EC RSH16

European Conference on Religion, Spirituality and Health

May 12-14, 2016
University of Gdansk
Poland

www.ecrsh.eu

EC RSH16

Contents

Organisation

Research Institute for Spirituality and Health

UNIVERSITY OF GDANSK

Organising Committee

- Dr. med. René Hefti, chair of the international committee, head of the Research Institute for Spirituality and Health & Lecturer for psychosocial medicine at the University of Berne, Switzerland
- Dr. Oliver Merz, conference office, Research Institute for Spirituality and Health, Langenthal, Switzerland
- Dr. Katarzyna Skrzypinska, co-head of the local committee, for University of Gdansk, Poland
- Dr. habil. Piotr Krakowiak, co-head of the local committee, for University of Gdansk, Poland

Scientific Committee

- Prof. Dr. med. Arndt Buessing, chair of the scientific committee, Professorship for Quality of Life, Spirituality and Coping, Universität Witten/Herdecke, Germany
- Prof. Dr. Fereshteh Ahmadi, Department of Social Work and Psychology, University of Gävle, Sweden
- Prof. Dr. Donia Baldacchino, Institute of Health Care, Faculty of Health Sciences, University of Malta, Malta
- Prof. Dr. theol. Klaus Baumann, Caritaswissenschaft, Albert-Ludwigs-Universität Freiburg, Freiburg/Bg., Germany
- Prof. Dr. med. Arjan Braam, Universiteit voor Humanistiek, Utrecht/Amsterdam, The Netherlands
- Prof. Prof. Dr. Mary Rute G. Esperandio, Pontifical Catholic University of Parana, Brazil
- Ass.-Prof. Dr. Barbara Hanfstingl, Alpen-Adria-Universität Klagenfurt, Austria
- Dr. med. René Hefti, Research Institute for Spirituality and Health & Lecturer for Psychosocial Medicine, University of Berne, Switzerland
- Prof. Dr. theol. Niels Christian Hvidt, University of Southern Denmark, Research Unit of Health, Man and Society, Denmark
- Dr. des. Constantin Klein, Department for Theology, Universität Bielefeld, Germany
- Prof. Harold G. Koenig, MD, Duke University Medical Center, Durham, NC, USA & King Abdulazis University, Jeddah, Saudi Arabia
- Dr. hab. Piotr Krakowiak,Nicolaus Copernicus University, Torun, Poland
- Peter La Cour, PhD, Knowledgecenter for functional diseases, Psychiatry Copenhagen, Denmark
- Ass. Prof. Kevin L. Ladd, PhD, Department of Psychology, Indiana University South Bend, IN, USA
- Prof. Dr. Tatjana Schnell, Department of Psychology, Universität Innsbruck, Austria
- Dr. Katarzyna Skrzypinska, co-head of the local committee, for University of Gdansk
- Prof. Dr. John Swinton, School of Divinity, History and Philosophy, King's College, University Aberdeen, UK

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Preface

Patronage of the Conference

Prof. Dr hab. Grzegorz Wegrzyn
Vice-Rector for Research
University of Gdansk, Poland

Welcome to the University of Gdansk !

The University of Gdansk was founded on March 20, 1970. It was formed from an amalgamation of two institutions of higher education: the Higher Economics School in Sopot and the Higher Pedagogical School in Gdansk. Currently, the University of Gdansk is the largest educational institution in the Pomerania region. It hosts eleven faculties with over thirty thousand students, doctoral students and post-graduates, covering a wide range of studies: Biology, Biotechnology, Chemistry, Oceanography, Quantum Physics, Pedagogy, Psychology, Law and Economic Sciences.

The University of Gdansk is a dynamically developing institution that combines respect for tradition with a commitment to the new. Therefore an increasingly large proportion of students pursue their studies in state-of-the-art facilities on the University's Baltic Campus. The University carries out its mission by upholding the principles of freedom of expression and conscience, freedom of teaching and research, and freedom of artistic creativity.

Dear Participants, dear Colleagues

A warm welcome to the 5th European Conference on Religion, Spirituality and Health !

As the International and local organizing committee we worked hard to prepare another inspiring and rewarding conference promoting state-of-the-art knowledge, scientific exchange and mutual friendship. More than 60 abstracts have been submitted by young researchers as well as senior academics and were reviewed by the scientific committee. Together with our European and International keynote speakers they form a multifaceted and stimulating program focusing on the integration of religion and spirituality into health care and its implications for patients. A special thank to the University of Gdansk, represented by vice-rector Prof. Dr hab. Grzegorz Wegrzyn and by Prof. Dr. Mariola Bidzan, head of the institute of Psychology, for hosting our European conference. With this promising outlook we wish to all of you a great Gdansk experience!

Prof. Dr. med. Arndt Buessing
Chair of Scientific Committee

Dr. med. René Hefti
Int. Organising Committee

Dr. Katarzyna Skrzypinska
Local Organising Committee

Dr. hab. Piotr Krakowiak
Local Organising Committee

Schedule

	Thursday 12.05.	Friday 13.05.	Saturday 14.05.	Sunday 15.05.
08.00				
08.30				
09.00		Prof. Simon Dein *"Spirituality and Mental Health Care - Testing the Efficacy of Prayer"*	Prof. Vasileios Thermos *"Religion and Mental Health - Revisiting the Concepts"*	Day trip
09.30				
10.00		Break	Break	
10.30		Symposia I	Symposia II	
11.00				
11.30	Registration			
12.00		Lunch	Lunch	
12.30	"Welcome Drink"			
13.00		Poster Session	Prof. Michael King *"Religion and Mental Health - Empirical Findings in Europe"*	
13.30	Opening Session			
14.00	Prof. Ulrich Körtner *"Theological Perspectives on the Integration of Religion and Spirituality into Health Care"*	Free Communications	Prof. Kevin Ladd *"Emplacement, Embodiment and Empowerment - Considering the Role of Prayer in Health Care Settings"*	
14.30				
15.00	Dr. Verna Benner Carson *"Spirituality in Nursing Care"*		Closing Session	
15.30		Break	End	
16.00	Break	Prof. Stefanie Monod *"Spirituality in Geriatric Care - From Spiritual Distress to Public Health Challenges"*		
16.30	Prof. Julie Exline *"Spiritual Struggles and Spiritual Distress"*		Travelling home or Sightseeing	
17.00		Dr. Katarzyna Skrzypinska *"Threefold Nature of Spirituality model - Three Perspectives of Understanding Patients and Doctors"*		
17.30	Prof. Harold G. Koenig *"Breaking News from RSH-Research"*			
18.15		Break		
18.30	"Dinner"	Social Evening		
19.00				
19.30	Public Lecture Prof. Grzymala-Moszczynska *"Migration and its Consequences for Health - Role of Religion"*			
20.00				
20.30				
21.00	Reception			
21.30				
22.00				
22.15	Committee-Meeting			
22.30				

Keynote Speakers
(in alphabetical order)

Dr. Verna Benner Carson

Dr. Verna Benner Carson is a clinical nurse specialist in psychiatric mental health nursing and a retired Associate Professor at Towson University in Baltimore Maryland, where she taught nursing students. She is the President of C&V Senior Care Specialists, Inc, a consulting firm that provides clinical training combined with operational and marketing support for two programs she developed: "Becoming an Alzheimer's Whisperer" and "Road to Wholeness Behavioral Health". Dr. Carson published 13 books, for example: Becoming an Alzheimer's Whisperer: A Resource Guide for Family Caregivers, which is available on Amazon.

Prof. Dr. Simon L. Dein

Professor Simon Dein is a consultant psychiatrist in Essex UK specializing in rehabilitation and liaison psychiatry. He is an honorary clinical professor at Durham University where he runs an MSc in Spirituality, Theology and Health. He is Honorary Professor in Medical Anthropology QMUL. He has written widely on religion and health among Hasidic Jews, Evangelical Christians and Sunni Muslims in the UK. He is founding editor of the journal Mental Health, Religion and Culture. He is Chair of the spirituality section of the World Association of Cultural Psychiatry.He is a member of the Royal College of Psychiatrists Spirituality and Psychiatry SIG Executive Committee.

Prof. Dr. Julie Exline

Julie Exline is currently a Professor in the Department of Psychological Sciences at Case Western Reserve University in Cleveland, Ohio. She is a licensed clinical psychologist and has been certified as a spiritual director from the Ignatian Spirituality Institute at John Carroll University. Her research focuses on religious and spiritual struggles, supernatural attributions, and virtues such as humility and forgiveness. Much of her research has been funded by the John Templeton Foundation. She has served as President of Division 36 of the American Psychological Association (Society for the Psychology of Religion and Spirituality).

Prof. Dr. Halina Grzymala-Moszczynska, MD

Jagiellonian University, Chair for Psychology of Religion. Professor of psychology of religion and psychology of culture. Teaches courses on religion, migration and mental health. Conducts reserach among refugees and voluntary migrants in Poland and abroad. Recent publication: (Un)-easy return home: How Polish returnees children adapt home (2015).

Prof. Dr. Michael King

Professor of Primary Care Psychiatry in the Division of Psychiatry at University College London (UCL) Medical School and Joint Director PRIMENT Clinical Trials Unit, UCL. Psychiatric epidemiologist who undertakes large scale national and international research. He has a particular interest in the design and conduct of randomised trials of complex mental health interventions in primary and secondary care. For many years has researched the role of religious and spiritual beliefs in mental and physical well-being. Developed two scales (Royal Free Interview for Spiritual and Religious Beliefs; Beliefs and Values Scale) to measure spiritual and religious beliefs and practice in epidemiological research.

Prof. Harold G. Koenig, MD

Dr. Koenig completed undergraduate education at Stanford University, medical school at the University of California (San Francisco), and geriatric medicine, psychiatry, and biostatistics training (MHSc) at Duke University. He is Professor of Psychiatry and Behavioral Sciences, and Associate Professor of Medicine at Duke, as well as Adjunct Professor in Medicine at King Abdulaziz University, Jeddah, Saudi Arabia, and in the School of Public Health at Ningxia Medical University, Yinchuan, China. He directs the Center for Spirituality, Theology and Health at Duke, and has nearly 500 scientific peer-reviewed articles and book chapters, and more than 40 books.

Prof. Dr. DDr. h.c. Ulrich H.J. Körtner

University of Vienna, Faculty of Protestant Theology, and director of Institute of Ethics and Law in Medicine. Director of the Institute of Public Theology and Ethics in Diaconia (Vienna). Co-Editor of the Zeitschrift für Evangelische Ethik, Theologische Rundschau and Schriftenreihe Ethik und Recht in der Medizin (Verlag Österreich, Vienna). Publications: Ethik im Krankenhaus. Diakonie – Seelsorge – Medizin (2007); Spiritualität, Religion und Kultur am Krankenbett (co-editor, 2009); Leib und Leben. Bioethische Erkundungen zur Leiblichkeit des Menschen (2010); Grundkurs Pflegeethik (1st ed. 2004, 2nd ed. 2012).

Prof. Dr. Kevin L. Ladd

Professor Kevin L. Ladd has taught psychology at IU South Bend since 2001. He shares his research findings for example through lecture series at the Pontifícia Universidade Católica do Paraná, Curitiba, Brazil and Renmin University of China, Beijing, China. Prof Ladd presently serves on the Board of Directors for the International Association for the Psychology of Religion and is the immediate Past-President of Division 36 (Society for the Psychology of Religion and Spirituality) of the American Psychological Association. Ladd's 2013 co-authored book with Dr Bernard Spilka, The Psychology of Prayer: A Scientific Approach outlines portions of those investigations.

Prof. Dr. Stefanie Monod

Stéfanie Monod holds a Federal medical degree and is a specialist in general internal medicine and geriatrics. She has dedicated a major part of her career to geriatrics. From 2002, she worked in the Geriatrics Department of the CHUV (University Hospital of Lausanne), contributing to the development of this department in close cooperation with other CHUV departments, care networks, home assistance and care associations, and long-term stay institutions in Canton Vaud. In the context of her activities, she participated in the management of the department and, in particular, headed the conceptualisation, deployment, organisation and financial supervision of several projects for improving the care of elderly people.

Dr. Katarzyna Skrzypinska

University of Gdansk, Faculty of Social Sciences, Institute of Psychology, Poland. PhD. in social sciences. Member of the Board of International Association for the Psychology of Religion (IAPR). Founder and member of the Board of Polish Society for the Psychology of Religion and Spirituality in 2012. Member of SSSR, APA Division 36. Scholar Visitor at Indiana University South Bend, USA (Social Psychology of Religion Laborartory). Editorial board member of Religions and reviewer in other journals. Publications: (2014): The Threefold Nature of Spirituality in the Inclusive Cognitive Framework Archive for Psychology of Religion, 36, 277-302; (2006) (with prof. Gerard Saucier): Spiritual But Not Religious? Evidence for Two Independent Dispositions. Journal of Personality, 74(5), 1257-1506.

Prof. Dr. Vasileios Thermos

University Ecclesiastical Academy of Athens, Greece. Child and Adolescent Psychiatrist in private practice. Visiting Scholar at Harvard Divinity School (1996-97); Visiting Research Scholar at the Institute for Medical Humanities, University of Texas (2014). Editor of the Greek journal 'Ways of the Soul' on the dialogue between psychology/psychiatry and religion/theology. Books in English: In Search of the Person. True and False Self according to Donald Winnicott and Gregory Palamas; Thirst for Love and Truth. Encounters of Orthodox Theology and Psychological Science (both from Alexander Press, Montreal).

The Gdansk Lecture (public)

Migration and its Consequences for Health - Role of Religion

Prof. Dr. Halina Grzymala-Moszczynska, MD
Thursday, May 12, 19:00 - 20:30
Location: Main Auditorium

There are several models explaining migration. Most commonly they rely primarily on economic factors and social networks (Massey et al. 1987; Stark, Bloom 1985). According to these accounts potential migrants make a cost-benefit analysis between the places of origin and potential destinations, including an assesment of intervening factors, the psychological costs of leaving familiar envinronment and predicted sucess (financial) in the new place. Such analysis describes decision process of voluntary, mostly economic migrants. Situation gets more complicated when involuntary migrants are taken into account. Immediate danger stimulates migratory decision which is often against best migrant's interest, the major (at times only) factor defining such decision is a hope for reaching safety.

Few students of religion or international migration clearly understand the role of religion in moving people across international borders, the way religion changes upon settlement in the destination country, the help or hindrance religion can be in the struggle for immigrant success and first and foremost how religion makes an impact on health related outcomes of migration process. In this presentation role of religion for health of several groups of migrants will be analyzed. As an example of role of religion for well-being of voluntary migrants, results of research among Polish economic migrants in UK will be presented. Research results collected among two other groups will serve as an examples of the role of religion for mental health of refugees. These groups are Chechens refugees in Poland and Syrian refugees in Turkey. For both groups faith become their sustenance, helps to find meaning and create order in times of crisis and substitute for agency component in the migration or settlemet experience. As a working model for understanding of the role of religion in mental health of refugees Silove's (2013) model ADAPT (Adaptation and Development after Persecution and Trauma) will be applied.

Keynote Lectures

(in chronological order)
All Keynote Lectures take place in the Main Auditorium

Spirituality in Nursing Care

Dr. Verna Benner Carson
Thursday May 13, 15:00 - 16:00

This lecture will focus on the significance of the researcher's and caregiver's own spirituality. The arguments and conclusions are especially based on a study from 1979 . This research evaluated the impact of prayer on a sample of chronic psychiatric patients at Spring Grove State Hospital, Maryland, USA. Research and experience confirm that the behavior of the researcher/teacher, clinician and caregiver has the potential to serve as a powerful role model for those with whom he or she interacts. In other words, the researcher or caregiver needs to be spiritually healthy. Dealing with others in a loving way is more than the impact of one person but it has the potential to touch so many others. Teaching about spirituality through research not only helps others to become at ease with the topic but gives others permission to address a theme that for many is taboo. Therefore this presentation will identify some qualities that are necessary for the researcher/teacher, clinician or caregiver that addresses spirituality. There is a need to recognize that our interactions with others must reflect the best of spiritual well-being including compassion, respect and dignity for all involved in the research and the clinical practice. Finally will be named spiritual antidotes that protect against a 'publish or perish" culture.

References: Carson, V. & Huss, K. (1979). Prayer: An effective therapeutic and teaching tool. Journal of Psychiatric Nursing and Mental Health Services. 3, 34-37.

Spirituality and Mental Health Care - Testing the Efficacy of Prayer

Prof. Dr. Simon L. Dein
Friday, May 13, 09:00 - 10:00

Prayer is probably the most common religious practice but is there any evidence that it is effective from the biomedical point of view? The past decade has seen several studies devoted to both distant intercessory prayer and of proximal intercessory prayer. These studies demonstrate mixed results and raise interesting philosophical and theological issues concerning prayer. I will discuss recent work on prayer in Pentecostalism. Aim of this lecture is to assess the efficacy of prayer, based on a critical literature review which includes a thematic analysis of data. There is no evidence that intercessory prayer is effective in the biomedical sense but prayer may have significant psychotherapeutic benefits. The implications of this will be discussed.

Spiritual Struggles and Spiritual Distress

Prof. Dr. Julie Exline
Thursday, May 12, 16:30 - 17:30

Although many people view religion and spirituality as sources of comfort, strength, and hope, it is also common for people to experience struggles around religious/spiritual issues. Most measures of religious/spiritual struggle focus on a small range of struggles, usually involving negative thoughts or feelings about God. For research and clinical purposes, it would be helpful to have a broad-based measure of religious/spiritual struggle that is still relatively brief.

This presentation will provide a brief overview of the topic of religious and spiritual struggle. A major aim will be to describe several common domains of religious/spiritual struggle (divine, demonic, interpersonal, moral, ultimate meaning, and doubt) and recent attempts to measure these struggles. The presentation will also highlight major correlates of religious/spiritual struggle, along with the possibility that such struggles may provide the potential for personal growth.

The presentation will discuss the development of a new measure, the Religious and Spiritual Struggles Scale (RSS), and will briefly summarize results from studies using this measure. The presentation will also summarize highlights from a research program on anger toward God.

Results from various studies suggest that the RSS can be a helpful tool for assessing religious/spiritual struggles among religious believers (e.g., Christians, Jews, Muslims) and nonbelievers. Many people experience religious/spiritual struggles in daily life, although usually at low levels of intensity. Religious/spiritual struggles have been linked with many indicators of emotional distress. People may be reluctant to admit their religious/spiritual struggles, and sometimes they receive negative responses when they disclose such struggles to others. In terms of predicting whether religious/spiritual struggle predicts growth, it is important to assess how people appraise the struggle, how they cope with the struggle, and the responses of people to whom they disclose the struggle.

Religious/spiritual struggles are common in daily life, even among people who also experience religion and spirituality as a source of strength. The RSS provides one effective screening tool for the assessment of these struggles. Although there is no one single remedy for religious/spiritual struggle, it is helpful to be able to normalize such struggles to help diffuse the stigma and secrecy that often surround them.

Religion and Mental Health - Empirical Findings in Europe

Prof. Dr. Michael King
Saturday, May 14, 13:00 - 14:00

It is claimed that religious and spiritual people have better mental and physical health. However research is often poorly conducted, there is confusion between the concepts of religious and spiritual, and research findings vary with geography and the culture of the populations studied.

To review research conducted in Europe on the links between religion, spirituality and mental health and to integrate these findings with clinical practice.

Examples of epidemiological and clinical research, as well as systematic reviews, will be presented in order to reach a consensus on the evidence for associations between spirituality, religion and mental health.

Although there is evidence that religious involvement is better for mental and physical health, people holding spiritual beliefs in the absence of religious involvement may be at greater risk of mental disorder. Research findings differ between Europe and USA.

Breaking News from RSH-Research

Prof. Harold G. Koenig, MD
Thursday, May 12, 17:30 - 18:30

There is much new research appearing regularly in the scientific literature on the relationship between religion, spirituality and health.

The purpose of this talk is to review the latest research published since 2014 on the relationship between religion, spirituality and health at academic medical research centers around the world, and discuss new research being planned or in progress at Duke University.

This lecture gives a selective review of published research in peer-reviewed journals, and discussion of research not yet published. This includes research on depression, importance of religion/spirituality, and brain structure (structural MRI); relationship between religious involvement and telomere length in stressed caregivers; effects of religious cognitive behavioral therapy on depression outcomes, including influence of genetic polymorphisms and effects on biomarkers; effects of Qur'an recitation on anxiety symptoms and depressive symptoms in dialysis patients; and other research findings will be discussed. New research examining the effects of spiritually-oriented cognitive processing therapy for moral injury in post-traumatic stress disorder in active duty military and veterans will also be examined, as will a project integrating spirituality into patient care through the use of spiritual care teams in the Adventist Health System.

More and more research is being published on religion, spirituality and health demonstrating links that have important clinical implications. Exciting new research programs are now in progress or being planned for the future. There is every reason for optimism with regard to the future for this ever-growing research field.

Theological Perspectives on the Integration of Religion and Spirituality into Health Care

Prof. Dr. DDr. h.c. Ulrich H.J. Körtner
Thursday, May 12, 14:00 - 15:00

Modern medicine makes use of the natural sciences and their methods, which forgo the "God hypothesis", explaining sickness and health „etsi Deus non daretur". Yet, at the moment there is renewed interest on the part of medical science in the religious dimension of sickness and health. The concept of "spirituality" is readily used today to refer to the positive, life-serving aspects of religion. That the word has its origins in Christianity is often completely overlooked.

Aim of this lecture is a plea for dealing critically with the concept of spirituality in general, and in medicine in particular. For this, first, references to the history and Christian content of the concept are given. This is followed by remarks on the relationship

of religion, culture and medicine in the context of a multicultural society. These lead, in a further step of the examination, to the discussion of the term and concepts of spiritual care. Next, alongside the positive aspects of religion and spirituality, their ambivalences and possible dangers are explored. In conclusion, in the form of 6 theses, an expanded concept of spirituality in medicine will be presented for discussion.

The topic of "spirituality, religion and culture on the sickbed" is located on three levels: the personal level, or respectively, the level of interactional relationships, e.g. between doctor and patient; the structural or institutional level, on which e.g. the hospital or the whole health care system as systems or organizations come into view; and finally the cultural level, on which mindsets and values (i.e. also basic world-view or religious orientations) are located. Just as much as the individual patient should occupy the center of medical proceedings and helping actions, the concrete locations of helping and healing action, the institutional and organizational parameters, must also be born in mind. In the discussion of the term and concept of spiritual care, and its relationship to classical, clinical pastoral care, there is still an array of unanswered questions. For this reason, the theoretical debate should be continued.

Despite all the actual overlaps, a distinction is to be made between spirituality, religiosity and religion, since otherwise unclarity remains regarding the objects of possible knowledge and the determination of different task-areas and competences in the area of health care.

Emplacement, Embodiment and Empowerment - Considering the Role of Prayer in Health Care Settings

Prof. Dr. Kevn L. Ladd
Saturday, May 14, 14:00 - 15:00

Across a variety of literatures, there is substantial agreement that "spaces" are of great significance in the creation and maintenance of identity at multiple levels. Likewise, disciplines show cohesion around the notion that the physicality of the body influences personal experiences in unique ways. The spiritual discipline of prayer is one specific domain in which space and body are interwoven with regard to how individuals and groups differentiate and unite. This confluence of emplacement and embodiment has the potential to augment or diminish the moment of prayer in both content and expression, so people singly and together select spaces of prayer and train their bodies in preparation. When healthcare issues arise, the ability of people to choose "spaces" often is restricted and the ability to depend on their bodies is called into question. What becomes of prayer at these times when emplacement and embodiment are altered radically? Taking this inquiry as a central theme, this presentation draws from a variety of literatures to identify how prayers can be both discouraging and empowering events in the instance of healthcare settings. Practical suggestions are offered concerning how to address the challenges and expand on the benefits of prayer in this particular context.

Spirituality in Geriatric Care - From Spiritual Distress to Public Health Challenges

Prof. Dr. Stefanie Monod
Friday, May 13, 16:00 - 17:00

Multiple studies have documented a significant association between spirituality and health. Although spirituality is usually considered as a positive resource for coping with illness, spirituality might also influence negatively health outcomes. Spiritual distress has been associated with increased mortality, more severe depression, and desire of hastened death, suggesting a potentially harmful effect on patients' prognosis and quality of life. These observations supported the growing interest toward implementing spiritual interventions into usual care. Our research group worked since more than 10 years to develop a structured approach to integrate spiritual care into rehabilitation care for elderly persons and to improve patient' spiritual state. The first objective of this research was to conceptualize the spiritual dimension and to develop an instrument to assess spiritual distress in hospitalized older patients (development and

validation of the Spiritual Distress Assessment Tool). The second objective was to determine spiritual distress prevalence in different populations of older adults and to investigate its relationship with health-related outcomes.

This conference will present the spiritual intervention concept, fully integrated into elderly rehabilitation care, and aimed at addressing spiritual distress and improving patient' spiritual state. This intervention is based on a structured assessment that identifies patients' unmet spiritual needs. Results of this assessment, including the degree to which spiritual needs remains unmet, are transmitted by the chaplain to health professionals. The chaplain suggests follow-up discussions, as well as possible interventions to address identified unmet spiritual needs. These propositions include interventions carried out by the chaplain directly with the patient and/or indirectly trough health professionals counseling. Health professionals reported a positive appraisal toward spiritual care implementation as well as chaplain integration into the interdisciplinary rehab team. In particular, health professionals perceived specific benefits in enhancing patient centered care. Overall, prevalence of spiritual distress was found to be high in different older patients population (around 60%) and was associated with different outcomes such as depression and wish to die.

In addition of these results, and in a broader perspective, some challenges related to the integration spirituality into usual geriatric care will be discussed. Ethical issues of integrating spirituality into routine care will be raised, as well as questions of skills and training of both chaplain and health professionals.

Threefold Nature of Spirituality (TNS) Model - Three Perspectives of Understanding Patients and Doctors

Dr. Katarzyna Skrzypinska
Friday, May 13, 17:00 - 18:00

Recognition of patient's spiritual condition plays key role in a psychological and medical care. But not only - doctors, nurses, chaplains are the most important caregivers for patients, so their spiritual condition and well-being is crucial in this context. The first step in this process should be creation of appropriate theoretical background.

Aim of this lecture is to explain that from medical and psychological point of view recognizing and defining the nature of spirituality among these groups is indispensable. This keynote is based on integrative research - metaanalysis of relevant publications in a field of psychology of religion and spirituality and their conclusions (Emmons 1999, Piedmont 1999, MacDonald 2000, Ozorak 2005, Koenig 2008, Park 2010 etc.). Examples of author's and others quantitative analyses which were led within last 16 years. Threefold Nature of Spirituality (TNS) model (Skrzypinska, 2014) proposes description and explanation of spirituality's mechanisms. This theory presents the three components of spiritual sphere: cognitive schemata, emotional, and behavioural which are indispensable in improving patient's condition. Proposed solution presents a nature of spirituality from the three perspectives: 1. cognitive, 2. individual, and 3. attitudinal. Spirituality is created on a cognitive basis thanks personality's motivation, and then it influences attitudes and behavior of individual.

Medical and psychological treatment should be conducted systematically and taking into consideration complexity of human spiritual sphere. Moreover – all caregivers' condition is important factor for patient's health also.

Religion and Mental Health - Revisiting the Concepts

Prof. Dr. Vasileios Thermos
Saturday, May 14, 09:00 - 10:00

In this lecture I attempt to revisit the two concepts with the purpose of shedding more light at their relationships. Religion is examined in terms of its qualitative characteristics that have the ability to either promote or undermine mental health, while mental health is being distinguished from existential 'symptomatology' and thus not reduced to a 'DSM type'. Besides, the interaction of the two notions is elaborated at the level of culture, with a paradox of American society being a working example. The goal is to show how cultural values associate with both religion and mental health and how they mediate their mutual influence.

Symposia

All Symposia on Friday, May 13 and Saturday, May 14, 10:30 - 12:00

Symposium I: Religion and Spirituality in Nutrition and Dietetics

Chair: Dr. Deborah Lycett

1. Religion and Spirituality in Nutrition and Dietetics. A Mixed Methods Study Exploring Changes in Health Care Students' Development, Learning Experience and Perceived Professional Competency of Spirituality, Religion and Health whilst Attending ECRSH 2014

Riya Patel Stephen Garvey, Dr. Deborah Lycett, Fazilah Twining, Nicola Cooper, Bernice Tighe, Annie Pettifer, Carla Phillips
Coventry University, Coventry, United Kingdom

Background: Spiritual health impacts the outcome of many physical and psychological conditions. In the UK most spiritual care is provided by the chaplaincy, but evidence suggests quality of care provided by health professionals is enhanced by them addressing spiritual needs of patients. Therefore healthcare students need to develop greater competency in spiritual care, and can benefit from exposure to expertise that lies outside of the UK through attending conferences like ECRSH 2014. To explore:

- Students' reflective experience of ECRSH; what it meant to them and how it will impact their patient care.
- Change in student perception of the importance of religion/spirituality (R/S) in healthcare, their confidence to address it and their level of comfort to do so.

Methods: 31 undergraduate healthcare students (mostly student dietitians) volunteered to attend the 7 day field trip which included ECRSH 2014. Participants completed semi-structured reflective diaries and rated themselves on a likert scales from 1 – 10, before and after the trip, on the importance they placed on religion and spirituality in healthcare, their confidence to address it and their level of comfort to do so. Qualitative data was analysed using thematic analysis and Nvivo 10 software was used. Quantitative data was analysed using SPSS software Ethical approval was provided by Coventry University Ethics.

Results

- Perceived importance of R/S significantly increased by 11%.
- Confidence to deliver R/S care increased by 18%.
- Personal level of comfort to address R/S increased by 17%.
- These changes were also not associated with students own religiosity or spirituality.

Five qualitative themes emerged (1) What is spirituality and religion? (2) From interference to intergration in clinical practice, (3) Filling the hole in holistic care (4) Finding the balance between personal, professional and patient beliefs, (5) The conflict between science and religion: the challenges that lie ahead. Conclusions: Attendance at an international academic conference significantly increased how important health care students perceived religion and spirituality to be in healthcare. It also identified some of the perceived challenges related to defining religion and spirituality in policy, training needs and translation to practice.

Yontef, G.M. (1993): Awareness, Dialogue and process: Essays on Gestalt therapy. NY: The Gestalt Journal Press, Inc.

2. Towards a Protocol for Developing Spiritual Competencies in Dietetics

Stephen Garvey, Dr. Deborah Lycett, Anne Coufopoulos, Deanne Clouder
Coventry University, Coventry, United Kingdom

Background: The increasing burden of long term conditions, many that involve dietetic care, is increasing in the UK, causing strain and pressure on the National Health Service (NHS). In order to ensure that patients are treated with dignity, compassion and respect, a whole person centred approach, taking into consideration social, emotional, religious and spiritual needs, is required.

Most of the evidence surrounding religious and spiritual (R/S) care in the training and practice of healthcare professionals (HCPs) comes from nursing and psychiatry. The aim of this intervention is to see whether the competencies developed for these disciplines can be applied to dietetics.

The use of educational games to develop HCP competencies in several areas is becoming popular. It provides a non-threatening environment in which a learner can engage in an experientially to critically assess their understanding, gain insight and reflect on this.

Objective: To develop, implement and evaluate an educational board game to increase knowledge and confidence of student dietitians to engage with religious and spiritual aspects of holistic dietetic care.

Methods

- Student dietitians who have completed 14 weeks of clinical placement would be invited to take part. Ethical approval will be sought from Coventry University Ethics Committee.
- A board game designed to develop awareness and use of self, spiritual process (assessment, planning, implementation and evaluation of care), assurance and quality expertise. To provide opportunity for reflection and analysis of case studies and an awareness of and overcoming of the barriers to providing R/S care. Focus is on the 'whole person' allowing players to address and discuss issues surrounding holistic care; the game incorporates all aspects of holistic care (nutritional emotional, social, religious and spiritual) and uses a variety of activities, role play, and online interactive digital stories of patients experiences and beliefs.
- An evaluation provides exposure to simulated situations in which assessment can take place. Using the media laboratory at Coventry University, students will be provided with a simulated consultation with subtle references to the patient's R/S health. These consultations will be video recorded and assessed to determine how well students address these needs before and after the board game intervention.
- Pre and post intervention the students own R/S well-being will be measured using validated tools. How important they rate R/S in patient care and their level of comfort and confidence in addressing R/S will be measured using Likert scales.
- Qualitative data will be obtained from the student about their experience of these sessions either by way of semi-structured interviews.

We are presenting the idea and protocol for discussion and so results are not available at this stage. We anticipate that the results of this study will inform the further development of education tools for managing R/S with holistic dietetic care.

3. A Feasibility Study Investigating the Ppracticalities and Experiences of Implementing a Healthy Diet Skills Programme in a Faith-Placed, Foodbank Setting

Alexandra Harper, Dr. Deborah Lycett, Anne Coufopoulos
Coventry University, Coventry, United Kingdom

Background: In 2008/09 25,899 people received 3 days emergency food from UK foodbanks, this rose to 1,084,604 people by 2014/15. The leading UK foodbank charity, The Trussell Trust, is a Christian organisation distributing food out of local churches. To address the foodbank clients' broader needs, a 'more than food' approach has emerged aiming to reduce reliance on external support & improve social circumstances, health & well-being. Usual diets of foodbank clients fall short of healthy eating recommendations, so as part of this approach; a dietitian worked with the foodbank & developed, delivered & evaluated a healthy diet skills programme in collaboration with Coventry Foodbank & Coventry University.These programmes have never been formally evaluated. Although evidence suggests delivering health interventions in faith-placed settings enables holistic needs to be addressed more easily, builds on community infrastructure & relies less on external services.

Aim: To explore the role of a dietitian in a UK foodbank. To test the feasibility of delivering & evaluating an intervention for foodbank clients to improve knowledge, skills, behaviour & confidence related to healthy eating & cooking, using the items received in a foodbank parcel.

Methods: A 2-week nutrition education & cooking intervention delivered in the foodbank. Pre & post intervention measures assessed change in nutritional knowledge, dietary choice & confidence in healthy food preparation. Feasibility was measured through client's uptake & attendance rates at the programme. Dietitan's reflections on their role in a UK foodbank were recorded.

Preliminary Results: Recruitment was difficult as motivation in this client group was poor. Understanding client's circumstances was an important aspect of helping clients to engage. Attendees were more likely to be female & unemployed. There was high attrition for those who signed up, 75%, but once clients attended week one only 5% did not attend week two. Baseline knowledge was low therefore course content was simplified. Approximately 80% clients improved in food preparation confidence. The foodbank dietitian's role was about more than nutrition: to act as an advocate & support clients with all aspects of health & well-being; to refer/signpost clients to different services internal & external to the faith-based organisation; to recognise spiritual needs. Reliance on volunteer support to help deliver the intervention was challenging.

Conclusions: A foodbank dietitian makes an important contribution empowering clients to improve their diet & supports them holistically. A church setting provides a non-judgemental & supportive environment for this client group to feel safe. It serves as a hub of resources where multiple levels of support were accessed to improve holistic health.

4. Taste and See: A Feasibility Study of a Church-Based, Healthy, Intuitive Eating Programme – Positive Preliminary Results

Dr. Deborah Lycett, Riya Patel, Anne Coufopoulos, Andy Turner
Coventry University, Coventry, United Kingdom

Introduction: Obesity treatment remains a high priority globally. Evidence suggests holistic approaches, which include a religious element, are promising. Much is US research, but recent evidence suggests UK need among Christians.

Objective: To conduct a mixed-methods pre-post feasibility study of a 12week faith-based, healthy, intuitive-eating programme, within a UK church.
Methods: 18 participants with BMI>25kg/m2 took part. Ethical approval was granted by Coventry University Ethics committee. Physical, psychological and spiritual outcomes were measured at baseline, 12weeks and will also be measured at 6months. Results were analysed using intention to treat (ITT) analysis; baseline observation carried forward (BOCF) was used to input missing data. Qualitative data was collected with semi-structured interviews.

Preliminary Results at 12 weeks: 17 out of 18 participants completed the intervention. Significant improvements were found in weight ((mean difference [95% confidence interval (CI)] -1.57kg [-2.85, -0.28]), Quality of Life Visual Analogue Scale (11.72 [3.89, 19.55], mental well-being (6.72 [4.08, 9.36]), depression (-3.06 [-4.89, -1.22]), anxiety (-4.11 [-6.06, -2.16]) and intuitive-eating scores (13.06 [6.96, 19.15]). Some scores on The Three Factors Eating Questionnaire (TFEQ) were significantly worse (restrained-eating (19.14[9.99, 28.28]); emotional eating (11.42 [1.01, 21.82])). Measures of spiritual well-being (4.78 [-1.08, 10.63]) and religious love (0.39 [-0.64, 1.41]) showed a non-significant improvement.

Preliminary themes about spirituality from participant interviews: At the start of the course, the idea of spirituality in relation to eating was puzzling to the participants, and bringing God into their eating was not something they had previously considered despite experiencing considerable struggles with their weight. However as time went on the spiritual component took the participants on a journey. This journey led participants to love themselves the way God loves them, which formed an important foundation for changing motives to manage their weight post intervention.

Conclusion: Results support a mainly positive association with outcomes of the intervention. However uncertainty exists due to the small sample size and wide confidence intervals. A larger cluster-randomised controlled trial is planned. If weight can be reduced by a small amount and mental health improve in the obese population, the public health impact could be substantial. Emerging themes of spirituality that came out of the programme were: 'I can take my food issues to God' and 'God's love is a catalyst for self-love'. Using churches enables religious and spiritual health to be addressed and also uses existing social structures and a voluntary workforce that are potentially sustainable and cost effective.

5. A Qualitative Study Exploring the Role of Religion on Diet Choices in Seventh-Day Adventist University Students

Chantal Tomlinson, Dr. Deborah Lycett
Coventry University, Coventry, United Kingdom

Positive health outcomes associated with dietary choices of Seventh-day Adventist's (SDA's) is well known. However there is little exploration regarding how individuals feel about the role religion plays in their food choices and how this impacts their dietary behaviour. The aim of this study is to develop an understanding of the way religion and spirituality influences diet and food choices in SDA students.

A qualitative phenomenological study to capture the lived experience of SDA's beliefs on their dietary choices. 4 participants were recruited from the Adventist Society using purposive sampling on the Coventry University campus. Semi-structured interviews were conducted, audio recorded and transcribed verbatim. Thematic analysis was used to categorise data into emerging themes. Member checking and peer review were included to maintain participant views. Ethical approval was granted from Coventry University.

5 themes were identified: 'dietary choices', 'religious and social influence', 'motivation through impact on the 'whole-person'' and 'spiritual journey'. Participants mentioned food and dietary choices to: refrain from consuming meat, dairy products, drinking plenty of water and refrain from caffeinated drinks. Participants were motivated by the impact these choices had on their 'whole being'. They believed that their diet impacted them physically: 'when I'm vegetarian I'm lighter as in I'm not bloated.' It also has an impact on them spiritually: 'So if I don't eat meat for like a certain amount of time, then it becomes easier for God to have a greater influence in my life.' This was also then demonstrated through responses that suggested progression of a spiritual journey: 'And I think as I grow in my spiritual relationship with God... then I will kinda draw away from meat products.'

Religious teachings from The Bible and Ellen White, influence participants to make a conscious effort towards a plant-based diet (the original diet). There is also a notable impact of culture these choices e.g. upbringing and immediate peer influence. Participants felt their diet had an impact on their spirituality as well as their physical and mental health. Despite the small sample size (restricted due to time

constraints), validity in qualitative research is gained from meaningful, information rich data rather than from a large number of participants. Nevertheless, in order to obtain transferable results, data saturation within the greater population of SDA students would be advantageous. Although the researcher was also an SDA, an inside view enhanced the interpretation of themes. Nonetheless, the researcher reflected critically on their influence throughout the research to prevent any unfair bias and enhance reflexivity.

Religious teachings, culture, physical and spiritual benefit are instrumental in influencing the dietary choices of SDA university students. This impact of diet on spiritual well-being and the spiritual drive to change dietary behaviours are important aspects to consider in dietetic consultations. This may then lead to more effective behaviour change with this patient group.

Symposium II: Dimension of Sprituality in Abilities and Disabilities

Chair: Prof. Dr. Arndt Büssing

1. Religiosity, Spirituality and Cognitive Abilities – Research Review and Theoretical Reflections

Emilia Wroclawska-Warchala[1], Michal Warchala[2]
[1]Cardinal Stefan Wyszynski University in Warsaw, Poland
[2]Pedagogical University of Cracow, Poland

Negative correlation between religiosity and intelligence is a well-replicated research result in psychology; so is a similar relation between educational level and religiosity in sociology. However, one may find interesting studies showing positive relations between certain types of cognitive abilities and some dimensions of religiosity or spirituality; these relations may correspond, to a certain degree, to different levels of religious commitment among representatives of different scholarly disciplines. The aim of the paper is to overview recent (2005-2015) research on the subject and to show possible directions of further research. First focus of the paper will be to present brief overview of recent studies on relations between various types of academic (rational) intelligence, emotional intelligence and religiosity/spirituality; second focus will be to outline relations between creativity and religiosity/spirituality; the third one – a critical comparative analysis of the concepts "wisdom", "spiritual intelligence" and "existential intelligence" which try to build a bridge between religiosity/spirituality and intelligence.

2. Dimensions of Spirituality in Persons with Down Syndrome - Who Cares?

Prof. Dr. Arndt Büssing, Silke Broghammer
Institute for Integrative Medicine, Faculty of Health, Witten/Herdecke University, Germany

Individuals with mental handicaps are often regarded as `deficient´, although they may experience high life satisfaction and a deep sense of spirituality. We intended to identify emotional and behavioral aspects of spirituality (operationalized as connectedness with and turning to others, conscious awareness, feelings of gratitude and awe, and religious issues) which are of relevance for individuals with Down Syndrome (DS), and how these are related to their life satisfaction.

This based on a cross-sectional survey among 65 persons with DS (29±9 years of age; 59% women; 52% living with their parents) using 19 grammatically and linguistically adjusted items taken from already validated scales (i.e., SpREUK-P, ASP, SpNQ).

Some experiences and activities were made or were performed often, others not. Feelings of wondering awe were stated rather seldom, similarly praying or church attendance. In contrast, the experience that the heart is "laughing" when listening to beautiful music, or the general perception that the heart is full of joy, were made quite often. Similarly, the experience of gratefulness or the awareness for positive/good experiences in their life was made quite often.

The mean scores of all items did not significantly differ for gender. However, the mean scores of several variables differed significantly.

3. Dimensions of Spirituality in Persons with Down Syndrome in Poland - Who Cares?

Dr. hab. Piotr Krakowiak[1], Prof. Dr. Arndt Büssing[2], Prof. Dr. Janusz Surzykiewicz[3]
[1]Nicolaus Copernicus Univerisity, Torun, Poland
[2]Institute for Integrative Medicine, Faculty of Health, Witten/Herdecke University, Germany
[3]Katholische Universität Eichstätt-Ingolstadt, Germany; Uniwersytet Stefana Kardynala Wyszynskiego, Poland

Individuals with mental handicaps are often regarded as lacking capacities to express their various needs, such us spiritual. Clinical practice shows that they may experience high life satisfaction, which can be

connected with deep sense of spirituality and meaning. Inspired by studies done by Arndt Büssing in Germany, the team of researchers has been invited to study individuals with Down Syndrome (DS) in Poland, who for the first time answered for their spiritual needs in this research.

We intended to identify emotional and behavioral aspects of spirituality (operationalized as connectedness with and turning to others, conscious awareness, feelings of gratitude and awe, and religious issues) which are of relevance for individuals with Down Syndrome (DS), and how these are related to their life satisfaction.

This is based on a cross-sectional survey among 40 persons with DS have used 19 grammatically and linguistically adjusted items taken from already validated scales (i.e., SpREUK-P, ASP, SpNQ). Translation process of German tool was carefully carried by Arndt Büssing, Janusz Surzykiewicz and Piotr Krakowiak.

Some experiences and activities were made or were performed often, others not. Feelings of wondering awe were stated rather seldom, similarly praying or church attendance. In contrast, the experience that the heart is "laughing" when listening to beautiful music, or the general perception that the heart is full of joy, were made quite often. Similarly, the experience of gratefulness or the awareness for positive/good experiences in their life was made quite often. Life satisfaction have scored high in most persons.

Persons living without their parents were more in need for concrete persons and they rely on transcendent sources of help, indicating a relational and emotional `deficiency´. Their life satisfaction correlated best with feelings that God is at their side, which implies that God provides emotional support. When for person´s with DS particularly the relational aspects of spirituality were of importance, who can help to support these essential needs when several of them lack reliable family structures?

4. Effectiveness of Spiritual Issues Training on Life Satisfaction of Persian Orphan Adolescents

Prof. Dr. Seyed Mohammad Kalantarkousheh, Marziyeh Rouholamini, Enayat Sharifi
Allameh Tabataba'i University, Iran

This study was performed with the purpose of determining the effectiveness of spiritual issues training on life satisfaction of Persian orphan adolescents. The study population was from female adolescents of two orphanages located in Kerman, Iran. They were randomly divided into two experimental and two control groups (each group including 10 members). The experimental groups were received the spiritual training in ten sessions (spiritual training included issues such as image of God, relationship with God, Tawwakul, searching for meaning during difficulties and pain), whereas the control groups were in the waiting list. Life satisfaction questionnaire was completed by one experimental and one control group before the training; and also after it, all four groups filled out the mentioned questionnaire. The Analysis of Covariance on the results revealed that spiritual issues training had a significant positive effect on life satisfaction of the experimental groups in comparison with the control groups. Lastly, discussion, conclusion, some suggestions and directions were indicated.

Symposium III: Spiritual Care – Concepts, Competencies and Challenges

Chair: Prof. Dr. Mary Rute G. Esparandio

1. An interdisciplinary Model of Spiritual Care

Dr. René Hefti
Research Institute for Spirituality and Health, Langenthal, and University of Bern, Switzerland

Spiritual Care is an interdisciplinary task, a common effort of health care professionals to meet patient's spiritual needs, to support his religious and spiritual resources and to identify spiritual struggles and distress. The theoretical foundation used in this presentation to constitute spiritual care is the extended bio-psycho-social model (Hefti 2003) putting religion and spirituality into a bio-psycho-social framework.
The the standard interdisciplinary team model defines spheres of responsibility for each health profession involved. The physician usually is the team leader and carries the main responsibility for the patient and the treatment as a whole. The role of hospital chaplains depends on their form of employment and the cultural context.

In the "Interdisciplinary Spiritual Care Model" the team shares responsibility on spiritual matters. Every team member can assess spiritual needs, resources or struggles and document them in the patient record. The role of the pastoral counselor becomes two-sided: on one hand he is the spiritual care expert administrating professional pastoral and spiritual care; on the other hand he/she has an important role in teaching and supporting the interdisciplinary team.

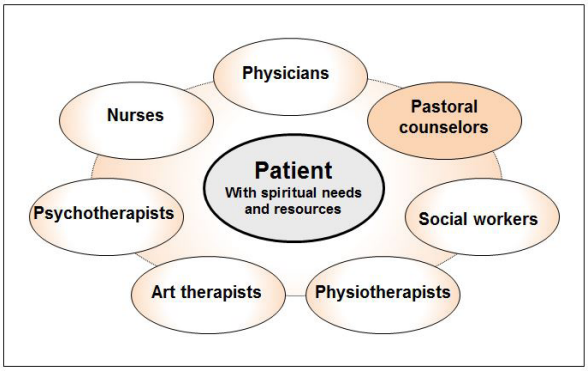

Figure 1. The Interdisciplinary Spiritual Care Model (ISCM)

2. Barriers and Facilitators Towards the Delivery of Spiritual Care

Prof. Dr. Donia Baldacchino[1]
[1]University of Malta, Malta

Spiritual care is the provision of interventions which assess and address clients' spiritual needs in collaboration with the family and multidisciplinary team. However, since spirituality is very often misunderstood for religiosity, spiritual issues in patient care tend to be referred to chaplains. However, research shows that patients perceive their spiritual needs as part of the overall care addressed by the health care professionals and the pastoral team. While considering that spirituality is applicable to both the believers and the non-believers, meeting spiritual needs may be achieved by various interventions, including the caregiver's 'being in doing' whereby, one's personal spirituality may contribute towards therapeutic spiritual care. The aim of this paper is to identify misconceptions of and barriers to the delivery of spiritual care; prioritize personal spirituality as the main predictor of care for the patient spiritually, and specify the contributing factors towards a spiritual environment conducive to delivery of spiritual care. Let the environment do no harm!

3. The Design and Validation of a Framework of Competencies in Spiritual Care for Nurses and Midwives: A Modified Delphi Study

Dr. Josephine Attard
University of South Wales, United Kingdom / University of Malta, Malta

Instigated by an effort to counteract incidences of dissatisfaction in the provision of nursing/midwifery care reported in stories of undignified care, clients' suffering and the demands of clients requesting a more personalised, sensitive and compassionate care and greater client choice, were the roots of my investigation. On examination, the roots of dissatisfaction with care can be traced to the neglect of the spiritual dimension in care such as shown by nurses'/midwives' lack of caring attitudes and values and lack of compassion in practice (Francis, 2013). These reinforce the importance of nurses/midwives adopting a holistic client-centred care through competencies that define the expectations for performance and scope of nursing/midwifery practice.

4. Spiritual Care in Brazil: Challenges and Possibilities of integrating Spirituality into Ppatient Care

Prof. Dr. Mary Rute G. Esperandio
Pontifical Catholic University of Parana (PUCPR), Brazil

In the last two decades, studies on the relationship between spirituality and health have grown significantly in the International literature. In Brazil, the debate on this subject has reached greater visibility since 2009, mainly in the health sciences, with the appearance of the term "spiritual care". In theology, studies on spiritual care in the health care context are still scarce. This study aims to present the results of a literature review on "spiritual care" in the Brazilian (Portuguese) literature and discuss which are the main challenges and possibilities of integrating religion and spirituality into health care practices. The results suggest that the challenges are complexes and involve several areas of knowledge: health sciences (medicine and nursing), bioethics, psychology and theology. Above all, a new understanding based on an interdisciplinary perspective of spiritual care is urgent. New skills and competences are needed for health care professionals as well as training for students in the mentioned areas, i.e. medical doctors, nurses, hospital psychotherapists and chaplains. Considering that Brazilian people are very religious and the spiritual assistance in Brazilian hospitals is ensured by the Federal Law 9982 of July 14, 2000, the possibilities to develop good practices of integrating spirituality into patient care are tremendous. However, it demands the provision of a spiritual care based on inter-religious and intercultural perspective by all professionals, mainly the hospital chaplains, or people involved in this task (whether religious or lay people and volunteers). Spiritual care practice implies a focus on the spiritual needs of the patient regardless of health care professionals' beliefs. In this sense, one of the main challenges is to provide training for health professionals and students. New capabilities, attitudes and knowledge need to be pursued and developed in order to better perceive and meet the spiritual needs of the suffering person.

Symposium IV: Religion, Culture and Immigration

Chair: Dr. Katarzyna Skrzypinska

1. Psychosocial Predictors of Life Satisfaction among Polish Immigrants in Ireland

Prof. Dr. Mariola Bidzan, Agnieszka Kulczycka
University of Gdansk, Poland

There is probably no exaggeration in assuming that the twenty first century is a century of migrations. This tendency is mainly driven by economic disparities, better opportunities and predictable environment. Improving life satisfaction may be an important motivation to move abroad. However there is no doubt that emigration may affect the psyche and can be even experienced as loss and grief. We want to present our results from a study that was conducted on 270 Polish immigrants in Ireland. Our aim is to examine spirituality as a mediator between life satisfaction and resilience, self-efficacy, and stress. There are many studies showing the positive impact of spirituality on mental and physical well-being. Exploring the above mentioned variables may be significant in terms of understanding the role of spirituality in the compound process of resettlement and implementing it in counselling and other forms of supporting the immigrants.

2. Immigrants' Religiosity and Mental Health in the Perceptions of Brazilian and Portuguese Mental Health Professionals

Dr. Marta Helena de Freitas[1], Dr. Félix Neto[2]
[1]Catholic University of Brasília, Brazil
[2]University of Oporto, Portugal

This presentation aims to share an exploratory research that investigated the relationship between religiosity and mental health in the perceptions of psychiatrists and psychologists providing mental health care services to immigrants in the mental health care institutions in Portugal and Brazil. The research was carried out according a qualitative phenomenological methodology, consisting of semi-structured interviews with 20 psychiatrists and 20 psychologists, 10 of each group in each one of both countries. The study set out to investigate the following aspects: whether religious aspects have made themselves felt in the specific experience of attending to immigrant patients and, if so, in what way; how they perceive and address those aspects; whether they establish connections or distinctions between religiosity and mental health in immigrants and, if so, what are the implications of that for their praxis with those same immigrants; whether this subject was contemplated in their professional education and, if not, how they developed resources to deal with this matter in their practice in mental health contexts. Results showed that these professional health workers are sensitive to and aware of that relationship in spite of never having received formal training during their professional qualification courses. They were critical of the oppressive aspects of some religions but recognized the predominance of positive effects of religiosity on mental health, especially for those people who are immigrants. Contribution albeit exploratory in nature, this study makes a contribution by opening the way for the issue of religiosity and its impacts on mental health to become the object of more in-depth investigations conducted in a multi-disciplinary and interdisciplinary perspective, targeting greater numbers of mental health professionals and extended to other internal and external migratory contexts.

3. Religion, Spirituality, and Health in Ireland: A Systematic Review of the Literature

Prof. Christopher Alan Lewis, Dr. Dagmar Anna S. Corry, Mary Jane Lewis
Department of Psychology, Glyndwr University, United Kingdom

The association between Religion / Spirituality (R/S) and health has been the subject of much international empirical research. From these findings it can be concluded that R/S is associated with both better physical and mental health. However, these findings are sensitive to how R/S and health are operationalised, as well as the cultural context. One cultural context in which R/S has been particularly salient is in Ireland (both Northern Ireland and the Republic of Ireland).

The present aim was to systematically review research that has examined the association between R/S and health in Ireland to investigate if the well documented international finding of a positive relationship between R/S and health is confirmed. This is based in commonly used databases were searched using relevant key terms.

In total, 30 published studies employing Irish respondents were identified. These studies contained examples of both quantitative, typically conducted among non-clinical samples, and qualitative research, typically conducted among clinical samples. Within these studies there were examples of research examining the relationship between R/S and i) mental health, ii) health behaviours, and iii) physical health. The consensus from these findings indicate that R/S is associated with both better physical and mental health, both within and across these different operationalisations of health.

These findings, across a wide range of health areas, with a variety of different methodologies clearly indicate that R/S should be an important consideration for healthcare policy makers and practitioners in Ireland.

4. Historic Cuba Medicine and Religion Dialogue - Neural Correlates of Prayer and Near-Death Experiences

Dr. Robert Hesse
Institute for Spirituality and Health; Contemplative Network, Houston, USA

On 9 December 2015 an historic event took place in Cuba when religion was presented to the University of Havana via its School of Medical Science for the first time in over 50 years since the revolution. It was also historic because the Archdiocese of Havana and the University of Havana jointly sponsored the event with Jaime Cardinal Ortega of Havana present at the opening session.

Calixto Machado, M.D., Ph.D. of the University of Havana's School of Medical Science and President of the International Symposium on Brain Death & Disorders of Consciousness, extended an invitation to organize a one-day Spirituality and Health Session at his VII Symposium on 8-11 December 2015 in Cuba.

The Spirituality & Health Session included two world-renowned keynote-prerecorded speakers: Harold Koenig, M.D., Duke University Medical Center and editor of The Handbook of Religion and Health, and Ken Pargament, Ph.D., Bowling Green State University and Editor-In-Chief of the 2013 two-volume APA Handbook of Psychology, Religion, and Spirituality. Additional presenters were professors from Pontifical University, Regina Apostolorum in Rome and Baylor College of Medicine and University of St. Thomas in Houston.

This provided a unique case study to observe the impact that spirituality and health research had on the underlying normative views of human health held by a medical community that, by government policy, is non-religious, but considered to be the best trained in the communist/socialist world.

The presentations at the Spirituality and Health Session covered the large and growing body of scientific research that shows belief in a higher power, religion, and spirituality promote healing. It started with general medical research. For example regular church attendance increases longevity by as much as 7 years, lowers blood pressure, strengthens the immune system, et.al. Also presented was the current MRI and fMRI research on the benefits of prayer. It concluded with the teaching of centering prayer, a Christian form of contemplative meditation, to both believers and atheists.

Soon to be published fMRI research will be briefly summarized, showing that one-on-one discursive prayer lessens depression and changes the brain's habenula, a structure involved in the signaling of negative events. Prayer also changed the activity of the medial prefrontal cortex, an area important for self-referencing processes and cognitive control.

A summary will be given of Dr. Machado's overall reaction on what impact the Spirituality & Health Session had on the local Cuban medical attendees. For example some participants in the centering prayer session immediately testified to its potential neuroscientific benefits.

The most significant conclusion is the potential collaborative follow-up research currently being discussed on the effects of prayer on the brain and on the similarity of deep contemplative experiences to near-death experiences.

Symposium V: Spirituality, Meaning making and Coping

Chair: Prof. Dr. Kevin L. Ladd

1. Spiritual Framework of Coping: Understanding the Impact of Spirituality in Adaptation to Illness

Prof. Dr. Terry Lynn Gall
Saint Paul University, Ottawa, Canada

The past 20 years have been witness to a virtual explosion of research in the area of psychology, religion, and spirituality. Given the complexity and vastness of this research domain, it is important that researchers be aware of existing theoretical models and the current state of the literature and its limitations. Firstly, this paper will present the Spiritual Framework for Coping as one model that can aid in the integration and understanding of spiritual factors in adaptation to stress. Using the transactional model of stress and coping (Lazarus & Folkman, 1984) as its foundation, the Spiritual Framework represents a flexible, process model that accommodates the multi-faceted function of spirituality (negative and positive influences) in the process of coping with significant life stress. Secondly, this paper will review and evaluate the current state of the empirical literature in the area of spiritual coping and propose future research directions. Thirdly, as one element of this model, current data will be presented on the role of spiritual causal attributions in coping with the diagnosis and treatment of breast cancer.

2. Qualitative Approaches to Meaning-Making Coping in Sweden and South Korea

Prof. Dr. Fereshteh Ahmadi, Jisung Park, Kyung Mee Kim, Nader Ahmadi
Department of Social Work and Psychology Faculty of Health and Occupational Studies University of Gävle, Sweden

This article presents the result of a study aimed to present and compare the result of studies conducted in South Korea and Sweden concerning the use of the meaning-making coping (existential, spiritual and religious coping) among cancer patients and the role of culture in the choice of these methods. In South Korea 33 participants and in Sweden 51were interviewed. The comparison between the two studies shows that Swedes are more spirituality-conscious and express their thoughts in the language of spirituality in compared to Koreans. For Swedes, meaning making coping methods were chosen as a means of meditation, relaxation, whereas Koreans chose their coping methods such as prayer and having healthy foods as a means to cure. Swedes enjoy positive solitude and are individual-oriented, but have tendency towards altruism, whereas Koreans are generally collective-oriented. Swedes become altruistic and find empathy toward the whole society when they looked in the meaning of their existence of getting ill. Koreans appreciated having intimate relation with people around when they were ill but they did not develop any altruistic view.

Study confirms that it is important to see the cultural difference when we look at the meaning-making coping among people who experienced cancer.

3. Investigating the Lived Experience of Transformative Coping: The Benefits of Creativity and Spirituality in Dealing with Trauma and Loss - The Case of Mrs S. from Northern Ireland

Dr. Dagmar Anna S. Corry, Prof. Dr. Christopher Alan Lewis
Department of Psychology, Glyndwr University, United Kingdom

The concept of transformative coping was introduced in Corry and Lewis (2014). The theory posits that the combined application of creativity and spirituality as a positive, and proactive coping strategy fosters personal growth and transformation, increases positive emotions and strengthens resilience. These combined benefits enable individuals to better cope with life's difficulties and so to attain and maintain better mental health. Taking a nomothetic approach, the theory has been tested both quantitatively (Corry, Mallett, Lewis, & Abdel-Khalek, 2013), and qualitatively (Corry, Tracey, & Lewis, 2015), with further studies underway.

Adopting a more idiographic method, the present aim was to provide a personal account of the lived experience of transformative coping through a case study.

The data consist of an in-depth interview with a 67 year old female (Mrs S.) with bipolar disorder in Northern Ireland. The data was subjected to Interpretative Phenomenological Analysis (Smith & Osborn, 2007).

The impact of early nurture of both creativity and spirituality was discussed by Mrs S. along with the application of both spirituality and creativity in the face of trauma, loss, and emotional difficulties. The beneficial effects of transformative coping over her lifespan were expressed by the interviewee as a reduction in negative thinking, a more positive attitude, increased self-esteem, hope, and meaningful activity, resulting in greater resilience. As a result she was able to manage her emotions, was no longer suicidal and was able to greatly reduce the amount of medication she had been taking for years, and which had a detrimental effect on her memory and concentration, as well as on her quality of life.

Transformative coping has enabled Mrs S. to cope with the often significant challenges in her life, empowered her to take control of her mental health, and gave her a significantly more positive outlook which she is able to maintain.

4. Towards a Narrative Understanding of Quality of Life: Making Meaning of Contingent Life Events

Iris Hartog, Michael Scherer-Rath, Renske Kruizinga, Justine Netjes, José Henriques, Pythia Nieuwkerk, Hanneke van Laarhoven, Mirjam Sprangers
Radboud University Nijmegen & Academic Medical Center Amsterdam, Netherlands

Falling ill is often experienced as a 'contingent life event': an event that befalls people, causing conflict with their goals and expectations in life. Research on how people make meaning of contingent life events in the context of their personal life narrative and how this influences their quality of life (QoL), can improve our understanding of QoL. We propose a new, narrative approach to meaning making of contingent life events and its influence on QoL.

We carried out a literature search on meaning making, contingency, life goals, narrative identity, worldview, well-being and QoL in the fields of psychology, sociology, religious studies and philosophy. Based on this literature and building on the existing 'Analytical model for reconstructing the interpretation of life stories', we developed a theoretical model on meaning making of contingent life events.

We propose a model entailing the following elements: Contingent life events: events that are significant for a person's life as a whole and could also have happened differently or not at all. Ultimate life goals: personal goals that are of ultimate value. Experience of contingency: a crisis of meaning caused by a contingent life event, disrupting the life story. Meaning making: re-interpretation of the contingent life event in the context of one's own life narrative, encompassing 1) appreciation (positive or negative); 2) agency (passive or active); 3) scope (situational, existential or religious); and 4) 'relating to contingency' (denial, recognition, acceptance or receiving).

A person's framework of reference, informing how he/she perceives the world and human life (and death). Quality of life: the person's self-evaluation of the experienced quality of life. Relationships between the elements: When experienced as a contingent life event, falling ill conflicts with one or more ultimate life goals, which are rooted in the person's worldview. This can result in an experience of contingency. The process of meaning making that follows is influenced by the person's worldview. Meaning making, in particular the way the person relates to the contingency of the event, influences QoL.

Our theoretical model elucidates how people make meaning of illness and other contingent life events in a narrative way. The way people make meaning of contingent life events is expected to influence their QoL. Based on this model, we developed a quantitative questionnaire that is currently tested in a large-scale quality-of-life-study.

Symposium VI: Religion and Spirituality in Chronic Disease

Chair: Dr. hab. Piotr Krakowiak

1. The Role of Spirituality in the Lives of COPD Patients and their Caregivers

Anna Janowicz[1], I. Damps-Konstanska[2], Dr. hab. P. Krakowiak[3], K. Swietnicka[4], P. Janowiak[5], E. Jassem[6]
[1]Ignatianum Academy, Krakow, Poland,
[2]Medical University of Gdansk, Poland
[3]Nicolaus Copernicus Univerisity, Torun, Poland
[4]Medical University of Gdansk, Poland
[5]Medical University of Gdansk, Poland
[6]Medical University of Gdansk, Poland

Spirituality is an integral part of the well-being. It might be particularly important in advanced COPD negatively influencing – if not addressed - their quality of life. However there is no reliable tool to assess spiritual needs of COPD patients during medical evaluation. Recently, FICA questionnaire enabling to qualify the spirituality in chronically ill patients has been developed. The disease, especially incurable and chronic, has also an impact on family members. As caregivers they are partners for doctors, nurses and physiotherapists in the provision of home care. Therefore, their needs should be assessed and fulfilled, including those spiritual.

The aim of the study is to assess the role of spirituality in the lives of advanced and COPD patients and their caregivers using FICA questionnaire.

The study is conducted in 7 patients with advanced COPD and their caregivers with use of Polish adaptation of FICA questionnaire. The research tool of faith index has been developed by C. Puchalski with a group of primary care physicians, to help physicians and other healthcare professionals address spiritual issues in patients and their care providers. The acronym FICA stands for: F (faith), I (importance), C (community), A (address in care), four parts assess-

ing separate domains of the spirituality, which may be important in the everyday medical practice.
Results: are still to be completed

The addressing spiritual assessment in advanced COPD patients should be an integrated part of health care. The FICA questionnaire is useful tool of evaluation in patients with advanced COPD and their caregivers.

2. The Spiritual Needs of Patients with Dementia and their Careers. A Systematic Review

Dr. hab. Piotr Krakowiak[1], Karolina Kramkowska[2]
[1]Nicolaus Copernicus Univerisity, Torun, Poland
[2]UKW Bydgoszcz, Poland

Global data shows an increasing number of people affected by dementia. Patients affected by dementia and their family careers, have specific needs caused by the disease burden. Those needs include spiritual domain which is often overlooked in the management of dementia and in needs of informal careers.

The objective of this study is to assess the current status of research on the spiritual needs of people with dementia and their family careers in the international and Polish literature.

This lecture is based on a systematic review of the MedLine, PubMed, PsycARTITLES and Health Source: Nursing/ Academic Edition, and leading Polish medical bases: Po dyplomie, Termedia, Medycyna Praktyczna, ViaMedica and Pielegniarstwo i Zdrowie Publiczne has been performed. Data have been analyzed in the 10 years period, from January 2005 to January 2016. The search was based on the following key words: spiritual needs, dementia, Alzheimer disease, family careers, both in English and Polish language. Excluded were items not directly related to the issue of spiritual needs in dementia.

A total of 28 studies published from 2005–2015 were identified. Excluded were papers on the needs of medical personnel, papers evaluating religion and health or quality of life in the course of CNS diseases other than dementia. Criteria fulfilled five articles with qualitative (n = 4) and theoretic assessment in (n = 1).

Data synthesis shows that there are only a few analyses on the spiritual needs of people with dementia and their family caregivers. Studies are performed only on the institutional wards and do not apply to family caregivers at home. In two of five researches the spirituality is understood as a religious practice. The subject of spirituality in dementia occurs more frequently in the literature in the context of needs of medical personnel, various diseases of the brain not only dementia influence of religion on health and quality of life. There is no Polish research and publications on these topics.

This systematic review shows the scarcity of findings on the spirituality among of people with dementia and their caregivers. Thus, it confirms the urgent need for further studies on this issue internationally and especially in Poland. Data on spiritual domain would help in more holistic management of dementia helping in care provision, especially for family caregivers of dementia patients.

3. Styles of Religious Coping and Dispositional Optimism Among Chronically Ill Patients

Joanna Zolnierz, Jaroslaw Sak, Jakub Pawlikowski, Andrzej Prystupa
Department of Ethics and Human Philosophy; Chair and Department of Internal Diseases, Medical University of Lublin, Poland

(Will be presented as a poster)

Contemporary the interest in the subject of the influence of the religiosity on the human health is taken by the representatives of various scientific disciplines. It has been shown relationship between religiosity and the presence of positive mental states. It was also found that more religiousness people care more about health and live longer and religion is a form of prevention of undesirable social behavior. Simultaneously, the health psychology indicates on the special significance of the dispositional optimism for the human health. It appears to be associated with slower chronical diseases progression. In this context, it seems reasonable to undertake studies to clarify the relationship between the style of religious coping and the level of dispositional optimism in the groups of patients and healthy respondents.

Aim and methods: The aim of this study was to analyze appearing relationship between subjective and objective indicators of the health condition, dispositional optimism, style of religious coping and the frequency of appearing of religious crises in the group of chronically ill patients (N=100). The control group was 200 healthy people.

The study was carried out by using questionnaires: Religious Coping Scale - short version (Brief RCOPE), the Scale of Religious Crisis (SKR) of W. Prezyna and Life Orientation Test (LOT-R) of M.F. Scheier, C.S. Carver and M.W. Bridges. LOT-R is the 10-items self-report questionnaire that evaluates generalized expectations of positive and negative life outcomes.

4. Is it Important for a Physician to Adress Patient's Spirituality and How Should it Be Done? A Literature Review and a Concept of Teamwork in Pastoral Care of Brothers Hospitallers of Saint John of God

Dr. Maciej W. Klimasinski
Anesthesiology, Intensive Care, City Hospital, Poznan, Poland

In this review I atempt to answer four issues. First, I analyse if patients raport that their need for spiritual care is met or if they claim that something in medical care is missing. Here the difference between religion and spirituality is explained and many ways of understanding the latter are presented. Next, I examine throughly whether spirituality actually benefits health. Correlations with stress, coping, mortality, pain, mental health, quality of life, dental health, hipertention, heart diseases and cancer are discussed. Thirdly, the role of a medical doctor in spiritual care is identified by recalling opinions of patients, phisicians and medical students. Also the use of various spiritual assesment tools, prayer and directing patients to other members of the team are being looked at. Finally, a way of developing spiritual care in Poland is proposed by listing educational programs and professional chaplaincy practices in the world, as well as Polish initiatives, local problems and opportunities for improvement in this field.

Symposium VII: Religion and Faith in the Therapeutic Relationship

Chair: Prof. Dr. Samuel Pfeifer

1. Attention of Nurses for the Christian Faith of Patients within Mental Health Care

Dr. Annemiek Schep-Akkerman
Christian University of Applied Sciences, Ede, Netherlands

Religion and spirituality are important for most people, particularly in times of disease and suffering. Emerging research highlights the importance of spiritual care in nursing, and suggest that there is scope for improving this dimension of care in order to improve the quality of life for many patients. Especially in mental health care, because there seems to be a relation between religion and psychopathology. However, there is little evidence about how nurses respond to the spiritual needs and needs in faith of their patients.

The aim in this project was to explore what kind of 'attention' nurses give to the Christian faith of patients within mental health care. Twenty Christian and twenty non-Christian nurses were asked to describe a case of 'good care' with respect to the Christian faith of a patient, out of their own experience. They described the cause of the attention, the actual provided attention, what this attention brought the patient and the nurse, and whether this care was discussed with other nurses.

Most often the reason for nurses to talk about the Christian faith of the patient was practical; like arrange transport to the church or ask a pastor for a visit, but it was also religious reflection because the patients asked for a talk, prayer or reading the Bible. The attention for their faith brought the patients positive feelings, and gave the nurse a better relation of trust with the patient, next to awareness of religiousness of patients. During the transfer of care, this kind of care was discussed with other nurses. There were some differences between Christian and non-Christian nurses.

Attention for faith of the mental health care patients is often because of a question of the patients at which the nurse responds, and less because of observations or questions of the nurse.

2. Teaching, Spirituality and Existential Questions in Psychotherapy' in Psychotherapeutic Training Pprograms - Experience of 10 Years of Teaching

Prof. Dr. Sebastian Murken
University of Marburg, Germany

The author, psychotherapist and religious scholar, teaches the subject 'Spirituality and existential questions in psychotherapy' for about 10 years in training programs for becomming psychotherapists, both behavioral therapists and psychodynamic oriented psychotherapists. In the paper the content, method and experiences of these courses are reported and discussed.

3. Religious Patients and Secular Therapists – an Ethical Challenge

Prof. Dr. Samuel Pfeifer
Evangelische Hochschule Tabor, Marburg, Germany

There is a substantial degree of anxiety regarding psychotherapy. Individual fears and subcultural reservations play a major role. In religious patients, the question of the acceptance of their values is essential. Research has shown that psychotherapy can never be completely unbiased. Although therapists try to have empathy with their clients, they will not be able to conceal their personal background of values completely. This creates a highly loaded network of countertransference and value considerations. Therapy thus becomes an art to develop a common ground of change and to evaluate in which way religious assumptions can serve as helpful or as dysfunctional factors which have to be modified. Clinical examples illustrate the ethical tensions and serve to develop basic guidelines in dealing with religious patients.

4. Religious Beliefs and their Relevance for Adherence to Treatment in Mental Illness: A Review

Pawel Zagozdzon, Magdalena Wrotkowska
Medical University of Gdansk, Poland

Approximately 50% of patients are not adherent to medical therapy. Religious and spiritual factors may play an important role in determining the compliance with treatment of mental illness. This paper reviews research on the relationship between religion, spirituality, and adherence to treatment, focusing on schizophrenia, depression, and substance abuse.
Aim: The aim of this review was to summarize, categorize, and estimate the role of religious beliefs to improve medication adherence in psychiatric conditions.

Randomized controlled trials and observational studies published till December 2015 were eligible if they described the effect of religious beliefs or spirituality on adherence with self-administered medications or other interventions in the treatment of psychiatric conditions.

Among eligible papers few studies reported the effect of religion on compliance in schizophrenia. Religious beliefs were associated with worse adherence in schizophrenia patients. Adherence was greater in more religious patients diagnosed with depression. Spiritual orientation was an important aspect of the recovery in the addiction treatment and improved the adherence to treatment.

While religious beliefs and spirituality can represent important source of hope and meaning, they are often entangled with the level of treatment adherence. Psychiatrists should be aware of patients' religious and spiritual beliefs and seek to understand to what extent they can be helpful in improving the treatment compliance.

Free Communications

All Free Communications on Friday, May 13, 14:00 - 15:30

Session 1: Conceptual Issues in RSH Research

Moderation: Prof. Dr. Fereshteh Ahmadi, Sweden

1. Materialism, Spiritual Intelligence and Religiousness - Theoretical Assumptions Regarding their (Co)relations and Empirical Scrutiny of those

Marcin Langer
University of Silesia, Faculty of Pedagogy and Psychology, Poland

Relations between spiritual intelligence, religiousness (independent variables) and materialism (dependent variable). Main research questions aimed to test if: Is there a relationship between spiritual intelligence, religiousness and materialism

Main objective: empirically test theoretical assumptions of both theory of spiritual intelligence (SQ - Spiritual Intelligence) and religiousness (Judeo-Christian), with materialism. According to spiritual intelligence proponents and to religious doctrine, those ideologies strongly oppose materialism, while simultaneously being somehow antagonistic to each other. Materialism have been described as one of the most important factors affecting life in detrimental way, with numerous studies finding negative correlations between the materialistic attitude and life satisfaction, sense of happiness, self-fulfillment, vitality, self-respect and competence and maintaining valuable relationships.

Both (co)relations (spiritual intelligence and religiousness with materialism; spiritual intelligence with religiousness) were empirically tested.

Method: multiple linear regression analysis of data collected from 200 Polish participants (57 males and 143 females, between 20 and 30 years old) measured with battery of tests.

Analysis: correlations between religiosity/spiritual intelligence and materialism are in line with analyzed theories and doctrines, but effect size regarding SQ relations with materialism was weaker than that of religiousness (-0,21 to -0,35 Pearson's r and ß=-0,09 and -0,32 respectively), while SQ and religiosity showed statistically significant positive correlations (r=0,16), both findings contradicting SQ theory. Value of adjusted coefficient of determination r2 of materialism variability explained by spiritual intelligence and religiousness found in the study was lower than predicted by theories of SQ and religious doctrine (R2=0,12), as well as beta coefficients being in line with theory regarding negative effect of both independent variables, but not entirely when looking at effect size (ß=-0,04 for SQ and ß=-0,11 for religiousness).

Conclusions - this study showed that although SQ and religiousness correlate negatively with materialism, both variables relation with materialism is significantly weaker than that concluded from describing them theories and doctrines. Secondly, this study found that spiritual intelligence is not exactly opposite to western religiosity represented by Catholic religion, which could lead to two types of conclusions regarding either the theory of SQ or Polish society - spiritual intelligence could in fact be a new type of religiosity, an modern answer to market demand of Western post-religious societies desperate to "believe in something" or Polish society, described by many philosophers and researchers as not affected by post-modernistic though school, prefers traditional, Judeo-Christian, pre-modernistic, forms of worship.

2. What Faith Makes us Stronger? Religiosity Dimensions in Processes of Coherence

Agata Gozdziewicz-Rostankowska[1], Beata Zarzycka[2], Anna Tychmanowicz[3]
[1]Institute of Psychology (Univeristy of Gdansk, Poland)
[2]Institute of Psychology (John Paul II Catholic University of Lublin, Poland)
[3]Institute of Psychology (Maria Curie Sklodowska University in Lublin, Poland)

Background: The sense of coherence (SOC) plays an important role in coping processes and thus determinates health and well-being of an individual. Religiosity belongs to a individual's resistance resources and it is favorable towards the forming of SOC and towards handling life challenges. The relation between religiosity and the sense of coherence also refers to the ability of tapping into the resources offered by religion – people with a strong sense of coherence actively search for them, whereas people with a weak sense of coherence are not able to use them despite their potential availability.

Aim: The aim of the research was to analyze the effects of the following religiosity dimensions on the sense of coherence: the importance of the religious constructs system in personality (centrality of centrality), emotions towards God, the attachment to God and post-critical beliefs.

Methods: Participants were 636 adults, 332 women and 304 men, aged 18 to 78 (M=41.75, SD=16.79). The subjects declared Catholic affiliation. The following tools were applied: The Centrality of Religiosity Scale (C-15) and the Emotions towards God Scale (EtG) by Huber, the Attachment to God Questionnaire (KWB) by Matys and Bartczuk, the Post-Critical Beliefs Scale (PCBS) by Hutsebaut and The Sense of Coherence Questionnaire (SOC-29) by Antonovsky.

Results: To determine the effects of particular religiosity dimensions on the sense of coherence, the hierarchical regression was conducted. The analysis showed that the sense of coherence was best explained by means of the attachment to God dimensions and negative emotions towards God. The effects of the centrality of religiosity, positive emotions towards God and post-critical beliefs disappear after controlling attachment to God and negative emotions towards God.

Conclusions: Religiosity is an important source of the sense of coherence, and thus is a significant resource facilitating the coping with life' challenges and promoting health. Particular religiosity dimensions have different input into the prediction of the sense of coherence. The results of this research let us suggest that the attachment to God and the emotional aspects of religious relationship are more strongly correlated with the sense of coherence than the cognitive and motivational aspects such as centrality of religiosity and cognitive attitudes towards religion.

3. The Moderation of Religious Trust on the Relationship of Personality Traits and Sense of Coherence: Can Religious Trust Defense Negative Effects of Neuroticism?

Philipp Kerksieck[1], Prof. Dr. Arndt Büssing[2], Klaus Baumann[3]

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[2]Institute for Integrative Medicine, Faculty of Health, Witten/Herdecke University, Germany

[3]Caritas Science and Christian Social Work, Faculty of Theology, Albert-Ludwig University, Freiburg, Germany

Background: This research focuses on the interaction of Big Five Personality Traits, the salutogenetic concept of Sense of Coherence (SOC) and Religious Trust (RT) as an external locus of control. Can RT be a helpful resource in the case of negative influences of Personality Traits on SOC.

Aim: Studying a highly religious and spiritual sample within the German Pastoral Ministry Study, it is intended to 1) test the interaction of Personality Traits and SOC, 2) to examine the negative influence of the Personality Factor Neuroticism in SOC, 3) to measure the buffering impact of RT as a psychological resource in this negative influence.

Methods: Cross-sectional survey among Catholic pastoral workers: N = 5. 503 (75.6 % men, mean age = 55.9), using standardized questionnaires.

Results: Overall, Big Five factors are accounting for 30 % of variance in SOC. Neuroticism is the best (inverse) predictor of SOC, while Extraversion, Conscientiousness and Agreeableness are weak positive predictors. Not significantly related is Openness for Experiences.

To test the focal research hypothesis, the effect of RT as a moderator on the relationship of Neuroticism and SOC was analyzed. When RT was high, it had a buffering influence, and gained SOC despite the impairment of Neuroticism. Interestingly, the highest moderating influence of RT was measured in in those Individuals, who reported high Neuroticism. Those who experienced the largest impairment by this Personality Trait regarding SOC, can profit the most of RT.

Conclusions: Overall, this research has brought up at least two results in regard of religiousness as a parameter in personality and health related / salutogenetic topics. First, it is a significant result of this research that the solid and validated relationship of two relevant psychological concepts (i.e. the Big Five Personality Factors and SOC) experience statistical variation due to the moderation of RT.

Second, individuals with higher neuroticism scores may experience an impairment of their SOC. Those who are relying on RT as a psychological resource may (re-)establish their SOC and buffer negative effects of emotional instability by Neuroticism. This may contingently result in a more and more operant cycle that helps to foster SOC.

Thinking RT as a helpful resource and quantitatively prove it as related to Personality Traits and SOC may inspire further research and help to establish practice in curative treatment to persons who are interested in a spiritual orientation to their lives.

4. Outcomes of the Participation of a Philosophical Community of Inquiry (PCI) in a Care and Rehabilitation Perspective

Dr. Elisabeth Ansen Zeder[1], Dr. Joëlle Gaillard Wasser[2]

[1]Unité de Recherche Didactique de l'Ethique et Culture Religieuse Haute Ecole Pédagogique Fribourg, Switzerland

[2]Unité de Recherche Didactique de l'Ethique et Culture Religieuse Haute Ecole Pédagogique Fribourg, Switzerland?

The work of researchers such as Huguelet (2003) and Brandt (2010), as well as the psychiatrist Hell (2002) formed our basis at the beginning of the research project.

The aim of this research project was the implementation of a Philosophical Community of Inquiry (PCI) in an intermediary care institution for patients suffering from temporary psychoneurosis. It was based on the foundations of different theories and clinical practices:

1. We refer to the philosophical practices of clinical psychologists (such as reported by Cinq-Mars, C. 2005; Ribalet, J., 2008; Loison-Apter, E. 2010; Remacle, M. & François, A.,2011 who use PCI in a clinical perspective.
2. Practical psychotherapy, existential analysis or logotherapy (Frankl, 2006; Yalom, I, 2008) is our paradigm.
3. Positive psychology which focuses on optimizing the forces that encourage human beings to exercise their inbuilt efficiency, their emotional and cognitive management and discover their talents, thereby increasing their development and learning capacity enabling them to deal with their suffering (Seligman, 1992; Seligman and Peterson, 2004).
4. Care, a holistic approach to recovery and the importance of this approach by Provencher (2002), helped us to organize the evaluations of this experience through the patients.

How possible is it in psychotherapy to incorporate existential questions in relation to a transcendent or spiritual dimension as an integral part of our humanity? What outcomes could we expect for the participants in a PCI? We will demonstrate how we used "philofables", (philosophical stories), and set up four (PCI) groups. Later, we asked patients for feedback that we recorded and examined. We then observed how the use of a fable as mediator, made possible:

- Self-preservation and self-determination, the expression of free will
- Expression of the will which defines human motivation
- Participation in the search for a sentiment that implicates the emotions and the noetic to express hope, the overcoming of fears and desires of self.

The concept of Frankl's theory concerning logotherapy can explain these three points. Can the PCI become a tool to help us to integrate spirituality into a clinical gait of psychotherapy?

Session 2: Religion, Spirituality and Physical Health

Moderation: Dr. René Hefti

1. Health Practices that Lengthen Life Expectancy among Seventh Day Adventists: the Confusion for Public Health

Pawel Zagozdzon
Medical University of Gdansk, Poland

Background: The health principles from Ellen G. White's writings contributed to give rise to one of the longest living people groups in the world – The Seventh - day Adventists. The health and longevity of the Adventists has attracted the interest of many public health specialists, who incidentally tend to focus more on the dietary and psychosocial determinants of the Adventist lifestyle, rather than the source from where the knowledge about health preservation among the Adventists arise.

Aim: The principles of health stated by White will be reviewed with respect to their accordance with modern science and proven beneficial health effects when practiced.

Methods: Epidemiological evidence on the effects of health principles advocated by Seventh day Adventists will be reviewed from the perspective of causal association. The attempted use of these epidemiological evidence in public health context will be also analyzed, along with the ethical problems it throws up.

Results: Exercise, vegetarian diet, not smoking, eating nuts and social support have been found to predict longevity in Adventists. Apart from the diet, researchers have also emphasized the psychological function of hope, rest on Sabbath and prayer. They have been interested in finding out whether the good health and longevity of the Seventh - day Adventists results solely from nutrition or its intrinsic combination with spirituality. Some suggested that the Seventh - day Adventists were able to view difficult and stressful situations of daily life as something positive, bringing them closer to God, rather than moan about daily difficulties. The relationship between stress and religion in the context of allostatic load is being assessed in ongoing Biopsychosocial Religion and Health Study.

Conclusion: There is a need for a better understanding of the pathways by which religion might influence health in Adventists. Many health behaviors present among Adventists are already established as elements of healthy lifestyles and are promoted by public health practitioners. There is no sufficient data to determine whether the longevity of Adventists is the result of combined manifestation of beliefs and behaviors or this is the result of specific behaviors only.

2. The Correlation between Sholat and the Development of Knee Osteoarthritis among Elderly Muslim in Yogyakarta, Indonesia

Muhammad Fauzan Hasby, Iman Permana
Muhammadiyah Yogyakarta University, Indonesia

Background: Osteoarthritis (OA) is a degenerative joint disease that developed due to cartilage destruction process with specific clinical sign of pain, crepitation, and morning stiffness for less than 30 minutes. The risk factor of knee OA included age, sex, obesity, and physical activity. Sholat is an Islamic ritual with a prescribed movement that included the knee joint lasted for about 5-7 minutes. Thus, it was required for every Muslim to perform Sholat 5 times in a day with different rakaat (a prescribed series of movement and pray); between 2 – 4 rakaat.

Aim: The aim of this study was to seek the correlation between performing sholat against the risk of developing knee OA in subject group of Muslim between 50-75 years.

Method: Osteoarthritis was established according to the American College of Rheumatology classification based on the major symptoms of pain and one of three additional factors: age over 50 years old, crepitation, and morning stiffness. The study utilized observational analytical, cross-sectional method. The sample of this study consisted of 56 elderly Muslim with 17 male and 39 female. Result: The hypothesis, tested with Chi Square Test, was revealing a significant correlation between performing sholat and the occurrence of knee osteoarthritis risk factors among Muslim between 50 – 75 years with p-value of $p = 0,019$ ($p < 0.05$).

Summary: Performing sholat was correlated with the development of risk factor of knee OA among 50-75 years old elderly Muslim.

3. A Cross-Sectional Curvey of Perceptions of Health, Not Weight Loss, Focused Programmes (HNWL)

Nazanin Khasteganan, Dr. Deborah Lycett, Gill Furze, Andy P Turner
Faculty of Health and Life Sciences, Coventry University, Coventry, United Kingdom?

Background: The benefit of intentional weight loss, particularly in individuals without co-morbidities, and the risk of weight cycling in this population is unclear. Health, not weight loss, focussed programmes (HNWL) engage in a holistic method of promoting healthy behaviour change to reduce obesity risks.
Aim: To identify the attitudes of a working population towards the concept of HNWL focussed programmes.

Methods: All Coventry university staff were invited to participate in a cross-sectional survey using the Bristol Online Survey. The first section included: a demographic questionnaire, the Three-Factor Eating Questionnaire (TFEQ R-21) and questions on religion/spirituality. The second section contained three links relating to HNWL programmes, including the Health at Every Size (HAES) website. After browsing these, they answered a final section about their perceptions of HNWL approaches.

Results: The results of the survey reported that all of the respondents (n=78) of the survey agreed with the HAES approach (ranging between 52.5% and 100%). Most of those who held a positive view of the HNWL programme were female (75.6%), primarily British Caucasian (70.5%) and had a higher level of education beyond an undergraduate degree (62.8%). They were mostly non-religious (64.1%), but if they did follow a religion, they were primarily Christian (46.3%). The final results of the linear stepwise regression models showed that the uncontrolled eating variable was the most significant factor relating to acceptance HNWL approach with a positive significance ($p < 0.05$).

Discussion: Results of this survey show HNWL programmes are considered as an important approach to obesity by the public. Our plan for future would be seek to test their effectiveness and develop potential ways in which such programmes can be incorporated into the NHS.

4. Spiritual Needs of Patients in Neurology and their Expectation Towards the Therapeutic Setting

Anne Zahn[1], Carolin Schütz[2], Prof. Dr. Arndt Büssing[3]
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[3]Professorship Quality of Life, Spirituality and Coping; Institute of Integrative Medicine, Witten/Herdecke University, Germany

Background: Although, several patients would like to see their spiritual needs to be addressed, the topic of spirituality is often ignored or not giving importance in acute care hospitals and rehabilitation clinics, but seen as important at least in palliative care.

Aim: According to the results of a previous survey with 248 participants in the department of Psychiatry and Psychotherapy investigating their spiritual and religious attitudes and practices alongside with their spiritual needs and expectations towards the clinic and its staff, we now wanted to do the same with neurological

We intended to analyze the expectations of neurological patients towards the clinic with respect to their faith and spirituality on the one hand, and to analyze their specific spiritual needs on the other

hand. Further, do patients who expect support differ with respect to their symptom burden and life satisfaction?

Methods: To address these questions, we performed an anonym cross-sectional survey with standardized instruments (i.e., SpNQ, SpREUK-, SpREUK-P, BMLSS) among 200 patients (45% female, 55% male; mean age 62 ± 15 years) of a neurological rehabilitation clinic in Bad Krotzingen (South-Western Germany). With 100 of those patients we conducted a semi-structured interview by Holzhausen Over the course of 18 months, all new in-patients received a questionnaire at the beginning and at the end of their clinical stay.

Results: Referring to data of 189 patients, 49% are Catholics, 34% Protestants, 6% have other denominations, and 11% none. However, 37% regard themselves as neither religious nor spiritual, 8% as not religious but spiritual, 38% as religious but not spiritual and 17% as religious and spiritual.

Among them, 21% would agree that the topic of faith and spirituality is important to be addressed in the clinic, 55% see it as not so important and 25% definitely not important. Asked with whom they would like to talk about their own faith and spirituality, 38% stated friends and family, 25% pastoral workers, 19% psychotherapist, 10% medical staff, and 6% other patients. Asked how often should this topic be address, 44% stated they would not like to talk about it at all, 12% said monthly, 31% weekly, 9% several times per week, and 4% on a daily level.

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Which spiritual needs are raised? Using the standardized Spiritual Needs questionnaire /with ranges from 0 to 3), Religious Needs (0.7 ± 0.8) and Existentialistic Needs (0.8 ± 0.7) scored lowest, while Needs for Giving/Generosityy (1.3 ± 0.9) were of some and Needs of Inner Peace (1.5 ± 0.8) of strongest relevance. Because needs of Inner Peace are only weakly related to patients religious Trust (r=.21; p=.006) but correlated moderately with spiritual Search (r=.31; p<.0001) and Reflection of life concerns and illness (r=.32; p<.0001), these specific needs have to be seen as a more general needs of patients. Only these Inner Peace needs were significantly related to patients´ symptom burden (r=.22; p=.004) and negatively with their life satisfaction (r=-.29; p<.0001), not the other needs. However, those who would or would not agree that the topic of faith and spirituality is important to be addressed in the clinic did not significantly differ with respect to their symptom burden (F=1.2; n.s.) or their life satisfaction (F=1.5; n.s.).

Conclusions: The data suggest that for a majority religious and spiritual issues are not so important, and thus not a major issue to be addressed in the therapeutic setting. Nevertheless, there is a longing for inner peace. Interestingly, whether patients may see themselves as spiritual and/or religious, or whether they would like their faith and spirituality to be addressed in the hospital or not, does not differ from their counterparts with respect to their life satisfaction or symptom burden. Therefore, we also performed semi-structured interview with 100 inpersons over a course of 18 months to get more insight about their needs in respect to their concept of quality of life, inner values and personality features. The data of this evaluation is still in progress.

5. Impact of Religious Coping on Pain Processing in Chronic Pain Patients

Dr. René Hefti[1], Dr. Matthias Laun[2]
[1]Research Institute for Spirituality and Health, Langenthal, Switzerland
[2]Universitiy of Bern, Center for Pain Medicine, Switzerland

Background/Aim: Several studies have shown the beneficial effect of religiosity in pain patients. Religious coping is seen as a "key" mechanism in promoting adaptation to chronic pain. The present study seeks to further understand how positive and negative religious coping (RCOPE) interact with psychological mechanisms affecting pain control (FESV) and acceptance of pain (CPAQ).

Method: 183 chronic pain patients admitted to a center for pain medicine in Switzerland were surveyed. All patients completed a series of pain questionnaires (CPAQ, DSF, MPSS, FESV, NRS), the Hospital Anxiety and Depression Scale (HADS) as well as two religious measures (RST, Brief RCOPE). The interaction between religious coping, psychological symptoms and coping with pain was assessed using Pearson and Spearman correlations and linear regression.

Results: Correlations revealed significant relationships between positive religious coping and the cognitive as well as behavioral dimensions of coping with pain (FESV, German Pain Coping Questionnaire): Action-Oriented Coping (r = .163*), Cognitive Restructuring (r = .312**), Self-Efficacy (r = .304**), Mental Distraction (r = .206**) and Counter-Activities (r = .149*). Using a linear regression model that included age, sex, anxiety, depression, pain intensity and impairment as confounders confirmed an impact of positive religious coping on cognitive restructuring (R2 korr = .132, ß = .280, p = .000) and self-efficacy (R2 korr = .271, ß = .268, p = .000). An inverse relationship was found between negative re-

ligious coping and acceptance of chronic pain (r = -.286, p = .000), suggesting that negative religious coping may be maladaptive in chronic pain patients and promote non-acceptance of pain.

Conclusions: Present study confirms the association between religiosity and coping with chronic pain. Positive religious coping had a significant positive impact on cognitive pain processing, mainly on cognitive restructuring and self-efficacy. Negative religious coping was inversely related to cognitive processing of pain, and therefore appears to be maladaptive. Both positive and negative religious coping are relevant for the treatment of chronic pain patients.

Session 3: Religion, Spirituality and Menthal Health

Moderation: Prof. Arjan Braam, MD

1. Change of Perspective: Alcoholism as a Spiritual Crisis

Indrek Linnuste
University of Tartu, Pärnu Hospital, NGO Hingerahu, Estonia

Background: Alcohol dependence syndrome is a particularly important complication of substance use, it is not best understood in isolation. Rather, it is a problem that emerges when, of a group of people who engage in psychoactive substance use, only some become dependent. It is therefore a problem of appetitive behaviour, an aspect of human experience in which we are all involved.

Mainstream healthcare provision and scientific research within the addictions field in the Western society have tended to focus on physical, social and psychological interventions not so much the existential point or any spiritual change. But It almost impossible to discuss problems of metapathologies (Maslow) as alcoholism without a spiritual dimension. Alcohol dependence is in society stigmatized phenomenon that is often onsidered as velleity, not disease. This attitude inhibits prevention, treatment, rehabilitation and development of support systems

Aim: The study aims to describe and analyse quality of life of alcohol dependent men in Estonia.

Methods: Consequtive sample of men who participated in the study had been diagnosed with alcohol dependence and been on treatment in Pärnu Hospital, Estonia. The social-demographic indicators and exposure to alcohol were assessed using a questionnaire. General index of quality of life and six broader domains (physical health, psychological, level of independence, social relationships, environment, spirituality/religion, personal beliefs) of quality of life were investigated using WHOQOL-100. The survey was carried out 2010-2011 in Pärnu Hospital. For data analysis statistical program STATA and Mann-Whitney test was used.

Results: In the final analysis answers of 57 men were used. The lowest average index of quality of life was for physical health (12.06), psychological wellbeing (11.88) and spirituality (11.86). Compared to European average, all domains for the study group had lower values. Men who were participating in self-help groups and/or were believers of some religion had higher estimation of their spirituality. Those men, who had had their longest period of non-drinking more than six and/or were in relatsionship, had higher estimations of social relationships.

Conclusions: In broader context, deeper cooperation of medical, scientific, political and non-governmental sphere is needed to gain success in the struggle against alcohol dependence. The practical work should start from better sharing of information about alcohol and co-morbid problems, more strict official alcohol policy, restructuring of treatment process to integrate medical and psychological and spiritual supporting methods.

2. Living Between Llonging for… and Addiction - Effect of Spirituality on Addictive Bbehaviour

Prof. Dr. Janusz Surzykiewicz
Katholische Universität Eichstätt-Ingolstadt, Germany; Uniwersytet Stefana Kardynała Wyszynskiego, Poland

Background: Literature suggests that spirituality is negatively associated with heavy drinking and other forms of addictive behavior.

Aim: Aiming to explain these results in more detail, individual protective factors were included to test their specific impact on the protective correlation between spirituality and addictive tendencies (e.g. heavy drinking, excessive shopping, internet addiction).

Methods: Testing this hypothesis, a survey study with 268 people aged between 17 and 45 years was conducted, measuring their addictive tendencies and behaviors along with their spirituality (including spiritual needs, spiritual coping, positive emotions with god and spiritual behaviors) as well as life satisfaction, self-efficacy, hope, goal orientation and stress coping.

Results and Conclusion: It was shown that spirituality associated with the assessed protective factors (e.g. life satisfaction) in fact operates as a coping resource for dealing with stress by providing alternative ways of managing problems, increasing positive

affect as well as purpose of life and thus moderates addictive tendencies.

3. Can Prayer Be Used in Spiritual Care and Treatment? An Examination on the Relationship between Prayer and Psychological Well-Being

Prof. Dr. Nurten Kimter
Canakkale Onsekiz Mart University, Faculty of Theology

All prayers in the religion of Islam have a lot of physical as well as spiritual benefits. It can especially be stated that the prayer in the religion of Islam that is practiced with the body, tongue, heart and mind encompassing the praying methods of all creatures can be considered as a prescription for health for today's contemporary people who complain of various mental disorders. In this regard, "Personal Information Form" and "Psychological Well-Being Scale" were used as tools for measurement in our study, the objective of which was to examine the relationship between prayer and psychological well-being for people between the ages of 15 and 65 and above.

Sample scanning method and survey technique were used to reach the goals of this study. SPSS 18.0 package software and SPPS Amos program were used for the analysis of the study data, and pearson correlation and regression analysis were carried out to put forth the relationships between the variables.

It was observed as a result of the study that their status of praying five times a day and futile prayers have a positive and significant effect on the psychological well-being states of people. In addition, it has been determined that certain variables such as age, gender, income and education levels have moderating effects on the relationship between praying and the psychological well-being. It was also observed in the study that the psychological well-being of the sample group increased as the level of belief to the idea of "praying because there are five pillars of Islam and to gain the consent and love of Allah".

At the end of the study, these results were discussed with regard to prayers and mental health after which various evaluations and suggestions were made with regard to the place and importance of prayer for spiritual care and treatment.

4. Spiritual-Health Education (SHE) in Schools for Promoting Mental Health Among School Children in India: Perspectives of Teachers and Parents

Andrew Baccari, Parameshwaran Ramakrishnan
Harvard Divinity School, Boston, USA

Background: Medical school curriculum and continuing education programs increasingly focus on the topics of Spirituality in order to improve healthcare professionals' mental health and skills in: coping, stress management, empathy, and interpersonal awareness. Primary and Secondary level students would benefit from such courses, but there has been less effort to bring SHE into these types of school settings. Furthermore, little information is known regarding whether SHE would be endorsed by such schools.

Aims and Objectives: To understand the perspectives of school teachers and parents to introduce spirituality as a health education subject in primary/secondary school and university.

Materials and Methods: Using an adapted version of the RSMPP (Religion, Spirituality and Medicine, Physician Perspectives) questionnaire, a cross-sectional survey was conducted at seven primary-secondary grade schools in India. Our sample population included a total of 300 participants (N=150 teachers and 150 parents); 30 teachers and 30 parents from each of India's predominant religious groups, Buddhist, Christian, Hindu, Muslim, and Sikh were selected. Hindu and Sikh participations were randomly recruited into this study from the Indus World Schools (IWS); snowball sampling allowed us to fulfill the remaining sub-groups. The primary criterion variable tested was participants level of dis/agreement with the statement: "'Spiritual-Health' education is important for one's own, personal, psychological/emotional growth and development." The data findings of teacher and parent groups were compared using parametric and regression analysis using STATA statistical software.

Results and Discussion: Preliminary finding reveal that over 90% of teachers and parents felt comfortable including SHE as part of the school's standard curriculum. Furthermore, a majority teachers (75%) and parents (84.6%) believed that students would benefit emotionally and psychologically from this curriculum. Additionally, (>92%) of teachers and parents believed that SHE would help students gain coping, stress management, and pro-social skills. Ways to develop SHE and possible ways to deliver it through teachers' training are discussed.

Conclusion: Inclusion of SHE as an academic subject is endorsed by both teachers and parents within our sample. Concerns surrounding SHE include: teaching SHE in a non-devotional manner that emphasizes tolerance and mutual understanding across religious traditions.

5. Religion and Spirituality in Prospective Atudies: A Review

Prof. Arjan Braam, MD, Peter Verhagen
University of Humanistic Studies Utrecht, Netherlands

Background: Koenig, King and Benner Carson (2012) conclude from their extensive review of the literature

about religion and spirituality (R/S) and depression that by its ability to neutralize life stress, R/S might help both to prevent the onset of depression, and if depression develops, shorten the time it takes to resolve. They point to the value of long-term prospective studies, including multidimensional measures of R/S, multiple time points, parental religiosity, personality traits and genetic traits. As such studies are still scarce, it may be good to get a systematic insight in the existing prospective studies.

Research questions: The general research question for the current review of the literature is: What patterns of findings about the relation over time between R/S and depression can be derived from the literature so far? More specific questions are:

- Which particular aspects of R/S seem to be the most prominent or relevant with respect to the association with depression over time?
- Which other factors are possibly decisive in understanding these associations? These factors may include: stage of life (age), physical conditions, being in mental health treatment, religious culture (America vs Europe, Bible Belt regions, Islamic subgroups, other cultures), or other roles or phases in life (caregiving, grief).
- Do findings depend on how depression has been operationalized, either as continuous (depressive symptom scales) or as syndromal variable (employing diagnostic criteria, or using validated cut-off scores)?
- Do findings depend on the methodological quality and statistical approach?

Results: The literature search in Psychlit and Pubmed yielded (so far up to June 30 2015) 105 studies. The most prevalent aspect of R/S under study was church attendance. On average, the studies included two measures on R/S (range 1-7). When considering all R/S aspects in the studies, 55% of the studies contained an association between R/S and better course of depression / depressive symptoms over time, 6% showed a worse course, and 39% showed a mixed or non-significant result. In some subpopulations, such as the general population and psychiatric patients, R/S tended to be more often protective over time, but this was not found in samples of patients with a physical disease.

Conclusions: The pattern of results of studies on R/S and course of depression over time contains many significant findings. Many findings, however, are of modest strength. The risk of publication bias has not been ruled out. The studies do not correct for multiple comparisons. R/S is not a major determinant of the course depression for all, but reflects a relevant existential resource for some, at least in the general population and among psychiatric patients. Further studies about religious distress among patients with a somatic disease seem to be warranted, as well on their need of R/S care.

Session 4: Religion, Spirituality and Health Care Professionals

Moderation: Prof. Dr. Donia Baldacchino, Malta

1. Development and Measurement of Spiritual Care Competences in Nursing

René van Leeuwen
Christian University of Applied Sciences Viaa, Zwolle, Netherlands

The discussion about spiritual care in (mental health) nursing is specifically focusing on competence development of nurses and the role of nursing education. Important issues in that discussion are: what nursing competences should be developed in the area of spiritual care, how should they be teached in nursing education and how can competence development among nurses be measured?
The aim of this oral presentation is to present:

- The Spiritual Care Competence Scale (SCCS) as a valid and reliable tool to measure nurses' competences in delivering spiritual care
- Results of the use of the SCCS in research in nursing practice and nursing education to date.

The Spiritual Care Competence Scale contains 27 items which measures competences within three domains of nursing professional behavior: personal reflection and communication, evidence based practice and policy development.

This tool is used in different research studies within different care setting in different countries among pre- and post-registered (student) nurses. This studies showed the SCCS as a valid and reliable tool for measuring spiritual care competencies. The psychometric quality of the instrument proved satisfactory. The results give insight in specific factors that influence the personal and professional development of nurses in spiritual caregiving.

In the presentation a specific focus will be pointed on the similarities and differences in competence development in spiritual care between mental health nurses and nurses in other health care settings (hospital, home care). An overview of results of the studies will be presented and its impact on further development of mental health nurses' competences in spiritual care will be discussed.

Reference: René van Leeuwen, Lucas J Tiesinga, Berrie Middel, Doeke Post and Henk Jochemsen (2009) The validity and reliability of an instrument to assess nursing competencies in spiritual care. Journal of Clinical Nursing, 18, 2857-2869.

2. Neither Meditation nor Faith as a Resource are Related to Nurses´ Stress, Burnout and Cool Down Reactions, but their Conscious Presence and Self-control

Prof. Dr. Arndt Büssing, Carina Schoppe
Quality of Life, Spirituality and Coping, Institute for Integrative Medicine, Faculty of Health, Witten/Herdecke University, Germany

Background: Nurses are confronted with increasing stress and work burden which may result in symptoms of emotional exhaustion and emotional withdrawal from their patients. Can specific facets of spirituality buffer against cool down reactions, burnout and reduced work engagement, and finally contribute to nurses´ life satisfaction?

Aim: To answer these questions, we analyzed the influence of different facets of spirituality (i.e., religious denomination, having hold in God as a religious measure, and frequency of meditation as a non-religious spiritual practice, and conscious presence and self-control [CPSC]) on demand variables (i.e. stress perception) and reactions (i.e., cool down, burnout), internal resources (i.e. self-efficacy expectation, work engagement), and life satisfaction.

Methods: Cross-sectional study enrolling 916 nurses (mean age 41±12 years; 81% women; 84% Christians, 5% other, 11% no religious affiliation). Applied standardized instruments were Cool Down Index (CDI), MBI, PSS, UWES, BMLSS, SES, and conscious presence and self-control (CPSC) scale.

Results: Their faith as a resource of hope and orientation is for 20% very important, for 30% important, for 27% less important, and for 23% not at all important. Most do not meditate (74%), 9% once per month, 9% once per week, and 7% daily. None of the tested variables differed significantly with respect to religious denomination ($F<2.0$; n.s.). Having faith as a resource correlated weakly with meditation frequency ($r=.22$). However, neither frequency of meditation nor importance of faith as a resource showed relevant associations with the tested demands and resource variables. Instead it was CPSC which was strongly related to nurses´ self-efficacy expectation ($r=.62$), moderately to life satisfaction ($r=.45$) and work engagement ($r=.36$), and negatively to stress perception ($r=-.45$), burnout ($r=-.45$) and cool down reactions ($r=-.36$) on the one hand.

Conclusions: CPSC as a person related measure of situational awareness was negatively related to nurses´ demands and stress reactions, and positively with intrinsic resources, while neither meditation frequency nor faith as a resource showed relevant associations. The intentions might be high that nurses have to provide spiritual care to their patients, too; yet one has to be aware of their risk to run empty. Thus, external stressors have to be changed to hold the motivation and high standards of professional work, and their internal resources have to strengthened, too. Whether CPSC is a buffer against or only related to demands and stressors remains to be shown.

3. Mental Health Professionals' Beliefs about Addressing Religious and Spiritual Issues in Psychotherapy

Jaclin Freire, Carla Moleiro
CIS-Lisbon University Institute, ISCTE-IUL, Lisbon, Portugal

Religiosity and spirituality have been increasingly recognized as important dimensions on people's lives around the world, contributing to personal and moral development; improving people's physical and psychological well-being and even their healing process. These last indicators have demonstrated that, when in suffering or psychological distress, religious (and spiritual) clients tend to recover faster and with better outcomes when mental health professionals accurately integrate their clients' religious beliefs and practices in psychotherapy. However, working with culturally and religiously diverse people/groups can be a challenge for both the psychotherapist and the client.

The main goal of this research is to contribute to the discussion and development of specific competencies for mental health professionals, with special focus on Portuguese professional setting, where there is a lack of adequate training on how to integrate or adjust psychotherapeutic interventions according to client's religious/spiritual beliefs and practices.

This paper will present the final results of two studies conducted with mental health professionals. One is a qualitative study with 17 mental health professionals (Clinical Psychologists, Psychiatrists and Psychotherapists), and the second one a quantitative study, where 215 mental health professionals were surveyed. Qualitative data were analysed using thematic analysis using the software MAXQDA 11, and quantitative data were analysed using SPSS Statistics 20. The main goal of these two studies was to describe the current clinical practice, regarding particularly how and when mental health professionals integrate and work (or not) with religious and spiritual clients and/or issues.

Results include mental health professionals' overall attitudes toward integration of religiosity and spirituality into therapy; their self-awareness concerning their own religious and spiritual values and their attitudes toward their clients; and the strategies used to integrate religiosity and spirituality into psycho-

therapy. Reflections and implications for clinical practice will be offered as to why bringing religion and spirituality into the mental health field is important.

4. The Phenomenon of Organizational Burnout Doctors Chosen Specialization and their Methods of Coping

Michal Bajko
Institute of Psychology, Univeristy of Gdansk, Poland

Background: Health care workers workplace is recognised as stressful and dangerous environment that often causes a negative effect on the doctors and nurses performance, physical health and psychological well-being of medical staff. In these adverse work conditions a burntout syndrome is really common problem among medical staff.

Aim: Organisational burnout is real problem in group of health care workers. Doctor's and nurse's work is very responsible and their tasks need to be in high quality due to patients health and life. The main aim of these research is to define and minimize the risk of health care workers burnout.

Method: Stress, coping and organisational burnout were examined among 256 doctors of different specializations such as internists, surgeons, oncologists and dentists from hospitals and clinics from Tricity and Warsaw area. Stress was assessed using the a PSS-10 scale and KSOP (Questionary of subjective work evaluation). Coping was assessed using the MiniCope Inventory. Organisational burnout was assessed with Ch. Maslach MBI inventory (Maslach Burnout Inventory). Statistical methods included Wilcoxon Test and Chi Square analysis.

Results: The highest levels of work burnout manifest men internists doctors. In the opposite the lowest level of burnout were found in group of women oncologists. The most two common coping methods in men doctors group are sense of humour and blame of themselves. In women doctors group were found as the most commonly used religious behaviours and also blame of themselves.

Conclusions: Resuming above results, the most heavily loaded with burnout group of doctors are men who are internists. It may be due to using coping methods set to avoid the stressful situations.

5. Education for the Spirituality of Metally Ill People

Dr. hab. Hubert Kaszynski, Katarzyna Ornacka, Jan Klimek, Justyna Berlinska
Uniwersytet Papieski Jana Pawala II, Krakow, Poland

The focus point of the paper is to present the results of preevaluative research on the assumptions and program of an interdisciplinary course intended for students of social work who plan to take up in their professional work the issues related to the spirituality of mentally ill people. The research team comprises representatives of three centres in Krakow: The Pontifical University of John Paul II in Kraków, Jagiellonian University, Rectoral Church of Our Lady of Czestochowa at the Jan Babinski Specialist Hospital in Kraków and people who have experienced emotional crisis. On the basis of the preliminary findings of the study, the authors discuss three selected issues which are crucial for the spiritual education in social work with mentally ill people. The first issue are the axiological consequences of 20th-century eugenics, including the annihilation of mentally ill people, for contemporary marginalisation and stigmatisation of spiritual and Sacrum experiences of mentally ill people. Another issue is related to the anti- stigmatising function of a direct contact with mentally ill people who share their understanding of the place of spirituality in the recovery process. The third one is the educational method in the field of eclectic approach to spirituality of a mentally ill person, for which the theoretical basis is personalistic philosophy, the methodological basis is an interpretative approach and the applicative basis is participatory action research.

Posters

The posters will be exhibited during the whole conference. The authors are present after lunchtime 13:00-14:00 on Friday, May 13.

1. Psychosocial and Spiritual Needs of Mothers of Sick New Born or Preterms

Prof. Dr. Arndt Büssing, Undine Wassermann, Michael Thiel, Alfred Längler
Institute for Integrative Medicine, Faculty of Health, Witten/Herdecke University, Germany

Background: Spirituality is part of the basic needs of all humans, yet often ignored in hospitals because it is regarded as beyond professional duties of health professionals. Meanwhile there is an increasing body of evidence that even in secular societies, patients with chronic diseases may have specific spiritual needs. Less is known about the spiritual needs of mothers of preterm or sick new born children.

Aim: We intended to identify and quantify unmet needs of these mothers, and to relate these needs to their perceived stress and affections of life concerns.
Methods: Anonym cross-sectional survey with standardized instruments (SpNQ, FACIT-Sp, BMLSS, PSS etc.) among 124 mothers of two pediatric departments.

Results: Religious Needs (0.6 ± 0.8) and Existentialistic Needs (0.4 ± 0.5) scored lowest, while Giving/Generativity Needs (1.0 ± 0.8) were of some and Inner Peace Needs (1.4 ± 0.7) of strongest relevance. Mothers´ spiritual well-being scored high, particularly the Meaning (3.2 ± 0.6) and Peace (2.4 ± 0.8) components, but not Faith (1.5 ± 1.1). Mothers did perceive affections of daily life concerns (57 ± 22) and felt "under pressure" (53 ± 26), but had only moderate stress scores (23 ± 6), and their life satisfaction was nevertheless very high (82 ± 13). In fact, they felt highly supported by their partner (5.6 ± 0.9) and hospital staff (5.1 ± 1.1). Talking with hospital staff assured 82% of them that they must not worry about the prognosis of their child. Thus, with respect to the prognosis of their child (preterm - sick with good - sick with unclear/poor prognosis), there were no significant differences between their spiritual needs scores, only a trend for higher religious needs (F=2.8; p=.065). However, the spiritual well-being component Peace was higher in mothers of children with poor or unclear prognosis (F=5.5; p=.005), and their positive mood states scored lowest (F=7.8; p=.001) and they felt more "under pressure" (F=4.4; p=.014). Particularly Inner Peace Needs correlated weakly with stress perception (r=.25), affections of life concerns (r=.25) and grief (r=.23), and only marginally with the Peace component of spiritual wellbeing (r=-.19). Mothers´ spiritual well-being was moderately negative related to stress perception (r=-.44) and life satisfaction (r=.36). Both dimensions obviously cover different aspects of inner peace.

Conclusions: Mothers of sick born / premature children felt supported by the hospital team and their partner, but nevertheless do experience stress and daily life affections, and had unmet Inner Peace needs. Addressing these specific needs in hospitals may help to support them in their struggle with their difficult situation and to promote healthy binding to their child.

2. Spiritual Dryness in Catholic Priests: Experiences and Reactions

Prof. Dr. Arndt Büssing, Prof. Dr. Klaus Baumann, Christoph Jacobs, Prof. Dr. Eckhard Frick
nstitute for Integrative Medicine, Faculty of Health, Witten/Herdecke University, Germany

Background: During their professional life with increasing job demands, pastoral workers may experience phases of psychological and spiritual crises. Albeit in most cases transient, such phases may recur. The underlying causes are probably multifaceted, stemming from external factors (i.e., work overload, structural changes in the work processes, conflict with colleagues, low credit by superiors), but also from internal factors (i.e., psychological traits and capacities, own resources to rely on).

Aim: We aimed to analyze (1) the prevalence of spiritual dryness as a measure of spiritual crisis in a large sample of Catholic priests, (2) to identify predictors associated with spiritual dryness, and (3) their reactions towards these phases.

Methods: Cross-sectional survey (as part of the German Pastoral Worker Study) among 3,824 Catholic priests from 22 of 27 dioceses using standardized questionnaires (i.e., Spiritual Dryness Scale, DSES-6, MBI, PSS, BSI-18, SOC-13, etc.).

Results: Feelings of spiritual dryness were experienced occasionally by 46%, often or regularly by 12%, while 36% experience it seldom and 6% not at all. Best predictors of this form of spiritual crisis were the (lack of) perception of the transcendent, (low) sense of coherence, depressive and burnout symptoms. These variables explain 43% of variance. Loneliness, anxiety and stress perception would add further 0.6% explained variance, and are thus of low relevance in the regression model.

In a subgroup of 657 priests we analyzed their reactions towards phases of spiritual dryness. Most had found strategies to cope with these phases of spiritual dryness (yet 19% only rarely and 12% not at all). These feelings stimulated 37% (fairly often or even regularly) to help others, 31% either not or only rarely, and 33% occasionally; 34% experienced deeper spiritual clarity and depth, 24% either not at all or rarely, and 41% occasionally.

Conclusions: Catholic priests may experience phases of spiritual dryness which are associated with depressive symptoms. Because this spiritual struggle can either lead to spiritual desolation or spiritual growth, it is important to adequately support priests and other pastoral workers. Particularly low perception of the transcendent and low sense of coherence is of relevance because they are resources for which suitable support might be offered.

3. Self-Attributed Importance of Spiritual Practices in Catholic Pastoral Workers and their Association with Life Satisfaction

Prof. Dr. Arndt Büssing, Prof. Dr. Eckhard Frick, Christoph Jacobs, Prof. Dr. Klaus Baumann
Institute for Integrative Medicine, Faculty of Health,

Background: While much more is known about the frequency of spiritual activities of pastoral workers, less is know how important specific spiritual and existential practices are to them personally or existentially.

Aim: As part of the German Pastoral Ministry Study, we intended to analyze 1) which forms of spiritual activities were regarded as important, 2) how they relate to the frequency of engagement / spiritual practices, and 3) how these practices contribute to the life satisfaction of ordained priests and non-ordained pastoral workers, respectively.

Methods: Cross-sectional survey among 1,826 Catholic pastoral workers, i.e., 65% priests and 35% (non-ordained) pastoral assistants and parish expert workers using standardized questionnaires.

Results: The importance of Prosocial-humanistic practices scored highest, followed by Gratitude/ Awe, Existentialistic practices, and Religious practices; Spiritual mind-body practices ("Eastern forms") were not relevant. Frequency and ascribed importance of spiritual practices differs between ordained and non-ordained pastoral workers. Moreover, there was a surprising lack of connection between religious practices and proclaimed importance particularly of Prosocial-humanistic practices and Gratitude/Awe.

For priests, particularly Perception of the Transcendent, Spiritual Dryness (inversely), and importance of Gratitude/Awe were the best spiritual predictors of their life satisfaction (31% explained variance), followed by four further variables (i.e., Frequency Liturgy of Hours, Age, low Private Prayer and low importance of Existentialistic practices) which would add 5% of additional variance explanation. For non-ordained pastoral workers five variables would explain 17% of variance in their life satisfaction scores, particularly Spiritual Dryness and importance of Gratitude / Awe, followed by importance of Existentialistic practices, Frequency of Sacramental Confession, and frequency of Eucharist.

Conclusions: These findings may stimulate further research looking for the underlying causes of these differences between priests and other pastoral workers, and of the gaps between frequency and importance of spiritual practices in all groups which in our opinion indicate challenging inconsistencies with regard to the ideals of religious vocations. Moreover, the contributors of pastoral worker´s life satisfaction have differential impact which remains to be analysed.

4. The Human Aggression and Destructiveness in the Works of Erich Fromm's

Nataliia Buriak
Taras Shevchenko National University of Kyiv

How can we explain man's lust for cruelty? In a world in which violence in every form seems to be increasing, Erich Fromm-the au thor of numerous books-has treated this haunting question with depth and scope in the most original and far-reaching work of his brilliant career.

The thesis is devoted to the problem of human aggression in the interpretation of the famous philosopher and sociologist Erich Fromm. Reveals the philosophical and methodological Erich Fromm's approach to the analysis of aggressiveness and destructiveness. In particular, the analysis of personality of Adolf Hitler is brightly pronounced in the work of Erich Fromm's «Anatomy of the human destructiveness».

5. Dynamics of Religious Consciousness of the Ukrainian Society in the Context of the Revolution of Dignity

Diana Chuvashova, Yevgen Kharkovshchenko
Taras Shevchenko National University of Kyiv, Ukraine

We became the witnesses of that Revolution of Dignity between years 2013–2014, of annexation of the Republic of Crimea and of the military aggression of Russia in Donbas region. All these events last until nowadays and produce deep changes in religious consciousness of Ukrainian society.

The object of this research is to analyse the dynamics of religious consciousness of the Ukrainian society during the Revolution of Dignity and to outline the direction of religious tendencies in consciousness

of society in future. Those events that took place on Maidan are not casual. They became embodiment of aspiration of Ukrainian society to declare about the unity with European cultural traditions and to claim against the old pro-Russian regime. All revolutionary events concern all the spheres of public existence, however first of all they concern the identification of self-determination of both individual and nation in complete. Due to the fact that Ukraine is traditionally the Orthodox country and religion became to renovate with enormous force after receiving the independence, the revolution could not concern religion sphere.

In opinion of researchers, traditional Ukrainian religious consciousness that was folded historically is marked by deep traditionalism of faith, from the one side, and by the necessity of renunciation of politically-spiritual dependence - from the other side. Thus, after the Revolution of Dignity, looking after, as far as the orthodoxy church of Russia stepped back from the christian persuasions, Ukrainian community the opportunity to behave more critically to development of Ukrainian Christianity, rethinking the role and the mission of church or society. However extraordinary traditional Ukrainian religious consciousness tries to put on the brakes of this process. Yes, we can observe how the religious consciousness of Ukrainian society feels an internal conflict, trying to dissociate new tendencies from traditional, to evaluate them and create conditions and terms for their coexistence.

Such situation is natural and will have the both positive and negative consequences that are needed for society for the further rethinking of values, for understanding that personality and its behavior should not depend on a concrete social situation, but should be determined by the generally accepted principles in the civilized world.

However, in our opinion, Ukrainian religious consciousness is unique and original, that appears in its extraordinarily traditional world view, where the church and personal faith play a considerable role. Exactly this thing will not allow to Ukrainians to replace a requirement in religion by other values, to replace the requirements in religion. This is the evidence that nowadays we have the opportunity to observe the original and regular stage of transformation of Ukrainian religious consciousness, the essence of that consists in combination of national tradition, personal faith and active civil position.

6. Place Attachment, Spirituality, and Mental Health: A Study of the African Diaspora in Europe

Victor Counted
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Attachment theory is a fascinating point of inquiry for understanding human experiences. This framework equally provides a common language for understanding the function of emotional bonds to places in influencing certain attributes of religious experience and spirituality, describing in detail the special characteristics and the process of interaction that facilitate affectionate links between an individual, a divine attachment figure, and a place. We present a study that establishes how a knowledge of attachment bonds to certain places and specific divine figures ought to incorporate advances in mental health practices. This paper discusses how the knowledge of attachment phenomena in certain places and in spirituality can be useful strategies for producing therapeutic change and more productive client functioning in mental health practice. A case example is provided to focus, integrate, and elaborate the elements presented.

7. Holistic Care to Patients with Chronic Pain: A Literature Review

Joseph Gauci
University of South Wales

Background: Chronic pain is a very subjective experience that is difficult to localise, define and measure in terms of severity. The role of the healthcare professional is crucial in understanding the patients' definition of pain and to adequately provide holistic care. This is vital in the management and prognosis of their condition.

It has now been recognised that multiple factors play a role in the aetiology of chronic pain. Recent evidence suggests a shift from a biomedical to a biopsychosocial model, taking into account biological, psychological and social factor. It is now increasingly evident that the concepts of spirituality and religiosity also play a role in the management of such chronic conditions. The implementation of such concepts has led to the identification and development of novel holistic biopsychosocial-spiritual approaches which were found effective in coping with chronic pain. This has been documented in a number of studies aimed to investigate biopsychosocial-spiritual approaches to care. Despite the available literature, there is a lack of understanding of the role and definition of spirituality in the context of chronic pain care. This review therefore seeks to analyse the existing research on the topic, focusing on the holistic management of patients with chronic and persisting pain.

Methods: Available literature was critically analysed to find consistent and contrasting views on the aspect of chronic pain management, biopsychosocial-spiritual model, spirituality and religion, and the role of healthcare professional in holistic pain management.

Findings: Despite several definitions of spirituality and religiosity, there is a consensus on the role of the biopsychosocial-spiritual model in the treatment of chronic pain. It is evident that spirituality and religion may be a source of support, comfort and love; decrease pain intensity; reduce stress; increase patient coping; accompanied by an enhanced overall prognosis. Coping strategies may be influenced by various factors, such as personal characteristics, attitudes, culture and beliefs. Nevertheless, multiple beneficial effects on chronic pain support the addition of the spiritual dimension to the biopsychosocial model of care, to embrace the whole person. Thus this merits further research to ameliorate patient care.

8. ‚It's Sort of a Calling' - A Qualitative Study of Volunteers' Motivation to Work with Substance Abusers

Siw-Anita Lien
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The aim for my research was to explore how motivation and actions are expressed amongst a group of Christian volunteers engaged in low-threshold activity directed towards drug addicts.

The majority of Norwegian institutions concerned with treatment and care for substance addicts are run by Christian denominations, in contrasts to other parts of Norwegian health and social services. These Christian denominations are not only concerned with treatment and aftercare, but also take a major part in other initiatives like outreach programs and low-threshold activities. The motivation behind this widespread activity has not been examined with regards to religious motivation as a key component. Through interviews with 9 men and women, all of whom are volunteers or employed at a Christian outreach program, I have examined what motivates their effort and how their faith expresses itself through the activities they are part of.

The most prominent motivation was found among those who claim to have received a calling to help people in need, especially those with a drug problem. Their sense of duty is strongly connected to their experience of a calling and influences all of their actions. Another feature was how their actions, like handing out meals or coffee, also have a religious significance, where the aim is to portray the Christian message through the way they treat the addicts. Third, their action had a profound symbolism, where their actions embodied a symbolic resemblance to the stories of the Bible.

These components show how motivation can be explained within Ninian Smarts theory of worldview, where the informants act within a Christian worldview. This provides an insight into how the informants explain their motivation, their emphasis on religious meaning, and how their Christian faith expresses itself. It also shows how they embody the Christian message, and how this is reflected as part of their worldview. This gives an insight to why Christian denominations and individuals find meaning and purpose in participating in low-threshold activities for substance addicts, and how their effort can explain their considerable presence in this part of the health and social services.

9. The Images of God: Roots and Fruits of their Different Variants

Klara Malinakova MSc, Peter Tavel
Olomouc University Social Health Institute, Palacky University in Olomouc, Czech Republic

There is a growing body of literature that recognises the importance of religiosity/spirituality (R/S) and their role in physical and mental health. Most studies note the protective influence of both constructs (R/S), however a few studies do exist which reach different conclusions. Though the discrepancy could be partly explained e.g. by different approaches to the measurement of R/S, cultural context and various groups of respondents, there are abundant reasons for other factors to be at work. In monotheistic religions for example, the image of God is at the core of R/S. This poster aims to summarise it's development, most common variants and possible multiple connections with health.

There are three significant factors that could contribute to the development of an individual image of God: 1) religious education, 2) religious practice (prayer, service attendance etc.), 3) the relational experiences with primary caregivers. While the first and partly the second factor contribute to the so called God concept (an individual's cognitive understanding of God), the third and possibly part of the second gives foundation to God image (a subjective emotional experience of God). This fact could explain the discrepancy between the „rational" and „emotional" image of God, that can often be observed in practice.

The commonly mentioned pathways through whitch R/S (the image of God) might influence health are psychological pathway (better coping, greater sense of meaning etc.), greater social support and health behaviors, as summarised e.g. by Koenig et al. (2012) and Aldwin et al. (2014). However, also the physiological reaction during spiritual practices could possibly play it's role by altering the neurochemistry of the brain, leading to a sense of peace, happiness and security, and by this, decreasing the harmful effect of stress (Newberg, 2009). Positive or negative God image could influence these pathways to a different degree. Some could be relatively less affected while for the others (e.g. physiological reaction, psychological mechanisms) a more dramatic difference could be expected.

Therefore, the aim of this work is to show in a plastic way the complexity of the combination of three images of God and their influence on health. It will include a brief overwiew of research on associations with health behaviors, social support and psychological mechanisms and proposed association with physiological reaction, specified by the levels of selected hormons and neurotransmitters.

10. Styles of Religious Thinking, Religious Anxiety and Belief in Miraculous Healing

Dr. hab. Jakub Pawlikowski, Michal Wiechetek, Marek Jarosz
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Background: According to Wulff (1991), approaches to religion can be inserted in an orthogonal bipolar dimension. Vertical dimension specifies to what extent people accept the real existence of God or other transcendent reality. The horizontal dimension indicates whether religious content is interpreted literally or symbolically (Hutsebaut, 2000). Cognitive styles of approach to religion can be influenced by sociocultural conditions such as secularisation/laicization connected with religious anxiety, feeling of God's abandonment or despondency which in turn may lead to the negation of God's existence or action (Spilka, Hood, Hunsberger, Gorsuch, 2003).

The aim of research was to analyse the relationship between religious styles of thinking, religious anxiety and the interpretation of miraculous healings.

Material and method: A survey was conducted on a group of 162 respondents (72,2% woman) aged from 18 to 26 (M = 21,03; SD = 1,6). Participants completed a short version of Post-Critical Belief Scales (PCBS, Duriez et al. 2005), Miraculous Healings Scale (BMHS, Pawlikowski, Wiechetek, 2012) and anxiety dimension derived from Multidimensional Quest Orientation Scale (Beck and Jessup, 2004).

Results and conclusions: Results indicate that the styles of religious thinking and religious anxiety are connected with specific beliefs on the cause of miraculous healings. Respondents who accepted the existence of a transcendent reality perceived miraculous healing as a result of God's act, but not as an effect of undefined possibilities of the human nature or medical bias. People who rejected a transcendent reality or experienced religious anxiety explained miraculous healing as an effect of undefined possibilities of the human nature, medical bias, and (less often) an action of an indefinite supernatural powers.

11. Unveiling the Sacred In Health Care Encounters

Davina Gabriela

The central goal of this paper is to increase the reader's knowledge of an integrative approach to the healthcare encounter by explaining the 'theoretical' and demonstrating the 'clinical' utility of selectively incorporating all dimensions of the patient's reality into the healthcare setting. This involves moving beyond the biopsychosocial paradigm (as originally proposed by Engel, 1977, 1979, 1980) and includes awakening the practitioner to the ease with which the spiritual, mystical, or religious (SMR) dimension of human experience may be seamlessly integrated into any healthcare environment. Two spiritual mnemonics are introduced to facilitate recall of the verbal and non-verbal approaches proposed in this paper to rapidly identify and clinically utilize a patient's SMR resources in the medical encounter. These suggested approaches allow for leveraging an individual's SMR affiliations onto healthcare issues in order to maximize efficacy and efficiency in the healthcare arena. Additionally, they offer hermeneutical illumination of an applied and practical approach to selectively integrate the spiritual domain when working with the spiritually attuned, religiously affiliated, or mystically sensitive (SARAMS) patient. By recognizing, understanding, and selectively utilizing all dimensions of the patient's reality; that is, all dimensions of human experience, the healthcare provider maximizes the opportunity to more thoroughly and efficaciously disrupt and desensitize the dynamic forces that impede recovery; thereby facilitating the patient's natural, innate, multidimensional pathways of healing to recursively unfold.

12. Activities Papacy in Health

Serhii Stefanov
Taras Shevchenko National University of Kyiv, Ukraine

The role of the papacy in the health security sector is currently very actual subject in recent years because of the last years of Pontifical Council for Health Care Workers work, the following challenging modern issues were reviewed : autism, AIDS, culture of health and other. The Pontifical Council for Health Care Workers shows the concern of the Church for the sick by helping those who serve the sick and suffering. The Council shall distribute the teaching of the Church in the spiritual and moral aspects of illness as well as the value of human suffering. Its tasks also include coordinating the activities of various dicasteries of the Roman Curia, as they relate to health. Pontifical Council explains and defends the teaching of the Church on health issues. The Council also follows and examines the programs and initiatives of health policy at international and national levels, in order to derive its relevance and importance for the pastoral care of the Church.

13. Convictions Concerning the Nature-Nurture Determinants of Human Condition and Interpretations of Miraculous Healings Among Medical Students

Dr. Michal Wiechetek, Dr. hab. Jakub Pawlikowski, Jaroslaw Sak
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Background: Various interpretations of miraculous healings have been offered throughout centuries. The diverse approaches to miracles originated from the differences in understanding of the causative factors, concepts of nature and the relationship between God and nature. Many interpretations concerning the nature-nurture determinants of human condition were offered in philosophical, psychological, medical and biological publications (Plomin et all. 2001; Tabery J. 2014, Frire et all. 2011) and it is possible to distinguish 3 ways of interpreting these determinants: 1) domination of natural determinants (e.g. biological, hereditary, genes), 2) nurture determinants (e.g. culture, teaching, social interactions) and 3) nature-nurture interactions. Previous studies suggest that convictions concerned human condition are connected with different psychosocial factors such as: religiosity, thinking styles, political orientation, stability of human nature and engagement in teaching processes (Furnham et all., 1985; Zmuda-Trzebiatowska et. all, 2008).

The aim of this research was to describe interplays between convictions concerning the nature-nurture determinants of human conditions and the interpretation of miraculous healings among medical students.

Material and method: A survey was conducted on a group of 132 medical students aged 19 to 25 (M = 20.72; SD = 1.12). Respondents completed two research tools and short demographics. In order to determine the perception of miraculous healings the Beliefs about Miraculous Healings Scale (BMHS) was applied (it includes four dimensions of miraculous healings interpretations: Act of God, Undefined possibilities of human nature, Supernatural powers and Medical bias) (Wiechetek, Pawlikowski, 2012). Convictions concerning determinants of human conditions were measure using the N-K Questionnaire (it includes three dimensions: nature, nurture and nature-nurture interactions) (Zmuda-Trzebiatowska, 2008).

Results and conclusions: The obtained results reveal that 63% of medical students believed in miracles. Majority of them perceived miraculous healings as a result of undefined possibilities of the human nature. A positive correlation was also observed between convictions emphasizing natural determinants of human conditions and the belief in miracles as the effect of supernatural causes (act of God or supernatural powers). Results also reveal that the perception of miraculous healings as undefined possibilities of the human organism is connected with convictions emphasizing nurture determinants and nature-nurture determinants interactions of human conditions.

14. The Picture of Spirituality and its Relationship to Well-being Among Doctors with Different Specializations

Dr. Katarzyna Skrzypinska[1], Ilona Chudzik[2]
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[2]Medical University of Gdansk, Poland

As many scientific sources report spirituality can be relevant predictor of well-being. This fact can be supportive for medical world, where special relationship between patient and doctor is indispenasable. Medical staff often suffers from stress and difficult conditions of their work. So psychologists' task is discovering triggers of well-being in this case.

The main aim of this research was a verification of relationship between personality and spirituality, and between spirituality and well-being among doctors/physicians with different specializations (internists, pediatrists, neurologists, operating surgeons and physicians of emergency medicine) (N = 100, control group N = 93). According to scientific literature (c.f. Levin, Chatters, Ellison, & Taylor, 1996; Emmons, 1999; Piedmont, 1999; MacDonald, 2000; Koenig, McCullough, & Larson, 2001; Saroglou, 2011; Paloutzian & Park, 2013; Skrzypinska, 2014) four hypotheses were formulated: group of doctors differ from control one according to personality traits and level of spirituality (H1); specific personality traits are predictors of level of every component of spirituality (H2); spirituality is related to well-being among doctors (H3); considering various doctors' specializations, and their spirituality – these variables will diversify this group in relation to well-being (H4).

Testing procedure confirmed most of hypotheses, and demonstrated how important differentiation of doctors' specialization is. In general positive relationship between spirituality and well-being was proved, although group of neurologists and operating surgeons revealed different pattern of obtained results.

15. Intervention with the Traumatized Faith-estranged: A Holistic Matrix within a Multi-disciplinary Paradigm

Dr. Lutricia Snell
North West University, Potchefstroom, South Africa

Background: Traumatized patients diagnosed with Acute Stress Disorder due to physical, sexual and/or emotional violence perpetrated against them, often respond well to initial trauma debriefing and short-term therapy depending on the length and intensity

of the trauma. However, in practice the majority of these very patients usually return to therapy within three to six to nine months with the prevalence of the spectrum of psychiatric disorders, ranging from Somatic Symptom and related Disorders, to Adjustment Disorders, and Trauma- and Stressor-Related Disorders. Within the clinical picture predominant symptomatology may vary from increased occupational and social withdrawal, anxiety, depressive features, suicidal risk, obsessive-compulsive behaviour, sleep-wake disturbance, feeding and eating complexities and an increased inability to cope within the context of family and marital relationships. It has become evident in practice that in most of these cases the initial intervention had failed to offer an all-inclusive holistic approach, featuring a combination of the mental status examination and the assessment of the spiritual realm involving the premorbid and current functioning, in which case the incidental or longitudinal trauma suffered usually resulting in the patient questioning his previously held belief system regarding God's omnipotence and omnipresence, had remained unaddressed. The unaddressed spiritual trauma involved had in most cases resulted in the spiritually-minded person quit meditation and prayer, and abandon a prior faith-based life routine as part of a church community which had usually served as an important support network, while in the unreligious individual PTSD-related symptoms may hold meaning in relation to the unaddressed spiritual wound from which the individual may well be unaware of and be functioning detached from, yet acting out unconscious primal material of a spiritually born being confronted with deep-seated unaddressed existential anxiety. In the absence of extended family who may often be living elsewhere, this sudden lack of faith-based community support and spiritual void had more often than not left the traumatized person inevitably more vulnerable on existential issues and to life's on-going daily challenges. The researcher aimed to investigate the outcome of an all-encompassing, more holistic approach to assessment and intervention with this group of research subjects.

Aim: Within the framework of Practical Theology, this research project examines the development and implementation of a holistic matrix regarding the physically and/or emotionally and spiritually wounded faith-estranged person. The research conducted within the framework of pastoral psychotherapeutic relationship-building aims to be implemented within the Scriptural parakletos metaphor whereby the Holy Spirit is the third Person present with the counsellor and the patient during the encounter, with a view to healing of the spiritual wounded ness or trauma through the mediation of the salvation in Christ. While the Scriptural or Biblical Anthropological view of man is constructed with the aim to therapeutically establish or re-establish the traumatized person's identity and safety in Christ alone, the role of the Triune God and the impact of the parakletos metaphor on the engagement, as well as the central position of Scripture in mediating the salvation in Christ are also examined. The role of forgiveness in the healing from emotional trauma and the estrangement from God is also under examination in this field research. In conclusion, a pastoral-therapeutic matrix of intervention is proposed to address the present life crisis and current faith-estrangement within the context of the trauma history. Within this context of study the main aim of the research is in the final analysis the development of a holistic matrix to assist via the parakletos metaphor within Scripture in the healing of the faith-estranged through salvation in Christ.

Methods: For the purpose of this study qualitative field research was conducted by the researcher with the case study method implementation. Cases involving incidental, longitudinal and complex trauma were included in the research. The researcher applied a holistic intervention involving the completion of a mental status examination combined with a spiritual assessment of the individual, and the implementation of a spiritual-emotional-cognitive-behavioural approach to work through the trauma as featured in individual cases.

Results: The research results indicated that the parakletic metaphor in the repertoire of the therapist enabled strong engagement and a rapid trusting-relationship-building process, setting the stage for the trauma-work within the emotional realm, followed by the last stage within the process of healing with the exploration of the existential angst and anger towards God for not protecting against harm on earth, culminating in a deeper trust-bond relationship with God, with a deep-seated understanding of the fallen world man lives in and acceptance of the incompleteness of the here and now, with an eschatological view on reality.

The research results show a correlation between early trauma and the theological perspective on suffering and the character of God. It confirms earlier conclusions in the literature on the link between symptoms of primary wounded ness, and existential angst and faith-estrangement. This affirms the key role of the therapist in guiding the traumatized person's search into the authenticity of thoughts by testing it within Scriptural parameters of sound truth. The emerging development of a firm identity in Christ became evident, replacing the possible over-idealization of the therapist. The theological concept of the parakletic metaphor was essential to therapist transference in this regard. Upon forgiveness of the perpetrator, acceptance of Christ's righteousness could be embraced by the wounded. In the final analysis wounded ness and faith-estrangement became resolved by renewed trust in a loving God, resulting in a new existential perspective, spiritual growth and a rebuilt cognitive understanding of the personhood of God. The gift of reason was also successfully utilized during the process. According to the results functional relativistic thought could be re-

constructed within a pastoral cognitive-behavioural model. Preparatory prayer by the therapist is thus of utmost importance. In case of the wounded having become the perpetrator, apathy towards the traumatized victim/survivor showed a strong correlation with a compromised healing path in therapy, while remorse correlated with healing, restored functioning and a deeply transformed life. The respondents' personal relational functioning with committed loved ones entered into a healing process while vocational functioning became reportedly more meaningful.

Furthermore, the findings indicate that post-traumatic growth and a new definition of fulfilment in life form the core of the approach to healing of the traumatized, since trauma creates an existential crisis. The Triune God is central to healing and well-being, and the Godly Kingdom is by faith man's true home, while the Holy Spirit mediates man's righteousness in Christ's redemptive suffering, with Scripture performing a central role in the meditative process.

Conclusion: The holistic model proposed by the research approach leading to discussed results firstly includes an assessment phase consisting firstly of the taking of a spiritual history, an assessment of spiritual functioning before the trauma and current spiritual functioning, assessment of world view prior to and since the traumatic event(s), and an assessment of the personal commitment to the healing process. The second phase of the assessment period focuses on the examination of the clinical intake problem relating to the presenting acute stress syndrome, symptomatology and impact on overall functioning. Thirdly, an assessment is furthermore done on any history of additional wounding and symptoms of complicated trauma. The history taking includes the compilation of a prayer list on current and past traumas, family history and toxic relationships inherent to family functioning, losses suffered as a result, and client definitional perspectives on self, others and God. The second phase characterizes in-depth prayer, comprising of bio-psycho-socio-spiritual exploration of each prayer-listed emotion, each body memory, each wound suffered, unmet childhood needs and long-term negative repetitive behaviours in adjusted functionality. The mourning of losses may occur at this stage. Hereupon the redefinition of the relevant faulty cognition and behaviours follows, including that of God, self and others, as well as pertaining to healthy boundary-setting, engagement within a support network, as well as a redefinition of the essence of individual family relationships. Once the self is newly defined within the context of God's love, God may become embraced as the true Father, and a spiritual earthly mentor may be identified for the new spiritual journey ahead. Maintenance is the on-going final phase within the newly adopted spiritually disciplined life. Within this framework a new level of maturity emerges and growth continues into becoming more of the stable self, often evident in loving service to God and others.

Pre-Conference Workshop

with Prof. Harold. G. Koenig M.D., May 8-11, 2016

Preceding the conference there was a 4-day Pre-Conference Research Workshop with Prof. Harold Koenig. The workshop was open to all interested in doing research on religion, spirituality and health (accepting participants of any educational level or degree, including theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, or other potential researchers). Professor Harold Koenig is known as senior author of the "Handbook of Religion and Health". He holds a university teaching position as full professor at Duke University Medical Center (Internal Medicine, Psychiatry, and Behavioral Sciences). Furthermore he is co-director of the Center for Spirituality, Theology and Health.

This center offers – amongst others – a 2-year post-doc program in religion and health, which Dr. Koenig has compressed into 4-day workshops.

Mentorship meetings with Prof. Koenig allowed participants to discuss individual research projects.

The following topics have been discussed:

- Historical connections between religion and health care
- Previous research on religion, spirituality and health
- Strengths and weaknesses of previous research
- Theological considerations and concerns
- Highest priority studies for future research
- Strengths and weaknesses of religion/spirituality measures
- Designing different types of research projects
- Funding and managing a research project
- Writing a research paper for publication; getting it published
- Presenting research to public audiences; working with the media
- Developing an academic career in this area

The Conference Venue

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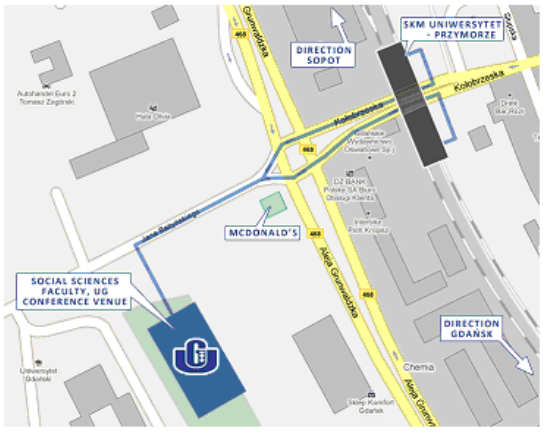

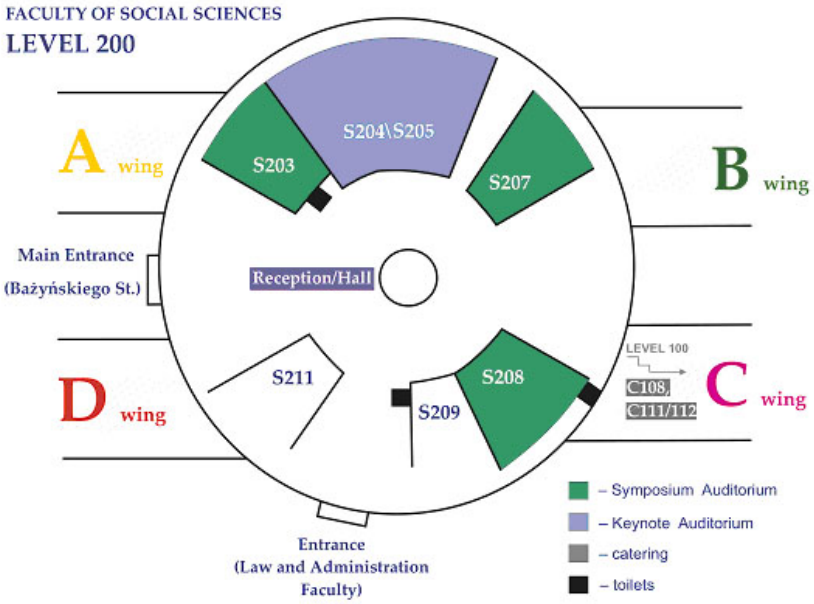

How to reach the conference venue?

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- Tramway lines: 12, 6
- Fast city train SKM, direction: Gdynia, Wejherowo to the station Gdansk-Przymorze/Uniwersytet

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- Fast city train SKM, direction: Gdansk station to the station Gdansk-Przymorze/Uniwersytet

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- Internationale Gesellschaft für Gesundheit und Spiritualität (IGGS)
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- Research Institute for Spirituality and Health (RISH/FISG)
- Schweizerische Akademie für psychosoziale und psychosomatische Medizin (SAPPM)
- Transdisziplinäre Arbeitsgruppe für Spiritualität und Krankheit (TASK)

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