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No.	Records	Request
* 1	151	SPIRITUALITY
2	17	SPIRITUALITY and RELATIONSHIP

Record 1 of 151 - MEDLINE EXPRESS (R) 1/96-8/96

TI: Perinatally transmitted HIV infection. Supporting the helpers.

AU: Burr-CK

SO: Nurs-Clin-North-Am. 1996 Mar; 31(1): 243-51

LA: ENGLISH

AB: Nurses find that caring for clients with HIV disease can be exceptionally rewarding but can also be stressful and frustrating. Stressors in HIV work arise both from specific issues related to HIV and from more generic concerns arising from caring for clients with a chronic illness in an environment of limited resources. This article describes sources of stress for nurses and personal institutional factors that can lead to burnout as well as positive aspects of HIV nursing. Institutional strategies that can decrease stress and support nurses' practice are described. Group support and individual strategies, including humor and spirituality, offer interventions that can help nurses maintain energy and enthusiasm for nursing practice with HIV clients.

AN: 96197625

Record 2 of 151 - MEDLINE EXPRESS (R) 1/96-8/96

TI: Health-illness beliefs and practices of Haitians with HIV disease living in Boston.

AU: Martin-MA; Rissmiller-P; Beal-JA

SO: J-Assoc-Nurses-AIDS-Care. 1995 Nov-Dec; 6(6): 45-53

LA: ENGLISH

AB: The authors of this qualitative study explored the health-illness beliefs and practices of Haitians with HIV disease. The authors obtained a purposive sample of five Haitian men and four Haitian women with symptomatic HIV disease or AIDS living in Boston. Five themes were identified through content analysis of interviews and medical record review: (a) incorporation of traditional health-illness beliefs into beliefs about HIV disease; (b) A perceived need to hide HIV disease to avoid rejection, humiliation, and isolation; (c) use of spirituality to help cope with HIV disease; (d) history of limited contact with doctors prior to diagnosis of HIV disease; and (e) use of traditional healing practices for HIV disease. The findings have implications for improving cross-cultural communication between Haitians with HIV disease and their healthcare providers.

AN: 96164091

Record 3 of 151 - MEDLINE EXPRESS (R) 1/96-8/96

TI: The SPIRITual history.

AU: Maugans-TA

SO: Arch-Fam-Med. 1996 Jan; 5(1): 11-6

LA: ENGLISH

AB: Spirituality can be defined as a belief system focusing on intangible elements that impart vitality and meaning to life's events. Often spirituality is expressed through formalized religions. Recently, the interplay of spirituality, religion, and health care has been explored in the medical literature. Spiritual belief systems impact on the incidences, experiences, and outcomes of several common medical problems. Unfortunately, there is little recent literature addressing the process of conducting a medically oriented spiritual history. One approach to assisting the physician in spiritual history taking, a mnemonic, SPIRIT, is presented as a guide to identifying important components of the spiritual history. This article addresses the issues of when and whom to interview, as well as specific professional and ethical issues related to this topic. Two case examples from my practice are presented to illustrate the utility of the SPIRITual history.

AN: 96135985

Record 4 of 151 - MEDLINE EXPRESS (R) 1/96-8/96

TI: Alcoholism in Ghana--a socio-cultural exploration.

AU: Akyeampong-E

SO: Cult-Med-Psychiatry. 1995 Jun; 19(2): 261-80

LA: ENGLISH

AB: A vast literature has accumulated in recent years, examining the disease concept of alcoholism, and analyzing the interaction of biomedicine with indigenous healing systems in colonial and post-colonial societies. Social scientists have consistently emphasized the social context of alcoholism, although their works have been largely ignored. This article engages the literature on the social history of medicine in Africa, and works on alcohol use in non-Western societies, in an attempt to offer an understanding of alcoholism in Ghana rooted in Ghanaian cultures and history. It explores how alcohol's established ties with spirituality influences Ghanaian perceptions of alcoholism. Based on interviews, highlife music, popular literature, and the few written works on alcohol use in Ghana, the article examines the social construction of the alcoholic in independent Ghana.

AN: 96049850

Record 5 of 151 - MEDLINE EXPRESS (R) 1/96-8/96

TI: Risk factors of adolescent and young adult trauma victims.

AU: Redeker-NS; Smeltzer-SC; Kirkpatrick-J; Parchment-S

SO: Am-J-Crit-Care. 1995 Sep; 4(5): 370-8

LA: ENGLISH

AB: BACKGROUND: Repeated injury, or recidivism, because of intentional or unintentional injury is a growing chronic health problem among urban adolescents and young adults in the United States. OBJECTIVE: To describe demographic, social, environmental, psychological, and developmental antecedents and risk-taking behaviors, and to examine their relationships to type of trauma and rate of trauma recidivism in adolescent and young adults in an urban trauma center. METHODS: One hundred adolescent and young adult trauma victims in an urban trauma center were interviewed, using the Adolescent Risk-Taking Instrument, the Brief Anger/Aggression Questionnaire, and the Trauma Risk Factor Interview Schedule. Bivariate correlation, multiple regression, and discriminant function analysis were used to examine the data. RESULTS: Of the sample, 89% experienced trauma related to interpersonal violence, including firearm injuries, stab wounds, and blunt trauma. Male gender, unemployment, past arrest, lower levels of spirituality, and higher levels of anger/aggression and thrill-seeking accounted for 25% of the variance in the number of risk-taking behaviors. Factors such as male gender, past arrest, unemployment, having been a crime victim in the past, lower autonomy, use of weapons, fighting, and no psychological counseling distinguished subjects with firearm-related injuries from subjects with other injury sources. Use of alcohol on weekdays, past arrest, and higher education levels were associated with trauma recidivism, explaining 14% of the variance. CONCLUSIONS: Social/environmental and psychological/developmental variables, as well as risk-taking behaviors, are important correlates of trauma and recidivism. These findings suggest the importance of advocacy for social policies conducive to reducing the risks of violence and trauma and risk-reduction interventions as components of posttrauma care.

AN: 96042695

Record 6 of 151 - MEDLINE EXPRESS (R) 1/96-8/96

TI: Promoting spirituality in persons with acquired immunodeficiency syndrome: a nursing intervention.

AU: Peri-TA

SO: Holist-Nurs-Pract. 1995 Oct; 10(1): 68-76

LA: ENGLISH

* AB: Holistic care addresses the physical, psychologic, emotional, and spiritual dimensions of the patient. The spiritual dimension, however, is frequently overlooked by health care providers. The development of spiritual well-being is crucial in helping the person with AIDS find meaning in life and death. Assessing spiritual needs of persons with AIDS and promoting their spirituality are important nursing roles.

AN: 96037745

Record 7 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and problem solving with seniors.

AU: Gorham-M

SO: Perspectives. 1989 Fall; 13(3): 13-6

LA: ENGLISH

AN: 90052183

Record 8 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Pastoral counseling and homosexuality.

AU: Struzzo-JA

SO: J-Homosex. 1989-90; 18(3-4): 195-222

LA: ENGLISH

* AB: The Judaeo-Christian religious tradition has generally been mistrustful of sexuality, wherein homosexuality is not even a legitimate discussion. The psychological tradition has been heterosexist and homophobic. It is argued that only a creation-centered spirituality and a transpersonal psychotherapy can be truly supportive of gay men and lesbian women. A transpersonal model is presented that is integrated with creation spirituality. This model is applied to specific situations of gay men and lesbians with clinical examples. In this inquiry, the special gifts of homosexuals are noted.

AN: 90171501

Record 9 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality: an analysis of the concept [see comments]

AU: Burkhardt-MA

SO: Holist-Nurs-Pract. 1989 May; 3(3): 69-77

LA: ENGLISH

AB: Learning to listen for indications of significant relationships and experience of connection is an important skill for the nurse. The nurse needs to be aware of the variety of expressions of spiriting, recognizing that it is often not expressed in traditional religious language. Dealing effectively with spiriting with clients requires an investment of the self, which is an intentional way of being with the client and can be a part of every nurse-client relationship.

AN: 89359581

Record 10 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality: an essential dimension in the treatment of hypertension.

AU: Thomas-SA

SO: Holist-Nurs-Pract. 1989 May; 3(3): 47-55

LA: ENGLISH

AB: In this time of "burnout" and high turnover in nursing, we must attend to our own needs for healing. Integration of a spiritual dimension in our lives and work are central to our health. A balanced life allows nurses to give more, not less, to their practice. Spirituality enlarges the purpose and meaning of our lives and work. Nursing practice entails care, comfort, and healing. These nursing actions flow naturally from a peaceful center.

AN: 89359579

Record 11 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality in health and healing: a clinical program.

AU: Stuart-EM; Deckro-JP; Mandle-CL

SO: Holist-Nurs-Pract. 1989 May; 3(3): 35-46

LA: ENGLISH

AN: 89359578

Record 12 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Towards an ecological understanding of mutual-help groups: the social ecology of "fit".

AU: Maton-KI

SO: Am-J-Community-Psychol. 1989 Dec; 17(6): 729-53

LA: ENGLISH

AB: Adopted an ecological framework to view mutual-help groups, and illustrated its usefulness by examining aspects of the social ecology of "fit" among 163 members of Compassionate Friends (bereaved parents; CF), Multiple Sclerosis (MS), and Overeaters Anonymous (OA) groups. Concerning person-group fit, personal Spirituality was positively related to (a) Providing Support, and to (b) Group Satisfaction for members of a group whose helping ecology emphasized "reliance on a higher power" (OA). (Contrary to prediction, the relationship with Group Satisfaction was also manifest for members of MS). Furthermore, OA members reported higher levels of Spirituality than CF members. Concerning helping mechanism-focal problem fit, Friendship Development was positively related to Group Satisfaction only for individuals with a focal problem characterized by high levels of social network disruption (MS). In addition, Time in Group was inversely related to Depression for members of life stress (CF) and medical disorder (MS) groups, but not for members of a "behavioral control" type group (OA). The implications of the ecological perspective for future research are discussed.

AN: 90261659

Record 13 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spiritual well-being and anxiety in adults diagnosed with cancer.

AU: Kaczorowski-JM

SO: Hosp-J. 1989; 5(3-4): 105-16

LA: ENGLISH

* AB: Exploring the theory that anxiety is lower in highly spiritual persons confronting life-threatening illness, this correlational study was conducted with 114 adults who had been diagnosed with cancer. Relationships were measured between spiritual well-being and state-trait anxiety, using the Spiritual Well-Being Scale, which distinguishes between the religious and existential dimensions of spirituality, and the State-Trait Anxiety Inventory, which differentiates between transitory and characteristic anxiety. Efforts were made to identify demographic features of the sample which could influence spirituality and anxiety and their interactions. A consistent inverse relationship (p less than .001) was found between spiritual well-being and state-trait anxiety, regardless of influences of gender, age, marital status, diagnosis, group participation, and length of time since diagnosis. This supports the theory that persons with high levels of spiritual well-being have lower levels of anxiety. Controlled studies now are indicated, with attention to diversity and specificity of ethnic, socioeconomic, and religious backgrounds, as well as cancer type, stage, symptoms, and prognosis. The hospice community is challenged to undertake studies of the spiritual dimension and its healing potential.

AN: 90185596

Record 14 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality within the Science of Unitary Human beings. Members' forum.

SO: Rogerian-Nurs-Sci-News. 1989 Fall; 2(2): 2-5

LA: ENGLISH

AN: 90181113

Record 15 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality: cornerstone of holistic nursing practice [see comments]

AU: Nagai-Jacobson-MG; Burkhardt-MA

SO: Holist-Nurs-Pract. 1989 May; 3(3): 18-26

LA: ENGLISH

AB: Practitioners of holistic nursing seek to be part of an environment that is healing, recognizing that healing occurs on many levels. Suffering and pain are viewed as part of larger life experience and may be sources of growth and transformation. Understanding that spirituality has to do with all of life and is expressed in a variety of ways, the practitioner of holistic nursing is open to the spirituality of self and others, as manifested in the ordinary as well as the dramatic, and in gentle ways encourages its experience and expression.

AN: 89359576

Record 16 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and healing.

SO: Holist-Nurs-Pract. 1989 May; 3(3): v-x, 1-77

LA: ENGLISH

AN: 89359574

Record 17 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: The roots of creativity.

AU: Shainess-N

SO: Am-J-Psychoanal. 1989 Jun; 49(2): 127-38

LA: ENGLISH

AB: The various factors which seem to be important in the creative child with extraordinary potential include: A good biologic endowment, often with high intelligence and a correlation between special sensory sensitivities and other physical requirements to implement the special interest. There is also sometimes the capacity to utilize or else compensate for deficit. The fostering of interests by a parent or interested adult. Specific kinds of ongoing encouragement. Sometimes there is self-selection of interest by the child. The child must feel valued and loved. The family background and relationship of parents centers on the child. The time, place, and institutions foster the development of interest and value of the work and the child's belief in its value. The child is allowed freedom of development, without undue inhibition or restriction. Creative people have shown uneven development--the child is not "age-specific" generally. Gifted children have been observed to tolerate isolation and even loneliness well--these are often necessary conditions for developing skills. For some creative people, early object losses seem to be frequent. The creative child is curious and a keen observer. The creative child has an uncanny ability to make connections--to perceive similarities in the apparently dissimilar. The creative child is not hampered by conventional thought. The creative child has a capacity for love and devotion--or at least a positive orientation; a spiritness or passion; and a spirituality or unworldliness. It has been said that the poetic truths in a work of art are only half understood by its creator. Generally conveyed subliminally, these truths are revealed in different ways to different audiences at different times. Such is the view of William Livingstone (1987), and considering the childhood antecedents of creative work helps to understand why this is so.

AN: 89320866

Record 18 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and sense of well-being in persons with AIDS.

AU: Belcher-AE; Dettmore-D; Holzemer-SP

SO: Holist-Nurs-Pract. 1989 Aug; 3(4): 16-25

LA: ENGLISH

AB: The nurse is in a position to look holistically at PWAs to diagnose spiritual distress with the same sensitivity and skill as that used to diagnose physical and psychosocial problems. Caring for these persons requires holistic planning and intervening as well, with an awareness of the effect of spirituality on well-being.

AN: 89308983

Record 19 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and the ALS patient.

AU: Roche-J

SO: Rehabil-Nurs. 1989 May-Jun; 14(3): 139-41

LA: ENGLISH

AN: 89265994

Record 20 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Closing the gap between grand theory and mental health practice with families. Part 1: The framework of systemic organization for nursing of families and family members.

AU: Friedemann-ML

SO: Arch-Psychiatr-Nurs. 1989 Feb; 3(1): 10-9

LA: ENGLISH

AB: This paper proposes a nursing framework for individuals and families that was inductively derived from existing knowledge and the author's personal experience. The framework is based on the premise that all things are organized as systems. Individuals, family systems, and the environment are interrelated and the congruence of patterns and rhythms between systems and subsystems signifies health. Nursing involves assisting individuals and families to reduce anxiety by weighing against each other the two major dimensions of system control and congruence or spirituality with the aim of maintaining a dynamic equilibrium.

AN: 89192498

Record 21 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Making history: the challenge of gay and lesbian studies.

AU: Roscoe-W

SO: J-Homosex. 1988; 15(3-4): 1-40

LA: ENGLISH

AB: This paper addresses a central problem of gay and lesbian studies: how is the subject to be defined? Current essentialist and constructionist positions are ultimately ahistorical and reductionist, reflecting the residual influence of the medical model and its sexual definition. In place of a single-dimensional and a priori sexual category, the author proposes sociosexual specialization as the appropriate focus of gay and lesbian studies and outlines a heuristic, multidimensional model for describing not only contemporary, but historical and cross-cultural evidence. Six dimensions of social and sexual variation are reviewed: sexuality, subjectivity and identity, gender, social roles, economic roles, and spirituality.

AN: 89176167

Record 22 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Fire and ice. Natives, alcohol and spirituality, a northern health paradigm.

AU: Colorado-P

SO: Arctic-Med-Res. 1988; 47 Suppl 1: 598-603

LA: ENGLISH

AN: 90180001

Record 23 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality, pastoral care, and religion: the need for clear distinctions.

AU: Smyth-P; Bellemare-D

SO: J-Palliat-Care. 1988 May; 4(1-2): 86-8

LA: ENGLISH

AN: 89011190

Record 24 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spiritual care: an element in nursing care planning.

AU: Labun-E

SO: J-Adv-Nurs. 1988 May; 13(3): 314-20

LA: ENGLISH

X AB: Nursing has recognized spirituality as an aspect of holistic patient care but little has been written on the understanding of this concept within the holistic approach. In a discussion of the issue, three basic questions are addressed. These questions include 'What is spirituality?', 'How do patients express their spirituality?', and 'How can spiritual care be incorporated into a plan of care?' Drawing upon nursing and health-related literature, an outline of the concept of spirituality is drawn and five broad areas of expression are described. The nursing process is used to demonstrate how spirituality can be incorporated into the patient's plan of care.

AN: 88331523

Record 25 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Widowhood, sexuality and aging: a life span analysis.

AU: Malatesta-VJ; Chambless-DL; Pollack-M; Cantor-A

SO: J-Sex-Marital-Ther. 1988 Spring; 14(1): 49-62

LA: ENGLISH

AB: In an attempt to evaluate how widows of various ages adapt sexually to loss of a marital partner, 100 relatively healthy, community-dwelling widows between the ages of 40 and 89 completed a reliable 101-item questionnaire which evaluated three major areas: 1) barriers to sexual expression posed by age-related changes in body image, mood state and environmental context; 2) degree of unhappiness associated with loss of various marriage-oriented activities; and 3) perceived utility of various activities which indirectly might satisfy sexual and affectional needs. Controlling for income, education, heterosocial involvement, and family contact, and using level of morale and depression as corroborative measures, results showed specific age differences across variables assessed. In particular, younger widows, when compared with their older counterparts, viewed changes in body image, the dearth of unattached men, and limited financial resources for social activities as representing significant sexual barriers. Increasing age of the widow was associated with lower unhappiness ratings with loss of marriage-related activities. For the sample as a whole, greater unhappiness was expressed with the loss of nonsexual, heterosocial activity (e.g., conversation with a man, going places with a man). Results also indicated that, regardless of the widow's age, activities pertaining to her children and grandchildren, wearing attractive clothing, and expressing her spirituality are all effective in meeting affectional and sexual needs. Results are discussed within the context of older female sexuality, affectional adaptation to widowhood, and therapeutic implications directed at this neglected group.

AN: 88286767

Record 26 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and the caregiver. Developing an underutilized facet of care.

AU: Millison-MB

SO: Am-J-Hosp-Care. 1988 Mar-Apr; 5(2): 37-44

LA: ENGLISH

AN: 88269179

Record 27 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Holistic physicians and family practitioners: similarities, differences and implications for health policy.

AU: Goldstein-MS; Sutherland-C; Jaffe-DT; Wilson-J

SO: Soc-Sci-Med. 1988; 26(8): 853-61

LA: ENGLISH

AB: Although loosely defined, holistic or alternative medicine has been viewed by most observers as fundamentally at odds with mainstream biomedical approaches. Convergence or integration of the two are seen as highly unlikely. We attempt to assess the potential for such integration empirically through a survey of physicians, members of the American Holistic Medical Association (N = 340) and a comparison group of family practitioners (N = 142). Although social origins of the two groups are similar, they differ in their completion of residency training and a variety of practice characteristics. While the groups differ in the predicted directions in their evaluation and utilization of holistic techniques and in their attitudes toward the nature of medical practice, there is a good deal of overlap. Personal experiences, especially those in the area of religion/spirituality and psychotherapy differ sharply between the groups. Policy concerned with

fostering cooperation or convergence between holistic and mainstream medicine should differentiate between clinical attitudes and behaviors (which appear to be more compatible than has been suggested), and the personal world views of physicians (which appear to be much further apart).

AN: 88236005

Record 28 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality in the recovery process.

AU: Prezioso-FA

SO: J-Subst-Abuse-Treat. 1987; 4(3-4): 233-8

LA: ENGLISH

AB: In this paper the author discusses spirituality as it relates to the treatment of chemically dependent and co-dependent individuals in a 21-28 day inpatient treatment setting. The author offers a proposal for addressing spirituality and spiritual issues using such program components as staff training sessions and weekly staff groups, patient lectures and discussion groups, family presentations, and individualized treatment plans.

AN: 88141398

Record 29 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Psychological and spiritual well-being in college students.

AU: Fehring-RJ; Brennan-PF; Keller-ML

SO: Res-Nurs-Health. 1987 Dec; 10(6): 391-8

LA: ENGLISH

AB: Two separate correlational studies were conducted to investigate the relationship between spirituality and psychological mood states in response to life change. In the first study a spiritual well-being index, a spiritual-maturity scale, a life-change index, and a depression scale were administered to 95 freshman nursing students. The spiritual well-being index was composed of two sub-scales; a religious well-being and an existential well-being scale. In the second study a spiritual-outlook scale and the Profile of Mood State index was added to the above tests and administered to 75 randomly selected college students. The results demonstrated a weak positive relationship between life change and depression. Unlike a previous study, spiritual well-being, existential well-being, and spiritual outlook showed strong inverse relationships with negative moods suggesting that spiritual variables may influence psychological well-being.

AN: 88098374

Record 30 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and other points of resistance to the 12-step recovery process

AU: Buxton-ME; Smith-DE; Seymour-RB

SO: J-Psychoactive-Drugs. 1987 Jul-Sep; 19(3): 275-86

LA: ENGLISH

AN: 88090096

Record 31 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality and well-being in terminally ill hospitalized adults.

AU: Reed-PG

SO: Res-Nurs-Health. 1987 Oct; 10(5): 335-44

LA: ENGLISH

AB: Initial research into the significance of spirituality among terminally ill adults was extended. Two hypotheses were examined using three groups of 100 adults matched on age, gender, education, and religious background: a) Terminally ill hospitalized adults indicate a greater spiritual perspective than nonterminally ill hospitalized adults and healthy nonhospitalized adults. b) Spiritual perspective is positively related to well-being among terminally ill hospitalized adults. All 300 participants completed the Spiritual Perspective Scale, Index of Well-Being, and other information. Planned comparisons analysis results supported the first hypothesis; low but significant correlation lent support to the second hypothesis. Differences among groups on recent change in spiritual views also were examined; a significantly larger number of terminally ill adults indicated a change toward increased spirituality than did nonterminally ill or healthy adults.

AN: 88041984

Record 32 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Responding to the spiritual needs of the chronically ill.

AU: Soeken-KL; Carson-VJ

SO: Nurs-Clin-North-Am. 1987 Sep; 22(3): 603-11

LA: ENGLISH

AB: The steps of the nursing process apply to needs of the spirit as well as body and mind. Several nurses have provided guidelines for assessing spiritual needs. Stoll, for example, considers four areas of concern: the person's concept of God; source of strength and hope; significance of religious practices and rituals; and perceived relationship between spiritual beliefs and state of health. In approaching the patient about these four areas, it is important for the nurse to clearly articulate the purpose in seeking such information. For instance, a nurse might explain to a patient that research has demonstrated the positive relationship of spiritual concerns to a patient's ability to cope with chronic illness. Because the nurse is interested in assisting the patient to identify, strengthen, and develop a variety of coping strategies, spiritually related data are relevant to the patient's care. Having collected data from the patients, a nursing diagnosis can be made. Spiritual concerns, spiritual distress, and spiritual despair have been included in the accepted classification system. Meeting the spiritual needs of patients can be uncomfortable for the nurse. Several reasons for such discomfort

include embarrassment, the belief that it is not the nurse's role, lack of training, and the lack of own spiritual resources. Experience with an elective course in spirituality for undergraduate nursing students would support the value of offering training. Discussing God-related issues can assist a health care professional to clarify a personal spiritual position. (ABSTRACT TRUNCATED AT 250 WORDS)

AN: 87289189

Record 33 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Religion, spirituality, and aging [letter]

AU: Koenig-HG; Seeber-JJ

SO: J-Am-Geriatr-Soc. 1987 May; 35(5): 472

LA: ENGLISH

AN: 87195960

Record 34 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: The religious medical model: holy medicine and the Spiritual Behavior Inventory.

AU: Braverman-ER

SO: South-Med-J. 1987 Apr; 80(4): 415-20, 425

LA: ENGLISH

AB: This paper describes the history and basis of the Spiritual Inventory from its beginning. Initially, the Inventory took the form of a casual interview. The advantage of an interview is clinical judgment and the ability to diagnose the spirituality of the patient. Analysis of spiritual behavior is a useful clinical tool. This paper also includes a detailed explanation of the role of the rabbi-physician.

AN: 87178172

Record 35 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Experience and change in Al-Anon family groups: adult children of alcoholics.

AU: Cutter-CG; Cutter-HS

SO: J-Stud-Alcohol. 1987 Jan; 48(1): 29-32

LA: ENGLISH

AB: Adult children of alcoholics exhibit low self-esteem, excessive feelings of responsibility, difficulties reaching out, depression and the increased likelihood of alcoholism. This study examines how adult children of alcoholics discuss their experiences in an Al-Anon group and describes their perceptions of change in self, personal problems, relationships, spirituality, childhood and the Al-Anon program. Twelve sessions of one Al-Anon chapter were observed, Al-Anon members were interviewed and a coding system to assess the content of the meetings was developed. Improvements constituted 25% of reports, of which improvement in problems constituted 20%. Members reported positive changes in self. Changes in relationships with alcoholics were few, as were changes in perceptions of the program (members felt positively about the program from the start). Although spirituality constituted less than 4% of the reports, many interviewees found spirituality the last and, ultimately, one of the most valued components of Al-Anon. A common experience of parental alcoholism, and cognitive, affective and behavioral antidotes to prior socialization in an alcoholic family contributed to the program's perceived helpfulness.

AN: 87142831

Record 36 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Healing and spirituality.

AU: Green-R

SO: Practitioner. 1986 Dec; 230(1422): 1087-93

LA: ENGLISH

AN: 88040887

Record 37 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spirituality, medicine, and healing.

AU: Hiatt-JF

SO: South-Med-J. 1986 Jun; 79(6): 736-43

LA: ENGLISH

AB: Contemporary medicine has given little attention to the spiritual dimension of human experience despite its relevance to our fundamental goal of healing. This exploratory work takes the position that this dimension can and should be reintegrated into health care models and practice. After delineating the scope of inquiry and providing some definitions, I draw upon paradigms from psychology and physics to provide a basis for such integration, and then extend the biopsychosocial model to include the spiritual dimension, discussing some ways in which this perspective might affect our thinking about disease and health care.

AN: 86235631

Record 38 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Spiritual support for the dying.

AU: Conrad-NL

SO: Nurs-Clin-North-Am. 1985 Jun; 20(2): 415-26

LA: ENGLISH

AB: Diversity of spiritual beliefs and practice is respected as guidelines and practical interventions for the nurse providing spiritual support are presented. Spirituality and spiritual support are defined, and four areas of spiritual needs of dying clients are identified. Interdisciplinary collaboration is also discussed.

AN: 85215809

Record 39 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: The patient's approach to wellness.

AU: Grasser-C; Craft-BJ
SO: Nurs-Clin-North-Am. 1984 Jun; 19(2): 207-18
LA: ENGLISH

AB: The patient's own approach to wellness is receiving increasing attention as the potential for self-responsibility in assuming wellness behaviors is recognized as one, if not the most, significant factor determining health status. Shifts in patterns of illness and potential for illness intervention are acknowledged as central in moving the focus from illness to wellness. Recognition of the deleterious impact of lifestyle and existing behaviors has raised awareness of the need to promote change in wellness behaviors and mechanisms. The scope and quality of information becoming available related to health promotion is bewildering and often contradictory. Information becomes available daily on nutrition, exercise, stress and relaxation, relatedness and support systems, and consciousness and spirituality. Desires and motivations are complex, combining a wish to perpetuate an affluent lifestyle with recognition that depletion of resources and environmental contaminations are risks to the well-being of individuals and society. Nurses, as well as other health care providers, are concerned with health promotion. We need to view our arena realistically and with full cognizance of balancing reasonable caution in scrutinizing new information with openness to ideas that will expand both the potential for wellness and our potential to contribute to health promotion. We practice in a quagmire of uncertainty, unsubstantiated truths, and demands for assurances and answers. We are asked to provide quality care and to perform responsibly in a cost-effective manner. We are pressured for pragmatics. We need to recognize our urge to capitulate to demands. Since historically we are a caring, responsive practice, we can be trapped into "false assurance." While recognizing appropriate limitations in providing assurances, it is possible to offer assistance in ferreting out information and understanding the degree of confidence with which it can be viewed and to support increasing autonomy. Educational programs can be used in conjunction with relationship skills in enhancing health care, the recipient's adoption of wellness behaviors that promote health.

AN: 84221499

Record 40 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Early alcoholism treatment: the Emmanuel Movement and Richard Peabody.

AU: McCarthy-K

SO: J-Stud-Alcohol. 1984 Jan; 45(1): 59-74

LA: ENGLISH

AB: The history of alcoholism treatment in the early twentieth century is outlined. The methods of the Emmanuel Movement and of Richard Peabody are described, biographical details of their main practitioners are given, the populations treated are described, and the predecessors and successors of the two methods are discussed. In addition, the two methods are compared with each other and with the methods of Alcoholics Anonymous and Freudian psychoanalysis. The founder of the E. Movement was a clergyman, Dr. Elwood Worcester, whose method was designed to treat a variety of neurotic disorders. He felt that all diseases, including alcoholism, had physical, mental and spiritual components. His principal techniques of relaxation therapy and suggestion (including autosuggestion) were used to reach the unconscious. Worcester felt that alcoholics could be helped by redirecting their attention away from their problems to a life of service and spirituality. Prayer, group support and self-help were important. Worcester tried to reduce patients' guilt and rejected temperance preaching. He felt that recovery must come from surrender to external forces and to the healing capacities of the unconscious. One patient of his, Courtenay Baylor, began to work with him at the E. Church. Like Worcester, Baylor believed that alcohol, and not one's life history, caused alcoholism. Baylor believed that alcoholism resulted from mental and physical "tenseness" and, like Worcester, he used relaxation therapy. He believed in giving a longer period of treatment than did Worcester and in providing more treatment for the families of alcoholics. One of Baylor's most famous patients was Peabody. Peabody had no credentials but he refined and professionalized the E. treatment method. He was a strong believer in the control of one's feelings and in increased efficiency--his patients were told to follow detailed time plans. He believed that early family history caused alcoholism. Like the E. Movement, he felt that relaxation, suggestion and catharsis were important. Unlike the E. Movement, he regarded the unconscious as an obstacle. His method was also less spiritual. His philosophy seemed to have been derived from the mind-cure movement, including New Thought; he was not interested in the body. The fact that the practitioners of the Emmanuel and Peabody methods were not physicians is discussed. The treatment success of both methods is unclear.

AN: 84140253

Record 41 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Feature: spirituality. Experiences on the reservation.

AU: Viens-D

SO: Vt-Regist-Nurse. 1983 Dec: 3-4

LA: ENGLISH

AN: 84123190

Record 42 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: [Indispensable values of the spirituality of our people: dignity and national pride]

AU: Bejenaru-F

SO: Rev-Med-Chir-Soc-Med-Nat-Iasi. 1983 Oct-Dec; 87(4): 665-6

LA: ROMANIAN; NON-ENGLISH

AN: 84223350

Record 43 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Follow-up of sixty-one physicians after psychiatric treatment.

AU: Dorr-D; Bonner-JW 3d; Reid-V

SO: J-Clin-Psychol. 1983 Nov; 39(6): 1038-42

LA: ENGLISH

AB: Reported the results of a direct follow-up of 61 physicians who had been hospitalized for emotional impairment during 1969-1978. As of the fall-winter of 1979-1980, 35 physicians were in productive practice; 8 had died of purely medical causes; 5 had committed suicide; 2 were over age 65 and retired; 6 were not practicing for other reasons; 2 were physically disabled; and 3 could not be located. Recovery rate varied from 57% to 71% depending on the criteria used in calculating the ratio. Our outcome rate accords with those reported previously. Interviews with surviving physicians revealed that some important factors in recovery were rest and recuperation; spirituality, AA, and NA; modification in workload; support of colleagues; and constructive use of threat of loss of licensure.

AN: 84112054

Record 44 of 151 - MEDLINE EXPRESS (R) 1983-1989

TI: Perception of spatial and social density.

AU: Pedersen-DM

SO: Percept-Mot-Skills. 1983 Aug; 57(1): 223-6

LA: ENGLISH

AB: The effects of family size on the perception of three abstract rooms that differed in social and spatial density were studied. The rooms were rated on the dimensions, evaluation, spirituality, activity, and aesthetic appeal. Of the 48 subjects half were from large families with six or more members, and half were from smaller families. Family size had no effect on the perception of the rooms. The room low in spatial density was perceived most favorably, and there was no difference in the perception of a room high in social density and one high in spatial density.

AN: 84015190

Record 45 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: Nurses, spirituality, and clients. Part 3. Healing with love and light.

AU: Koch-M

SO: Assertive-Nurse. 1982 Winter; 5(1): 17-8

LA: ENGLISH

AN: 82159847

Record 46 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: Nurses, spirituality, and clients. Part 2. The art of winning the money game and having your whole life work.

AU: Patent-A

SO: Assertive-Nurse. 1982 Winter; 5(1): 15-7

LA: ENGLISH

AN: 82159846

Record 47 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: Nurses, spirituality, and clients. Part I. The spiritual aspect of nursing care.

AU: Birckhead-LM

SO: Assertive-Nurse. 1982 Winter; 5(1): 10-5

LA: ENGLISH

AN: 82159845

Record 48 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: Christian spirituality challenge to the nurse.

AU: Alfaro-de-Sanchez-AM; Gomes-Pinal-L; Castro-AD-de; Pineda-Moreno-A; Lopez-Sandoval-J

SO: Nouv-Com-Int-Cathol-Infirm-Assist-Med-Soc. 1980(2): 38-42

LA: ENGLISH; SPANISH; FRENCH

AN: 81099727

Record 49 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: [~~Evolution--promotion--spirituality~~]

AU: Madariaga-M-de

SO: Nouv-Com-Int-Cathol-Infirm-Assist-Med-Soc. 1980(2): 17-23

LA: SPANISH; NON-ENGLISH

AN: 81099724

Record 50 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: Man's spirituality and potential for creativity as revealed in mental illness.

AU: Arieti-S

SO: Compr-Psychiatry. 1980 Nov-Dec; 21(6): 436-43

LA: ENGLISH

AN: 81043117

Record 51 of 151 - MEDLINE EXPRESS (R) 1966-1982

TI: Fundamental values, the work ethic, and spirituality are basic for the therapeutic program at Anneewakee.

AU: Poetter-L; Stewart-H

SO: Adolescence. 1975 Summer; 10(38): 247-52

LA: ENGLISH

AN: 76084820

Record 52 of 151 - MEDLINE EXPRESS (R) 1990

TI: The revolving door: substance abuse treatment and criminal sanctions for Native American

offenders.

AU: Grobsmith-ES; Dam-J

SO: J-Subst-Abuse. 1990; 2(4): 405-25

LA: ENGLISH

AB: Native Americans paroled or released from prison appear to have high recidivism rates both for alcohol abuse and return to incarceration. Tracking of 45 Native American offenders from a prior study on the contribution of alcohol and drugs to offense commission (Grobsmith, 1989a) using both correctional records and personal interview permitted documentation of the type of release (parole, unconditional discharge, with or without referral to treatment) and the individuals' responses to the effectiveness of treatment. These are presented, along with descriptions of the programs available to both inmates and exoffenders or parolees. Alcohol rehabilitation programs in prison and upon release from prison are described, with emphasis on the difficulties treatment programs face in serving exoffenders. Incorporation of indigenous elements or Indian spirituality into treatment is gaining popularity and is espoused by Native Americans as a critical criterion for selection of a treatment program; however, evidence for the increased effectiveness of dependence on exclusively indigenous approaches to alcohol rehabilitation is inconclusive. Syncretic approaches incorporating western and indigenous elements represent those preferred by exoffenders, but choice of treatment program is often determined by funding.

AN: 92330542

Record 53 of 151 - MEDLINE EXPRESS (R) 1990

TI: CE feature. Part 2. Nontechnologic strategies for coping with chronic low back pain.

AU: Smith-IW; Airey-S; Salmond-SW

SO: Orthop-Nurs. 1990 Jul-Aug; 9(4): 26-34

LA: ENGLISH

AB: Nontechnologic interventions of relaxation, distraction, therapeutic touch, and spirituality can relieve chronic low back pain. Awareness of nontechnologic strategies by nurses is needed to facilitate patient-centered intervention.

AN: 90363569

Record 54 of 151 - MEDLINE EXPRESS (R) 1990

TI: The use of restricted environmental stimulation therapy in treating addictive behaviors.

AU: Borrie-RA

SO: Int-J-Addict. 1990-91; 25(7A-8A): 995-1015

LA: ENGLISH

AB: Successful treatment of addictive behaviors is difficult because of the complexity of relevant contributing variables. Restricted environmental stimulation therapy (REST) is offered as a useful, flexible tool that can facilitate change in addictive variables at each level of complexity, from habitual acts through attitudes to self-concept and spirituality. The nature of REST is discussed in terms of processes and effects. Basically two processes, refocusing and rebalancing, contribute to the various physical and mental effects of restricted environmental stimulation. These effects include profound relaxation, relief from pain, and a shift in consciousness to a state that is more introspective, less defensive, and more receptive. Research in treating addictive behaviors with REST is reviewed with smoking, overeating, alcohol consumption, and drug misuse. There is a substantial body of literature demonstrating the effectiveness of REST in modifying smoking behavior. Very little research has been done on REST and drug misuse. Each of the other areas has a small number of preliminary studies that suggest REST as a promising treatment. In general, chamber REST proves to be effective in facilitating attitudinal and behavioral change, and maintaining those changes. The scant research with flotation REST show it to be less effective in modifying behavior but more relaxing and pain alleviating than chamber REST. The characteristics of the REST experience that make it effective in treating addictions are discussed as follows: (1) the induction of a general relaxation response, (2) substance misusers find serenity and relief by nonchemical means, (3) internal refocusing to concentrate on personal problems, (4) disruption of habits through removal of trigger cues and response possibilities, (5) increased feelings of control over addictive behaviors, and (6) enhanced learning processes. REST is a versatile, cost-effective treatment modality with demonstrated effectiveness in modifying some addictive behaviors and promising applications with others.

AN: 92040433

Record 55 of 151 - MEDLINE EXPRESS (R) 1990

TI: Nurses' assessment of patients' spirituality: continuing education implications.

AU: Boutell-KA; Bozett-FW

SO: J-Contin-Educ-Nurs. 1990 Jul-Aug; 21(4): 172-6

LA: ENGLISH

AB: This article reports the results of a study to determine the extent to which nurses assessed patients' spiritual needs, indicators of spirituality used in the assessments, data collection methods used, and nurses' demographic information related to assessment and methods of data collection. Boutell's Inventory for Identifying Nurses' Assessment of Patients' Spiritual Needs was developed. Test-retest indicated an acceptable level of reliability. The Inventory was sent to a random sample of 817 nurses eligible to practice nursing in Oklahoma, yielding 238 (29%) usable questionnaires. Criteria for inclusion in the study were that the nurses needed to be employed and giving direct care to patients 18 years of age or older. Findings indicate that the majority of nurses assessed their patients' spiritual needs from a moderate to considerable extent. They most frequently

assessed for fears, sources of strength, and feelings of hope. Least frequently assessed were integration, giving love to God, meaning in suffering, and transcendence. Moreover, nurses ages 50 to 59 and psychiatric nurses were more likely than other nurses to assess the spiritual realm. Availability of time and patient acuity were major factors that influenced assessment. Data were most frequently obtained through observation of patients and discussions with patients rather than from secondary sources, such as clergy or patient records. Also, the nurses' basic educational preparation was not found to influence assessment. Suggestions for continuing education and programs are made.

AN: 90338525

Record 56 of 151 - MEDLINE EXPRESS (R) 1990

TI: The importance of spirituality in hospice work: a study of hospice professionals.

AU: Millison-MB; Dudley-JR

SO: Hosp-J. 1990; 6(3): 63-78

LA: ENGLISH

AB: Only recently has the spiritual aspect of care received attention in our professional literature. In order to explore the relationship between spirituality and job satisfaction for professionals employed in the hospice field, the authors sent questionnaires to hospice directors in New York, New Jersey, and Pennsylvania. The findings strongly indicate that hospice professionals are a spiritual group, being more spiritual in their personal lives than in their professional work. Professionals who described themselves as more spiritual also experienced greater satisfaction in hospice work. Job-related satisfaction, however, was dependent on factors other than spirituality. The findings support the contention that spiritual care is too critical to be left to clergy.

AN: 91115294

Record 57 of 151 - MEDLINE EXPRESS (R) 1990

TI: Break it off. Identifying a destructive love relationship.

AU: Rhoades-RA

SO: Today's-Nurse. 1990 Sep; 12(9): 13-6

LA: ENGLISH

AB: 1. Destructive love is an active process of destroying the affection and tenderness between two people. 2. If people are unable to distinguish the difference between an argument that was formulated to clear up a misunderstanding from an argument that is destructive, they will be unable to function properly. 3. Five basic therapeutic elements needed for recovery are: a willingness to seek help; a move toward a more realistic form of thinking; spirituality in one's personal and professional life; a circle of friends who support emotional honesty; and a personal appreciation of one's own values instead of the values of a past partner.

AN: 91020310

Record 58 of 151 - MEDLINE EXPRESS (R) 1990

TI: Coming-of-age among contemporary American Indians as portrayed in adolescent fiction.

AU: Markstrom-Adams-C

SO: Adolescence. 1990 Spring; 25(97): 225-37

LA: ENGLISH

AB: This paper examines the dominant themes evident in contemporary novels involving American Indian adolescents. Nine novels written between 1971 and 1986 are reviewed. In contrast to earlier novels, those reviewed here reflect greater realism toward and less stereotyping of American Indians. Several themes in the novels are reflective of problems and issues confronting adolescents from a variety of backgrounds. The more salient themes, however, are specific to American Indian culture, including the prejudice and discrimination experienced by American Indians, the hopelessness and helplessness of an American minority group, racially mixed marriages of parents, alienation from non-Indian peers, Indian and Anglo friendships, the search for a sense of self, recapturing Indian traditions, and Indian spirituality.

AN: 90240116

Record 59 of 151 - MEDLINE EXPRESS (R) 1990

TI: References to religion in The Journal of Family Practice. Dimensions and valence of spirituality.

AU: Craigie-FC Jr; Larson-DB; Liu-IY

SO: J-Fam-Pract. 1990 Apr; 30(4): 477-8, 480

LA: ENGLISH

AN: 90217979

Record 60 of 151 - MEDLINE EXPRESS (R) 1990

TI: A day treatment program for persons with AIDS.

AU: Gutterman-L

SO: Am-J-Occup-Ther. 1990 Mar; 44(3): 234-7

LA: ENGLISH

AB: This paper describes the Village Nursing Home's day treatment program for persons with AIDS, with an emphasis on the role of occupational therapy and the outcomes of occupational therapy interventions. The clients' demographics are included, and a general program philosophy of clients' empowerment is discussed. The health promotion framework and the use of holistic modalities address the spiritual aspect of the individual and how occupational therapy and spirituality might interconnect.

AN: 90196149

Record 61 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spiritual care of the school-age child with a chronic condition.

AU: Fulton-RA; Moore-CM
SO: J-Pediatr-Nurs. 1995 Aug; 10(4): 224-31
LA: ENGLISH

AB: Chronic conditions present many challenges to the school-age child and the family that may create physical, psychosocial, and spiritual disruptions. The spiritual well-being of the child and family greatly influences coping and condition management. Therefore, spiritual assessment becomes an integral part of nursing care for these families. A case study describes the spirituality of the school-age child and the family within the context of having a chronic condition. Therapeutic play, bibliotherapy, and use of self are discussed, using the nursing process, as strategies to meet the spiritual needs of child and family.

AN: 96031997

Record 62 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and palliative care.

AU: Schuetz-B

SO: Aust-Fam-Physician. 1995 May; 24(5): 775-7

LA: ENGLISH

AB: A terminal illness represents a spiritual crisis for many, but not all, patients. As the general practitioner confronts the illness with the patient a relationship develops which can itself be therapeutic. I believe that general practitioners can become attuned to the spiritual needs of their patients by having a commitment to the patient and focusing on the illness rather than the disease. Medical school did not prepare me for these lessons, rather they have been taught since by my patients.

AN: 95314491

Record 63 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Measurement of materialism and spiritualism in substance abuse research.

AU: Mathew-RJ; Mathew-VG; Wilson-WH; Georgi-JM

SO: J-Stud-Alcohol. 1995 Jul; 56(4): 470-5

LA: ENGLISH

AB: OBJECTIVE: A modified version of an instrument called the Mathew Materialism-Spiritualism Scale (MMSS), originally developed in India, was evaluated for possible use in substance abuse research in the U.S. METHOD: The scale was administered to 62 individuals recovering from substance use, 20 clergy people and 61 general controls. RESULTS: Test-retest reliability for the MMSS was verified by administering it to 18 control subjects on two separate occasions, 7 days apart. The Pearson correlation for the MMSS total scores was 0.83 ($p < .0001$). Internal consistency was examined with Cronbach's alpha in the entire sample of 143 subjects; the result for the total score was .93. Factor analysis showed a factor structure compatible with the subscales proposed by the developer. Women, in general, obtained higher spirituality scores. Members of the recovering group obtained significantly higher scores on "character" and "mysticism" than the general controls. When general controls were divided into MAST positive and MAST negative individuals, the MAST positive group obtained lower scores than the recovering group for "God," "mysticism" and "character." MAST negative individuals had lower scores on "mysticism" than the recovering group. Christians had higher scores on "God" and "religion" subscales than did nonChristians and agnostics. CONCLUSIONS: The results of this study need confirmation using an improved methodology and larger sample sizes. However, they suggest that the scale may be useful for the study of spirituality in the U.S.

AN: 95405005

Record 64 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality: a vital component of health counseling.

AU: Gelo-F

SO: J-Am-Coll-Health. 1995 Jul; 44(1): 38-40

LA: ENGLISH

AN: 95403845

Record 65 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Personal space boundaries: clinical applications in psychiatric mental health nursing.

AU: Scott-AL; Dumas-RE

SO: Perspect-Psychiatr-Care. 1995 Jul-Sep; 31(3): 14-9

LA: ENGLISH

AB: TOPIC. Theory of personal space boundaries (PSB) and its application to clinical psychiatric nursing. PURPOSE. To provide a nursing perspective of interventions that incorporate the interactive effects of cognition, affect, behavior, and spirituality on human experience and behavior. SOURCE. Theory of PSB developed by the author. CONCLUSION. Understanding PSB allows for more effective nursing interventions.

AN: 95388484

Record 66 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Power and spirituality in polio survivors: a study based on Rogers' science.

AU: Smith-DW

SO: Nurs-Sci-Q. 1995 Fall; 8(3): 133-9

LA: ENGLISH

AB: Rogers' model was used to study patterns of power and spirituality in polio survivors ($n = 172$) and people who have not had polio ($n = 80$). Participants completed the Power as Knowing Participation in Change Test and the Spiritual Orientation Inventory. Power was positively related to spirituality ($r = .34, p < .005$). Polio survivors manifested the same power ($t = .44, df = 250, p = .33$) and greater spirituality than people who had not

experienced polio ($t = 3.79$, $df = 250$, $p < .001$), indicating that patterns of human field change are related to surviving polio. Recommendations include replicating this study with other populations and continuing to develop a theory of spirituality within Rogers' framework.

AN: 95380072

Record 67 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Drug users' spiritual beliefs, locus of control and the disease concept in relation to Narcotics Anonymous attendance and six-month outcomes.

AU: Christo-G; Franey-C

SO: Drug-Alcohol-Depend. 1995 Apr; 38(1): 51-6

LA: ENGLISH

AB: Narcotics Anonymous (NA) is an important support network for drug users emerging from abstinence based treatments. However, the views of NA on 'spirituality' and the 'disease' nature of addiction could be seen as encouraging an external attributional style and have been cited as reasons for non-attendance. After 6 months ninety percent of 101 drug users in treatment were followed up. Narcotics Anonymous attendance was inversely related to drug use for those who had left residential care. We found that spiritual beliefs and disease concept beliefs were not prerequisites for attendance of NA. Spiritual beliefs were not found to cause external attributions for previous drug use or possible future lapse events. It emerged that the most powerful predictors of non-attendance were positive attitudes to the use of alcohol. Treatment implications are discussed.

AN: 95377105

Record 68 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spiritual pain in dying people: the nurse's role.

AU: Elsdon-R

SO: Prof-Nurse. 1995 Jul; 10(10): 641-3

LA: ENGLISH

AB: Spirituality is a vital aspect of health care, as it affects physical, psychological and social needs. In a dying person spiritual pain may preclude a peaceful death. Nurses are in an ideal position to assess, plan and provide care for those in spiritual pain. 'Being with' a person in spiritual pain is often more important than any intervention. Evaluation of relief from spiritual pain is often difficult but should be attempted.

AN: 95357377

Record 69 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Alcoholism in the family. A multicultural exploration.

AU: Barthwell-AG

SO: Recent-Dev-Alcohol. 1995; 12: 387-407

LA: ENGLISH

AB: The initial focus is on defining race, culture, and ethnicity, followed by a review of the extent of alcohol and alcohol use consequences among African-Americans and Native Americans. Cultural specificity in an historical context is provided. A brief overview of gaps in the incident and prevalence data is presented. The biosociocultural context of drinking among African-American women with specific emphasis on cultural disruption, socialization, and social class is explored. A triracial infant girl (African-American/Native American/German-Irish-American), whose family genogram documents, by the case study method, six generations back to slavery, is presented. The alcohol use patterns within this family are somewhat illustrative of historical patterns and of racial and ethnic import. An absence of religiosity/spirituality is noted. The family genogram is followed by a discussion of the limitations of the case study method of family genograms. The final section relates the findings of the family genogram back to the extant data and the gaps in the collection of data regarding the epidemiology of alcoholism across groups. It highlights the recent findings and questions raised by those findings from cross-cultural and racial studies of alcoholism among women of color.

AN: 95350402

Record 70 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Religious or spiritual problem. A culturally sensitive diagnostic category in the DSM-IV.

AU: Turner-RP; Lukoff-D; Barnhouse-RT; Lu-FG

SO: J-Nerv-Ment-Dis. 1995 Jul; 183(7): 435-44

LA: ENGLISH

AB: A new diagnostic category entitled religious or spiritual problem has been included in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) under Other Conditions That May Be a Focus of Clinical Attention. Along with several other changes, this category contributes significantly to the greater cultural sensitivity incorporated into DSM-IV. The authors review the approval process, including the changes that were made in both the proposed new category and the former V Code section of DSM-III-R. In addition, the definition, assessment methods, types, and clinical significance of religious and spiritual problems are clarified, along with the differential diagnostic issues raised by the definitional changes in the former V Code section. Finally, clinical issues involving cultural sensitivity and the implications for future research are addressed. The new category could help to promote a new relationship between psychiatry and the fields of religion and spirituality that will benefit both mental health professionals and those who seek their assistance.

AN: 95348679

Record 71 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Religion and adult mental health: state of the science in nursing.

AU: Mickley-JR; Carson-V; Soeken-KL

SO: Issues-Ment-Health-Nurs. 1995 Jul-Aug; 16(4): 345-60

LA: ENGLISH

AB: As a part of human spirituality, religion has been theorized to influence the health of the individual, both positively and negatively. Although the nursing literature has focused recently on broad aspects of spirituality, the specifics of religious influences on health have been examined cursorily or have been ignored. This article reviews the major empirical data on religion and mental health that are pertinent to nursing. Three areas covered are mental health impact, coping, and aging. Suggestions for future research on the subject are presented.

AN: 95340326

Record 72 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Illness cognition of HIV-infected mothers.

AU: Regan-Kubinski-MJ; Sharts-Hopko-N

SO: Issues-Ment-Health-Nurs. 1995 Jul-Aug; 16(4): 327-44

LA: ENGLISH

AB: Despite the increasing prevalence of human immunodeficiency virus (HIV) infection in the female population the responses of women to their HIV-positive status and their resultant needs remain largely unexplored. This investigation explored the needs, choices, and decisions faced by 38 mothers since becoming HIV-positive. Participants were recruited from an infectious disease clinic in a large mid-Atlantic urban area. The results are based on data from taped, semistructured interviews with participants. Themes that emerged from these verbal reports illustrated that decisions and choices, uncertainty, their relationship to their children, and a renewed spirituality influenced the actions that they took in response to their HIV-positive status. Themes are discussed in relation to needs for further research and health-related interventions.

AN: 95340325

Record 73 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and medical ethics.

AU: Jamison-JE

SO: Am-J-Hosp-Palliat-Care. 1995 May-Jun; 12(3): 41-5

LA: ENGLISH

AN: 95329416

Record 74 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Culture, spirituality, and women's health.

AU: Miller-MA

SO: J-Obstet-Gynecol-Neonatal-Nurs. 1995 Mar-Apr; 24(3): 257-63

LA: ENGLISH

AB: A review of the literature on culture, health/women's health, and spirituality/religion reveals that the purported relationships among these variables may be tenuous. Nevertheless, there is a need for health care professionals to be aware of existing cultural/religious beliefs that may affect women's health behavior if provision of holistic health care is a goal. Implications for practice and research can be drawn from the existing evidence in the literature.

AN: 95302240

Record 75 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Addressing the psychospiritual distress of death as reality: a transpersonal approach.

AU: Smith-ED

SO: Soc-Work. 1995 May; 40(3): 402-13

LA: ENGLISH

AB: Many traditional Western psychologists fail to recognize spirituality and transcendental needs as intrinsic aspects of human nature and therefore may not be meeting the needs of terminally ill people or those in the process of confronting their own mortality. This article presents a model of transpersonal intervention appropriate for use by social work clinicians with anyone who is in the process of confronting his or her own mortality. It is based on the underlying assumptions that an individual has a level of transpersonal development with its related dimensions of spiritual awareness and personal death perspective and that the degree of interrelatedness of these two dimensions has a direct impact on the psychosocial distress he or she experiences when confronted with death.

AN: 95282094

Record 76 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Multicultural nursing. Dietary beliefs of Chinese patients.

AU: Chan-JY

SO: Nurs-Stand. 1995 Mar 29-Apr 4; 9(27): 30-4

LA: ENGLISH

AB: The author reviews the beliefs and customs which regulate the dietary needs and preferences of Chinese people resident in the UK. In particular, she focuses on the strong associations for Chinese people between food, health, spirituality and treatment of illness. The article is invaluable in helping nurses understand the beliefs which motivate Chinese patients in their care.

AN: 95267622

Record 77 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: On the absence of spirituality in nursing theories and models [editorial]

AU: Oldnall-AS

SO: J-Adv-Nurs. 1995 Mar; 21(3): 417-8

LA: ENGLISH

AN: 95263916

Record 78 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Examining a paradox: does religiosity contribute to positive birth outcomes in Mexican American populations?

AU: Magana-A; Clark-NM

SO: Health-Educ-Q. 1995 Feb; 22(1): 96-109

LA: ENGLISH

AB: A particularly interesting and consistent finding regarding the health of the Latino population is that Mexican American women, despite their relatively lower socioeconomic status, deliver significantly fewer low birth weight babies and lose fewer babies to all causes during infancy than do women of other ethnic groups. A central thesis of this discussion is that the religiosity and spirituality of many of these Latinas, a key factor in their culture, may protect them and their infants through the pre- and antenatal phases of life. We also suggest that lack of research, related to cultural similarities and differences in Hispanic/Latino subgroups, can lead to faulty or simplistic understanding regarding their health behavior and health status.

AN: 95238161

Record 79 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Nightingale's spiritual philosophy and its significance for modern nursing.

AU: Macrae-J

SO: Image-J-Nurs-Sch. 1995 Spring; 27(1): 8-10

LA: ENGLISH

AB: In her manuscript, Suggestions for Thought, Nightingale attempted to integrate science and mysticism. She wrote that the universe is the incarnation of a divine intelligence that regulates all things through law. For Nightingale, the laws of science are the "Thoughts of God." Because of her deep conviction about universal law, she did not believe in miraculous intervention as an answer to prayer. Human beings must discover the laws of God and apply them for health and wholeness. Prayer is attuning or joining one's personal self with the consciousness of God, which is found in the deepest recesses of one's own being. Nightingale's idea of spirituality as intrinsic to human nature and compatible with science can guide the development of future nursing practice and inquiry.

AN: 95237867

Record 80 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spiritual care practices of oncology nurses.

AU: Taylor-EJ; Amenta-M; Highfield-M

SO: Oncol-Nurs-Forum. 1995 Jan-Feb; 22(1): 31-9

LA: ENGLISH

AB: PURPOSE/OBJECTIVES: To determine what spiritual care practices oncology nurses use. DESIGN: Descriptive, cross-sectional survey. SETTING: Variety of oncology clinical settings from all regions of the United States. SAMPLE: Stratified, random sampling of Oncology Nursing Society members who identified themselves as clinicians; 181 out of 700 completed the questionnaires; respondents typically were Christian, caucasian, female, adult inpatient oncology staff nurses. METHODS: Oncology Nurse Spiritual Care Perspectives Survey and a demographic form were delivered and returned through mailing; questionnaires required up to two hours for completion; respondents were given one month to complete the questionnaires. MAIN RESEARCH VARIABLES: Spiritual care practices/interventions (types and frequency) and indicators of spiritual need. FINDINGS: Frequent practices included praying with patients, referring them to chaplains or clergy, providing them with religious materials, serving as a therapeutic presence, and listening and talking to them. Frequency of traditional spiritual care practices differed by variables such as self-reported spirituality, religious service attendance, ethnicity, and education. Identified indicators of spiritual need included anxiety, depression, patient requests, death issues, hopelessness, and withdrawal. CONCLUSIONS: Oncology nurses provide spiritual care in a variety of ways that often are personal and private, yet they do so infrequently and with some discomfort. Research examining relationships between spiritual care practices and demographic variables is needed. IMPLICATIONS FOR NURSING PRACTICE: Spiritual care education and resources for clinicians are needed. Data provide examples of interventions for and indicators of spiritual need.

AN: 95223817

Record 81 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality in aging: spiritual need or spiritual journey?

AU: Berggren-Thomas-P; Griggs-MJ

SO: J-Gerontol-Nurs. 1995 Mar; 21(3): 5-10

LA: ENGLISH

AB: 1. The current approach to spiritual assessment often makes the older client uncomfortable discussing his or her spiritual and religious orientation. 2. To provide therapeutic interventions, nurses must first become aware of themselves and their clients as spiritual beings. 3. A spiritual journey perspective views the nurse as one who can enhance the unique journey and growth of the individual client.

AN: 95221811

Record 82 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Breast cancer survivors: concerns and coping.

AU: Fredette-SL

SO: Cancer-Nurs. 1995 Feb; 18(1): 35-46

LA: ENGLISH

AB: With 5-year cancer survival rates increasing and breast cancer appearing in one of eight women in the United States, health-care providers need to become aware of issues common

to this population. Knowledge of coping strategies can be used to improve the lives of survivors. This descriptive study used a semistructured interview to delineate concerns and coping as perceived by 14 women who had lived at least 5 years after a diagnosis of breast cancer. Informants gave evidence of a survivor personality as they described the use of multiple coping strategies, with information-seeking, work, spirituality, and family being predominant. The majority indicated that awareness of vulnerability had effected changes in how they viewed life. Their major concern was fear of recurrence. These women made adjustments to living with cancer and were able to describe positive aspects of their cancer experiences.

AN: 95171356

Record 83 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: The spiritual component of palliative care.

AU: Grey-A

SO: Palliat-Med. 1994; 8(3): 215-21

LA: ENGLISH

AB: This article discusses the concept of spirituality within palliative care. It considers aspects of religion and creativity in relation to spirituality, which may be inter-related as well as being significant in their own right. The nurse's role within the interdisciplinary team is explored. The expertise required as well as the emotional effect on nurses offering spiritual support is described.

AN: 95040095

Record 84 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Nurses' views of the coping of patients.

AU: Kahn-DL; Steeves-RH; Benoliel-JQ

SO: Soc-Sci-Med. 1994 May; 38(10): 1423-30

LA: ENGLISH

AB: The findings of a study that explored the beliefs, assumptions and ideas nurses have about the coping of patients are presented. Interactive interviews with 26 nurses were used to elicit explanations of the meaning of coping and stories from their practice that illustrated coping. Analysis of the interview transcripts revealed three themes in the form of idioms or particular and different ways of talking about coping. Each idiom represented a different perspective or view of coping. The first idiom represented a view of coping as a rational, cognitive problem-solving response to illness. The nurses attributed, and thus valued, this view to science. In the second idiom the nurses spoke of coping as permeated with values that contrasted with the prior view of coping as a rational process. In the final idiom the nurses spoke of coping as courage--they told stories of patients who had faced existential situations with strength and will. The focus of this idiom was on issues of spirituality, struggle, personal meaning and acceptance. After each idiom is delineated and illustrated by data, the discussion is concentrated on the orientational and ontological metaphors that underlie them. Interpretation of the origin and construction of these different ways of talking about coping, and their underlying metaphorical meanings, is made in the context of cultural and subcultural influences.

AN: 94294845

Record 85 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Development of the Multidimensional Hope Scale.

AU: Raleigh-EH; Boehm-S

SO: J-Nurs-Meas. 1994 Winter; 2(2): 155-67

LA: ENGLISH

AB: In this psychometric study, a scale to measure hope in chronically ill patients was developed and evaluated. Four hundred fifty participants with a variety of chronic diagnoses completed two forms of the Multidimensional Hope Scale (MHS) (state and trait) and the Beck Hopelessness Scale (BHS). High levels of internal consistency ($\alpha = .95$) and test-retest reliability ($r = .82, p < .001$) were estimated for the state form. Good concurrent validity was also indicated with a significant negative correlation between the MHS and the BHS ($r = -.45, p < .001$). Factor analysis using principal axis factoring and oblimin rotation identified six factors: Resource to Others, Civic Interest, Spirituality, Health, Social Support, and Self-Actualization. The psychometric data suggest a promising tool for measuring hopefulness in physically ill individuals.

AN: 95299871

Record 86 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Keeping spirituality in managed care: the nurse manager's challenge.

AU: Kerfoot-K

SO: Nurs-Econ. 1994 Jan-Feb; 13(1): 49-51

LA: ENGLISH

AN: 95281068

Record 87 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: A Delphi study of the basic principles and corresponding care goals of holistic nursing practice.

AU: Estby-SN; Freel-MI; Hart-LK; Reese-JL; Clow-TJ

SO: J-Holist-Nurs. 1994 Dec; 12(4): 402-13

LA: ENGLISH

AB: This descriptive, non-experimental study using the Delphi survey process identified basic holistic health principles for which holistic nurse practitioners agreed guide their healing practice. Seventeen expert holistic nurse practitioners (and AHNA leaders) comprised the respondent group. On the average these practitioners have been nurses for

25 years and holistic practitioners for 11 years. Seventy percent of the group completed all three Delphi rounds indicating their agreement regarding 25 principles of holistic health, their applicability to practice, and care goals related to each principle. A high level of consensus was reached regarding 17 principles. In addition to affirming principles related to unity, interdependence, evolution, energy fields, and interactions, the AHNA expert nurse practitioners strongly emphasized spirituality. The group addressed reality as a unified whole, not limited by the material universe, supporting a practice model based on holographic perspectives.

AN: 95238916

Record 88 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Margin in life among hospitalized and non-hospitalized elderly persons.

AU: Roberts-BL; Fitzpatrick-JJ

SO: Int-J-Nurs-Stud. 1994 Dec; 31(6): 573-82

LA: ENGLISH

AB: This study compared six dimensions of adult life among 39 hospitalized elders with a mean age of 72.1 years and 44 elders with a mean age of 75.7 years living in the community. The dimensions of life were physical function, work, spirituality, family, community and self concept. Multivariate analysis of variance revealed that the patterns of the subscales did not significantly differ between the groups. Except for the outside interest factor of the community subscale, univariate analysis of variance revealed no significant differences between hospitalized and community elders.

AN: 95204128

Record 89 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Midwifery to the soul while the body dies: spiritual care among hospice nurses.

AU: Taylor-EJ; Amenta-M

SO: Am-J-Hosp-Palliat-Care. 1994 Nov-Dec; 11(6): 28-35

LA: ENGLISH

AB: Because attitudes and beliefs about spiritual care have been linked with spiritual caregiving practices in previous research among non-hospice nurses, and because little is known about hospice nurses' attitudes and beliefs about spiritual care, this study explored such attitudes and beliefs among hospice nurses. Data were obtained from 641 Hospice Nurses Association members who completed the Spiritual Care Perspectives Survey and a demographic form. While respondents rather uniformly agreed that patients had spiritual needs and that it was appropriate for nurses to attend to such needs, attitudes about how a nurse should relate to patients' spirituality were variable. Education and indicators reflecting personal religiosity were associated with these hospice nurses' attitudes and beliefs about spiritual care.

AN: 95200722

Record 90 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Death and spirituality: a nurse's perspective.

AU: Hittle-JM

SO: Am-J-Hosp-Palliat-Care. 1994 Sep-Oct; 11(5): 23-4

LA: ENGLISH

AN: 95186275

Record 91 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: The influence of cultural factors on obsessive compulsive disorder: religious symptoms in a religious society.

AU: Greenberg-D; Witztum-E

SO: Isr-J-Psychiatry-Relat-Sci. 1994; 31(3): 211-20

LA: ENGLISH

AB: Judaism is one of many religions that demand cleanliness and exactness, inculcate the performance of rituals from childhood and view their non-performance as wrong or sinful. Rituals concerning cleanliness and exactness are the commonest presentations of OCD. In a sample of 34 psychiatric out-patients with OCD in north Jerusalem, religious symptoms were found in 13 of the 19 ultra-orthodox patients, and in one of the 15 non-ultra-orthodox patients. Nine of the 15 OCD patients with religious symptoms also had non-religious symptoms. Four main topics of religious symptomatology were found: prayer, dietary practices, menstrual practices and cleanliness before prayer. The dictates of religious codes regarding these topics are presented and the law is rigorous in its demands, in many cases encouraging repeating rituals. Nevertheless, repetitive performance of religious rituals is recognized by OCD sufferers and their rabbis as expressing psychopathology rather than heightened spirituality. The forms of the religious obsessions and the associated rituals in this sample were similar to the presentation of OCD in non-religious patients. Religion appears not to be a distinctive topic of OCD, rather it is the setting for the condition in very religious patients.

AN: 95172803

Record 92 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: The meaning of spirituality to perioperative nurses and their patients.

AU: Rothrock-JC

SO: AORN-J. 1994 Dec; 60(6): 894, 896

LA: ENGLISH

AN: 95168825

Record 93 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Perceptions of the importance placed on religion and folk medicine by non-Mexican-American Hispanic adults with diabetes.

AU: Zaldivar-A; Smolowitz-J

SO: Diabetes-Educ. 1994 Jul-Aug; 20(4): 303-6

LA: ENGLISH

AB: The high incidence of diabetes and diabetes-related complications in Hispanic adults in the United States continues to be of concern among healthcare providers. The underutilization of screening services and early treatment centers by Hispanic adults seems to contribute to the problem. This survey examined whether religious, spiritual, and folk medicine beliefs play a role in the participants' view of diabetes and treatment choices. One hundred four non-Mexican-American Hispanic adults with diabetes were surveyed using a self-report questionnaire. Results showed that 78% of patients believed they had diabetes because it was God's will; 17% of patients reported using herbs to treat their diabetes. This survey demonstrates the importance of addressing religion and spirituality when dealing with the issues of disease and health in this population.

AN: 95154144

Record 94 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality, aging, and the community-dwelling caregiver and care recipient.

AU: Forbes-EJ

SO: Geriatr-Nurs. 1994 Nov-Dec; 15(6): 297-302

LA: ENGLISH

AN: 95137447

Record 95 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Reawakening spirit in clinical practice.

AU: Burkhardt-MA; Nagai-Jacobson-MG

SO: J-Holist-Nurs. 1994 Mar; 12(1): 9-21

LA: ENGLISH

AB: This article describes processes for incorporating spirituality into clinical nursing practice. Spirituality is viewed as a unifying force manifested in the Self, which is expressed and experienced in the context of caring connections with oneself, others, nature, and God/life force. Spirituality relates to an inner knowing and source of strength reflected in one's being, one's knowing, and one's doing. The nurse's intentional, caring presence with clients makes possible the speaking and hearing of spiritual concerns. Such concerns are revealed in the context of one's life story. Nurturing the nurse's own spirit is essential for responding to the spirit in any interaction. Nurses frequently deal with issues of spirituality but may not label them as such. This article suggests processes through which nurses may more clearly identify spiritual issues. Spirit is understood to be both the source of and a manifestation of one's spirituality. By reawakening spirit in clinical practice, nurses will be more effective providers of holistic nursing care.

AN: 95105537

Record 96 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality among caregivers.

AU: Kaye-J; Robinson-KM

SO: Image-J-Nurs-Sch. 1994 Fall; 26(3): 218-21

LA: ENGLISH

AB: The spiritual perspectives of 17 caregiver wives of dementia victims and 23 noncaregiving wives of healthy adults were compared in a pilot study using a convenience sample. Caregiver wives used symbols such as God, and spiritual behaviors such as prayer and forgiveness as coping mechanisms. Caregivers tended to share the problems and joys of living according to their spiritual belief more often than the noncaregiver wives of healthy adults. Caregivers also engaged in private prayer and sought spiritual guidance in making decisions in their everyday life more often. The findings suggest that nursing interventions with churches as a natural network for caregivers may be useful. Prayer, forgiveness, and spiritual reading materials are resources that may be helpful to some caregivers.

AN: 95080801

Record 97 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Caregiver burden in HIV-positive and HIV-negative partners of men with AIDS.

AU: Folkman-S; Chesney-MA; Cooke-M; Boccellari-A; Collette-L

SO: J-Consult-Clin-Psychol. 1994 Aug; 62(4): 746-56

LA: ENGLISH

AB: This study examines factors associated with caregiver burden in 82 HIV-positive (HIV+) and 162 HIV-negative (HIV-) partners of men with AIDS. We expected HIV+ caregivers to report more burden than HIV- caregivers because of the toll of their disease on their resources. HIV+ caregivers did report more burden and, compared with the HIV- caregivers, they were more religious or spiritual, had less income, and coped by using more positive reappraisal and cognitive escape-avoidance and by seeking social support. Comparisons of HIV+ caregivers with 61 HIV+ partners of healthy men indicated that most differences between HIV+ and HIV- caregivers were associated with HIV seropositivity rather than caregiving. However, of the variables associated with HIV seropositivity, only religiosity or spirituality contributed independently to burden in HIV+ caregivers, suggesting a relatively weak link between HIV seropositivity and caregiver burden. The model explained 62% of the variance in burden in HIV+ caregivers and 36% of the variance in HIV- caregivers.

AN: 95051907

Record 98 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: [Portrait of a reader: Ursula Zawada. More spirituality in care (interview)]

SO: Pflege-Z. 1994 Sep; 47(9): 484

LA: GERMAN; NON-ENGLISH
AN: 95040478

Record 99 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Wellness spirituality in homosexual men with HIV infection.

AU: Kendall-J

SO: J-Assoc-Nurses-AIDS-Care. 1994 Jul-Aug; 5(4): 28-34

LA: ENGLISH

AB: The concept of wellness as a spiritual process is examined in this grounded theory study on the role of human relationships in the well-being of gay men with HIV infection. The sample included 29 homosexual men in various stages of HIV illness. Findings reveal a description of the construct, wellness spirituality, in which the elements of human connectedness, meaning, and self-acceptance are discussed. This study confirms the findings of other researchers who demonstrated the importance of spirituality in the health and well-being of terminally ill people.

AN: 95036100

Record 100 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Role of spirituality in hospice care.

AU: Bollwinkel-EM

SO: Ann-Acad-Med-Singapore. 1994 Mar; 23(2): 261-3

LA: ENGLISH

AB: Spirituality plays an integral role in the care of the terminally ill. Hospice philosophy promotes patient/family centred care that is palliative, holistic and interdisciplinary. Historically, spiritual care has been a major component of hospice care that is consistent with these values. Some issues related to the role of spirituality in medicine and hospice care include the difference between spirituality and religion, the patient-physician relationship, provision of spiritual care, and who provides this care. Guidelines for spiritual caregiving include self-knowledge of one's own spiritual needs, authenticity and honesty and respect for the beliefs and practices of the patient and family.

AN: 94361445

Record 101 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: AA recovery and spirituality: an addiction medicine perspective [comment]

AU: Smith-DE

SO: J-Subst-Abuse-Treat. 1994 Mar-Apr; 11(2): 111-2

LA: ENGLISH

AN: 94315649

Record 102 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Becoming and connecting: elements of spirituality for women.

AU: Burkhardt-MA

SO: Holist-Nurs-Pract. 1994 Jul; 8(4): 12-21

LA: ENGLISH

AB: This study explored women's understandings of spirituality through in-depth, face-to-face interviews with 12 adult women in Appalachia. Data were analyzed utilizing the constant comparative processes of naturalistic inquiry and grounded theory. The results revealed spirituality as a unifying force permeating all of life, and manifested through one's becoming and connecting. Women indicated that spirituality shapes and gives meaning to life, is expressed in one's being, knowing, and doing, and is experienced within caring connections with Self, Others, Nature, and Ultimate Other. Spirituality was related to an inner knowing and source of strength. This study contributes to understanding the concept of spirituality for nursing, affirming the importance of women's stories.

AN: 94299657

Record 103 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Neglect of religious issues in scale-based assessment of suicidal patients.

AU: Kehoe-NC; Gutheil-TG

SO: Hosp-Community-Psychiatry. 1994 Apr; 45(4): 366-9

LA: ENGLISH

AB: The psychiatric literature suggests that religion and spiritual issues are significant and meaningful forces in the lives of patients with mental disorders, particularly when they confront suicide. Yet scales assessing suicidal risk almost entirely fail to consider religion and spirituality. The authors review a series of suicide rating scales to demonstrate this omission and suggest possible reasons for it. A definitive answer awaits research that addresses the question of why patients' religious and spiritual dimensions are neglected by psychiatric clinicians.

AN: 94292148

Record 104 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Coping strategies of long-term cancer survivors.

AU: Halstead-MT; Fernsler-JI

SO: Cancer-Nurs. 1994 Apr; 17(2): 94-100

LA: ENGLISH

AB: Cancer survival is a stressful experience requiring coping for the maintenance of equilibrium. Lazarus' Theory of Stress and Coping was the framework for this descriptive study of the use and effectiveness of coping strategies as assessed by long-term survivors of cancer. The Jalowiec Coping Scale (JCS) and a subject information sheet (SIS) were mailed to 128 potential subjects, identified by the snowball technique, who survived cancer for > 5 years, were not currently receiving therapy, and were not in a terminal stage of disease. Fifty-nine subjects with a mean survival of 13.03 years correctly

completed and returned the questionnaire and were included in data analysis. Respondents were predominantly white (88.1%), female (83.7%), married (72.8%), employed as professionals (57.8%), 41-65 years of age (59.3%), and diagnosed with breast cancer (50.8%). Subjects rated optimistic, supportive, and confrontive strategies as most often used and effective. Length of survival did not result in different choices of strategies. Statistically significant differences were found in coping styles between elderly and middle-aged survivors. Results of this study increase nurses' awareness of effective coping strategies and the importance of assessment of coping in long-term survivors of cancer. The importance of social support, spirituality, and helping others is emphasized.

AN: 94291092

Record 105 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: [Theoretical and empirical foundations of transpersonal psychology]

AU: Grof-S

SO: Cesk-Psychiatr. 1994 Apr; 90(2): 78-90

LA: CZECH; NON-ENGLISH

AB: In this lecture, the new insights and strategies that transpersonal psychology offers will be discussed in relation to the global crisis. Western academic psychiatry, psychology, and psychotherapy are ethnocentric; they tend to see their point of view as being superior to the perspectives of all the other cultural groups. They are also pragmacentric in that they take into considerations only experiences and observations made in the ordinary state of consciousness (with the exception of dreams). Such an approach makes no distinction between mysticism and psychosis and pathologizes spiritual and healing practices of ancient and aboriginal cultures. In this lecture, the results of serious study of the entire spectrum of human experience will be discussed, including non-ordinary states of consciousness. Such research logically leads to transpersonal psychology, a system that includes and honors the specific contributions of all cultures throughout ages and sees spirituality as an essential dimension of the human psyche and existence.

AN: 94273203

Record 106 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Mind and mood in modern art, II: Depressive disorders, spirituality, and early deaths in the abstract expressionist artists of the New York School [see comments]

AU: Schildkraut-JJ; Hirshfeld-AJ; Murphy-JM

SO: Am-J-Psychiatry. 1994 Apr; 151(4): 482-8

LA: ENGLISH

AB: This article documents the high prevalence of mood disorders in a group of 15 of the mid-twentieth-century Abstract Expressionist artists of the New York School. These artists, using the technique of psychic automatism (based on free association) in order to reveal unconscious material, created a psychologically and spiritually significant art that addressed the mythic themes of creation, birth, life, and death. Over 50% of the 15 artists in this group had some form of psychopathology, predominantly mood disorders and preoccupation with death, often compounded by alcohol abuse. At least 40% sought treatment and 20% were hospitalized for psychiatric problems. Two committed suicide; two died in single-vehicle accidents while driving; and two others had fathers who killed themselves. Many of these artists died early deaths, and close to 50% of the group (seven of 15) were dead before the age of 60. The material presented in this article suggests the following formulation and hypothesis. Depression inevitably leads to a turning inward and to the painful reexamination of the purpose of living and the possibility of dying. Thus, by bringing the artist into direct and lonely confrontation with the ultimate existential question, whether to live or to die, depression may have put these artists in touch with the inexplicable mystery that lies at the heart of the "tragic and timeless" art that the Abstract Expressionists aspired to produce.

AN: 94197248

Record 107 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: [A plea for spirituality in care. The hidden gold in a seemingly useless life]

AU: Friedemann-ML

SO: Krankenpfl-Soins-Infirm. 1994 Jan; 87(1): 10-5

LA: GERMAN; NON-ENGLISH

AN: 94187303

Record 108 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality slowly gaining recognition among North American psychiatrists.

AU: Morgan-PP; Cohen-L

SO: Can-Med-Assoc-J. 1994 Feb 15; 150(4): 582-5

LA: ENGLISH

AN: 94147288

Record 109 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and risk: toward an understanding.

AU: Robinson-A

SO: Holist-Nurs-Pract. 1994 Jan; 8(2): 1-7

LA: ENGLISH

AB: To be fully healthy is to risk encountering and embracing the complex substrate of mysterious life-giving and life-denying spiritual forces, the hidden wholeness of God. Risky health behavior may paradoxically arise from the psychospiritual need to both probe and avoid probing the deeper understandings of health reflected in the tensions between good and evil. Avoidance of the painful truths of poverty, racism, sexism, and classism among other evils in our society results in the prevalence of high-risk life styles,

addictions, and violent behaviors. Spiritual paradigms from holistic community care are needed to enable communities to more fully respond to the health empowering potential of the hidden wholeness rather than hiding from it.

AN: 94086671

Record 110 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: [The spirituality of older persons]

AU: Serralheiro-M-da-E

SO: Servir. 1993 Jan-Feb; 41(1): 20-3

LA: PORTUGUESE; NON-ENGLISH

AN: 94160113

Record 111 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Reflections on "soul" and medical art.

AU: Bessinger-CD Jr

SO: J-S-C-Med-Assoc. 1993 Dec; 89(12): 572-5

LA: ENGLISH

AB: What is missing, and what we would do well to reclaim for mainstream medicine, is that quality called "soul." To reclaim it could profoundly influence our understanding of ourselves as healers, our approach to patient care, and patients' attitudes toward our work. A medical philosophy which is germane to our current problems, would foster integration of bioethics, humanities, general knowledge, depth psychology, and spirituality as they relate to patient experience. By being sensitive to the "soul" issues of patients, we improve our ability to "evoke the placebo response" and to reduce patient interest in unconventional therapies.

AN: 94150099

Record 112 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: The spiritual dimension of individuals: conceptual development.

AU: Mansen-TJ

SO: Nurs-Diagn. 1993 Oct-Dec; 4(4): 140-7

LA: ENGLISH

AB: The concept of spirituality (the spiritual dimension of an individual) is discussed related to concept development using the Path Associated with Differences. Spirituality is discussed as being different from religion and the psychosocial dimension of individuals. Methods for concept development--e.g., concept derivation, intuition, and qualitative analysis--are explored.

AN: 94107637

Record 113 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Aboriginal spirituality: symbolic healing in Canadian prisons.

AU: Waldram-JB

SO: Cult-Med-Psychiatry. 1993 Sep; 17(3): 345-62

LA: ENGLISH

AB: Symbolic healing is a complex phenomenon that is still relatively poorly understood. This paper documents a process of symbolic healing which is occurring in Canadian penitentiaries, and which involves Aboriginal offenders in cultural awareness and educational programs. The situation is compounded, however, by the existence of offenders from diverse Aboriginal cultural backgrounds with differing degrees of orientation to Aboriginal and Euro-Canadian cultures. Participants must first receive the necessary education to allow them to identify with the healing symbols so that healing may ensue, and both the healers and the patients must engage in a process of redefining their cultures in search of a common cultural base.

AN: 94094573

Record 114 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: The impact of caring and connectedness on adolescent health and well-being.

AU: Resnick-MD; Harris-LJ; Blum-RW

SO: J-Paediatr-Child-Health. 1993; 29 Suppl 1: S3-9

LA: ENGLISH

AB: This study of over 36,000 7th-12th grade students focused on protective factors against the quietly disturbed and acting out behaviours, which together represent the major social morbidities of adolescence. Multivariate models developed separately for girls and boys repeatedly demonstrated the protective function of caring and connectedness in the lives of youth, particularly a sense of connectedness to family and to school. A sense of spirituality, as well as low family stress (referring to poverty, unemployment, substance use and domestic violence) also functioned as protective factors. Measures of caring and connectedness surpassed demographic variables such as two parent vs single parent family structure as protective factors against high risk behaviours. Interventions for youth at-risk must critically examine the ways in which opportunities for a sense of belonging may be fostered, particularly among youth who do not report any significant caring relationships in their lives with adults.

AN: 94092508

Record 115 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Spirituality and the chronically ill Christian elderly.

AU: Young-C

SO: Geriatr-Nurs. 1993 Nov-Dec; 14(6): 298-303

LA: ENGLISH

AN: 94085843

Record 116 of 151 - MEDLINE EXPRESS (R) 1991-1995

TI: Transcending life: the practice wisdom of nursing hospice experts.