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Edited by Chaplain John Ehman, Network Convener

Network members are encouraged to submit articles for upcoming issues.
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Table of Contents

1. Author's Perspective on "Violently Injured Patients Seen in the Emergency Department of Barnes-Jewish Hospital: A Descriptive Study of Context, Future Views, and Spirituality," by (co-author) Lawrence Olatunde, MDiv
2. Research Basics Class Offered at Virginia Commonwealth University's Program in Patient Counseling
3. Southern Medical Association's Spirituality/Medicine Interface Project Website Goes Offline...*but Should Return*
4. Ideal Intervention Paper (IIP) Project --Update
5. Research and "Pastoral Concern in Relation to the Psychological Stress Caused by the Death of an Animal Companion"
6. Eleventh Annual Spirituality Research Symposium at the Hospital of the University of Pennsylvania
7. Bibliography of Medline-Indexed Articles Published in 2007

1. Author's Perspective on "Violently Injured Patients Seen in the Emergency Department of Barnes-Jewish Hospital: A Descriptive Study of Context, Future Views, and Spirituality," by (co-author) Lawrence Olatunde, MDiv

[Editor's Note: The article referenced here (which was published in Missouri Medicine 105, no. 1, pp. 86-69) is the Research Network's [June 2008 Article-of-the-Month](#).]

Conducting a research project seems often misconstrued as an esoteric idea reserved for a few analytical and statistical wonks. However, my experience has been that research can be a part of the regular work of any chaplain. At the outset of the "Violently Injured Patients..." study, I wondered: Is it possible to provide a high standard of spiritual care to patients while conducting a research project, without manipulation? Is it possible to achieve the two objectives of compassionate, effective care and sound research, without compromise? Our research team addressed these concerns by incorporating into our approach two things: 1) the Discipline for Pastoral Care Giving and 2) our hospital's mission statement.

The Discipline is a methodology of spiritual care that focuses on the differences that spiritual care makes for patients. [For more on The Discipline, see the 2001 theme issue of *The Journal of Health Care Chaplaincy* ([vol. 10, no. 2](#)), which includes "Introduction to The Discipline for Pastoral Care Giving" (pp. 1-33), by Art Lucas, CPE Supervisor at Barnes Jewish Hospital and a co-author of our present study.] It provided me with the tools needed to consistently identify and measure tangible, sensory-based contributions to patients' care, and thus also to our department and to our institution. That served to keep our research activities constantly focused on the patient and his/her healing and well-being. In addition, we worked out of the stated Mission of Barnes-Jewish Hospital, which is "to improve the health of people and the community we serve." This mission statement (taught to all staff during hospital orientation) challenged me to think constructively about contributions that I could make as a chaplain to improve the health of patients. It caused me to scrutinize the make-up of our patient population and recognize needs exhibited by individuals and sub-groups, and to

identify where professional chaplaincy could make an impact. I was inspired to fulfill the mission of improving people's health, and I was motivated to make concrete contributions to patient care. From my perspective, this made research and patient care partners, as I saw both integral to achieving my goal.

As a result of our study of "Violently Injured Patients Seen in the Emergency Department of Barnes Jewish Hospital," we were able to discover patterns in the admissions histories of victims, and I think that our critical questions about violence in these patients' lives could have only been answered well by doing this research. For me, investigating this population gave me clarity about those for whom I am frequently called upon to provide pastoral care, and exploring and testing our hypotheses offered insight into how professional chaplaincy interventions might make concrete differences in the health of our violently injured patients. It also confirmed for me that research and chaplaincy could be practiced hand in hand with integrity.

I recommend to you, my colleagues in ministry, our study: that it might offer some insights useful to you in your own settings, and that it might serve as an example of a chaplain's involvement in research. --LO

2. Research Basics Class Offered at Virginia Commonwealth University's Program in Patient Counseling

Virginia Commonwealth University's [Program in Patient Counseling](http://www.sahp.vcu.edu/ptc) (www.sahp.vcu.edu/ptc) is introducing this summer a one-credit course: Research Basics. It will provide an overview of how to develop measurable research questions and hypotheses as well as focus on measurement, research design, and data sources.

The new class is another effort by the VCU program to emphasize its commitment to research. Dr. Diane Dodd-McCue, Associate Professor in Patient Counseling, will draw on the faculty's completed and on-going projects [--see the [Winter 2007 Newsletter](#), §2] for examples. In the past, research has been emphasized in class sessions and through student-faculty collaboration and independent studies. This venture marks the first time this material has been covered in a separate course.

For more information, contact Dr. Diane Dodd-McCue at ddoddmccue@vcu.edu or 804-828-3953.

3. Southern Medical Association's Spirituality/Medicine Interface Project Website Goes Offline...but Should Return

The December 2005 issue of the *Southern Medical Journal* introduced the Spirituality/Medicine Interface Project, supported by a grant from the John Templeton Foundation. As part of that project, the Southern Medical Association created a stellar website on Spirituality & Medicine that was perhaps the most comprehensive source for information on the subject anywhere on the Internet. The site offered full-text access to special articles in the *Southern Medical Journal*, on-line presentations by such leaders in the field as Dr. Harold Koenig, and an extensive list of links (including a link to our Research Network). However, maintenance of such an elaborate site became problematic after the conclusion of the grant, so in April 2008, the site was taken off-line. Much of the content of the site has been preserved and is currently available free of charge as a CD (--contact Mandy Stone at the Southern Medical Association at mstone@sma.org or call 800-423-4992 x132).

Our Network has now been informed that select content from the original site will soon again be available on-line. Look for details to be posted on www.sma.org, and on our Network site.

4. Ideal Intervention Paper (IIP) Project --Update

Interest in the Ideal Intervention Paper (IIP) Project [--see the [Winter 2008 Newsletter](#), §3] continues to broaden, based upon both the IIP's immediate value as a consolidator of learning for CPE students and its potential to move our entire spiritual care discipline toward the identification and sharing of evidence-based best practices. Workshops have now been conducted in three of the ACPE's nine regions, and a workshop will be held at the national ACPE conference in Richmond, VA this fall, led by John Gleason, Paul Steinke, and Yoke Lye Lim. A workshop is also being planned for the Spiritual Care Collaborative conference next February in Orlando, FL. John Gleason and Henry Heffernan will present

the IIP at the first annual conference of the Society for Spirituality, Theology, and Health at Duke University (Durham, NC) on June 26, 2008, and that venue should expose the project to potential funding sources. The ACPE Board of Representatives officially supports the acquisition of external grant funding for an ACPE-based implementation of the IIP. For more information, contact Dr. Gleason at mariejohn50@att.net [*new address*].

5. Research and "Pastoral Concern in Relation to the Psychological Stress Caused by the Death of an Animal Companion"

In my hospital visitation, one of the most unacknowledged and unresolved losses that I encounter in patients is the loss of a pet. For me, this concern goes back to my very first pastoral trip to a hospital, during a congregational internship, when I met a patient who was distraught over the death of her pet mule. I was asked to pray for the mule. Nothing in my education for ministry prepared me for that, and it caught me so by surprise that I was not even able to use my own personal experience of the death of a pet to guide my pastoral response. Over the years, however, I have come to pay close attention to pet loss as a pastoral issue, and recently I was pleased to discover that the subject had been explored from a research perspective in an article in *Mental Health, Religion and Culture*: "**Pastoral concern in relation to the psychological stress caused by the death of an animal companion**" [vol. 9, no. 5 (December 2006): 411-422]. The author is Kenneth Brown, Lecturer in Pastoral Theology and the Practice of Ministry at [United Theological College](http://www.uct.ac.za/~k.brown) (Australia) and, until recently, a parish minister.

Brown points out that there is little research directly on the grief and bereavement experienced after the death of an animal companion, so he cites a "variety of interdisciplinary research from associated disciplines such as social science, family relations, nursing practice, psychiatry, and psychological studies, and applies their findings to practical theology and pastoral care" [p. 411]. He makes the case that research suggests the effects of pet loss to be much greater than pastors and counselors have acknowledged, and he exhorts:

It would be insensitive and inappropriate for pastoral carers and counselors to do nothing in the light of these research findings. Some immediate modifications to pastoral care and counseling could be implemented, calibrating a more appropriate response to the experienced hurt and grief. [p. 414]

Perhaps because of his work as a congregational pastor, his suggestions for addressing pet loss focus on corporate rituals and events, such as liturgies that honor the importance of "all creatures great and small" [--see pp. 417-418], but chaplains should be especially interested in his section on "inappropriate counseling" [--see pp. 415-416], which gives a number of examples of common responses that, if said in the context of a human death, would be obviously ridiculous.

Brown's article is quite readable, and it would be well-suited for discussion in a group of CPE students or professional chaplains. It shows both the significance of research for ministry and of pet loss for pastoral care. The bibliography contains 55 references, and while only a few look specifically at religious issues, the overall list is a good foundation for reading on the topic and for considering future research. A shortcoming of existing studies is that they tend to favor an adult female population, with adult men and children rarely represented. Chaplain researchers may be able to add significantly to broaden and deepen this body of work.

One reference is to a 2003 study: "**When a pet dies: religious issues, euthanasia and strategies for coping with bereavement**" [by Davis, H. et al., in *Anthrozoos* 16, no. 1, pp. 57-74], which found, among other things, that 56% of its 68-person sample took comfort in the belief of an afterlife for their pet. The subject of belief in animal immortality is mentioned only once and very briefly by Brown [--see p. 419], but it illustrates how wide open is the field for investigation. I myself have come upon other studies in this area: Fidler, M., "**The question of animal immortality: changing attitudes**" [*Anthrozoos* 17, no. 3 (2004): 259-266] and Fidler, M. and Coleman, P., "**The changing status of animals: Christian and secular teaching**" [*Anthrozoos* 14, no. 4 (2001): 232-236], both of which suggest a growing incidence and acceptance of the idea of animal immortality.

I would note two other sources for further reading about pet loss that are not cited in the present article. The first is Dunn, K. L., Mehler, S. J. and Greenberg, H. S., "**Social work with a pet loss support group in a university veterinary hospital**" [*Social Work in Health Care* 41, no. 2 (2005): 59-70], which describes in detail a support group at the Matthew J. Ryan Veterinary Hospital of the University of Pennsylvania. The second is the website for **Pet Chaplain** (www.petchapel.org/chaplain), which offers links to news stories (including one from 2007 on National Public Radio) that--even though they do not report research--may stir creative thinking. --JE

6. Eleventh Annual Spirituality Research Symposium at the Hospital of the University of Pennsylvania

On April 2, 2008, the Department of Pastoral Care at the Hospital of the University of Pennsylvania (Philadelphia) held its 11th Annual [Spirituality Research Symposium](#) --this year on the topic of Spirituality and Cancer. The event was co-sponsored with Penn's Center for Spirituality and the Mind and the Abramson Cancer. Three presentations anchored the program:

- "Complementary Therapies and Prayer Use Among Cancer Survivors," by Jun J. Mao, MD, MSCE, Assistant Professor of Family Medicine and Community Health, University of Pennsylvania School of Medicine
- "Spiritual and Religious Issues Among African Americans at Increased Risk for Cancer," by Chanita Hughes-Halbert, PhD, Associate Professor, Psychiatry, University of Pennsylvania School of Medicine
- "Spiritual and Religious Experiences of People Living with Blood Cancers," by Kava Schafer, MDiv, MA, Staff Chaplain, Department of Pastoral Care, Hospital of the University of Pennsylvania

Slide presentations are available online (www.uphs.upenn.edu/pastoral/events/spirit_research.html) for the presentations by [Jun J. Mao](#) and [Chanita Hughes-Halbert](#). Chaplain Kava Schafer's presentation is currently in the process of publication.

7. Bibliography of Medline-Indexed Articles Published in 2007

One of the missions of the Research Network is to keep members updated about published research, and our Articles-of-the-Month go a long way toward that end. However, there are so many articles published each year that some very interesting material is never highlighted on our website. The following is a sample of twenty articles from my [2007 annotated bibliography of Medline-indexed literature](#) (PDF, 66 pages) --for the full listing of annual bibliographies, see: www.uphs.upenn.edu/pastoral/resed/bibindex.html. These have not been cited previously on the Research Network website but may be of special interest to chaplains. --JE

Ambs, A. H., Miller, M. F., Smith, A. W., Goldstein, M. S., Hsiao, A. F. and Ballard-Barbash, R. [National Cancer Institute, Bethesda, MD]. **"Religious and spiritual practices and identification among individuals living with cancer and other chronic disease."** *Journal of the Society for Integrative Oncology* 5, no. 2 (2007): 53-60.

[(From the abstract:) ...We observed that cancer survivors and individuals with chronic illnesses were more likely than those with no disease to use religious and spiritual prayer and healing practices. Individuals with chronic diseases were not inherently more likely to identify themselves as religious than were healthy individuals and were only slightly more likely to identify themselves as spiritual.]

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

[(From the abstract:) ...Most (88%) of the study population (N = 230) considered religion to be at least somewhat important. Nearly half (47%) reported that their spiritual needs were minimally or not at all supported by a religious community, and 72% reported that their spiritual needs were supported minimally or not at all by the medical system. Spiritual support by religious communities or the medical system was significantly associated with patient QOL.... Religiousness was significantly associated with wanting all measures to extend life....]

Bekelman, D. B., Dy, S. M., Becker, D. M., Wittstein, I. S., Hendricks, D. E., Yamashita, T. E. and Gottlieb, S. H. [Department of Medicine, University of Colorado at Denver]. **"Spiritual well-being and depression in patients with heart failure."** *Journal of General Internal Medicine* 22, no. 4 (April 2007): 470-477.

[(From the abstract:) ...Greater spiritual well-being was strongly inversely correlated with depression.... In particular, greater meaning/peace was strongly associated with less depression..., while faith was only modestly associated....]

Carey, L. B. and Newell, C. J. [La Trobe University, Melbourne, Australia]. **"Chaplaincy and resuscitation."** *Resuscitation* 75, no. 1 (October 2007): 12-22.

[(From the abstract:) This paper summarizes the results of 327 Australian health care chaplains with regard to their involvement in issues concerning Not For Resuscitation (NFR)/Do Not Attempt Resuscitate (DNAR) decisions within the health care context. The findings indicate that 24% of the chaplains surveyed had provided some form of pastoral intervention directly to patients and/or their families dealing with issues concerning NFR/DNAR and that approximately 18% of chaplains had assisted clinical staff with issues concerning NFR/DNAR decisions.]

- Colgrove, L. A., Kim, Y. and Thompson, N. [Eastern Virginia Medical School, Norfolk]. **"The effect of spirituality and gender on the quality of life of spousal caregivers of cancer survivors."** *Annals of Behavioral Medicine* 33, no. 1 (February 2003): 90-98.
 [(From the abstract:) ...Caregiving stress was associated with poorer mental functioning, which was less prominent among caregivers with a high level of spirituality (stress-buffering effect). Caregiving stress was also associated with poorer physical functioning but was only significant among caregivers with a high level of spirituality (stress-aggravating effect).]
- Curlin, F. A., Lawrence, R. E., Chin, M. H. and Lantos, J. D. [Department of Medicine, University of Chicago]. **"Religion, conscience, and controversial clinical practices."** *New England Journal of Medicine* 356, no. 6 (February 8, 2007): 593-600.
 [(From the abstract:) ...Physicians who were male, those who were religious, and those who had personal objections to morally controversial clinical practices were less likely to report that doctors must disclose information about or refer patients for medical procedures to which the physician objected on moral grounds....]
- Grauf-Grounds, C. and Backton, A. [Seattle Pacific University]. **"Patterns of conversation between clergy and their parishioners and referral to other professionals."** *Journal of Pastoral Care and Counseling* 61, nos. 1-2 (Spring-Summer 2007): 31-38.
 [(From the abstract:) ...This study describes reported practice patterns of referral by clergy in the context of their conversations with parishioners. ...Clergy refer to medical providers and psychotherapist 23% of the time, and these referrals are found to be helpful, even though the professionals rarely connect with each other. Physicians and psychotherapists report they refer to clergy 10% and 24% of the time, respectively, and often find these referrals helpful.]
- Hampton, D. M., Hollis, D. E., Lloyd, D. A., Taylor, J. and McMillan, S. C. [Clinical Pastoral Education Program, Veterans Hospital, Tampa, FL]. **"Spiritual needs of persons with advanced cancer."** *American Journal of Hospice and Palliative Care* 24, no. 1 (February-March 2007): 42-48.
 [(From the abstract:) ...Results showed great variability in spiritual needs. Being with family was the most frequently cited need (80%), and 50% cited prayer as frequently or always a need. The most frequently cited unmet need was attending religious services.]
- Hebert, R. S., Dang, Q. and Schulz, R. [General Internal Medicine, University of Pittsburgh, PA]. **"Religious beliefs and practices are associated with better mental health in family caregivers of patients with dementia: findings from the REACH study."** *American Journal of Geriatric Psychiatry* 15, no. 4 (April 2007): 292-300.
 [This survey of 1,229 caregivers of persons with moderate to severe dementia from six different sites in the United States and followed prospectively for up to 18 months indicated (from the abstract:) Religious beliefs and practices, and religious attendance in particular, are associated with better mental health in family caregivers of persons with dementia.]
- Hermann, C. P. [School of Nursing, University of Louisville, KY]. **"The degree to which spiritual needs of patients near the end of life are met."** *Oncology Nursing Forum* 34, no. 1 (January 2007): 70-78.
 [(From the abstract:) ...Women, patients residing in a nursing home or an inpatient hospice unit, and patients with lower levels of education reported a higher number of unmet spiritual needs. Needs that could be met independently by patients and were not related to functional status were met at a higher rate than those that were dependent on others and on functional status.]
- Ka'opua, L. S., Gotay, C. C. and Boehm, P. S. [University of Hawaii, Honolulu]. **"Spiritually based resources in adaptation to long-term prostate cancer survival: perspectives of elderly wives."** *Health and Social Work* 32, no. 1 (February 2007): 29-39.
 [(From the abstract:) ...Although wives' spiritual beliefs were rooted in diverse traditions, common themes in SBR [Spiritually Based Resources] use were detected. An embracing spirit was the overarching theme, as characterized by acceptance of change, adversity as opportunity for growth, and proactive coping. SBR facilitated adaptation in four core areas: marriage preservation and couple intimacy, personal growth and continuous learning, health-related attitudes and behaviors, and community connections. A conceptual model of SBR use is proposed, and considerations for research and practice are offered.]
- Katerndahl, D. and Oyiriaru D. [Department of Family and Community Medicine, University of Texas Health Science Center, San Antonio, TX]. **"Assessing the biopsychosociospiritual model in primary care: development of the biopsychosociospiritual inventory (BioPSSI)."** *International Journal of Psychiatry in Medicine* 37, no. 4 (2007): 393-414.
 [(From the abstract:) ...This study developed and validated the Biopsychosociospiritual Inventory which could potentially provide a holistic estimate of the impact of disease and its treatment, support research in this area, and lead to the expansion of classification systems that include spirituality.]
- Kim, Y., Wellisch, D. K., Spillers, R. L. and Crammer, C. [Behavioral Research Center, American Cancer Society, Atlanta]. **"Psychological distress of female cancer caregivers: effects of type of cancer and caregivers' spirituality."** *Supportive Care in Cancer* 15, no. 12 (December 2007): 1367-1374.
 [(From the abstract:) ...Our findings suggest that female caregivers of survivors with a nongender-specific cancer may benefit from programs designed to reduce their psychological distress, and caregivers who are low in spirituality need help to derive faith and meaning in the context of cancer care.]
- Mao, J. J., Farrar, J. T., Xie, S. X., Bowman, M. A. and Armstrong, K. [Department of Family Medicine and Community Health, University of Pennsylvania School of Medicine, Philadelphia]. **"Use of complementary and alternative medicine and prayer among a national sample of cancer survivors compared to other populations without cancer."** *Complementary Therapies in Medicine* 15, no. 1 (March 2007): 21-29.
 [This survey of 31,044 people found (from the abstract:) ...Cancer survivors used PFH [Prayer For Health] more than the general population...and all other groups.... The greater CAM [Complementary and Alternative Medicine] and PFH use by cancer survivors was seen in both recent and distant diagnoses (>10 years).]

- Price, S., Lake, M., Breen, G., Carson, G., Quinn, C. and O'Connor, T. [School of Nursing, Dalhousie University, Halifax, Canada]. **"The spiritual experience of high-risk pregnancy."** *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing* 36, no. 1 (January-February 2007): 63-70.
 [(From the abstract:) ...Analysis of...interviews uncovered the following themes: high-risk pregnancy as a challenge, seeking a spiritual language, what makes you who you are, and everything will be OK. CONCLUSIONS: Findings from this study highlight that within the challenges of a high-risk pregnancy, the women often struggled to define their spirituality yet recognized spiritual expression as key to their health and healing. Each woman identified aspects of their spirituality that enabled them and their families to deal with the stress of their high-risk pregnancy experience, which they believed enhanced outcomes for themselves and their unborn child.]
- Smith-Stoner, M. [Department of Nursing, CSU San Bernardino, CA]. **"End-of-life preferences for atheists."** *Journal of Palliative Medicine* 10, no. 4 (August 2007): 923-928.
 [(From the abstract:) ...The aims of this pilot study were twofold: (1) to explore the EOL preferences for atheists, and (2) to apply a threefold model of spiritual care (intrapersonal, interpersonal, and natural interconnectedness) to assess the appropriateness of potential interventions for a group of atheists. ...The results related to the first aim of the study...suggest that participants view of a good death was expanded to include respect for nonbelief and the withholding of prayer or other references to God. ...The second aim of the study...appears appropriate in planning interventions for atheists at EOL. Participants expressed a deep desire to find meaning in their own lives (intrapersonal), to maintain connection with family and friends (interpersonal), and to continue to experience and appreciate the natural world (natural interconnectedness) through the dying experience.]
- Sterling, R. C., Weinstein, S., Losardo, D., Raively, K., Hill, P., Petrone, A. and Gottheil, E. [Department of Psychiatry and Human Behavior, Thomas Jefferson University, Philadelphia, PA]. **"A retrospective case control study of alcohol relapse and spiritual growth."** *American Journal on Addictions* 16, no. 1 (January-February 2007): 56-61.
 [(From the abstract:) ...thirty-six individuals who reported relapsing to alcohol at three-month follow-up were compared with thirty-six matched controls who reported abstinence at follow-up. Spiritual development and change was assessed via a set of six measures. Paired t-tests revealed that spiritual growth occurred across all measures during the treatment phase. Repeated measures analysis of variance (ANOVA) indicated that this growth was maintained at three-month follow-up. Two-way repeated measures ANOVA revealed that while non-relapsers maintained spiritual growth over the course of four weeks of treatment and in the three-month period following treatment, renewed alcohol use was associated with decreased spirituality.]
- Tsai, J. L., Miao, F. F. and Seppala, E. [Stanford University, CA]. **"Good feelings in Christianity and Buddhism: religious differences in ideal affect."** *Personality and Social Psychology Bulletin* 33, no. 3 (March 2007): 409-421.
 [(From the abstract:) ...In this article, the authors examine whether religions differ in the ideal affective states they endorse. The authors predicted that Christianity values HAP [High Arousal Positive] more and LAP [Low Arousal Positive] less than Buddhism. In Study 1, they compared Christian and Buddhist practitioners' ideal affect. In Studies 2 and 3, they compared the endorsement of HAP and LAP in Christian and Buddhist classical texts (e.g., Gospels, Lotus Sutra) and contemporary self-help books (e.g., Your Best Life Now, Art of Happiness). Findings supported predictions, suggesting that AVT [Affect Valuation Theory] applies to religious and to national and ethnic cultures.]
- Wall, R. J., Engelberg, R. A., Gries, C. J., Glavan, B. and Curtis, J. R. [Department of Medicine, University of Washington, Seattle, WA]. **"Spiritual care of families in the intensive care unit."** *Critical Care Medicine* 35, no. 4 (April 2007): 1084-1090, with comments on pp. 1208-1209.
 [(From the abstract:) ...Multiple regression revealed family members were more satisfied with spiritual care if a pastor or spiritual advisor was involved in the last 24 hrs of the patient's life ($p = .007$). In addition, there was a strong association between satisfaction with spiritual care and satisfaction with the total ICU experience ($p < .001$). Ratings of spiritual care were not associated with any other demographic or clinical variables.]
- Wlodarczyk, N. [Florida State University, Big Bend Hospice]. **"The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report."** *Journal of Music Therapy* 44, no. 2 (2007): 113-122.
 [(From the abstract:) ...Participants ($N = 10$) were used as their own control in an ABAB design format. Session A consisted of approximately 30 minutes of music therapy, after which the patient/subject responded to a spiritual well-being questionnaire; Session B consisted of approximately 30 minutes of a nonmusic visit, after which the patient/subject responded to a spiritual well-being questionnaire. ...Results indicate a statistically significant increase in spiritual well-being scores on music days.]

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