SPIRITUALITY AND HEALTHCARE

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NEW EVIDENCE

Ambrosca, R., et al. (2024) ['The Role of Spirituality in Stroke Survivors and their Caregivers: A Systematic Review.'](#) *Journal of Religion and Health 63*(5), 3501–3531.
Although several studies have analyzed the effects of spirituality on stroke survivors' physical functioning and their caregiver's outcomes, no systematic review or meta-synthesis was found to identify the lived experiences of stroke survivors and caregivers regarding spirituality. For these reasons, this study aimed to analyze quantitively and qualitatively research relating to stroke survivors' and caregivers' experiences. The included studies were RCT studies, quasi-experimental studies, qualitative, descriptive, ethnographic, and phenomenological studies, and cross-sectional studies (n = 37), with a total of 6850 stroke survivors and 1953 caregivers enrolled. Spirituality appears to play an important role in improving the quality of life and decreasing anxiety and depression of both stroke survivors and their caregivers.

Balta, J. Y. (2024) ['The Intersection of Anatomy and Spirituality.'](#) *Anatomical Sciences Education 17*(8), 1523–1525.
The intersection of anatomy and spirituality offers a profound exploration into how the physical and spiritual aspects of our being interrelate, enhancing our understanding of wholeness. These domains are often seen as distinct, with anatomy rooted in the tangible study of the human body, while spirituality is considered intangible and deeply personal. However, as our understanding of both fields has evolved, a more integrative approach is emerging, recognizing that the physical and spiritual are not separate but

interconnected aspects of human experience. In this unique special issue, we explore the diverse ways in which spirituality influences the field of anatomy. To provide a comprehensive perspective, the issue is organized into three sections. The first section examines how spirituality shapes students' learning experiences in anatomy. The second section focuses on the role of religious beliefs in body donation practices. Finally, the third section considers the interplay between spirituality and culture, and how this dynamic has influenced the discipline of anatomy over time. This special issue emphasizes the connection between anatomy and spirituality, bridging the divide between the physical and spiritual dimensions of educators, students, body donors, and community members. More needs to be done in the future to embrace the connection between anatomy and spirituality and build upon it to advance our discipline.

Bloomer, M. J., et al. (2024) ['Maybe for Unbearable Suffering: Diverse Racial, Ethnic and Cultural Perspectives of Assisted Dying. A Scoping Review.'](#) *Palliative Medicine 38*(9), 968–980.
Background:
Assisted dying, also commonly known as euthanasia and physician-assisted suicide, is legal in many countries. Interest in assisted dying is growing due to evolving societal understandings of a good death and a desire for choice. Ethico-legal perspectives are well-known, but as societies become more heterogenous, a greater understanding of the perspectives of people from diverse racial, ethnic, and cultural backgrounds is needed.
Aim:
To explore perspectives of people from diverse racial, ethnic and cultural backgrounds about assisted dying.
Design:
Scoping review with narrative synthesis. The protocol was registered with Open Science Framework.
Data sources:
Medline, CINAHL Complete, PsycINFO and ProQuest Dissertations & Theses Global were searched from inception to May 2023. Citations were independently assessed against inclusion and exclusion criteria.
Results:
Of the 17 included studies, perspectives of assisted dying were presented according to religion, religiosity, spirituality, race, ethnicity and ancestry. Perspectives were diverse, presenting more as a spectrum, with multiple intersections and interconnections. Support and/or opposition for assisted dying differed according to cultural attributes, but even amongst those with similar cultural attributes,

perspectives differed according to life experiences and notions of suffering.

Conclusion:

Perspectives on assisted dying are dynamic and evolving. Even where assisted dying is legalised, individual's cultural attributes contribute to unique perspectives of assisted dying as an end-of-life option. Thus, understanding a person's culture, beliefs, expectations and choices in illness, treatment goals and care is fundamental, extending beyond what may be already considered as part of clinician-patient care relationships and routine advance care planning.

Cheng, C. Y., and Lou, V. W. (2024) 'When Movement Therapy Meets Spirituality: A Quasi-Experiment.' *Journal of Gerontological Social Work 67*(7), 1030–1049.

Depression is a public health issue in older adults. This study followed a participatory train-the-trainer approach to develop the Movement-based x 'Elderspirituality-Fu Le Man Xin' intervention. Additionally, a quasi-experimental design was followed to evaluate the effectiveness of the intervention. Data were collected from pre- and post-intervention assessments. A total of 135 older adults with depressive symptoms were recruited, 77 received the intervention and 58 received an active control intervention. Repeated measures ANCOVA showed that the 'Movement-based x 'Elderspirituality-Fu Le Man Xin' intervention significantly reduced depression in cognitively sound participants ($F(1, 73) = 62.346$, $p < .001$).

Corpuz, J. C. G. (2024) 'The Importance of Spiritual Mindfulness in Palliative Care.' *American Journal of Hospice & Palliative Medicine 41*(10), 1258–1259.

Palliative care is a specialized medical approach that aims to improve the quality of life for individuals facing serious illnesses. While palliative care addresses the physical and emotional aspects of illness, one dimension often overlooked but of great significance is spirituality. Many end-of-life caregivers fail to incorporate spirituality as part of the holistic approach in end-of-life care. It is crucial that all physicians and medical professionals possess a holistic understanding of caring for the whole person. Integrating spirituality and mindfulness into palliative care can lead to profound benefits for both patients and caregivers, offering comfort, solace, and a sense of purpose in the face of mortality. This correspondence adds to the discussion on importance of spiritual mindfulness in palliative care.

Davidson, J. C., et al. (2024) ['Does Religious Service Attendance Modify the Relationship between Everyday Discrimination and Risk of Obesity? Results from the Study on Stress, Spirituality and Health.'](#) *Journal of Racial and Ethnic Health Disparities* **11**(5), 3076–3090.

This study examined the association of everyday discrimination with risk of obesity and the potential modifying effect of religious service attendance. Participants included Black, South Asian, and white women in three cohort studies that belong to the Study on Stress, Spirituality and Health. Logistic regression models estimated odds of obesity classification (BMI ≥ 30) relative to experiences of everyday discrimination. In initial pooled analyses, high levels of discrimination were related to increased odds of obesity. Race-specific analyses revealed marginal associations for white and South Asian women. Among Black women, high levels of discrimination and religious service attendance were both associated with higher odds of obesity. However, among women who attended religious services frequently, higher levels of everyday discrimination were associated with slightly lower odds of obesity. These findings underline the complex association between obesity and religion/spirituality, suggesting that higher levels of discrimination may uniquely activate religious resources or coping strategies. Findings highlight the need for additional studies to examine the impact of everyday discrimination on risk of obesity across racial/ethnic communities and how religious practices or coping strategies might affect these dynamics.

Dominguez, L. J., et al. (2024) ['Mediterranean Diet and Spirituality/Religion: Eating with Meaning.'](#) *Aging Clinical and Experimental Research* **36**(1), 223.

The interest in the Mediterranean diet has grown considerably due to its potential health benefits on the prevention of diverse age-related chronic diseases and its association with longevity. This dietary pattern, considered among the healthiest in the world, is not simply a combination of healthy foods but goes further in its historical and cultural roots. Mediterranean diet is not intrinsically tied to any specific religion or spiritual system, but its cultural and geographical context has influenced the dietary practices of its inhabitants, encompassing the history of Western civilization and of the three Monotheistic religions Christianity, Judaism, and Islam. These religions may have some impact on dietary choices due to religious customs and practices. In 2010 the Mediterranean diet was inscribed on the UNESCO's Representative List of Intangible Cultural Heritage of Humanity, highlighting it as a social and cultural expression of the

different food cultures of the Mediterranean region and indicating that the importance of this dietary and lifestyle pattern lies not only in its specific foods and nutrients, but in the way in which its characteristic foods are produced, cooked, and eaten. In this narrative review we will discuss the possible connections between the main religions originated in the Mediterranean basin and their influence on the composition of the Mediterranean diet, and the links between spirituality/religion and this dietary pattern. This traditional model can represent a form of conscious healthy eating and lifestyle in contrast to the unhealthy Western lifestyle and ultra-processed food consumption widespread throughout the world.

Eglin, M., et al. (2024) ['Impact of Social Support and Religiosity/Spirituality on Recovery from Acute Cardiac Events and Heart Surgery in Switzerland.'](#) *International Journal of Psychiatry in Medicine 59*(5), 595–609.

Objective

The aim of this study was to evaluate the impact of social support and religiosity/spirituality (R/S) on the recovery from an acute cardiac event or cardiac surgery during cardiac rehabilitation (CR).

Methods

In this prospective study, a convenience sample of 159 patients participating in a CR program were enrolled. Religiosity/spirituality, social support, anxiety, depression, health related quality of life (QoL), and exercise capacity (6-min walk test, cycle ergometer test) were assessed.

Results

Social support was significantly associated with less anxiety ($p < .01$), less depression ($p < .01$), and better QoL ($p < .05$) on admission. After adjustment for age, gender, education level, and morbidity, social support remained significantly associated with less depression ($p < .001$). Religiosity/spirituality was significantly associated with less depression ($p < .05$), better QoL ($p < .05$), and better exercise capacity ($p < .05$) at admission. After adjustment for covariates, however, significance was lost. There were no significant impact of either social support or R/S on the course of CR measured by change in QoL or exercise capacity.

Conclusion

Social support may be a protective factor against depression in the recovery from cardiac events or surgery. Neither social support nor R/S had a significant impact on the course of the 3-week CR program.

Galchutt, P. K. (2024) ['Spiritual Assessment Models for Palliative Care Chaplains: A Narrative Review.'](#) *Journal of Health Care Chaplaincy 30*(4), 329–345.

Palliative care chaplains conduct spiritual assessments for those within their care. This narrative review examined the literature concerning existing spiritual assessment models developed or designated for palliative care chaplain use. The literature review was performed using four databases, including a hand search of references due to the variability of keywords used within the spiritual care literature. Five spiritual assessment models were identified. The analysis of the models focused on three areas: (1) Foundational basis, (2) Spiritual needs, and (3) Structural frameworks. Published spiritual assessment models for palliative care chaplain use are variable in how each one was formed, how each tool describes and structures spiritual care needs, and how the models are implemented within their respective contexts. The PC-7 advances the field, especially through its mixed methods approach. Future validation and reliability research is needed as well as investigations concerning which models are taught by chaplain educators and used by palliative care chaplains.

Heidari Gorji, M. A., et al. (2024) ['The Relationship between Spirituality and Religiosity with Death Anxiety among Cancer Patients: A Systematic Review.'](#) *Journal of Religion and Health 63*(5), 3597–3617.

This systematic review aimed to summarize the evidence regarding the relationship between spirituality and religiosity with death anxiety (DA) among cancer patients. This systematic review was performed based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA) checklist. An extensive search was conducted on electronic databases such as Scopus, PubMed, Web of Science, Iranmedex, and Scientific Information Database (SID) via keywords extracted from Medical Subject Headings from the earliest to February 9, 2022. The quality of the included studies was assessed using the appraisal tool for cross-sectional studies (AXIS tool). Fifteen studies were selected for inclusion in this systematic review. Nine and six studies assessed the relationship between spirituality and religiosity with DA in cancer patients, respectively. Most studies had a negative relationship between spirituality (n = 8) and religiosity (n = 4) with DA. In sum, most studies showed that religion and spirituality are negatively related to DA in patients with cancer.

Herriott, H. L., et al. (2024) ['Día De Muertos: A Confluence of Gross Anatomy, Culture, and Spirituality.'](#) *Anatomical Sciences Education 17*(8), 1606–1617.

Is there room for spirituality and reflection in gross anatomy? While Jesuit institutions have incorporated contemplation and reflection into their curricula for centuries; the integration of reflective practices into the gross anatomy curriculum has gained traction in recent years. Additionally, more emphasis has been placed on diversity, equity, inclusion, and belonging within health professions education. As a Jesuit, Catholic university that is simultaneously classified as a Hispanic-Serving Institute (HSI), Regis University was well-positioned to integrate reflective and celebratory activities in honor of Día de Muertos (the Day of the Dead) into a graduate level anatomy course for Doctor of Physical Therapy students. From a communal ofrenda (altar) to a celebration during a lecture to a reflective ceremony honoring body donors in the laboratory, students and faculty constructed a learning environment that incorporated spirituality and culture into anatomy in a thoughtful manner. Furthermore, by seeking student input on the design of this innovative educational experience, each of these activities aided in fostering a sense of cultural and spiritual belonging for Hispanic and Latine students who are historically marginalized in health professions, thereby promoting diversity, equity, inclusion, and belonging through a gross anatomy course.

Hewson, H., et al. (2024) ['The Impact of Continuing Bonds Following Bereavement: A Systematic Review.'](#) *Death Studies 48*(10), 1001–1014.

Following bereavement, continuing bonds (CBs) include engaging with memories, illusions, sensory and quasi-sensory perceptions, hallucinations, communication, actions, and belief that evoke an inner relationship with the deceased. To date, the literature has been unable to confirm whether retaining, rather than relinquishing, bonds is helpful. A mixed studies systematic literature search explored how CBs affect grief. Studies on the effect or experience of CBs on adjustment following bereavement were eligible for inclusion. Six computerized databases were searched. A total of 79 of 319 screened studies were included. Three themes were derived from the thematic analysis: (1) comfort and distress, (2) ongoing bonds and relational identity, and (3) uncertainty, conceptualizing, and spirituality. Themes describe the role of CBs for the accommodation of the death story, transformation of the relationship, meaning

reconstruction, identity processes, and affirmation of spiritual belief. Results shed light on the adaptive potentials for CBs.

Jones, K. F., et al. (2024) 'An Exploration of Spirituality and Spiritual Care with Rehabilitation Inpatients.' *Disability and Rehabilitation* **, 1–8.**

The aim of this study was to explore spirituality in inpatient rehabilitation care from the patient's perspective. Participants were recruited from three inpatient rehabilitation services in Sydney, Australia. A qualitative research design was adopted. Demographic data collected included religious affiliation, age and gender. Participants completed a short survey, where they indicated the level of acceptability for 14 items which could be used in a spiritual history. This was followed by a semi-structured interview where participants discussed how they would like to be asked about spirituality, and by whom. Eighteen participants were recruited (10 females, 8 males; mean age 68.8 years) and were undertaking either general rehabilitation (= 9) or neurorehabilitation (spinal cord injury = 6, traumatic brain injury = 3). The impact of loss and existential struggle was evident for participants with long-lasting injuries. These participants could identify sources of spiritual strength which helped them engage with hardship and described how staff could facilitate access to these sources of strength. Rehabilitation inpatients are willing to explore issues around spirituality. Staff can support inpatients to access sources of spiritual strength by creating a safe and trusting environment and finding out what is most meaningful to the patient.

Kim, Y., et al. (2024) 'Effect of Meaning-in-Life Interventions for Advanced Cancer Patients: A Systematic Review and Meta-Analysis.' *Clinical Nursing Research* **33(8), 648–658.**

This study aimed to explore the effects of meaning-in-life intervention on meaning in life, quality of life, spiritual well-being, anxiety, and depression in advanced cancer patients. Databases, including Ovid Medline, Cochrane, PsycINFO, CINAHL, and Embase, were searched to identify relevant randomized controlled trials based on predefined criteria. Seven studies were included. Meta-analysis was performed for five studies, involving 718 patients with advanced cancer. The meta-analysis revealed no significant effects of the meaning-in-life intervention on spiritual well-being, depression, and anxiety of advanced cancer patients. The insufficient number of studies and risk of bias limit the strength of the conclusions. Therefore, further studies with larger sample sizes and methodologically rigorous designs are required to evaluate the effects

of meaning-in-life interventions for advanced cancer patients. Our findings can support a better understanding of the need to study meaning-in-life interventions in advanced cancer patients and foster sustained attention to recognize meaning-in-life interventions as an effective method in healthcare.

Koenig, H. G., and Carey, L. B. (2024) ['Religion, Spirituality and Health Research: Warning of Contaminated Scales.'](#) *Journal of Religion and Health 63*(5), 3729–3743.
The relationship between religiosity, spirituality and health has received increasing attention in the academic literature. Studies involving quantitative measurement of religiosity and/or spirituality (R/S) and health have reported many positive associations between these constructs. The quality of various measures, however, is very important in this field, given concerns that some measures of R/S have been contaminated with indicators of mental health. When this occurs, that is when R/S is defined and measured a priori, this subsequently guarantees a positive association between R/S and health (especially mental health). Such associations are called tautological, which involves correlating a construct with itself, thus producing associations that are uninterpretable and misleading. In this article, concerns about the measurement of R/S are discussed, examples of contaminated and potentially probelmatic measures of R/S are noted, and recommendations are made
regarding uncontaminated measures of R/S that should be used in future studies of R/S and health.

Lazarus, M. D., et al. (2024) ['Personalization Above Anonymization? A Role for Considering the Humanity and Spirituality of the Dead in Anatomical Education.'](#) *Anatomical Sciences Education 17*(8), 1556–1568.
Clinical anatomy education is meant to prepare students for caring for the living, often by working with the dead. By their nature many clinical anatomy education programs privilege topographical form over the donor's humanity. This inbalance between the living and the dead generates tensions between the tangible and the spiritual insofar as semblances of the humanity of donors endure even in depictions and derivatives. This article argues that considering the relevance of spirituality, and what endures of a donor's humanity after death, would enhance contemporary anatomy education and the ethical treatment of human body donors (and derivatives). In developing this argument, we (the authors) address the historical connection between spirituality and anatomy, including the anatomical locations of the soul. This serves as a basis for examining

the role of the mimetic—or imitative—potential of deceased human donors as representations of the living. We deliberate on the ways in which the depersonalization and anonymization of those donating challenge the mimetic purpose of human body donors and the extent to which such practices are misaligned with the health care shift from a biomedical to a biopsychosocial model. Weighing up the risks and opportunities of anonymization versus personalization of human body donors, we propose curricula that could serve to enhance the personalization of human donors to support students learning topographical form. In doing so, we argue that the personalization of human donors and depictions could prevent the ill effects of digital representations going "viral," and enhance opportunities for donors to help the general public learn more about the human form.

Seshadri, S., et al. (2024) [**'Spirituality, Spiritual Distress and Experiences of Joy, Meaning and Growth among Parkinson's Disease Caregivers in the United States.'**](#) *Journal of Religion and Health*
Caregiving challenges of Parkinson's disease can result in loss of faith, meaning, and spiritual distress. The purpose of this study is to describe Parkinson's disease caregivers' perceptions and experiences related to spiritual distress, sources of spiritual and religious support, acts, and experiences of growth, and finding meaning and joy in the midst of spiritual distress. We conducted semi-structured interviews with caregivers of persons with Parkinson's disease (n = 16) and identified five themes: (a) Bearing witness to suffering underlies spiritual distress; (b) Prayers are pleas for "soul help"; (c) Spiritual guidance and support are important; (d) Faith and community are sources of spiritual support; and (e) Joy, meaning, and growth help to transcend spiritual distress. Interventions that target sources of spiritual distress and joy are needed.

Sode, R., et al. (2024) [**'Exploring Workplace Spirituality, Mindfulness, Digital Technology, and Psychological Well-being: A Complex Interplay in Organizational Contexts.'**](#) *Acta Psychologica 251*, 104601.
This study explores the intricate relationships between workplace spirituality, mindfulness, psychological well-being, and digital technology use among employees in India. A cross-sectional survey was conducted with 287 full-time employees from various industries. Grounded in Technostress Theory, Broaden-and-Build Theory, and the Mindfulness-Based Stress Reduction (MBSR) framework, the study tested several hypotheses to investigate how these factors

interact in the contemporary digital work environment. The findings reveal a significant positive correlation between workplace spirituality and psychological well-being and mindfulness and psychological well-being. Additionally, mindfulness mediated the relationship between workplace spirituality and psychological well-being. Significantly, digital technology use moderated the relationship between workplace spirituality, mindfulness, and psychological well-being, suggesting that higher technology use may reduce the positive impact of spirituality and mindfulness on well-being. The novelty of this study lies in its contribution to understanding how digital technology influences the relationship between spirituality, mindfulness, and employee well-being, offering practical implications for organizations aiming to enhance employee well-being through tailored interventions and mindful technology management.

Taylor, E. J. (2024) ['How do I Give Spiritual Care to Persons with Dementia?'](#) *Journal of Christian Nursing* **41**(4), 259.
Millions of people live with dementia. The costs of dementia are great: inability to earn income and contrib-ute to society in usual ways, con-sumption of healthcare and family resources, and psychological and spiritual distress. Persons with dementia (PwD) often turn to their religion or spirituality for comfort and support. Furthermore, evidence indicates that private prayer and attending religious services are associated with less cognitive decline (even after controlling for social interaction) among PwD (Britt et al., 2022). If nurses could provide spiritual support for PwD, might some of the costs related to dementia be reduced?

Uzun, U., et al. (2024) ['Spiritual Needs of Family Caregivers in Palliative Care.'](#) *BMC Palliative Care* **23**(1), 256–8.
The primary aim of this study is to elucidate the spiritual needs encountered by family members who intricately engage in the progression of illness within the palliative care framework, thus assuming the paramount responsibility of caregiving.
This study was approved by the Institutional Review Board and Ethics Committee of the University of Health Sciences İzmir Tepecik Training and Research Hospital (17/01/2022-2022/01-16). The research was designed as a prospective study. It was conducted through face-to-face, interactive interviews with family caregivers of patients admitted to the palliative care unit at Tepecik Training and Research Hospital between April 2022 and December 2022. The interviews were performed using a phenomenological approach and structured in a question-and-answer format. Data from twenty family caregivers were analyzed using thematic analysis. The questions

were specifically designed to explore the psychological processes, spirituality, conceptions of God, meaning-making, and coping strategies of the family caregivers.

Caregivers experienced various psychological and emotional states progressing through stages of denial, anger, and acceptance. Spirituality emerged as a critical coping mechanism providing strength and meaning amidst caregiving challenges. Caregivers' perceptions of God varied from loving to punitive, influencing their interpretations of suffering and caregiving roles.

This study underscores the importance of integrating spiritual support into palliative care practices. Recognizing and addressing caregivers' spiritual needs is crucial for enhancing their well-being and improving the quality of palliative care delivery. Training healthcare professionals in spiritual care and implementing targeted interventions can effectively support family caregivers in their caregiving journey.

van den Brink, B., et al. (2024) ['Religiosity, Spirituality, Meaning-Making, and Suicidality in Psychiatric Patients and Suicide Attempters: A Systematic Review and Meta-Analysis.'](#) *Harvard Review of Psychiatry 32*(6), 195–206.

After participating in this CME activity, the psychiatrist should be better able to:• Explain current understanding of how religiosity, spirituality, and meaning-making (R/S/M) affect patients with psychiatric diagnoses.

R/S/M generally protect against suicidality and suicide. Thus far, reviews on the topic have largely been descriptive, and there are no meta-analyses focused on psychiatric patients. This study systematically evaluates all empirical evidence on R/S/M's potential influences on suicidality for psychiatric patients and recent suicide attempters.

A systematic PROSPERO preregistered search following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses protocol was performed in MEDLINE and PsycInfo. Quantitative studies until 31 December 2022 on R/S/M and suicidality in psychiatric populations and recent suicide attempters were selected; psychological autopsy studies were excluded.

The search identified 4,374 studies for screening. This resulted in 108 eligible studies for the systematic review and 75 studies for the meta-analysis, including 231 effect sizes (ES) and 17,561 subjects. Research focused mainly on the emotional, moral, and ritual aspects of R/S/M. Most research was cross-sectional; repeated R/S/M assessments were rarely reported. A combined significant and

negative ES (Fisher Z = -0.13, p = .006, equivalent to Cohen's d = -0.26) was found for all good- and fair-quality studies.
Overall, R/S/M was associated with lowering suicidality. Maladaptive-distressing dimensions of R/S/M correlated with higher rates of suicidality (e.g., religious struggles). The explanatory value was limited by the predominantly cross-sectional nature of ESs. PROSPERO registration 2023 CRD42023398692; there was no funding involved.

Versace, J., et al. (2024) ['The Role of Spirituality and Identity Formation in Personal Recovery from Traumatic Brain Injury: A Qualitative Analysis through the Personal Experiences of Survivors.'](#) *Neuropsychological Rehabilitation 34*(8), 1110–1140.
Traumatic brain injury (TBI) is a type of acquired brain injury (ABI) that happens when a sudden, external, physical assault damages the brain. TBI can cause long-term cognitive impairments and other lifestyle changes that may affect psychological wellbeing. Among the psychological challenges people recovering from TBI often face is the subjective loss of their pre-injury identity. Quantitative and qualitative research suggests that spirituality can play a positive role in recovery from TBI, increasing the quality of life and overall mental health. However, thus far, the research into this topic has not directly addressed the relationship between identity and spirituality after TBI. The present study sought to do this by thematically analyzing 22 public podcasts featuring interviews of people recovering from TBI telling their stories. The authors review the spiritual themes discussed in the podcasts and then propose a hypothesis about how, through a sense of connection to something self-transcendent, spirituality may enable people to test new meanings and identities, relatively free from the consequences of discrepancy in meaning and identity after TBI.

Wang, E. Y., et al. (2024) ['Patient and Physician Perspectives on Discussing Addiction Recovery and Spirituality in the Primary Care Setting.'](#) *Journal of General Internal Medicine : JGIM 39*(16), 3182–3189.
Background
Spirituality is an important component of recovery for many individuals with substance use disorder (SUD). However, few studies have compared patient and physician attitudes on spirituality in SUD recovery.
Objective
This study investigates patient and physician beliefs about the role of spirituality in SUD recovery and about discussing spirituality in

relationship to recovery in primary care settings.

Design

Semi-structured interviews were conducted with primary care physicians recruited at two academic hospitals, and patients recruited from a faith-based residential therapeutic community. Interview transcripts were independently coded by two researchers and a grounded theory approach was used to generate themes that reflected participants' experiences.

Key Results

Interviews were conducted with 15 patients and 10 physicians. Patients had diverse views about the impact of spirituality on their SUD recovery, including positive, negative, and neutral. Patient and physician opinions on discussing spirituality in a primary care setting differed: most physicians felt positively towards this, believing that understanding their patients' spirituality helped them care for their patients as whole people. Many patients felt neutral, stating that they did not feel like these conversations were necessary for their care, and that they believed physicians preferred not to discuss spirituality in medical settings. Tolerance from both the patient and physician, open-ended questioning, and an individualized approach were identified as facilitators to effective discussions about spirituality and recovery.

Conclusions

Spirituality can have diverse effects on an individual's SUD recovery. Physicians endorsed the benefits of discussing spirituality in the context of their patients' recovery, while patients expressed reservations about engaging in these conversations with their physicians. This variation in perspectives highlights the need for additional research to understand the individual and structural factors that contribute to it, as well as best practices for engaging in effective, non-judgmental conversations about spirituality in recovery.

Additional Resources

- More resources in Dynamed Search here
- Search The Knowledge Network Search here
- Health Chaplain Careers Learn more
- TURAS Spiritual care and healthcare chaplaincy Learn more

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