



**PROMOTING
HOLISTIC HEALTH
GLOBALLY**

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PROMOTING



GLOBALLY

1. Scope: Global Mandate

2. What is Holistic Health?

– At the individual level: 8 dimensions of Wellness

3. How to Promote Holistic Health & Well-being

– Careful Nursing: Irish Sisters & F. Nightingale

– Holistic Nursing

4. Tools

– Spirituality, Mindfulness & Self-Compassion





PART 1: HOLISTIC HEALTH GLOBALLY

- “Health” as defined by the UN agency, WHO
 - Mandate: “Health for All” by year 2000
- Key to social & economic development
- Multiple sectors outside health sector
- Individual & community levels



GLOBAL MANDATE: 1945 UNITED NATIONS



- Most powerful intergovernmental agency
- Original mandate: Post-WWII
Peacekeeping
- World Health Organization, WHO -
- Specialized agency under UN
- Important milestone in global health:
1978 Alma-Ata declaration
 - “Health for All” by year 2000
 - Call to Action for all gov'ts



1978 ALMA-ATA

“Health for All, 2000”

- Health = Not merely an absence of disease
- Complete wellbeing:
Physical, Mental & Social
- Most important worldwide social goal:
Attain highest quality of life & world peace
- Fundamental human right:
Universal access
- Vital for social & economic development



ALMA ATA (1978)

2000

HEALTH
FOR ALL

12.12.16

UNIVERSAL HEALTH
COVERAGE DAY

- Many factors beyond the health sector
- Remove obstacles -
Poor nutrition, literacy, drinking water, housing
- Engage partnerships in multiple sectors of:
 - Government
Social, Economic, Education, Housing
 - Independent organizations
Media, Industry



PART 1: GLOBAL MANDATE

Summary

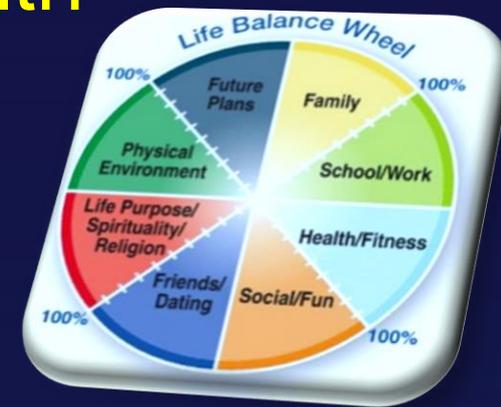


- Global mandate “Health for All” was not met by the target year, 2000
- However, this was an important milestone
- Health = Complete physical, mental & social wellbeing
- Prioritise health as a vital resource for social & economic development
- Multiple sectors: government & outside



PART 2: HOLISTIC HEALTH

- 8 Dimensions of Holistic Health
- Represented as a **Life Balance Wheel**
- Special Focus
Emotional Health: Depression



HOLISTIC HEALTH (HH)

At the individual level, *beyond the health sector*

• **Bio-Psycho-Social-Spiritual** framework

Expanded to include 4 more dimensions*

• **Intellectual**

• **Occupational**
(Academic)

• **Financial**

• **Environmental**



* US: Substance Abuse and Mental Health Services Administration (SAMHSA)



8 Dimensions of Wellness

PH
PHYSICAL

SO
SOCIAL

EM
EMOTIONAL

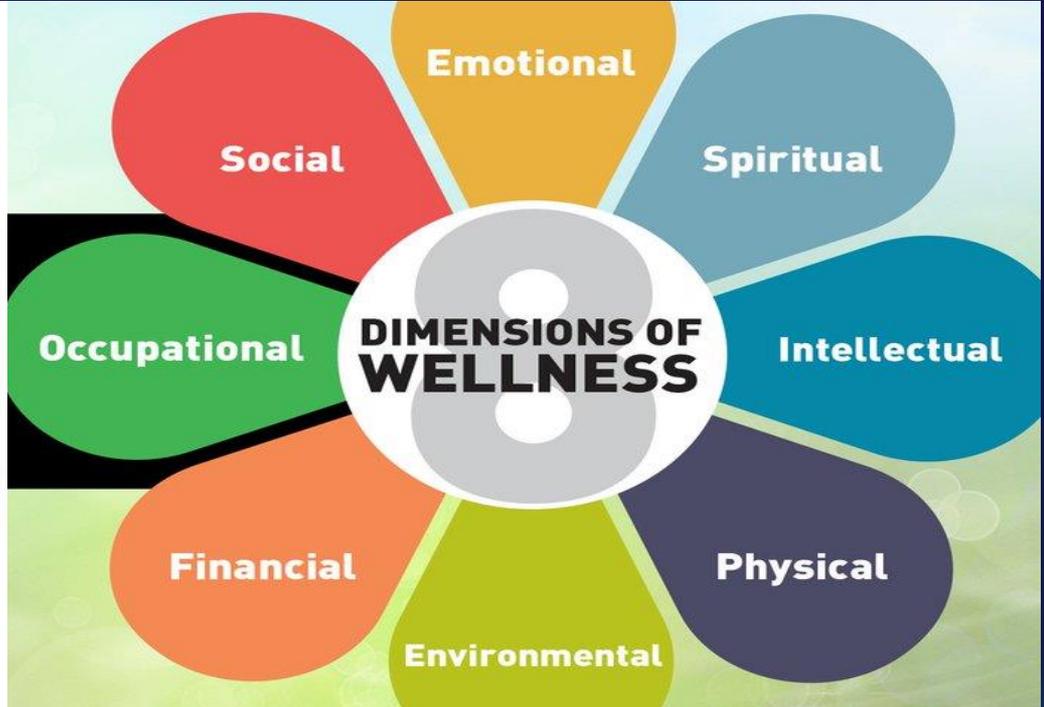
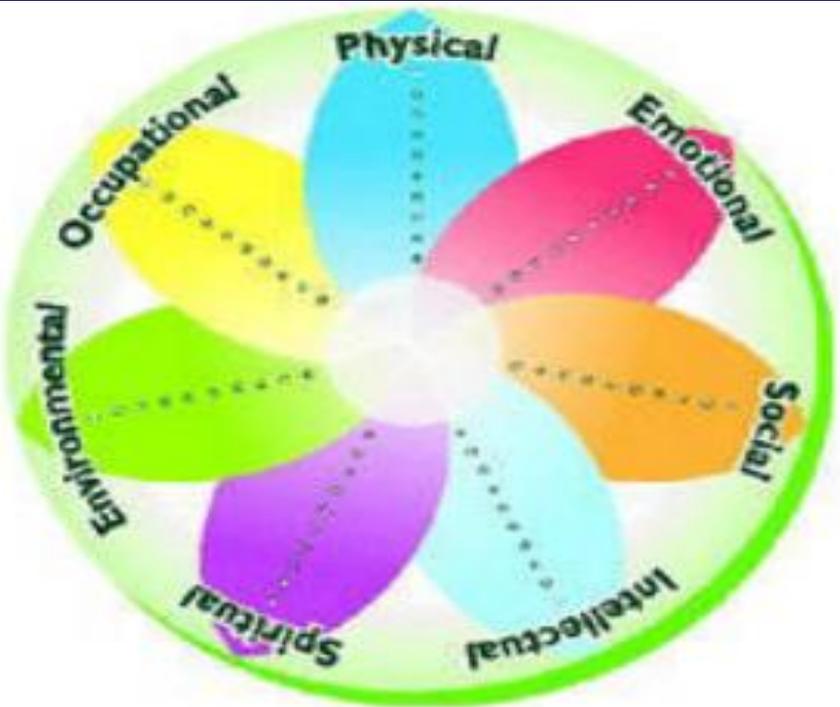
EN
ENVIRONMENTAL

SP
SPIRITUAL

FI
FINANCIAL

IN
INTELLECTUAL

OC
OCCUPATIONAL



HOLISTIC HEALTH: 8 Dimensions

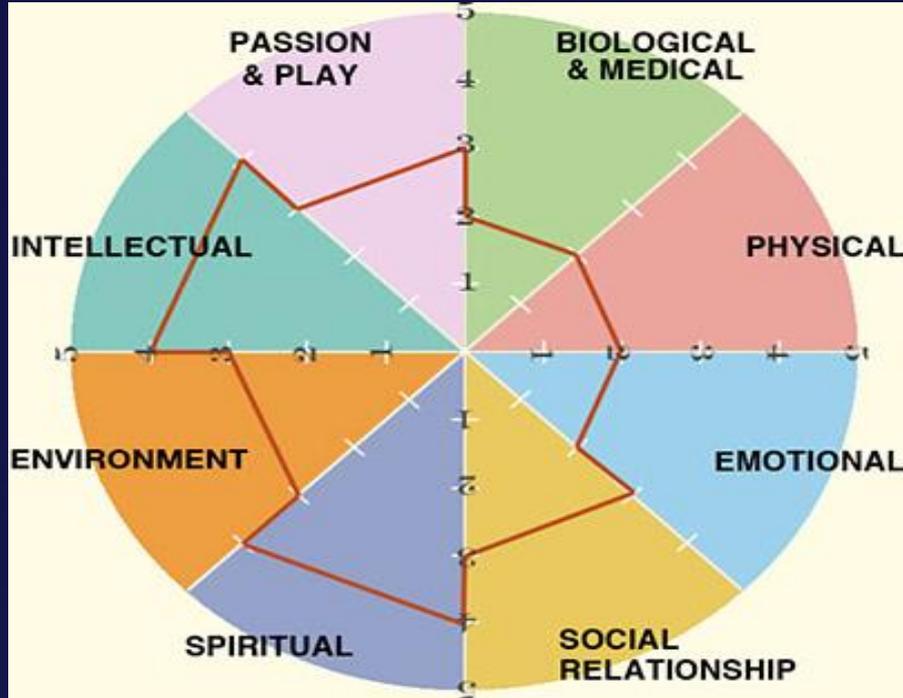
Biological	Psychological	Social	Spiritual
Diet, Nutrition	Engage emotions	Satisfying relationships	Spiritual beliefs
Exercise, Activity	Coping	Family, friends	Purpose, Meaning
Sleep	Transitioning	Community, belonging	Arts, nature

HOLISTIC HEALTH: 8 Dimensions

Intellectual	Financial	Occupational	Environmental
Mental stimulation	Current & future	Work / volunteering	Pleasant, stimulating
Expand knowledge	Financial / legal security	Personal enrichment	Healthy environment
Skills & creativity		Skills	For future generations

WHEEL OF LIFE (Wellness/Health)

Satisfaction Rating: 0 to 5



HOLISTIC HEALTH: Life Balance Wheel

- HH represented as a Life Balance Wheel
- Assess & identify “out of balance” areas
Eg. Emotional/mental health issues: depression



SPECIAL FOCUS:

EMOTIONAL HEALTH - Depression

- Causes significant functional impairment
- The highest disease burden worldwide in terms of life-years lost to disability*
- Forecast to be the 2nd leading cause of disability worldwide by 2020 (#1 cardiovascular)
- Increases risks: Suicide & comorbid physical health problems**

* Prince et al., 2007

** Judd, 1997; Kessler & Wang, 2009

Emotional Health



PART 2: Summary

■ 8 Dimensions of Holistic Health

* BIO * PSYCHO * SOCIO * SPIRITUAL
* INTEL * FIN * OCCUP * ENVI

■ Represented as a **Life Balance Wheel**

■ Special Focus

Emotional Health: Depression

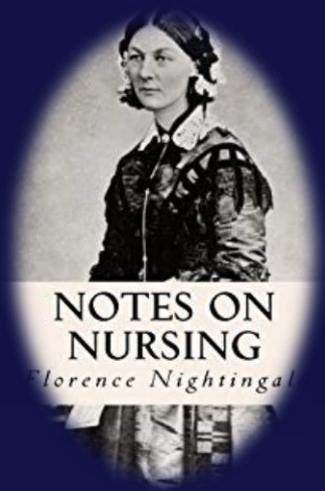
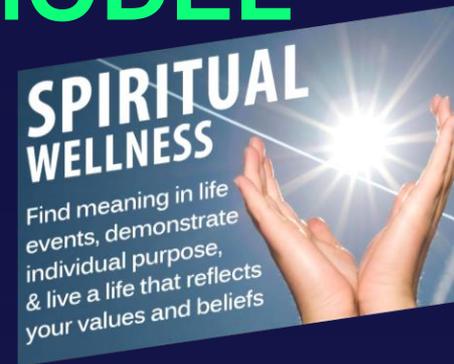
PART 3: PROMOTE



Holistic Nursing

- “Careful Nursing” model: Spiritual roots
- Define “Holistic Nursing”
- In high vs low resource settings
- In all settings (Rwanda):
Caring, service-oriented model

CAREFUL NURSING SPIRITUAL VALUES MODEL

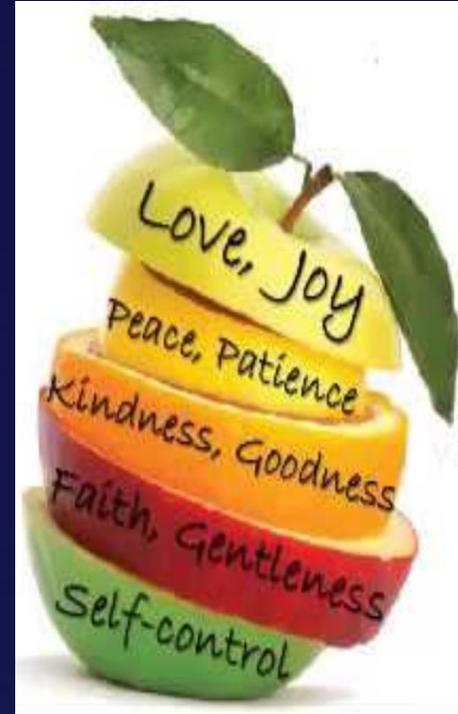


- Nursing system developed in Ireland by privileged, well-educated women in early 19th century
- Florence Nightingale wrote that she was greatly influenced by the Irish nurses' practice while she worked alongside Sisters of Mercy
- Emphasis: Unconditional Christian loving kindness
- Actions & attitudes from the healing love of (& being in relationship with) an infinite transcendent reality

CAREFUL NURSING SV MODEL

*Fruits of the Holy Spirit Gal 5:22-23

- Intrinsic human dignity, pts & nurse
- Caritas
 - Compassion, Love, Joy, Kindness
- Contagious calmness
 - Peace, Patience
- Great tenderness in all things
 - Goodness, Gentleness
- Nurses' care for selves & one another
 - Faithfulness, Self-restraint
- Intellectual engagement
- Safe & restorative physical surroundings



HOLISTIC NURSING

*A Way of Being,
Living,
Practice*

HN Goals as defined by Dossey, 2016:

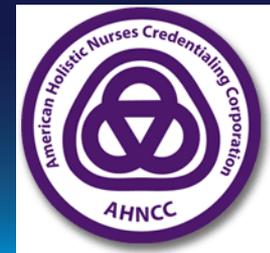
- **Healing the whole person**
- **Honoring relationship-centred care**
Interconnectedness of:
Self, others, nature & spirituality
- **Historical role model:**
– Florence Nightingale



HOLISTIC NURSING

High Resource Settings (U.S.)

- ❖ American Holistic Nurses Association, AHNA
- ❖ American Nursing Association, ANA
 - Co-published *Holistic Nursing Scope & Standards of Practice*
- Journal of Holistic Nursing, JHN
- American Holistic Nurses Credentialing Corporation, AHNCC
- Therapeutic Touch workshops
- Nurse coach training programs
- Multidisciplinary collaborative initiatives

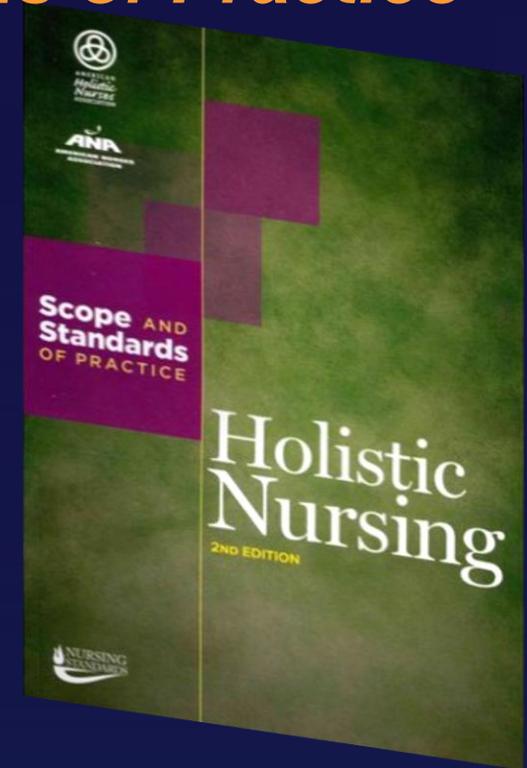


High Resource Settings (U.S.)

Holistic Nursing Scope & Standards of Practice

Co-published by AHNA & ANA

- Principles & Core Values (5)
- Responsibilities
- Educational preparation
- Certification
- Position statements
- Complementary/Alternative Modalities, CAM



HOLISTIC (H) NURSING

5 Core Values ~ “Careful Nursing”

*“A way of thinking,
reflecting, practicing & of life”*

1. H philosophy, theories, ethics; Intrinsic human dignity
2. H caring process; Caritas, Contagious Calm, Tenderness
3. H communication, therapeutic environment, cultural diversity; Safe & restorative physical surroundings
4. H education & research; Intellectual engagement
5. H self-care, as a way of life personally & professionally;
Care for self and one another



HOLISTIC NURSING Low Resource Settings

Against All Odds



Limited to follow Dr's orders & assessing vitals due to resource challenges:

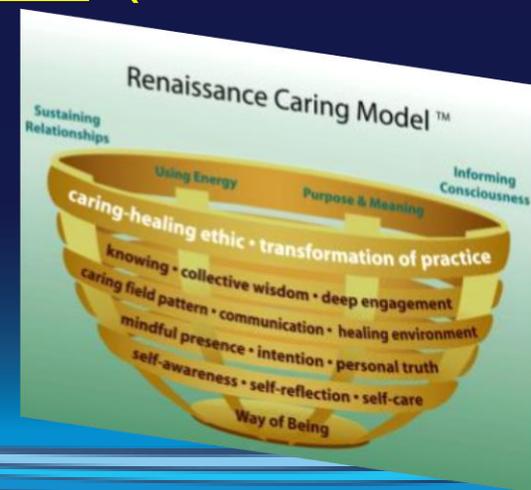
- Lack of access to all the support enjoyed by high-income countries
- Limited or no access to health care providers and overwhelming staff shortage
- Overpopulated cities and communities with extreme poverty, lacking food and clean water
- Majority of nurses prepared with only secondary school education



HOLISTIC NURSING (all settings): Caring-Healing Relationships

JHN: Nurse William Rosa (2017)* proposed stirring up medicine's roots (even in Rwanda) as a caring, service-oriented model vs. technological, cure-oriented model:

1. Embrace actions over words
2. Encourage (mindful) reflection (Golden Rule)
3. Invite presence
4. Share knowledge



Caring-Healing Relationships

Action – Reflection – Presence – Knowledge

1. Embrace actions over words

- Show human caring & compassion
 - Assure with gentle, soothing rhythmic touch

2. Encourage pause, reflection (Golden Rule)

“As a patient, how would I want to be treated, touched, spoken to, turned, fed, bathed, & comforted?”

“If the family members were my brothers/sisters, how would I welcome them, assure/comfort them?”



Caring-Healing Relationships

Action – Reflection – Presence – Knowledge

PRESENCE

3. Invite presence

- **Case: Nurses had difficulty -needle stick into a baby's foot to draw blood.**
- **Nurse William was comforting/rocking. At a glance, he noticed the mother looking on helplessly as baby was screaming & writhing in pain & fear.**
- **Nurse William reached out for the mother's hand, placed it on the baby.**
- **Instantly, the mother became nurturing & showed a loving connection between mom & baby – A loving present moment to behold!**



Caring-Healing Relationships

Action – Reflection – Presence – Knowledge

4. Light the fire of knowledge

- Nurse William writes a weekly column in the local community paper to share real stories to promote the practice and education of integrative holistic approach to health and well-being.



PART 3: PROMOTE

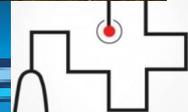
Summary

Regardless of resources, Holistic Nursing practice & education can be:

- Promoted as a courageous teaching-learning experience
- Realized without restriction (not only those with a formal HN certification)
- Shared & spread daily in our way of being & relating in the world

PART 4: TOOLS
SPIRITUALITY
MINDFULNESS
SELF-COMPASSION

SPIRITUALLY
MINDED



PART 4: TOOLS

SPIRITUALITY

MINDFULNESS

SELF-COMPASSION

- **FICA Tool for taking spiritual history**
- **Benefit: Improves mortality, coping & recovery**
- **Scripture passages**



SPIRITUALLY
MINDED



SPIRITUALITY

FICA Spiritual History Tool

- 2 Principles for the Practice of Spiritual Care
 - Respect that each person has a unique spirituality
 - To care for pt's spiritual needs → 1st understand our own spirituality or relationship to God
- Developed by Dr. Christina Puchalski & others
- Acronym FICA = Tool to address spiritual issues

F Faith & Belief

I Importance & Influence

C Community

A Address/Action/A&P



SPIRITUALITY

FICA Spiritual History Tool

F Faith and belief

- “Do you consider yourself spiritual/religious?”
- “Are there spiritual beliefs that help you cope with stress or difficult times?”
- “What gives your life meaning?”



• SPIRITUALLY
MINDED



SPIRITUALITY

FICA Spiritual History Tool

I Importance and influence

- “Is spirituality important in your life?”
- “Has your spirituality influenced how you take care of yourself, your health?”
- “Does your spirituality influence you in your healthcare decision making?”



• SPIRITUALLY
MINDED



SPIRITUALITY

FICA Spiritual History Tool



C Community

- Communities such as churches, temples, and mosques, or a group of like-minded friends, family, or yoga, can serve as strong support systems for some patients.
- “Are you part of a spiritual or religious community?”
- “Is this of support to you and how?”
- “Is there a group of people you really love or who are important to you?”

SPIRITUALITY

FICA Spiritual History Tool



A Address/Action/A&P

- “How would you like me (as hcp) to address these issues in your healthcare?”
- Think about what you (as hcp) need to do with the information the patient shared
 - E.g., refer to a chaplain, meditation or yoga classes, or another spiritual resource.
- Talk with the chaplain in your hospital to familiarize yourself with available resources.
- Newer models include diagnosis of spiritual distress where A = Assessment & Plan of patient spiritual distress or issues within a treatment or care plan.



SPIRITUALITY

Positive Health Outcomes



- **Beliefs: Powerful. Influence health outcomes.**
- **Power of hope and positive thinking.**
- **Benefits of Spirituality → + Health Outcomes.**
 1. **Decreases Mortality**
 2. **Coping with pain, illness & life stresses**
 3. **Recovery from surgery and illness**

SPIRITUALITY

Mortality – Coping – Recovery

1. Decreases Mortality

- Religious commitment associated with → improved coping with stress & social support
- Regular spiritual practice → longer life
- Church attendees: half as likely to have elevated IL-6 (associated with increased incidence of disease)

Mortality

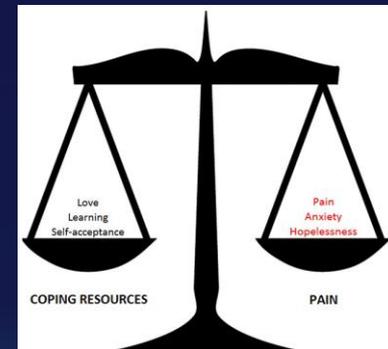


SPIRITUALITY

Mortality – Coping – Recovery

2. Coping with pain, illness & life stresses

- Advanced CA pts who were comforted by spirituality:
 - Had more positive outlook, better quality of life (QOL), less pain & were more satisfied with life
- Positive reports of having a meaningful personal life, life goals fulfilled, life that is worthwhile → correlated with good QOL in advanced CA
- Spiritual well-being → related to pt's ability to enjoy life in the midst of pain & Sx



Coping Resources vs Pain

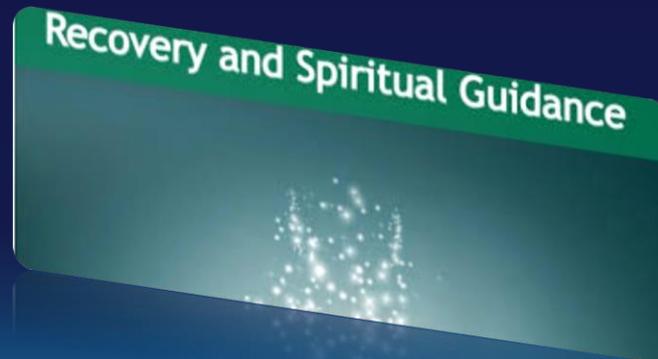


SPIRITUALITY

Mortality – Coping – Recovery

3. Recovery from surgery and illness

- Those who participated in religious activities & stated that their beliefs were important → improved:
 - Compliance with follow-up treatment, physical functioning at 12-mo, levels of self-esteem;
 - Less anxiety & health worries
 - Able to let go & live in the present moment



SPIRITUALITY

Scripture passages

- **Comfort in times of fear and anxiety:**
Ps 23; Phil 4:4–7; 1 Pet 5:7; Rm 8:38–39
- **Fear of approaching death:** Ps 23; Jn 14:17
- In need of healing: Is 53:4-6
- **Fatigued by illness or life stress:** Is 40:31
- **Seeking God's mercy & forgiveness:**
Is 1:18; Is 53:5-6; Heb 4:14-16; 1 Jn 1:9
- **Seeking God's care & protection:**
Is 43:2; Is 40:28-31; Ps 25; Ps 121; Ps 139:11-19;
Deu 8:2-3; Jer 29:11; Mt 10:26-33; Lk 12:22-31





PART 4: TOOLS

SPIRITUALITY

MINDFULNESS

SELF-COMPASSION

- **2 popular secular meditation techniques**
- **Relaxation Response (1975)**
 - **Secularised Transcendental Meditation**
- **Mindfulness-Based Stress Reduction (1990)**
 - **Secularised Buddhist Meditation**



+ BELIEFS → + HEALTH OUTCOMES

Placebo Effect = “Remembered Wellness”

Herbert Benson, MD, Cardiologist, Harvard SOM renamed
“Placebo Effect” = “Remembered Wellness”

3 contributors:

- Positive beliefs & expectations of the patients
- Positive beliefs & expectations of the Dr or HCP
- A good relationship between the 2 parties
 - Part of the therapeutic process



Strawbridge et al., 1997; Koenig et al., 1997.

Meditation-Based Stress Reduction: Relaxation Response vs MBSR

Herbert Benson, MD, Cardiologist, Harvard SOM
Dir Emeritus, Benson-Henry Institute of Mind Body Medicine

- **Relaxation Response, RR (1975)= a physical state of deep rest that changes the physical & emotional responses to stress... and the opposite of the fight or flight stress response.**

Jon Kabat-Zinn, Professor U of Mass Medical School
Mindfulness-Based Stress Reduction, MBSR (1990)

- **Mindfulness = paying attention in a particular way: on purpose, in the present moment, & non-judgmentally**



Strawbridge et al., 1997; Koenig et al., 1997.



PART 4: TOOLS

SPIRITUALITY

MINDFULNESS

SELF-COMPASSION





PART 4: TOOLS SELF-COMPASSION

- 3 Attributes of Self-Compassion, Kristin Neff
- Pain vs Suffering
- From Suffering to Self-Compassion in Nursing Practice



SELF-COMPASSION

6-Factor model

Positive
Mental
Attitude

youtube.com/GrowingForever

- **An emotionally positive self-attitude**
 - Protects against the negative consequences of self-judgement, isolation & rumination (depression)
 - When we encounter pain & personal shortcomings:
 1. **Self-Kindness** vs Self-Judgement
 2. **Common Humanity** vs Isolation
 3. **Mindfulness (Awareness)** vs Over-identification



SELF-COMPASSION:

Self-kindness vs Self-judgement

- Being gentle, warm & understanding to ourselves when we suffer, fail, feel inadequate or in pain
- Not ignoring our pain or flagellating ourselves with self-criticism or getting angry when life is difficult.
- Recognize & accept that being imperfect, failing, and experiencing life difficulties are inevitable
- When we deny or fight against this reality, suffering increases (with stress, frustration and self-criticism).
- When this reality is accepted with sympathy and kindness (vs harshly self-critical), greater emotional equanimity is experienced.

Self-Kindness vs Self-Judgment

- Treating self with care and understanding rather than harsh judgment
- Actively soothing and comforting oneself
- Desire to alleviate suffering (any pain or emotional discomfort – large or small)



SELF-COMPASSION:

Common Humanity (CH) vs Isolation

- When things don't happen exactly as we want → Frustration & a pervasive sense of isolation. **isolation**
As if "I" were the only person suffering or making mistakes.
- Accept that ALL humans suffer. Being "human" means we are mortal, vulnerable & imperfect.
- Not see these experiences as separating & isolating
- Recognise that suffering and personal inadequacy is part of the shared human experience:
Something that we all go through rather than being something that happens to "me" alone.

Common
HUMANITY



SELF-COMPASSION:

Mindfulness vs Over-identification

- **Awareness & acceptance** of pain/suffering in a balanced awareness & in a non-judgmental way
- Take a **balanced** approach to our negative emotions: feelings are not suppressed nor exaggerated – An **equilibrated** stance
- We relate our personal experiences to those of others who are also suffering, thus putting our own situation into a larger perspective.
- We are willing to **observe** our negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness.

Reducing
(Over)
Identification
with our
Emotions



SELF-COMPASSION: Mindfulness vs Over- identification



- Mindfulness is a **non-judgmental, receptive mind state, observing** thoughts and feelings as they are, without trying to suppress or deny them.
- We cannot ignore our pain and feel compassion for it at the same time.
- At the same time, mindfulness requires that we not be “over-identified” with thoughts and feelings, so that we are caught up and swept away by negative reactivity.



SELF-COMPASSION

Pain vs Suffering



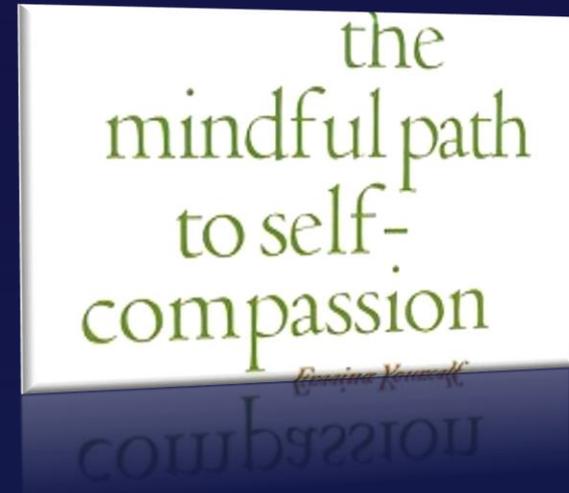
What is Suffering?

- “Pain may be unavoidable/inevitable but suffering is optional”
- **Suffering = Pain x Resistance**
- Resistance = meaning or mental response to pain
- Resistance → causes suffering
- Mindfulness & Self-Compassion practices can ease the mental suffering



SELF-COMPASSION & Mindfulness To Ease Suffering

- Mindfulness SC practice: To ease mental suffering
- Find comfortable position and focus on the sensation of breathing
- Bring attention & explore:
 - Pleasant or neutral sensations
 - Pain sensation
 - Pleasant or neutral sensations
 - Pain sensation
 - Breathe & imagine holding that painful part of your body with kindness & compassion. Offer this attitude to yourself



SUFFERING To SELF-COMPASSION

In Nursing Practice

Darcel Reyes, RN, MS, ANP-BC

- **Antecedent of SC**

- Suffering → decreased Self-care, Ability to relate to others, Autonomy; Sense of self.

- **Consequences of SC**

- Opposite of Suffering → increased Self-care, Ability to relate to others, Autonomy; Sense of self.



SUFFERING to SELF-COMPASSION

Antecedent \leftrightarrow Consequences

Antecedent of Self-Compassion = Suffering

- Suffering is experienced in 6 possible realms:
 - an event or situation
 - an emotional response
 - a psychological state
 - a spiritual alienation or
 - a physical response to illness or pain



SUFFERING → SELF-COMPASSION

- Suffering manifests in 4 ways
- **Consequences** of SC = opp. of antecedent of SC



Antecedent
of SC =
Suffering
manifests as:

Consequence
of SC
manifests as:

Self-care capacity



↑ **Increased**

Ability to relate to others



↑ **Increased**

Autonomy



↑ **Increased**

Sense of self



↑ **Increased**

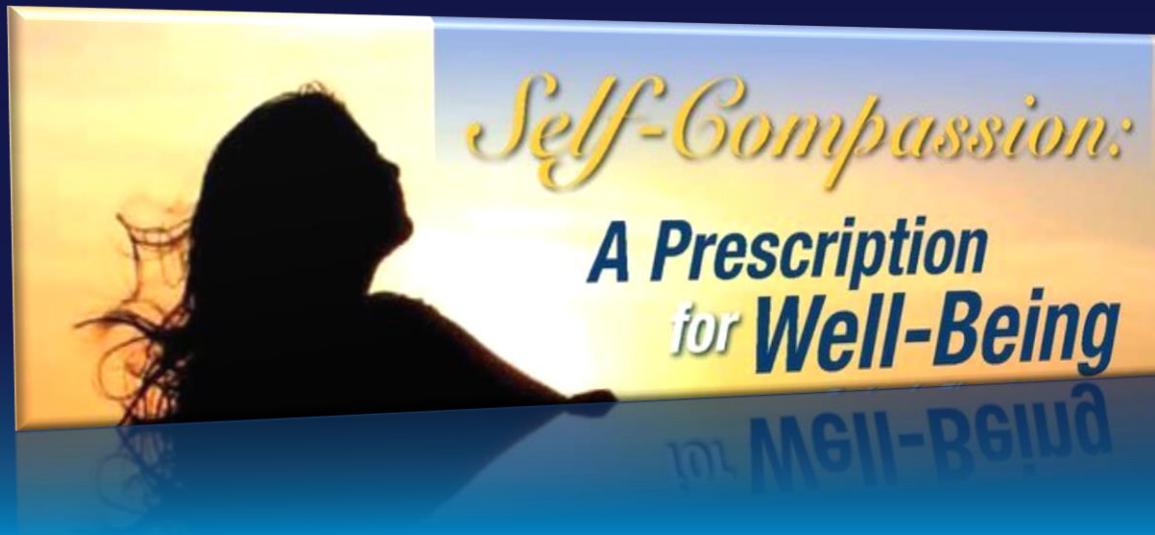
http://self-compassion.org/wp-content/uploads/publications/JHolist_Nurs-2011.pdf



SELF-COMPASSION

In Nursing Practice

- What patient need does SC meet?
- How would SC guide nursing actions?
- How does the concept of SC enhance clinical outcomes?



SELF-COMPASSION

In Nursing Practice

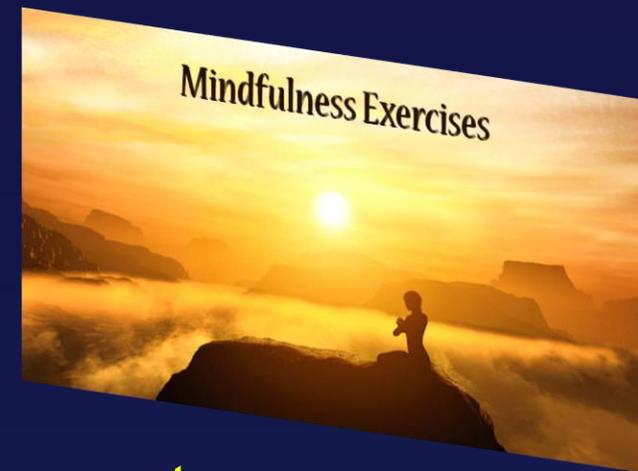
- **How does SC meet patient's need/s?**
 - SC meets the pt's need to have his/her suffering understood & alleviated
 - Pt need for the common & unique attributes of suffering to be understood
 - This understanding may trigger pt to overcome suffering, see the value in life, & begin to heal



SELF-COMPASSION

In Nursing Practice

- **How will SC guide nursing actions (interventions)?**
 - Mindfulness exercises
 - Loving kindness meditations
 - Therapeutic use of touch → both will experience mutuality & connection
 - Affirmations that speak to the:
 - Shared experience of suffering
 - Connections to other loving beings
 - Recognition that suffering is impermanent



SELF-COMPASSION

In Nursing Practice: Summary



- SC is a **state of being** that understands suffering beyond the illness, disease & pain
- Caring actions arise from this understanding
- When nurses experience Common Humanity → develops SC in both (nurses & pts)
 - improves effect of the healing relationship
- When we identify what triggers pt to SC rather than further suffering, then act to support pt
 - To move beyond suffering & illness
 - Toward health & well-being



PROMOTING



GLOBALLY

1. Scope: Global Mandate

2. What is Holistic Health?

– At the individual level: 8 dimensions of Wellness

3. How to Promote Holistic Health & Well-being

– Careful Nursing: Irish Sisters & F. Nightingale

– Holistic Nursing

4. Tools

– Spirituality, Mindfulness & Self-Compassion



Serenity Prayer

God, grant me the Serenity
to accept the things I cannot change.
The courage to change the things I can,
and the wisdom to know the difference.

Living one day at a time,
enjoying one moment at a time;
Accepting hardship as a pathway to peace;
Taking, as Jesus did, this sinful world as it is;
Not as I would have it;
Trusting that You will make all things right
if I surrender to Your will;

So that I may be reasonably happy in this life
and supremely
happy with You forever in the next.

AMEN

courageouschristianfather.com

Reinhold Niebuhr



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