



Chaplaincy, Clergy, Prayer, Cancer and Measuring Religion and Health

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Abstract

This third issue of *JORH* for 2023 revisits a number of themes previously highlighted in *JORH*, along with the addition of two new themes. Since *JORH*'s first special issue on 'Chaplaincy' (*JORH*, 2022, 61:2), this area of research within *JORH* has now flourished, with a total of three *JORH* issues now incorporating the allied health discipline of chaplaincy. Two new article collections in this *JORH* issue relate to clergy 'faith leaders' and research related to 'prayer.' This issue also revisits the topic of cancer—a recurrent focus within *JORH* which has, over the past six decades, examined nearly every type of known cancer in the context of religion/spirituality. Finally, *JORH* collates once again, a number of articles relating to the empirical measurement of religion and health—an increasingly important area of research.

Keywords Chaplaincy · Clergy · Prayer · Cancer and measuring religion and health

Introduction

Like many tertiary chaplains, the campus chaplain at Asbury University (Wilmore, Kentucky, US) has been extremely busy this year. Not with the usual chaplaincy roles of providing essential student support, counselling, guidance, and education, but due to a sudden and 'mass' on-campus gathering of their own students and a large influx of others, wanting and seeking spiritual renewal in their personal life and across their nation. It is not the first time that Asbury University has experienced a religious revival (there have been eight such revivals between 1905 and 2006), the effects of which have reverberated throughout the local community and other communities further afield, including other universities.

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It is estimated that the most recent Asbury revival during February of this year drew over 50,000 people and has spread to involve (in various ways) other academic institutions. The Asbury revival ran continuously for approximately 16 days with Catholic, Methodist, Baptist, and Episcopal input—but what, you may ask, brought it to an ‘official’ ending? One might be tempted to respond that it was simply “complaints from local residents given overcrowding of their small town” or “complaints from secularists or other students whose lectures were interrupted” or even “COVID”—all concerns reported by US media. One important mitigating factor reported, may have been a case of ‘measles’—following a positive test from an unvaccinated student attending the revival. Nevertheless, the role of the chaplain during such successful outpourings of faith is vitally important—to *not* only encourage religious expression among future generations, but to also moderate those expressions and to be more wary, these days, of various student health issues (see *JORH*, 2023, 62:2; *JORH*, 2021, 60:6).

Chaplains and Clergy

A number of studies in this issue of *JORH* consider numerous challenging health care issues that chaplains often encounter, as well as chaplaincy perspectives in providing care for both those of religious faith and those affiliating with ‘none’. In addition to noting the specialist role of chaplains, this issue also considers some of the health promotional roles of clergy in the community, as well as noting the stress they can experience.

The articles on chaplaincy within this issue include: (i) chaplaincy perspectives on the role of spirituality in Australian health and aged care; (ii) chaplaincy presence and relationships with US health professionals’ emotional well-being; (iii) the impact of Australian faith-based pastoral care in decreasingly religious contexts; (iv) a chaplaincy perspective regarding spiritual caregiving and assessments of America’s religious ‘nones’; (v) “TIMS”: a mixed methods evaluation of the impact of a novel chaplain facilitated recorded interview placed in the medical chart for medical staff in ICU; (vi) relationships between perceived importance of chaplaincy presence and health professionals’ emotional well-being in the United States; and finally, (vii) a commentary on “spiritual readiness” in the U.S. military, noting the role of military chaplains. Readers may also wish to consider two previous issues of *JORH* that have focused on chaplaincy (*JORH*, 2022, 61:2; *JORH*, 2023, 62:1).

With respect to community clergy, articles within this issue examine: (viii) the relationship of clergy distress, spiritual well-being, stress management and irritation to the life satisfaction of Black pastors in the US; (ix) the gap in mental health service utilization among US United Methodist clergy with anxiety and depressive symptoms; (x) the perception of religious leaders on HIV and their role in HIV prevention in Ontario, Canada; (xi) work-related psychological wellbeing and conservative Christian belief among Methodist circuit ministers in Britain; (xii) acceptability

of HIV prevention approaches among US faith-based leaders; (xiii) health behaviors and satisfaction with life among Catholic priests in Poland; (xiv) exploring the contextual factors of religious leader participation in health communication in Sierra Leone; and (xv) evaluating the effect of an organ donation national public health program by health professionals and Muslim faith leaders.

Prayer

One area of research raising considerable controversy over the years has been prayer, or rather the utilization of prayer. Levin (2021) notes in his book *Religion and Medicine*, that to many critics “...the mere idea of having done such a study (on prayer), regardless of its reliable results or soundness, was galling” (p. 85). Levin goes on to note that “some [prayer] studies were solid, but most were not. On this point sceptics and proponents agree. Nonetheless, systematic reviews and meta-analyses ... suggest that, on the whole and across this body of studies, there is indeed a modest, statistically significant and observable effect” (p. 90).

At the risk of reigniting an old dispute, this issue of *JORH* presents a variety of research studies on prayer such as: (i) a Dutch study of remarkable recoveries after prayer and how to deal with uncertainties of explanation; (ii) the effect of praying on endogenous pain modulation and pain intensity in healthy religious individuals in Lebanon; (iii) a systematic review and meta-analysis of randomized controlled trials as to whether prayer-based interventions are effective in pain management; (iv) a study of prayer types and expectations in the US; (v) the association of prayer frequency and Maslow’s hierarchy of needs in the US, India and Turkey; (vi) mental health and understanding the care experiences of service users at a prayer camp in Ghana; (vii) the theory and practice of Confucian mindfulness; and lastly, (viii) we finish this section with a warning about appropriate recommendations regarding mindfulness, namely ensuring to implement a person-centered perspective that involves a culturally and spiritually sensitive approach if using mindfulness in clinical practice.

Cancer

As noted above, cancer has been a re-occurring topic within *JORH* (see: *JORH*, 2022; 61:2; *JORH*, 2022, 61:6; *JORH*, 2021, 60:4). Research from a number of countries on cancer and religion/spirituality are presented in this issue, including Libya, Iran, Turkey, and Israel: (i) Libyan healthcare professionals’, patients’ and caregivers’ religious beliefs about cancer pain and its management; (ii) spiritual pain: a symptom in search of a clinical definition; (iii) a concept analysis of spiritual pain at the end-of-life in the Iranian Islamic context; (iv) spiritual well-being and care burden in caregivers of patients with breast cancer in Turkey; (v) the effect of spirituality on psychological resilience in women in Turkey with breast cancer who

have received chemotherapy; (vi) breast cancer in two ex-voto: patients' hope and faith expressed through the centuries in votive offerings; (vii) the effect of spirituality-based palliative care on pain, nausea and vomiting, and quality of life in Iranian women with colon cancer; (viii) a scoping literature review on the benefits of spiritual and religious support in pain management among cancer patients; (ix) fatalistic beliefs among Israeli people about cancer and their impact on behavioral outcomes; and lastly (x) spirituality and the hope level of lung cancer patients who have undergone surgery in Turkey.

Measuring Religion and Health

JORH has frequently published research relating to measures of religion/spirituality (see for example the previous two issues; *JORH*, 2021, 60:5; *JORH* 2022, 61:4). The first article in this issue by Jeff Levin explores a new area of research, namely (i) the transcendent experience as a promising frontier for religion and health research. This is then followed by a number of studies examining the psychometric properties of scales and questionnaires: (ii) the spiritual supporter scale as a new tool for assessing spiritual care competencies in health professionals; (iii) a re-evaluation of the factor structure, reliability, and validity of the Spiritual Well-Being Questionnaire (SWBQ); (iv) reliability and validity of the spirituality and spiritual care rating scale in an Indian context; (v) creation of a health assessment tool for patients (CHAT-P); (vi) initial development and validation of a brief scale to measure genuine happiness in the USA; (vii) validation of the Italian version of the Daily Spiritual Experience Scale among psychiatric patients; (viii) development of a faith community child protection scale with faith leaders and their spouses in Senegal, Uganda and Guatemala; (ix) use of a measurement model to reconceptualize the church's experiences of Black men who have sex with men; and finally, (x) a systematic review and cross-cultural evaluation of the psychometric properties of the Spiritual Well-Being Scale (SWBS).

Call for Papers – “Religion, Spirituality and Suicide” and “Spiritual Care for People with Parkinson's Disease and Their Caregivers”

While the Editors welcome all topics from potential and regular authors, we would particularly welcome submissions regarding an upcoming special issue on suicide and its prevention. We are also calling for papers regarding Parkinson's Disease. Please refer to the link: <https://www.springer.com/journal/10943/updates/23471166>. If you would like to make a submission, please submit via the Editorial Manager on the *JORH* web site: <https://www.springer.com/journal/10943/submission-guidelines>.

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