

European Network of Research on Religion, Spirituality and Health

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Editorial

Dear colleagues, dear friends

In this third Newsletter Dr. Michael Utsch, Berlin, is going to summarize some of the religion and health debate. He is emphasizing the importance of taking into account the personal adaptation of religious faith by using qualitative research methodologies. Dr. Gábor Györi, Budapest, is giving us some insight into his work with International Health Services and a study they conducted among Hungarian family practitioners.

Again we would like to encourage your feedbacks and contributions

René Hefti, M.D.

Religion and health – an ongoing debate

There is some research evidence that religious involvement is associated with better physical and mental health and longer survival (Koenig, McCullough, Larson, 2001). In a meta-analytic study, 147 investigations were examined whether religiousness is associated with less depressive symptoms (Smith, McCullough, Poll, 2003). Having analysed the data of almost 100.000 participants, the investigation indicated that greater religiousness is mildly associated with fewer symptoms. Yet, the vehement critiques concerning the design and interpretation of the two large prayer studies STEP and MANTRA indicate the necessity of a well grounded hypothesis, sound methods and adequate consequences.

Due to poor research instruments, in a twin study a complex instrument was used which includes religiosity, spirituality, and related social attitudes such as forgiveness and gratitude (Kendler, et al., 2003). Here, social religiosity and thankfulness were as-

sociated with reduced risk for psychiatric and substance use disorders.

However, the mechanisms by which religion benefits health, are still quit unclear (George, Ellison & Larson, 2002). Of course, factors as religious proscriptions of behavior, the social support by the religious group and the coherent meaning system effect health positively. But which are the specific, religious treatment factors promoting health?

The results are indicating that religion and health are linked together. Table 1 shows some conjunctions with positive and negative effects on both sides:

Concerning a healing “faith factor”, Pargament (2002) concluded that the potential benefits of religion only work when the religious system is personally adapted. An internalized and intrinsically motivated religion is linked to well-being, while an imposed, unexamined, and fragile relationship with God and the world is negatively associated with health.

Similarities and differences between religious and medical care

Medicine and religion are overlapping in quiet a lot of areas. Both are trying to build up better conditions for health, to answer personal needs and to help developing the persons’ potential. But their differences are obvious: While medicine as a high-tech method is an ambitious enterprise changing already the borders of life (pregnancy

and death), in Christian perspective man is Gods creature depending on His love and grace. Therefore, first of all the differences between both realms must be considered.

Medical care is a profession based on scientific insights and empirically proven facts, while true religion lays beyond human direction. True religion leads to letting go and devotion, while medical care is a systematic control system. Every authentic religious experience transcends a causal-psychological analysis.

To comprehend the “use of the benefits” of religious attitudes we have more to take into account the personal adaptation of a religious faith system. The missing link between Christian faith and health for example can be discovered in a thorough analysis of the biblical-theological insights and a qualitative investigation of persons shaping their everyday lives (and illnesses) from their faith. That’s the adequate way how empirical research methodology and hermeneutical insights of theology can work together to understand better the process of cure and healing.

*Dr. Michael Utsch
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Referencenes

1. George, L.K., C.G. Ellison, & Larson, D.B. (2002). Explaining the Relationships Between Religious Involvement

	A religious tradition integrating therapeutic insights	Medicine and psychotherapy integrating religious traditions
Positive effects	Transformation of a dogmatic statement into personal truth	Using the power of rituals and symbols
Negative effects	Religious abuse of therapeutic techniques (group pressure, mind control)	Therapeutic promises with religious claims (e.g., salvation, enlightenment)

Table 1: conjunctions with positive and negative effects on religion and health

and Health. *Psychological Inquiry*, 13 (3), 190-200.

2. Kendler, K.S., Liu, X.-Q., Gardner, C.O., McCullough, M.E., Larson, D. & Prescott, C.A. (2003). Dimensions of Religiosity and Their Relationship to Lifetime Psychiatric and Substance Use Disorders. *American Journal of Psychiatry*, 160 (3), 496-503.
3. Koenig, H.G. McCullough, M.E., & Larson, D.B. (2001). *Handbook of religion and health*. New York: Oxford University Press.
4. Pargament, K.I. (2002). The Bitter and the Sweet: An Evaluation of the Costs and Benefits of Religiousness. *Psychological Inquiry*, 13/3, 168-181.
5. Smith, T.B., McCullough, M.E., & Poll, J. (2003). Religiousness and Depression: Evidence for a Main Effect and the Moderating Influence of Stressful Life Events. *Psychological Bulletin*, 129 (4), 614-636.

News

The 5th International Congress for Psychotherapy and Pastoral Care

“Ich-AG or Beziehungs-GmbH” was the topic of the 5th International Congress for Psychotherapy and Pastoral Care taking place from the May 24.-28, 2006 in Marburg, Germany. The congress was organized by the Academy for Psychotherapy and Pastoral Care (APS). The program included 7 main lectures and 110 seminars. 100 speakers illuminated the challenge of bringing the christian perspective into a postmodern world determined by individualism. God’s call for us is to live in relationships with others. So psychotherapy and pastoral care have to promote relations. Some of the lectures will be published on the APS-homepage: www.akademieps.de

In a poster session recent studies were presented and discussed. A research group from the Philipps-University of Marburg validated a German translation of the RCOPE and investigated religious coping amongst medical students and chronically ill patients (for further information contact dirk.lehr@med.uni-marburg.de).

Franz Fischer

Forum

Christian faith and family medicine in Hungary

Since January 2006 I have had the privilege to serve as an International Trainer with International Health Services. Our mission is to help doctors, nurses and other health-care professionals integrate their Christian faith into their daily medical practice, being sensitive to the spiritual needs of their patients. Our main tool for doing this is the International Saline Solution Program which is a postgraduate training course written by Walt Larimore, MD and Bill Peel, ThM. Topics include: taking a spiritual history, using faith stories, basic communication skills, and developing a good spiritual consultation team.

In October 1999 we did a pilot study, on patients’ opinion on faith and its role in medical care and recovering in Hungary. In Biatorbagy (Pest County) which is a small town close to Budapest 51 consecutive patients in a Family Medicine Practice were examined by a questionnaire. Data showed that a majority, 86.3% (44/51) of the patients believe that God exists. About the same number of patients accept the most important Christian dogmas (God is the Creator; Jesus Christ is Son of God; The Bible is the Word of God). But only a much smaller proportion of patients is practicing their faith regularly by praying (31.25%, 15/48) or going to church (28.6%, 14/49). Among males there were more “unbelievers”. The big majority of patients would be glad if his or her doctor would pray for them, and nobody among the questioned patients wished to reject such a prayer. The international literature shows that doctors are less likely to accept the faith factor in medicine than patients.

Gábor Györi, M.D.

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References

1. Gábor, G. (2005). A keresztény hit és orvosi munka kapcsolata egy családorvosi praxisban. *Családorvosi Fórum* 9; 59-61.

Announcements

The 2006 Conference of the International Association for the Psychology of Religion

August 27 – 31, 2006

Catholic University of Leuven, Tiensestraat 102, 3000 Leuven, Belgium

Organisation: International Association for the Psychology of Religion (IAPR)

Contact: All questions regarding practical matters in Leuven such as accommodation, technical equipment, etc. should be addressed to:

Prof. Dr. Dirk Hutsebaut, e-mail: dirk.hutsebaut@psy.kuleuven.be

All questions regarding the scientific program should be addressed to:

Dr. Sebastian Murken and conference assistants, e-mail: iapr2006@gmx.de

New Publications

- Spirituality and Religious Practices Among Outpatients With Schizophrenia and Their Clinicians. P. Huguelet et al., *Psychiatric Services*, Vol. 57, No. 3, 2006.
- Inmitten von Scham, Gewalt und Angst. Theologische Fundierungen der Suchtkrankenpastoral. R. Fuchs et al. (2006). Echter Verlag, Würzburg.

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