

# European Network of Research on Religion, Spirituality and Health

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## Editorial

Dear colleagues, dear friends

What a pity that the European conference cannot be held this year. Every thing was ready. Beautiful Lisbon and an amazing program was awaiting us!

But the good news is that the conference is rescheduled for May 27-29, 2021, Catholic University of Lisbon. The topic remains "Aging, Spirituality, and Health". Also the pre-conference research-workshop with Prof. Harold Koenig and European experts will take place May 2021

The feature article of this newsletter written by Prof. Ellen Idler is a primer for the conference. It delineates the importance of religious and social ties for all health indicators in general and suicide prevention in particular.

At the end of the newsletter you find information about resources, books and upcoming events. Please let us know about your activities.

*René Hefti*

## Conference

### ECRSH 2020 rescheduled for May 27-29, 2021

The Corona Virus has been challenging for all of us. At the beginning of the Corona Crisis, we hoped that it would be possible to hold ECRSH 2020 in May. However, it became increasingly clear that the restrictions on travel and the closing of the universities would make it necessary to postpone the conference.

The new date for the European conference, as mentioned above, is May 27-29, 2021. The main topic remains "Aging, Spirituality, and Health". A topic that became even more relevant by the Corona-Crisis. The elderly were hit the hardest by the virus and were often forced to self-isolate and cut off from their familial and spiritual support. Many became aware of their spiritual needs and started looking for religious and spiritual sources to cope with the crises.

Important information: If you are registered for ECRSH 2020, you will remain registered for the new conference date. If you submitted an abstract that has been accepted for ECRSH 2020, you will be granted a spot (oral, poster) at ECRSH 2021. If you are not registered and want to do so notice that registration re-opens in September 2020.

The pre-conference research workshop with Prof. Harold Koenig and European experts will be held May 23-26, 2021, at the Catholic University of Lisbon.

*Alex Weidmann*

## Feature Article

### The shrinking of social and religious ties

The first sociology I ever read was *Elementary Forms of the Religious Life*, by Emile Durkheim. It was not in a sociology course, but in a religious studies course, in my sophomore year in college. That book spoke truth to me: my understanding of

religion, but Durkheim brought it all into focus for me.

In graduate school I began studying religion and health. I was led to this subject by another of Durkheim's works, *Suicide*, in which he linked social isolation and normlessness to higher rates of suicide in turn-of-the-century Europe. This was the first social science research to show that social conditions were linked to health outcomes. Religion was very much in Durkheim's view of the social landscape of the time, but unlike research today which focuses more on the absence or presence of religious involvement, Durkheim studied differences in suicide rates between Protestants, Catholics, and Jews. Protestant areas of Western European countries showed much higher rates of suicide than largely Catholic or Jewish areas; Durkheim attributed this to the greater and more isolating individualism of Protestant religious beliefs, compared with the protectiveness of Catholic communities' "sufficiently intense collective life".

One arm of Durkheim's theory about why Catholicism, Judaism and other types of social ties such as marriage, families, and community groups, were effective in preventing suicide was that these groups reduced alienation. By this he meant that such groups provided necessary human companionship, intimacy, and care. In today's social science vernacular we would call it social support, or social integration.

The other arm of Durkheimian theory was that these same groups laid down and enforced rules for living, and without conformity to those rules, suicide rates would also increase. His name for this was *anomie*, roughly translating to "being without norms". All cultures and societies have a range of these rules that regulate human behavior, from the mundane (like table manners, or appropriate clothing styles) to the most serious laws governing property and human life. Today we would call these constraints on individual behavior a form of social control.

At the turn of the 20th century industrialization, urbanization, and new modes of transportation were driving rapid social change and mobility. Durkheim was trou-



My understanding of "the social" became -- and have remained -- inseparable. Up to that moment, my experience of religion was certainly social, in that it was familial, communal, ever-present. My father was a pastor and my upbringing was thoroughly Presbyterian. So I thought I knew a

bled by what he saw as a general loosening of norms or rules, and a reduction in intimacy and closeness in modern life. The marker for this was the trend to increasing suicide rates.

Fast forward to 1979 when the first study of social ties and their impact on mortality rates was published. In the Alameda County Study (California), Lisa Berkman and S. Leonard Syme showed that individuals with larger numbers of social network connections had lower rates of mortality from all causes. The social ties they had included in the survey were: marriage; visits with friends and relatives; membership in a church or temple; and working for a voluntary organization or community group. The association showed a dose-response relationship, meaning that those with four types of ties had lower mortality than those with three, and those with two had lower rates than those with one, etc. The greater the degree of social isolation, the higher the risk of mortality.

Many more studies have been done since then that have established the protective role of social ties (including but not limited to religion) in mortality – from suicide and all external and internal causes of death.

Let us return to Durkheim where this line of research started. He called suicide rates a “social fact”, by which he meant that they were an indicator of the state of a population. Other examples of social facts would include marriage and divorce rates, and birth rates, which he noted tended to be very stable from one year to another, although they might vary considerably from one country or region to another. Durkheim wrote *Suicide* because he was concerned about the increase in suicide rates, and this is a concern that is no less with us today as the “deaths of despair” mount, especially in the United States. Tellingly, these declining health indicators are moving in tandem with declining rates of marriage, diminishing social network ties, and reduced volunteerism. Perhaps most dramatically of all the types of social ties, rates of religious affiliation have dropped to near-zero in many countries in Western Europe, and they are following, albeit more slowly, in the United States.

We know a lot about the protectiveness of social ties, even as we see them disappearing. They constrain us, support us, and promote our health, but they are becoming

increasingly scarce. As in Durkheim’s day, there are variations in the distribution of these protective social factors, and we see health differences that are tied to them. But it is not only the relative differences we should be concerned with, but also the absolute levels of these ties. The challenge for research specifically, and society in general, is to understand how we can protect individuals against the threat of social isolation and the health consequences that flow from it – as family, community, and religious ties are all on the decline.

*Prof. Ellen Idler*

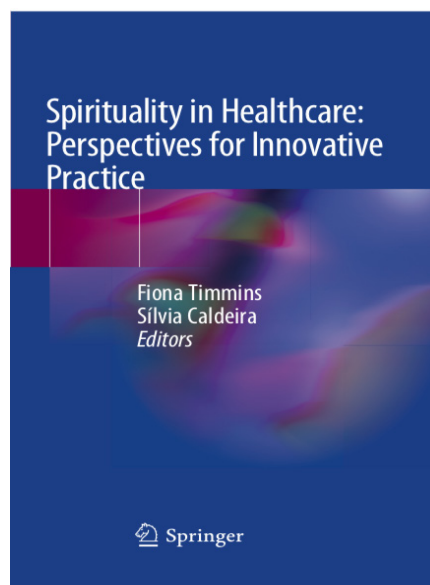
*Samuel Candler Dobbs Professor of  
Sociology at Emory University*

## Announcements

### Healthcare Book

#### Spirituality in Healthcare

This book provides a condensed but comprehensive up-to-date overview of spirituality and its application to health care. The need for healthcare workers to provide spiritual care or meet patients’ spiritual needs is gaining increasing importance in nursing and midwifery policy at local, national and international level. Internationally, there is a growing belief in spirituality as a valid dimension of care.



The book highlights a range of examples and case studies facilitating the practical application of the recommendations

discussed. In addition to presenting new psychological perspectives, various activities throughout will encourage readers to form their own opinion on the issues covered. The suggestions for further reading and useful websites will also help readers interested in exploring specific areas.

### Meetings & Conferences

#### Médecine de la Personne, 72nd Meeting

On the topic “Solitude in Isolation in Healthcare”. July 28-31, 2021 in Doorn, NL

For further information: <https://www.medicinedelapersonne.org/en/actualite>

#### IGGS-Jahrestagung 2020 (cancelled)

On the topic “Spiritual Care in the Family Doctor’s Practice”. September 25-27, 2020 Ludwigshafen/Rhein, Germany.

#### 7<sup>th</sup> European Conference on Religion, Spirituality and Health

Main topic “Aging. Spirituality and Health” May 27-29, 2021; Lisbon/Portugal.

For further information see [www.ecrsh.eu](http://www.ecrsh.eu) or download the [first announcement](#).

#### Pre-Conference Research Workshop with Prof. Harold G. Koenig and European experts

May 23-26, 2021; Lisbon/Portugal.

For further information see [www.ecrsh.eu/research-workshop](http://www.ecrsh.eu/research-workshop) or mail [rene.hefti@rish.ch](mailto:rene.hefti@rish.ch)

### Imprint

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