New Research Articles of Interest for Chaplains — August 2025

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A selection of new research-related articles that may be of particular interest to chaplains, beyond those published in the *Journal of Pastoral Care & Counseling* (https://journals.sagepub.com/toc/PCC/0/0) and the *Journal of Health Care Chaplaincy* (https://www.tandfonline.com/journals/whcc20):

Miller, M., Galchutt, P., Meyers, M. and Rosa, W. E. "**Understanding meanings and lived experiences of spirituality among adults with cancer**." *Journal of Psychosocial Oncology* (2025): online ahead of print, 8/5/25.
This study, out of the University of Wisconsin-Madison, Rush University Medical Center (Chicago), and Memorial Sloan Kettering Cancer Center (New York), reports data from semi-structured interviews with a sample of 25 participants from a Midwestern cancer center. The research was broadly guided by the Holistic Theory of Unpleasant Symptoms (HTOUS), which "highlights that spirituality is often an integral aspect of supportive care, and that spirituality can play a complex and unique role in health and illness states" [MS p. 3]. Participants did not have to be religious/spiritual to be enrolled. Among the results: "Spirituality was most often described as a connection with…'something greater' [which] varied, with participants discussing connection with 1) a higher power; 2) their communities; 3) expanded understandings of themselves as sacred beings; 4) nature; and 5) a sense of meaning/purpose" [MS p. 7]. Also, the saliency of spirituality in the participants' lived experiences and daily lives was manifest via 1) participating in spiritual practices; 2) engaging in service and nurturing others; 3) finding and/or creating sacredness in every day; 4) holding a supportive worldview; and 5) relating with mortality [--see MS p. 12ff]. Each theme is addressed in particular. The authors consider implications for psychosocial providers. Supplementary material is provided online. Co-author Paul Galchutt is a certified chaplain and Assistant Director for Engagement with Transforming Chaplaincy. [This article is available online at https://pubmed.ncbi.nlm.nih.gov/40765158]

Pehlivanova, M., McNally, K. C., Funk, S. and Greyson, B. "**Support needs after a Near-Death Experience: a quantitative study with experiencers**." *Psychology of Consciousness: Theory, Research, and Practice* (2025): online ahead of print, 8/14/25.
Experts from the University of Virginia (including co-author Bruce Greyson, a long-time and well-known figure in Near-Death Studies) examined data from surveys completed by 167 individuals who were retrospectively determined to meet the Near-Death Experience (NDE) research criteria. Effects of NDEs were reported to include appreciation for life, increased compassion, a desire to serve, and diminished or absent fear of death. However, integrating the experience was difficult for many; common challenges included difficulty discussing the NDE, fear of judgment or ridicule, and limited access to specialized support. Approximately one third reported ongoing health issues linked to the event that caused their NDE, and one in five experienced strained or deteriorated relationships. Additional aftereffects included unusual abilities, lifestyle adjustments, career changes, and changes in religion and spirituality. Almost 70% of participants reported changes in religious or spiritual beliefs and altered views. [--See MS p. 5] Approximately 64% of participants sought support from resources that included mental health professionals, spiritual advisors, and online communities; and the majority found this support helpful, rating it slightly above "somewhat helpful." The most commonly sought support was to process aftereffects related to the NDE, with the majority expressing a strong need to talk about their experience, but over half feared judgment -- being labeled “crazy” or being misunderstood -- for doing so. Participants preferred confiding in those who showed a prior acknowledgment of NDEs. The authors point out the scarcity of good available resources, noting that a misdiagnosis of psychopathology can be a common experience for those seeking help. The authors go on to note briefly the distinction between NDEs and hallucinations and to address guidelines for professionals [--see MS pp. 10-11]. Data is also presented here about predictors and factors regarding seeking and benefiting from support and processing of NDEs. The study involved an NDE counselor group which included chaplains and others who have worked with NDErs in helping them process their experiences, though data from the counselor group is set to be published separately. [This article is available online at https://psycnet.apa.org/fulltext/2026-51212-001.html]

Bowles, N. I. and Van Dam, N. T. "**Dose-response effects of reported meditation practice on mental-health and wellbeing: a prospective longitudinal study**." *Applied Psychology: Health and Well-Being* 17, no. 4 (August 11, 2025): e70063 [electronic journal article identifier].
The authors, out of the Contemplative Studies Centre, Melbourne School of Psychological Sciences, University of Melbourne, Australia, build upon their previous research that indicated 160 hours of meditation practice were generally necessary for clinically meaningful improvements in psychological distress and life satisfaction, with more needed for stable changes in affect, taking into account the variety of meditation strategies available to people. The present longitudinal study explores dose-response relationships using data from 1053 meditators engaged in self-directed practice who responded to nine surveys over a two-month period, followed by a two-to-four-year follow-up. Among the results: meditation practice dose was significantly associated with improvements in well-being, affect, and distress, with practice frequency being a stronger predictor of beneficial outcomes than session duration. During the 2-month prospective period, after controlling for prior lifetime practice, 35 to 65 minutes daily practice was required for meaningful improvements in well-being, and 50 to 80 minutes daily was needed for meaningful improvements in mental health outcomes. Dose-response effects were moderated by lifetime practice experience across all outcomes, while negative emotionality moderated the relationship for mental health-related outcomes. Additionally, valuing mental health as a practice goal moderated dose-response effects for mental health outcomes, and cumulative practice from baseline to follow-up predicted increased valuation of spiritual growth as a practice goal. Sections of this article are very technical, but the Discussion session makes the research quite accessible. The authors address strengths, limitations, and future directions in good detail. [This article is available online at https://pmc.ncbi.nlm.nih.gov/articles/PMC12336962]

Jaman-Mewes, P., da Silva de Oliveira, M. C., Ruas, V. G., de Paula Pessoa, V. L. M., Kurita, G. P. and de Goes Salvetti, M. "**Spiritual suffering in palliative care: a concept analysis**." *Supportive Care in Cancer* 33, no. 9 (August 18, 2025): 796 [electronic journal article identifier].
This review, out of institutions in Chile, Brazil, and Denmark is potentially thought-provoking and clarifying regarding the concept of spiritual suffering, and it may therefore be useful to chaplains looking to employ the concept in research or clinical writing. The authors identify 37 key articles published between 1988-2023, with 15 coming from North America. Defining characteristics are marked as including: Emotional Responses, Disconnection/Loss of Relationships, Loss of Meaning/Significance/Purpose, Conflicts Within Belief Systems, Loss of Self, Hopelessness, Existential Doubts, Difficulty in Acceptance, and Concerns relating to related to the individual's and family's well-being [--see Table 2, MS p. 6]. Tables further present attributes, antecedents, and consequences of the concept of spiritual suffering in the context of palliative care [MS p. 9] and empirical referents for the assessment of spiritual suffering [MS p. 10]. A definition of spiritual suffering is proposed, but it is very broad, revolving around disruption in existential meaning and personal identity and the deterioration of relational connection. Brief case examples are offered. The 37 key articles are not simply listed, but they are conveniently paired with themes in the tables.

BRIEF NOTICES

Miller, M., Meyers, M., Krainak, K. and Lewis, S. P. "**Interventions to support spirituality among adults with cancer: a scoping review**." *Supportive Care in Cancer* 33, no. 8 (2025): 742 [electronic journal article identifier].
This review identifies 21 unique interventions in 26 publications. The interventions are noted in various ways in the text (but are not enumerated). Chaplains are mentioned in the Discussion section [--see MS p. 7]. Co-author Stephen P. Lewis is a staff chaplain at UC San Diego Health (California). [This article is available online at https://pmc.ncbi.nlm.nih.gov/articles/PMC12317903]

Wallace, C. L., Subramaniam, D. S., Wray, R., Bullock, K., Dant, D., Coccia, K., Bennett, A. V., White, P. and Hendricks-Ferguson, V. L. "**Development of a Hospice Perceptions Instrument for diverse patients and families: establishing content and face validity**." *American Journal of Hospice & Palliative Medicine* 42, no. 9 (September 2025): 924-931.
Two chaplains were part of a ten-person expert panel (along with one physician, four nurses, and three social workers) which assessed the content/validity of the instrument, eventually honed to 36 items (--see

the listing of items in Table 2 on pp. 927-928]. Only one item specifically mentions chaplains, and one mentions spiritual support. The study is out of Saint Louis University and other institutions.

Irfan, B., Attarian, H., Irfan, M., Sankari, A., Kirschner, D. and Khan, M. "**Religious and culturally conscious sleep care for Muslim patients: clinical considerations and recommendations**." *Sleep Medicine Reviews* 83 (July 24, 2025): 102138 [electronic journal article identifier].
This review, out of Harvard Medical School et al., looks at empirical studies, patient-reported experiences, and clinical perspectives reported in the literature. They note the overall paucity of literature analyzing sleep patterns of Muslims with empirical findings. The influences of Islamic practices such as the five daily prayers, Ramadan fasting, and Qailulah (midday naps) on sleep patterns were analyzed considered for their contribution to circadian misalignment, sleep deprivation, and alterations in sleep architecture. Findings suggest that Islamic practices, such as early pre-dawn prayers, late-night worship, and fasting, can impact sleep architecture, reduce total sleep time, delay bedtimes, and increase daytime sleepiness, as well as contribute to reduced REM sleep and increased sleep latency during Ramadan, though evidence is mixed. The authors recommend such strategies as incorporating culturally relevant practices like Qailulah into a Muslim patient's sleep care to mitigate sleep deprivation and circadian misalignment.

Killian, K., Ferns, A., McGlinchey, D., Murray, N., Roebuck, B. and Woo, K. "**The Vicarious Resilience Scale: confirmatory factor analysis with a national sample of victim service providers**." *Traumatology* (2025): online ahead of print.
This is a very technical article that may be of special interest to chaplains researching the psychological dynamic of vicarious resilience, referring to a phenomenon by which caregivers exposed to stories of survival and healing among victims of trauma may discover a cultivation of resilience and coping in themselves. [The 27-item Vicarious Resilience Scale, being assessed here, was first proposed in Killian, K. D., Hernández, P., Engstrom, D. and Gangsei, D., "Development of the Vicarious Resilience Scale (VRS): a measure of positive effects of working with trauma survivors," *Psychological Trauma: Theory, Research, Practice, and Policy* 9, no. 1 (2017): 23–31.] The article does not mention chaplains, but the potential for application seems strong.

FINALLY, two articles surveying physicians, regarding spirituality:

Hsu, P. J., Tarpley, M. and Kim, G. J. "**Spirituality and surgical education: beliefs and practices among general surgery program directors**." *Journal of Surgical Education* 82, no. 9 (July 4, 2025): 103600 [electronic journal article identifier].
This study, out of the University of Michigan, Vanderbilt University, and the University of Botswana, invited all US general surgery program directors to participate through direct email or through email to their program administrators, and 54 were enrolled. Results indicated: most program directors (59.2%) meditate or pray privately. Many (53.7%) believe that prayer can alter the course of a disease for some patients, and 59.3% have prayed with patients over the past year. The majority (66.7%) reported never attending organized religious gatherings such as church, study groups, or volunteer events, while 24.1% reported attending 2 or more times a month. In an end-of-life discussion, 77.8% said they would likely initiate a consultation with a chaplain, with 63.0% reporting to have personally initiated at least one consultation to a chaplain in the last year, and 27.8% reporting more than 5 consultations to a chaplain in the last year. The authors comment: "Though most hospitals have chaplain services which can be consulted, chaplains are often underutilized and consulted late, when patients are actively dying, rather than for the purpose of providing proactive support for patients and their families. This is a missed opportunity for both patients and surgeons" [--See p. 9]. Participants unanimously expressed belief that prayer and meditation are important to patients.

Collier, K. M., Greene, M. T., Ratz, D., Ehrlinger, R. and Saint, S. "**Spirituality and religiosity of internal medicine physicians in the USA: results from a national survey**." *Journal of General Internal Medicine* (2025): online ahead of print, 6/25/25.
This study is out of the University of Michigan Medical School and the University of Michigan and Veterans Affairs (VA) Ann Arbor Healthcare System. Between June 2023 and May 2024, surveys were sent to 1421 randomly selected internal medicine physicians. A 42-item questionnaire was completed by 629 (44.3% pf

the total sample). Almost 70% of the general internists who responded endorsed belief in God or a higher power, and approximately half endorsed praying privately at least once a week at a place other than a place of worship and had a belief in life after death. Black respondents had four times greater odds of believing in God compared with non-Black respondents. A total of 60% of respondents were classified as having at least one manifestation of burnout, and the study found that having a religious affiliation, versus not, had a protective effect against moderate burnout.

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* I am a retired chaplain in Philadelphia, PA, who from 2002-2023 led the ACPE Research Network (later called simply ACPE Research) and developed the http://www.acperesearch.net website, where each month I posted an article-centered feature on themes relevant for research chaplains, clinical chaplains, and chaplaincy educators and students. I continue the practice of daily searching the National Library of Medicine for new articles, noting usually 30-50 each month, that are then narrowed to a short and practical list of recommendations. Since articles published in the *Journal of Pastoral Care & Counseling* and the *Journal of Health Care Chaplaincy* are already well curated and followed by professional chaplains, I do not include them for present purposes, though obviously they would be of particular value.

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The http://www.acperesearch.net website remains an excellent source for past literature, with thousands of annotated citations up through 5/23.