EC RSH18

6th European Conference on Religion, Spirituality and Health and

5th International Conference of the British Association for the Study of Spirituality

May 17-19, 2018
Coventry University
England

BASS
British Association
for the Study of Spirituality

www.ecrsh.eu

Contents

Organisation

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
- Prof. Dr. Christopher Cook, co-chair of the international organising committee, president of BASS
- Thomas Wartenweiler, conference office, Research Institute for Spirituality and Health, Switzerland
- Nathalie Ndawele, conference office, Research Institute for Spirituality and Health, Switzerland
- Dr. Deborah Lycett, head of the local committee, Coventry University, UK

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- 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. theol. Klaus Baumann, Caritaswissenschaft, Albert-Ludwigs-Universität Freiburg, Freiburg/Bg., Germany
- Prof. Dr. med. Arjan Braam, Universiteit voor Humanistiek, Utrecht/Amsterdam, The Netherlands
- Prof. Dr. Christopher Cook, Durham University, UK
- 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
- Dr. Cheryl Hunt, University of Exeter, UK
- 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. Dr. med. Harold G. Koenig, Duke University Medical Center, Durham, NC, USA
- Ass. Prof. Dr. Kevin L. Ladd, Department of Psychology, Indiana University South Bend, IN, USA
- Dr. Deborah Lycett, Coventry University, UK
- Dr. Wilf McSherry, Staffordshire University, UK
- Dr. Michael O'Sullivan, Spirituality Institute for Research and Education, Ireland and University of the Free State, South Africa
- Dr. Linda Ross, University of South Wales, UK
- Prof. Dr. Tatjana Schnell, Department of Psychology, Universität Innsbruck, Austria
- Dr. Katarzyna Skrzypinska, University of Gdansk, Poland
- Prof. Dr. John Swinton, School of Divinity, History and Philosophy, King's College, University Aberdeen, UK

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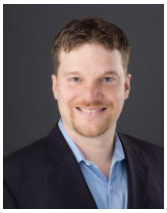


Preface

Patronage of the Conference

Welcome to Coventry University!

We welcome you warmly to Coventry University. We are proud of the work we do here to enhance society; our excellence in higher education and innovation in research makes a real difference to people's lives. We pride ourselves in working collaboratively across many disciplines and this makes us particularly pleased to host this event which joins the conferences of two prestigious societies (ECRSH and BASS) together for the first time. This joining together of great minds from across the world to focus on "Forgiveness and Reconciliation in Health, Medicine and Social Sciences" could not be held in a better city than Coventry - The City of Peace and Reconciliation.

Professor Guy Daly, Pro Vice-Chancellor (Health and Life Sciences), Coventry University

Dear Participants, dear Colleagues

A warm welcome to the 6th European Conference on Religion, Spirituality and Health and the 5th international Conference of the British Association for the Study of Spirituality!

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 100 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 forgiveness and reconciliation in health.

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

Dr. med. René Hefti
Int. Organising Committee

Dr. Deborah Lycett
Local Organising Committee

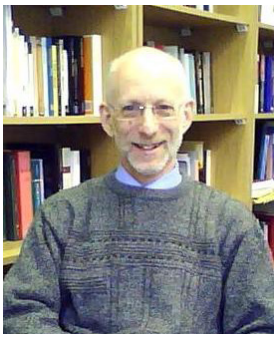
Prof. Dr. Chris Cook
BASS President

Schedule

	Thursday 17.05.	Friday 18.05.	Saturday 19.05.
08.00			
08.30			
09.00		Dr. Katja Schroder *"The Ethics of Forgiveness after Adverse Events in Childbirth"*	Prof. Robert Enright *"A Scientific Approach to Forgiveness Therapy and Education"*
09.30			
10.00		Break	Break
10.30		Symposia I	Symposia II
11.00			
11.30	Registration "Welcome Drink"		
12.00		Lunch	Lunch
12.30			
13.00		Poster Session	Prof. Carlo Leget *"Spiritual Care in Palliative Care – the Role of Forgiveness "*
13.30	Opening Session		
14.00	Prof. Anthony Bash *"The Theology of Forgiveness: theological, philosophical and linguistic reflections"*	Free Communications	Final Panel Different Perspectives on Forgiveness and Reconciliation
14.30			
15.00	Dr. Jenny Hall *"Guilt and Forgiveness in Nursing and Midwifery Practice"*		Closing Session
15.30		Break	End
16.00	Break	Dr. Deborah Lycett *"Guilt and Forgiveness in Obesity"*	Sightseeing or Travelling back home
16.30	Prof. Arndt Büssing *"Empirical Data on Patients' Needs to Forgive and to be Forgiven"*		
17.00		Break	
17.30	Oxford Style Debate Prof. M. King vs. Prof. H. Koenig *"Is there a Link between Religion and Mental Health"*	Rev. Dr. Sarah Hills *"Reconciliation - the Coventry Way"*	
18.15			
18.30	Dinner	Social Evening at Coombe Abbey *(Medieval Banquet)*	
19.00			
19.30	Public Lecture Prof. Everett Worthington *"Dimension of Forgiveness – A Comprehensive Overview"*		
20.00			
20.30			
21.00	Reception		
21.30			
22.00	Committee meeting		
22.30			
23.00			

Keynote Speakers

(in alphabetical order)



Prof. Dr. Anthony Bash

Prof. Bash studied law at Bristol University at bachelor and masters level, and went on to practise law as a solicitor (attorney). He later studied theology at Glasgow University. His doctorate in theology is from Cambridge University. He is now an honorary professor in the Department of Theology and Religion at Durham University. His “day job” is Vice-Master and Senior Tutor at Hatfield College, Durham University. His basic specialism is New Testament biblical studies, and Paul the Apostle in particular. In recent years, my research interest has been on the theology of forgiveness, and this has included looking at the topic in the context of spirituality and psychological models of understanding.

Prof. Dr. Arndt Büssing

Prof. Büssing Arndt Büssing (*1962) is a medical doctor and since 2010 full professor at the Witten/Herdecke University (Germany) for “Quality of Life, Spirituality and Coping”. He was associated Cooperator and Relator of the Pontificial Council of Health Care Workers from 2012 to 2014. Further he was senior research fellow of the “Freiburg Institute for Advanced Studies” (FRIAS) from 2012-2014, and is an associated researcher at “IUNCTUS – Competence Center for Christian Spirituality”, PTH/School of Theology Münster since 2016. He is in the board of directors of the International Society of Health and Spirituality (IGGS), editorial board member of the German Journal of Oncology, of the journal Spiritual Care, and of the open access journal Religions.

Prof. Dr. Robert D. Enright

Dr. Robert Enright is the unquestioned pioneer in the scientific study of forgiveness. He has been called "the forgiveness trailblazer" by Time magazine and is often introduced as "the father of forgiveness research" because of his 33-year academic commitment to researching and implementing forgiveness programs. Dr. Enright is the author or editor of seven books and over 150 publications centered on social development and the psychology of forgiveness. He pioneered forgiveness therapy and developed an early intervention to promote forgiveness—the 20-step “Process Model of Forgiving.” The Enright Forgiveness Inventory, now used by researchers around the world, is an objective measure of the degree to which one person forgives another who has hurt him or her deeply and unfairly.

Dr. Jenny Hall

Jenny has been involved in nursing and midwifery for 40 years, educating all this time, in practice, publication or in higher education. She is Fellow of the Royal College of Midwives and Senior Fellow of the Higher Education Academy. Her passion is to view families’ holistically, including recognising spirituality, and has published widely. She jointly edited ‘Spirituality and childbirth: Meaning and care at the start of life (2017). Recent research relates to promoting dignity and respect in midwifery education, the experiences of disabled women and links between spirituality and infertility. Current work involves a cooperative inquiry around spirituality and childbirth. She is based in the Centre for Excellence in Learning at Bournemouth University, developing other educators on the Postgraduate certificate for education and with interest in Education for Sustainable Development.

Rev. Dr. Sarah Hills

Revd Canon Dr Sarah Hills has been Canon for Reconciliation at Coventry Cathedral since 2014. She was born in South Africa, brought up in Northern Ireland, qualifying in medicine from the University of Sheffield. She worked as a psychiatrist, specialising in psychotherapy until her ordination in 2007. She was awarded her PhD in the theology of reconciliation at the University of Durham in 2015. She is a Visiting Fellow of St John's College, Durham, and a Visiting Practice Fellow at the Centre for Trust, Peace and Social Relations at Coventry University. She works and teaches in the areas of conflict and reconciliation in the national church and internationally, through St Michael's House, the Centre for Reconciliation at Coventry Cathedral. She is also director of the Community of the Cross of Nails which currently has over 200 partners worldwide.

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. Carlo Leget

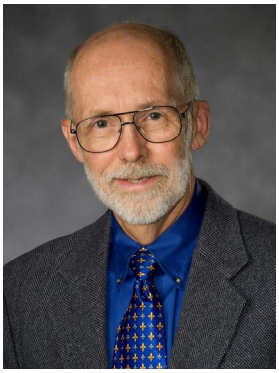
Carlo Leget is full professor of Care Ethics Care at the University of Humanistic Studies in Utrecht, the Netherlands. At the same university he holds an endowed chair in ethical and spiritual questions in palliative care, established by the Association Hospice Care Netherlands. He is the first author of a Dutch guideline on spiritual care in palliative care for physicians and nurses, and developed a contemporary model for spiritual care based on the medieval ars moriendi tradition. Since 2012 he is vice-president of the European Association for Palliative Care and co-chairs the EAPC-Taskforce on spiritual care. He is also a board member of Palliactief, the Dutch Association for Professional Palliative Care, and takes part in the Global Network for Spirituality and Health. Recently he published Art of Living. Art of Dying. Spiritual Care for a Good Death (London/Philadelphia: Jessica Kingsley Publishers 2017).

Dr. Deborah Lycett

Dr Deborah Lycett is Reader in Nutrition, Dietetics and Spiritual Health, in the School of Health at Coventry University. She explores whole person approaches to obesity and other nutrition related conditions which includes physical, psychological and spiritual aspects of care. She is on the Education Board of the British Dietetic Association and the scientific and local organising committee for the European Conference of Religion, Spirituality and Health. Deborah has over 20 years' clinical experience as a registered dietitian. She has worked for many years in the National Health Service (NHS) and also privately, running her own Nutrition and Dietetic Consultancy. She has a PhD in Behavioural Medicine.

Dr. Katja Schroder

Midwife, Msc Health and Postdoc at the Research Unit of General Practice, Institute of Public Health and Research Unit of Gynecology and Obstetrics, Institute of Clinical Research, University of Southern Denmark. Research on adverse events in healthcare, patient safety, second victims and traumatic childbirth from the perspective of the healthcare professional.



Prof. Dr. Everett Worthington

Everett Worthington, Ph.D., is Commonwealth Professor Emeritus working from the Department of Psychology at Virginia Commonwealth University. He continues to be active in research and speaking around the world. He is a licensed Clinical Psychologist in Virginia. He has published over 37 books and over 400 articles and scholarly chapters, mostly on forgiveness, humility positive psychology, marriage, and family topics and religion and spirituality.

The Coventry Lecture (public)

Dimensions of Forgiveness - A Comprehensive Overview

Prof. Everett Worthington
Thursday, May 17, 19:30 - 20:30; TechnoCenter, room CC1.3

I will discuss four types of forgiveness, and their effects on health broadly understood. After I describe a case study to kick off the talk, I describe four dimensions of forgiveness. Both Divine forgiveness and self-forgiveness are more about being an offender, and person-to-person forgiveness and societal forgiveness are more about forgiving people who have hurt or offended us. Religion and spirituality play a role in all four dimensions of forgiveness. I focus on person-to-person forgiveness the longest, using a stress-and-coping model of forgiveness to describe the mechanisms by which any unforgiveness can damage our physical, mental, relational and spiritual health. Forgiveness is one way we can cope with stress caused by transgressions. There are two types of forgiveness, making a decision to act toward the person as if he or she were a valued and valuable person and emotionally forgiving. Finally, I will look at how we might help people forgive, drawing from a meta-analysis to draw take-away lessons. Many of the randomized clinical trials that were meta-analyzed involved the REACH Forgiveness method of promoting forgiveness, and I describe it and summarize some research supporting its use. Within the talk, I hope to treat the basic and the clinical science in a way that we can all understand (and by the way, get a few laughs out of). By the end of the lecture, I hope that everyone—lay person, experienced researcher, or clinician—will leave with something new and that their understanding of forgiveness will be stretched to new dimensions.

Keynote Lectures

(in chronological order)
All keynote lectures take place in the TechnoCenter, room CC1.3

The Theology of Forgiveness: Theological, Philosophical and Linguistic Reflections

Prof. Anthony Bash
Thursday, May 17, 14:00 - 15:00

This paper takes a theological look at what we mean by "spirituality" and by "forgiveness". It asks the question whether it is useful or meaningful to talk about "spirituality" without some sort of belief in a transcendent being. The paper argues that it amounts to a mistake of category to use language that presupposes the existence of the transcendent by people who either doubt or deny the existence of the transcendent. The reasons for the continuing use of the word "spirituality" in a secular world is explored. The paper then considers what forgiveness is. It argues that we make forgiveness what we want it to be and explores the broad range of acceptable usage of the term. In particular, the paper explores the use of the term in the Hebrew Scriptures, in secular pre-Christian Greek culture, in Jewish thinking after the close of the Hebrew Scriptures, and in the Christian Scriptures. We briefly explore some sociological reasons for the different approaches to forgiveness that we identify. We identify four changes that have taken place in the way people look on forgiveness since the completion of the Christian Scriptures and the way those changes have sometimes found expression in psychological model of therapy for forgiveness, in international relations and peace-making, and in some approaches to criminal law. Throughout, while recognizing the fluidity of words and language, the paper explores whether the terminological compromises we make in language to do with spirituality and forgiveness is worth the price, namely, loss of clarity of thought and linguistic exactitude!

Guilt and Forgiveness in Nursing and Midwifery Practice

Dr. Jenny Hall
Thursday, May 17, 15:00 - 16:00

Forgiveness is choosing to love. It is the first skill of self-giving love. Mahatma Gandhi
Here then is the Christian weapon against social evil. We are to go out with the spirt of forgiveness, heal the hurts, right the wrongs and change society with forgiveness. Martin Luther king
Clark (2012) states guilt refers to our sense of having done something wrong, real or imagined actions or inactions. This may then lead to a sense of having to repair something. Guilt and shame often are intertwined. Forgiveness of self, acceptance of forgiveness and forgiving others may then be an aspect of the healing process.
The roles of midwives and nurses are meaningful and significant to them. Globally they are involved in giving out to others through organising or providing care which involves actions that may or may not improve the wellbeing of those being cared for. Care often takes place in environments where their ability to care is hampered by lack of resources. The circumstances of midwifery and nursing are thus areas where self-giving takes place and guilt is a potential. They may also encounter patients or pregnant women who experience guilt as part of their health needs. There is minimal research of the aspects of guilt and forgiveness within general nursing practice and almost none related to midwifery. In particular there are few narratives available to illustrate the topic for education purposes. This presentation will introduce some of the aspects of guilt and forgiveness provided by stories from nurses and midwives during a preliminary exploration of the subject. The stories will illustrate the meanings the participants ascribe to forgiveness and guilt and will inform education to support future care of women and their babies and patients.

Empirical Data on Patients' Needs to Forgive and to be Forgiven

Prof. Arndt Büssing
Thursday, May 17, 16:30 - 17:30

The lecture will address empirical findings of persons´ intention to reflect their life concerns and to solve problematic or burdening aspects of life. In this context, several persons expressed needs to forgive others or to be forgiven. The intensity of these needs was analyzed in both ill and healthy persons from Germany (n=2,687; i.e., patients with cancer, chronic pain, psychiatric or neurological diseases, in healthy stressed persons, healthy mothers with sick or premature newborns or children with Down syndrome, and in elderly persons living in retirement homes), and further in participants from Italy (n=265), Poland (n=272) and Shanghai (n=168). The strongest forgiveness needs were prevalent in persons with chronic diseases (particularly with psychiatric diseases), and the lowest in healthy persons (particularly in elderly living in retirement homes). These forgiveness needs were moderately related to their inner peace needs and only marginally to weakly with life satisfaction. Both forgiveness intentions, giving and receiving, were differentially related to negative mood states in the cohorts, but similarly associated with the intention to find states of inner peace. A spiritual/religious connotation was found particularly for the need to be forgiven; however, this does not mean that non-religious persons do not have this need, but that the underlying intentions might be different.

Debate - "Is There a Link Between Religion and Mental Health?"

Proposer: Prof. Michael King; opposer: Prof. Harold Koenig
Thursday, May 17, 17:30 - 18:30

The format of this debate will follow traditional debating rules, but there will be no second proposer or second opposer. The speakers will each address the motion in a 10 minute presentation. Professor King will open the debate by putting the case that although there are strong claims that religious and spiritual beliefs are associated with better mental health, much of this research is theoretically incoherent and methodologically flawed. Professor Koenig will then oppose the motion by supporting the evidence for an association between religion and better mental health and pointing out its strengths. Each speaker will then have a chance to comment briefly (5 minutes) on his opponent's arguments before the discussion will be opened up to the audience.

The Ethics of Forgiveness after Adverse Events in Childbirth

Dr. Katja Schroder
Friday, May 18, 09:00 - 10:00

Healthcare professionals (HCPs) involved in an unanticipated adverse patient event, a medical error or a patient related injury are referred to as second victims. It has been documented that second victims often experience psychological distress, fear, loss of self-esteem, feelings of guilt and anger in the aftermath of the adverse event. Furthermore, second victims can experience long-lasting effects, such as burnout and post-traumatic stress disorder, and empirical studies document that the stress caused by feelings of distress and guilt are key factors in understanding burnout among HCPs.
The presentation will examine second victims' sense of guilt and discuss their need for either self-forgiveness or interpersonal forgiveness. It has been suggested that empathy is closely related to guilt, so that more empathic people are more likely to experience guilt than less empathic people. Given the nature of the work of HCPs, their empathic abilities are constantly demanded, hence they are prone to experience empathy-based guilt. However, empathy-based guilt becomes pathogenic when it leads to cognitive errors in understanding causality, for instance when HCPs falsely believe that they have caused the problem or the suffering of their patient.
Through Gamlund's theory on forgiveness without blame, the presentation will illustrate how HCPs may experience guilt without being at fault after adverse events. If we fail to recognise and acknowledge guilt or guilty feelings, we may preclude self-forgiveness, which could have a negative impact on the recovery of second victims after adverse events.
To be offered forgiveness by the first victim (the patient), may also relieve the second victim of some of the guilt feeling. However, the nature of the relationship between a HCP and a patient adds com-plexity to the interpersonal forgiveness. An apology to the patient may place ethical pressure on the patient to forgive the HCP, even in situations where the patients and their families are profoundly distressed.
Globally, supporting second victims and addressing their needs has become a major concern for healthcare organizations. Developing and improving support systems for healthcare professionals is a multi-factorial task, and it is suggested that the narrow focus on medico-legal and patient safety perspectives is complemented with moral philosophical perspectives to promote non-judgemental recognition and acknowledgement of guilt. Support systems should include private, unguarded con-versations with colleagues to discuss incidents of medical error and one's own role in and emotions concerning these incidents, as this approach appears to be one of the most important factors in the second victims' ability to forgive themselves.
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Guilt and Forgiveness in Obesity

Dr. Deborah Lycett
Friday, May 18, 16:00 - 17:00

Far from considering that obesity can be solved simply by addressing physical energy balance, we need to also consider the psychological and spiritual factors that drive eating. As a society I believe we need a more compassionate and non-judgemental approach towards obesity, viewing it as a chronic, relapsing, remitting condition, where our aim is to reduce the harms associated with it; rather than view it as a lack of self-control and seek weight loss at all costs.
This keynote lecture will cause you to consider whether there a need for forgiveness in food and weight related matters? It presents three areas where forgiveness may be important in improving the health of those struggling to control their weight. Firstly it considers a need for forgiveness of the past and the evidence surrounding adverse childhood events on obesity, secondly it considers forgiveness in the present as a way to break the guilty cycle of bingeing and dieting. Thirdly it considers forgiveness at a societal level with regard to the prevalence of obesity stigma. For many, issues of guilt and forgiveness are addressed through a religious faith, this keynote concludes with describing the ongoing cluster randomised controlled trial of Taste & See, a church based programme to help develop a healthy relationship with food.

Reconciliation: The Coventry Way

Rev. Dr. Sarah Hills
Friday, May 18, 17:30 - 18:30

This presentation explores the theological and practical journey of reconciliation through the eyes of the ministry of Coventry Cathedral, including specific worked examples of such journeys. In particular, it explores concepts of reconciliation as relational, radical, embodied and embracing. Within these, themes of pilgrimage, restitution, 'eucharistic space', gift, and embodiment relate reconciliation to the Eucharist and the body of Christ, as something sacramental, tangible, and communal.

The presentation first explores the reconciliation ministry of Coventry Cathedral, both historically and in the present, and then seeks to reflect on the theological themes within reconciliation by discussing in more detail some specific reconciliation journeys.

A Scientific Approach to Forgiveness Therapy and Forgiveness Education

Prof. Robert Enright
Saturday, May 19, 09:00 - 10:00

Forgiveness, while part of the ancient wisdom literature for thousands of years, only recently has been put to the scientific test. In this address, Dr. Robert Enright of the University of Wisconsin-Madison in the United States, the pioneer in the scientific studies on forgiveness, will address five questions: 1) What does it mean to forgive a person or persons who acted unjustly?; 2) What is the process involved in forgiving those who acted unjustly?; 3) What is the scientific evidence that this forgiveness process is effective in improving psychological and physical health?; 4) Can we develop preventive strategies of teaching forgiveness to children and adolescents?; and 5) What is the evidence that forgiveness education is effective in improving psychological health? Professor Enright will be drawing on his randomized experimental and control group clinical trials of Forgiveness Therapy to address questions 2 and 3. He will be drawing on his research in the US, in Belfast, Northern Ireland, and Korea to address questions 4 and 5.

Spiritual Care in Palliative Care – The Role of Forgiveness

Prof. Carlo Leget
Saturday, May 19, 13:00 - 14:00

This lecture will consists of three parts. In the first part I will reflect on the relation between forgiveness, reconciliation and the end of life. Human mortality seems to be intrinsically connected with looking back upon one's life and since our finitude also implies moral imperfection, a call or need for dealing with guilt and unfinished business. Moreover, in all spiritual and religious traditions the view on life as a place of moral growth is related to such themes as forgiveness and reconciliation. Palliative care seems to be a special domain in which the existential dimension of these themes becomes especially clear.
In the second part of my lecture I will focus on the research that has been done so far in palliative care on forgiveness and reconciliation. Although there are some empirical studies on different aspects of the subject, and forgiveness and reconciliation are touched upon in a number of instruments used in palliative care, the theme is less present and researched than one would expect given the first part of this lecture.
In the third part of my contribution I will engage in a philosophical reflection on how to deal with guilt. Are forgiveness and reconciliation the best possible ways of dealing with guilt? And what if they seem unattainable or impossible at the end of life? I will conclude my presentation with some questions that ask for further reflection and research in this area.

Symposia

Symposia I - VI on Friday, May 18, 10:30 - 12:00 and Symposia VII - X on Saturday, May 19, 10:30 - 12:00

Symposium I: Forgiveness and Psychological Functioning: A Theoretical, Empirical, and Clinical Perspective

Chair: Jessie Dezutter

1. Forgiveness in a Context of Mental Health: A Psychodynamic Approach

Hanneke Muthert
University of Groningen, Netherlands

Working on spiritual care and mourning in a mental health context, forgiveness is not automatically a theme that Dutch spiritual caregivers bring to the fore considering existing case studies, although there are fruitful exceptions. If forgiveness is not a primary focus in these sources, relevant related aspects of this concept do pop up showing relations with themes as (in)justice and psychological functions like the (in) capabilities of mourning. For some of the patients forgiveness doesn't seem an option at all.

If it is the case that those assumed psychological (in)capabilities affect attitudes to forgiveness, it would be interesting to indicate these different modes of behaving towards forgiveness more clearly. In this paper I will focus on the psychodynamic approach of Thomas Ogden. I will discuss to what degree his ideas about different modes of being add to a theoretical framework considering our theme of the relation between forgiveness and psychological functioning. The specific context of Dutch mental health (chaplaincy/spiritual care) will be obviously taken into account as well.

I will illustrate these theoretical considerations with one or more case studies.

2. The Inner Side of Forgiveness: Transforming Movements in Heart and Mind

Tine Schellekens
KU Leuven, Belgium

Forgiveness therapy is an innovative and growing field of research and practice. Being a very intense inner transformation, forgiveness helps clients in resolving anger over betrayals, relieving depression and anxiety, and restoring peace of mind. Despite its many benefits, forgiveness isn't always what clients are directly asking for. When a therapist or a counselor is confronted with a patient who they think would benefit from forgiving but he or she finds it hard to forgive - or when forgiveness isn't a theme of interest to the client at all - there are several options to take. These possible interventions range from motivational therapy to ignoring the forgiveness issue. But even in choosing a therapeutic alliance with real ownership of the therapeutic process by the client himself, it is possible to do pre-forgiveness work. Developing this option can even seamlessly follow the personal motivations of the client.

To explore these often deep and hidden influences and developments regarding the ability to forgive, we will take a look at the inner side of forgiveness through a psychodynamic approach. More specifically, we will focus on how transgressions result in alterations of the inner self and other images and the beneficial transformations of these inner images by the process of therapy. By means of gently and organically nurturing the psychic soil, forgiveness – we believe - will grow spontaneously.

The aim of this presentation is to illustrate, by means of clinical vignettes, the complexity of the inner transformation of the self and other images during the therapeutic process. We will focus on several therapeutic interventions which can foster and grow the inner dynamics of forgiveness without even directly targeting forgiveness itself. Our journey will include a discussion of some valuable psycho-analytical concepts regarding trauma, emotion regulation, self-image, other-image and loss. Clinical vignettes will ultimately illuminate some of the necessary inner movements of mind and heart that may result in forgiveness.

3. Forgiveness: A Positive Psychological Resource for Late Life Well-Being

Jessie Dezutter
KU Leuven, Belgium

Late life is a period in which individuals risk being increasingly confronted with challenges such as diminishing functional status, cognitive decline, or psychosocial changes including bereavement and loneliness. Without adequate coping or support, these

challenges can negatively impact late life functioning, which is often reflected in compromised well-being or an increase in depressive feelings. Current research points out that positive psychological resources might enhance coping with late life stressors. A variable that has received increasing interest as a positive psychological resource and is linked with several aspects of late life health and well-being is forgiveness. The idea of forgiveness being pivotal in late life can be framed within the life stage theory of Erikson (1982). In Erikson's model, adults in the final stage of life must come to terms with their past. For some elderly, the preoccupations with past failures and difficulties dominate the process resulting in regret and bitterness. They feel as if their life has been wasted and they ruminate about what went 'wrong' with their lives. Other elderly, however, are able to accept their past as unchangeable and they try to resolve life regrets. They achieve a deep level of self-acceptance. Erikson referred to these two poles as 'despair' and 'integrity'.

In this presentation, I will present findings from three quantitative studies in older adults (75+). The results provide preliminary evidence for forgiveness as a resource in late life and show that a forgiving attitude might sustain and even enhance the well-being of older adults. I will furthermore show that the relationship between forgiveness and late life well-being can be explained by the developmental task of finding a balance between integrity and despair.

Symposium II: 'Psychosis and Spirituality', Medical and Religious/ Spiritual Explanatory Models

Chair: Chris Cook

In this symposium the relation between psychosis and religion/spirituality (r/s) is explored in different ways: from the perspective of psychopathology as different types of delusions with religious content and from a patient-centered perspective as spiritual meaning-in-life as key dimension of the interpretation of psychotic experience and recovery.

1. Prevalence and Types of Religious Delusions in Late Life Psychiatric Disorders in the Netherlands

Arjan Braam
University of Humanistic Studies, Netherlands

Objective: The current study aims to gain more insight into the prevalence and types of religious delusions (RDs) in late life psychiatric disorder (schizophrenia-spectrum disorders and depression with psychotic features) and the religious background of the patients.

Methods: Participants (N=155; mean age 77, 28% male, 69% living alone) were patients who presented with psychotic symptoms, both outpatients and inpatients, in a regional mental health care center in The Netherlands. Psychiatric diagnosis and types of symptoms, including a range of contents of delusions, were assessed using the Schedules for Clinical Assessment in Neuropsychiatry, (SCAN 2.1).

Although religiousness was assessed using a number of dimensions (cognitive, behavioral, affective, motivational), the current results focus on religious denomination: based on self-report, and categorized as Roman Catholic, Moderate Protestant, Strict Protestants, Evangelical and Non church member. Furthermore, the adherence to traditional, religious convictions was assessed using a scale on religious orthodoxy, about five months after the first assessment (N = 89).

Results: Compared to those without religious affiliation (15% RDs), patients with a strict Protestants affiliation (62% RDs, OR 9.6) and with a Roman Catholic affiliation (54% RDs, OR 6.8) had a much higher rate of RDs, which was statistically significant. The results were more prominent in patients diagnosed with depression. Irrespective of the diagnosis, patients with RDs had statistically significant higher scores on the Orthodoxy scale (P=0.001).

Conclusions: There appears to be a relationship between RDs, the diagnostic group (psychotic depression), kind of religious affiliation. One may assume that religious denomination, at least with respect to more strict or orthodox religious convictions, acts as a symptom-formation factor of late life depression.

2. Religion and Meaning in Life Among Swiss Patients With Severe Mental Disorders

Philippe Huguelet
University of Geneva, Switzerland

Spirituality and the restoration of meaning-in-life are often key dimensions of recovery in psychiatric disorders. Spirituality is often part of global meaning (beliefs, goals and subjective sense of meaningfulness), and translates into daily meaning (interpretations, strivings and projects, life satisfaction and positive affect), which can be threatened and changed in stressful circumstances such as those encountered when experiencing mental disorders. In this presentation, we will expose data on spiritual meaning-in-

life in relation to values and mental health among 175 patients with schizophrenia, borderline personality disorder, bipolar disorder and anorexia nervosa. For 26% of the patients, spirituality was essential in providing meaning-in-life. Depending on the diagnosis, considering spirituality as essential in life was associated with a higher endorsement of values such as universalism, tradition (humility, devoutness), and benevolence (helpfulness), and a more meaningful perspective in life.

3. Religious and Spiritual Experiences of Dutch Patients With Bipolar Disorders

Eva Ouwehand
University of Groningen, Netherlands

Background: Interpretation of r/s experiences that have occurred during illness episodes is often problematic for patients with bipolar disorder. The aim of this study is first to explore subjective meaning of r/s experiences for bipolar patients and secondly to estimate the prevalence of such experiences and of the explanatory models patients use for their experiences.

Methods: For the qualitative part of the study 35 recovered persons with a diagnosis of bipolar disorder were interviewed by a hospital chaplain and a psychiatrist trainee. The study had an interpretative phenomenological design; data were analysed in NVivo. For the second part of the study, a questionnaire was designed with the r/s experiences and the explanatory models evolving from the interviews.

Results: A variation of different types and aspects of r/s was identified. A small part of the participants rejected their experiences as merely pathological or interpreted them as exclusively r/s. A large group considered their experiences as having both pathological and spiritual aspects, or struggled with their significance.

Of the 198 participants of the second part of the study, 56% had had one or more r/s experience. The experiences occurred significantly more in patients with bipolar disorder I than in other types of BD and more during mania than during other episodes. The relation with original and present affiliation was moderate, but with r/s self-definition it was stronger. Comparing the outcomes to available sociological data, the prevalence of an experience of the presence of God was comparable to the general population, but experiences of unity occurred twice as much as in the general population.
Analysis of the explanatory models is not completed yet.

Conclusion: R/S experiences occur in more than half of the population of an outpatient centre for bipolar disorder, even in a secularized country as the Netherlands. The interpretation of such experiences for persons with bipolar disorder is complex and more clinical attention for the phenomenon is desirable.

Symposium III: Spiritual Care in Palliative Care

Chair: Carlo Leget

1. Spiritual Care in Palliative Care: The Current State of the Science

Lucy Selman
University of Bristol, UK

Spiritual care is a core component of palliative care as defined by the World Health Organization. Yet within the field of palliative care research, comparatively little attention has been paid to spiritual care, especially outside North America. In this presentation, Dr Selman will take an international perspective, outlining evidence related to spiritual care and identifying as-yet unanswered questions. Topics covered will include patients' and caregivers' spiritual care needs and experiences, the effectiveness of spiritual care, healthcare providers' attitudes to it, and their roles in its provision. She will also discuss priorities in research in this field from patient, family and healthcare provider perspectives, drawing on the findings of her own research over the last ten years.

2. Forgiveness and Meanings of Spiritual Wellbeing for Participants in the Validation of the EORTC QLQ-SWB32: A Measure of Spiritual Wellbeing for Palliative Care Patients

Bella Vivat
University College London, UK

In 2015 members of the EORTC Quality of Life Group completed data collection for international validation of a provisional measure of spiritual wellbeing for people receiving palliative care for cancer, in 14 countries and ten languages. The provisional measure was translated into suitable languages, as was the structured schedule for debriefing interviews. All research interviewers followed this schedule, and responses were translated into English if needed.

The last two items of the measure use the phrase "spiritual wellbeing", without providing any definition, and in the debriefing interviews following measure completion participants were asked, "What does spiritual wellbeing mean to you?" For this sub-

sidiary study we checked and cleaned answers to this question, and analysed them qualitatively for themes.

We obtained clean and comprehensible data from 307 participants in ten countries (Australia, Chile, France, Iran, Italy, Mexico, Norway, Singapore, Spain and the UK), and six original languages (English, French, Italian, Norwegian, Persian, and Spanish). Each participant had their own personal understanding of spiritual wellbeing, but from their responses we identified three primary themes: Self, Others, and Religion, and two subsidiary themes: Death/ Dying/ Life after death and Philosophical/Existential.

This presentation will outline these themes and their content, paying particular attention to forgiveness, which features in two items in the measure, and as an element in how some participants understood spiritual wellbeing.

3. Bonds Stronger Than Death: The Role of Hospices as Facilitators of Memorialisation

Andrew Goodhead
St. Christopher's Hospice

Many United Kingdom hospices offer bereaved people opportunities to remember the dead through free-writing in Memorial Books or by attending a Memorial Service. Through a study at ten hospices across the United Kingdom the themes, content, timing and purpose and function of free-writing and the content, engagement, purpose and function of Memorial Services was studied. The analysis of data collected from both sources illustrates processes of memorialisation which are at the same time unique and collective, private and public. Some writers in memorial Books return to a hospice frequently to add further entries in remembrance of the deceased and do so at specific points in the year. Attendees to a Memorial Service use an Act of Remembrance, if present, to remember an individual in a collective setting. Through writing and attending memorial services, individuals and families make and take meaning. In addition, data analysis indicated that recent models of grief theory are seen in both free-writing and through attendee's behaviour at a Memorial Service.

4. Muslim and Christian Cancer Patients' Need for Existential and Spiritual Care in a Secular Society

Hanne Bess Boelsbjerg
University of Copenhagen

In a secular society like Denmark being religious can be challenging. The perception of religious faith as a private matter can make it complicated for Christian and Muslim cancer patients to openly address their existential and spiritual needs during palliative care. In an ethnographic study conducted among 16 severely ill or dying cancer patients with a Danish or other ethnic background, the role of having a Christian or Muslim faith was explored.

The study focussed on how the needs related to existential and spiritual concerns were met in different contexts. This included observations of exchanges between patients, relatives and health care professionals about existential issues and spiritual concerns. These exchanges took place in health care settings, patients' homes, at religious services and during family events.

The analysis of this rich ethnographic material and the 65 interviews conducted with patients, their relatives, and professional careers showed that most health care professionals were reluctant to initiate a conversation about the patients' faith and their fear of dying.

The religious beliefs and the spiritual concerns of the patients were often left unidentified or unexplored, even by close relatives, leading some patients to express the need of being acknowledged as a believer before dying.

Symposium IV: Church-based Volunteers in Community Care / Mental Health and Missions

Chair: Ralph Kunz

1. Church-based Volunteers in Community Care: Offering Support to Informal Caregivers

Alexander Bischoff[1], Ralph Kunz[2]
[1]Haute école de santé Fribourg, Switzerland
[2] Theologisches Seminar, Universität Zürich, Switzerland

"Church-based Volunteers in Community Care" is a two-pronged presentation.

The first presentation, by A. Bischoff and R. Kunz, introduces informal carers (IC), and asks whether the health system needs IC and what IC need from the health system. We argue that the health system is ill prepared to cope with the current challenges of long-term conditions and the need to prioritise community care. This part emphasises the health system research view. The second part identifies the ICs' personal needs, including bio-psycho-social as well as spiritual ones, and proposes church-based volunteers

as one way to offering support to IC. Tentatively we sketch out a curriculum for the training of church-based volunteers, with special focus on the use of psalms. This second part has a theological focus.

This project aims at integrating church-based volunteers (CBV) in community care. CBV will be trained to support (alleviate, provide relief for) informal caregivers (IC). CBVs are to visit and coach dementia patients, chronically ill people and elderly frail patients at their homes. The project is an innovative intervention study based in two communities (parishes). First IC and CBV will be identified and asked about their needs, then trained in spiritual care and self-care, to be assigned to community members in need and guided over a period of six months. The intended collaboration of CBV and IC is, in our view, an untapped resource in times of scarce health system resources. This collaboration will alleviate the burden of IC and prevent burnout.

The methodological choice of the present project, by using the Action Research design, is an important complement to the other research projects in the field that are predominantly quantitative in nature. Action Research provides the means of working with community participants flexibly and in a pragmatic way.

2. Global Mental Health and Missions – Toward a Holistic Paradigm of Care and Counsel

Ulrich Giesekus
Internationale Hochschule Liebenzell

Informal surveys, supervisory experience within mission contexts, and many cases of burned-out missionaries indicate that to a rising degree, missions work is mental health work done by people who are generally well trained but not well equipped to deal with emotional disorders. The author´s previously published survey of mission mental health work and the research project in progress indicate a need for change. Very little work has been done to assess missionary activities in the area of counseling, even though it seems obvious that a large part of what missionaries do in many parts of the world is couples- and family-counseling, dealing with substance abuse, helping depressed and anxiety-ridden people, caring for traumatized, doing reconciliation work, training parenting skills, or counseling churches and businesses toward better organizational development. Many missionaries and pastors have no or little formal training in counseling, clinical psychology, not to mention being licensed to practice psychotherapy in their home countries. In many regions, professional clinical help is not available at all, and clergy are the address for all mental health problems. It is often the pastors, missionaries etc. themselves who pay a high personal price as untrained and unsupervised work in the mental health field imposes high stress on the helpers. There is a promise for all sides if pastors and missionaries gained a better understanding of global mental health needs, the possibilities and limits of the application of scientific psychology in different cultures, as well as the discovery of indigent resources. Mental Health care should no longer be the hole in "holistic". As our current research indicates, there are a number of "best practice" local and regional initiatives for mental health care; however, there is little or no conceptual integration in the missions concepts of major missions organizations.

References: [1]Giesekus, U. Intercultural Skills in Global Mental Health Care and Missions, in: Journal of Psychology and Christianity, Heft 33/2014, S. 164-167. [2]Smith, B. M. & Giesekus, U. An Analysis of the Role of Mental Health Treatment in Faith-Based Health Organizations Worldwide.

Symposium V: Spirituality and Health in Different Populations

Chair: Deborah Lycett

1. Migration, Mental Health and Spiritualty and Religion- What Are Needs -Do We Meet Them ?

Anne Zahn
University Hospital Freiburg, Germany

Background: There is a huge percentage of people having to leave their countries because of war, political and religious reasons and look for a new home in Germany in the past few years. Currently, migrants and other mobile individuals, such as migrant workers and asylum seekers, are an expanding global population of growing social, demographic and political importance. Disparities often exist between a migrant population's place of origin and its destination, particularly with relation to health determinants. New challenges and opportunities. How do meet this challenge?

Aim: What does research say whether talking about spiritual and religious believes and values in psychiatry and psychotherapy influence health and the compliance ?

Methods: Comparing different studies in relation to experiences from clinical practice

Results: While religious beliefs and practices can represent powerful sources of comfort, hope and meaning, they are often intricately entangled with disorders, sometimes making it difficult to determine whether they are a resource or a liability mentioned by Koenig 2011.

There is a particular emphasis on how religion and spirituality can help immigrants as well as how the experience of migration affects religious beliefs and practices. (James A. Beckford Religion and Migration). Muslim women have specific needs shown in a study by Walton that have an effect on their physical health. These results show that a female health care provider for example are preferred. Suggestions for future research should address specific health care provider outcomes as they pertain to optimal clinical well being. Like Vaughan mentions medical educators also need teaching and learning approaches and philosophies that consider health attributions, beliefs, and practices of patients. Jozaghi findings underscore the role of a faith-based project in making noticeable contributions that reduce the traditional stigma attached to addictions and mental health problems in a Muslim community.

JOZAGHI shows in his study the growing role of migration and population mobility in global disease epidemiology. The religio-cultural community of minority ethnic migrants can strongly affect post-migration adaptation shown by Mitha. Whilst religion itself may influence resilience, the social support network it provides may also play a role. Results demonstrate how faith engagement and civic participation were utilised in developing resilience when facing mental health stressors encountered during the migratory and acculturative processes.

Discussion: Faith, religion and spiritualty seem to play a significant role in immigrants health and compliance. Special programs including these questions in treatment have shown that. Whether it influences their treatment outcome has to be shown by further studies. Do we face that challenge adequately and what could be done in the future especially for educating the medical professionals has to be shown.

2. The Attitudes Towards Religiosity and Spirituality in the Secular Environment of the Czech Republic

Zdenek Meier, Klara Malinakova
Palacky University in Olomouc, Olomouc University Social Health Institute

There is a growing research interest in religiosity/spirituality (R/S) and their associations with different areas of human life. However, most of the research so far has been conducted in predominantly religious countries and further research is needed to understand to the dynamics that is underlying the processes associated with R/S in secular countries. Therefore, the aim of this study was to explore the attitudes towards R/S and experiences with R/S in the secular environment of the Czech Republic, a country with worldwide the lowest occurrence of R/S.

A sample of 40 respondents representing different sociodemographic groups participated in a qualitative study focused on attitudes towards R/S, spiritual experiences and the personal journey to R/S. A nationally representative sample of Czech adults (n=1795, age 46.4±17.4 years, 48.7% men) participated in the quantitative survey. We measured religiosity, religious education in the family, spirituality, conversion experience and non-religious attitudes (main reasons for non-belief and possible motives for attendance of a church or prayer).

As the result of the qualitative analysis we present the classification of R/S respondents based on their approach to spirituality. The quantitative analysis explored the roots and prevalence of religious and non-religious attitudes. Moreover, it showed the prevailing dynamics in the area of R/S, with a possible substantial shift towards religiosity among 40% of non-religious respondents in case of a difficult life situation and health problems.

Our findings contribute to the processes associated with R/S in secular countries. Further research on the associations between R/S and health in these countries requires more attention.

3. Spirituality: Replicating or Remediating Colonisation?

Beth Crisp
Deakin University

Integral to the process of colonisation is the imposition of values, viewpoints and practices, including those associated with spirituality. Centuries of disrespect for the indigenous peoples and their spiritualities by the European settlers has ongoing consequences in postcolonial societies. Having failed in their missions to 'humanize' the indigenous peoples by westernizing them and converting them to Christianity, the approach to indigenous spiritualities was largely one of marginalization. However, there is now a growing acceptance that redressing the injustices as a result of colonisation cannot occur while continually ignoring the spiritualities of indigenous peoples. Drawing on examples from countries including Australia, Canada and New Zealand, this paper explores how spirituality can be part of the process of remediating, rather than replicating, colonisation.

4. Exploring How the Spiritual Needs of Patients Living With Dementia are Addressed Within Care and Treatment Plans (CTPs) in Three Health Boards in Wales

Linda Ross, Anne Fothergill, Ian Stevenson, Wilf McSherry, Sarah Collier
School of Care Sciences, LSE, University of South Wales, GB

Background: In Wales, dementia patients should have a CTP completed which contains 8 domains, one of which is concerned with social/cultural/spiritual needs (Domain 7). A small audit suggested that this domain may not be regularly completed thus dementia patients' spiritual needs may potentially go unmet.

Aim: To explore how the spiritual needs of dementia patients are addressed within care and treatment plans in 3 Health Boards in Wales.

Method: 1. Literature review of spiritual care in dementia. 2. Thematic analysis of Domain 7 of a purposive sample of 150 CTPs (with Domain 7 completed) collected from wards and community settings in 3 Health Boards to see what is documented about dementia patients' social/cultural/spiritual needs. 3. Focus groups with staff to explore their views on completing Domain 7.

Results: There is a dearth of literature on spiritual care in dementia. Analysis revealed that the main focus in Domain 7 was on social needs such as engaging in meaningful activities and helping patients maintain social connections. Spiritual needs were mainly documented with reference to patients' religious affiliation and associated religious rituals/practices.

Focus groups with staff revealed that they found this domain difficult to complete because they were unsure of what it meant or how to meaningfully assess and appropriately respond when patients could not make their spiritual needs and care preferences known, especially when acute episodes masked the 'essence of the person'. Staff acknowledged that spirituality was broader than religion but found it difficult to know how to document these broader aspects and would value further education. Staff reported that Domain 7 was one of the least frequently completed domains. Conclusion: There is need for further education of staff in addressing the spiritual aspects of dementia care.

Symposium VI: BASS Symposium I

Chair: Michael O'Sullivan

1. Singing, Spirituality and the Recovery Movement

June Boyce-Tillman
University of Winchester, North West University of South Africa

The background of this paper is the development of the healing properties of the sacred or liminal space, which has been explored in various contexts (Boyce-Tillman 2007). Isabel Clarke's (Clarke 2008) notion of the transliminal way of knowing is drawn from cognitive psychology (Thalbourne et al 1997). In her thinking, this way of knowing is to do with our 'porous' relation to other beings and tolerating paradox. It is in contrast to 'propositional knowing', which gives us the analytically sophisticated individual that 'our culture has perhaps mistaken for the whole.' To access the other way of knowing we cross an internal 'limen' or threshold. The aim of this paper is to interrogate how this way of knowing can be found in singing groups, particularly those associated with recovery from mental illness. It will base this in an ecology of health (Williams July 2017), which outlines the four habitats in which our lives are set: the body, the environment, the society and the cosmos. It will examine how music can feed into this model, analysing case studies, which bring together ideas of the place of spirituality in recovery contexts and the role of music in wellbeing. This will postulate the use of singing as a spiritual component in recovery contexts.

2. Taking Care Not to Silence the Dead

David Crawley
Laidlaw College

Narrative therapy pioneer Michael White advocated the use of re-membering conversations to help bereaved people reincorporate lost loved ones into their lives. White regarded these conversations as an antidote to ideas about grief and loss – such as "letting go" and "moving on" – which support separation between the bereaved and the deceased. Remembering practices help to reweave positive relational connections in the face of loss, and support the continuing contribution of the deceased to the meanings of people's lives.

Typically the agency in such conversations is understood to be held by the bereaved person; i.e. he or she is the active subject in the re-membering process through which relational threads are rewoven. This presentation foregrounds the fact that, for some people, the catalyst for reconnection and even reconciliation may be an experience in which it is the deceased loved one who takes the initiative. A case study involving an experience of this kind will be offered, in which a dead family member was reported to have communicated with another family member, with healing effects for the wider family. The cultural meanings of this event for the person concerned (a New Zealand Māori man) will be considered, along with other possible ways in which meaning might be made of such an account.

Finally, this presentation will consider the implications of this discussion for those working in the areas

of grief, loss and spiritual care. The importance of maintaining an open, curious and engaged stance in relation to people's spiritual narratives will be argued, even when such narratives fall outside the care-giver's cultural frame of reference. By resisting the tyranny of any single story about the shape of grief and loss, or about re-membering practices, we open space for hearing and supporting new chapters in personal stories of reconnection and healing.

3. Spiritual Perspectives on Dementia: the Alzheimers Society Forum

Peter Kevern[1], Hans Stifoss-Hanssen[2]
[1]Staffordshire University, UK
[2]VID Specialized University Oslo, Norway

Although one writer has called dementia "the theological disease", there has been remarkably little reflection on the meaning and significance of Alzheimers and related dementias from the perspective of religion and spirituality. There has been a number of studies measuring self-reported religiosity or spiritual wellbeing with a view to addressing or reducing caregiver burden, but spiritual meaning-making as an intentional activity is relatively underresearched.

Most accounts of carer spirituality take the form of individual stories. Studies of multiple participants who have been affected by dementia have almost entirely been based on interviews. Because they capture the data in this formal way, they might be understood to favour responses which are positive, coherent and articulate. Thus few report a sense of abandonment by God, loss of hope or a sense of the irrelevance of spirituality in the face of this family of conditions.

The present study aims to correct this bias by examining a dataset chronicling an informal and spontaneous conversation outside the established interview structure. It brings a new perspective to research into the subject by undertaking an analysis of the contents of an online forum on "thoughts which lend a spiritual perspective to going through dementia". The forum, hosted by the Alzheimers Society in 2013 comprises 64 entries of widely varying length. Contents range widely and include accounts of unbelief or lost belief in the hope of finding spiritual meaning, links or references to a range of spiritual resources and descriptions of mystical experiences. Analysis was undertaken independently by two researchers and key themes extracted.

Results indicated that participants had retained a sense of the importance of a "spiritual perspective" even if they had concluded that no meaning could be extracted from their experience. Orthodox religious beliefs were underrepresented by comparison to the carer demographic, but a number of participants could be classified as 'post Christian' or 'spiritual not religious'. These findings and the detailed analysis of thematic content demonstrate the importance of carer experience as a site of active meaning-making as well as an occasion for deep reappraisal of core values.

4. The Lived Experience of Hope in Patients With Eating Disorder: Counselling Implications

Conroy Reynolds
University of Redlands, UK

Recent studies have found hope to be a critical ingredient in recovery from mental illness (Helm, 2004; Irving et al., 2004; Landeen, Pawlick, Woodside, Kirkpatrick, & Byrne, 2000; Waynor, Gao, Dolce, Haytas, & Reilly, 2012) In addition, successful therapeutic intervention ignites and maintains hope (Larsen & Stege, 2010), higher levels of hope effected reduced levels of PTSD symptoms in war veterans (Gilman, Schumm, & Chard, 2012), and is an important factor in resiliency in at risk children (Brooks, 1994).

Spirituality is considered a fundamental attribute of hope. For example, hope is positively related to prayer, adult attachment and the ability to forgive (Jankowski & Sandage, 2011). As part of a larger study examining factors related to hope among institutionalized elders, spirituality emerged as the only significant predictor of hope (Touhy, 2001). Dying patients maintain hope regardless of their proximity to death and this is attributed to their spiritual strength (Broadhurst & Harrington, 2016). Moreover, hope supports the search for meaning and purpose (Weinberg, 2013).

Despite the growing body of literature on the efficacy of hope for positive mental health outcomes in a variety of clinical populations, minimal research has been directed at understanding the role of hope in the experience of eating disorder patients. Patients suffering from eating disorder often struggle to feel any sense of hope due to chronic abuse of the body temple. They feel increasingly helpless as the addiction grows stronger.

Aim: This phenomenological study will examine the concept of hope in the lived experience of a group of patients who have been diagnosed with an eating disorder. The goal is the study is to deepen understanding of this concept and its manifestation in this population. Results of this study may offer insight into the integration of hope in the treatment of eating disorder and other clinical populations.

Method: Participants for this study were recruited from patients in treatment with an eating disorder diagnosis at Loma Linda University Behavioral Medicine Center in Sothern California. The inclusion criteria to be met included persons 14 and over who had been diagnosed with an eating disorder and who were currently in treatment for the disorder.

Symposium VII: Concepts of Forgiveness

Chair: René Hefti

1. Dimensions of Forgiveness - Theological Perspectives

Karsten Flemming Thomsen
University of Southern Denmark

Dietrich Bonhoeffer, the German theologian who died in a Nazi prison camp only days before the end of World War II, had a profound insight in forgiveness as an aspect of life in a Christian community. Life together, he argued, forms Christians for forgiveness precisely by ridding them of the illusion that they can live without forgiveness!
This presentation will, with a departure from the way forgiveness is coined in Old- and New Testament, turn to another well-known German theologian, Jürgen Moltmann, and his writing on forgiveness as something about creating a new beginning.
Moltmann argues that "in the Bible... repentance means 'conāversion', an 'about turn'. And this turn is a turn towards the future." Repentance also needs to look towards the future, although it acknowledges the past hurts. New beginnings are needed: Not only for those who have been the victims of violence but also for those who have instigated violence there is a need for liberation.

This short presentation on dimensions of forgiveness will as point of departure touch upon:
1. Forgiveness: What? A few suggestions from the Christian Old- and New Testament.
2. Forgiveness: How? An eschatological concept of hope – readings in Jürgen Moltmann.

2. Psychological Concepts of Forgiveness

Everett Worthington
Virginia Commonwealth University

I review, in three categories, the psychological approaches to forgiveness. These are, first, major, well-developed theories such as stress-and-coping theory, interdependence theory, and evolutionary theory. Second, we have emerging theories. These include virtue theory (glimpse the goal, practice, meet tests, and experience satisfaction), cognitive theory (System 1 and System 2 theories), Worthington and Sandage's (2016) relational spirituality and forgiveness model, and exposure theory. Third, I examine intervention models or theories, which are therapeutic models that describe how helpers lead people through a structured set of experiences that result (most of the time) in forgiveness. I summarize the Enright and the REACH Forgiveness models.

3. Conceptualization and Types of Forgiveness for Consecrated Life People in a Spanish Sample

Ines Serrano Fernandez
Universidad CEU San Pablo, Madrid, Spain

Background: There is plenty of literature regarding the influence of the level of religiosity/spirituality in forgiveness. The results related to the level of dispositional and specific forgiveness are contradictory. It is known as the discrepancy "religion-forgiveness". Additionally, persons conceptualize forgiveness through beliefs such us: the nature of forgiveness is unilateral, or negotiated, not everyone has the right to forgive and there are unforgivable offences. Social desirability might be a source of distortion.

Aims: This study compares beliefs through which forgiveness is conceptualized, social desirability and types of forgiveness among persons of consecrated and non-consecrated life.

Methods: A sample of 491 believer participants was used, from which 31 are religious of consecrated life. Different measures of forgiveness (HFS, FS, TRIM-18), forgiveness beliefs and social desirability were used.

Results: Significant differences were found between specific forgiveness among religious persons of consecrated life and non-consecrated life depending on the forgiveness measure used. There are also differences in beliefs through which forgiveness is conceptualized.

Conclusions: It is possible to detect two profiles among persons who believe: religious of consecrated life conceptualize forgiveness as unilateral and when they forgive they experience an increase in thoughts, feelings, positive conducts (FS) and a higher benevolent motivation, love and mercy towards the offender (TRIM). The profile of religious persons of non-consecrated life is associated to a conceptualization of forgiveness as negotiated and in its comprehension there would be certain offenses which are unforgivable. Additionally, there would not be a prevalent way of experiencing forgiveness. Implications are discussed.

4. Forgiveness: Continuing the Dialogue Between Psychology and Theology

Frazer Watts
University of Lincoln, UK

Background: Forgiveness has a background in religious discourse and practice but there has recently been an explosion of research on forgiveness as a therapy that can be applied in secular contexts, which illustrates the migration of ideas and practices from religious to secular culture. However, in parallel, an active body of work on continues in theology. The theology of forgiveness will be illustrated where possible from the distinctive thinking about it that has been developed within Coventry Cathedral.

Aim: The aim is to bring the psychology and theology of forgiveness into dialogue. Though psychological work on forgiveness as therapy is far superior to religious traditions in terms of developing clear procedural guidelines and relevant research data, religion retains a distinctive conceptual approach. It is arguable that, at some points, this is richer than the psychological conceptualization of forgiveness, and that there could be a continuing fruitful dialogue between theology and psychology about forgiveness.

Method: Key points will be considered at which psychology and theology often take different approaches to forgiveness: (i) the reasons for undertaking forgiveness, (ii) whether forgiveness is seen as a personal initiative or as part of something transpersonal, and whether the emphasis is on giving or receiving forgiveness, (iii) whether forgiveness is see as an isolated act or the culmination of a long period of cultivating the necessary virtues.

Results and Conclusions It will be suggested that the psychology of forgiveness by giving more emphasis to aspects which are emphasized more strongly in the theological literature, including the reasons to forgive, the reception of forgiveness, and the capacity to forgive. Pointers towards future development of forgiveness as therapy will be emphasized.

Symposium VIII: Franciscan Spirituality - Leadership Competences and Values

Chair: Arndt Büssing

1. The Basic Characteristics of the Franciscan Spirituality are a Way of How to Deal With Important Aspects and Challenges of the Postmodern World

Thomas Dienberg
IUNCTUS—Competence Center for Christian Spirituality, PTH/School of Theology Münster, Germany

Background: The Time-Magazine called Francis of Assisi the man of the last millennium. His radicalness, his consequence in life-style and his attitudes towards creation were an example for so many people during the centuries to follow him and adapt his spirituality. Especially in modern and postmodern times, his way of looking at the world and mankind could be an example and a great help to change attitudes, perspectives and the way how to encounter reality. Everything is connected and the challenge today seems to transform this connectedness into relationships.
Aims: This paper focuses on the essential characteristics of the Franciscan spirituality, as there are: poverty (paupertas), brotherhood (fraternitas), being a lesser sister and brother (minoritas), mercy and contemplation.

Method: The five core aspects of the Franciscan spirituality will be at first presented regarding their historical background and their meaning for the Franciscan communities. In a second step they will be confronted with some of the 'narratives' and therefore challenges of the postmodern world: ecology, digitalization (community and individualism), economy, leaderships and ethics, migration and finally health care in an economized world. Concrete steps and ways how to connect the Franciscan Spirituality and these (post)modern challenges will also be presented.

Conclusions: The main Franciscan aspects as mentioned before are a challenge for the postmodern world and its realities. They bring up a painful subject and enforce to think about alternatives and especially a different perspective towards reality. They in particular help the individuals to get connected again: with themselves, the other, the world - and God. It is all about being connected in a world where everything seems to fall apart.

2. "Meeting People at Eye Level" – Integration of Franciscan Aspects in Leadership Today

Markus Warode
IUNCTUS—Competence Center for Christian Spirituality, PTH/School of Theology Münster, Germany

Background: The Franciscan leadership philosophy is described as being serving, democratic and fraternal. The principles of 'evangelical' poverty (which can be paraphrased as letting go and getting involved) and the ideal of community define the Franciscan leadership and organizational culture. It's about seeing people as in their wholeness and encounter them on

a par, to raise their hidden potential as well as to serve the community.

Aims: This paper focuses on one of the specific attitudes of Franciscan spirituality, i.e., evangelical poverty in the light of the practical questions on how to lead myself and how to lead others?

Method: The description of the core aspects of Franciscan tradition with the focus on evangelical poverty and a leader´s attitude will be at first presented. In a second step some developments in leadership today will be addressed (i.e., how to integrate the rising expectations and individual values of young employees, and how to shape social relationships in general). Finally a descriptive model will be presented which gives a first idea of a systemic approach to transfer Franciscan aspects of spirituality into leadership practice.

Conclusions: The personal attitude which is based on Franciscan spirituality and also involves professional actions (including responsible decisions) is an anchor to lead oneself and others. This attitude enables to be guided by these basic principles esp. in social relationships. To be aware and open for the needs and talents of others is one of the main requirements of sustainable leadership in the context of an organization.

3. The Transformative Aspects of Franciscan Spirituality are Relevant Not Only for Sisters and Friars But Also For Non-Religious Persons

Arndt Büssing[1], Markus Warode[2], Mareike Gerundt[2], Thomas Dienberg[2]
[1]Witten/Herdecke University, Germany
[2] PTH/School of Theology, Münster, Germany

Background: In the Christian tradition, there are many different 'schools' of spirituality that tried and try to live the Imitatio Christi in different ways. In all of these schools an 'inner transformation' is an essential part which refers to an individual 'source experience'. Particularly the Franciscans as a non-monastic order have a clear focus on living the Gospel with subsequent consequences for their life in the 'outside' world, living with and for others in need and respectful engagement for God´s creation.

Aims: In order to evaluate the transformative component of Franciscan spirituality in today´s society, an instrument to measure these has to address both the core component of Franciscan spirituality (faith) and the transformative components (outcomes).

Method: Cross-sectional study among 418 participants (age: 44±19; 65% Catholics; 20% friars/sisters) using standardized questionnaires, particularly the Franciscan inspired Spirituality (FraSpir) questionnaire.

Results: We differentiated four main factors, i.e., Live from Faith / Search for God (LFSG); Peaceful attitude / Respectful Treatment (PART); Commitment to Disadvantaged and Creation (CtDC); Attitude of Poverty (AoP). All participants scored highest on PART, while all other sub-scales scored in the mid-range. Nuns or monks scored significantly higher on LFSG and AoP than the other persons, but similarly on the two subscales addressing a considerate acting in the world.

Conclusions: Particularly the transformative aspects of Franciscan spirituality seem to be of relevance also for non-religious persons, because a considerate acting in the world with a focus on a peace-bearing respectful treatment of others (especially in the context of organizations) on the one hand and a commitment to disadvantaged persons and the environment on the other hand might be shared by most persons.

Symposium IX: Spiritual Care Interventions

Chair: Niels Christian Hvidt

1. Spiritual Care Interventions in Secular Health Care

Niels Christian Hvidt
University of Southern Denmark

The WHO has emphasized in several of their recommendations and guidelines that patient treatment includes spiritual and existential care as well as physical and psychosocial care. This spiritual care precedes historically the biomedical revolution that in many ways has pressed it in the background, but is now again an expressed priority, not only within the palliative field, but in the health services broadly as a basic element in holistic and person-centered medicine.

International recommendations and guidelines make it clear that it is the responsibility of primary and secondary health care at large to implement spiritual care in the hospitals. Many years of extensive international and over the past decade also Nordic research has shown that it is difficult to live up to the recommendations and responsibilities. Spiritual and existential patient problems apply as taboo, so it is still largely the hospital chaplain who guarantees the spiritual and existential care, even though it is thought to be a much broader field of attention.

Since 2010, a number of individuals and institutions have worked on the topic of a theoretical and basic research in the framework of the Nordic Network for Research in Faith and Health (see www.

faith-health.org). It is this significant knowledge base, which is now available in a large number of studies, dissertations and scientific publications, which are sought translated into practice. WHO calls for a systemic approach in which spiritual and existential care is thought at all levels, from architecture, communication, treatment, care, rehabilitation and / or palliation, as well as implicating all those who care about the patients, from the hospital health professionals, general practitioners, psychologists, psychiatrists, midwives, chaplains, etc.

The present paper will provide an overview of the abovementioned research. From there it will examine which types of spiritual care interventions exist internationally. Finally, it will introduce the three following speakers of the paper session representing three concrete spiritual care intervention projects:

1. Parenthood and existence – upgrading communication skills on existential matters in Danish Maternity Care Services by Christina Prinds
2. Spiritual Care in Secular Psychiatry by Ricko Damberg Nissen
3. A research based post grade course in Spiritual Care for hospice personnel by Dorte Toudal Viftrup

2. Parenthood and Existence – Upgrading Communication Skills on Existential Matters in Danish Maternity Care Services

Christina Prindsl
University of Southern Denmark

In relation to childbirth and in maternity care services, aspects of existential and spiritual dimensions of life and care are only briefly explored. This contrasts other parts of health services, for example related to sickness and death, where research in several years have focused on also spiritual dimensions of life and care. The aim of this study is, for the first time in the Nordic countries, to develop, evaluate and implement continuing education focusing on existential communication as part of an important professional development for midwives, obstetricians and nurses. The aim is sought accomplished through a transversal design drawing on experiences from patients, health professionals and researchers through interviews, workshops and a questionnaire survey.

3. Spiritual Care in Secular Psychiatry

Ricko Damberg Nissenl
University of Southern Denmark

Is there a need for Spiritual Care in a secular psychiatry in a secular country? This paper presents the findings from the PhD project Psychiatry, Religion, and Spirituality: A study on how psychiatrists approach religious/spiritual topics in Danish psychiatric clinical practice. The project shows that the Danish context might not be as secular as we think (postsecular might be a more adequate term), that there is ambiguity in Danish psychiatry on how to approach the religious/spiritual patient, and that there is only little focus on positive religious/spiritual coping. Adding on top of this the fact that the number of patients of other cultural and religious backgrounds is growing, it is clear that there is a need for some kind of Spiritual Care.

The second part of this paper will present a coming post-doc project, which will focus on developing an intervention for health professionals in Danish psychiatric hospitals. This will be based in the concept Spiritual Care and be developed to adequately approach the religious/spiritual in secular psychiatry.

4. A Research Based Post Grade Course in Spiritual Care for Hospice Personnel

Dorte Toudal Viftrup
University of Southern Denmark

The purpose of this research project is; to develop, implement, and quality assure a post grade course in spiritual care for hospice personnel who care for dying patients and their relatives. The project has four phases that involve the patients, relatives, and personnel in the research process. The two first phases centre on exploring the field of spiritual care in hospices, and the next two phases focus on developing the post grade course.

The aims of the project are: To strengthen spiritual care at hospices in Denmark through a post grade course for hospice personnel; To research base, validate, and quality assure the elements of the post grade course; And to convey the knowledge gained from all four phases of the research project to different areas within health care in Denmark.

Background: International and Danish studies have shown correlations between life-threatening disease and intensification of existential and/or spiritual needs and beliefs. A Danish study substantiates how patients at hospices are less secularized and individualized, but more open to traditions and religion than the general Danish population. Furthermore, international studies show that spiritual care may increase quality of life for dying patients and patients with life-threatening diseases. Therefore, patient care at hospices in Denmark will most likely benefit from qualifying and strengthening the spiritual care, they offer.

The Method applied for studying spiritual care in hospices in this study is action research, where the objective is to join research and clinical praxis through user involvement in all phases of the research study. The epistemology of action research is based on a reciprocal relationship between researcher and

praxis-field. Data collection consists of observations as well as semi-structured interviews with individuals and groups. Data from the first two phases of the research project will be presented.

Results from the first two phases show four dimensions of spiritual care, which need to be taken into account when developing a post grade course for hospice personnel in spiritual care. Spiritual care is: individual, relational, bodily, and verbal. The strengths and challenges of these four dimensions will be presented, as well as how a post grade course in spiritual care may help support the strengths and address the challenges.

Symposium X: BASS Symposium II

Chair: Chris Cook

1. New Irish Research Into Spirituality From a Shamanic Perspective, Offering Forgiveness to Self and Others, and its Place Within a Counselling Setting

Karen Ward, Liam MacGabhann, Ger Moane
Dublin City University, Ireland

Internationally, counselling has become increasingly popular as a means to redress life issues and learn new behaviors designed to sustain the optimum changes made mentally and emotionally during treatment. However, many find this approach somewhat limiting if seeking a connection with their personal spirituality (Cooper & McLeod, 2011). One of the emerging paradigms in counselling and the integration of the spiritual is that of shamanism – ancient holistic practices - and related energy therapies (Wilber, 2001; Frick, 2011). Shamanic therapists aim to engage at the deepest sub physical and psycho-emotional level, referred to as the energetic, which now has an established body of scientific research (Money, 2001; MacKinnon, 2012) allowing positive and ethical health outcomes for the client (Levin, 2011; Fotiou, 2012).

This PhD research investigates the meanings of spirituality among accredited counsellors practicing a new energy therapy technique (ETT) developed by Karen Ward, bringing a spiritual aspect based on shamanic principles into a counselling session which traditionally focuses on the mental and emotional aspects of a client's issue. Clients are invited during the ETT to offer forgiveness to any transgressors at the time of the source of their issue. A key part of the technique is the ability to also offer self forgiveness which is so often a stumbling block to preventing optimum recovery and health. The ETT is practical, inclusive of all faiths and no faiths.

The research involved 13 counsellors practising the ETT with their clients who were subsequently interviewed (semi structured) to ascertain if their own personal sense of spirituality had developed in any way by consciously bringing a spiritual tool into their clinical work. The methodology used is Interpretative Phenomenological Analysis (IPA).

In this final research year, initial analysis show that approximately 1/3 of the participants found that their meanings of spirituality did change. Another 1/3 found that their meanings stayed the same but the technique gave them a key secular tool which enhanced their client work. The final 1/3 found that their meanings did not change at all. The ETT presents a way for counsellors and their clients to tap into ancient indigenous roots that empowers, strengthens and renews their holistic health. Karen runs regular ETT workshops for professionals.

2. Youth Workers' Experiences of Spirituality and the Impact it has on Practice: An Interpretative Phenomenological Analysis

Jess Bishop
Coventry University

Within the UK's austerity agenda, Youth Work is going through a period of budget cuts, redundancies and restructure. Putting young people first can help with motivation and commitment, but does spirituality play any part in keeping Youth Workers effective? Nine West Midlands Youth Workers were interviewed about their own experiences of spirituality and the potential impact this may have on their practice. The participants were interviewed three times over a year focusing on three topics: their journey into youth work; what spirituality means to them; and how (or if) spirituality impacts on their practice. This qualitative research used Interpretative Phenomenological Analysis (IPA) (Smith, Flower and Larkin 2009) to analyse the youth workers perceptions and experiences. The analysis found that spirituality does seem to impact on practice even with youth workers who do not see themselves as spiritual. This paper explores these findings in more detail and highlights individual cases as well as overarching themes.

3. Meaningful Work in Health Services

Pauline Davies
Anglia Ruskin University

The complex and continuing challenges of health services, including workforce motivation, engage-

ment and compassion are well documented, for example fewer qualified nurses and doctors are entering the NHS workforce, while demands on services increase, and therefore the need to retain a qualified and experienced workforce increases.

Meaningful work (MFW) as a component of subjective workplace experience has received some attention in health services. Definitions of MFW include: 'the degree that a job is experienced to be meaningful, valuable and worthwhile' (Hackman and Oldham, 1975), and 'a subjective experience of the existential significance or purpose in life, at the individual level', (Lips-Wiersma and Morris, 2009).

Conceptual and empirical developments have reported that: workforce motivation is associated with work engagement and MFW; and that work engagement is associated with productivity and within health services, care quality; increased compassion, reduced burnout and retention. There is also evidence that MFW is linked to engagement and employee outcomes such as job satisfaction and stress reduction. In contrast, meaningless work has been linked to burnout, apathy, and detachment from work. Importantly managers play a role in employee work experience; and have been reported to play a role in meaning at work. The experience of meaningful work of different occupational groups and how it is managed in complex healthcare organisations, arguably requires further examination.

This research aims to look at the nature and experience of meaningful work in health services and examine linkages to engagement and compassion satisfaction. The study seeks to make visible the health workforce perspective of meaningful work and its enhancers and impediments. The research will look at people working on different types of organisational work. A sequential multi methods design is planned and data analysis will involve statistical and phenomenological analysis.

4. Spirituality and Healthcare Leadership

Richard Hayward
Anglia Ruskin University

Background: This is a follow-up paper to one presented at the BASS 2016 Conference which explored phase 1 of a mixed methods study. This paper presents the results of nine in-depth interviews with UK healthcare managers. This was phase 2 of the study and built upon the results from the questionnaire. The study is a part of a PhD thesis undertaken at Anglia Ruskin University.

Aims: The research question was:

What is the relationship between spirituality, spiritual intelligence and leadership among healthcare managers?

Methods: The presentation will focus on nine in-depth interviews undertaken with UK healthcare managers. These were chosen from a population who had completed a spiritual intelligence quotient assessment, (SQ 21) the results of which were presented at the BASS Conference in 2016.

Results: The participants demonstrated a range of spiritual intelligence, but the results were broadly the same. The importance of a clear Worldview, with tolerance and acceptance of others point of view was demonstrated as key to successful leadership. All participants identified the traits and characteristics of successful spiritual leaders which will be discussed.

The second, and important theme from the interviews was the ability to articulate and justify a value system which was crucial to all participants.

Conclusions: The ability to be able to articulate your personal value system and acknowledge its roots are fundamental to self-awareness and personal development, both of which are important in leadership.

Participants in the presentation will be challenged to think about their own personal value system and how that is demonstrated in practice.

Whilst this is not a classic research presentation, participants will be invited to reflect on their own spirituality and explore both the roots and consequences of these values. This fits in with the overall theme of the conference of Forgiveness and Reconciliation - Without self-awareness and some of the values articulated above, forgiveness and reconciliation cannot occur.

Free Communications

All Free Communications on Friday, May 18, 14:00 - 15:30

Session 1: Trauma / Education

1. Integration of Sexual Trauma Into a Religious Narrative: Forgiveness, Resolution and Growth Amongst Contemplative Nuns.

Gloria Dura-Vila, Gerard Leavey, Roland Littlewood
University College London, UK

Background: The psychological consequences of sexual abuse are generally serious and enduring, particularly when the perpetrator is known and trusted by the survivor.

Aims: This paper explores the experiences of transformation and forgiveness of five contemplative nuns who were sexually abused by priests and the spiritual journeys that followed.

Methods: The study took place in the context of an ethnographic research project of contemplative practice. Participant observation and in-depth interviews were used to examine the ways that the nuns sought to make sense of their experiences through a long process of solitary introspection. Ethnographic fieldwork on nuns and monks is scarce as finding monastic communities willing to engage in the process of ethnographic research is difficult due to the demanding nature of the research methods required.

Results: The pursuit of meaning was shaped by religious beliefs relating to forgiveness, sacrifice, and salvation. Thus, trauma was transformed into a symbolic religious narrative that shaped their sense of identity. They were able to restructure their core beliefs and described regaining their spiritual well-being, following the forgiveness of the perpetrators, in ways that suggest a form of posttraumatic spiritual growth

Conclusions: The abuse was the most painful experience most of the nuns had experienced. Therefore, forgiving the men who caused them so much pain and who had betrayed all that they held dear posed a great challenge. They wanted to take their faith seriously, and felt that keeping hatred against their abusers was against Jesus's message of forgiveness and love. Truly forgiving the priests was the final stage that allowed them to leave the trauma behind, giving them a sense of freedom and relief. The nuns also prayed for the priests: praying for God's forgiveness, for the offenders to redeem themselves and for other nuns to be spared such abuse.

2. Role of Religious Involvement in Reducing the Negative Impact of Early Traumatic Stress on the Mental and Physical Health of Adult Survivors

Katia Reinert, Jacqueline Campbell, Karen Bandeen-Roche, Phyllis Sharps, Sarah Szanton, Jerry Lee
General Conference of Seventh-day Adventists

Background: Early traumatic stress (ETS) has been documented as a predictor of adult negative mental and physical health. These adverse childhood experiences (ACE) include child abuse, exposure to parental intimate partner violence (IPV) and other types of family dysfunction which have been linked in a dose-response fashion to a range of adverse health outcomes, from depression and post-traumatic stress disorder, to obesity and diabetes. However, not all people exposed to early traumatic experiences develop negative mental and physical health outcomes. Coping strategies play an important role in this phenomenon, and a number of studies suggest that religious involvement and related virtues such as forgiveness, may be an important source for coping for the survivors of trauma. In addition, some studies suggest potential gender and racial differences in prevalence of ETS and coping mechanisms used.

Aim: The purpose of this study was to determine the role of religious involvement and related indicators of forgiveness, gratitude, religious coping, intrinsic religiosity - in reducing the negative impact of early traumatic stress on the mental and physical health of adult survivors. It also aims at exploring potential gender and racial variations.

Methods: The study is a secondary analysis of cross sectional data from wave 1 of data collected by the Biopsychosocial Religion and Health Study. Multiple linear regressions were used to analyze self-reported data of 10,283 Seventh-day Adventist adult men and women across North America from a Caucasian and Black racial background.

Results: Higher early trauma scores were associated with decreased mental health (B= -1.93 p)

3. Spirituality in Trauma-Informed Education – A Case Study

Thomas Wartenweiler
Lancaster University, UK

Background: The traumatized learner has a more difficult school experience. In an educational setting, academic performance, classroom behaviour and social relationships are negatively affected by trauma. The trauma survivor is therefore likely to develop a negative or ambiguous learner identity. Trauma-informed practices in adult education are a relatively new way to create safe learning spaces where traumatized learners can re-shape their learner identity. In this context, spirituality has been shown to be an important protective and resilience factor in mental health in an educational setting.

Aim: The aim of this study was to analyse a Christian-based trauma-informed educational program and to explore what impact the spiritual components of the program had on the participants' educational experience.

Method: Interpretative Phenomenological Analysis of interview data from six program participants.

Results: One of the superordinate themes that emerged in the IPA analysis was that spirituality adds an important layer to creating a trauma-informed learning space.

Conclusions: Spirituality can contribute significantly to improve trauma-informed practices. The results of this study reinforce the need to develop trauma-informed practice protocols that incorporate spirituality. The results of this study thus confirm quantitative research results while complementing them with a phenomenological qualitative perspective.

4. Increasing Spiritual Health Through Outdoor and Experiential Education

Ivo Jirásek
Palacky University, Olomouc, Czech Republic

Background: Childhood and youth have been radically changed by technologies over the last two decades. Sedentary behaviour and obesity, preferences of virtuality to reality, incompetence to tie interpersonal relationship have been the most visible features of contemporary adolescent, particularly when comparing masculine people to previous generations. There exists a specific type of education visible in semantic field labelled as outdoor education, wilderness education, adventure education, or experiential education.

Aims: This paper deals with the potential increasing of spiritual health, or, spiritual aspects of being outdoors within the framework of non-formal and informal education.

Methods: Mixed method design utilizes combination of mind-mapping, systemic constellations and qualitative analyses of interviews for capturing the experiences of the participants in an experiential and outdoor education courses.

Results: There is a visible tendency toward changes to the spiritual or holistic level of the meaning of the experience. The results indicate a connection between the fortnights spent trekking through the winter landscape and spirituality in terms of the educational potential it has for personal development.

Conclusions: Due to the immediacy of direct experience the two-week-long trekking journey in the winter landscape (snowshoeing and camping in tents) reinforces a dimension of spiritual health.

Session 2: Spirituality in Counselling and Therapy

1. Reconciling the Language of the Soul With Narrative Therapy

Laura Beres
King's University College at Western University, Canada

Post-modern theory and practices, like Narrative Therapy, focus on the fluidity and social construction of identity, eschewing notions of a fixed or static sense of self. This can limit discussions regarding the concept of a core self or soul. On the other hand, people are often drawn to discourses of the soul, finding beauty and solace within these ideas. This paper presentation will review findings from an in-depth study of the Christian philosophical writings of Edith Stein. It can be argued that her work on the self straddles psychological modernity and post-modernity, as she proposes imagining layers of the self, where outer layers can be viewed as being influenced by social context and yet there is still the possibility of an inner element connected with the Divine. These findings offer possibilities for expanding the breadth of practice of narrative therapy.:

2. An Unexpected Path to Healing and Reconciliation: Encountering the Spiritual in Equine Therapy for Children with Special Needs

Melody Escobar
Oblate School of Theology, USA

This paper considers how the spirituality of inclusiveness, hospitality, and reconciliation in equine therapy has shaped the relationships between humans and domestic animals, and greater community. Specifically, it reads the spiritual aspects of a Texas equine-assisted therapy program for children with special needs through the fourteenth-century mystic Julian of Norwich's maternal imagery of God, and the contemporary example of the equine center's director, a devout Christian and special education teacher, likened to social activist Dorothy Day in her spirituality of hospitality. Established in 1995, the center located in the Texas Hill Country in the rural community of Pipe Creek, serves hundreds of the most vulnerable children and adults age 4 to 94 facing challenges like emotional trauma, cerebral palsy, PTSD, ADHD, autism and Down Syndrome. It is also home to 15 rescue horses, and a dozen instructors, psychotherapists and volunteers, many regarded as wounded healers. The authentic model of community nurtured at this facility reveals an empowering interconnectedness with all creatures that is rooted in a spirituality of inclusiveness, shared vulnerability, and kinship. The discussion reflects on how this example may embolden other institutions and practitioners to be more inclusive and hospitable resulting in opportunities for reconciliation among people of diverse populations facing difficult health challenges. The paper also reviews an ongoing study examining the connection between spirituality and equine therapy for children with special needs with a focus on the mothers of these children. The study includes the participation of 20 to 30 mothers in a qualitative descriptive study involving criterion sampling, open-ended semi-structured interviews, qualitative content analysis, and descriptive statistics. Implications include exploring equine therapy as an important spiritual care intervention for children, and their mothers in particular.

3. Divine Participation: A Pilot Study of a Novel Intervention for Depression Based on the Spirituality of Evagrius of Pontus

Dove Jang
Durham University, UK

Background: Despite many available treatments for depression, treatment resistant depression and high relapse rate remain outstanding. While many people practise prayer to alleviate their emotional pains, there is currently no prayer training programme with an effectiveness comparable to Mindfulness-based Cognitive Therapy for depression.

Aim: To conduct a feasibility study for the 3R meditative prayer programme which aims to overcome the challenges of depression by promoting spiritual growth.

Methods: The 3R prayer programme is an 8-weekly group intervention which is developed from the spirituality of Evagrius of Ponticus. It comprises of a discussion on Evagrius' eight thoughts with a corresponding practice of chanting psalmody and contemplative silence. Through these meditative practices, participants learned to develop their spiritual senses and to perceive the Divine healing presence. The pilot study is a qualitative study which recruited participants with a history of depression, from the vicinity of Durham County. Ethical approval was granted by Durham university ethics committee. The assessments are conducted by pre-post self-report of PHQ-9, GAD-7 and CES-D instruments plus semi-structured self-evaluation reports and follow-up interviews.

Results: 12 out of the18 participants completed the programme, and all of them experienced a difference in the feeling domain and reported benefiting from the programme. While the programme did effect change in its participants which were evident in the domain of feelings, thoughts, actions and spiritual life, the extent of changes were varied. Overall, the programme brought about significant physio-psycho-spiritual changes and may justify an assertion that the 3R programme holds therapeutic promise to alleviate depression and to foster resilience and hope.

Conclusions: Given time constraints, this presentation would only show some of the results with discussion about the nature of the 3R programme.

4. The Importance of Existential Meaning-Making for Relapse Prevention Among Patients With Substance Use Disorder

Torgeir Sørensen
VID Specialized University, Oslo/Sandnes, Norway

Background: Emphasis on or inclusion of existential meaning-making is scarce in substance disorder research, especially outside the 12-step literature. So far, factors of existential meaning-making are not included in therapeutic approaches like Relapse Prevention.

Aim: To investigate how individuals with substance use disorder seeking relapse prevention made use of existential meaning-making.

Methods: A strategic sample included four patients with substance use disorder. They had almost finished a 12-month rehabilitation program at a religiously founded clinic financed by the specialist healthcare service in South-East Norway. Data were collected through in-depth interviews emphasising the individuals' experiences. The study was carried out in an explorative design utilizing qualitative content analysis through systematic text-condensation.

Results: The informants utilized several sources of meaning. These were found to overlap with factors within the paradigm of Relapse Prevention, like the

emphasis on power of oneself and relational sources. Other sources connected more specifically to existential dimensions, such as use of organized religiosity and individual spirituality. The informants took part in rituals for private confession based on pastoral counseling. Moreover, they participated at Morning Prayer and services. Some also developed rituals on their own. The informants connected to values and rules to live by, rooted in their Christian heritage. However, they would not define themselves as Christians, or not necessarily religious either. Existential issues of death represented important sources of meaning during substance misuse. In rehabilitation thoughts about death led to a will to live.

Conclusions: Patients in rehabilitation at a religiously based substance misuse clinic found different sources of existential meaning-making useful and significant despite their different world view affiliations.

Session 3: Spiritual Care / Chaplaincy

1. A Phenomenological Exploration of Healthcare Chaplains' Experience of Engaging With Patients and Service Users From Minority Religious or Non-Religious Groups in the Republic of Ireland (ROI)

Vivienne Brady, Margaret Naughton, Barbara Pesut, Sílvia Caldeira, Fiona Timmins
School of Nursing and Midwifery, Trinity College Dublin

Background/Context: Patients and families often require in-hospital spiritual support, most specifically when receiving news of a serious health condition, death, or when facing tragic events. Although a multidisciplinary team approach may be used, healthcare chaplains are recognised as having overall professional responsibility for addressing patients' spiritual needs. Healthcare chaplaincy is a well-established profession internationally; however, in the ROI, the profession is in flux given the changing context of Irish society that is evidenced by calls for separation between religion and state affairs, increased secularism, and a relatively recent and exponential increase in religious diversity. There is a dearth of research about how chaplains engage with patients and families from minority religious and non-religious groups in the ROI.

Aim: To explore healthcare chaplains' experience of providing spiritual support to patients and families from minority religious and non-religious groups.

Methods: Using a phenomenological approach, we interviewed 10 healthcare chaplains across the ROI. Data were analysed using Moustakas' (1994) approach to data analysis.

Findings: Healthcare chaplains display a wealth of skills and experiences that serve to underpin their self-reported success in navigating religious and non-religious diversity in healthcare and any associated needs and challenges. Chaplains seek ongoing assistance through the supports and professional supervision available to them to facilitate the emphasis of the role on self-awareness and 'self-work'. Notwithstanding their own religious beliefs, chaplains describe being able to 'be' with, support or refer patients and families with diverse needs. At the same time, their beliefs, education and training serve to inform and develop great personal strength, resilience and resourcefulness.

Conclusions: This is the first exploration of healthcare chaplains in this context. These important findings indicate that religious based chaplaincy may support patients from all faiths and none. Healthcare chaplains describe chaplaincy as a way of being in the world and through their 'presence' and connection with others, regardless of religious faith, provide incredible support to patients, families and staff during challenging times.

2. What are the Spiritual Care Practices that Soften Illness Suffering?

Lorraine M Wright
University of Calgary, Canada

Health care has become influenced by societal beliefs that overly values happiness and is unable to acknowledge and witness illness suffering. This has led our language with patients and families to change from inquiring, witnessing, and empathizing suffering to adopting more upbeat language such as 'coping', 'adapting', and 'adjusting'. Even harsher expectations of dealing with illness suffering such as "it is what it is"; and "you need to accept your illness" have crept into our conversations when caring for patients/families. Language changes have thus resulted in unhelpful interventions in our caring of patients/ families. This change in our professional language does not reflect our patients/families experience with illness suffering and particularly their spiritual and emotional suffering. It also interferes with potential healing conversations.

Serious illness and loss invites deep suffering when our lives and relationships are changed forever. Deep suffering opens the door to spirituality as attempts are made to make sense of and to heal from suffering. Deep suffering leads one into the spiritual domain

as the big questions of life are faced. Suffering and spirituality are an inseparable duo.

This presentation will emphasize that engaging families in therapeutic conversations of illness suffering will open space to the possibility of family healing. From my research and clinical practice, it has been determined that when suffering is softened, healing can occur. Spiritual care practices need to include: engaging with suffering strangers; acknowledging illness suffering, bringing forth suffering markers, creating a healing context, challenging constraining illness beliefs; living in the present moment; bringing forth loving interactions; and offering hope and healing.

3. Spiritual Support in End Stage Heart Failure (ESHF): A Randomised Controlled Feasibility Study

Linda Ross, Jackie Austin, Paul Jarvis, Sara Pickett
University of South Wales, UK

Spiritual care is important, especially at end of life. People with ESHF experience spiritual needs alongside the physical/emotional challenges of their illness and would welcome spiritual support (SS). It is unclear if SS enhances spiritual wellbeing (SWB) and/or quality of life (QOL), or reduces depression/anxiety in ESHF. Information is needed to inform the design of such a study.

Aims: 1. To make recommendations on the feasibility/design of a follow-on RCT to investigate the effect of SS on specified outcomes in ESHF. 2. To investigate the effect of SS on SWB (WHO SRPB QOL Field Test Instrument), anxiety/depression (Hospital Anxiety and Depression Scale), and QOL (EQ-5D-3L) if the sample size is sufficient (or to identify trends if not).

Method: Prospective random allocation over 18 months of ESHF patients in one Health Board in Wales (n=47 from possible 133) to receive standard care only (control group n=25) or standard care plus SS (experimental group n=22); SS provided by trained volunteers in patients' homes at 2 monthly intervals over 6 months (4 visits). Completion of study outcome measures and potential confounding factors (circumstances, life events, symptoms, medication) at 0, 2, 4, 6 months in both groups.

Analysis: Descriptive statistics, Repeated Measures ANOVA and standard economic analysis methods.

Results

Aim 1

- Poor uptake (35%), attrition and missing data compromised the ability to detect significant changes in study outcomes.
- Time is needed for recruitment (18 months) and data collection (2 years); inclusion of a research nurse/administrator is recommended.
- SS was valued by those receiving it.
- Nurses lacked confidence in initiating end of life conversations; training is recommended.
- Spiritual wellbeing was negatively correlated with anxiety (Rho ranging from -.306 to -.385, $p<0.05$) and depression (Rho ranging from -.342 to -.648, $p<0.05$)

Aim 2. The following trends were noted and require further exploration:

- Positive effect of SS on QOL (increase of .4 points in intervention group at 0-2 months) and anxiety (decrease of 1.2 points in intervention group at 0-2 months) but not on depression or SWB. This may be due to a group allocation effect.
- Negative effect (increased depression of .9 points) of withdrawal of SS from experimental group at close of the study (months 4-6).
- Lower health resource cost per experimental patient (£204) over the study period; SS may be cost effective if rolled out to more patients within routine care.

4. Qualitative Systematic Review on the Role of Spirituality Amongst Adults With Mental Health Problems

Katja Milner, Paul Crawford, Mike Slade, Alison Edgley
University of Nottingham, UK

Background: Spirituality in both religious and non-religious forms is an important component of mental health care and research demonstrates that many people using services would like to have their spiritual needs addressed within healthcare services. However, research also highlights a 'religiosity gap' in the difference in the value placed on spirituality and religion by professionals compared with service users, often resulting in people's spiritual needs being neglected within clinical practice. Some reasons for this include a lack of understanding about the often complex and diverse ways people connect with spirituality within contemporary society and the relationship between spirituality and mental health. A better understanding of the lived experiences of spirituality and mental health from the perspectives of people with mental health difficulties could help to bridge the 'religiosity gap' and engagement between service users and clinicians.

Aim: To report findings of a systematic review of qualitative evidence of the experiences of spirituality amongst people with mental health difficulties.

Methods: An electronic search of seven databases was conducted along with searching bibliographies and forward-referencing of all eligible studies, hand-searching journal contents pages and expert consultation. Thirty-seven published studies were identified which met the inclusion criteria.

Results: A thematic synthesis of the study findings identified six key themes: Meaning-making, Identi-

ty, Service-provision, Talk about it, Interaction with symptoms and Coping, which can be presented as the acronym MISTIC.

Conclusions: Clinical implications include the production of a simple framework healthcare providers can utilise to aid understanding and address people's spiritual needs within healthcare practice which integrates the spiritual dimension as part of a holistic approach towards care.

Session 4: Spirituality and End of Life

1. The Spiritual Aspect of Care Relationships in Older Communities

Jenny Kartupelis

Background: In 2014, The Abbeyfield Society commissioned me to undertake research into spiritual wellbeing of residents, staff and volunteers in its care homes and sheltered housing. Some non-confidential elements of the findings have since been put into the public domain, and will form the basis of a book to be published by Jessica Kingsley Publishers in April/May 2018.

Aim: To understand more about the critical factors contributing to spiritual wellbeing, how these could be maintained or enhanced, and the interplay between spiritual, physical and mental health.

Methods: Personal interviews with over 100 people in a variety of care settings, including dementia homes, across the UK. The findings were analysed with consideration to the information they provided about how relationships were formed, including the role of matters such as privacy, company, security, point at which the care setting was entered by the older person; mealtimes, the built and outdoor environment. A confidential report was presented to the client.

Results: The main points to emerge were: that the creation of 'family bonds' enables cared-for and carers to thrive; that certain environments and conditions favour this happening; that there needs to be a catalytic person, normally the manager or housekeeper; that there is a role for chaplaincy, but not in the traditional sense of a visitor ministering to a large number of different groups.

Conclusion and impact: It is essential to completely revise our currently accepted thinking about matters such as independence and care giving, and think rather in terms of interdependence and two-way care. The impact of the findings on policy and practice have the potential to be profound: in particular, they indicate the need to shift spending towards particular types of social care, enabling subsequent savings in the health sector.

2. An Uneven Reconciliation of Faith in End of Life Care

Panagiotis Pentaris
University of Greenwich & Faiths and Civil Society Unit, Goldsmiths, University of London

Background: From a place of faith-based care, a more secular-minded approach in practice presents itself in the last forty years, and until the 2010s (Pentaris, 2018). The re-emergence of faith in end of life care, however, in the last decade, requires appropriate response on a policy, organisational and professional levels.

Aim: The aim of this paper is to explore the reconciliation of faith in end of life care, in the areas of policy, organisationally and professionally.

Methods: The methods included 34 in-depth interviews and four focus groups. Participants were recruited from inpatient and outpatient hospice units, palliative care units in hospitals, care homes and community services. The data collection period was between 2014-2015 and participants were practising in the Greater London Area in England. The data was analysed with the use of NVivo v11 and by means of thematic analysis.

Results: An increasing interest to address religion by name is evident. Yet, the long history of conversations about spirituality as a proxy has left policy-makers and professionals precarious of religion. New policies emerge that provide guidance about several religions and respective beliefs toward the end of life. A secular trend is observed on the organisational level, though; internal policies and regulations suggest avoidance in engaging with religion and belief. This trend appears to mostly satisfy the intention for inclusivity.

Last, professionals appear willing to engage and expound their skills and knowledge. However, due to a long history of avoidance of the subject, professionals have now demonstrated the inability to carry this task out.

Conclusions: This study shows an uneven reconciliation of faith in end of life care. Of course, this is neither exhaustive nor inclusive of all settings where one receives end of life care. Nonetheless, it is representative of many such in England.

Pentaris, P. (2018; in press). Religious literacy in hospice care: Challenges and controversies. London: Routledge.

3. Forgiveness in Late Life: Is Forgiveness a Predictor for Change in the Life Satisfaction of Older Adults in Residential Care?

Jessie Dezuttzer[1], Laura Dewitte[1], Loren Toussaint[2]
[1]KU Leuven, [2]Luther College

Background: Late life is a period in which individuals risk being increasingly confronted with challenges such as diminishing functional status, cognitive decline, or psycho-social changes including bereavement and loneliness. Without adequate coping or support, these challenges can negatively impact late life functioning, which is often reflected in compromised well-being (e.g., lower life satisfaction).

Aim: In this study, we aim to investigate whether forgiveness is a resource in late life, so that a forgiving attitude might sustain and even enhance the well-being of older adults in residential care settings.

Methods: We show findings of a longitudinal study conducted in 28 residential care settings in Flanders. Older adults (n = 324) were assessed three times every six months with regard to their experience of life satisfaction and their tendency to forgive others. A growth model of life satisfaction was tested.

Results: Older adults significantly differed from each other on their average level of initial life satisfaction. Furthermore, their life satisfaction decreased over the eighteen month time span but slopes did not significantly vary suggesting that all individuals changed over time at approximately the same rate. No significant correlation between baseline scores of life satisfaction and slopes of life satisfaction was found, indicating that the level of life satisfaction at the beginning of the study was not related to the decline over time. Finally, tendency to forgive others at baseline significantly predicted the baseline level of life satisfaction but did not predict the decrease over time.

Conclusion: In our study, forgiveness predicted differences in older adults' baseline level of life satisfaction but it did not affect the change in life satisfaction over time. Older adults did seem to struggle to maintain their life satisfaction. The role of forgiveness needs further clarification in future work.

4. Spirituality, Epilepsy and Well-Being: An IPA Study

Louise King, Chris Roe , Elizabeth Roxburgh
University of Northampton

The relationship between mystical experiences and epilepsy has been recorded since the Babylonians. It has been suggested that St Paul, Mohammed and Hildegard von Bingen, amongst others, had mystical experiences that were a result of Temporal Lobe Epilepsy (TLE). Religiosity and spirituality in TLE are extensively discussed in medical contexts, which attribute spiritual and religious experiences to delusional or hallucinatory events, regarding them as a form of ictal (epilepsy related) psychosis with its causation lying in TLE symptomatology. The aim of this study was to explore participant descriptions of these highly personal experiences. The qualitative methodology Interpretative Phenomenological Analysis (IPA), concerned with the lived experience of a homogenous group, was used. Focus was placed on exploring the phenomenological aspects of the experiences and the meaning that they have for experients. Consideration approached from a non-medicalised, non-judgemental perspective. 8 participants, 4 male and 4 female, were recruited using opportunity sampling and also an advert on the UK Epilepsy Action research webpage. The participants were interviewed using semi-structured interviews, which were designed using IPA techniques. Interviews lasted between 74 and 136 minutes. The analysis included consideration of a double hermeneutic, which integrated the reflexive, interpretative stance of the researchers into the overall consideration of participant description of their experiences. Each participant was analysed individually and then the group was analysed as a whole. Emergent themes include: stigma, overcoming illness and anomalous experiences. The prudence of the medical model's reductive understanding of these experiences is questioned. Findings indicate that the wellbeing of participants was enhanced by the meaning that their spiritual experiences offer. We suggest that individuals with TLE value their mystical experiences highly, but do not share details of them with medical professionals for fear of being pathologized.

Session 5: Conceptual Issues

1. Understanding Forgiveness in Relation to Compassion and Life Satisfaction: An Empirical Study Among the Philosophy and Theology Students of Catholic Seminaries

Jobi Thomas Thurackal
DVK, Bengaluru, India

Forgiveness has long been a central theme of discussion in theology. Only in recent decades it has become an interesting research area in psychology. From a theological understanding, forgiveness can have a close association with compassion. Similarly, life satisfaction can have a positive association with forgiveness and compassion. Seminarians learn to

train themselves to lead a life after Jesus Christ who was compassionate and forgiving leading them to enjoy satisfaction in life. But, to our knowledge, no empirical study has been conducted to examine the relationship between forgiveness, compassion, and life satisfaction, especially in the context of a seminary formation. The cross-sectional study has the following objectives. First of all, it examines the relationship between forgiveness, compassion and life satisfaction among the bachelor students of philosophy and theology courses, as well as among the subgroups of the philosophy and theology students separately. Secondly, it inspects compassion and life satisfaction as the possible predictors of forgiveness. Thirdly, it examines the relationship of the subfactors of forgiveness – forgiveness of self, forgiveness of others, and forgiveness of situation – with compassion and life satisfaction. This quantitative study is conducted on 590 participants from the Catholic major seminaries in India, doing their bachelor's in philosophy or theology. The participants of the study are chosen using a purposive sampling method. The age limit is between 18 and 31 and the participants are selected from the same cultural and linguistic background. In this study three standardized tests of the Heartland Forgiveness Scale, the Santa Clara Brief Compassion Scale, and the Satisfaction with Life Scale are used to measure forgiveness, compassion, and life satisfaction respectively. The results showed that forgiveness has a close association with compassion, whereas it has no similar relationship with life satisfaction. Furthermore, compassion is a predictor of forgiveness and of its sub-factors. At the same time, the theology students have more tendency to forgive than the philosophy students. Among the subgroups, fourth year theology students scored higher in forgiveness than the second year philosophy students. The relationship between forgiveness and compassion was stronger in theology students in comparison with the philosophy students.

2. The Influence of Destiny on the Ability to Forgive and Wellness

Jayant Balaji Athavale, Dragana Kislovski, Milind Khare
Maharshi Adhyatma Vishwavidyalay (also known as the Maharshi University of Spirituality), Goa, India

Forgiveness is advocated by major religions, psychologists and spiritual guides as an important effort towards wellness. Research has shown that those who try to forgive, experience better mental and physical health. However, is true forgiveness possible and how important is it in the quest for personal wellness? Also, some find it difficult to forgive due to the feeling that forgiveness obstructs justice.

Over a span of 50 years of research, which included psychological research, clinical practice and spiritual research, His Holiness Dr Athavale (the Author) found that the ability to forgive is largely dependent on one's destiny. The destiny of a person is a result of good and bad deeds from previous lives, where one's deeds have either affected others or one has been affected by others' deeds. These details are stored as impressions in the subconscious mind of a person and can include impressions of revenge and anger towards others who have harmed him. Along with this, destiny is the main cause of suffering in a person's life and can manifest in the form of ill-health. Negative energies (subtle-entities with malicious intent) can also increase one's adverse feelings towards others and create obstacles in forgiving others.

As these problems have a spiritual basis, only spiritual practice (which is a spiritual solution) nullifies adverse destiny and negative impressions in the subconscious mind. Thus, it is spiritual practice and not forgiveness (a psychological effort), which is the basis of any holistic efforts made for wellness. Forgiveness is just one of the many positive outcomes of spiritual practice. Finally, the Path of Spirituality leads one to experience Bliss (the most superlative form of happiness). At this stage of spiritual evolution, forgiveness becomes a non-issue as one transcends all the negative impressions in the mind and merges with the Divine.

3. Searching for Spirituality, Holistic Experience, and Healing? An Intercultural and Inter-Religious Look at Body Techniques.

Kurt Weis
Technical University of Munich, Germany (1980 - 2006)

All sensory perceptions, therefore all experiences and all knowledge we gather about the inner and outer worlds, come through the body. Just like the body itself is individual, its experiences are individual too, they are socially moulded and culturally shaped. What body techniques and physical structural conditions do (or did) other cultures use to develop inner processes and consciousness expanding experiences in the search for spirituality?
Deserts, heights, summits, forests, caves, water, darkness, solitude - what do we understand today of the established learning positions of the religious founders, mystics and shamans, how does one reach the path to self-knowledge, experience, healing, and enlightenment? Fasting, silence, meditation, energetic breathing, or drumming and dancing - are these cost-free body techniques still of immediate relevance today? As part of our new focus on health and well-being, the body is "booming". Is it also being rediscovered as a bridge to heightened spiritual experiences, or only for adventures for body and soul?
This paper reviews a wide range of spiritual disciplines, techniques, rituals and practices. The distinct

methods and goals of twelve different approaches will be analysed in detail. Among them are: (1) Fasting, silence, meditation, silence and solitude as used by religious cultures and monastic traditions, (2) ancient Indian Yoga techniques and (3) other breathing techniques from Mesoamerica to the Far East, (4) traditional Far Eastern martial arts, (5) dancing as used in old tribal cultures to produce trance-like states, (6) self-mutilation from the blood rituals of the ancient Maya to the medieval flagellants and modern crucifixion rituals in some Philippine villages, (6) old and neo-Shamanic cultures using psychoactive plants for widened states of consciousness and healing, (8), (9), (10), (11). By contrast to all the aforementioned body techniques, only (12) the ancient and modern Olympic Games are not focussed on transcendence, spirituality or healing. - The author will discuss some of his own experiences.

4. Spirituality – A Missing Piece in Health Promotion

Karina Gerhardt-Strachan
Queen's University, Canada

The field of health promotion advocates a socioecological approach to health by addressing a wide variety of physical, social, environmental, political and cultural factors. Using a holistic approach to health, health promotion examines many aspects of health, including physical, mental, sexual, community and social health. However, despite this holism, there is a noticeable absence of spiritual health. In this paper, I argue that by avoiding spirituality within health promotion frameworks, the secularism of health promotion and its underlying values of Eurocentric knowledge production and science remain invisible and rarely critiqued. Using a decolonizing methodological approach, I examine the lack of attention to spiritual health within health promotion. Situated within a critical health promotion approach which utilizes methodologies aiming for social justice, equity and ecological sustainability, I work to open up possibilities for centering spiritual epistemologies and other ways of knowing that have been marginalized, such as Indigenous understandings of health. The absence of spirituality in health promotion signifies the ongoing colonialism of the field. This is a crucial barrier that must be deconstructed if health promotion aspires to be inclusive, relevant and effective.

5. Attitudes of Religious Groups and Religiously Nones to Alternative / Traditional / Folk Medicine and to Mainstream/Western Conventional Medicinei

Kenan Sevinc, Metin Guven
Canakkale Onsekiz Mart University

Many studies show that religiously nones are more educated and trust in the science more. As mainstream medicine is a product of the modern science and alternative medicine is a traditional one, such questions come to mind: "Do religiously nones rely on the mainstream medicine more than religious people? Do religious people apply to the alternative medicine more? Is there a relationship between religious attendance and preferring to the alternative medicine?" This research investigates how religious groups, religious people, and religiously nones trust in the mainstream medicine and the alternative medicine, what are these people's satisfaction levels on these two medicines, and how often they prefer to these medicine types. We analyze data from "International Social Survey Programme: Health and Health Care - ISSP 2011" conducted on 55081 participants and in 32 countries. According to Independent Samples t-test and one-way ANOVA results, the findings are as follows: Whereas trust in doctors (mainstream medicine) score is 3.71 out of 5, the trust in the alternative medicine score is 2.74. There is a statistically significant difference between religious people (2.71) and religiously nones (2.79) with regard to believing in the alternative medicine would provide better results than the mainstream ($p<.05$). Religious people have a higher score (5.27) than religiously nones (5.06) on the satisfaction level of the last visiting a doctor ($p<.05$). In the past 12 months, religiously nones have a higher score (1.54) than religious ones (1.40) in visiting the alternative health care practitioner ($p<.05$). Additionally, there is not a statistically significant difference between religious ones and religiously nones regarding trust in doctors.

Session 6: God Attachment, Compassion, Forgiveness and Health

1. Belief in God as an Attachment Figure, Attitudes Toward God, and Quality of Life Outcomes in African Christian Diaspora in Australia

Victor Counted
Western Sydney University, Australia

This paper draws broadly on insights from attachment theory to investigate the main and interactive effects of attachment to God, attitudes toward God, and quality of life outcomes in a cross-sectional sample of 261 African Christian migrants in New South Wales, Australia. Respondents (mean age = 37) completed measures of attachment to God, attitudes

toward God, and quality of life. In regression analyses controlling for length of stay, age, education background, relationship status, gender, region of origin, and length of residence, attachment to God was positively associated with all outcomes of quality of life, while positive attitudes toward God was negatively related to environmental health, social relationship state, and overall quality of life. The interaction effects results reveal that attachment to God is inversely associated with quality of life outcomes among individuals with positive attitudes toward God, suggesting that the effects of an emotional attachment to God may contribute to better quality of life but not when moderated by feelings of positive attitudes toward God which is ineffective in terms of improvements in quality of life. These findings have important conceptual and clinical implications, as discussed in the paper.

2. Attachment to God and Health: The Moderating Role of Stress

Tracy Freeze, Lisa Best, Enrico DiTommaso, Abigail Brownlee, Makayla Fancy
Crandall University, University of New Brunswick

Background: Adult attachment and religion/spirituality are constructs that have received much attention as predictors of health. Although it is generally accepted that higher levels of insecure adult attachment predict lower levels of mental health, research examining insecure attachment and physical health is in its infancy. In addition, various aspects of religion/spirituality have been investigated as predictors of health, but results have been mixed. Attachment to God (AG), a construct combining both attachment and religion/spirituality, has been studied in terms of mental health; however, little to no research has examined AG as a predictor of physical health, or has examined stress as a moderator of this relationship. Aim: The purpose of Study 1 was to examine AG as a predictor of mental and physical health constructs as well as general health perceptions. The purpose of Study 2 was to examine stress as a moderator of the relationship between AG and the health constructs. Method: In both studies, demographic information, the Attachment to God Inventory, and the RAND 36-item Health Survey were completed online. Study 2 also included the Social Readjustment Rating Scale, and data was collected both online and via questionnaire booklets. Results: For Study 1, findings indicated that anxious AG predicted mental health constructs, but did not predict either physical health constructs or general perceptions of health. Preliminary results from Study 2 showed that stress moderated the relationships of both anxious and avoidant AG with mental health constructs and general perceptions of health. For example, higher avoidant AG was associated with poorer general perceptions of health under high stress, but better general perceptions of health under low stress. Conclusions: For a person of faith, the quality of their relationship with God combined with level of stress may be important factors to consider when predicting health.

3. Overcoming Phases of Spiritual Dryness in Catholic Priests and Their Association with Compassion and Altruism

Arndt Büssing[1], Andreas Günther[1,2], Christoph Jacobs[2]
[1] Institute of Integrative Medicine, Witten/Herdecke University, Germany
[2] Pastoral Psychology and Sociology, Faculty of Theology, Paderborn,Germany

Background: Religious persons may experience phases of spiritual dryness, which is a form of spiritual crisis related to burnout and depression. When these phases are overcome, persons may experience greater spiritual clarity and depth, and an intention to more helping others.

Aim: We intended to clarify whether and how strong both reactions are related to catholic priests´ feelings of Compassion as an ability and Altruism as a behavior, and Perception of the Sacred (Sacred) in their life.

Methods: Cross sectional survey among Catholic priests from Austria (arch-diocese Vienna) using standardized questionnaires. Data of 4,234 priests responding to the spiritual dryness scale (SDS) were analyzed.

Results: Among the priests, 12% experiences phases of spiritual dryness often to regularly, 45% sometimes, 36% rarely, and 7% never. Among these, 820 to 850 priests stated their reactions when overcoming these phases. 38% experienced greater clarity and depth and were encour-aged to help others often/regularly. Helping was moderately related to Compassion (SCCS; r=.38) and Altruism (GAlS; r=37), and marginally with Gratitude/Awe (SpREUK-P; r=.19) and the Sacred (DESES, r=.18), while greater clarity was moderately related to Compassion (r=.32), Altruism (r=.47), Gratitude/Awe (r=.33), and the Sacred (r=.41). Regression analyses confirmed that spiritual depth was predicted by the Sacred and Altruism, but not Compassion or Gratitude/Awe (R2=35), while helping was predicted by Altruism and Compassion, but not by the Sacred or Grat-itude/Awe (R2=.22).

Conclusion: The intention to help others after phases of spiritual dryness seems to be less a mat-ter of spiritual development and gratitude/Awe as compared to the experience of greater clarity and depth.

4. The Spirituality of Forgiveness: Mystical Insights From Evelyn Underhill

Robyn Wrigley-Carri
Alphacrusis College, Sydney, Australia

Evelyn Underhill (1875-1941) was an English mystic, theologian, spiritual director and retreat leader. As well as receiving an honorary doctorate from the University of Aberdeen, she was the first woman to be invited to give lectures in theology at Oxford University. Underhill was made a fellow of King's College, London and she is commemorated liturgically by the Church of England on the 15th of June each year.

In this paper I outline Underhill's spirituality of forgiveness as outlined in her retreat talks entitled, 'Abba'. She describes forgiveness as 'supernatural' - a painful, difficult process enabled through living in the Spirit, in union with the Cross. It means viewing others through the eyes of the 'divine pity', being part of Christ's Mystical Body, involved in His redeeming work. Forgiveness, according to Underhill, involves great courage, acceptance of suffering, forgetting how we've been injured, plus acknowledging our common, human frailty, and tendency to sin. Underhill argues that this compassionate, self-oblivious charity is purifying and is evidence of being citizens of the Kingdom of Redeeming Love. I close this first section of the paper with a couple of prayers from Underhill's personal prayer book that reinforce key aspects of her spirituality of forgiveness.

However, despite the tidiness of her theory and prayers concerning forgiveness, Underhill's personal reflections reveal her struggles to actually live it out. Drawing upon Underhill's spiritual journals, I outline the difficulties she encountered in attempting to embody her theorised spirituality of forgiveness.

Thirdly, I briefly examine Underhill's letters of spiritual direction where she outlines to directees the health value of trying to live out her spirituality of forgiveness.

Underhill reminds us that forgiveness is a mystical and theological reality that is beneficial to our health and well-being but is costing and deeply challenging to fully embody.

Posters

The posters will be exhibited during the whole conference. The authors are present after lunchtime 13:00-14:00 on Friday, May 18.

1. A Framework for Spiritually Competent Practice in Nursing Education.: SOPHIE (Self- exploration through Ontological, Phenomenological, and Humanistic, Ideological, and Existential expressions)

Gulnar Ali, Michael Snowden, Melanie Rogers
University of Huddersfield, UK

Introduction: An emphasis on spiritual care could help restore the balance between technical care and the healing aspects of interpersonal care.

Methodology and Methods: The study adopted a limited realist perspective and aimed to explore how undergraduate nurses were prepared for the task of assessing and addressing patients' spiritual care needs. Following a detailed literature review, a case-study design was adopted to collect data from three university nursing schools from different parts of England. Internal validity was established by triangulating data from different sources within each case and external validity was established by cross-case comparison. Data from review of documents, recorded interviews with nursing educators and focus groups with nursing students were analysed using template analysis, a form of thematic analysis.

Findings: Five themes emerged, concerning issues around conceptual complexity, choice, authority, how spirituality could be taught and a quest for shared understanding. This paper focuses on the quest for shared understanding. It proposes a learning framework based on self-exploration, and principles derived from ontological and phenomenological understanding and a broadly humanistic approach that respects different ideological stances and existential needs (SOPHIE). This is presented for further discussion and evaluation as one way of improving nurse education in this area.

Conclusion: A multidisciplinary teaching approach integrating medical anthropology, humanistic psychology and existential phenomenology should be explored as a basis for an integrated nursing curriculum that could explore spirituality in its widest sense.

2. A Mixed Methods Study of an Acute Hospital Chaplaincy Service

Elizabeth Allison
Leeds Beckett University

Background: There is a paucity of research that evidences who accesses acute hospital chaplaincy services and why. This first study aims to identify and document who the users of an acute hospital chaplaincy service are in order to inform a second study which will gather data directly from users of the chaplaincy service.

Aim: To map the users of an acute hospital chaplaincy service.

Methods: A mixed methods study was used and divided into phases. Phase One gathered descriptive statistics of the chaplaincy service from the chaplaincy bespoke database and annual report for a twelve-month period. Phase two reviewed and analysed approximately five per cent of patient records created by chaplains within the database from the same period. Demographic data was collected and compared to the descriptive statistics. The record also contained a tick box selection for chaplains to record their actions and this was coded and summarised. The free text box section of the patient records was analysed thematically. Phase three interviewed users of the service not represented in the database. Interviews with 7 staff and volunteers were conducted, transcribed and analysed thematically.

Results: The chaplaincy service is used predominantly by patients and families but also by staff, volunteers and the wider trust in a wide variety of roles across nearly all areas of the Trust. Themes emerging from the interviews can be divided into what chaplains do and why they were accessed for those tasks.

Conclusion: The following six areas were identified as what chaplains do: patient and family support, staff support, religious rituals/services, delivering training and education, training and supporting volunteers and management functions supporting the wider trust.

Chaplains were identified as being used for these activities as they were perceived to be: trustworthy, Independent, able to listen, reflective, spiritual/religious and authentic.

3. Who is Guilty? Comparative Analysis of the Feeling of Guilt and Need for Forgiveness in Children Hospitalization, Mental Health Hospitalization and Penitentiary Mental Health.

Josep Antoni Boix-Ferrer[1], Elisabet Preixats-Ferrer[2]
[1]Saint John of God Sanitary Park in Sant Boi, Barcelona, [2]Saint John of God Barcelona Children's Hospital

Background: The guilt occurs in its many and diverse manifestations. From the Spiritual and Religious Care Services (SAER) of the Order of Saint John of God, we believe that we need to understand it to facilitate its management by the people we accompany. This is why it is studied to what extent and in what ways the phenomenon of guilt is presented in three particularly singular contexts: in the suffering of the innocent (high complexity maternal and child hospitalization), in psychological distress (hospitalization in mental health) and in the fault done without conscience (penitentiary mental health).

Aim: Our study consists of four phases. 1st phase: To describe the profile of the population attended from January 1st to November 10th, 2017 by the SAER of the Saint John of God Barcelona Children's Hospital and the Mental Health and Penitentiary Health Area of the Saint John of God Sanitary Park in Sant Boi (Barcelona). 2nd phase: To describe in how many cases attended by SAER, there was expressed the issue of guilt and / or the possibility of forgiveness. 3rd phase: To analyze what types of guilt appear and relate them to a need for forgiveness and reconciliation. 4th phase: Compare the results.

Methodology: In the first phase, a retrospective cross-sectional quantitative analysis was carried out. In the second phase, an analysis of the discourse generated by the population studied during the intervention of the spiritual care agents was made. In the third phase, a more in-depth discourse analysis will be carried out and finally a comparison will be made between both areas.

Results: The SAER of the Saint John of God Barcelona Children's Hospital has attended 95 new cases. Of these cases, 24 (25.2%) stated that they felt guilty or blamed someone for the situation they were living in and, instead, only (3.1%) spoke of forgiveness.

In the area of mental health, the SAER has treated 77 new cases in the hospital setting, of which 18 (23.4%) expressed the issue of guilt and 3 (3.9%) mentioned the need for forgiveness. This service also attended 27 patients in the penitentiary health area. There were 5 (18.5%) who mentioned the guilt and 2 (7.4%) the forgiveness.

Conclusions: The feeling of guilt and / or forgiveness appears prominently in the two studied contexts and therefore we must continue advancing towards a deeper knowledge of this reality.

4. Singing, Spirituality and the Recovery Movement

June Boyce-Tillman
University of Winchester, UK; North West University of South Africa

The background of this paper is the development of the healing properties of the sacred or liminal space, which has been explored in various contexts (Boyce-Tillman 2007). Isabel Clarke's (Clarke 2008) notion of the transliminal way of knowing is drawn from cognitive psychology (Thalbourne et al 1997). In her thinking, this way of knowing is to do with our 'porous' relation to other beings and tolerating paradox. It is in contrast to 'propositional knowing', which gives us the analytically sophisticated individual that 'our culture has perhaps mistaken for the whole.' To access the other way of knowing we cross an internal 'limen' or threshold. The aim of this paper is to interrogate how this way of knowing can be found in singing groups, particularly those associated with recovery from mental illness. It will base this in an ecology of health (Williams July 2017), which outlines the four habitats in which our lives are set: the body, the environment, the society and the cosmos. It will examine how music can feed into this model, analysing case studies, which bring together ideas of the place of spirituality in recovery contexts and the role of music in wellbeing. This will postulate the use of singing as a spiritual component in recovery contexts.

5. Shared Understandings of Spiritual Care Among the Members of an Innovative Spirituality Interest Group in the Republic of Ireland

Vivienne Brady[1], Fiona Timmins[1], Silvia Caldeira[2] Jacqueline Whelan[1], Maryanne Murphy[1], Colmo Boyle[1], Kathleen Neenan[1], Yvonne Muldowney[1]
[1]Trinity College, Dublin, Ireland
[2] Universidade Católica Portuguesa, Lisbon, Portugal

Spirituality is receiving unprecedented attention in the nursing literature (McSherry & Jamieson 2011). The UK has made recommendations for the nurses' role in this area (RCN 2011, 2014). A Spirituality Research and Innovation Group (SRIG) was set up in in the School of Nursing and Midwifery, Trinity College Dublin, in March 2013. This poster reports the results of the survey regarding the establishment of the SRIG and the development of a shared understanding of spiritual care among the members. A 13-item survey was distributed in 2014 containing both closed and open-ended items. A total of 15 members participated. Responses revealed majority agreement with Ramezami et al (2014) dimensions of the concept of spiritual care, which was also confirmed in open responses, after qualitative analysis. As such attributes were identified as the following: healing presence, therapeutic use of self, intuitive sense, exploration of the spiritual perspective, patient-centredness, meaning-centred, therapeutic intervention and creation of a spiritually nurturing environment. There is consensus that the spiritual care in health care settings is a shared responsibility of the whole ought to be an integrated effort across the health care team (Pesut and Sawatzky 2006). However understandings of spirituality and spiritual care are not

always clear. By developing shared understandings of spirituality and spiritual care the Spirituality Interest Group hopes to be able to underpin both research and practice with a solid conceptual understanding and foundation.

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6. Development of a Spiritually Informed Yoga Program for Psychiatric Outpatients with Mood Disorders.

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Background: Mental disorders can be regarded as one of the core health challenges of the 21st century: in 2020, depression will be the second leading cause of world disability and by 2030, it is expected to be the largest contributor to disease burden. In the European Union, less than one third of all cases receive any treatment, suggesting a considerable level of unmet needs. Yoga is an accessible, self-applicable and naturalistic therapy, which has shown promising effects in the treatment of mental disorders. However, in clinical contexts, Yoga is usually practiced without the spiritual background of the traditional framework.

Methods: Preclinical theory formation and Phase-I modelling of a spiritually informed Yoga program in the outpatient clinic of the Department of Integrative Psychiatry, Psychosomatics and Psychotherapy.

Results: Traditionally, the Yamas ("restraints") and Niyamas ("observances") of Patanjali Yoga build the foundation of the path of Yoga and provide spiritual and ethical principles (e.g. non-violence or modesty). These can be considered to be largely universal, as very similar aspects can be found in other spiritual or religious traditions alike (e.g. Christianity or Buddhism). Based on these principles, a spiritually informed Yoga program has been developed to promote physical, mental and spiritual health. It consists of three domains: life ethics, healthy life style and spiritual mantra meditation. Similar to the successful MBSR program it has been designed as an 8-week course with weekly seminars and daily practices.

Conclusion: Spiritually informed Yoga offers a unique and comprehensive therapeutic approach in mental health. Strengths of the concept include integral possibilities of self-regulation and explicit focus on motivational and spiritual aspects of therapy, based on a common theoretical background of a traditional spiritual system. Spiritually informed Yoga extends the scope of existing mind-body therapies, making it valuable in clinical practice as well as for advancing scientific knowledge.

7. Reasons for Pilgrimage in Persons with Mental and Physical Diseases and Handicaps

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Background: Many persons with physical/mental diseases and health affections take part in pilgrimage to distinct sacred places. Their underlying reasons and expectations are often unclear.

Aim: What are the reasons to go to organized pilgrimages?

Methods: Cross sectional survey among 211 handicapped persons from Italy (60% women; 60% without partner; 43% with neurological diseases) travelling to Lourdes. All were attended by UNITALSI volunteers and filled the 16 item "Reasons of Pilgrimage" questionnaire (Cronbach´s alpha = .82).

Results: We differentiated five main reason cluster (factors): (1) Worship/Search for the Sacred (WSS); (2) Escape/Intention to Travel (EIT) (3) Togetherness (TG); (4) Hope/Emotional Healing (HEH); (5) Penance/Sacrifice (PS). HEH and TG scored highest and PS the lowest. There were no gender or age related differences. EIT was the only reason which scored highest in persons depending on the help of others (F=5.1; p=004). Pilgrims living alone scored significantly higher on TG compared to un-partnered persons (F=4.0; p=.046), while PS was higher in partnered persons (F=4.2; p=.042). Those with neurological/neurosensoric affections had the highest scores for EIT (F=3.2; p=.008) and pilgrims with psychiatric diseases the highest TG scores (F=3.5; p=.005).

Conclusion: The main important reasons for pilgrimage were hope for emotional healing and social contacts. Escape intentions were of relevance in several subgroups.

8. Differential Expression of Compassion and Altruism in Volunteers Working for Concrete Others Persons

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[2] University Ingolstadt-Eichstätt, Germany

[3] Albert-Ludwig University, Freiburg, Germany

Background: The ability to have feelings of compassion will not necessarily result in concrete altruistic behavior. The latter is wearing and time consuming and may result in emotional exhaustion and distancing (Cool Down).

Research questions: Are Compassion and Altruism expressed differentially, related to gender and the kind of voluntary work („who is supported")? Are they related to gratitude and awe?

Methods: Cross sectional study with standardized questionnaires among 343 persons (age: 54±20 years; 69% women; 85% Christians) working voluntarily for diseased persons (26%), persons with physical/mental (16%) or social/emotional impairment (21%), education/youth work (9%), other (28%).

Results: Compassion (SCCS) and Altruism (GALS) are strongly interrelated (r=0.58). Altruism is a bit stronger related to Religious Orientation compared to Compassion (ASP: r=0.25 and r=0.18). Both are similarly related to Gratitude/Awe (SpREUK-P: r=0.33), but not with Cool Down (CDI: r=0.01). Gender-associated differences were found for Compassion (F=19.8; p<0.0001) and slightly for Altruism (F=4.1; p=0.044), but not for Cool Down (F=0.2). For the kind of engagement there was a trend to higher Compassion scores in volunteers working for diseased persons (F=2.3; p=0.063), while there were not significant differences for Altruism or Cool Down.

Conclusions: The kind of voluntaries´ social engagement showed no relevant differences with respect to Compassion, Altruism or Cool Down. Both prosocial indicators are related to Grati-tude/Awe.

9. Relational Spirituality: An Opportunity for Social Work in Long-Term Care

Ann Callahan
Eastern Kentucky University, USA

Aim: Spirituality reflects our "innate human yearning for meaning through intra-, inter-, and transpersonal connectedness" (Belcher & Griffiths, 2005, p. 272). This suggests that "all spirituality can be viewed as relational" (Sandage & Shults, 2007, p. 263). If spirituality involves meaningful relationships, then is important to understand the implications for client care. Background: In long-term care, relationships with other residents provide companionship. Relationships with certified nursing assistants support daily living. Relationships with nurses leads to health care. Relationships with family members allow for community connection. Therefore, relationships can help clients survive and, in some cases, thrive.

Method: Based on the author's experience as a clinical social worker, a composite case study describes how relationships informed nursing home life for "Sue." The provision of social work required sensitivity to how these relationships contributed to Sue's life. Clinical intervention helped Sue maintain these relationships and create more as her needs changed.

Results: The death of Sue's husband led to an emergent need to grieve. Sue's questions about an afterlife necessitated a referral to Sue's pastor. Sue's anxiety about joining group activities led to self-care through prayer. Mobility issues required connection with staff for showers. Although Sue could not garden anymore, she came to appreciate sitting in the sun.

Conclusion: In the end, Sue faced life challenges and met emergent needs through meaningful relationships. Sue's experience lends insight into the potential for relational spirituality to have therapeutic power (Callahan, 2017). Social workers can respond by being spiritually sensitive to the spiritual importance of relationships and engage clients in efforts to help them grow.

10. Forgiveness in Secular Practice

Geoff Crocker

Aim and background: This paper aims to develop an acceptable and workable paradigm for forgiveness in secular society. Forgiveness recognises the existence of wrong and seeks to mitigate its outcome. It is a conscious decision to cancel the offence of a wrongdoing, or a financial debt. Forgiveness may or may not lead to reconciliation. It is possible to forgive but not to reconcile, but not possible to reconcile without forgiveness. It may or may not lead to restoration. The original relationship suffers what Hannah Arendt called 'the predicament of irreversibility'. Forgiveness is the alternative to punishment required by justice, or to hostility in response to hurt. It qualifies justice, and is therefore a superior virtue. Sharia law allows the victim's forgiveness to annul punishment of the criminal. In contrast, some Christian definitions of divine forgiveness require vicarious punishment.

Methods: The paper explores various concepts and practices of forgiveness. The understanding of forgiveness in secular society is compared and contrasted to various religious definitions of forgiveness. Modes of practice of forgiveness in secular space are then examined. Forgiveness is considered in relation to

- degrees and types of offence
- accidental or intentional offence
- inter-personal and institutional offence
- justice and punishment
- restoration and/or other outcomes
- remorse
- reconciliation
- Hannah Arendt's 'predicament of irreversibility'

- Anthony Bash's definition of forgiveness as 'part of the spirituality of all human beings'

Conclusions: Exemplified after the evils of Holocaust and apartheid, forgiveness needs widespread recognition and enabling institutional structures. Possible proposals to define, celebrate and support a paradigm of forgiveness in secular society are developed.

References: Richard Titmuss 'The Gift Relationship' 1971

Hannah Arendt 'The Human Condition' 1958

Anthony Bash 'Forgiveness, Reconciliation and Spirituality' in Journal for the Study of Spirituality, Vol 4 Number 1, 2014

11. Forgiveness Could Shield Suffering People in South Africa From Overwhelming Feelings of Withdrawal or Impulsive Action

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North-West University, South Africa

The impact of suffering and pain inflicted by injustice, violence and oppressive systems is not something only individuals struggle with, but communities and larger systems in society as well. Repeated exposure to overwhelmed distress generally creates a gradual process of physical, emotional and mental exhaustion. The involvement in an emotionally draining situation also challenges people's sense of human vulnerability and faith. The quest of settling the scores and a desire for retaliation can be so overpowering that people rarely deal with forgiveness. A vital resolution is to have guidelines, strategies and practices in place to protect peoples' personhood and human dignity so that overwhelming feelings of withdrawal or impulsive, intrusive action does not become a way of life. Forgiveness lessons from Scripture could enable suffering people to choose forgiveness when oppressive systems justify retaliation and perpetrators deserve revenge. Normative reflections and perspectives within the South African discourses call for a reforming or re-framing of contextual anthropology where forgiveness can play a decisive role.l

12. Sadness, Depression and the Dark Night of the Soul: Religious Coping With Sadness and Depression and Help-Seeking Behaviour Amongst Catholics

Gloria Dura-Vila, Gerard Leavey, Roland Littlewood and Simon Dein
University College London

Background: Modern medicine encourages us to regard emotional difficulties as illnesses rather than spiritual questions; psychiatrists have a tendency to convert their patients' emotional difficulties into diseases with a pharmacological solution rather than opportunities for reflecting on their lives and as potential agents for beneficial change.

Aims : The participants' understanding of severe sadness, religious coping mechanisms and religious help-seeking behaviours were explored in depth.

Methods: A qualitative study was conducted amongst 57 practising Catholics in Spain. The sample represented the heterogeneity of the Catholic Church being made of theological lay students, priests, and contemplative monks and nuns. Semi-structured interviews, participant observation and ethnography were used to gather data.

Results: It was found that religion played a crucial role in the way sadness was understood and resolved: symptoms that otherwise might have been described as evidence of a depressive episode were often understood in those more religiously committed within the framework of the "Dark Night of the Soul" narrative, an active transformation of emotional distress into a process of self-reflection, attribution of religious meaning and spiritual growth. A complex portrayal of the role of the spiritual director and the parish priest in helping those undergoing sadness and depression also emerged, containing positive aspects and criticisms of some priests' lack of mental health training.

Conclusion: This study emphasises the importance of incorporating spiritual aspects into clinical practice and warns about the risks of medicalising normal episodes of sadness such as the "Dark Night of the Soul" described by the participants.

13. Spiritual Care in New Zealand: Overview of Research and an Acute Hospital Care Experience

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Background: The importance of spirituality in coping with cancer has been well documented and, because of the weight of evidence, has been incorporated into the New Zealand Ministry of Health's Guidance for Improving Supportive Care for Adults with Cancer in New Zealand that notes,

"It is essential that all staff working in cancer treatment services have a basic understanding of the spiritual needs of people with cancer, possess the skills to assess those needs and know how to go about contacting spiritual caregivers when required. Training specific to the cultural and spiritual needs of Māori is essential."

New Zealand has a unique mix of ethnicities, spiritualties and challenges. Grimshaw suggests we have an "unacknowledged spirituality', while Leibrich argues that in New Zealand, "There is agonizing

emptiness within our society that I think reflects a desperate need for meaning, relevance, something deeper in life. Some people say there is a spiritual renaissance". Paralleling this emptiness, Lineham argues, "Spirituality has replaced religion in our [New Zealand] society; formal religion is now seen as a very negative force by many in our society, but spirituality is seen as a way for people to connect with something deeper". New Zealand has seen a growth of non-practicing Christians, while approximately eight to twelve percent of the population attends church regularly.

In this context a range of studies have looked at various aspects of spirituality in New Zealand. This presentation will give an overview of these studies with a particular focus on the developments, trials and challenges in a large District Health Board (one of twenty in New Zealand) where serious attempts of spiritual care is being taken seriously from bedside to governance levels.

Aim: To give an overview and reflective analysis of the current New Zealand spiritual care context

Methods: Review of New Zealand's published and grey literature. The presentation will draw on past and recently finished studies.

Results: This presentation will draw on the authors' published studies that have examined spirituality in a range of New Zealand contexts: hospice/end-of-life care, renal care, medical education, dementia care, aged residential care, and nursing. Further, it will draw on recent or current studies that have explored spirituality, cancer care, and elder care using innovative co-design approaches.

Conclusion: New Zealand has the potential to lead the world through inclusive spiritual care approaches, but there is a long way to go to reach such a goal.

14. Spiritual Religious Struggles and Suicide: The Role of Self-Forgiveness in Mental Health Treatment

Mary Rute Gomes Esperandio, Julia Ferreira, Géssica Hornung, Nadalin Júnior Odenir, Ragner Kraft
Pontifical Catholic University of Paraná, Brazil

Some studies point out that positive religious coping is as a strong predictor for facilitating the resolution of spiritual struggles. Desai and Pargament (2015) assert that spiritual struggles may have different implications for spiritual and secular domains. For instance, "the relationship between support and growth may be mediated by the match between the type of support and the type of stressor". By means of a case study of an evangelical pastor who had an unsuccessful suicide attempt, this study aims to point out the relationship between spiritual religious struggles, psychiatric disorders and suicide. The study raises the hypothesis that depression can be mediated by either positive spiritual religious coping or spiritual struggles (especially of the Moral and Interpersonal type), in conjunction with the centrality of religion in the individual's life. In some specific cases, it may predict worse outcomes, such as suicide attempt. Given these considerations, we would like to discuss self-forgiveness as a practice of caring for oneself, as an expression of self-compassion and as a possible intervention strategy in the care of the suffering person.

15. Religion and Weight Status in Nigeria

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Introduction: Obesity, the excessive accumulation of fat in the body leading to major health, economic and psychosocial consequences. This condition has been epidemiological concerns in developed countries and recently growing among the developing nations. There is available information on the association between religion and body mass index among subjects from developed nation, however, this knowledge is lacking among African population. Purpose/Aim: To investigate the relationship between religious affiliation and weight status among the Nigerian population.

Methods: The Nigeria Demographic and Health Survey (NDHS) 2013 was used to understand possible relationship between weight status and religious affiliation. Ethical approval for the use of the dataset was granted by DHS central office, Rockville. Briefly, the DHS methodology comprise of samples selection using a stratified three stage cluster design consisting of 904 clusters (372 in urban and 532 in rural areas); collection of health and demographic variables such as weight, height, age, and religious affiliation; data were entry using the CSPro computer package. The inclusion criteria for this study is non-pregnant women who are between 20 to 47 years old (n=25680). We employed SPSS 22.0 for data analysis.

Results: Descriptive by religious composition reveals 56.8% are Muslims, 41.7% Christians, 0.9% traditionalist and 0.5% 'others'. Overweight/obesity rate among non-pregnant Nigerian women age 20-49years old is 26.3% (6756 out of 25680). Descriptive statistics also shows that 35.0% of Christians, 20% of Islamist, 13.2% of traditionalist and 33.3% of 'other religion' are facing adiposity challenge as overweight or obesity. Further multinominal logistics regression analysis shows that women who are Christians rather than those of other religion are two times more likely to be overweight (OR= 1.936) or obese (OR= 1.989) than normal weight.

Conclusion: Christians are the most affected with overweight and obesity than other religion affiliation. There is need for faith-based health promotion intervention.

16. Spiritual Well-Being (SpWB), Quality of Life (QoL) and Health Perception (HP) Among Patients With Chronic Illness in Spain.

Maria Dolores Fernández-Pascual, Ana Santos-Ruiz, Abilio Reig-Ferrer
University of Alicante, Spain

Background: Previous studies suggest that spiritual well-being may be an important factor for improving quality of life and health status in patients with chronic illness.

Aim: To explore possible differences among chronic patient groups, and to analyse the relation between SpWB, QoL and HP.

Methods: Participants were 259 adults aged, 29 to 92, with chronic illness: haemodialysis patients (HDP, n= 94), palliative care patients (PCP, n = 60), and type II diabetic patients (DP, n=105).

Participants completed measure of the Spanish version of the Meaning in Life Scale (MilLS; Jim et al., 2006; Reig-Ferrer et al., 2012, 2015). The MiLS scores were standardized and transformed in a scale from 0 (lowest value) o to 10 (highest value). Measures of subjective well-being (health status and general quality of life) were obtained through two criterial items. Subgroup analyses were performed using Mann–Whitney U and Kruskal–Wallis tests.

Results: Data from the MiLS scores for the total sample and for each group of patients were calculated and found to be relatively similar, with means of 5.4 (total sample), 5.1 (HDP), 5.5 (PCP), and 5.7 (DP). Regarding to the subjective well-being, 39% of the 259 chronic patients reported a good QoL and only 26% informed of a good HP. Significant differences were observed among these groups of patients in SpWB (p=.024), QoL (p<.0001), and HP (p<.0001). Diabetic group showed the highest scores in these variables.SpWB was positively correlated with QoL (r=.50; p< .0001) and HP (r=.45; p< .0001).

Conclusion: SpWB in chronic patients is relatively low, specifically in the haemodialysis group. QoL and HP was higher in the diabetes patient than in the other groups, probably associated with the disease course. Spirituality may play an important role in the psychological well-being, quality of life, and self-rated health for patients with chronic illness.

17. Spirituality and Healthcare Leadership

Richard Hayward
Anglia Ruskin University

Background: This is a follow-up paper to one presented at the BASS 2016 Conference which explored phase 1 of a mixed methods study. This paper presents the results of nine in-depth interviews with UK healthcare managers. This was phase 2 of the study and built upon the results from the questionnaire. The study is a part of a PhD thesis undertaken at Anglia Ruskin University.

Aims: The research question was:
What is the relationship between spirituality, spiritual intelligence and leadership among healthcare managers?

Methods: The presentation will focus on nine in-depth interviews undertaken with UK healthcare managers. These were chosen from a population who had completed a spiritual intelligence quotient assessment, (SQ 21) the results of which were presented at the BASS Conference in 2016.

Results: The participants demonstrated a range of spiritual intelligence, but the results were broadly the same. The importance of a clear Worldview, with tolerance and acceptance of others point of view was demonstrated as key to successful leadership. All participants identified the traits and characteristics of successful spiritual leaders which will be discussed.

The second, and important theme from the interviews was the ability to articulate and justify a value system which was crucial to all participants.

Conclusions: The ability to be able to articulate your personal value system and acknowledge its roots are fundamental to self-awareness and personal development, both of which are important in leadership.Participants in the presentation will be challenged to think about their own personal value system and how that is demonstrated in practice. Whilst this is not a classic research presentation, participants will be invited to reflect on their own spirituality and explore both the roots and consequences of these values. This fits in with the overall theme of the conference of Forgiveness and Reconciliation - Without self-awareness and some of the values articulated above, forgiveness and reconciliation cannot occur.

18. Creative Spiritual Reminiscence Program in Meaning-Making Approach for Investigating the Spirituality Dimension of Chinese Older Adults With Mild Cognitive Impairment in Nursing Home

Vennusn Ho Yuen-wai
The Hong Kong Chinese Christian Churches Union Kwong Yum Care Home

Recent literature has documented that creative arts engagement is fundamental to foster physical health and spiritual wellbeing. As such, a creative care intervention, namely Creative Spiritual Reminiscence programme (CSRp) was implemented for Older Adults (OAs) with Mild Cognitive Impairment (MCI). The objectives of this study were to investigate the effects in meaning-making and to improve quality of life (QOL). A mixed- method approach combining qualitative and quantitative data was applied.

A 2-hour, 6-week CSRp was implemented on weekly basis for 10 OAs with MCI in a nursing home

of Hong Kong. The qualitative analysis from grounded theory on the CSRp for the participants revealed three core spiritual phenomena which involved their descriptions of the meanings of their past, present and future life. The CSRp demonstrated as an inner compass to navigate and witness them to the journey of finding strengths, authentic personhood and inner balance in life, from the deepest level of being, "who I am", to the medium level of being, "where I am", and the outer level of being, "how I am", and release the power of 3Rs (Restoration, Reconciliation and Reconstruction) to fulfil their ultimate meaning and enhance their well-being.

Quantitative measures were applied to evaluate change in neuropsychiatric symptoms, cognitive and psychological well-being, and perception on quality of life 2 weeks before and 2 weeks after completion of intervention. The dependent t-test comparing pre-tests and pro-tests of CSRp showed significantly higher scores on their visuospatial/executive ($p<0.01$), attention function ($p<0.05$), psychological well-being ($p<0.01$) as well as QOL

($p=0.000$), while it demonstrated to minimize the negative neuropsychiatric symptoms ($p=0.000$).

The study provided a valuable asset of understanding spirituality and personhood in Chinese OAs with MCI. Further rigorously evidence-based studies on spirituality and expressive arts therapy in Chinese ageing population are warranted.

19. Spirituality of Dementia in Existential Dramas

Tor - Arne Isene, Hans Stifoss - Hanssen, Hilde Thygesen
Innlandet Hospital Trust/ VID Specialized University, Oslo

Spirituality is a fundamental feature of being a person. Spirituality is also a concept we tend to define cognitively. But how can spirituality be recognized and understood in the case of a person with dementia (PWD)? This study is part of a qualitative patient-oriented project, which aims to reveal a deeper understanding of how spirituality appears in persons with dementia. The data were collected by participant observation in a hospital bed unit over a period of four months. Ten patients with severe dementia were included.

The researcher participated in daily activities like meals, walks outside, sing-alongs, exercise, or just spending time with the patients, either individually or in groups. The observations were noted and written down in field notes and analysed using systematic text condensation. Conversation on a cognitive level with a person with dementia about abstract topics such as spirituality, is understandably not always possible. However, by spending time with a person with dementia, we can experience that everyday life consists of events that carry with them existential themes. It can be the body's actions, reactions or emotions that communicate something which is not necessarily expressed verbally. In this study when events can be interpreted as narratives with existential themes, we label them as existential dramas. Direct manifestations of spirituality are not easily recognised in the material. However, looking closer we observe various examples of existential dramas, each containing underlying dynamics that represents traces of spirituality. Preliminary findings suggest that existential topics like loss/grief, dignity and belonging are represented.

20. The Spiritual Aspect of Care Relationships in Older Communities

Jenny Kartupelis

Background: In 2014, The Abbeyfield Society commissioned me to undertake research into spiritual wellbeing of residents, staff and volunteers in its care homes and sheltered housing. Some non-confidential elements of the findings have since been put into the public domain, and will form the basis of a book to be published by Jessica Kingsley Publishers in April/May 2018.

Aim: To understand more about the critical factors contributing to spiritual wellbeing, how these could be maintained or enhanced, and the interplay between spiritual, physical and mental health.

Methods: Personal interviews with over 100 people in a variety of care settings, including dementia homes, across the UK. The findings were analysed with consideration to the information they provided about how relationships were formed, including the role of matters such as privacy, company, security, point at which the care setting was entered by the older person; mealtimes, the built and outdoor environment. A confidential report was presented to the client.

Results: The main points to emerge were: that the creation of 'family bonds' enables cared-for and carers to thrive; that certain environments and conditions favour this happening; that there needs to be a catalytic person, normally the manager or housekeeper; that there is a role for chaplaincy, but not in the traditional sense of a visitor ministering to a large number of different groups.

Conclusion and impact: It is essential to completely revise our currently accepted thinking about matters such as independence and care giving, and think rather in terms of interdependence and two-way care. The impact of the findings on policy and practice have the potential to be profound: in particular, they indicate the need to shift spending towards particular types of social care, enabling subsequent savings in the health sector.

21. Cross-Lagged Analysis of Religious Attendance and Mental Health: Findings From a British Birth Cohort Study

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University College London

Background: There is evidence that religious attendance are associated with positive outcomes for mental health; however there are few longitudinal studies and even fewer which take into account the possibility of bi-directional associations.

Aims: The aim of this study was to investigate bi-directional associations between religious attendance and mental health using data from the MRC National Survey of Health and Development (1946 British birth cohort study).

Methods: Participants were 2,125 study members who provided data in the most recent data collection at age 68-69. Mental health was assessed using the General Health Questionnaire (GHQ-28) which was measured at age 53, 60-64 and 68-69. Religious attendance was measured at ages 43, 53, 60-64 and 68-69. Frequency of religious attendance was measured on a 4-point scale (weekly=3, monthly=2, less than monthly=1 or never=0). Cross-lagged path analysis was used to simultaneously assess reciprocal associations between mental health and religious attendance whilst adjusted for gender and education. Missing data were addressed using the full information maximum likelihood method.

Results: Both religious attendance and mental health were strongly associated with prior attendance and prior mental health respectively. Poor mental health was associated with more frequent religious attendance from age 53 to 60-64 ($b=0.08$, $SE=0.04$, $p<0.05$), and age 60-64 to 68-69 ($b=0.07$, $SE=0.04$, $p=0.07$). There was no evidence that religious attendance at age 43, 60-64 or 68-69 was associated with later or concurrent mental health.

Conclusions: Poor mental health is associated with later religious attendance but not vice versa. This indicates that religious attendance could be utilised as a coping mechanism in response to depression and anxiety symptoms. Future research should assess bi-directional associations between mental health and other aspects of religiosity such as prayer and whether religion provides meaning in life.

22. Feelings, Opinions and Attitudes of Hospitalized Patients Towards Spiritual Care Practices Aimed for Patients: A Qualitative Study

Nurten Kimter, Hayati Hökeleli
Çanakkale Onsekiz Mart University, Uludag University, Turkey

It can be said that history of spiritual care practices in Turkey is fairly new. Nevertheless, it is seen that the number of researches on spiritual care practices applied for patients, convicts, elderly, abandoned children, etc. situated in various institutions (hospitals, penitentiaries, nursing homes, etc.) is increasing and continuing gradually day by day.In this context, in this study, feelings, opinions and attitudes of hospitalized patients towards spiritual care practices aimed for patients were determined based on the spiritual care practice trials carried out on patients hospitalized at Çanakkale State Hospital in the scope of the Community Service Application (CSA) Class by the students of the Faculty of Theology, Department of Primary School Religious Culture and Moral Knowledge. Hence, the reports of 10 students, who were enrolled at the Department of PSRCMK during the academic year of 2015-2016 and carried out Community Service Application by providing moral and support practices for patients hospitalized at the state hospital, were put to the content analysis. As a result of the content analysis made on the determined themes, it was determined that the majority of the hospitalized patients warmly and affectionately welcomed the prospective teachers, who carried out moral support practices for the patients, and stated that this project was extremely beneficial and necessary for them. Furthermore, as a result of the moral support practices carried out for a short term for the patients, it was seen that there was improvement in the patience, gratitude, hope and optimism levels and progress in the moral and psychologic wellbeing levels of the patients. When the said patients were asked whether they wanted this practice to continue or they wanted to be revisited, the majority answered positively to this question and even some of the discharged patients gave their address to the prospective teachers who provided moral support and they asked them to visit them at their home.

23. Power to Forgive. God's Forgiveness and Human Forgiveness Illustrated in a Power Analytical Perspective

Tormod Kleiven
Diakonova University College, Norway

The focus in this paper is on the use and misuse of forgiveness in regard to people who have experienced deep offenses. The goal is to discuss an understanding of forgiveness that conveys liberation and empowering in the life of violated people by answering the question: How do we understand human forgiveness in a perspective of Christian understanding of life as discussed from a power analytical perspective? The methodical approach is content analysis based on a literature review and using understanding of power as a theoretical framework. The analysis provided the basis for a tripartite categorization; (1) hu-

man forgiveness illuminated through God's forgiveness (theological focus), (2) the place and function of forgiveness in the life of individuals (intrapsychic focus), and (3) forgiveness between people (relational focus).

One main conclusion is that giving emphasis to only one of the three categories may contribute to a misuse of forgiveness because it will increase the possibilities of making the violated person responsible for carrying the consequences of the offense. Therefore, an important result of the research is the necessity of exploring the connection between the three perspectives grounded in the relationship. Human forgiveness has to be seen in the light of the assumptions of God's forgiveness of humans, and in what ways the offense has affected the self-understanding of the human (the inner dimension), and in the light of the context (outer dimension). This is the basis to assessing whether forgiveness contributes to empowering and liberation or to its misuse by avoiding a confrontation that clarifies the responsibility of the offender.

24. Quality of Life and Pilgrimage: An Exploratory Study Into the Impact of a Pilgrimage to Lourdes on Patient Quality of Life

Jennifer Klimiuk, Kieran Moriarty
Royal Bolton Hospital NHS Foundation Trust, UK

Lourdes, France, is a major pilgrimage site for Roman Catholics, particularly for those who report physical or mental illness. Sixty-nine 'miraculous cures' have been recognised in Lourdes by the Roman Catholic Church, however, there are many more reports of 'cures' and that Lourdes itself has a unique atmosphere of 'healing'.

Evidence indicates that the multifaceted, diverse nature of pilgrimage to Lourdes provides a unique 'healing' environment. Benefit to pilgrims is influenced by collective shared-identity, mass gatherings, spiritual healing, social interaction and inexplicable cure. Research suggests there are key benefits to participating in this experience. However, direct impact on quality of life (QOL) has not previously been measured.

This study aims to measure the impact of pilgrimage to Lourdes on physically and mentally ill pilgrims' QOL and perceptions of wellbeing. The standardised Euro-Qol EQ-5D-5L questionnaire was used to assess the responses of a group of pilgrims before (Q1), immediately after (Q2) and 2 months after (Q3) return from pilgrimage to Lourdes. Information was gathered on aspects pilgrims felt impacted most on QOL. Questionnaire results were than analysed using paired T-test. 93 patients responded to Q1, 71 to Q2 and 64 to Q3. Health scores of pilgrims showed statistically significant improvement on Q2 (P=0.04), though this was not sustained Q3 (P=0.18). QOL scores did not show a significant trend on Q2 or Q3. Despite this, 68% reported their self-rated QOL as 'Much better' or 'better' on Q2 (54.6% on Q3), 28% the same (35.9%) and 2.8% worse (6%). Factors identified as having most significant impact on QOL were 'spiritual and religious aspects' of pilgrimage, 'a sense of togetherness' and 'spiritual healing'.

This study shows that pilgrimage to Lourdes does have an impact on health scores and self-reported QOL of pilgrims and is likely influenced by the multifaceted nature of the pilgrimage experience.

25. Advocacy in Nursing

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Philosophisch-Theologische Hochschule Vallendar, Germany

Background: In the future, there will be an increasing number of caring needs among the German people. They will be influenced by numerous factors such as: (1) demographic changes, (2) increasing cultural diversity, (3) successive singularisation, and (4) growing caring needs of the elderly. Therefore, the vulnerability of patients is at the centre of, and makes an increasing demand on the advocacy services in nursing. A foreign environment like a hospital affects patients with anxiety or at least with some concern. In addition, changes are taking place for older clientele, which might lead to a former self-dependent person into care-dependency. Despite numerous information channels, these patients do not always have the necessary expertise and experience or the assertiveness to decide how to address their own concerns. In addition, some of them do not have a supporting social lobby that could deputize for them. Furthermore, for foreign citizens, there exist language and/or cultural barriers. Having these observations in mind, there is the starting point of professional nurses to act as advocates for their patients. Finally: to act for others is also a question of spirituality and ethics.

Aim: The project determines the advocacy role of nurses in the US. It will demonstrate if and how nurses promote the active involvement of patients in treatment decisions, or act as their advocates to provide good care. These findings are going to serve as a basis for personal qualitative research about the advocacy role of nurses in German hospitals in 2018-2019.

Methods: Since the 1970s a lot of research has been done on the advocacy role of nurses in the US. It seems to be advantageous to do a critical review of the existing literature on advocacy in nursing between 2013-2017. A keyword search was conducted in the data base PubMed. In addition, a hand search was executed in nine standard nursing text books.

Results and conclusions: The results demonstrate that there is no clear or common definition of advocacy in nursing. Furthermore, the results show a

clear contrast to the proposed role of nurses as being patients` advocates. Even then, there still exists a demand for further research in the field of advocacy in nursing in the US. The findings will serve as background for a personal qualitative study on subjects of advocacy in nursing in German hospitals.

26. Religion as Preventive Factor in Suicide Prevention

Urška Mali Kovacic

Religion represents an important preventive factor in suicide prevention. Previous studies found that more religious have less positive attitudes towards suicide, fewer suicide attempts and completed suicides.
The role of different elements of religion has been insufficiently studied. Studies do mostly focus on preventive role of different elements (personal prayer, moral impediments toward suicide …) and consider them very partially.

As none of the studies manage to capture a holistic understanding of the phenomenon, that is the aim of our study. Semi-structured interviews that were conducted a couple of days after a hospitalization of religious people were analysed with qualitative research method called Phenomenological Interpretative Analysis.

Our study confirms that different elements of religion play different role in suicide prevention.
The major contribution of the research is the use of qualitative analysis, deep research of the meaning of religion and its role as expressed and described by the patients.

27. Exploring Workplace Spirituality: A Grounded Theory Approach

Reetesh Kumar Singh, Rajni Hira
University of Delhi, India

Workplace Spirituality has been a relatively unexplored area, especially in Eastern part of the world. However, changing business dynamics, fast paced integration of one's personal and professional life, diminishing geographical boundaries and increased search for internal peace and happiness has led to a greater need for exploring the same. The present study attempts explore the subject from an Eastern perspective, with a focus on young professionals working in India. Use of Grounded Theory – an important qualitative research methodology has been adopted to understand the meaning and implication of the notion of workplace spirituality as practised in different organizations in the Indian context. The analysis is based on one to one, semi-formal (in-depth) interviews (in-person as well as video conference mode) with 20 respondents from different parts of the country. Results focus on understanding the meaning, nature, scope and implication of workplace spirituality as observed, experienced and implemented in the Eastern culture.

28. "Can You be Religious and Sexual?"

Remziye Kunelaki
Anglia Ruskin University/Chelsea and Westminster NHS Foundation Hospital

Introduction: This is a presentation about a series of workshops co-facilitated by the Lead Psychosexual Therapist, at 56 Dean Street of Chelsea and Westminster Hospital and the Reverend, Simon Buckley at St Anne's , Church of England, both based in Soho in central London for the well-being of men having sex with men (MSM). The workshops have been running since October 2014 and have been highly valued by the participants. The idea behind this collaboration derived from the clinical observation within the context of psychosexual therapy as some MSM patients struggled with the reconciliation of their sexuality with their spirituality.

Method: At the introductory session a list of themes were identified by the participants. In subsequent sessions each theme was explored in a psychological/psychosexual and religious/spiritual approach framework and group discussions were encouraged.

Results: In total 29 men attended the workshops. Open –ended evaluation forms were filled at the end of each workshop. Participants rated the workshops an average 4.5 where 5 was extremely helpful. They also rated with the highest score the importance of the subject of sex and religion. They unanimously wanted to attend more workshops in the future. Some of the themes which emerged and explored were: acceptance within oneself and God, stigma, unity, wholeness as a sexual being, vulnerability, etc.

Discussion: This is the first attempt to collaborate sexual health with a religious establishment for the well- being of MSM. These workshops might provide the model of partnership for the holistic care of MSM in an innovative approach.

29. The Reality of Spiritual Care in Everyday Nursing Practice

Lesline Patricia Lewinson
Staffordshire University

Background: Spiritual care in nursing is important because it contributes to patient wellbeing, yet it remains a challenging and sensitive area of clinical practice. Nurses are required to practice holistically which includes attention to the spiritual needs of patients. However, such needs may be religious or non-

religious, individual, multifaceted, and subjective in nature; requiring nurses' awareness of the wide scope that is now included in the concept of spirituality and ultimately spiritual care.

Aim: Explore the transferable and sustaining impact of pre-registration nurses' spirituality education.

Objectives: 1) Obtain subjective information from newly qualified registered nurses about their ongoing perceptions, knowledge and understanding of spirituality and spiritual care. 2) Ascertain how participants incorporate spiritual care in their everyday nursing practice.

Method: Phase 2 of a qualitative longitudinal constructivist grounded theory investigation. Data were collected during semi-structured interviews from twelve adult branch newly qualified registered nurses in clinical practice in the West Midlands, United Kingdom.

Results: The main concerns were: transient recognition of some aspects of spiritual care, dominance of physical care, low priority of spiritual care in most clinical areas, and insufficient knowledge about spirituality and spiritual care. Thus, the substantive theory of 'Efficacy' in supporting the spiritual in patient care, offered a resolution for their concerns as follows: 1) realising that spiritual care was a part of everyday nursing activities; 2) determination to incorporate the spiritual amidst the pressures of physical care; 3) pro-actively promoting spiritual care in the clinical environment; 4) being optimistic about furthering their knowledge and understanding of spirituality and spiritual care.

Conclusion: Newly qualified registered nurses were able to transfer and sustain the small amount of pre-registration spirituality education received, although they felt challenged in this area at times. Consequently, for better preparation for the spiritual dimension of their role, they desired spirituality education throughout their pre-registration programme.

30. The Theory of Transformative Coping: Review, Research, and Reflection

Christopher Alan Lewis, Dagmar Anna S. Corry
Glyndwr University

Background: The recently developed theory of transformative coping has focused on the role played by both creative and spiritual coping to address acute or chronic stress. In order to provide an empirical examination of the theory of transformative coping a systematic programme of research has been developed, some of which involves the use of two transformative coping theory-based scales that have been developed: the Creative Coping Scale (CCS-18), and the Spiritual Coping Scale (SCS-10).

Aim: The aim of the present paper was three-fold. First, to provide a brief review of the theory of transformative coping. Second, to provide a brief summary of the research that has previously been undertaken within the context of the theory. Third, to provide reflection on a number of matters, including development of the theory and an update of some ongoing research developments.

Methods: A review of the literature was undertaken in relation to the theory of transformative coping. Key search terms were entered into PsychInfo and Google Scholar. In addition, snowballing was used to identify further literature.

Results: The literature identified was subsequently divided into two themes, namely theoretical work and empirical work (including both qualitative and quantitative). It was found that was increasing interest in both the theory of transformative coping, as well as the related measures: the Creative Coping Scale (CCS-18), and the Spiritual Coping Scale (SCS-10).

Conclusion: The present work provides a succinct and timely contribution to making the theoretical and empirical literature on transformative coping accessible to both practitioners and researchers.

31. Estonian Healthcare Specialists' Opinions About and Experiences With Spirituality, Pastoral Care and Medical Pluralism

Indrek Linnuste, Liidia Meel, Marko Uibu
University of Tartu, Estonia

The aim of the survey was to map the opinion of the healthcare specialists working in Estonian hospitals on health related topics such as spirituality, pastoral care and alternative therapies. The current study targeted healthcare specialists. The data was analyzed anonymously and cannot be linked to specific people or institutions. Sample. Healthcare specialists who work in Estonian hospitals: Physicians, residents, medical assistants, nurses, midwives, midwives assistants, nurses, carers, psychologists, social workers (12530, TAI database 2014). 195 of the respondents were female and 24 male. Method. The method is quantitative with additional qualitative questions. Data is collected using an online survey: multiple-choice questions, with comment option. Answers are statistically analyzed (Excel, SPSS). Additional comments undergo a qualitative analysis (Nvivo). Hospitals which participated (19) The data was collected: 2015-2016. Partial results of the survey (Estonian-language replies):

- 72.8% of respondents expressed interest in additional training.
- 33.7% of respondents answered negatively, explaining that they do not have a pastoral caregiver in their institution. To the question - A physicians / nurse / caregiver dealing with severe or chronic illness should be aware of the patient's / client's religious-spiritual beliefs. 86.8% of respondents answered agree/ rather agree.

- To the question - Have you come into contact with a patient / client about the meaning of life, the meaningfulness of suffering, the existence of God / higher power / soul, or any other spiritual-existential issue? The answers are almost divided into half: 75 respondents (34.2%) said yes, I have when the patient has asked or been interested in that and no, by 83 (37.9%).
- To the question - What kind of contact do you personally have with spiritual-alternative teachings about health: 130 60.2% answered that, in my community or among acquaintances there are people for whom such teachings are important and 69 31.9%, I have heard of such teachings but I have not been interested in or have not been involved with it in my work. 53 24.5%, I have been engaged in spiritual and alternative teaching.

Conclusions. The results of the survey confirmed that the Estonian healthcare system has an interest and need for both continuing education / training of specialists as well as general information on religious, spiritual issues in healthcare.

32. Spiritual, But Not Religious: Does This Protect Adolescents From Smoking and Drinking?

Klara Malinakova, Jitse P. van Dijk, Peter Tavel
Palacky University in Olomouc, University Medical Center Groningen

Background: Religiousness and spirituality (R/S) are studied as potential protective factors against adolescent health-risk behaviour. Furthermore, the conditions under which R/S are protective are studied.
Aim: To explore the associations among the combined effect of R/S and smoking and alcohol use in a highly secular environment.

Methods: A nationally representative sample of adolescents participated in the 2014 Health Behaviour in School-aged Children cross-sectional study. Religious attendance, spirituality, weekly smoking and weekly alcohol use were measured.

Results: Compared to attending respondents, non-attending were more likely (Odds Ratio=1.6) to report weekly smoking, while there were no significant differences with regards to weekly drinking. Further analyses showed that compared to attending/spiritual respondents, non-attending/non-religious respondents were more likely (by about 2 or 3 times) to report weekly smoking and drinking and non-attending/spiritual respondents were more likely (by about 3 times) to report weekly smoking, while there were no significant differences with regards to weekly drinking. However, attending/non-spiritual respondents showed the highest risk of weekly smoking and drinking of all four groups, with the chances approximately 3 to 4 times higher than attending/spiritual respondents.

Conclusions: Our findings suggest that it is mainly the combination of RA and high spirituality that may protect adolescents from smoking and using alcohol.

33. The African Context Towards a Practical and Ethical Framework Integrating Spiritual Aspects in the Health Consultation

Ellenore Meyer – van den Heever
University of Pretoria, South Africa

Background: Patients report a need for spiritual care and although some practitioners have begun to express a desire to address this need, the competence and confidence to offer spiritual care often lacks (Ruder, 2013; Taylor, 2012). The benefits of incorporating spiritual aspects into personal health care have been related by several authors (e.g., Wright, 2005; Strydom, 2013; Cronje, 2014; and Koenig & King, 2012). These are positive effects not only for patients, but also for their families. Worldview has a significant impact on the lens through which one finds (spiritual) health care offered being acceptable or unacceptable. Selman and Speck et al. (2013) researched spiritual well-being amongst cultural groups in Africa. They analysed concepts for construct that cut across cultural variability. Two themes emerged as universal applicable amongst eight countries in Sub-Saharan Africa: a life worthwhile and peace. Having this in mind is the starting point to explore an ethical and practical approach to introduce spirituality as part of a health consultation.

Aim: This presentation will report on research done during interviews with scholars in the field as part of a PhD focused on addressing the practical aspects of implementing existing theoretical frameworks on spirituality in health care; more specifically in a multi-cultural and –religious African context. Considering the great variety of spiritual expression, working towards ethical acceptability requires a multi-party exploration in the qualitative development of a framework. Although much has been published on the subject in recent years, qualitative exploration with participants from various roles needs to be pursued – that of scholars in the field, health practitioners and health users with an interest in this work. This presentation will report on findings from interviews with health professionals with varied backgrounds qualified in their secondary training in the field of spiritual care and entrenched in the different settings in South Africa. With the plea for implementing spiritual care, the presentation does not only would like to fit an existing health research gap in South Africa or Africa. In fact, it also might provide a contribution to an interdisciplinary academic exchange between Medical Science and other disciplines (e.g. Psychology, Theology and Para-medical fields).

Methods: The research design was qualitative and a Case Study approach was followed. Here 'case

study' does not refer to an individual patient, but refers to specific research participants and their context to addressing spirituality as part of quality health care in the consultation. The first round of interview were analysed and integrated with existing literature to report on the articulation and description of:

- essential shared principles that frame and guide practice and how this should be implemented;
- catalysts and impediments to the realisation of these principles;
- quality requirements and standards of practice;
- examples of implementation of the quality requirements and standards;
- conceptual connections with other frameworks, guidelines and models operating in practice.

Results: The research will report on the findings during interviews with scholars in the field.

34. Forgiveness and Life Satisfaction Across Different Age Groups in Adultsl

Justyna Mróz, Kinga Kaleta
Jan Kochanowski University, Kielce, Poland

Background: Results of studies on forgiveness vs. life satisfaction have been inconsistent. The perspective of human development, which provides for examination of this relationship at specific stages of development, in consideration of the needs and tasks changing over one's lifetime, can help account for these discrepancies.

Aim: The aim of the study was to analyze the relationships between the propensity to forgive and life satisfaction in different age groups (young adults, adults aged 31-40, middle-aged and older adults) . Positive and negative dimensions of forgiveness of self, of others, and of situations beyond anyone's control were considered.

Methods: Polish versions of the Heartland Forgiveness Scale (adapted by Kaleta, Mróz, & Guzewicz, 2016) and of The Satisfaction with Life Scale by Diener et al. (SWLS, 1985) adapted by Juczyoski (2001), were used. The sample consisted of 436 individuals aged 19-67. The analyses were performed separately for all age groups.

Results: The findings revealed relationships between different aspects of the disposition to forgive and life satisfaction across the entire sample. In addition, significant positive correlations between positive and negative aspects of forgiveness and life satisfaction were observed in individuals aged 19-30 and 41-50. On the other hand, in the group of respondents aged 31-40 a significant positive relationship between reduced unforgiveness and satisfaction with life, whereas in the group aged 50 and over, between positive forgiveness and life satisfaction, were revealed.

Conclusions: Although ability to forgive increases with age, changes in different aspects of forgiveness are not identical. Various facets of forgivingness contribute to satisfaction with life in different ways in subsequent developmental periods.

35. Forgiveness and Freedom in Terms From Aphasia: Findings From WELLHEAD and SHALOM

Katharyn Mumby
Weston Area Health Trust, UK; New-Pathways Speech & Language Therapy UK; Exeter Diocese UK

Background: This paper explores the insights gained from collaborating with people with aphasia (acquired language impairment) working from the broad definition of spirituality as the search for meaning and purpose in life. The project crosses traditional boundaries between medical, psychosocial and spiritual models, building on previous work in adjustment post-stroke (Mumby and Whitworth 2013) and a model reported in Mumby and Hobbs (2017). Aphasia is an impairment of verbalisation for communication and for inner rationalisation, so it brings huge challenges for resolving issues where words are the normal currency, such as forgiveness and reconciliation.

Methods: The project, supported by the hospital chaplain, involved an aphasia steering group selecting a spiritual health assessment (SHALOM, Fisher 2010) and shaping a toolkit (WELLHEAD) developed by Mumby (2017) for supporting life review, spiritual self-assessment and goal-setting. Under UK NHS Ethical approval, 10 other people discharged from speech and language therapy with aphasia and diverse religious backgrounds took part in videoed interviews piloting these materials. Thematic qualitative data analysis of the interviews in NVivo was subject to cross-checking and considered spiritual health in accessible terms, highlighting the role of verbalisation in processes concerning spiritual change and growth.

Results: 'Total communication' facilitated the use of SHALOM and the WELLHEAD toolkit and the results were anchored to the dimensions in WELLHEAD of WIDE LONG HIGH and DEEP in exploring spiritual health. Allowing people to explore spirituality in their own terms and on their own terms was crucial to the process, including insights into forgiveness freedom and reconciliation.

Conclusion: Simplifying the terms in use for spiritual dialogue offers a way to promote inclusion, positive change, and a sense of unified purpose, illustrated in aphasia. The findings provide a platform for using WELLHEAD in other settings and for wider populations for whom verbalisation may be challenging.

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36. The Development of Spiritual Health Activity Model for Children and Youth in the Juvenile Observation and Protection Center of Pattani Province, Thailand

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Prince of Songkla University, Thailand

The purpose of this action research was to develop the process of spiritual health promotion and spiritual health activity model for children and youth in the Juvenile Observation and Protection Center of Pattani Province, Thailand [CY-JOPC-PN-T]. The study was conducted on 31 children and young people and 3 staff members of the Juvenile Observation and Protection center of Pattani Province. Data collection from October to December 2016.

The spiritual health promotion stages for the CY-JOPC-PN-T are: 1. Participation to workshops in order to set an outcome goal with chosen stakeholders, 2. Set the spiritual health activity model as a tool for achieving an outcome goal, 3. Design spiritual health activity by an Outcome mapping and 4. Run process by the PDCA cycle. The Spiritual health promotion in the Juvenile Observation and Protection Center of Pattani Province guidelines can be used in 2 different ways: one is based on the main program, the other focuses on preventing violence.

The Spiritual Health Activity Model for children and youth in the Juvenile Observation and Protection Center of Pattani Province, Thailand encompasses 6 activities. The activities consist in relaxation and spiritual health through experimental learning. After having attended the spiritual health activities, the children and youth achieved their spiritual health: they experienced mindful management, concern with bias, letting go of suffering, forgiving oneself and others, not harming oneself and others and mindfulness, which means be fully aware of oneself and the surroundings. The results of a spiritual health study conducted from a mindfulness management perspective survey showed that after having attended the spiritual health activities children and young people had significantly higher scores than before ($p < .01$).

Conclusion: Application of the Spiritual Health Activity Model into everyday life has to be put in practice and is to be ran by the PDCA cycle.

37. Spiritual Care and Marginalisation in the Vincentian Tradition: An Exploratory Study

Eibhlis NicUaithuas
Waterford Institute of Technology

The Vincentian tradition is the legacy of Vincent de Paul and Louise de Marillac who were seventeenth century collaborators, mystics and founders who became saints in the Catholic Church. Better known for their compassion, charity and material service to people who were poor or marginalised, they did not neglect the spiritual needs of those to whom they ministered. This reflexive, mystagogic, four-step explorative study examines how the legacy of their spiritual practice contributes to and informs the contemporary practice of spiritual direction by members of the Vincentian Family.

The theoretical framework for the research is established by exploring the evolving history of spiritual direction with particular attention being given to its availability to and practice with people who were poor or marginalised; exploring metaphors and models for spiritual direction from the early Church to more contemporary offerings; the document analysis of a representative sample of the writings of Vincent de Paul and Louise de Marillac and examining more contemporary studies in relation to spiritual care of people who are poor or marginalised.

The research concludes by analysing the findings of two qualitative studies, the first with twelve practicing spiritual directors who are members of the Vincentian Family internationally where they critically reflect on their own practice as spiritual directors and the second with eight people who have received spiritual direction from members of the Vincentian Family. It identifies the capacity for further research on the nature, character and scope of spiritual direction in diverse contexts.

38. The Narratives by the Spouses and Partners of the Mentally Ill: Meaning Making About Forgiveness, the Responsibility of the Mentally Ill and Commitment.

Jonna Ojalammi
University of Helsinki, Finland

This presentation is based on my doctoral research in pastoral psychology that focuses on existential meaning making and commitment in the spouses and partners of the mentally ill. Existential meaning making is a holistic experience including its religious, spiritual and secular dimensions. The aim of this presentation is to concentrate on participants' meaning making about commitment, forgiveness and the responsibility of the mentally ill spouse or partner.

I conducted the semi-structured narrative interviews with 16 spouses and partners of mentally ill

people mainly in the Spring 2016. I designed the interviews in a way to reach the meaning making process in multiple levels of experience. In addition, I used a visual method. I analyzed the data with narrative holistic content analysis with modifications based on the unique nature of the data.

The stories were characterized by balancing between controlling, surrendering, sharing and distancing that sometimes resulted in isolation. Commitment, forgiveness and meaning making about the responsibility of the ill spouse or partner fit under this framework. However, especially with mental illness these issues seem to have an extremely ambivalent nature as it was difficult to separate between the illness and personality. Meaning making about forgiveness and responsibility related both to the experiences of sharing and isolation.

My study results suggest that, among the spouses and partners of the mentally ill, it would be important to increase knowledge about mental illness and the mentally ill person's control over his or her actions. Previous research suggests that the relatives cope better if they understand the behavior of the ill person in the context of mental illness. In addition, the spouses and partners need pastoral counselling: To use forgiveness as a "bridge builder" in one's relationship may result a dead end if there is no possibility for mutual sharing. At the same time my study suggests that mental illness is not necessarily an obstacle to successful relationship communication.

39. Case Study: A Six-Week Nutrition Intervention Programme in a South-East London Pentecostal Church

Shola Oladipo
Food for Purpose FFP CIC

Large proportions of Black Minority Ethnic (BME) communities in London and the South East are linked to faith groups. Since 2005, there has been a 50% increase in the numbers of people attending Pentecostal Churches in London — a phenomenon explained by a large influx of immigrants from Africa during that period.(1) BME communities – especially Afro Caribbean and Asians, are at higher risk of diseases like – Obesity, Type 2 Diabetes, Heart disease, Hypertension and Kidney disease.(2) These diseases may be avoidable with dietary and lifestyle modifications in place. The issues for BME communities aren't solely related to food but also to practices and beliefs which are not often understood, addressed, or acknowledged by mainstream healthcare services. (3)

The Healthy Organisation Initiative (HOI) is a health intervention designed by Food for Purpose; to reach BME faith groups. It involves a six-week programme focusing on increased activity levels, reduced sugar, salt and fat; and increased Fibre and water intake. The unique angle of this programme is that it runs in the church for 30-40 minutes each week; in the faith environment alongside the Biblical teachings pertaining to spiritual health. It embraces the cultural aspects of food preparation and cooking in Afro-Caribbean communities and dispels entrenched myths.

In September 2016, a group of black Pentecostals in a South London church (n=27) participated in the HOI. Compared with baseline data results showed beneficial changes in weight (average weight loss 1.5kg,) overall wellbeing, cooking and food preparation and activity levels.

The congregation were able to make strong links between spiritual and physical health by introducing Biblical alignment between their bodies as God's temple, and the need to be healthy as part of 'reasonable service as Christians. Key public health messages were conveyed by tailoring the weekly sessions to the cultural and spiritual aspects of food and lifestyle. The participants reported clearer understanding of the benefits of change and adopting this as 'part of daily living.' Being healthy was also deemed as charitable behaviour towards the nation, since the National Health service is currently overspent. The importance of the leadership endorsement is a powerful part of any behavioural change in the black church. This was noted as the overriding reason for success, as the 'influence' of spiritual leadership in the Black church is particularly revered. The nature of brotherly fellowship in church also facilitated an effective support network for participants. The HOI presents an opportunity to introduce specific tailored health messaging to black churches and other BME faith group. Faith leaders in BME communities should be engaged by government, when considering health campaigns in the UK.

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40. Trauma and U.S. Urban Clergy: Experiences Shared From the Urban Pastors' Study

Jennifer Shepard Payne
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Background and Aim: Approximately 6.8% of the US population meets criteria for Posttraumatic Stress Disorder (PTSD) at any given time(1) and trauma ex-

posure risk percentages rise significantly for individuals living in urban, violence ridden areas(2). Still, in any given year only 57.4% of those who meet criteria for PTSD receive any type of service or treatment for their symptoms(1, 3-4). Further, a large body of literature shows that racial minorities and low-income groups are underrepresented in mental health treatment(1, 5-7), and that there is less buy-in to participate in evidence-based programs for this population. There is evidence that many individuals turn to clergy for help before they would consider going to a mental health professional(8). This behavior occurs more often for people of color and those from low-income areas(9-11). Particularly in resource-poor areas, one's minister may be one of the few individuals that a person can turn to during times of crisis. Yet, research shows that clergy are often not trained specifically to deal with some of the pressing issues that come up in counseling(12).

Methods: There are few published studies which have sought pastors' input on their views on how to handle present psychological and societal issues. This study, a John Templeton Foundation funded study, was a phenomenological study where African American, Hispanic and Caucasian Protestant pastors serving urban areas in the U.S. were invited to participate in 90 minute semi-structured qualitative interviews. Data on 48 pastors who lead churches in low-income urban areas of Chicago or Los Angeles are presented.

Results: Three themes emerged from the data: Theme #1: The types of environmental issues that pastors face set the stage for higher levels of trauma exposure by congregants and community members. Theme #2 – Many pastors noted or mentioned their own prior experiences with trauma and how these experiences impacted their pastoral counseling of trauma-related issues.Theme #3 – Some pastors experience present-day vicarious victimization through their urban environments, and some past traumatic experiences are being re-triggered.

Conclusions and Implications: It is hoped that understanding the lived experiences of pastors can inform 1) unique and healthy collaborations between clinical practitioners and community pastors and 2) evidence-based trauma intervention cultural adaptations for churches serving under-resourced urban communities.

41. Explaining the Link Between Religiosity and Wellbeing: Self-Forgiveness and Stability in Identity as Neglected Factors

Rita Phillip, Vince Connelly, Mark Burgess
Oxford Brookes University, UK

Background & Aims: Positive effects of religiosity on physical and mental wellbeing have been well described in literature. To date, research mainly tried to explain this relationship by observing intrinsic and extrinsic factors of religiosity. As findings are ambiguous, this project draws on literature which outlined the positive impact of stability in personality on life satisfaction. Therefore, Identity Process Theory (IPT) and Social Representation Theory (SRT) were utilized to understand potential effects of religious transitions on identity and implications on physical and mental wellbeing.

Design & Methods: Detailed descriptions of first-hand experiences were collected by biographic-narrative interviews, subsequently analysed by Interpretative Phenomenological Analysis (IPA). Opportunity sampling recruited 8 participants from 6 countries and 6 Christian, deep-belief communities who prayed daily and experienced increased physical and/or mental wellbeing through a religious conversion.

Results - Identified Themes:

The Religious Catharsis of Identity: Life-changing situations (i.e. imprisonment) in which participants were unable to answer basic identity needs with existing strategies evoked a reconceptualization of identity.

Finding Identity as 'Child of God': A ritualised form of self-forgiveness enabled participants to justify and accept themselves as creation of a superior divine instance. Perceptual changes in the participants' understanding of God (caring 'Father') served as foundation on which identity needs became answered and a 'true identity' was perceived. Implications 1 - Shifting perceptions of reality: Identity changes reframed the perception of reality: Mental representations of past and present experiences became reinterpreted into a continuous narrative. Implications 2 - Adjusting malicious lifestyles: Stability in identity raised self-esteem and -efficacy. This enabled participants to identify and change detrimental, self-harming lifestyles (i.e. addictions, eating-disorders).

Conclusions: The link between religiosity and life satisfaction might therefore be explained by reduced identity threat. As this could potentially provide information regarding appropriate means to support patients, a quantitative study is being taken out to check these findings.

42. Exploring the Effects of Interaction With a Robot Cat for Dementia Sufferers and Their Carers

Joanne Pike, Richard Picking
Wrexham Glyndwr University, UK

This study investigates the effect of interaction with a robot cat for people with moderate to severe dementia and their carers. The research builds upon previous research carried out on psychosocial effects of companion robots, previously undertaken in a care-home setting.

Background: The health benefits of pet ownership are well known and have been reported in the literature as long ago as 1999 [1]. Companion animals can provide comfort and meaning to a person [2] but because they require care and attention, they may not be allowed in certain homes (sheltered accommodation for example) and an individual may be unable to make a commitment to own a live animal because of their condition and safety risks [3].

Methods: This Interpretive Phenomenological Analysis study involves two individual interviews taking place over 6 month period with each participant. Ten participants living at home with dementia and their carers will be enrolled on to the study.

Results: Early research indications from interviews with five participants and their carers show that they feel an attachment to the cats and may derive benefit from their 'company' and' presence'. Initial results show that participants are calmer, benefitting from increased interaction with carers and others. Tentative results indicate that while participants are able to make a connection with the robot cats, they also benefit from a greater connection with their carers and others. One participant in particular has been reported by their family and carers as experiencing an enormous positive change since being given their robot cat.

Conclusions: If the affordable option provides companionship for some dementia sufferers, and helps to improve their spiritual wellbeing, we will regard our research as a success and a contribution to the field we define as 'Companotics': the research and development of computerized companion devices, especially companion robots.

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43. Spiritual Well-Being of Chronically Ill Hospitalized Patients: A Comparative Study in Lithuania, Portugal and Brazil

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Aims: The concept of spiritual well-being is ambiguous. It may be described as the ability to experience and integrate meaning and purpose in life through connectedness with self, others, nature, or a power greater than oneself. Patients' perceptions and understanding of spiritual wellbeing may be diverse and subjective. To insure individual, person-oriented care, professionals have to be informed how patients' spiritual well-being and spiritual needs influence their health care needs and expectations. In Lithuania, Portugal and Brazil spiritual health/well-being, as a dimension of holistic patient care, is under-investigated, presumably due to ambiguity of the concepts, complexity of phenomena and lack of appropriate instruments for valid, relevant measurements. This study aims to assess spiritual wellbeing in these three different cultural contexts.

Design, participants and methods: Spiritual well-being was quantitatively studied in connection with patients' level of satisfaction with life, using the Spiritual Well-Being Questionnaire/SHALOM and Satisfaction with Life Scale that were translated and adapted linguistically, culturally and in nursing practice. SHALOM provides a unique way of assessing spiritual wellbeing as it compares each person's ideals with their lived experiences, providing measures of spiritual harmony or dissonance in four domains: personal, communal, environmental and transcendental. The study was carried out in long-term care facilities and nursing homes using face-to-face individual structured interviews with chronically ill hospitalized patients.

Findings: Results revealed differences in spiritual well-being of hospitalized, chronically ill Lithuanian, Portuguese and Brazilian patients and its relationship with uncovered problematic aspects, such as pain intensity, performance in activities of daily living, satisfaction with life.

Conclusion: Systematic evaluation of spiritual well-being needs to be integrated into local strategies to evaluate patients' health care needs. Moreover, assessment of spiritual well-being has to be understood as a way to promote coping strategies and preserve patients' and caregivers' human dignity throughout the caring process.

44. Exploring How the Spiritual Needs of Patients Living With Dementia are Addressed Within Care and Treatment Plans (CTPs) in Three Health Boards in Wales

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Background: In Wales, dementia patients should have a CTP completed which contains 8 domains, one of which is concerned with social/cultural/spir-

itual needs (Domain 7). A small audit suggested that this domain may not be regularly completed thus dementia patients' spiritual needs may potentially go unmet.

Aim: To explore how the spiritual needs of dementia patients are addressed within care and treatment plans in 3 Health Boards in Wales.

Method: 1. Literature review of spiritual care in dementia. 2. Thematic analysis of Domain 7 of a purposive sample of 150 CTPs (with Domain 7 completed) collected from wards and community settings in 3 Health Boards to see what is documented about dementia patients' social/cultural/spiritual needs. 3. Focus groups with staff to explore their views on completing Domain 7.

Results: There is a dearth of literature on spiritual care in dementia. Analysis revealed that the main focus in Domain 7 was on social needs such as engaging in meaningful activities and helping patients maintain social connections. Spiritual needs were mainly documented with reference to patients' religious affiliation and associated religious rituals/practices. Focus groups with staff revealed that they found this domain difficult to complete because they were unsure of what it meant or how to meaningfully assess and appropriately respond when patients could not make their spiritual needs and care preferences known, especially when acute episodes masked the 'essence of the person'. Staff acknowledged that spirituality was broader than religion but found it difficult to know how to document these broader aspects and would value further education. Staff reported that Domain 7 was one of the least frequently completed domains.

Conclusion: There is need for further education of staff in addressing the spiritual aspects of dementia care.

45. Service TV as a Platform for Existential Care - Reconciliation and Meaning in the Narratives of the Oldest Old

Suvi-Mari Saarelainen
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Scientific research and theory present the life stage of elderly with a certain notion of promised wisdom; from earlier studies, we discover concepts such as ninth age (Erikson, 1994), gerotranscendence (Tornstam, 1997), and reconciliation (Ganzevoort, 2010). What unites all of these presented studies is a notification that the experience of meaning is related to struggle, crises, and need to negotiated life events as a meaningful ensemble. Further, the World Health Organization (WHO) recognizes that social relations and participation prevent loneliness among elderly people. The WHO has suggested utilizing technology, such as phone calls and robotics, to counter loneliness in elderly people. Lupton (2018, online first) notes that dynamic interaction with technology enacts human action, embodiment and meaning. As the number of studies considering the meaningfulness of life decreases when the elderly are seen as the oldest of old (80+), by focusing on the narratives of the oldest old, this paper scrutinize the relation between the experience of meaning and need of reconciliation, taking into account technological means of care.

The data is gathered by organizing existential discussion groups and individual interviews among the oldest old (19 participants in 3 groups) via ServiceTV (STV, similar to Skype). The data is analyzed with a narrative thematic approach. The preliminary results show that the oldest old find meaningfulness through relationships and when being able to find balance between different life stages. Further, the results show that as a setting STV is poorly utilized by the hospitals to provide existential care. In conclusion, it can be said that health technology can contribute to existential care, reconciliation as well as brining old people together. Technological means cannot displace a human counter, however; technology can provide a complimentary route to find meaningful relationships for the oldest old.

46. Scoping Review About Forgiveness in Palliative Care: From the Research Question to the JBI Protocol Publication

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Background: Healthcare professionals are challenged to keep evidence based practice. Systematic reviews aim to synthesize the knowledge and provide the best available evidence that can inform the practice. Joanna Briggs Institute (JBI) provides guidelines for conducting a scoping review, which aims to map the knowledge about a given topic. Spirituality is mentioned as one of the main dimensions to be addressed in palliative care. Spiritual needs include forgiveness, and patients and families facing serious illness often express this need. Research about forgiveness is dispersed in the literature and promoting forgiveness is listed as a nursing intervention. So, a scoping review may be needed in mapping the knowledge and in designing non-pharmacological spiritual intervention.

Aim: To describe the methodological procedures and protocol of a scoping until the publication, according to the JBI guidelines.

Methods: Description of the: title registration in JBI (1), elements and design of the protocol (2), procedures for the submission, review and publication (3).

Results and conclusions: (1) The first step in performing a protocol is to register title in the JBI site. This procedure requires a document comprising the

title, the first author's name and email, the research question, the population, the concept and the context (PCC). (2) The protocol should include: title; authors identification; review question; objective(s); background; keywords; inclusion criteria: types of participants, concept, context, types of sources; search strategy; data extraction; data synthesis; references. (3) The protocol should be submitted to JBI Database of Systematic Reviews and Implementation Reports, and this process is similar to a regular paper having blind peer review. This protocol has been published and researchers agree that forgiveness is a complex phenomenon, but further systematization is needed. A scoping review in this area aims to analyze and map the facilitation of this intervention as implemented in the multidisciplinary context of palliative care.

47. Developing a Patient Reported Outcome Measure (PROM) for Spiritual Care

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Background: Chaplains are employed by health organisations around the world to support patients' spiritual needs. The Scottish PROM, an original five-item Patient Reported Outcome Measure, was constructed specifically to measure the impact of chaplaincy interventions and articulate the clinical and strategic worth of the service.

Methodology: The technical development of a PROM consists of Streiner & Norman's (2008) developmental steps:

- Theoretical underpinning
- Item development
- Face and content validity
- Reliability
- Dimensionality
- Construct validity

Aim: The aim of this project was to create, validate and disseminate an original PROM for spiritual care, as delivered by chaplains in Scotland, while highlighting the impact of a unique seven-year partnership between academia and clinical practice.

Results/Outcomes: Theoretical underpinning, item development and face validity were all confirmed in the first stage of research. Reliability, dimensionality and construct validity were confirmed in the second phase of validation. The following findings were consistently demonstrated:

- chaplains delivered person-centred care
- there was a clear link between patients 'being able to talk' and people reporting:
    - peace
    - a better perspective
    - things being under control
    - being able to be honest
    - lessened anxiety
- the lack of correlation between outcomes and religion/spirituality meant that these interventions were effective regardless of faith
- patients and chaplains independently used identical language to describe what happened in their meetings. The PROM project has facilitated the integration of research into chaplaincy in Scotland and around the world. Our poster presents the journey of the Scottish PROM from inception in 2011 to worldwide use today.

48. 'Joymotion' as Embodied Spiritual Transformation: A Bridge to Health

Annalie Steenkamp Nel
Unisa (University of South Africa)

Background: Spirituality and health care have a long-standing relationship since antiquity. The leap from health care to spirituality will however not be discernible without considerable attention to the intervening step of spiritual transformation and its activator joy. Such a focus on spirituality's transformational capacity regarding health is relatively new though.

Aim: I will argue for an over-arching theoretical framework that appreciates the process that is critical to our understanding of and response to the growing need for a deeper meaning of health care. My aim is to create a transversal space in which 'multiple foci' can be absorbed. This conversation will ultimately help to shape the outcome of this multi-dimensional reflection.

Method: The construct of spiritual transformation will be mapped within the broader research agenda of understanding the links between a spiritual process and health care. A literature review will allow the mapping of different transformational stages or movements. It will help to illuminate the processual nuances in health care and spirituality.

Results/Findings: The findings point to the importance of scholarly voices that herald a rapprochement between the health care disciplines and how the scientific interpretation of joy enriches contemporary spirituality.

Conclusions/Practical Implications: The conceptual clarification of the descriptive theory of 'joymotion' provides the foundation for further exploration in health care.

49. Qualitative Study on Belief, Perception and Health Effects on Standing Zikr Among Thai Muslim in Nakorn-Nayok Province, Thailand

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Background: Islam is the second rank most practiced religion in Thailand. Many Muslim residing in Nakorn-nayok province states the importance of standing Zikr as a common ritual activity which is inevitably linked with Muslims health and wellbeing.

Aim: To explore belief, perception and health effects regarding the standing Zikr.

Methods: The study was performed during October 2013 to June 2015 in Muslim communities, Nakorn-nayok province. Eligibility criteria include any Muslim who is 15 years or older and have been practicing the standing Zikr for at least one year before the date of interviewing. Data were collected by face-to-face in-depth interview at participant home and analyzed using the constant comparative method of qualitative analysis. Saturation was achieved after conducting interviews with fifteen participants.

Results: Enrolled participants raised the following issues: 1) Mostly, Standing Zikr was started to practice since their childhood by supporting their family members 2) Anybody could be able to practice Standing Zikr without any limitations. 3) Standing Zikr provided them relaxation and happiness. 4) Standing Zikr might be able to apply for a religion-related exercise by supervised of Muslim experts.

Conclusion: The standing Zikr had positively affected on physical, mental health and quality of life of Muslim participants. Despite some concerns to apply the standing Zikr for religion-related exercise, understanding the belief, perception and health effects of Zikr are needed to enhance the relationship between healthcare providers and Muslim patients.

50. Reiki and Anxiety and Physiological Changes: An Update Literature Review

Papattanan Tharapornphiwat
Price of Songkla University, Thailand

Background: Anxiety is emotional state feeling of distress, unhappy, fear, strained, anxious, insecure feel which effect on health. Reiki is a light touch healing technique which was rediscovered by Japanese monk. It has ability to heal body, mind and spirit. So, this review literature focus on it effect to physiological change of human body and the state of anxiety in the patient.

Aim: The literature review was to try to explore whether Reiki healing has effect on anxiety and physiological change of human body.

Method: Research methodology was to review literature systematically from data base such as PubMed, PubMed Health, Cochrane, Proquest, and Google scholar.

Result: The inclusive criteria were nursing practical guidelines that using Reiki for anxiety and human physiology. Of the 10 studies revealed that the Reiki energy effect on decrease anxiety and physiological change in cancer patients, hypertensive disorder, stress and anxiety students, elderly, nurse, and pregnant women,

Conclusion: In conclusion, Reiki energy was an alternative method of choice for decreasing anxiety and improving the physiology by recharge, realign and rebalance the holistic body system.

51. What Can We Learn About Guilt and Forgiveness in Mental Health?

Fazilah Twining
Coventry University, UK

Background: Spirituality is an increasingly important area in mental health care yet spiritual experiences of people with mental health problems are often ignored. Little is known about the experience of spirituality and mental health from the perspective of people who are struggling with mental health problems.

Aim: The purpose of this research is to explore the unique lived experience of spirituality and mental health and to contribute to the discussion of spirituality and mental health from a UK perspective.

Methods: Interpretative Phenomenological Analysis (IPA) was used to understand the lived experience of spirituality (Smith, Flowers and Larkin 2012). Participants were accessed from voluntary community mental health groups and semi-structured face-to-face interviews were conducted. IPA analysis is detailed and complex, involving six stages which were followed to develop a table of master themes.

Results: The findings produced three super-ordinate themes to illustrate the powerful meaning of spirituality to each participant. Participants described their experiences of guilt and forgiveness within the context of their spiritual beliefs. The findings raise questions about clinical practice and the importance of spirituality.

Conclusions: The understanding of guilt and forgiveness within spiritual experience has implications for health and social care professionals who come into contact with people with mental health problems. The findings may be used to help clinicians to understand the personal meaning of spirituality to truly deliver person-centred care.

52. Conceptualization of Labyrinth Training and Research for Professional Development of Health Education Specialists, Medical Professionals, and Therapists

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Our research advocates for the inclusion of Labyrinth training in the health education curriculum and advances a new data collection instrument called The Labyrinth Survey to pilot test the effectiveness of a

Labyrinth Training Model (LTM) for the professional development of health education specialists (HES), medical professionals (MP), and therapists (TH). Labyrinth training can empower HES, MES, and TH to lend support, promote behavior change, adapt a new strategy for health, and seek solutions for healing of self and others. Labyrinth walking can be helpful for professionals challenged by burnout, stigma, oppression, addiction, and loss. Labyrinths can also be safe places for practicing celebrations for health and healing.

Methods: We conceptualize labyrinth walking as an intervention for professionals to develop their careers to "educate for health" while assisting others to improve their health, commune with nature, pray for insight, and walk for pleasure. Other benefits include: grieve a loss, deal with change, cope with a stressor, and release a painful encounter - all which can be walked out and reflected upon in a labyrinth.

Results: Labyrinths are often installed in hospital courtyards, gardens, retreats, parks, and universities. Labyrinth walking is conceptualized as a contemplative practice within the Mindfulness movement. Labyrinths are often walked during critical life transitions and tipping points in our careers when faced with burn out. In our LTM, professionals will learn how to negotiate and practice three phases of the labyrinth walk: release, receive, and return. Journal writing can accompany this circuitous experience, along with talking sessions with an attentive listener.

Conclusions: The Labyrinth Survey has been developed as a key assessment tool to advance labyrinth research with health outcomes in mind. We will share the psychometric properties of our pilot study with professional students preparing for health, medical, and therapeutic careers.

53. Spiritual Development in Later Life: Initial Findings From a Qualitative Study

Joanna Walker
University of Southampton, UK

Background: This paper discusses ongoing doctoral research on spiritual development in later life, studied through the lens of informal adult learning. I am interested in how older people view their spiritual lives – how they see spiritual change and pursue spiritual development, and what these bring to the experience of being older. I am proposing that changes in spirituality that may take place in later life can be characterised in terms of informal learning: both incidental learning from life and more purposive self-directed learning.

Methodology: A two-stage qualitative research design has involved interviews with spiritually-engaged, community-dwelling older adults (60+ to 80+). Transcriptions of initial focus group discussions were thematically analysed; data management and coding was assisted by NVivo software. The resulting themes have guided the design of a second research stage, involving one-to-one interviews utilising a semi-structured schedule, wherein themes can be further probed within the context of individual lives.

Findings: Analysis of focus group discussions has enabled the emergence of initial findings in relation to key research questions: What is the nature of spirituality and its development in later life? What, if any, is the relationship between spirituality and ageing? The identification of the main focus group themes, and how these have been applied (so far) to research questions, will be described.

Discussion: My focus is on how adult spirituality develops through life experience, and on linking this to informal learning of various kinds. Learning arises where an accumulation of experience enables an adjustment to the spiritual perspective through which interpretations are made; or where a more transformative experience has prompted spiritual reflection, motivating an older person to re-frame understandings of past, present or future actions. My ideas about later life spiritual learning acknowledge the legacy of previous models of adult development, but seek to re-imagine spiritual development for today's older adults.

54. Hospital Chaplaincies in Indonesia: From Religious Missionaries to the Development of the Holistic Care

Amika Wardana
Universitas Negeri Yogyakarta, Indonesia

The initial study addresses the current development of the chaplaincy services within the hospitals in Indonesia. Taking cases in the city of Yogyakarta, there have existed different reasons, goals and justifications behind the institutionalisation across different hospitals in the last 30 years. The chaplain services, though not exclusive, were an integral part of the faith-based hospitals - linked to the Catholic, Christian and Islamic religious organisations - with the mission to offer religious blessing and guidance for the sick. The service was imitated by the religiously-neutral-government-owned hospitals thus endorsed as parts of the patients' rights that must be fulfilled under the 2012 National Accreditation Standards for Hospitals. The hospital initiation of the Holistic care has a further establishment effect, which is not only justified the chaplaincy services yet also equipped them with the spiritual assessment, counselling and therapies for patients alongside the medical/clinical treatments done by doctors and nurses. Due to all those developments, there are ongoing changes related to the standardisation of the chaplaincy services - including academic qualification for chaplains and additional courses on clinical care; and their roles and competencies to work with medical staffs

in treating patients - which most of the hospitals being studies is still struggling to comply.

55. The Joy and Pain of Walking the Camino de Santiago Pilgrimage Route: Is It Good for Your Health?

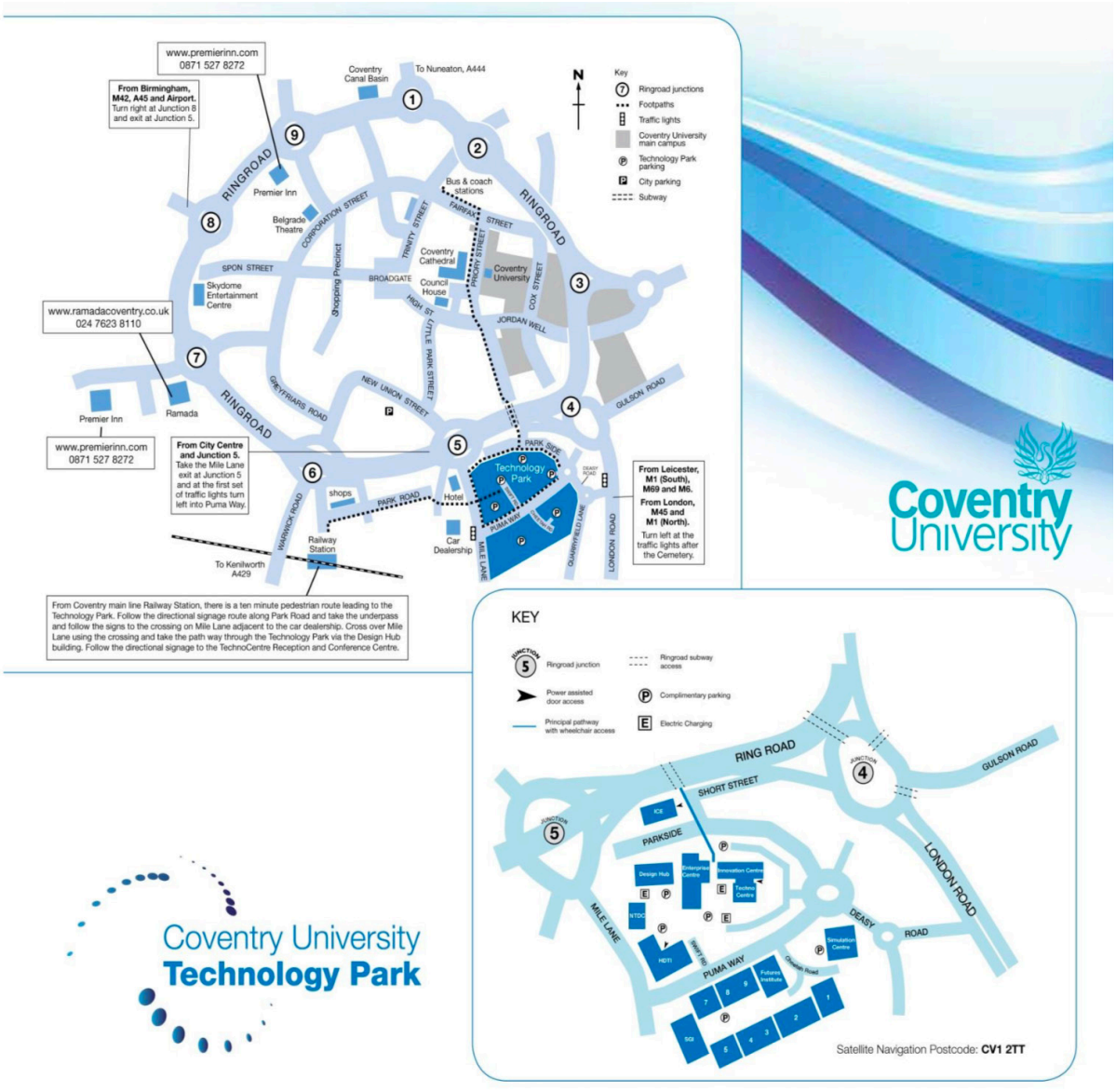
Yvette Wharton
Abertay University

In surveys of physical activity regular walking for leisure is the most frequently cited mode of activity. As part of regular physical activity walking has the potential to benefit physical, mental and spiritual health. Although leisure walking has many benefits long distance multi day walking can have both positive and negative outcomes. Repeated days of walking and carrying packs can be both physically and emotionally challenging. How people respond to these challenges can influence their enjoyment and overall experience of the walk.

This research examines the experiences from a psycho/social and spiritual perspective of five women (aged 38-64 years) who 'waked' the English route of St. James Way. Data comes from focus groups, walking interviews and participant observation. An initial focus group prior to the walk examined expectations (hopes and fears) and physical and mental preparations. To give a level of immediacy 'walking interviews' were used during the journey. These explored the perception of the physical experience of actually walking, how they felt about the walk and their ongoing motivation. After the walk was completed a focus group was carried out to reflect on experiences and to explore possible changes in their perceptions of walking. The researcher also took on the role of a participant observer with the purpose of obtaining additional insights.

Findings reveal contrasting emotions and experiences. Joy and happiness were expressed when participants spoke about the natural scenery, and social support and camaraderie of the group. Alongside this were negative aspects of pain from blisters and existing conditions such as arthritis. Spiritual aspects were spoken about after finishing the walk when an appreciation of their accomplishment was recognised. This was most notable when attending the pilgrims mass in the cathedral. Pilgrimage walking can elicit both positive and negative experiences but also open individuals to a spiritual awakening.

The Conference Venue



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Organizers

Research Institute for Spirituality and Health

The Research Institute for Spirituality and Health (RISH) was founded in 2005 in Switzerland. It promotes research and academic training in the interdisciplinary field of religion, spirituality and health. By linking persons and institutions, it fosters a European network of researchers, scholars and health care professionals. European conferences, research workshops and collaborative research projects are important activities of the institute.
To guarantee scientific standards, the research institute is linked with academic institutions and universities in Switzerland, Europe, USA and South America. It carries out collaborative research projects with several of these institutions. In Switzerland, RISH supports bachelors, masters and doctoral theses in religion, spirituality and health. To gather and share infor-mation, two newsletters have been developed: An English newsletter covering the European network and a German Newsletter focusing on spiritual care activities in Switzerland. Both of them can be ordered and downloaded for free on the RISH-website (www.rish.ch).

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BASS
British Association for the Study of Spirituality

The British Association for the Study of Spirituality (BASS) was officially launched in the impressive and historic surroundings of the London Charterhouse on 29 January 2010. The Association has grown out of the activities of a small ad hoc group, convened in 2008 during an inter-professional interdisciplinary conference entitled Making Sense of Spirituality, with the intention of creating a more formal network of scholars and practitioners with interests in concepts and practices associated with spirituality. Key aspirations of the group were to establish an international journal to provide a forum where studies of, interests in, and conversations and controversies about spirituality might be brought together; and to host a biennial international conference where such matters might be explored collaboratively. The use of 'British' in the Association's title is not intended to be either parochial or exclusive. Rather, it is simply indicative of the birthplace of an Association that seeks to enhance the study of spirituality through dialogue within and across the borders of nations, disciplines, professions, faiths and beliefs.

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The city-centre campus is continually developing and evolving, and we have plans for further investment in it over the next few years. We are a major presence in Coventry, which contributes to the city's friendly and vibrant atmosphere and also enables us to foster successful business partnerships.
Through our links with leading edge businesses and organisations in the public and voluntary sectors, our students are able to access project and placement opportunities that enhance their employability on graduation.

Notes

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Research Institute for Spirituality and Health (RISH)

British Association for the Study of Spirituality (BASS)

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