

European Network of Research on Religion, Spirituality and Health

Newsletter July 2007

Volume 2 • No. 3

Editorial

Dear colleagues, dear friends

What do you know about Denmark? Or more precisely about spirituality in Denmark? This Newsletter will deepen your understanding of this special European Country and its spiritual landscape. I would like to thank the authors for their very illustrative articles. Both of them will be present at our European Conference next year. So this will be a beautiful opportunity to meet them personally.

I also would like to remind you on our call for abstracts for the Conference (abstract@rsh08.eu). Abstracts have to be submitted until October 1st.

We wish you good and relaxing summer vacations!

René Hefti, M.D.

Topic

Danish Network for Research in the Relationship between Faith and Health

The relationship between faith and health has been a rather ignored field of the health sciences in Denmark. Interest for the field has increased during the recent years, partly inspired by the rising international endeavors. Nevertheless, until now the research initiatives have been largely uncoordinated and without mutual scholarly exchange. In order to amend this lacuna, a Danish Network for Research in the Relationship between Faith and Health has been initiated since March 2007. It includes relevant researchers with competences in the field, some of which currently contribute to the development of twelve research projects, both quantitative and qualitative.

There are at least two motivations why research in faith and health in Denmark is relevant for health care:

1. Patients in Denmark have unmet spiritual needs. Several sociological investigations indicate that only 2% of the Danish population attend religious ceremonies regularly. However, 65% say they believe in God. The number of declared atheists is around 5% [1]. 57% of Danes say they sometimes say a prayer, 26% that they pray every day [2]. Thus, although Danes do not attend church as regularly as for instance the North American population, Danes still have a faith, albeit of a rather private, some would say dormant sort. Since research from the sociology of religion has shown that faith increases during crisis as provoked for instance by a cancer diagnosis it would be interesting to see if this happens as well in secular societies where faith is a private matter. Knowledge derived from such research would be relevant to health care since Danish patients report that they do not experience sufficient support and understanding for their spiritual and existential needs [7:181].
2. Danish research in faith and health has international relevance. Danish research in faith and health would furthermore be able to contribute to the international research in faith and health for at least two major reasons:
 - a. On the international level only little research has been conducted in secular societies. Most research has been done until now in religious societies such as the USA. Denmark is considered one of the most secular countries in the world and thus constitutes fertile ground for such faith-health-research. Danish researchers should employ surveys that have been used elsewhere to secure comparability of results in

diverse cultures. At the same time it will be necessary to add questions aimed at the Danish culture. Such adaptation of international surveys have already been designed [13] with further work needed. Thus the first two meetings of the Danish network will focus on the conceptualization and measurement of spirituality in Denmark.

- b. Denmark has an internationally renowned Central Personal Registry (CPR) – a "cohort of eight million people" including information as far back as 1968 on gender, birth date and place, residence, citizenship, continuously updated information on vital status as well as parents and spouse information [14]. Relevant research institutions mostly get permission to use it for epidemiological when complying with the registry's requirements. Thus, Danish cohort studies employing the CPR-registry per se will allow for major contributions to the international research in faith and health.

Researchers in the Nordic countries who are interested in the activities of the network are more than welcome to send an e-mail to the coordinator of the network, Niels Christian Hvidt.

Niels Christian Hvidt
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References

References are published at www.rish.ch/pdf/Newsletter2007-References.pdf.

Forum

Religion and longevity in Denmark – religious and secular societies are not that different

Most of the religion/health studies are American, and Europeans must often question, whether the American findings tell the most of the American society or of religiousness. Especially coming from the Nordic, very secular countries, particularly Denmark, where surveys show religiousness as low like in the old East-block countries, the relations between religion and health might be quite different. That was the hypothesis, when I made a data-base-inquiry, with analysis focusing on “hard-core”-measures such as church attendance and survival.

The sample consisted of 734 Danish, community dwelling elderly, all age 70 when primary data was collected. Secondary data was a twenty year follow-up on vital status or exact age of death.

Three variables of religion were investigated in relation to survival: Importance of affiliation, church attendance and listening to religious media. The relative hazards of dying were controlled for co-variables in models including gender, education, medical and mental health, social relations, help given and received, and health behaviour. The results showed significant and positive associations between claiming affiliation important and survival (relative hazard of dying = RH .70 95% CI .58 - .85) and church attendance and survival (RH .73 95% CI .64 - .87). Results decreased, but stayed significant after controlling for co-variables but significant effects were nearly all seen in women, not in men, when stratified by gender. The effect size of the full sample is at the same level as in more religious environments in American samples, but not as high as in the American “Bible Belt”.

Although the positive overall RHs are comparable to other studies, the mediating variables and pathways of effects seem dissimilar in this secular environment sample. Giving and receiving help from others are suggested as variables of important explanatory value.

For the church attendance variable, the difference in age between attenders and non-attenders (without any controls) were 2.06 years, when data was reanalysed with

a follow up vital status from 2005 – even higher than predicted from the 2004-data that were published. When reconsidering the material now, the most odd finding might be the level of church attendance – it was dichotomised into more than 2 times a year versus less. In fact a very little rate of church attendance, but never the less associated with a longer life.

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References

1. Religion and survival in a secular region. A twenty year follow-up of 734 Danish adults born in 1914. *Social Science & Medicine* 62 (2006) 157–164
http://www.ku.dk/satsning/religion/inhold/publikationer/artikler/la_cour_religion_and_survival.pdf

Announcements

International Conference on Spirituality

September, 21-23, 2007

Prague, Czech Republic

Organisation: Czech Moravian Psychological Society, Institute of Psychology, Academy of Sciences of the Czech Republic, Catholic Theological Faculty, Charles University, in cooperation with the International Association for the Psychology of Religion (IAPR)

Contact: J. Lukavský, J. Kotrlová, L. Philipová, spirituality.prague@gmail.com

Psychologie und Spiritualität

September, 27-30, 2007

Salzburg, Austria

www.sbg.ac.at/psy/events/psykongress

Religiosität in Psychiatrie und Psychotherapie

Oktober, 11-13, 2007

Graz, Austria

www.rpp2007.org

info@rpp2007.org

European Conference on “Religion, Spirituality and Health”

May, 1-3, 2008

Bern, Switzerland

Keynote speakers will give a comprehensive overview on the topic, covering physical as well as mental health issues, focusing on European research. Panel presentations allow research groups to present their research projects. Main speakers will offer individual mentorship in their specific field. Another emphasis is to strengthen the network among European researchers and to promote scientific projects in Europe. Prof. Harold Koenig will inform us about new developments in the United States.

Preannouncement: www.rsh08.eu

Further contact and information: René Hefti, M.D., info@rish.ch, www.rish.ch

Research Workshop on “Religion, Spirituality, and Health” with Prof. Harold Koenig

April, 27-30, 2008

Preceding the above announced conference there will be the opportunity to participate in a 3 to 4-day research workshop with Prof. Koenig, accepting participants of any education level or degree.

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Impressum

This Newsletter is published quarterly by the Research Institute of Spirituality and Health, Langenthal, Switzerland.

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