

# European Network of Research on Religion, Spirituality and Health

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## Editorial

### Dear colleagues, dear friends,

First of all I apologize for the delay of the publication of this newsletter. It was caused by the evaluation of a new newsletter-tool. Finally you are getting a combination of the two: the new electronic one with a link to our traditional newsletter in pdf-format.

In the present newsletter Peter La Cour and Niels Hvidt from Denmark are presenting an interesting new conceptual approach to research on meaning making. It is a summary of their presentation at the IAPR congress in Vienna 2009. I wish to thank the authors for their contribution and also Jacqueline Bee, scientific assistant at our Institute, for helping with the summary.

We are looking forward to our 2nd European Conference on Religion, Spirituality and Health, May 13-15, 2010, in Bern/Switzerland. The program includes keynotes, symposia and free communications. The overall emphasis lies on religious and spiritual coping. Prof. Kenneth Pargament will give a state-of-the-art-lecture on the topic. It is still possible to register ([www.ecrsh.eu](http://www.ecrsh.eu)). There will also be pre- and post-conference events. Preceding the conference we offer a 4-day research workshop with Prof. Harold G. Koenig. The post-conference event is organized by our Danish colleagues. For registrations and/or further information see: [www.ecrsh.eu](http://www.ecrsh.eu).

Now I hope that you will enjoy our new newsletter composition.

Best regards,

*René Hefti, M.D.*

## Topic

### Conceptual Issues in Research on Meaning Making and Health in Secular Societies: Religious, Spiritual and Secular Existential Concerns

Contemporary medical research focuses on the need for taking existential, spiritual and religious issues much more serious. This might reflect the current trends in medical care and the patterns of diseases in modern society, where more focus is laid on patient centered care and on prevention, lifestyle and chronic conditions, issues are all linked to an overall attitude toward life.

Theory and research in this field have been divided in two major traditions:

1) The (almost exclusive) American theories and research on religious coping and the development and debates about useful concepts in this research. For some years a debate about the concepts of "religiosity" versus "spirituality" has been going on. These concepts and this debate are only relevant in very religious societies, where it can be supposed that the vast majority of medical patients can relate to either spirituality or religiosity. This is not that case in modern secular countries like in Northern Europe (especially Scandinavia) where only minorities can be called spiritual or religious in a traditional meaning of the words.

2) The second approach is the existential psychology (theology/philosophy) that is mainly rooted in European tradition. Although the tradition is very broad (and has many American thinkers) it is mainly centered on meaning making strategies that do not include belief in any transcendent reality. There are both theistic and atheistic versions of the existential psychology, but usually the tradition is founded on concepts of secular nature (meaning, worth of life, values, freedom, responsibility, loneliness etc). These concepts are seen to potentially include the spiritual and religious,

but they are neither elaborative nor concise in these domains.

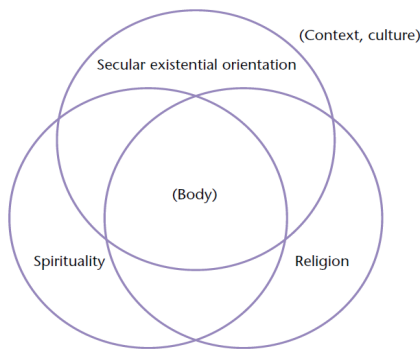
It is our understanding that the split between the two conceptual traditions is artificial and counterproductive for relevant research in the field. When borders between concepts are not reflected on and when close traditions are blind to each other it might seem very hard to grasp the clinical reality of meaning making during medical conditions. Patients think both in secular existential, spiritual and religious terms and understandings, maybe melted together, maybe at different places, maybe at different times of their lives. The reality is multilayered, and investigation, theory and research should basically reflect this multilayered reality, or at least try not to exclude other dimensions, when focusing on one.

Ultimately, conceptual work in the field emerges as a troublesome task, because its point of departure is an endless discussion on the meaning of the three concepts: secular existential orientations, spirituality and religion. What are the essentials of the concepts? All three concepts are too broad to be caught with a narrow net or framed in a small cage. There seems to be a need for a more precise and explicit conceptualization and description of how the terms are understood when they are used.

The next challenge is the multidimensional nature of all these areas. For instance, is the inner side or the outer side of religion the most important in relation to illness? Is theological content more important than the psychological processing of religion? A more precise description of which parts of the dimensions are under investigation and which are not would be helpful.

### Interrelational Model of the Three Domains of Meaning Making

In either existential, spiritual or religious literature on illness, there seems to be an underlying assumption of one concept or domain being more important than the others, more basic, including the other two. Instead, we suggest an interrelational model of how these three domains equally relate, excluding any sort of dominion:



### Final Conceptual Grid: Combining Domains and Dimensions

There are numerous attempts to systematize definitions of meaning. Although, they are too many for practical theory in the research field of health and religion. We therefore propose to cluster the conceptual categories into three, namely: cognitions, practice and importance, or – labelled by using the renowned and intuitive wording of Fishman (1980) –

Meaning making	<b>Knowing</b> (Understanding - Beliefs, doubts and disbeliefs. Attitudes, values)	<b>Doing</b> (Intensity - Experiences. Time consumption. Interest)	<b>Being</b> (Importance - Identity. Integrity. Problem solving (coping). Sociality. Change/maturation)
<b>Existential concerns</b>			
<b>Spirituality</b>			
<b>Religion</b>			

differentiating between knowing, doing and being. Based on systematic reviews of definitions of the three conceptual layers and of previous systematic suggestions for naming dimensions within these layers, we propose a simple model of making borders and drawing a map of the terrain. It is our attempt to balance comprehensiveness with practicality in the understanding of meaning making in relation to illness in secular cultures (see table).

We explicitly do not propose either clear cut borders or specific definitions connected to the model, but merely a possible framework for theoretical considerations and for making any research more aware of its own status and limitations. Also we want to specify the layer of secular existential concerns as an important topic for psychology of religion in secular regions, especially concerning meaning making in medical settings.

Our grid is meant as a model for contextualising the concept of religious coping in secular settings. It presents a method of conceptualizing the multiple dimensions in meaning making, hoping that it will inspire and clarify both quantitative and qualitative research.

*Peter la Cour,  
Niels Christian Hvidt*

References are published at [www.rish.ch/pdf/Newsletter2010-References.pdf](http://www.rish.ch/pdf/Newsletter2010-References.pdf)

## Announcements

**2<sup>nd</sup> European Conference on Religion, Spirituality and Health**  
May, 13-15, 2010  
Bern, Switzerland

The Conference aims to enhance the interdisciplinary dialogue between medicine, neuroscience and theology. Experts will give comprehensive overviews on recent topics, covering physical as well as mental health. For further information: [www.ecrsh.eu](http://www.ecrsh.eu)  
Contact: René Hefti, [info@rish.ch](mailto:info@rish.ch)

**Pre-Conference Research Workshop with Prof. Koenig**  
May, 9-12, 2010  
Langenthal, Switzerland

Preceding the European Conference on Religion, Spirituality and Health there will be held a 4-day research workshop with Prof. Harold G. Koenig. For further information: [www.ecrsh.eu](http://www.ecrsh.eu)  
Contact: René Hefti, [info@rish.ch](mailto:info@rish.ch)

**International Symposium on Psychology of Religious Development**  
May, 27-28, 2010  
University of Lausanne, Switzerland

This symposium brings together a group of scholars well-acquainted with the classical questions in this field, as well as being involved in some of the world's most interesting and innovative approaches to emerging questions and concerns. For further information: [www.unil.ch/ftsr/page75037.html](http://www.unil.ch/ftsr/page75037.html)

### Impressum

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