

# SPIRITUALITY AND HEALTHCARE

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## NEW EVIDENCE

Anandarajah, G., et al. (2025) ['Transforming Narratives of Physician Identity Formation and Healing: A Longitudinal Qualitative Study of Physicians' Stories about Spirituality and Medicine, from Residency to Practice.'](#) *BMC Medical Education* 25(1), 319–16.

Concern about burnout has prompted increased attention on fostering physician resilience throughout the educational continuum. Studies indicate that lack of meaning-making and connection (domains of spiritual wellbeing) place physicians at risk for burnout. While evidence support including spiritual care in comprehensive patient care to help patients/families heal from impactful experiences, few studies explore physicians' spiritual wellbeing as they routinely confront suffering and death in their daily work. Storytelling taps into spiritual aspects of human experience. This study, unique in the literature, examined the stories physicians chose to tell about spirituality and medicine over 20-years, from trainee to practicing physician, to explore how these experiences impact professional development and wellbeing.

Design: Qualitative individual interview study - secondary analysis of a rich dataset of physician interviews, gathered over 20-years beginning in first-year residency, regarding attitudes and approach to spiritual care. For this new study, researchers extracted and analyzed the previously unexplored stories participants spontaneously told during interviews.

Participants completed the same USA residency program and now practice throughout

USA and Canada.

In study-year 1, all residents (PGY1,2,3) participated; response rate (RR) 97%, reflected a diversity of personal beliefs (atheist to religious). Researchers followed the PGY1 class for 20-years (2001-2020), interviewing them in study-years 1, 3, 11 and 20 (RR 100%, 100%, 97%, 54%).

Researchers extracted stories from interview transcripts.

4 researchers analyzed 204 stories from 66 interviews with 34 physicians, using grounded theory.

Irrespective of personal spiritual beliefs, trainees and practicing physicians told numerous spirituality-related stories. Longitudinal story themes-(1) Dissonance to Integration, (2) Formation and Transformation, and (3) Accidental to Purposeful Healing - reflected physicians' ongoing spiritual journeys as they grappled with meaning, values, purpose, and connection in their daily work. Spiritually impactful moments, whether distressing or uplifting, occurred throughout physicians' careers influencing professional/personal development, resilience and clinical approach. Spiritual practices (religious/secular) and reflection fostered healing for patients/families and physicians. Physicians' longitudinal spiritual-care stories provide new insights into their professional/personal development. Reflection on spiritually impactful moments, both distressing and uplifting, may trigger transformative learning towards meaning-making, resilience, burnout prevention and positive physician identity formation.

**Austin, P. D., et al. (2025) '[Efficacy of Spiritual Interventions in Palliative Care: An Umbrella Review of Systematic Reviews.](#)' *Palliative Medicine* 39(1), 70–85.**

Background:

Spiritual care is increasingly recognised as an essential component of care in palliative settings. Given this growing body of literature on spiritual interventions, there is a need to systematically evaluate and synthesis findings from previous systematic reviews

Aim:

To systematically synthesise the available evidence from systematic reviews concerning (a) the efficacy of spiritual care interventions and (b) the extent and nature of spiritual care interventions used in specialist palliative care settings.

Methods:

An umbrella review of systematic reviews was conducted in accordance with PROSPERO (CRD42024455147) and followed the Joanna Briggs Institute methodology for umbrella reviews.

Data sources:

Electronic databases (Ovid Medline, Embase, APA PsycINFO, Cochrane Database of Systematic Reviews, CINAHL and Web of Science) and references of accepted systematic reviews were searched for systematic reviews from inception to 2024. The AMSTAR-2 criteria was used to assess risk of bias within systematic reviews.

Results:

A total of 27 reviews met the eligibility criteria and reported the effects of 14 different spiritual care interventions across 431 studies including 55,759 participants. Findings show that spiritual care interventions especially dignity therapy and life-review may be effective for improving outcomes including spiritual wellbeing, emotional symptoms, quality-of-life and physical symptoms in people receiving specialist palliative care. Under half of included reviews report follow-up data where only emotional symptoms and quality-of-life are reported at more than one time-point.

Conclusion:

Overall, spiritual care interventions have positive effects on spiritual wellbeing, quality of life and mood, compared to control conditions. Increased methodological rigour is needed to capture effect and duration of effect with spiritual care interventions at different phases of palliative care.

**Avcı, A., and Çavuşoğlu, E. (2025) ['The Effect of Spiritual Therapies on the Quality of Life of Women with Breast Cancer: A Systematic Review.'](#) *Journal of Religion and Health* 64(1), 448–461.**

The number of studies investigating the effects of spiritual therapies on the quality of life of women diagnosed with breast cancer is quite limited. This systematic review searched the databases “Scopus, Web of Science, PubMed” using the keywords “Breast cancer,” “Spirituality” and “Spiritual therapies” and found a total of four studies. The scanning was conducted by two independent reviewers between March 19 and 22, 2024. Included studies were published between 2013 and 2024. These studies found that spiritual therapy has positive effects on the quality of life of women with breast

cancer. It is recommended that studies of high methodological quality are conducted to investigate the effect of spiritual therapy on the quality of life of women with breast cancer.

**Başak, S., et al. (2025) '[The Relationship between Intrinsic Spirituality, Resilience and Hopelessness in Patients with Epilepsy: A PATH Analysis.](#)' *Epilepsy & Behavior* 163, 110230.**

- As the level of intrinsic spirituality increases, psychological resilience increases.
- As psychological resilience increases, hopelessness decreases.
- As intrinsic spirituality increases, hopelessness decreases.
- Psychological resilience mediates the relationship between intrinsic spirituality and hopelessness in patients with epilepsy.

This study was conducted to examine the relationship between intrinsic spirituality, resilience and hopelessness in patients with epilepsy and to investigate the mediating role of resilience in the relationship between intrinsic spirituality and hopelessness.

This study is a descriptive correlational research. The study was conducted with 120 patients who met the inclusion criteria between January 2023 and July 2023. Data were collected by using Personal Information Form, Intrinsic Spirituality Scale (ISS), Beck Hopelessness Scale (BHS) and Brief Resilience Scale (BRS).

According to the results of the study, it was found that the mean ISS score ( $\beta = 0.730$ ) affected the mean BRS score positively and the mean BHS score ( $\beta = -0.497$ ) negatively ( $p > 0.05$ ). It was found that the mean BRS score affected the mean BHS score ( $\beta = -0.178$ ) negatively ( $p > 0.05$ ). The indirect effect ( $\beta = -0.129$ ) and total effect ( $\beta = -0.626$ ) of intrinsic spirituality on hopelessness mediated by the mean BRS score were found to be negative and significant. It was determined that the tested model provided a good fit and explained the direct and indirect effects of the study variables.

According to the results of the study, it was found that intrinsic spirituality affected resilience positively and hopelessness negatively. Resilience was found to have a negative effect on hopelessness. It was determined that resilience partially mediated the relationship between intrinsic spirituality and hopelessness and this situation reduced hopelessness more.

Basis N., et al. (2025) '[Religiosity, Religious Orientation, and a Good Night's Sleep: The Role of Anxiety and Depression.](#)' *Journal of Sleep Research* (pagination), Date of Publication: 2025.

Religious belief can be beneficial to mental health, particularly in relation to anxiety and depression, both of which are strongly linked to poor sleep. This study aimed to investigate the role of anxiety and depression as mediators in the relationship between religiosity/religious orientation and sleep health in the Druze community in Israel. The cross-sectional study included 93 religious and 140 non-religious Druze adults who completed a questionnaire and a 2-week sleep diary. We tested the effects of religiosity (yes/no) and religious orientation (religion as end, means and quest) on sleep quality and efficiency. Next, we examined anxiety and depression as mediators in these relationships. Eighty-three (35.6%) respondents had borderline or clinical anxiety, while 24(10.3%) had borderline or clinical depression. Thirty (12.9%) reported poor sleep quality. In mediation models, anxiety fully mediated the relationship between religiosity and sleep quality (beta = 0.195, 95% CI [0.109-0.296]); religiosity and sleep efficiency (beta = 0.619, 95% CI [0.193-1.137]); religion as end and sleep quality (beta = 0.091, 95% CI [0.046-0.150]); religion as end and sleep efficiency (beta = 0.304, 95% CI [0.094-0.577]); religion as quest and sleep efficiency (beta = -0.325, 95% CI [-0.575-0.086]). Additionally, anxiety partially mediated the relationship between religion as quest and sleep quality (beta = -0.096, 95% CI [-0.152-0.052]). In all models, non-religious status, lower levels of religion as end, and higher levels of religion as quest predicted higher anxiety, which in turn predicted lower sleep quality and efficiency. Other models were non-significant for anxiety or depression. Anxiety plays a crucial role in the relationship between religiosity, religious orientation and sleep health. Religious individuals experience less anxiety and report better sleep quality.

Brown, T. L., et al. (2025) '[Psychosocial Correlates of Death Anxiety in Advanced Cancer: A Scoping Review.](#)' *Psycho-Oncology (Chichester, England)* 34(1), e70068–n/a.

ABSTRACT

Objectives

Individuals living with advanced cancer commonly experience death anxiety, which refers to the distressing thoughts or feelings associated with awareness of one's

mortality. Deriving an overview of existing literature on the psychological and social factors linked to death anxiety may inform conceptual models, clinical screening, and intervention strategies in oncology and palliative care. Therefore, the present scoping review was conducted to summarize the current literature on the psychosocial correlates of death anxiety among individuals with advanced cancer.

#### Methods

A comprehensive scoping review methodology was used following the Arksey and O'Malley framework. A literature search was conducted using four electronic databases: CINAHL, Embase, PsycInfo, and MEDLINE. s and full-text articles were screened, and relevant data were extracted and summarized.

#### Results

Sixteen studies met the inclusion criteria. Seventeen psychosocial correlates of death anxiety were identified, with depression, spiritual well-being, and attachment security representing the most frequently investigated. Four previously tested death anxiety models were also identified, two of which were designed longitudinally.

#### Conclusions

This review provides a current summary of psychosocial factors and established models related to death anxiety in advanced cancer. Multiple psychosocial correlates should be targeted concurrently in research and clinical practice to address death anxiety.

Longitudinal studies designed to test new models are especially needed to identify unique pathways contributing to death anxiety across the disease trajectory of advanced cancer.

**Butler, C., et al. (2025) ['Reclaiming Ritual in Palliative Care: A Hermeneutic Narrative Review.'](#) *Palliative & Supportive Care* 23, e49.**

To explore the potential of incorporating personally meaningful rituals as a spiritual resource for Western secular palliative care settings. Spiritual care is recognized as critical to palliative care; however, comprehensive interventions are lacking. In postmodern societies, the decline of organized religion has left many people identifying as "no religion" or "spiritual but not religious." To assess if ritual could provide appropriate and ethical spiritual care for this growing demographic requires comprehensive understanding of the spiritual state and needs of the secular individual

in postmodern society, as well as a theoretical understanding of the elements and mechanisms of ritual. The aim of this paper is to provide a comprehensive and theoretically informed exploration of these elements through a critical engagement with heterogeneous literatures.

A hermeneutic narrative review, inspired by complexity theory, underpinned by a view of understanding of spiritual needs as a complex mind-body phenomenon embedded in sociohistorical context.

This narrative review highlights a fundamental spiritual need in postmodern post-Christian secularism as need for embodied spiritual experience. The historical attrition of ritual in Western culture parallels loss of embodied spiritual experience. Ritual as a mind-body practice can provide an embodied spiritual resource. The origin of ritual is identified as evolutionary adaptive ritualized behaviors universally observed in animals and humans which develop emotional regulation and conceptual cognition. Innate human behaviors of creativity, play, and communication develop ritual. Mechanisms of ritual allow for connection to others as well as to the sacred and transcendent.

Natural and innate behaviors of humans can be used to create rituals for personally meaningful spiritual resources. Understanding the physical properties and mechanisms of ritual making allows anyone to build their own spiritual resources without need of relying on experts or institutionalized programs. This can provide a self-empowering, client-centered intervention for spiritual care.

**Carvalho Junior, A., et al. (2025) 'Spiritual Care in the Intensive Care Unit. is it Already a Reality?: An Integrative Review.' *Einstein (São Paulo, Brazil)* 23(spe1), eRW1081.**

Spirituality has emerged as a phenomenon of interest in various global contexts. The adoption of spirituality as a fundamental aspect of healthcare remains underexplored, especially in critical environments such as intensive care units.

To identify strategies for incorporating spiritual care into adult intensive care environments through an integrative literature review.

An integrative review was conducted using the Embase, Web of Science, Medline/PubMed, PsycINFO, LILACS, and Cochrane Central databases. Twenty-one studies published in English, Spanish, or Portuguese over the last 10 years were selected.

Different approaches to spirituality were identified, including training implementation, individual interviews, meetings, educational programs, and practices involving healthcare professionals.

Spirituality in the intensive care environment has been a growing reality in recent years through efforts aimed at helping healthcare professionals integrate spirituality into the care provided in clinical practice. Individual interviews were the primary strategy for incorporating spiritual care in intensive care unit settings. Questionnaires were used to support these interviews, and the frequency and duration typically involved a single session, ranging from 15 to 60 min.

**Clerici, C. A., et al. (2025) '[Evolving Perspectives: Exploring the Role of Artificial Intelligence between Clinical Practice and Health Pastoral Care.](#)' *Tumori* 111(1), 6–10.**

This article analyses the integration of artificial intelligence (AI) in health pastoral care, emphasizing the synergy between technology and spirituality. This paper discusses possible AI applications, highlighting the importance of ethical implementation that respects human interactions. Ethical issues like privacy and empathy are examined, as well as the potential of AI in facilitating collaboration between healthcare professionals and pastoral workers. Finally, it calls for a debate on the responsible use of AI in care contexts.

**Corpuz, J. C. G. (2025) '[Teaching Death, Spirituality, and Palliative Care to University Students: Novel Pedagogical Approach.](#)' *Palliative & Supportive Care* 23, e36.**

Teaching death, spirituality, and palliative care equips students with critical skills and perspectives for holistic patient care. This interdisciplinary approach fosters empathy, resilience, and personal growth while enhancing competence in end-of-life care. Using experiential methods like simulations and real patient interactions, educators bridge theory and practice. Integrating theological insights and inclusive-pluralism encourages meaningful dialogue, preparing students to address patients' physical, emotional, and spiritual needs. This holistic pedagogy not only improves patient outcomes but also promotes collaboration and compassion in healthcare.



D'Andria Ursoleo, J., et al. (2025) '[Spiritual Care in Palliative Medicine and End of Life: A Bibliometric Network Analysis.](#)' *Journal of Palliative Medicine* 28(2), 265–279.

#### Background and Objectives:

Spiritual care is an essential component of care for the terminally ill, because of its potential to positively impact patient perception of quality of life and dignity. However, it continues to be the least cultivated or even most overlooked aspect of palliative care and end of life. We performed a methodological review using bibliometric analysis to provide a holistic view of the scientific output published on this topic in the literature at the same time outlining present perspectives and research trends.

#### Methods:

In accordance with the BIBLIO checklist for reporting the bibliometric reviews of the biomedical literature, pertinent articles were retrieved from the Web of Science (WOS) database. The search string included “spiritual care,” “end of life,” and their synonyms. The VOSviewer (version 1.6.17) software was used to conduct comprehensive analyses. Semantic and research networks, bibliographic coupling, and journal analysis were examined.

#### Results:

A total of 924 articles were identified in WOS, and 842 were retrieved. An increasing trend in the number of publications is observed from 1981 to date, with a peak in the 2019–2021 timeframe. Most articles focused on palliative care, spirituality, spiritual care, religion, end of life, and cancer. The

Journal of Pain and Symptom Management

contributed the highest number of published documents, while the

Journal of Palliative Medicine

was the top-cited journal. The highest number of publications originated from collaborations of authors from the United Kingdom, the United States, and Australia.

#### Conclusion:

The remarkable increase in the number of publications on spiritual care observed in the years of the COVID-19 pandemic likely reflected global concerns, reasserting the importance of prioritizing spiritual care for whole-person palliation. Spiritual care is integrated with palliative care, in line with the latter’s holistic nature and the recognition of spirituality as a fundamental aspect of end-of-life care. Nurses and

chaplains exhibited more involvement in palliative–spiritual care than physicians reflecting the belief that chaplains are perceived as specialized providers, and nurses, owing to their direct exposure to spiritual suffering and ethos, are deemed suitable for providing spiritual care.

**Dipple E., et al. (2025) '[Health Inequalities Faced by Roma Gypsy Traveller Populations: Improving Physiotherapy Services.](#)' *Physiotherapy (United Kingdom).Conference: The Chartered Society of Physiotherapy 126(CSP) 2024 Annual Meeting*. International ConventioCentre Wales, CaerleoUnited Kingdom. 126(Supplement 1) (pagination), Article Number: 101647. Date of Publication: 01 Ar 2025.**

Purpose: The health inequalities faced by Roma Gypsy Traveller groups are much higher than those observed in the general population. Current literature highlights poor cardiorespiratory health, high reported levels of racism and the growing concern that healthcare practitioners, including physiotherapists, are not reaching these groups. Roma Gypsy Traveller groups report difficulty accessing healthcare services as well as a lack of trust in service providers, leading to reluctance from these populations to seek help. Research into which health issues these groups are facing - and how physiotherapy services could help these underserved populations - is extremely important. Our study aims to record the healthcare experiences of Roma Gypsy Travellers and their opinions on how access to physiotherapy can be improved.

**Ferreira, A. E., and Reis-Pina, P. (2025) '[Exploring the Role of Psychedelic-Assisted Therapy in Enhancing Spirituality and Mystical Experiences in Patients with Life-Threatening Illnesses: A Systematic Review.](#)' *Journal of Psychosomatic Research* 189, 112020.**

AbstractIntroductionPsychedelic-Assisted Therapy (PAT) is gaining traction as a novel approach to addressing the psychological and existential distress experienced by patients. ObjectivesThis systematic review aimed to investigate the impact of PAT on spirituality, mystical experiences, and spiritual well-being (SpWB) in patients with life-threatening, incurable, or terminal illnesses. MethodsA comprehensive search was conducted across PubMed, Web of Science, and Cochrane databases to identify relevant studies published between 2013 and 2023. The study population comprised patients diagnosed with life-threatening illnesses. Various forms of PAT, encompassing both typical and atypical psychedelic substances, were considered as interventions, with no

specific comparators outlined. The primary outcomes of interest included spirituality, mystical experience, and SpWB. Risk of bias assessment was performed using Cochrane's tools. Results Six studies with a high risk of bias were included in the review, all conducted in the United States of America, involving 140 patients, the majority of whom had cancer (99 %). PAT, especially with psilocybin, demonstrated significant enhancements in spirituality, mystical experiences, and SpWB. Notably, SpWB showed improvements in all studies which assessed this spiritual outcome following PAT. Mystical experiences were correlated with improvements in spirituality in one study. Conclusions This systematic review underscores the potential of PAT to address unmet spiritual needs and enhance SpWB in patients with life-threatening illnesses. However, further research is needed to elucidate the mechanisms underlying these therapeutic effects. Rigorous evaluation of healthcare practitioners' role in guiding patients through PAT protocols is essential to ensure safe and effective implementation in palliative care settings.

**Foran A.M., et al. (2025) '[Religious Group Membership and Conspiracy Beliefs Influence Vaccine Uptake: Insights from 20 European Countries.](#)' *Vaccine* 53(pagination), Article Number: 127086. Date of Publication: 19 Ar 2025.**

Reports of lower vaccine uptake within religious communities pose a significant public health challenge. While religious group membership is often associated with health benefits, recent research has revealed a paradox: it may also be linked to vaccine hesitancy. This study investigates how religious group membership may reduce COVID-19 vaccine uptake by exploring the role of enhanced conspiracy beliefs. In doing so, we examine these dynamics across individual and national contexts. Using data from 20 European countries (N = 31,681) collected during the 10th round of the European Social Survey (ESS10), multilevel structural equation modelling was employed to examine whether conspiracy beliefs mediated the link between religious group membership and COVID-19 vaccine uptake. Religious group membership was found to indirectly impact COVID-19 vaccine uptake through conspiracy beliefs. At the national level, countries with higher average levels of religious group membership exhibited greater conspiracy beliefs, which were associated with lower vaccine uptake. At the individual level, people who belonged to a religion were more likely to endorse conspiracy beliefs, which

negatively predicted vaccine uptake. Our findings underscore the need to address conspiracy beliefs as a critical pathway linking religious group membership to COVID-19 vaccine uptake. Public health strategies should engage with religious leaders to foster trust and dispel misinformation, while promoting transparent and inclusive health communication. Such efforts can help bridge the gap between religious communities and public health initiatives, ultimately improving vaccine uptake.

**Hamm, S. I., et al. (2025) '[Linking Multi-Dimensional Religiosity in Childhood and Later Adulthood: Implications for Later Life Health.](#)' *Research on Aging* 47(2), 91–102.**

This study examines religiosity patterns across childhood and later adulthood and their associations with later-life health using an experimental module from the 2016 Health and Retirement Study (N = 1649; Mean Age = 64.0). Latent class analysis is used to categorize individuals by commonalities in religious attendance, religious identity, and spiritual identity. Cross-sectional and longitudinal associations are then explored using probable depression, disability, and mortality as health indicators. Results reveal complex patterns, often characterized by declining attendance and fluctuating identity. Relationships with health appear stronger in cross-sectional analyses, suggesting that some associations may be non-causal. Individuals with consistently strong religiosity show significantly better psychological health compared to their relatively non-religious counterparts. Moreover, the absence of religiosity in later adulthood is associated with an increased risk of mortality. Overall, the findings support the promotion of religiosity whilst acknowledging individual variations and highlighting the need for more individualistic approaches to the study of religion and health.

**Hutchens, A., et al. (2025) '[Nursing Trauma and Coping: An Integrative Review.](#)' *Issues in Mental Health Nursing* , 1–10.**

Nurses are exposed to traumatic situations in a plethora of settings. Continuous exposure to stressors and the inability to cope with trauma may result in the development of psychological disorders. An integrative review was conducted to analyze the state of the science concerning the impact of trauma in the nursing profession on nurses coping mechanisms. Inclusion criteria necessitated studies used qualitative or quantitative design, published in English language peer reviewed journals. A total of 25 studies met the inclusion criteria after full text review. The body of research is limited in

experimental designs due to the nature of the issue. Thirteen qualitative studies, five mixed methods, and seven quantitative studies are included in the review. Social support was overwhelmingly identified as a coping mechanism for nurses. Spirituality and exercise were also noted as coping mechanisms for those in the nursing profession. More research is needed to explore potential negative coping mechanisms such as alcohol and drug use. Science could be advanced through the development of interventions aimed at increasing coping skills for nurses who may experience trauma while providing care.

Jouriles, E. N., et al. (2025) '[Spirituality, Self-Blame, and Trauma Symptoms among Adolescents Waiting for Treatment After Disclosing Sexual Abuse.](#)' *Child Abuse & Neglect* 160, 107214.

Adolescents who have been sexually abused commonly experience trauma symptoms, and many spend considerable time waiting for treatment.

This study examines the extent to which adolescent perceptions of divine spiritual support, divine spiritual struggles, and self-blame collected during a screening assessment predict trauma symptoms at the beginning of treatment.

Participants were 224 adolescents (92.9 % female, Mean age = 13.46 years; 53.6 % identified as Hispanic/Latino/a and 24.1 % Black/African American). All obtained services at a Children's Advocacy Center in the southern United States.

Adolescents reported on trauma symptoms, divine spiritual support, divine spiritual struggles, and self-blame appraisals at a screening assessment (T1). Trauma symptoms were also reported a second time when beginning treatment (T2).

The mean level of trauma symptoms declined over time for the total sample,  $t(223) = 9.37$ ,  $p < .001$ ,  $d = 0.63$ . Greater divine spiritual struggles ( $\beta = 0.10$ ,  $t[219] = 1.98$ ,  $p = .049$ ,  $sr^2 = 0.02$ ) and self-blame for the abuse ( $\beta = 0.11$ ,  $t[219] = 2.03$ ,  $p = .044$ ,  $sr^2 = 0.02$ ) at the screening assessment were associated with higher levels of trauma symptoms at the beginning of treatment, controlling for sex, trauma symptoms and age at the screening assessment.

Assessing adolescents' divine spiritual struggles and self-blame for sexual abuse may be important in triage and treatment planning for youth who have experienced sexual abuse.

Lynch, M. (2025) ['Planting Flowers for the Bees: Spirituality, Emotion, and Embodied Subjectivities through Relational Practices of Socioecological Care.'](#) *Social Science & Medicine* (1982) 365, 117592.

This research highlights the ways by which processes of caring for our environments can contribute to health and well-being for the minded body. Drawing upon rich ethnographic accounts of urban cultivation practices and experiences, this research unfolds in the birthplace of the 'Healthy City' concept—Kuching, Malaysia—which is an ethnically diverse city home to Chinese, Malay, Indigenous and other groups. Building from situated political ecologies—and more specifically, emotional political ecology and the political ecology of religion—I examine the relational values produced through practices of urban cultivation and related benefits for mind-body-environments. I find spirituality, religion, gender, generation, class, and ethnicity are embodied in socionatural relationships facilitated through urban agriculture. Through affective encounters with non-human animals, spiritual meanings inferred from the materiality of plants, and strengthened socionatural relationships with friends, family, even strangers, and the divine, practices of urban cultivation can nurture minds, bodies, and environments in deeply interconnected ways. This adds to a growing literature that reveals the importance of relational values for well-being and argues that socionatural relationships of care can contribute to a meaningful life. With a careful attention to relational dynamics and differentiated embodied experiences, I show that cultivators engage in the production of ecologies of care that confront neoliberal modes of interacting with themselves and others. Recognizing that care is embodied, situated and political can foster more nuanced understandings of the politics of socioecological transformation.

- Urban cultivation offers opportunities for socioecological encounters and relations.
- Socioecological practices of care can generate benefits for well-being.
- Socioecological practices of care are embodied, situated and political.
- Attention to relational dynamics reveals nuanced politics of socioecological change.
- Relational values should be considered in planning and policymaking.

MajorSmith D., et al. (2025) '[Exploring Bidirectional Causality between Religion and Mental Health: A Longitudinal Study using Data from the Parent Generation of a UK Birth Cohort.](#)' *PLoS ONE* 20(3 March) (pagination), Article Number: e0319796. Date of Publication: 01 Mar 2025.

Relations between religion and mental health have been studied extensively, yet whether associations are causal remains uncertain. Here, we use longitudinal data from the parental generation of the Avon Longitudinal Study of Parents and Children (ALSPAC), based in the UK, to assess: i) whether religiosity may cause subsequent depression and anxiety; ii) whether depression and anxiety may cause subsequent religiosity; and iii) whether there are gender differences in the above associations. All analyses were pre-registered, and adjusted for baseline confounders, exposures and outcomes in an attempt to rule out reverse causality and confounding bias. We found little conclusive evidence that religiosity was associated with subsequent mental health, or that mental health was associated with subsequent religiosity. Some weak associations were reported, but effect sizes were small and largely consistent with null effects. Small differences by gender were found, with religiosity marginally associated with better mental health in women and worse mental health in men, but the inconsistency of the results and the wide margins of error mean that firm conclusions cannot be made. In sum, in this UK population we find little evidence for bidirectional causation between religion and mental health, or for large differences in these associations by gender.

Martinato M., et al. (2025) '[Exploring the Spiritual Needs of Patients with Inflammatory Bowel Disease and their Caregivers: A Protocol for a European Cross-Sectional Nursing Study.](#)' *Journal of Crohn's and Colitis Conference: 20th Congress of ECCO. Berlin Germany*(Supplement\_1), Date of Publication: 01 Jan 2025.

Background: Despite the recognized importance of holistic care, including addressing spirituality, limited research has focused on the existential/ spiritual needs of patients with Inflammatory Bowel Disease (IBD) and their caregivers [1]. Understanding these needs is crucial for enhancing patient-centred care and to initiate appropriate support planning processes [2]. This study aims to assess the spiritual needs among European

IBD patients and their caregivers while exploring associations with socio-demographic and clinical variables.

**Masters, K. S., et al. (2025) '[Associations between Religiosity/Spirituality with Insulin Resistance and Metabolic Syndrome in the Midlife in the United States \(MIDUS\) Study.](#)' *PloS One* 20(2), e0319002.**

Religiosity and spirituality (R/S) are central aspects to the lives of many people worldwide. Previous research suggests a potentially beneficial relationship between R/S, mostly understood as religious service attendance, and mortality. Though important, this research often fails to account for the complex and multidimensional nature of R/S. Also lacking is an adequate understanding of the physiological mechanisms that may link R/S with mortality and other health outcomes. Insulin resistance and metabolic syndrome, subclinical physiological processes that are influenced by the types of lifestyle factors and psychological factors that R/S addresses, serve as two possible biological mechanisms linking R/S and health outcomes. This study investigated the relations of R/S, defined as service attendance, support from one's religious community, and composite variables comprised of several diverse R/S indicators, in relation to insulin resistance and metabolic syndrome both cross-sectionally and in longitudinal analyses across 8-10 years in the Midlife in the United States (MIDUS) study. Results, controlling for important covariates (demographic factors, self-rated health, chronic conditions, depressive symptoms for all analyses; diabetes status and body mass index for insulin resistance analyses; antihyperlipidemic medications for metabolic syndrome), demonstrated nonsignificant relationships for all measures of R/S and both insulin resistance and metabolic syndrome in both cross-sectional and longitudinal analyses. Integrating these findings into the limited research on physiological mechanisms in the R/S and health relationship suggests that the area lacks consistent findings. Additional studies that use heterogeneous, representative samples and further refine the operationalization of R/S are indicated.



Newberg, A. B. (2025) '[Neurotheology: Practical Applications with Regard to Integrative Psychiatry.](#)' *Current Psychiatry Reports* 27(2), 105–111.

#### Purpose of Review

Neurotheology is a nascent field of research and scholarship that seeks to understand the relationship between the brain and religious and spiritual phenomena. In the context of integrative psychiatry, neurotheology offers an intriguing intermediary between understanding how spirituality and religion affect brain function, and how this might be related to changes in mental health.

#### Recent Findings

A number of research studies over the years have observed that religious and spiritual beliefs, practices, and experiences can have a profound impact on a person's psyche. Many times, the effects are positive leading to lower depression, anxiety and distress. However, there are times that religion and spirituality can lead to negative beliefs and behaviors. Neurotheology seeks to understand both the positive and negative effects of religion and spirituality on mental health from a brain perspective. In addition, neurotheology offers important philosophical insights into the nature of the human mind and how we perceive the reality around us.

#### Summary

This review evaluates these many topics as it considers how neurotheology can have practical applications with regard to integrative psychiatry.

Nybo H.H., et al. (2025) '[Double Language Scarcity: Narrative Accounts of Spiritual and Existential Needs in Aphasia.](#)' *Aphasiology* (pagination), Date of Publication: 2025.

Background: Spiritual and existential issues become important and present to many people who experience an illness or a crisis, such as living with aphasia after stroke. However, the aphasia research and literature concerning spiritual and existential issues when living with aphasia are limited. Since there is a strong clinical aim to provide holistic and person-centred care in many parts of the world, these issues need to be studied further. In a highly secular society such as Denmark, many people have not developed a language for expressing spiritual and existential thoughts, feelings, and needs. In addition, people with aphasia may experience that their communication

difficulties pose an extra barrier to talking about these issues. Therefore, the spiritual needs of people with aphasia may be overlooked.

**Peralta, D., MD, et al. (2025) '[Discussion of Spirituality in Family Conferences of Infants with Neurologic Conditions.](#)' *Journal of Pain and Symptom Management* 69(1), 34–43.e1.**

**Abstract** Introduction Spirituality serves as a mechanism to understand and cope with serious illness, yet little is known about how families and clinicians incorporate spirituality in pediatric family conferences. Objectives We sought to characterize the frequency and nature of spiritual statements in conferences between families and clinicians caring for infants with neurologic conditions. Methods In this descriptive qualitative study, we used an existing dataset of audio-recorded, de-identified, transcribed family conferences of infants with neurologic conditions. Inclusion criteria for infants were 1) age < 1 year, 2) presence of a neurologic condition, and 3) planned conversation about neurologic prognosis or goals of care. We used a content analysis approach to code the data. Results 68 family conferences were held for 24 infants and 36 parents. Most parents (n=32/36, 89%) self-identified as spiritual. References to spirituality occurred in the 32% of conferences ( n=22/68). Spiritual discussion included 3 domains: 1) Spiritual beliefs and practices, 2) Spiritual support, and 3) Parent-child connection as sacred. Clinicians' responses to family member spiritual statements were inconsistent and included providing affirmation, exploring goals of care, and continuing discussion of clinical information. Conclusions Spirituality was discussed in approximately one-third of family conferences. Clinician engagement with spirituality discussion was variable. These findings highlight a need for training on when and how to discuss spirituality in conversations with families of seriously ill infants.

**Salcone S.G., et al. (2025) '[Development and Evaluation of the Religious and Spiritual Struggles Scale-5 \(RSS-5\).](#)' *Journal of Psychopathology and Behavioral***

**Assessment 47(1) (pagination), Article Number: 8. Date of Publication: 01 Mar 2025.**

The purpose of this study was to develop a five-item form of the Religious and Spiritual Struggles Scale (RSS; Exline et al., *Psychology of Religion and Spirituality*, 6, 208-222, 2014), (2022). Drawing upon three samples - 711 depressed adults from prior studies that utilized the RSS (Study 1), 303 undergraduates from a public university in the

Southeastern U.S. (Study 2), and 121 adults seeking psychotherapy and/or primary care in an integrated behavioral health clinic (Study 3) - findings indicated the five-item version represents a structurally sound and reliable instrument for assessing clinically relevant struggles (divine, interpersonal, moral, doubt, ultimate meaning struggles) in mental health care settings. Specifically, Cronbach's alphas for the RSS-5 ranged from .77 to .85 across the three studies. Further, scores on this short form overlapped highly with the original RSS in Study 1 and were moderately to strongly associated with validated assessments of positive (well-being, flourishing, and perceived meaning in life) and negative (suicide ideation, depression and anxiety symptoms) mental health in Study 2 and 3. When accounting for depression and anxiety symptoms, RSS-5 scores were also uniquely associated with patients' suicidal ideation over the past month in Study 3. Although we found evidence of multidimensionality of the selected items that aligned with psychometric findings for the original RSS (Exline et al., *Psychology of Religion and Spirituality*, 6, 208-222, 2014), findings also supported a unidimensional factor structure for the RSS-5 in each sample. Looking ahead, the RSS-5 will hopefully support clinical research and practice in ways that enhance training clinicians' responsiveness to patients who are experiencing spiritual struggles.

**Seneviwickrama, M., et al. (2025) ['Influence of Religion and Spirituality on Head and Neck Cancer Patients and their Caregivers: A Protocol for a Scoping Review.'](#) *Systematic Reviews* 14(1), 27–9.**

Head and neck cancers (HNC) are devastating, thus imposing a negative impact on the appearance of an individual as well as vital activities such as eating, swallowing, speaking, and breathing. Therefore, HNC patients undergo distress, while their caregivers become overburdened. Religion and spirituality can be helpful for patients and their caregivers from diverse cultural backgrounds to cope with cancer. Though well established in palliative care, religion and spirituality are rarely incorporated into usual early oncological care. Despite the availability of heterogeneous literature examining the influence of religion and spirituality on cancer patients, there is notably limited research on this topic across the HNC trajectory. Therefore, this scoping review attempts to answer "What is the influence of religion or spirituality on HNC patients and their caregivers in different contexts?" and will map the evidence on the influence of religion

and spirituality on HNC patients and their caregivers in different contexts including geographical areas, cultures, health care systems, and different study settings.

This scoping review was formulated using the guidelines of Joanna Briggs Institute (JBI) manual for evidence synthesis: scoping reviews and will be reported confirming to the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR checklist). A comprehensive search strategy will include Embase, CINAHL, Scopus, and APA PsycINFO. The OPENGREU.EU and Google Scholar will be used as gray literature sources complimented by manual searches. Our eligibility criteria follow the population, concept, and context (PCC) framework. Patients aged  $\geq 18$  years diagnosed with HNC and their informal, nonpaid caregivers aged  $> 18$  years will be included. The data will be extracted using piloted data extraction form on sociodemographic, disease-related, and treatment-related factors and outcomes, and the data will be analyzed through descriptive statistics and thematic analysis. The results will be narratively synthesized.

This review will aim to explore existing literature and summarize the findings of studies that examine the influence of religion and spirituality among HNC patients and their caregivers and vice versa over a range of physical, psychological, and social outcomes including quality of life. We also aim to identify existing research gaps. The findings of this review would generate evidence to better inform health care providers in countries and cultures in the management of patients diagnosed with HNC in usual oncological care with due consideration to caregivers.

**Sonbol, H. M., et al. (2025) '[Effectiveness of a Spiritual Adaptation of Cognitive Behavioural Therapy in Improving Resilience, Self-esteem and Spirituality among Clients with Opioid use Disorder: A Quasi-experimental Study.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(1), 112–124.**

Accessible Summary

What is known on the subject?

Opioid use disorder (OUD) is a prevalent problem among Egyptian youth, and achieving recovery and abstinence is challenging. Cognitive behavioural therapy (CBT), a well-known approach, can be particularly beneficial when it addresses psychological aspects such as resilience and self-esteem.

What does the paper add to existing knowledge?

Our research is recognized as a trailblazer in integrating a spiritual adaptation of CBT with spiritual elements for treating patients with OUD in the Egyptian context. This innovative approach marks a significant advancement in the field.

The study found a statistically significant increase in the mean scores of resilience, self-esteem, and spirituality ( $p < .001$  each) following the spiritual adaptation of CBT sessions compared to the control group.

What are the implications for practice?

The findings can guide psychiatrists and nurses in providing more comprehensive and effective care to patients with OUD by incorporating a spiritual adaptation of CBT with spiritual components into treatment plans.

## Introduction

Opioid use disorder (OUD) is a prevalent problem among Egyptian youth, and achieving recovery and abstinence is challenging. Cognitive behavioural therapy (CBT), a well-known approach, can be particularly beneficial when it addresses psychological aspects such as resilience, self-esteem and spirituality.

## Aim

This study aimed to evaluate the effectiveness of a spiritual adaptation of CBT in enhancing these factors among clients with OUD.

## Methods

A quasi-experimental study with a control group was conducted using a pretest-posttest design. The study included 49 clients with OUD and 46 clients in the control group. The Rosenberg Self-Esteem Scale–Modified Arabic Version, Daily Spiritual Experience Scale, and the Connor–Davidson Resilience Scale were used as measurement tools. CBT was delivered in 60-min group sessions. After 3 months, the questionnaires were re-administered to evaluate the effectiveness of a spiritual adaptation of CBT sessions.

## Results

The study found a statistically significant increase in the mean scores of resilience, self-esteem and spirituality ( $p < .001$  each) following a spiritual adaptation of CBT sessions compared to the control group.

## Discussion

A spiritual adaptation of CBT effectively enhanced resilience, self-esteem and spirituality

in clients with OUD.

#### Implications for Practice

Understanding the effectiveness of a spiritual adaptation of CBT in enhancing resilience, self-esteem and spirituality can enable psychiatrists and nurses to provide more comprehensive and effective care to patients with OUD.

**Teixeira, M. E. F., et al. (2025) '[Spirituality-Based Intervention in Hypertension: Effects on Blood Pressure and Endothelial Function-FEEL Trial Results.](#)' *Global Heart* 20(1), 6.**

Emerging evidence suggests that spirituality improves patient outcomes, however, this has undergone only limited evaluation in randomized trials. Hypertension is a major cause of cardiovascular morbidity and mortality worldwide.

To evaluate whether a spirituality-based intervention, compared to a control group, can reduce blood pressure (BP) and improve endothelial function after 12 weeks in patients with mild or moderate hypertension (HTN).

Open randomized controlled trial of adults with stage I or II hypertension. Following baseline evaluation, including lifestyle questionnaires, and measurements of office and central blood pressure (BP), home blood pressure monitoring (HBPM) and flow mediated dilation (FMD), patients were randomized to a spirituality-based intervention, which included training for forgiveness, gratitude, optimism, and life purpose delivered by daily WhatsApp communications, or to the control group (CG). Main outcomes were between group difference in change from baseline to 12 weeks in office and central BP, HBPM and FMD, using t-tests, analyses of covariance (ANCOVA) adjusting for baseline differences, and, in addition, missing data imputation as a sensitivity analysis.

Fifty-one patients were randomized to spirituality-based intervention and 49 to control group. Baseline characteristics were well balanced between groups. Spirituality training, compared with control, improved 7.6 mmHg office systolic blood pressure (SBP), 4.1 mmHg central SBP and 4.1 percentage points FMD. Compared to control group, t-test demonstrated statistical significance for office SBP (-7.04 mmHg,  $p = 0.047$ ) and FMD (7.46 percentage points,  $p < 0.001$ ), and ANCOVA adjustment for baseline differences showed statistical significance for central SBP (-6.99 mmHg,  $p = 0.038$ ) and FFMD (7.95 percentage points,  $p < 0.001$ ) There was no significant effect on HBPM.

A spirituality-based intervention was associated with improved control of office SBP and

FMD. These findings will be prospectively evaluated in a nationwide larger and well-powered RCT.

**Wulandari, B. T., and Rochmawati, E. (2025) ['The Lived Experience of Nurses in Conserving the Dignity of Patients with Life-Limiting Illnesses.'](#) *Nursing & Health Sciences* 27(1), e70031–n/a.**

**ABSTRACT**

To explore the experiences of nurses in maintaining the dignity of patients with life-limiting illnesses. A phenomenological study was conducted with 15 purposively selected nurses who provide care for patients with life-limiting illnesses. Colaizzi's naturalistic phenomenological approach was utilized to analyze the data. The study followed the COREQ guidelines for qualitative research reporting. Three themes emerged: (1) Establishing a therapeutic environment, (2) Respecting the humanity of patients, and (3) Strengthening the spirituality of patients. Building trust, providing compassionate care, and motivating patients are integral to establishing a therapeutic environment. Nurses emphasized enhancing patients' spirituality by encouraging religious rituals and supporting positive interpretations of illness from religious perspectives. Creating a therapeutic environment is fundamental to dignified care. In addition, humanized care and spirituality are critical components of providing dignified care. These findings have implications for nursing practice, education, and policy, highlighting the need to integrate dignity into nursing care through humanized and spiritual/religious support.

**Zhao, Y., et al. (2025) ['A Qualitative Study of the Spirituality of Volunteers Registered for Human Organ Donation.'](#) *BMC Medical Ethics* 26(1), 17–9.**

Exploring the spiritual cognition of human organ donation registration volunteers, aiming to provide new ideas for promoting the development of organ donation through this perspective.

This qualitative research was conducted following the conventional content analysis method. 10 registered volunteers for human organ donation were selected from July to December 2023 for face-to-face semi-structured interviews. Snowball sampling was employed to select the participants. In-depth semi-structured interviews were conducted for data gathering. Theoretical saturation was achieved through 10

interviews. Colaizzi phenomenological 7-step analysis method was used to analyze the interview content.

The spirituality of registered volunteers for human organ donation can be summarized into three themes and seven sub themes: ① Spiritual Understanding (Love & Life Extension, Dedication to society, Death elevates life); ② The Supporting Role of Spirituality (Become a spiritual motivation for a better life, self-transcendence ); ③ The Spiritual Emotional Value of Organ Donation (Sense of accomplishment and pride, Sense of complexity and ambivalence).

The willingness to donate organs is closely related to spirituality. By understanding the spirituality of this group, it is possible to take an important step in promoting the development of organ donation.

## 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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