress. The prevalence of depressive symptoms was 50%, with the substantial predominance of females. Health expectations and worry significantly worsened with increasing intensity of depressive symptoms. Religious engagement was not different between the depressive and non-depressive subgroups. Religiosity failed to influence the intensity of depressive symptoms or the strategy of coping with stress in either subgroup, although a trend was noted for better health expectations with increasing religious engagement in depressive subjects. The authors conclude that religiosity is unlikely to significantly ameliorate dysphoric distress accompanying older age.

- Rounding, Kevin, Kenneth E. Hart, Stephen Hibbard & Michelle Carroll. 2011. Emotional Resilience in Young Adults Who Were Reared by Depressed Parents: The Moderating Effects of Offspring Religiosity/Spirituality. *Journal of Spirituality in Mental Health* 13(4). 236-246. doi:10.1080/19349637.2011.616091.

This study assessed a broad array of religiosity/spirituality (R/S) factors in order to identify specific facets that might be especially protective against intergenerational transmission of depressive symptoms. Results from 273 young adults who were reared in families characterized by high levels of parental depressive affect found that depressive symptoms in offspring were only related to one of the five dimensions of R/S examined: the frequency of daily spiritual experiences (DSE). Two facets of DSE were identified as being especially potent predictors of lesser depressive symptomology: (a) feelings of deep peace or harmony, and (b) the experience of gratitude.

Sandage, Steven J. & Mark G. Harden. 2011. Relational spirituality, differentiation of self, and virtue as predictors of intercultural development. *Mental Health, Religion & Culture* 14(8). 819-838. doi:10.1080/13674676.2010.527932.

The present study tested the relationships between spirituality, differentiation of self (DoS), virtue (gratitude and forgiveness), and intercultural development among graduate trainees in the helping professions (n=174). Quest religiosity, DoS, and gratitude was positively associated with intercultural development, and spiritual grandiosity was negatively associated with intercultural development. Intrinsic religiosity was not related to intercultural development. DoS mediated the relationship between gratitude and intercultural development. Contrary to hypotheses, forgiveness was largely uncorrelated with intercultural development.

Schettino, Jonathan R., Natasha T. Olmos, Hector F. Myers, Nataria T. Joseph, Russell E. Poland & Ira M. Lesser. 2011. Religiosity and treatment response to antidepressant medication: a prospective multi-site clinical trial. *Mental Health, Religion & Culture* 14(8). 805-818. doi:10.1080/13674676.2010.527931.

The present study examined the relationship between religiosity/spirituality and treatment response to antidepressant medication (citalopram) in a sample of 148 adults with uncomplicated major depression. No significant associations between spirituality and treatment response at 3 weeks were found; however, there was a strong curvilinear relationship between religiosity and treatment response. Compared to lower or higher levels of religiosity, a moderate level of religiosity was significantly associated with a higher likelihood of remission and greater reduction in severity of depression. This association was independent of social support, ethnicity, gender, education, and baseline depression severity.

Tsai, Jack & Robert A Rosenheck. 2011. Religiosity among adults who are chronically homeless: association with clinical and psychosocial outcomes. *Psychiatric Services* 62(10). 1222-1224. doi:10.1176/appi.ps.62.10.1222

A total of 582 homeless clients at 11 housing program sites were separated into three groups based on whether they reported a decrease, an increase, or no change in their religiosity scores at one-year follow-up. Groups were compared on outcomes controlled for baseline measures. At one-year follow-up, participants who gained faith reported doing more volunteer work, being more engaged in community activities, and having a higher quality of life than those who lost faith. Participants who reported a large gain in faith had better mental health ratings than those who reported a large loss in faith.

Valanciute, A. & L.A. Thampy. 2011. Physio Kundalini syndrome and mental health. *Mental Health, Religion & Culture* 14(8). 839-842. doi:10.1080/13674676.2010.530648

The authors describe a case of a young male who presented with functional deterioration experiencing psychotic symptoms, which he described as his Kundalini awakening. The Kundalini concept comes from the yogic philosophy of ancient India and refers to mothering intelligence behind yogic awakening and spiritual maturation. The authors describe the difficulties of assimilation of these traditions within Western culture, results in difficulties on the part of practitioners to integrate these practices into their daily lifestyle.

Vandana, Balakrishnan, Lakshmiammal Saraswathy, Gowrikutty Krishna Suseeladevi Pillai, Karimassery Ramaiyer Sunadaram & Harish Kumar. 2011. Meditation induces a positive response during stress events in young Indian adults. *International Journal of Yoga* 4(2). 64-70. doi:10.4103/0973-6131.85487

One hundred and fifty subjects in India were randomized into Integrated Amrita Meditation (IAM), progressive muscle relaxation (PMR), and Control groups to find out the effect of the technique on the response to life changes. the IAM group showed a significant decrease in Life Changes Questionnaire (LCQ) scores in the second visit

which was maintained in the third and fourth visits. Within the PMR group, there was a significant decrease in the third visit and fourth visits. No significant change was seen within the control group in any of the visits.

Yiengprugsawan, Vasoontara, Sam-Ang Seubsman, Lynette Lim & Adrian Sleigh. 2011. Social Capital, Trust, Economic Stress and Religion in a Cohort of 87,134 Thai Adults. *Warasan Prachakon Lae Sangkhom = Journal of Population and Social Studies* 19(2). 183-196.

In a sample of 87,134 Thai adult distance-learning students, researchers found economic stress to be higher in non-married groups, lower income groups, and those residing in rural areas. Social trust was higher among married students, especially with higher income and those in rural areas. Those who were separated, divorced or widowed and those with lower socioeconomic status had the highest economic stress and the least social trust. These groups also reported high importance of religious belief, karma and spiritual belief, along with lower income groups. Despite having high economic stress, social interaction with and support from families were found to be high among those not-married, with lower income, and in rural areas.

2.3 SPIRITUALITY & HEALTH: METHOD AND THEORY

Dhamani, Khairunnisa Aziz, Pauline Paul & Joanne Kaye Olson. 2011. Tanzanian nurses understanding and practice of spiritual care. *ISRN Nursing* 2011. 534803. doi:10.5402/2011/534803

Researchers examined how Tanzanian nurses (n=15) understand spirituality and spiritual care through in-depth interviews. In this paper, key findings are grouped under the following headings: meaning of spiritual care, recognition of spiritual needs, and interventions to respond to spiritual needs. Although there were some differences, overall participants' understanding of spirituality and spiritual care was similar to what is found in the literature about nurses in other countries. The provision of spiritual care also included some unique elements that may reflect the African context.

Dugan, B. DeeAnn, Jeffrey A. Kyle, Carl W. Kyle, Christine Birnie & Wagdy Wahba. 2011. Integrating spirituality in patient care: preparing students for the challenges ahead. *Currents in Pharmacy Teaching and Learning* 3(4). 260-266. doi:10.1016/j.cptl.2011.07.004.

The authors report on an elective course on spirituality offered to pharmaceutical students. The course focused on the conceptual foundations of the role of spirituality in patients' health, the primary literature supporting this relationship, and the development and performance of methods in which to appropriately incorporate spiritual assessment and care into pharmacy practice. A detailed description of the design created, the learning objectives posited, the classroom techniques and activities employed, and the assessments used are described in this article.

French, Charlotte & Aru Narayanasamy. 2011. To pray or not to pray: a question of ethics. *British Journal of Nursing* 20(18). 1198-1204.

Using critical reflections and evidence-based literature, this paper develops a discourse on the ethics of prayer as a spiritual intervention in nursing and health care practice. Several key ethical issues are highlighted. In regards to research, lack of informed consent is a major concern in both research and nursing practice. Key ethical issues in practice include questions around intention and authority; e.g., despite the religious beliefs of the nurse, intentions to proselytize must be avoided to protect patient autonomy and avoid abuse of the nurse's authority. Furthermore, prayer has unknown side effects and implications. This paper concludes that, in practice, nurses must reconcile their personal, spiritual beliefs with their professional duties, and while this may be a delicate balance, it is not yet appropriate to encourage or dissuade a patient from their beliefs until appropriate research evidence is produced.

Jankowski, Katherine R B, George F Handzo & Kevin J Flannelly. 2011. Testing the efficacy of chaplaincy care. *Journal of Health Care Chaplaincy* 17(3-4). 100-125.
doi:10.1080/08854726.2011.616166

After reviewing research in the United States on the clinical practice of chaplains, the authors recommend that chaplains generate research-based definitions of spirituality, spiritual care, and chaplaincy practice; and that more research be conducted to describe the unique contributions of chaplains to spiritual care, identify best chaplaincy practices to optimize patient and family health outcomes, and test the efficacy of chaplaincy care. The authors assert that past studies have not adequately defined chaplain interventions, nor sufficiently documented the clinical practice of chaplains, and that more and better designed studies are needed to test the efficacy of chaplaincy interventions.

Joseph, Stephen. 2011. Religiosity and posttraumatic growth: a note concerning the problems of confounding in their measurement and the inclusion of religiosity within the definition of posttraumatic growth. *Mental Health, Religion & Culture* 14(8). 843-845.
doi:10.1080/13674676.2011.609162.

This methodological article seeks to draw the attention of researchers to the problem of confounding in studies assessing both religiosity and posttraumatic growth. The author calls for research to separately investigate spirituality in the aftermath of trauma rather than as part of the posttraumatic growth construct.

Long, Carol O. 2011. Cultural and spiritual considerations in palliative care. *Journal of Pediatric Hematology/Oncology* 33(Supplement 2). S96-101.
doi:10.1097/MPH.0b013e318230daf3

This paper reviews The Purnell Model of Cultural Competence as a framework for considering culture and spirituality in healthcare and discusses the importance of acknowledging and incorporating practices that support culture and spirituality in healthcare settings. Examples of how to include cultural and spiritual care in palliative and end-of-life care in healthcare settings are provided.

Lowis, Michael J., Albert J. Jewell, Michael I. Jackson & Robert Merchant. 2011. Religious and Secular Coping Methods Used by Older Adults: An Empirical Investigation. *Journal of Religion, Spirituality & Aging* 23(4). 279-303.
doi:10.1080/15528030.2011.566543.

The authors investigated the frequency with which retired UK men and women (n=102) used specified religious and secular strategies to help them cope with life, and with thoughts on death and dying. For general coping, "recognizing how much worse off others are" was ranked first and "looking on the bright side" second. Literature was the highest ranked artistic pursuit, followed by instrumental music. A significant correlation was found between level of religious/spiritual beliefs and thoughts relating to death.

Mirzaei, Siroos, Lilla Hardi & Thomas Wenzel. 2011. How to combat torture if perpetrators are supported by a religious "justification." *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture* 21(3). 173-177.

While there are some examples of legal cases that have resulted in the prosecution of perpetrators and successful reparation for survivors, in countries such as Iran such due procedure is close to impossible since torture is practiced by state officials mostly based on religious codes, and the legal system is controlled by practices that makes it close to impossible to achieve justice. This article discusses the implications of such a situation that also include health care professionals in third party countries who have an obligation to document evidence using the Istanbul Protocol based on a case example of a survivor exposed to different forms of torture.

Nayak, Himanshu K, Batra Sonia, Rachna Kapoor, Rajendra Gadhavi, Anand Solanki, Sheetal Vyas & Hemant Tiwari. 2011. Prevalence and pattern of stress relaxation practices in Ahmedabad city: A cross-sectional study. *International Journal of Yoga* 4(2). 87-92.
doi:10.4103/0973-6131.85491

Using data from 904 patients in India, researchers found that 34% were engaging in stress relaxation practices (SRPs). Persons practicing SRPs were more likely to be above 40 years of age, females, college educated, in sedentary occupation, from upper and middle class, and less likely to have diabetes and hypertension, as compared with those who do not practice SRPs. Among SRPs, the majority (n=243, 78.4%) were involved in religious activities followed by yoga (n=36, 11.6%), and meditation (n=15, 4.8%).

Selman, Lucy, Richard Siegert, Richard Harding, Marjolein Gysels, Peter Speck & Irene J. Higginson. 2011. A Psychometric Evaluation of Measures of Spirituality Validated in Culturally Diverse Palliative Care Populations. *Journal of Pain and Symptom Management* 42(4). 604-622.
doi:10.1016/j.jpainsymman.2011.01.015.

This systematic review identified 191 articles that contributed to an appraisal of the psychometric properties, multi-faith appropriateness, and completion time of spiritual outcome measures validated in multicultural advanced cancer, HIV, or palliative care populations. These articles yielded 26 tools that met the inclusion criteria. Twenty-four tools demonstrated good content validity and 12 demonstrated adequate internal consistency. Only eight tools demonstrated adequate construct validity, usually because specific hypotheses were not stated and tested. Seven tools demonstrated adequate test-retest reliability; two tools showed adequate responsiveness, and two met the interpretability criterion. Data on the religious faith of the population of validation were available for 11 tools; of these, eight were tested in multi-faith populations.

So, Woi Sook & Hye Sook Shin. 2011. From burden to spiritual growth: Korean students' experience in a spiritual care practicum. *Journal of Christian Nursing* 28(4). 228-234.

A phenomenological study was conducted to examine the experience of Korean nursing students in a spiritual care practicum. Interviews with 12 students were analyzed and organized into 40 themes, 17 theme clusters, and five categories describing their experience in the practicum. Students initially experienced burdens and helplessness, followed by improvement of coping skills, self-reflection, and spiritual growth.

Tait, Elizabeth M., Sarah B. Laditka, James N. Laditka, Mary A. Nies & Elizabeth F. Racine. 2011. Praying for Health by Older Adults in the United States: Differences by Ethnicity, Gender, and Income. *Journal of Religion, Spirituality & Aging* 23(4). 338-362.
doi:10.1080/15528030.2011.588087.

Researchers studied praying for health using data from the 2007 National Health Interview Survey (n=10,096), representing 89.6 million Americans ages 50+. They found that nearly 49.4 million older adults prayed for health. African Americans and Hispanics were more much likely to do so than whites, and adjusted odds for women were nearly twice those of men. Those with lower income were more likely to pray for health.

Taylor, Elizabeth Johnston. 2011. Spiritual care: evangelism at the bedside. *Journal of Christian Nursing: A Quarterly Publication of Nurses Christian Fellowship* 28(4). 194-202; quiz 203-204.

This article explores the ethics of faith sharing in the context of Christian nursing and offers guidance for ethical spiritual care.

Thanissaro, Phra Nicholas. 2011. Measuring attitude towards Buddhism and Sikhism: internal consistency reliability for two new instruments. *Mental Health, Religion & Culture* 14(8). 797-803.
doi:10.1080/13674676.2010.523891.

This paper describes and discusses the development and empirical properties of two new 24-item scales, one measuring attitude towards Buddhism and the other measuring attitude towards Sikhism. The scale is designed to facilitate inter-faith comparisons within the psychology of religion alongside the well-established Francis Scale of Attitude towards Christianity. Data were obtained from a multi-religious sample of 369 school pupils aged between 13 and 15 in London. Application of the two scales demonstrated that adolescents had a more positive attitude to Buddhism than Sikhism. The findings confirm the reliability of the scales and commend them for further use.

Tomasso, Claudia de Souza, Ideraldo Luiz Beltrame & Giancarlo Lucchetti. 2011. Knowledge and attitudes of nursing professors and students concerning the interface between spirituality, religiosity and health. *Revista Latino-Americana De Enfermagem* 19(5). 1205-1213.

This study compares the knowledge and attitudes of nursing professors (n=30) and students (n=118) concerning the interface between spirituality, religiosity and health. More than 95% of the participants had some religious affiliation, 96% believed that spirituality considerably influences patients' health, and 77% wished to address this subject. However, only 36% felt prepared for it and most believed that the university did not provide the necessary information. No statistical differences were found between the religious practices of nursing professors and students, though a marked difference was found in their clinical practices and opinions concerning spirituality and its inclusion in the program's curriculum. The most common barriers to addressing such a subject were: fear of imposing one's own beliefs, lack of time, and fear of offending patients.

Trevino, Kelly M., Elizabeth Archambault, Jennifer L. Schuster, Michelle M. Hilgeman & Jennifer Moyer. 2011. Religiosity and Spirituality in Military Veteran Cancer Survivors: A Qualitative Perspective. *Journal of Psychosocial Oncology* 29. 619-635.
doi:10.1080/07347332.2011.615380.

Fourteen military veteran cancer survivors participated in focus groups. Religiosity/spirituality (R/S) questions included "How have your religious/spiritual beliefs affected how you cope with your cancer?" and "How have your religious/spiritual beliefs changed as a result of your experience with cancer?" Five primary themes emerged: impact of cancer on R/S, meaning-making, prayer, religious/spiritual role of others, and facing death. Consistency and individuality characterized the role of R/S in cancer survivorship across themes.

Winter-Pfändler, Urs & Christoph Morgenthaler. 2011. Patients' satisfaction with health care chaplaincy and affecting factors: an exploratory study in the German part of Switzerland. *Journal of Health Care Chaplaincy* 17(3-4). 146-161.
doi:10.1080/08854726.2011.559857

In this study, 679 patients from 32 general hospitals and psychiatric clinics in Switzerland were surveyed. Whereas the patient-chaplain relationship was significantly associated with the patient's age and religiosity, the apprehension of pastoral intervention was significantly associated with the patient's religiosity and denomination, length of stay, admission to hospital, and the patient's health status. The authors conclude that chaplains have to take account of the situational circumstances and personal characteristics of patients in order to optimize their service.

Wood, Emily, Roger Watson & Mark Hayter. 2011. To what extent are the Christian clergy acting as frontline mental health workers? A study from the North of England. *Mental Health, Religion & Culture* 14(8). 769-783.
doi:10.1080/13674676.2010.522565.

This study surveyed Christian clergy in the United Kingdom, and found that the clergy saw people with mental health problems pastorally, but the frequency varied among individuals and this was not dependent on

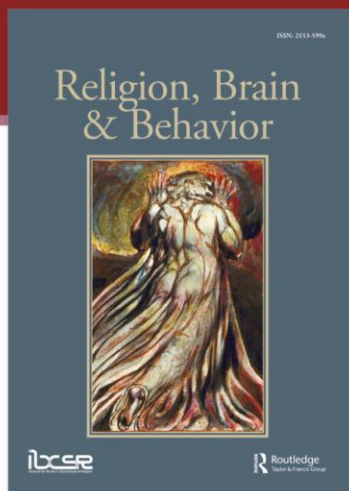
denomination. These findings agreed with other studies that a very high percentage of British clergy do refer on, unlike North American clergy, and this was not related to denomination.

Woodyard, Catherine. 2011. Exploring the therapeutic effects of yoga and its ability to increase quality of life. *International Journal of Yoga* 4(2). 49-54.
doi:10.4103/0973-6131.85485

The author provides information regarding the therapeutic effects of yoga as it has been studied in various populations concerning a multitude of different ailments and conditions. Results show that yogic practices enhance muscular strength and body flexibility, promote and improve respiratory and cardiovascular function, promote recovery from and treatment of addiction, reduce stress, anxiety, depression, and chronic pain, improve sleep patterns, and enhance overall well-being and quality of life.

Young, Mark E., Leigh de Armas DeLorenzi & L. Cunningham. 2011. Using Meditation in Addiction Counseling. *Journal of Addictions & Offender Counseling* 32(1/2). 58-71.

This article identifies meditation's curative factors and limitations when using meditation in addiction settings. Meditation has been studied as a way of reducing stress in counseling clients since the 1960s. Alcoholics Anonymous, Narcotics Anonymous, and new wave behavior therapies incorporate meditation techniques in their programs.



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PART 3. BOOKS

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