EC RSH10

European Conference on Religion, Spirituality and Health

May 13-15, 2010
Bern, Switzerland

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EC RSH10

Contents

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- Ass. Prof. Dr. theol. Niels Christian Hvidt, University of Southern Denmark, Research Unit of Health, Man and Society, Denmark
- Prof. Dr. med. Harold G. Koenig, Duke University Medical Center, Durham, NC/USA
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- Prof. Dr. John Swinton, School of Divinity, History and Philosophy, King's College, University of Aberdeen, UK
- Prof. Dr. med. R. von Känel, Psychosomatic Division, Dep. of General Internal Medicine, University of Bern, Switzerland
- Prof. Dr. Harald Walach, European University Viadrina, Institute for Transcultural Health Studies, Germany
- Prof. Dr. phil. Dipl.- Psych. Karin Wilkening, Fachhochschule Braunschweig/Wolfenbüttel, Social Science, Germany
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Preface

Dear Participants, Ladies and Gentlemen

I cordially welcome you in the name of the University of Bern and in particular of the Medical Faculty to the 2nd European Conference on Religion, Spirituality and Health. It is a great honor for us to have you all here in Bern. As can be seen from the list of the keynote speakers the topic is a highly interdisciplinary one. I am therefore convinced that this conference will not only be an memorable meeting due to the high quality of the presented scientific work and the intense and exciting discussions, but also a wonderful occasion to meet old friends and make new ones, and to reinforce and expand your international network.
I wish you successful and pleasant three days!

Prof. Dr. Peter Eggli
Dean, Medical Faculty of Bern

Dear Colleagues

The 2nd European Conference on Religion, Spirituality and Health puts a special emphasis on religious and spiritual coping in health and disease. The keynote speakers approach the topic from their specific professional background, aiming to enhance the interdisciplinary dialogue between medicine, neuroscience and theology. The newly established Bern Lecture will be offered by Prof. Kenneth Pargament, an internationally recognised expert on religious coping. Symposia invite discussion and free communications allow research groups to present their research projects either orally or as posters. The best presentation given by a young researcher will be honoured by the Young Researchers Award. Another focus is to strengthen the network among researchers in the field and to promote scientific projects. A public lecture will be given by Prof. Thierry Carrel.

Dr. med. Ursula Wolf
Co-Chair Organising Committee

Dr. med. René Hefti
Chair Organising Committee

Prof. Dr. med. Jean-Marc Burgunder
Chair Scientific Committee

Schedule

	Thursday May 13th	Friday May 14th	Saturday May 15th	
9:00		Wrestling with the Angels: Spiritual Struggles and their Implications for Health and Well-Being Prof. Dr. Kenneth I. Pargament	Religion and Mental Health Prof. Dr. John Swinton	9:00
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10:00		Coffee Break	Coffee Break	10:00
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:30		Symposia F1, F2, F3, F4, F5 *Kursraum 1-5*	Symposia S1, S2, S3, S4 *Kursraum 1-4*	:30
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11:00				11:00
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12:00		Lunch	Lunch	12:00
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:30		Poster Presentation	Poster Presentation	:30
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13:00	Registration			13:00
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:30		Meet the Expert	Meet the Expert	:30
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14:00	Welcome, Introduction	Free Communications *Kursraum 1-4*	Mindfulness, Spirituality and Coping Prof. Dr. Harald Walach	14:00
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:30	Theological Perspectives on Religion and Coping Ass. Prof. Dr. theol. Niels Christian Hvidt			:30
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15:00			Research in Forgiveness Therapy Prof. Dr. med. Raphael Bonelli	15:00
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:30	Coffee Break	Coffee Break		:30
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16:00	Spirituality in Medical Anthropology - Why and How? Dr. med. et M.M.E. Peter Heusser	Meaning in Life, Religion and Health in a Changing Society Prof. Dr. med. Maria Kopp	Future Perspectives	16:00
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:30			Closing Session	:30
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17:00	The Neurobiology of Coping Prof. Dr. med. Jean-Marc Burgunder	Spirituality, Love and Quality of Life Prof. Dr. Mary H. Kalfoss		17:00
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:45		Public Lecture: Spiritualität und hochspezialisierte Medizin: ist das Sterben noch erlaubt? Prof. Dr. Thierry Carrel		:45
19:00	Music Rendition			19:00
:15	The Biological and Physiological Consequences of Religious Coping Prof. Harold Koenig			:15
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:45		Discussion		:45
20:00	Discussion			20:00
:15	Music Rendition	Social Evening including Dinner		:15
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Keynote Speakers

Prof. Dr. med. Dr. sci. Raphael Bonelli (Salzburg, Austria)

Associate Professor of Psychiatry at the Paracelsus Medical University Salzburg and Professor of social psychiatry at the Sigmund Freud University Vienna, President of several national and international conferences, including the International Congress on Religiosity in Psychiatry and Psychotherapy (www.rpp2007.org) with 1.200 participants

Keynote Lecture: Research in Forgiveness Therapy

Prof. Dr. med. Jean-Marc Burgunder (Bern, Switzerland)

Graduation at the Faculty of Medicine in Berne and training at the National Institute of Mental Health, in Bethesda, USA. He developed a programme on research and management of patients with movement and muscle disorders with a special emphasis on neurogenetics in Bern and Singapore. Professor in experimental neurology at the Departement of Neurology, University of Bern, Switzerland, visiting professor at the Faculty of Medicine of the National University of Singapore and at the Sichuan University in Chengdu, PR China.

Keynote Lecture: The Neurobiology of Coping

Prof. Dr. med. Thierry Carrel (Bern, Switzerland)

Thierry Carrel, MD, is Director of the Clinic of Cardiovascular Surgery at the University Hospital Bern. He is specialized in cardiac surgery of both adults and children and particularly interested in surgery of the thoracic aorta, surgery of congenital heart diseases, artificial hearts and cardiac transplantation.

Public Lecture: Spiritualität und hochspezialisierte Medizin: ist das Sterben noch erlaubt? **(German)**

Prof Dr. med. et M.M.E . Peter Heusser (Witten/Herdecke, Germany)

Prof. Dr. med. Peter Heusser, MME (UniBe) currently is Director of the Center for Integrative Medicine and holds the Chair for Theory of Medicine, Integrative and Anthroposophic Medicine at the Faculty of Medicine of the University of Witten/Herddecke, Germany.

Keynote Lecture: Spirituality in Medical Anthropology. Why and How?

Ass. Prof. Dr. theol. Niels Christian Hvidt (Odense, Denmark)

Theologian and associate professor at the Research Unit of Health, Man and Society, Institute of Public Health, Health Sciences, University of Southern Denmark. Research on belief in divine action and interaction with humans.

Keynote Lecture: Theological Perspectives on Religious Coping

Prof. Dr. Mary Kalfoss (Oslo, Norway)

Mary H Kalfoss is Professor in the Department of Nursing Research at Diakonova University College in Oslo. She holds a Bachelor Degree in Nursing, an oncology nursing speciality, a Master Degree in Psychology and Counselling, and a Doctoral Degree in Public Health. The past 25 years, She has been involved in teaching and research on bachelor and post-graduate levels. She is presently Norwegian Coordinator for the World Health Organization's Quality of Life Assessment Group. Her major interests are in the fields of chronic illness and disability, palliative care, coping, quality of life and ethics.

Keynote Lecture: Spirituality, Love and Quality of Life

Prof. Dr. med. Harold G. Koenig (Durham NC, United States of America)

Board certified in general psychiatry, geriatric psychiatry and geriatric medicine, and on the faculty at Duke University, USA, as professor of psychiatry and behavioral Sciences, and associate professor of medicine. He is co-director of the Centre for Spirituality, Theology and Health at Duke University Medical Centre. Editor of the International Journal of Psychiatry in Medicine, founder and editor-in-chief of Science and Theology News.

Keynote Lecture: The Biological and Physiological Consequences of Religious Coping

Prof. Dr. med. Mária Kopp (Budapest, Hungary)

Maria Kopp is medical doctor and clinical psychologist by profession. She received her Phd in Medical Sciences in 1982, and the Doctor of Hungarian Academy of Sciences degree in 1999. She is founder and the first director of the Institute of Behavioural Sciences at Semmelweis University Budapest between 1993-2007. At present she is leader of a Research Center on Mental Health of the Hungarian Academy of Sciences and deputy director of the Institute of Behavioural Sciences at Semmelweis University.

Keynote Lecture: Meaning in Life, Religion and Health in a Changing Society

Prof. Dr. Kenneth I. Pargament (Bowling Green OH, United States of America)

Kenneth Pargament is professor of clinical psychology at Bowling Green State University. Dr. Pargament has been a leading figure in the effort to bring a more balanced view of religious life to the attention of social scientists and health professionals. Most recently, he was awarded the 2009 Oskar Pfitzer Award from the American Psychiatric Association in recognition of his research and practical efforts to understand and enhance the links between religion and mental health.

Berne Lecture: Wrestling with the Angels: Spiritual Struggles and their Implications for Health and Well-Being

Prof. Dr. John Swinton (Aberdeen, United Kingdom)

John Swinton holds the chair in Practical Theology and Pastoral Care at the University of Aberdeen, Scotland, United Kingdom. He is also an honorary Professor at Aberdeen's Centre for Advanced Studies in Nursing. Professor Swinton worked as a registered nurse specializing in psychiatry and learning disabilities. He also worked for a number of years as a community mental health chaplain. Professor Swinton's areas of research include the relationship between spirituality and health and the theology and spirituality of disability.

Keynote Lecture: Religion, Spirituality and Mental Health

Prof. Dr. Harald Walach (Northampton, United Kingdom)

Professor Harald Walach is director of the Institute of Transcultural Health Sciences at the European University Viadrina, Frankfurt (Oder) Germany.
He holds a PhD in Clinical Psychology and a PhD in History and Theory of Science. His background is in evaluation of unconventional interventions, research in homeopathy and mindfulness research. Over the past five years he has been with the University of Northampton, UK, where he had built up and directed the MSc Program Transpersonal Psychology and Consciousness Studies.
He is the director of the European section of the Samueli Institute.

Keynote Lecture: Mindfulness Spirituality and Coping

Keynote Lectures

Theological Perspectives on Religious Coping

Ass. Prof. Dr. theol. Niels Christian Hvidt
Thursday May 13th, 14:30-15:30

Theology has always reflected on the problem of evil, in particular the problem of innocent suffering, usually in the theological realm of theodicy. This problem has always challenged faith in a God who abounds in goodness and power and may thus well be the greatest challenge to theistic religions. The problem of evil has been said to constitute the core of present-day theological thought since modern human beings, especially sufferers, cannot ask about God in their cultural surroundings without inquiring about evil. Believers throughout the ages have lost their faith because of personal encounters with sickness and suffering which they believed God would have prevented. Thus, theodicy is not merely an issue of academic theology but imposes itself often when people experience suffering that struggle with, both physically, psychologically and spiritually. An important paradox complicates things further: Suffering can be both an obstacle and an occasion for faith ("Anstoss des Glaubens" in the double sense of the word.) Thus, there is growing awareness that the sufferings people encounter have, for many, become the pathway to faith in God.

The purpose of this presentation is to introduce the audience to some of the perspectives theology has provided on the problem of evil and to evaluate how they might provide solace for sufferers.

Spirituality in Medical Anthropology - Why and How?

Prof. Dr. med. et M.M.E. Peter Heusser
Thursday May 13th, 16:00-17:00

Spirituality has become an important area of research in health care. But medical anthropology has been largely unaffected by this trend. The basic paradigms for a scientific understanding of the human being are basically still mechanistic; and non-material or spiritual factors are either not earnestly considered to be real factors of the human condition or the cosmos, or they are at least held to be inaccessible for human cognition and left to philosophical speculation or mere belief. Thus, the phenomena of life, soul and spirit are still thought to be products of molecular interactions, and the spiritual aspects investigated in health care research cannot be rationally connected with the basic concepts of medical anthropology. This can change, when reductionist thought models, which are often hypothetical by themselves, are replaced by phenomenological methods which explore the observable emergent properties of higher order structures of organisms and of the functions of life, soul and spirit with respect to their own laws and forces, instead of causally reducing them to lower level laws and forces. This can lead to an empirically based and epistemologically sound form of medical anthropology which acknowledges the physical body, life, soul and the spirit of the human being as interdependent but not reducible factors of their own right and opens the perspective of a larger rational world view which encompasses both, the material and the spiritual.

The Neurobiology of Coping

Prof. Dr. med. Jean-Marc Burgunder
Thursday May 13th, 17:00-18:00

Coping studies have long involved the narrative assessment of differences in strategies developed by people in difficult situations involving high stress levels and investigation of psychosocial factors with comparison between successful and failed outcomes. Factors related to resilience, the ability to successfully adapt to an acute stress and trauma, but also to long-lasting adversity, have been described. These studies allow the description of a resilient phenotype needed to investigate the neurobiological mechanisms involved.

The neuropharmacology of stress has a long tradition of investigations in the biochemical pathways underlying the biological and psychological modifications during such situations and has delivered a complex picture of interrelated networks. New

techniques now allow a more in depth understanding of developmental, anatomical, physiological and psychological mechanisms occurring in the brain in resilient people. Brain imaging studies give direct insight into neural responses to stimuli as well as into the precise anatomy of the region involved in the information processing and reaction to them. Genetic studies have also provided clues to differences in the success of coping strategies. Variations in genetic information found in the human genome can be correlated to variations in phenotype. When such a correlation is replicated in independent groups and substantiated by studies of the underlying cellular mechanisms in appropriate in vivo and in vitro models hypotheses can be generated to design studies in human.

A multifactorial description of the phenotype with data from brain imaging, measurements of neurochemical and neuroendocrine systems, assessment of the genetic background, complementing behavioural and psychological data, should allow the establishment of an integrative model of resilience.

Such a model is needed to develop rational strategies to ameliorate coping in people facing adversity. The yet incomplete picture we have from above mechanisms show that they involve a high level of complexity and cannot be reduced to purely deterministic feed forward reactions. Furthermore, a number of these reactions are modified by epigenetic mechanisms and by plastic changes in the brain. Interventions of different forms, including meditative, cognitive behavioural, pharmacological, physiotherapeutical therapies have been demonstrated to mediate these modifications.

Research on Religious Coping - Overview and Relevance

Prof. Dr. med. Harold G. Koenig
Thursday May 13th, 19:15-20:15

Dr. Koenig will provide a definition of religious coping for research purposes, and briefly review the prevalence of religious coping in the U.S. and Europe. He will then provide an update on research examining relationships between religious coping, mental health, and physical health, focusing in particular on immune, endocrine, and cardiovascular functions. Based on this research, he will present a theoretical interactive model that describes how religious coping may impact physical health and longevity. This model emphasizes the source of religion's effects and describes the theological, psychological, behavioral, and social pathways by which religion may influences intermediating biological systems that control disease susceptibility and response to treatment. He will emphasize the bi-directionality of relationships in this model, discussing also how mental and physical illness may influence religious coping, and how the later may confound results from research examining the religious coping-health relationship. Finally, he will speculate on how underlying genetic factors (polymorphisms/mutations of the serotonin transporter 5-HTTLPR, 5-HT1A receptor, and MAOA-uVNTR promoter region) may help explain the link between religious coping and mental health, particularly depression, and could also influence physical health outcomes. Dr. Koenig will also provide resources for researchers who wish to conduct studies on religion, spirituality and health.

Bern Lecture: Wrestling with the Angels: Spiritual Struggles and their Implications for Health & Well-Being

Prof. Kenneth I. Pargament, PhD
Friday May 14th, 09:00-10:00

Major life stressors impact people not only physically, emotionally, and socially, but also spiritually. At times, these stressors can lead to spiritual struggles. Spiritual struggles have been defined as tensions and conflicts about sacred matters within oneself, with others, or with the divine. Spiritual struggles are not signs of a weak faith or spiritual immaturity. Indeed, many of the world's greatest religious figures experienced periods of spiritual struggle in their lives. Spiritual struggles are, instead, a natural and normal part of spiritual development.

In recent years, investigators have begun to study spiritual struggles and their implications for health and well-being. This emerging research points to several initial conclusions. First, spiritual struggles are commonplace among members of diverse religious groups, including Hindus, Jews, Christians, Muslims, and Buddhists. Second, spiritual struggles

have been associated with declines in mental health and physical health, even higher risk of mortality. These results have emerged through studies of diverse samples dealing with a variety of major life crises. Third, spiritual struggles have also been linked to reports of stress-related growth. Many people describe their deepest struggles in life as sources of profound change and transformation. The empirical literature then suggests that spiritual struggles may be a fork in the road leading to growth in one direction or decline in the other. This leads to the final conclusion -- whether spiritual struggles lead to growth or decline may depend on the degree to which the individual has a well-integrated spirituality. Elements of a well-integrated spirituality include: (a) a concept of the sacred that is large enough to help people come to terms with life shattering events, (b) a spirituality that is flexible and open to change, and (c) access to a spiritual network that provides support rather than stigma for individuals struggling with their spirituality. This paper concludes with a review of some of the promising clinical efforts now underway to help people address their spiritual struggles before they lead to health-related problems.

Meaning in Life, Religion and Health in a Changing Society

Prof. Dr. med. Maria Kopp
Friday May 14th, 16:00-17:00

"Life meaning" score of Richard Rahe was examined in relation to demographic characteristics, psychological measures, religious practice, importance of religion and health status in a sample of 12,640 Hungarian subjects. Participants were selected to represent the country's adult population according to sex, age, and place of residence. In the total sample of individuals after controlling for gender, age and education, life meaning score showed strong positive correlations with the WHO wellbeing scale, with the self-rated health and negative correlations with the disability score and with the depression score. Although relatively unrelated to age, gender and education, life meaning was positively related to self-efficacy, importance of religion, problem-oriented coping and social support. Our results suggest that meaning in life is an important salutogenic factor in population health, particularly in a society undergoing considerable political and economic transition. The self-efficacy concept is a well-documented positive psychology component, but life meaning was more closely connected to reported good health in our study. Life meaning seems to be an independent positive psychological health protective factor, closely connected with spirituality and the search for transcendent meaning in life.

Spirituality, Love and Quality of Life

Prof. Dr. Mary H. Kalfoss
Friday May 14th,17:00-18:00

Chronic illness affects people of all ages and is one of the greatest health care challenges of our 21st century as is caring for the burgeoning number of persons living with chronic illness and disability. Living with chronic illness has an impact on all aspects of a person's life, their body, mind, spirit, community and society. Being chronically sick is not simply a matter of bearing a disease, it is entangled in feelings of increased vulnerability, threats to self integrity and poses a relentless challenge to one's coping resources which affect the very fabric of everyday existence. The experience of chronic illness also strikes at the heart of how we value ourselves, what we value, and how we perceive others valuing us, including those whose profession is our care. In proposing that the aim of professional care is to maintain, sustain and preserve health, well-being and life quality of people, based on a loving attitude and by performing caring acts, including supporting one's search for significance, this presentation will explore relationship between spirituality, love and QoL as a perspective in the formation of actions for " the good" in caring relationships. Based on the results of various research projects I have conducted throughout the years, utilizing both quantitative and qualitative data, I will describe what is of significance and importance to the quality of life in various groups of chronically ill and physically handicapped adults. Areas in which the humanity of the chronically ill has been compromised by carers will also be described. Quality of life measurements developed by the World Health Organizations Quality of Life Assessment Group will also be presented. In this presentation, spirituality is considered to be the deepest and most fundamental essence of self. Love is described as a pre-eminent motivation to moving towards the other and relating with regard towards the other, with the aim of attempting to acknowledge our common humanity. Love is also considered the sacred source which serves as the impetus for the formation of an attitude for profes-

sional ethical responses and relational responsibility. Quality of life reflects what matters and is of importance to a person regarding their life, living, dying and death and is defined as a person's perception of their situation in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. In conclusion, I call for a conscious and sensitive awareness to the values which direct our care and suggest embracing love as our highest virtue.

Public Lecture: Spiritualität und hochspezialisierte Medizin: Ist das Sterben noch erlaubt?

Prof. Dr. Thierry Carrel
Friday May 14th, 18:30-20:00

There is a complex relationship between religion and and science (medicine). In earlier times healing was a domain of priests, rabbi and imams. There was no separation between biological and spiritual aspects of disease. Only in modern times religion became strictly separated from science. This favors the technological aspects of medicine at the expense of a person centered approach always including the spiritual dimension of life as clearly expressed in a letter of a patient following a life saving heart transplantation.

Religion and Mental Health

Prof. Dr. John Swinton
Saturday May 15th, 09:00-10:00

In this presentation I will suggest that we need to begin to think more critically about exactly what we mean when we claim that religion and spirituality are "good for our mental health." Whilst such a suggestion might contain truth, I will argue that the model of mental health that underpins the assumptions of many scientists and researchers working in the field fails to engage adequately with the different and sometimes contradictory models, perspectives, understandings and assumptions about the nature of mental health that emerge from within religious traditions and the perspective of individual believers. If the measure of mental health is assumed to be primarily about the absence or control of symptoms, we will miss the vital fact that mental health can be present even in the midst of mental illness. I will argue that religion (and to a lesser degree 'spirituality') functions on two levels: one that is available through the empirical observation of activities, responses and actions carried out within a religious context; the other functions at a different level and relates to the specific ways in which people experience their religion and work out the implications of what that means for the intricacies of their lives. Capturing the second dimension requires a different approach. Both levels of understanding are necessary for human well-being, but one without the other leads to misunderstanding and questionable assumptions about the nature and purpose of human well-being and the good life. I will argue for the development of an approach to religion, spirituality and mental health that takes seriously the lived experience of health and illness and the particularities of religious community and individual formation.

Mindfulness Spirituality and Coping

Prof. Dr. Harald Walach
Saturday May 15th, 14:00-15:00

Our cultural stance towards our lives and within medicine is very often that of constant interventionism. Thereby we often miss the fact that in order to change things for better, we need a precise appreciation of a situation and clear goals in the first place. Frequently, things cannot be changed, or the change necessary is accepting a situation like, for instance, a chronic disease. Mindfulness and spirituality are modes that can complement therapeutic interventions as a resource that can help people who are affected. Mindfulness, as non-judgmental present moment awareness, can foster acceptance of situations that cannot be changed. Through training of mindfulness people in difficult situations can, first of all, recognise what needs to be changed and what cannot be changed. We have seen this repeatedly in our own studies with students and employees in high-stress environments, as well as in fibromyalgia

patients. Paradoxically, true appreciation of a situation, even if painful and difficult, can lead to the stance of acceptance that leads to the momentum and power to enact a necessary change. This is where mindfulness and spirituality meet: If practiced regularly for a time, mindfulness becomes a habit, not just a method or an intervention. It then leads to a spiritual view onto the world, ourselves and others. This means that we are increasingly able to realise the intricate and subtle interconnectedness out of which situations and our actions arise. Such spiritual experiences are resources that help us in difficult times. We saw in a study with chronic pain patients that spiritual experiences and mindfulness are independent predictors of a better quality of life. I will focus in this talk on the conceptual and wider ramifications of the concepts of mindfulness and spirituality within the context of our empirical findings.

Research in Forgiveness Therapy

Prof. Dr. med. Raphael Bonelli
Saturday May 15th, 14:00-15:00

Recent research pertaining to forgiveness and health have shown that forgiveness is an emotion-focused coping process that can promote health and might have its major impact on health through reducing unforgiveness rather than creating positive emotional experiences (Worthington et al. 2007). Forgiveness is typically defined as the process of concluding resentment, indignation or anger as a result of a perceived offense, difference or mistake, and/or ceasing to demand punishment or restitution. Unforgiveness (or "embitterment") involves ruminations that may be begrudging, vengeful, hostile, bitter, resentful, angry, fearful of future harm, and depressed. Unforgiveness is hypothesized to be directly related to the amount of remaining injustice being experienced also called "the injustice gap". The extant data linking forgiveness to health and well-being point to the role of emotional forgiveness, particularly when it becomes a pattern in dispositional forgivingness. One key distinction emerging in the literature is between decisional and emotional forgiveness. Decisional forgiveness is a behavioral intention to resist an unforgiving stance and to respond differently toward a transgressor. Emotional forgiveness is the replacement of negative unforgiving emotions with positive other-oriented emotions. Emotional forgiveness involves psychophysiological changes, and it has more direct health and well-being consequences. The lecture gives an overview on research in unforgiveness, embitterment and forgiveness therapy.

EC RSH12

We kindly invite you
to pariticpate in our next
European Conference on
Religion, Spirituality and Health

2012 in Bern

Symposia

Spirituelle Pflege in der Begleitung von kranken Menschen (F1)

Chair: Brigitte Hofer & Ursa Neuhaus, RS, EDN, lic. phil.; Friday May 14th, 10:30 - 12:00

Spirituelle Begleitung von Menschen in der Palliative Care

Cornelia Knipping, RN, MAS Palliative Care, HöFa Onkologie
Co-Leitung im Masterstudiengang Palliative Care an der Alpen-Adria-Universität Klagenfurt, AT
Schweiz

Die spirituelle Begleitung von Menschen in der Palliative Care stellt ein herausragendes Konzeptelement von Weiteren in der ganzheitlichen Betreuung und Begleitung von schwer kranken, chronisch kranken, alten und sterbenden Menschen und ihrer Angehörigen dar. Spirituelle Begleitung ist primär geprägt von menschlicher Beziehungsgestaltung in Bezug auf das, was dem betroffenen Menschen im Innersten seines Seins kostbar und bedeutsam ist. Spirituelle Begleitung zeichnet sich aus durch Ehrfurcht und Absichtslosigkeit dem Anderen gegenüber und wahrt das Geheimnis des Gegenübers, welches stets unverfügbar ist. Der Vortrag soll einen Einblick geben, wie die spirituelle Begleitung von Menschen in der Palliative Care durch eine hermeneutische Begegnung, Beziehung und Kommunikation gestaltet werden kann, um die betroffenen Menschen wie auch ihre Angehörigen einzuladen, sich auf ihre je eigene Art und Weise auf ihre innersten Quellen und Reichtümer zu besinnen und aus ihnen lebensförderlich und sinnerschliessend zu schöpfen für die Gestaltung ihrer letzten Lebensphase.

Spirituelle Begleitung von Menschen mit Demenz

Pfrn. Anemone Eglin, MAS-BA
Institut Neumünster, Fachbereich Spiritualität, Institutsleitung, Zollikerberg
Schweiz

Spirituelle Begleitung in der alltäglichen Pflege und Betreuung von Menschen mit Demenz sucht die Beziehung zum Tragenden und Heiligen behutsam zu unterstüt-zen und zu stärken. Ihre Hauptaufgabe sieht sie darin, die leidenden Menschen zu trösten sowie ihnen Sinn und Geborgenheit zu vermitteln. Sie lässt sich dabei von den kranken Menschen selber leiten, indem sie wahrnimmt, wie diese auf die Widerfahrnisse ihres Lebens reagieren und wie sie verbal oder non-verbal auf das Umgreifende hinweisen, aus dem sie Kraft zur Bewältigung ihrer Lebenssituation beziehen. Achtsame spirituelle Begleitung kann wesentlich dazu beitragen, dass Demenzkranke ihr Leben würdevoll und getragen beschliessen können. Auf dem Hintergrund eines theoretisch fundierten Rahmens werden anhand praktischer Beispiele Möglichkeiten aufgezeigt, wie die spirituelle Dimension im Pflegealltag adäquat und sensibel aufgenommen werden kann.

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Spirituelle Begleitung von kranken Menschen aus anthroposophischer Sicht

Ursa Neuhaus, RN, EDN, lic. phil.
Leiterin des Bildungszentrums Anthroposphische Pflege Schweiz BZAP, Walkringen
Schweiz

Begleitung kranker Menschen ist eine Kernaufgabe der Pflege und fordert einen professionellen Umgang beim Aufbau einer gelingenden Beziehung. Eine Begleitung ist immer ein Weg, ein Prozess mit unterschiedlichen Phasen. Die Begleitung eines gesunden Menschen ist eine Herausforderung. Eine noch komplexere Aufgabe ist es, einen kranken Menschen spirituelle zu begleiten. Ich gehe der Frage nach, wie spirituell Erfahrungen bei kranken Menschen erlebt und gefunden werden können, um spirituelle Erfahrungen in der Begleitung des Menschen mit einbeziehen zu können. Methodisch lehne ich mich an die Leib-Phänomenologie nach dem französischen Philosophen und Phänomenologen Maurice Merleau-Ponty. Die Wahrnehmung ist für ihn weder eine Frage nach Subjekt und Objekt noch eine Synthese, sie ist konkret gegenwärtig. Dieser konkreten Gegenwärtigkeit gehe ich in den Theorien des „Embodiment“ nach der amerikanischen Pflegewissenschafterin Patricia Benner und in der Willensschulung nach dem Philosophen und Anthroposophen Rudolf Steiner nach. Zentraler Blickpunkt für die Begleitung ist der kranke Mensch, dieser wird aus Sicht der anthroposophischen Menschenkunde beschrieben.
Die Ergebnisse zeigen auf, dass das konkrete Erlebnis des kranken Menschen immer die Realität bildet und Ausgangspunkt für jede Begleitung sein muss. In der Begleitung sind Fragen nach dem Lebenssinn in der konkreten Situation, wie auch das Erwachen an der eigenen Frage, wichtige Teile. Diese müssen achtsam und würdig ins Gespräch eingebaut werden. Entscheidend ist, dass die Begleitperson authentisch und eine kompetente Gesprächspartnerin für den kranken Menschen ist. Das Entscheidungsfindungsmodell in 8 Schritte nach Ursa Neuhaus soll die Anwendung und Umsetzung einer spirituellen Begleitung in der Praxis, auch bei komplexen Situationen, ermöglichen.

Conceptual Issues in Research on Spirituality and Health (F2)

Chair: Ass. Prof. Niels Christian Hvidt; Friday May 14th, 10:30 - 12:00

Research on Meaning-Making and Health in Secular Society: Secular, Spiritual and Religious Existential Orientations

Peter LaCour PhD & Ass. Prof. Niels Christian Hvidt
Clinical Health Psychologist, Rigshospitalet, Copenhagen
Denmark

In this presentation, we propose a conceptual framework in the field of meaning-making and religious coping in secular cultures such as those of Northern Europe. Seeking an operational approach, we have narrowed the field's components down to a number of basic domains and dimensions that provide a more authentic cultural basis for research in secular society. Reviewing the literature, three main domains of existential meaning-making emerge: Secular, spiritual, and religious. In reconfirming these three domains, we propose to couple them with the three dimensions of cognition (knowing), practice (doing), and importance (being), resulting in a conceptual framework that can serve as a fundamental heuristic and methodological research tool for mapping the field of existential meaning-making and health.

Taming of the Hydra: How to Conceptualize Spirituality

PD Dr. med. Dr. phil. Peter Kaiser
Assoc. Prof. at the University of Bremen, Dept. of religious studies; Head of the Center for Mental Health, Schwäbisch Gmünd, (ZfP Winnenden)
Germany

In the past multiple efforts have been undertaken to measure religiosity. Since the post-modern era, the even more blurred term - spirituality - came into use. While measuring religiosity, the socio-cultural back-

ground has to be taken into account. In the case of spirituality, the personal idea of this hard to crasp entity should be considered too, as spirituality has a strong individual shaping and meaning. Before evaluating the impact of spirituality e.g. on mental well-being, spirituality has to be defined, than conceptualized in a general or at least a specific context, only after that sucessfully finished, it can be measured. Successfully conceptualized with respect to scientific standards like validity. In this presentation it will be discussed, whether there is a need for a conceptualization of spirituality and whether this is possible at all. Due to the variant definitions it will be shown that the non-contextual conceptualization of spirituality propably is of no great benefit for research.

Scientific Studies in Pastoral Care and Coping (F3)

Chair: Prof. Christoph Morgenthaler; Friday May 14th, 10:30 - 12:00,

God and Coping. An Empirical Approach in Theology

Prof. PhD Hans Schilderman
Chair Religion and Care, Institute for Religious Studies and Theology,
Radboud University Nijmegen, The Netherlands

What place has God in coping? This is the main question that I will address in my presentation. My presentation has two parts. In the first part, I will argue that – for good reasons - the discussion on spirituality and health is dominated by medical and social scientific disciplines. A humanities approach however, in which theological and philosophical concepts feature, may offer a valuable contribution to the interdisciplinary dialogue and scientific progress in clarifying the relationship of spirituality and coping. I will illustrate this by clarifying the concept of theodicee in which notions are implied of God, suffering, and meaning giving that offer a theologically elaborated and focussed perspective on spirituality and coping. This exemplifies the opportunities to develop sophisticated interdisciplinary interfaces with medical and social-scientific theories and study them empirically with the help of tailor-made instruments. In the second part, I will present some findings of a larger empirical study by our Nijmegen research team on the role of God images in the coping process of palliative cancer patients. Our research illustrates that it is crucial to distinguish the varieties of specific God-images in order to gain insight into their role in the coping process. The main instruments that we employed in our research were a (14-item) scale of God images, based on theological conceptualisation, and a coping-scale of 14 coping strategies (COPE-Easy). In our Dutch sample of (net 68) palliative patients we demonstrate that non-personal images are far better predictors for coping than personal images of God that are so often assumed in religious coping research. On the basis of these results, I will argue that the notion of spirituality requires an elaboration from a humanities perspective in order to act as a research-based knowledge base for professional innovation in spiritual care.

Conceptual and Theological Issues in the Intersection between Religious Coping and Pastoral Care: Some Reflections on Spirituality and Self-transcendence in Women During the Early Stages of Breast Cancer

Prof. John Swinton
Centre for Spirituality, Health and Disability,King's College, University of Aberdeen
United Kingdom

There is a prevalence of anxiety and depression among women recently diagnosed with breast cancer. This raises concern because of the potential for long term impact on mental health and quality of life. Research indicates that the ways in which women cope with their diagnosis of breast cancer during their first year has a significant impact on their mental health and ability to cope long-term. Religion and spirituality have been highlighted as potentially useful in this process of coping. This presentation is based on a piece of qualitative research carried out within the Centre for Spirituality, Health and Disability at the University of Aberdeen in collaboration with Professor Steve Heys (oncologist) at the Breast Cancer Unit, Aberdeen Royal Infirmary, Aberdeen. The project sought to understand the experiences of

women recently diagnosed with breast cancer during the first year of diagnosis, in order to understand how spirituality (in its religious and non-religious modes) contributes to their quality of life, coping skills and mental health. The presentation will examine some of the results of this study with a particular focus on three things: 1. How spirituality in its more generic forms, might be identified and explored effectively within empirical research. 2. The key theological issues that emerged from the study with regard to religious and spiritual coping. 3. The theological implications of engaging in this type of research.

Who Needs Chaplaincy Visitation in General Hospitals?

Dr. theol. Urs Winter
Schweizerisches Pastoralsoziologisches Institut (SPI), St. Gallen
Switzerland

Owing to the declining length of patients' hospital stay in recent years, chaplains need evidence-based criteria to decide which patients are likely to have the greatest psychosocial and/or religious-spiritual needs. A total of 610 patients in the German part of Switzerland were surveyed. The results suggested that lack of vitality (including health condition), lack of support and lack of a faith factor (including spiritual

Religion, Spirituality and Coping in Cardiovascular Disease and Pain (F4)

Chair: Prof. Dr. med. Roland von Känel & Dr. med. René Hefti; Friday May 14th, 10:30 - 12:00

Spiritual Approach to Stress Induced Hypertension

PD Dr. med. Dr. theol. J.Paul Manikonda
Outpatient Department, University Hospital Würzburg
Germany

Essential (primary) hypertension is a very common disorder in the populations of the world (worldwide 600 Mi; USA 60 Mi, Germany ca 40 Mi) which poses a strong cardiovascular risk predictor leading to 6% of the total death rate. Of all the forms of hypertension, stress induced hypertension is the commonest form due to psychosocial and emotional stressors which play a paramount role especially in the industrialized and developing world. In this context especially in treating mild to moderate Hypertension stress reduction through lifestyle modification have been advocated by current guidelines of JNC VII, WHO and ISH.

Although psychological and emotional stresses are acknowledged risk factors and mediators of hypertension, still it is unknown whether stress reducing techniques can effectively control essential hypertension. We aimed to determine in a randomised controlled observer-blind trial the differential effects of contemplative meditation in combination with the breathing techniques (CMBT) on blood pressure at rest , ambulatory and during mental stress and exercise.

Fifty two subjects with mild to moderate essential hypertension were randomized to eight weeks of CMBT or no intervention. The median change in SBP/DBP at rest was -15/-12 mm Hg in the CMBT group, compared with +3/-6 mm Hg in controls ($p<0.0001$ and $p=0.027$ for comparison between groups, respectively). The respective changes during 24-hr ambulatory monitoring were -5/-6 mm Hg and 0/0 mm Hg (both $p=0.001$). At Follow-up, 75% of the patients in the CMBT group but 0% in the control group had reached the goal BP levels according to current guidelines. At follow-up, the average SBP remained significantly lower throughout the mental stress test in the CMBT compared with the control group: the median (%) change between baseline and follow-up was -18 mm Hg (-12%) vs -7 mm Hg (-5%; $p=0.002$ for comparisons between groups) respectively. By contrast, no significant effect on BP levels during exercise stress testing was observed ($p=0.336$).

Conclusion: 1. Contemplative Meditation with Breathing Techniques (CMBT) may be a promising spiritual-holistic antihypertensive strategy without any side effects to control resting and stress-induced blood pressure in untreated subjects with mild to moderate essential hypertension. 2. CMBT could be a spiritual-holistic adjunct to antihypertensive drug therapy to alleviate the side effects of the medicines

and so to gain the confidence of the patients in treating severe hypertensives holistically. 3. CMBT could be a very good spiritual-holistic strategy to improve the compliance (drug adherence). 4. CMBT could of paramount importance and a very valuable holistic tool to be used in the prevention even in subjects prone to become hypertensives in the future, including children. 5. CMBT could prove itself to be very effective and extremely economical in improving the quality of life. Above mentioned positive effects of CMBT should be studied in the future in clinical trials.

Religion as a Moderator of Cardiovascular Reactivity

Dr. med. René Hefti
Head of Department of Psychosomatic Medicine, Clinic SGM Langenthal
Switzerland

There is evidence that religious involvement is associated with longevity (lower mortality rates). One possible mechanism explaining this association is stress buffering. We examined whether religiosity would moderate stress reactivity.

We investigated 37 inpatients with moderate to severe depression by assessing religiosity (S-R-T, Structure of Religiosity Test, Huber) and blood pressure reactivity to a mental stress test (Color Stroop). We measured systolic and diastolic blood pressure before, during, and after stress testing by an automatic BP-monitor.

Mean systolic blood pressure (SBP) at baseline was 121.7 mm Hg and mean diastolic blood pressure (DBP) at baseline was 79.4 mm Hg. Mean BP elevation induced by Color Stroop task was 10.9 mm Hg for SBD and 7.3 mm Hg for DBP, indicating an adequate stress response. Mean score in religiosity scale (S-R-T, centrality of religiosity, 10 items, scale 0-4) was 3.12 ± 0.50 showing moderate to high religiosity.

Blood pressure at baseline was not associated with religiosity ($r = .044$ for SBP and $r = -.033$ for DBP). In contrast, blood pressure elevation during Color Stoop task was significantly associated with religiosity ($r = -.460^{**}$, $p < .002$ for SBP and $r = -.369^{*}$, $p < .012$ for DBP) measured by S-R-T centrality scale. A linear regression model (entering age, gender, BDI and religiosity) confirmed these findings (beta coefficient for religiosity -.428).

Results are in line with psychophysiological research showing that reactivity measures are more sensitive to psychosocial factors. Results also support the concept of stress buffering identifying religion as a moderator of physiological stress response (in depressive inpatients).

God image and Happiness in Chronic Pain Patients: The Mediating Role of Disease Interpretation

Jessie Dezutter, PhD
Center for the Psychology of Religion, Catholic University of Leuven
Belgium

The present study explored the role of the emotional experience of God (i.c., positive and negative God images) for the happiness of chronic pain (CP) patients. Framed in the transactional model of stress, we tested a model in which God images would influence happiness partially through its influence on disease interpretation as a mediating mechanism. We expected God images to have both a direct and an indirect (through the interpretation of disease) effect on happiness.

A cross-sectional questionnaire design was adopted in order to measure demographics, pain condition, God images, disease interpretation, and happiness. One hundred and thirty-six CP patients, all members of a national patients´ association completed the questionnaires.

Correlational analyses showed meaningful associations among God images, disease interpretation, and happiness. Path analyses from a structural equation modelling approach indicated that positive God images seemed to influence happiness, both directly and indirectly through the pathway of positive interpretation of disease. Ancillary analyses showed that the negative influence of angry God images on happiness disappeared after controlling for pain severity.

The results indicated that one's emotional experience of God has an influence on happiness in CP patients, both directly and indirectly through the pathway of positive disease interpretation. These findings can be framed within the transactional theory of stress and can stimulate further pain research investigating the possible effects of religion in the adaptation to chronic pain.

Teaching Spirituality to Health Care Providers (F5)

Chair: Prof. Karin Wilkening; Friday May 14th, 10:30 - 12:00

Teaching "Spirituality in Illness" to Health Caregivers: Experience in Malta

Prof. Dr. Donia Baldacchino
Senior Lecturer, Coordinator of Research & M.Sc. Nursing Programme,
University of Malta, Malta (no abstract)

Escaping into Life - Teaching Meditation to Health Care Professionals

Ass. Prof. Dr. Brigitte Fuchs
Catholic Theological Faculty, University of Würzburg
Germany

Health care professionals have to deal with both their own needs and sufferings and those of the people they professionally care for. This twofold burden requires special knowledge of dealing with distress and emotions if not to lead into exhaustion.

Often people suffering from psychological pressure seek meditation as a way to escape, to find quiet and relaxation, a withdrawal into an inner space where the hardships of their lives do not touch them anymore. But Meditation is not only a method of finding relaxation. It teaches insight and awareness of all facets of reality including those that are frightening and oppressive; insight and awareness can dissolve illusions and defensive attitudes. Resistance to pain and emotions like sadness, anger and weariness requires a lot of energy and deepens the suffering. Awareness and acceptance can weaken the power of these emotions and the suffering; new strengths can be set free. Mindfulness promises to show a way of not being driven by emotions, but of being guided by feelings. Thus meditation is not a way out of the difficult aspects of life, it is a way into to intenseness of life, it is not an escape out of life, but an escape into life.

Developing a Master's Degree Course in Whole Person Health (SCA)

Dr. Michael Sheldon & Pof. John Cox, Revd Rob Merchant, Dr. Simon Dein
Whole Person Health Trust, London
United Kingdom

A whole person approach, which includes spirituality, is becoming increasingly important in all health and social care settings. The current practitioners who can include an assessment of a person's spiritual needs will include chaplains, some counsellors and also some nurses and doctors. A new health and social care practitioner needs to be developed who can specialise in assessing and treating spiritual health care needs. Such a practitioner could be called a Spiritual Care Advisor (SCA).

There are already many SCAs practicing in the UK, mainly in community and primary care settings. Based on their experience we are developing core competencies and training for these practitioners. It is planned to create a university based Master's Degree course which can be used as training modules of one year (Certificate level) or two years (Diploma level) or three years, including research, which would earn a MA Degree.

We will seek for the appropriate level of accreditation for these new practitioners within health and social care who provide spiritual support and therapy. At the same time the modules may be used as Continuing Professional Development for established health care practitioners, including doctors and nurses. Much of the learning will be through distance learning packages to make this education broadly available, both in the UK and abroad.

The course is planned to commence in September 2010 and the first (certificate) year will consist of two core modules in - The whole person approach to health care, and Faith and Values in the science of healthcare. Students will then choose on optional module from – Whole person care and the vulnerable person, Providing spiritual care and advice, and Healthcare and Christian outreach.

A full description of the course, including the second and third years, will be presented for discussion, specifically around the topic of how to meet the educational needs of whole person and spirituality practitioners in the health and social services.

Spiritual Needs in Coping with Disease (S1)

Chair: Prof. Arndt Büssing & Prof. John Swinton; Saturday, May 15th, 10:30 - 12:00

Spirituality, Meaning and Hope among Cancer Patients

Cand. psych. Anja Höcker & Anja Mehnert, PhD, Uwe Koch
University Medical Center Hamburg-Eppendorf
Germany

Objective: Although the beneficial effects of spirituality on patients suffering from a life-threatening illness have been widely reported, the spiritual needs of patients with cancer have not been investigated extensively. The purpose of this study was to conduct a systematic needs assessment with patients of all cancer stages a) in order to examine the relevance of spiritual needs for cancer patients, b) to clarify the role of demographic and clinical characteristics in spiritual needs and c) to identify variables which help to explain a significant amount of their variance.
Methods: 285 outpatients (51% male) with mixed cancer sites (37% breast and gynecological cancers) on an average of 61 years of age were surveyed cross-sectionally. The instrument included the newly developed Spiritual Needs Questionnaire (SpNQ) and measures of psychological distresses, social support and meaning-related life attitudes. Demographic and medical data were recorded.
Results: Each spiritual need was endorsed between 15% and 77% with patients reporting an average of 9 needs. The needs for Inner Peace and Actively Giving emerged to be of greatest importance. Significant, but weak differences were found for gender and the subscales Religious Needs, Existentialistic Needs and Inner Peace, age and Actively Giving as well as partnership and Existentialistic Needs. Of various medical characteristics only pain and number of functional impairments were associated with Existentialistic Needs. Regression analyses revealed that variance in Religious Needs could best be explained by a spiritual/religious attitude, while anxiety was a predictor for Existentialistic Needs, Inner Peace and Actively Giving.
Discussion: Results suggest that spiritual needs are of relevance for cancer patients largely independently of their demographic and clinical characteristics. The role of anxiety in spiritual needs demands further exploration. The need for spiritual assessment and for interventions to meet spiritual needs in cancer patients is strengthened.

Spiritual Needs in Psychiatry and Psychotherapy: Benefit for Patients?

Prof. Dr. Klaus Baumann (1) & Franz Reiser (2)
1) Dean, Theological Faculty at the University of Freiburg, 2) Counselor and Psychotherapist, research project “religion and psychiatry”, Freiburg, Germany

Traditionally, psychiatry and psychotherapy have often been rather critical and sceptical towards religion and their patients’ religiosities. In recent times, due to various developments, there is more openness towards the dimension of spirituality and religion to be found.
Within the inpatient treatment of mental disorders, multi modal and holistic approaches seem to be efficient and gain importance, including spiritual and religious needs of patients. Notwithstanding growing evidence that the religious or spiritual dimension can be an important resource for coping, the role of the individual’s religiosity or spirituality must be seen in a differentiated way. Both possible benefits and distress due to religion/spirituality in coping should be taken into account.
A clinical study which just starts at the University clinic for psychiatry and psychotherapy at Freiburg/ Germany is going to survey psychiatric patients’ spiritual and religious attitudes and practices, their spiritual needs and expectations towards the clinic and its personnel.

Spiritual Needs of Patients with Chronic Pain Diseases and Cancer

Prof. Arndt Büssing (1) & H.-J. Balzat (2), Peter Heusser (1)
1) Centre for Integrative Medicine, Univ. Witten/Herdecke, 2) Pain Outpatient Clinic, Community Hospital Herdecke, Germany

Purpose: For many patients confronted with chronic diseases, spirituality/religiosity is a relevant resource to cope. While most studies on patients´ spiritual needs refer to the care of patients at the end of life, our intention was to test an instrument to measure spiritual, existential and psychosocial need of patients with chronic diseases, and to analyze the self-ascribed importance of the respective dimensions. Methods: In an anonymous cross-sectional survey, we applied the Spiritual Needs Questionnaire (SpNQ version 1.2.) to 221 patients (73% women, mean age 53 ± 12 years) with chronic pain conditions (64%), cancer (27%), other chronic conditions (5%), and a few healthy individuals (5%). Patients were recruited at the Community Hospital Herdecke, the Institute for Complementary Medicine (University of Bern), and at a conference of a cancer support group in Herten. Results: Factor analysis of the 19-item instrument (Cronbach´s alpha = .933) pointed to 4 factors which explain 68% of variance: (1) Religious Needs, (2) Need for Inner Peace, (3) Existentialistic Needs (Reflection / Meaning), and (4) Actively Giving (addressing active and autonomous intentions). Within the main sample of patients with chronic pain and cancer, Needs for Inner Peace had the highest scores, followed by Actively Giving; in contrast, Existentialistic Needs had low scores, while the Religious Needs scores indicate no interest. In our sample, neither gender nor family status had significant impact on spiritual needs; however, age had a significant impact on Inner Peace ($F=3.2$; $p=.013$), and also educational level on Actively Giving ($F=4.7$; $p=.003$), Inner Peace ($F=3.6$; $p=.014$), and Existentialistic Needs ($F=3.7$; $p=.013$). There were just some weak associations between Actively Giving and life satisfaction ($r=.17$; $p=.012$), and negatively with the symptom score ($r = -.29$; $p < .0001$); Need for Inner Peace was weakly associated with satisfaction with treatment efficacy ($r= .24$; $p < .0001$). Conclusion: The preliminary results indicate that spiritual needs are conceptually different from life satisfaction, and can be interpreted as the patients´ longing for spiritual well-being. The factor Actively Giving is of outstanding importance because it can be interpreted as patients´ intention to leave the role model of a `passive sufferer´ to become an active, self-actualizing giving individual. Methods how health care professionals may meet their patients´ spiritual needs remain to be explored.

Neuronal Plasticity in Meditation and Belief (S2)

Chair: Prof. Dr. med. Jean-Marc Burgunder & Harald Walach; Saturday, May 15th, 10:30 - 12:00

Monitoring of Brain States during Meditation: Methods and Results

PD Dr. Thilo Hinterberger
Institute of Environmental Medicine, University Medical Center Freiburg
Germany

Health care professionals have to deal with both their own needs and sufferings and those of the people they professionally care for. This twofold burden requires special knowledge of dealing with distress and emotions if not to lead into exhaustion.

Often people suffering from psychological pressure seek meditation as a way to escape, to find quiet and relaxation, a withdrawal into an inner space where the hardships of their lives do not touch them anymore. But Meditation is not only a method of finding relaxation. It teaches insight and awareness of all facets of reality including those that are frightening and oppressive; insight and awareness can dissolve illusions and defensive attitudes. Resistance to pain and emotions like sadness, anger and weariness requires a lot of energy and deepens the suffering. Awareness and acceptance can weaken the power of these emotions and the suffering; new strengths can be set free. Mindfulness promises to show a way of not being driven by emotions, but of being guided by feelings. Thus meditation is not a way out of the difficult aspects of life, it is a way into to intenseness of life, it is not an escape out of life, but an escape into life.

Role of Dopaminergic Pathway Modulations in Belief

Dr. Peter Krummenacher
Neuropsychology Unit, Department of Neurology, University Hospital of Zurich
Switzerland

The study of beliefs has been more or less a hallmark of social sciences and is currently considered as one of the most neglected and poorly understood field in cognitive neuroscience. Many issues are unresolved or controversial. Recent neuroscientific evidence corroborates a role of dopaminergic pathway

modulations in one particular form of belief formation, namely "paranormal" belief. Dopamine (DA) is a neurotransmitter in the extrapyramidal motor system and a neuromodulator involved in motivation, emotion and cognition. It is assumed to improve perceptual and cognitive decisions by increasing the signal-to-noise ratio (SNR), i.e. to modulate neuronal activity by enhancing the ability of neurons to transmit signals and reduce distortion by noise. Somewhat paradoxically, a hyperdopaminergia (arguably more accentuated in the right hemisphere) has also been implied in the genesis of unusual experiences like hallucinations and paranormal belief. To test these opposing assumptions, we investigated relationships between increased dopamine availability, the personality trait paranormal belief (based on self-perceived own paranormal abilities) and hemisphere-specific perceptual cognitive judgments in healthy unmedicated individuals by means of signal detection analyses. We used two lateralized decision tasks, one with lexical (tapping left-hemisphere functions), the other with facial stimuli (tapping right-hemisphere functions). Participants were 40 healthy right-handed men, of whom 20 reported unusual, 'paranormal' experiences and beliefs ('believers'), while the remaining participants were unexperienced and critical ('skeptics'). In a between-subject design, levodopa (200mg) or placebo administration was balanced between belief groups (double-blind procedure). For each task and visual field we calculated sensitivity (d-prime) and response tendency (criterion) derived from signal detection theory.

Results showed the typical right visual field advantage for the lexical decision task and a higher d-prime for verbal than facial stimuli. For the skeptics, d-prime was lower in the levodopa than in the placebo group. Criterion analyses revealed that believers favored false alarms over misses while skeptics displayed the opposite preference. Unexpectedly, under levodopa these decision preferences were lower in both groups. We thus infer that levodopa 1) decreases sensitivity in perceptual-cognitive decisions, but only in skeptics, and 2) makes skeptics less and believers slightly more conservative.

These results highlight a role for dopaminergic pathway modulations in (paranormal) belief formation and stand at odd to the common view that DA generally improves signal-to-noise ratios. Paranormal belief seems an important personality dimension and should be assessed in investigations on the detection of signals in noise.

Pre-Conference Workshop

with Prof. Dr. med. Harold. G. Koenig, May 09-12, 2010

Preceding the conference there was a 4-day Pre-Conference Research Workshop with Prof. Dr. Harold Koenig. The workshop was open to all interested in doing research on religion, spirituality and health (accepting participants of any educational level or degree, including theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, or other potential researchers). Professor Harold Koenig is known as senior author of the "Handbook of Religion and Health". He holds a university teaching position as full professor at Duke University Medical Center (Internal Medicine, Psychiatry, and Behavioral Sciences). Furthermore he is co-director of the Center for Spirituality, Theology and Health. This center offers – amongst others – a 2-year post-doc program in religion and health, which Dr. Koenig has compressed into 4-day workshops. Mentorship meetings with Prof. Koenig allowed participants to discuss individual research projects.

The following topics have been discussed:

- Historical connections between religion and health care
- Previous research on religion, spirituality and health
- Strengths and weaknesses of previous research
- Theological considerations and concerns
- Highest priority studies for future research
- Strengths and weaknesses of religion/spirituality measures
- Designing different types of research projects
- Funding and managing a research project
- Writing a research paper for publication; getting it published
- Presenting research to public audiences; working with the media
- Developing an academic career in this area

Preceding our next conference 2012 there will again be the opportunity to paricipate in a research workshop. Further information: **rene.hefti@klinik-sgm.ch**.

Prayer Research (S3)

Chair: Prof. Dr. med. Raphael Bonelli & Prof. Dr. Jean-Marc Burgunder; Saturday, May 15th, 10:30 - 12:00

Traces of Prayer - Methods and Findings in Empirical Prayer Research

Dr. Hans Ulrich Hauenstein
Evangelical-reformed church parish Sempach
Switzerland

Since its beginnings at the end of the 19th century, the psychology of religion, as an empirical science, has been interested in the phenomenon of prayer, i.e. in the experiences of praying people in general and the development, effects and personal meaning of individual prayer in particular. But what exactly is the subject of such research? What am I looking for when I want to find out about particular prayer behaviour? What do I actually ask about when I want to know about the experiences, feelings, ideas, motives or intentions of praying people? A closer look at empirical prayer research shows that what is conceptualised as "prayer" in such studies is a specific construct within a framework of complex processes governed by prayer concepts on different levels. Both the perception and the description of prayer processes, while being generated, undergo complex transmission processes. This holds as well for the participants of empirical studies as for their authors.

Since what people mean by "prayer" decisively depends on specific social, cultural and biographical contexts, the label "prayer" is far from being unambiguous. What "praying" subjects actually describe when asked about their experiences is the result of complex subjective and intersubjective processes. Contextual – i.e. situational, biographical, socio-economical, religious-cultural – factors determine what is perceived, experienced and described as "prayer". Comparably, the conceptualisation, operationalisation, and interpretation of prayer and prayer attitudes in empirical research are governed by contextual frameworks that in particular include preliminary theological decisions and assumptions. These, however, since interfering with the notion of scientific objectivity, are too often marginalised instead of being integrated as constitutive elements of an empirical approach.

Prayer and Health: A Strategy to Move Beyond Ambiguous Results

Ass. Prof. Kevin L. Ladd
Department of Psychology, Indiana University South Bend
United States of America

The literature exploring relations between prayer and health displays several primary operationalizations of prayer: 1. a single item measure of frequency of prayer behavior, 2. a scripted event with participants using a researcher-provided text, 3. an unscripted event where participants are asked to pray spontaneously, 4. investigations emphasizing the multidimensional character of prayers

This presentation examines how these various ways of understanding prayer both hinder and help the forward momentum of the field. An emphasis is placed on defining the various dimensionalities of prayer. As practical examples, two studies are outlined.

The first uses data from 357 healthy adults to note that prayer content aligned with spiritual well being (SWB), but was unrelated to physical well being (PWB; BMI, daily pain, mobility); further, SWB predicted PWB. Prayer to PWB paths, therefore, appear indirect, with the predominate link to PWB being via SWB. This aligns with common theology of prayer as a means of connecting with (not controlling) God, while simultaneously relinquishing ideas of absolute personal control over PWB. SWB may then act (increased cognitive flexibility, stress reduction) to facilitate PWB.

The second study examines the literature surrounding the use of brain imagining techniques to explore prayer. Most of these studies assume (without verification) that religious experience (e.g., prayer) within an imaging machine is the same as prayer in normal settings. To investigate the validity of this assumption, we utilized a mock fMRI machine to compare the experience of praying in the fMRI context to praying in a silent room (N = 42). Results revealed that the fMRI and silent room evoked similar prayer content. Participants did, however, indicate that their prayers in the fMRI were significantly different from those in the silent room with regard to both affective quality and subjective experience. These findings highlight the need for research using imaging techniques to explore religious experiences to include thorough statements of debriefing in order to disambiguate the interpretation of results.

Spirituality and Psychosis (S4)

Chair: PD Dr. med. Philippe Huguelet; Saturday, May 15th, 10:30 - 12:00

Toward a Better Understanding of the Interaction between Religious Delusions and the Clinical and Religious Background of Patients with Schizophrenia

Ass. Prof. Philippe Huguelet, M.D.
Adult Psychiatric Service of the Department of Psychiatry, University Hospital Geneva
Switzerland

Delusions with religious content have been associated with a poorer prognosis in patients with schizophrenia. Yet positive religious coping is frequent among this population. We aim to study the interaction between religious delusions and spirituality/religiousness in schizophrenia, in order to allow a better assessment and treatment of this phenomenon.

236 outpatients in Geneva (Switzerland) and in Québec (Canada) were randomly selected for a quantitative and qualitative evaluation (grounded theory) about religious coping. Patients with delusions with religious content did not have a more severe clinical status, as compared to other deluded patients, but they were less likely to adhere to psychiatric treatment. Patients with delusions with religious content received less support from religious communities. Yet for almost half the group, religious and spirituality helped them to cope with their illness.

Qualitative analyses describe phenomenological and structural distinctions between helpful and harmful religious believes as well as their underlying psychological processes. Themes like "spiritual coping", "identity" and "attachment" will be discussed. This highlights cognitive and emotional schemes (i.e. dysfunctional beliefs) likely to interfere with life and/or treatment, thus worth taking into account.

Patients with delusions with religious content can feature positive religious coping at the same time. They are less likely to accept treatment and benefit from the help of religious communities, despite being more religious than other patients. Clinicians should try to understand and take into account these complex interactions though a comprehensive assessment.

The spirituality and Recovery Group: a New Approach for Addressing Spirituality with Patients with Psychosis

Sylvia Mohr, PhD (1) & Isabelle Rieben, M.A. (2)
1) School of Medicine, University of Geneva, 2) ISSRC, Theol. Faculty, University of Lausanne, Switzerland

Our research group has studied schizophrenic outpatients and assessed whether and how religious commitment helps them to cope with their illness. We found a high prevalence of religious coping among patients suffering from psychosis. We also observed that spiritual assessment of patients with schizophrenia brought issues likely to be involved in clinical care, such as identity crisis, spiritual struggle or work on illness representation (explanatory model). Psychiatrists who did this assessment were not much at ease with this topic. That's why a pilot group intervention, performed by fully trained clinicians, was implemented. This Group is offered to patients with psychosis. Its objectives are: 1) to help patients to resort to religion/spirituality as a mean of recovery; 2) to work on resolving conflicts between religion/spirituality and life issues and treatment; and 3) to give information on religion/spirituality in the context of psychosis. Preliminary results on pilot groups will be presented at the Conference.

Free Communications

All free communications will take place on Friday May 14th 14:00 - 15:30

Coping and Spirituality (C1)

Chair: Prof. Dr. med. Jean-Marc Burgunder

Religiosity and Adolescent Health: Its Relationship with Self-Perceived Health, Depression and Life Satisfaction among Hungarian High School Students

Bettina F. Piko (a) & Eszter Kovacs (a,b)
(a) University of Szeged, Department of Behavioral Sciences, Szeged, Hungary (b) Semmelweis University, Institute of Behavioral Sciences, Budapest

One of the important tasks of adolescent studies is mapping not only risk but also protection for health. Religiosity is a protective factor which has an impact on all of the three dimensions of health status, among others, it goes together with a longer lifetime, better indicators of health status and quality of life, less anxiety, depression and suicide, more effective coping strategies and social support. In relation to adolescent health, less investigation has been available thus far. Therefore, the main goal of the present study was to investigate the relationship between religiosity and psychological health among adolescents. Regarding religiosity, religious affiliation, religiousness (subjective level of religiosity) and religious participation were all assessed. Among health status indicators, occurrence of depressive symptomatology, level of satisfaction with life and self-perceived health were determined. The data collection of the questionnaire survey was going on among 881 high school students in Szeged (age range between 14-20 years, mean = 16.6 years, S.D. = 1.3 years of age, 44.6% of the sample was female). Associations between health status indicators (as dependent variables) and religiosity factors (as independent variables) were assessed using Odds Ratios calculated by logistic regression analyses. Findings suggest that youth's religiosity had the least effect on depressive symptomatology, whereas youth defined themselves as religious and those who actually participated at religious events perceived their own health better and they were more satisfied with their life. Girls tended to belong more to a religious community and their religiosity was more associated with life satisfaction and self-perceived health. Religiosity is an influential factor for adolescent psychological health. Further research is needed to analyze religion as a protective factor in relation to adolescents' health status, particularly in terms of depression.

Relationship between Nursing/Midwifery Students' Stress and Spiritual Coping and Personality

Donia Baldacchino & Paul Galea
University of Malta, Msida
Malta

This correlational exploratory study is part of a longitudinal study conducted at the Institute of Health Care in Malta. It sought to identify differences and relationships between personality, academic / professional stress and spiritual coping of undergraduate nursing students (n=115). Two cohort groups of students undertaking the second year Diploma Nursing/ Midwifery (n=70) and BSc(Hons) (n=45); male(n=23), females(n=92); aged (18-20) years. Three self-administered questionnaires were utilized namely the NEO Personality Inventory (Costa & McCrae 1992); Academic and professional Stress Questionnaire (Rhead 1995); and Spiritual Coping Strategies Scale (Baldacchino 2002). The results showed lower mean scores on Neuroticism with higher scores in extraversion, agreeableness conscientiousness and average scores in openness. No significant differences were found between the five personality factors and age. The most common academic stressors reported by students were revising and sitting for examinations. Clinical stressors included watching a patient suffering, caring for dying patients and communicating with patients about their approaching death. No significant relationships were found between total stress and any of the personality factors.

Students reported higher scores in the use of existential coping strategies such as appreciating nature, relationship with friends than religious coping such as prayer. A positive significant relationship was found between agreeableness and total spiritual coping($r=0.217$, $p=0.028$).

No significant differences were found in personality, stress and coping between the two cohort groups of students. These findings indicate the complexity in the students' modes of coping with stress in their nursing education programmes. Thus, it is recom-

mended that the personal and caring needs of students be addressed; screening students' personality before to be done before recruitment; providing academic and clinical mentorship and counseling services may help them cope better with stress and become more active in appreciating life experiences, while welcoming novel challenges in their personal and professional life. Further longitudinal research including other variables such as self-esteem and spiritual well-being are recommended, supported by qualitative data collection, so as to identify fluctuation of results across time.

Stress and Coping of Institutionalized Older Persons: A Comparative Study between Malta and Australia

Donia Baldacchino
Institute of Health Care, University of Malta, Msida
Malta

Institutionalization may generate stress to older persons which may be related to personal coping strategies and the degree of communal activities. Spiritual coping may include also religiousness such as prayer and relationship with God which may be a resource of coping and empowerment. Thus, the role of the nurse in facilitating coping in the life of older persons. This study compares stress and spiritual coping of three groups of Maltese Christian older residents (N=141): Australia (n=31); Malta (n=66) and Gozo (n=43), mean age 72.8 years; males (n=36) females (n=105). Findings revealed that the multi social activities and daily occupational therapy exercises in both homes of Australia contributed towards 'normal' levels of stress and higher use of spiritual coping and independence than the groups in Malta. Thus, the role of the nurse in facilitating spiritual coping in order to help the older persons to live harmoniously by finding meaning and purpose in their life.

Spirituality in Advanced Old-Age

Beryl Cable-Williams & Dr. Joanne Olson
Trent University, Peterborough, Ontario
Canada

Champions of palliative care have recognized the importance of spirituality in the holistic care of people at the end-of- life. Although the proportion of deaths occurring in advanced old-age (85 years of age or older) is increasing around the world, the oldest-old are under represented in designated palliative care services and in end-of-life research. Consequently insight into their unique perspectives and spiritual needs remains under developed.

The oldest-old are spiritually unique in at least two significant respects: their temporal proximity to a timely, and arguably natural death, and their experience of having lived through a time of doctrinal certitude within the privileged establishment of organized religion.

In this presentation the connection between spirituality, religion and healing is explored using a case study approach. Elements of Stoll's (1979) guidelines for spiritual assessment, Fitchett (2002) model, and Pritchard's (2006) contemplative approach are used to discover the spiritual life world of an 89 year woman who agonizes over existential questions that remain unanswered within her religious tradition, despite her continued religious involvement. She declares that having revealed her hypocrisy she must also admit that she is a "heathen", and therefore "cannot look forward to any reward in the hereafter."

Participants in this session will be encouraged to engage in deconstruction of the case, suggest strategies and approaches to facilitate healing, and reflect on the meaning of this woman's story for their continued interaction with and spiritual support of the oldest-old who live in the shadow of death.

Religious Understandings of a 'Good Death' in Hospice Palliative Care

Harold Coward & K. Stajduhar, David Clark, Norman Ravvin, Janet Soskice, E. Waugh, A. Rambchan, P. Ratanakul.
University of Victoria, Victoria BC
Canada

Each religious tradition has its own understanding of a 'good death'. This presentation will compare the requirements for a 'good death' from the Jewish, Christian, Muslim, Hindu and Buddhist traditions--especially in terms of implications for hospice end of life care.

Founded in the 1960s in London by Cicely Saunders, hospice care for the dying is based on three key principles: pain control, a family or community environment, and the opportunity for a good death as understood by one's culture and religious tradition. Born in a Christian context, the hospice movement has now spread worldwide, and attempts to serve the needs of dying persons from all cultures and traditions. Thus, most hospitals in the UK, US and Canada have specialized hospice palliative units that try to serve not only Christians and Jews but also dying persons from other diaspora communities such as Muslims and Hindus. Hospice administrators, doctors, nurses and volunteers may have only a general Christian or secular spiritual understanding, and lack knowledge of the patient's religious requirements for a good death. This three-year Canadian Institutes for Health Research funded project has developed a comparative religion knowledge base and teaching resources for use in medical and nursing schools as well as in hospice units so that the religious dimension of hospice care will be engaged in a way adequate to today's cultural and religious diversity.

Saunders argued that the science of medicine and the wisdom of religion are inextricably related in hospice palliative care. A 'good death', she said, honors the whole of life--material affairs, human relationships and spiritual needs. She further defined a good death as attention to the achievements a person could make in the face of one's physical deterioration and awareness of the spiritual dimension of one's final search for meaning. From a Hindu or Buddhist perspective, this may mean refusing pain killing narcotics so that a clear consciousness can be maintained until the end is realized. Hindus and Buddhists view one's mental condition at death as influencing one's rebirth or final release--and hold it possible in the final moments of life to learn and teach. From a Jewish point of view there are very specific ritual requirements to be observed--as there are for Muslims. For Christians, a good death is not necessarily a painless one, but one which crowns a life lived well--death as a part of life including seeing the dying person as fully in the image of God and worthy of respect and dignity, not just someone to look after.

Spiritual Experiences from Childhood

Majella Horan & Harald Walach
Institute of transcultural health sciences, University Viadrina, Frankfurt (Oder)
Germany

This exploratory study examined the experience of adults who were, by their own definition, on a spiritual path. Semi-structured interviews were conducted with nine adult participants, ranging in age from 29 to 63. Following thematic analysis conducted from a realist perspective, a major area identified was the beginning of the spiritual path in early childhood. Some of the participants described childhood anomalous experiences which affected their worldview and which they associated with their spiritual development. Also described was an innate knowledge or knowing, often inconsistent with their inherited spiritual tradition. Firstly, the experiences described could be said to refute psychological development models of child development, suggesting that, rather than being a pre-conventional spirituality which is later outgrown, the spirituality may have a validity that continues into adulthood. Secondly the innate knowledge described by many of the participants highlight a gap in the research into spiritual intelligence and childhood spirituality.

Coping, Spirituality, and Psychiatry (C2)

Chair: Dr. med. Marie-Louise Gander Ferrari

Mindfulness, Affective Style and the Regulation of Anxiety

Brian Ostafin
North Dakota State University, Fargo ND
United States of America

Evidence for a role for mindfulness in emotion regulation includes findings that individuals who are high in mindfulness report less anxiety. Little is known about the mechanisms by which mindfulness leads to less trait anxiety. Advances in emotion regulation research suggest that regulation consists of a number of subcomponents, including reactivity and recovery time. These two studies examined (1) whether mindfulness is related to affective reactivity and recovery and (2) whether reactivity and recovery mediate an inverse relation between mindfulness and trait anxiety. In study 1, participants (a) completed self-report measures of trait anxiety, mindfulness and current affect state, (b) viewed negative valenced pictures, and then (c) rated their post-picture affect. Reactivity was measured as post-picture negative affect while covarying baseline negative affect. The results indicate that mindfulness was inversely related to negative affect after viewing the pictures (while controlling for baseline negative affect). Further, the inverse relation between mindfulness and trait anxiety was partially mediated by affective reactivity. In study 2, participants (a) completed self-report measures of trait anxiety and mindfulness, (b) viewed negative valenced pictures, (c) rated their post-picture affect, (d) waited for 5 minutes and then completed a lexical decision task assessing the accessibility of negative affect words. Recovery was measured as less accessibility of negative affect words while covarying post-pictures negative affect. The results indicate that greater mindfulness predicted less accessibility of negative affect words after a 5-minute rest period (while controlling for post-picture negative affect). Further, the inverse relation between mindfulness and trait anxiety was partially mediated by affective recovery. In sum, the results suggest that the previously observed inverse relation between mindfulness and anxiety can be partially explained by the relation between mindfulness and the emotion regulation subcomponents of affective reactivity and recovery.

Positive and Negative Aspects of Spirituality and Religiousness in the Context of Depression

Christina Hunger
Psychological Institute of the University of Heidelberg
Germany

Aim: This study will be the first to investigate different aspects of spirituality / religiousness (SR) and its association with depressive symptoms in a sample of Chilean students. It will investigate quantitatively in which way the severity of depression is associated with positive and negative SR coping mechanisms and how this relation is moderated by "SR centrality".
Methods: "SR centrality" was measured in form of the participants' daily spiritual experiences (DSES; Underwood 2006, Underwood & Teresi 2002), their trust in God or any superior being (TPV; Belschner 2000), their way of religious coping with critical situations (RCOPE-dt.V.; Winter 2005 in its German adaptation to Pargament & Koenig 1997) and their relation with God (Büssing, Ostermann & Matthiesen 2005). Together with well established measurements for depression (BDI, SCL-90), these instruments were assessed in a group of 200 psychology students from six universities in Chile. Additionally, a total of 100 "believers", students of theology, a catechism school, and the religious sciences from two universities in Santiago participated in this investigation.
Results: The preliminary results of correlation, regression, moderator and variance analyses will be presented. It will be shown that positive SR coping predicts lower depression whereas negative SR coping is associates with a higher depression level, and that this is moderated by some, but not all, aspects of "SR centrality".
Discussion: It will be discussed a) which contributions these findings make to research on aetiological aspects of depression, not only in Chile but also in Europe, while b) a special focus will be given to the negative sides of SR coping and the importance of questioning the assumption that SR is a priori an inherently protective factor in the context of mental disorders.

Chronic Pain and Life Satisfaction: The Mitigating Role of a Central Belief System.

Dra. Jessie Dezutter & L. Robertson, Koen Luyckx, Dirk Hutsebaut
Center for the Psychology of Religion, Catholic University of Leuven, Leuven
Belgium

Chronic pain (CP) is a major health problem with a devastating impact on the quality of life. Research revealed that 19% of adults across Europe suffer from CP. CP impacts severely on the psychosocial functioning of the patient and results in a high economic burden as well. Research investigating possible protective or buffering factors for the quality of life of CP patients seems warranted. Religion receives increasing attention as a psychosocial factor in the complex process of pain. However, in Western-Europe, the broader perspective on the general belief system instead of the more narrow focus on religion as such seems more adequate. Moreover, a distinction between the centrality and the content of the belief system seems relevant. In this study, we examined the role of the centrality of the belief system for the life satisfaction of CP patients. Two hundred and seven CP patients (70 % women) completed questionnaires on pain, religion, sense of coherence, and life satisfaction. Hierarchical regression analyses showed that centrality of religion was an important predictor for the life satisfaction of CP patients even after controlling for socio-demographic variables, pain indices, and sense of coherence. Interaction analyses showed that a central belief system is able to mitigate the detrimental impact of pain severity on life satisfaction, with a high centrality condition showing no relation between pain severity and life satisfaction and a low centrality condion showing the expected negative relation between pain severity and life satisfaction.

Addiction and Spirituality

Pascal Mösli (a) & Martin Steiner (b)
(a) Project leader of different health prevention programs and theologian and supervisor and co-leader of Chaplaincy, Inselspital, Bern - (b) Theologian and spiritual therapist, Klinik Südhang, Kirchlindach BE
Switzerland

To search outside what can only be found through being in contact with the inner being: relaxation, peace, freedom, meaning. This doesn't seem to be a basic challenge for people living with an addiction. Also in the handling of disease in general people usually expect cure and salvation only from the outside: from the physician, the prescribed drug, the operation. They wait for the diagnosis, the intervention and the appropriate treatment. Also in religious people, who await that God will take away their disease, elements of this addictive structure can be observed. "The emotional heteronomy of the addicted person concerns the promise that was made, an option of something that was announced." (Karl Werner Modler)
In the past two years the Center for People and Addiction – the "Südhang", a leading facility for addicted people in Switzerland, explored ways of integrating spiritual approaches as part of the therapeutic efforts in the treatment and care for addicted people. The evaluation of the project "Inclusion of spirituality in the therapeutic options of the clinic" was carried out in November 2009. Based on the results of the evaluation the subject spirituality and the new approach of incorporating it into practice will be presented, complemented with the perspective of a major institution (Bern University Hospital).
Introduction: The project "Inclusion of spirituality in the therapeutic options of the clinic Südhang" will be outlined and the results of the research team will be presented.
Background: Working hypotheses of the connection of addiction and disease as well as models of the perspective and instruments of spiritual attitude and method of operation with the phenomenon of addiction will be presented.
Experiences of the work: Concrete examples of the spiritual therapy with addicted people will be presented, objectives and methodology will be elucidated. Examples of the spiritual support in the hospital show specific aspects in short stay patients and patients with other disease topics. The interdisciplinary collaboration as well as options of institutional transformation will be outlined.
Visualizations1: Two small experiments or exercises will give attendees insight into the presented working method.

The Varieties of Spiritual Experience and Their Meaning for Patients' Mental Health - An Empirical Study with a Hermeneutical Analysis

Tiburtius Koslander (1) & Prof. Unni Å. Lindström (1), Prof. Dr. theol. António Barbosa da Silva (2)
(1) Department of Caring Science, Åbo Akademi University in Vaasa, Vasa, Finland - (2) Ansgar School of Theology and Mission (Ansgar Teologiske Høgskole), Kristiansand, Norway
Finland

Generally, in the Western countries' healthcare system, the legitimated knowledge is based on medical science, without recognition of patients' spiritual dimension. On the contrary, patients' spiritual experience is seen as a sign or symptom of mental disorder. Today's secularization and multifaith society are significant for mental care. There are secularized people with many different spiritual belongings. Second, there are people with different culture backgrounds, all of which may come in contact with mental healthcare. The theoretical pre-understanding of this study is caring science perspective, which implying that the human being is an integrated whole consisting of body, psyche and spirit, who has inner longing for God or higher power. When the human being acquires faith in God or in a higher power, he or she becomes holy, which impacts his/her health. This does not mean living necessarily without any suffering from bodily, mental, spiritual or existential illness. The result of this study shows that patients can have positive or negative spiritual experience, the meaning of which may have different effect on their mental health. Anyway, it is a very important task for caregivers to explore and address patients' spiritual dimension, i.e., to help and empower them who have negative spiritual experience, and to recognize the positive effect of spirituality on mental health.

Spiritual Song Lyric and Coping with Cancer

Fereshteh Ahmadi
University of Gävle
Sweden

This article sheds light on the role that the spiritual song lyric may play in re-construction of identity of people who stuck with a crisis. In this regard, music as a coping method helps the individuals in reconstruction of self identity. As the basis for the discussion, it is used interviews with two persons who hit by cancer. Theses two cases provided striking examples of the role that the spiritual song lyric, as a coping method, plays in the reconstruction of the identity. The two case studies in focus were singled out from a qualitative study among 17 cancer patients, in Sweden, who have used music (listened to or played music) as a means of coping with their illness. Proceeding from a qualitative inquiry, my aim is not to generalize the obtained results, but to shed light on how spiritual song lyric can play a role in coping with cancer. The study conducted among cancer patients in Sweden shows that the spiritual song lyric creates an imaginary world where the cancer patients, trying to solve the problem of discrepancy between the image they have of themselves and the image the others have, develops a new self image.

Spirituality Studies: Methodological and Educational Aspects (C3)

Chair: Prof. Dr. Dr. theol. Christoph Morgenthaler

Spirituality in Healthcare - An Interdisciplinary Approach to Education

Melanie Rogers & Janice Jones
University of Huddersfield
United Kingdom

This presentation will discuss the development of regular Inter Disciplinary Learning (IDL) provision and the evaluation of recent collaborative study days debating the role of spirituality in healthcare. The intention is to discuss how spirituality impacts healthcare practice and provision and why educational programmes need to encompass spirituality. Much has been written about holistic care provided by healthcare practitioners (Shutler 1993, Hagedorn 1995 & Mezey et al 2003) yet including spirituality in educational programmes is frequently omitted. There seems to be an acute anxiety felt by those in caring professions about spirituality despite an increase in society's exploration of the subject (Tacey 2004). Healthcare practitioners often feel unprepared to address spirituality within practice (Belcham 2004). There is good evidence to suggest that integrating spirituality into patient care improves healthcare outcomes (Mayers 1998). The collaboration of a Nurse Practitioner and Occupational Therapist has provided IDL provision in order to address the lack on spirituality teaching within a range of programmes for all healthcare disciplines.

This presentation will contribute an innovative approach to integrating spirituality within healthcare educational provision and provide a forum for debate about the barriers and limitations which have been faced.

Competencies in Spiritual Care for Nurses and Midwives: A Literature Review

Josephine Attard
University of Malta, Msida
Malta

Holistic care includes the physical, mental, social and spiritual aspects of human functioning (Nursing & Midwifery Council 2002). Hence the need for outcome based competences in the education of students (QAHE 2001) Bologna process1999, Tuning project 2006).
Aim: Which competencies are needed by professional nurses and midwives at point of registration in order to provide spiritual care?
Method: A review of the nursing, midwifery and medical literature in order to formulate competencies in spiritual care.
Keywords: spirituality, religion, holistic care, nursing, midwifery, competencies, spiritual care.
Results: The competency profile has seven domains: body of knowledge in spiritual care;interpersonal relationships and communication; self awareness and use of self; ethical and legal issues; assessment and implementation; quality assurance and Informatics.
Conclusion: This literature review yields a competency profile which after validation may guide nursing and midwifery education, provide structure for future care and further research.

Spirituality as a Three Component Dimension of Personality – How to Measure it?

Katarzyna Skrzypinska
University of Gdansk
Poland

The pilot study showed that generally people understand spirituality in different ways: as cognitive images, as specific emotions and as a particular kind of behaviour. The main aim of the research was to collect data to create new method for measuring spirituality in all these three aspects. We asked 200 students what they think spirituality is. Then we classified the answers into every items (over than 300). The competent judges evaluated them on the 7-point scale of Likert according to the definition of spirituality. The series of factor analyses confirmed the three main factors: emotional, cognitive and behavioural. The conclusions, limitations and future applications are discussed.

Religious coping among adolescents in Switzerland: Some preliminary results (VROID-MHAP-Study)

Sabine Zehnder & Eva Zimmermann
Institute for Practical Theology, University of Bern
Switzerland

The significance of values as well as religious orientations for the identity development and mental health of adolescents from different religious backgrounds is investigated in an interdisciplinary project in selected rural and urban areas of Switzerland and Germany. Participants between the ages of 12 and 17 were surveyed on two occasions, using a cohort-sequence design. In this short communication, preliminary results on religious coping as used by adolescents of diverse religious affiliations are presented.

Psychosocial Aspects in Coping (C4)

Chair: Prof. Dr. med et sci. Raphael Bonelli

Is Religiosity a Protective Factor Against Substance Use? Exploring Hungarian Youth

Eszter Kovacs (a, b) & Bettina F. Piko (a)
(a) University of Szeged, Department of Behavioral Sciences, Szeged - (b) Semmelweis University, Institute of Behavioral Sciences, Budapest
Hungary

A growing body of contemporary literature focuses on health protective factors in relation to adolescents' substance use. Many studies suggest that different aspects of religiosity, such as religious involvement or religious coping and religious views may contribute to improved health. The meaning of religion and the personal experience of religiosity have been changing especially in the last several decades. As a result, recently new types of religious approaches, movements and spirituality tend to arise among youth in modern society, particularly in a post-socialist country like Hungary. Our first research question is whether this altered religiosity can serve as a protective factor henceforth. In the present research, high school students (mean age 16.6 years, 44.6 per cent females) were examined encompassing a school district in Szeged, Hungary (N = 881). Life and monthly prevalence were measured referring to their health risk behavior, particularly substance use. Experimenting with and consuming tobacco and alcoholic beverages was characteristic in the sample in both girls and boys to a great extent, the case of marijuana use was not as dominant. Logistic regression analyses were employed to test how denominational affiliation, level of religiousness, religious activity and religious attendance predict substance use of youth by gender. Our findings confirmed the protective role of religious involvement; however, there are gender differences in these relationships. The high level of religiousness and frequent religious attendance play a significant role in the protection of experimenting and consuming substances. Regarding boys the high level of religiousness and frequent attendance at religious services provide remarkable protection against smoking, whilst girls reported higher levels of protection stemming from religiosity in terms of all types of substance use.

The Relevance of Spirituality in Policing: A Dual-Analysis

Dr Jonathan Smith & Dr Charles Ginger
Ashcroft International Business School, Anglia Ruskin University, Cambridge
United Kingdom

Policing is a demanding occupation. Repeatedly dealing with death, serious injury, horrific crime scenes (rape, murder, and riots), the need to be constantly alert whether on or off duty, and being ostracized by communities, friends and family are only some examples of what officers encounter. All take their toll on police officers: on their health, fitness and well-being, and on their view of people and the world. The toll also extends to those who are served by these officers. While this heavy toll is recognized within policing, there are still high levels of sickness absence, ill health, divorce, alcohol/drug related problems as well as suicides. These manifestations

are clear illustrations of the extremely challenging nature of policing.

If we take a look at the deeper issues related to the above challenges we see that at a fundamental level they have a spiritual component to them. This spiritual component is often unrecognized by the police service. Police forces typically emphasize the physical and mental well-being of officers but neglect their spiritual well-being. There are sound moral and business reasons for placing a greater focus on this area though. The purpose of this paper is to present the synthesis of findings from two independent PhD research programs in this area of spirituality. It identifies the key issues related to coping strategies and officer fitness, highlights how embracing the spiritual dimension may assist officers in the development of effective coping strategies, and finishes by identifying how these issues might be taken forward.

Social Work, Religion and Belief: A Framework For Reflection on Practice

Philip Gilligan & Sheila Furness
Department of Social Schiences and Humanities, University of Bradford
United Kingdom

Appropriate and effective responses to religious and other beliefs are essential for culturally competent practice. Pre-registration and post-qualifying professional education and training should prepare practitioners to recognise and work with people for whom religion and spirituality have significance, while consideration of such issues needs to be a significant feature of ongoing professional development and reflection (Furman et. al, 2004; Gilligan and Furness, 2006).

This presentation explores the need for a framework that will assist social workers and other practitioners to identify when religion and belief are significant in the lives and circumstances of service users and how practitioners can ensure that they take sufficient account of religion and belief in specific pieces of practice. It will outline the Furness / Gilligan framework and its development through discussions with individual practitioners about how religion and belief impact on their work in general and how it has impacted in particular cases (Furness and Gilligan, 2010; forthcoming). The paper will demonstrate how this framework can be used alongside other broader assessment tools or at other stages of intervention. It concludes with the view that such a framework provides necessary structure and challenge to ensure that practitioners acknowledge and engage with matters that would, otherwise, often be overlooked, ignored or avoided, regardless of their significance to service users.

Religiosity/Spirituality and Psychosocial Health of Theology Students and Pastors of two Protestant Denominations in Germany

Edgar Voltmer & Claudia Spahn
Theologische Hochschule Friedensau, Möckern-Friedensau
Germany

There is increasing evidence that emotional strain and potential burnout in pastors is not a myth but a real phenomenon. We present the results of cross sectional studies with pastors of two Protestant denominations (Seventh-day Adventist, SDA; Free Evangelical Church, FEG) compared to theology students of Friedensau Adventist University in Germany. We evaluated the differences in mental and physical health, work-related behavior and experience patterns, and the spiritual resources between these groups. Besides demographics the questionnaire comprised the standard inventories "Work-related Behavior and Experience Patterns (AVEM)", the "Short Form-12 Health Survey (SF-12)" and three scales of the "Brief Multidimensional Measurement of Religiousness/ Spirituality (BMMRS)". Compared to reference samples, the physical health scores of students and pastors were significantly higher, whereas the mental health scores were significantly lower. Only 13.9% (SDA) / 10.1% (FEG) of pastors but 31.7% of students presented a healthy behavior and experience pattern, whereas 28.3% / 37.2% of pastors (14.6% of students) revealed a pattern that indicated they were at risk for burnout. The highest proportion of pastors presented with a pattern of reduced working motivation (43.0% / 41.9%). Professional ambition and resistance to stress were higher in students than in pastors. Pastors and students with the healthy pattern G scored higher in physical and mental health, as well as in selected scales of religiosity and spirituality, than those with the pattern at risk for burnout. Health promotion and effective coping strategies should be integrated in the curriculum of theology students and the professional training of pastors.

Locus of Control Beliefs Mediate the Relationship Between Religious Functioning and Psychological Health

Andrew Francis & Matthew Ryan
RMIT University (Royal Melbourne Institute of Technology)
Australia

Theistic and spiritually-based beliefs and behaviours have been demonstrated to consistently predict physical and mental health, although the psychological processes underlying these relationships are unclear. The present study investigated associative relationships and pathways of mediation between religious functioning, locus of control (LOC) and health. The sample consisted of 122 Christians (79 female, 43 male) who were predominately Catholic, ranging in age from 18 to 80 (M = 45.47, SD = 15.0). Participants were recruited from churches in the Western suburbs of Melbourne, Australia, and completed a questionnaire package measuring (1) psychological and physical health, (2) the religious variables of awareness of God, instability and impression management and, (3) God, internal and external LOC domains. Results indicated that awareness of God and internal LOC were associated with better health, whereas external LOC and instability were associated with poorer health. God LOC and impression management were not significantly associated with health. Sobel tests were used to analyse mediation hypotheses. Internal LOC was found to mediate the relationship between awareness of God and better psychological health, and external LOC was found to mediate the relationship between instability and poorer psychological health. These findings are of considerable clinical significance.

Salutogenesis and Religion

Peter Kaiser
University of Bremen, Dept. of religious studies; Center for Psychiatry, Schwäbisch Gmünd / Winnenden
Germany

Since historical times disease and the development of deviation from the norm - the pathology – and its explanation model – the pathogenesis- is in the center of interest. The development of disease procedes often in steps. Before a clinical obvious disease can be recognised, several intrapersonal as well as transpersonal factors are responsible that a person will realize the ongoing procedure. There is a co-existence of objective disease and subjective sickness. Even under these preconditions, it is more easy to define disease causing factors than requirements, which let people stay healthy. Only in the last decades the protective factors for health are discussed and a topic in health and health system research. The corresponding term to pathogenesis - salutogenesis - has been introduced while studying well doing survirvors of the holocaust. Salutogenesis „is not just the other side of the coin from the pathogenic orientation“ (Antonovsky), but the same dynamic process as pathogenesis. Health and sickness should not be considered as the antithesis of the opposite. The same precaution has to be applied when discussing pathogenetic or salutogenetic influences. In somatic medicine one is aware of the different consequences of sickle-cell anemia in populations living in regions endemic for malaria. A more difficult to grasp entity is religion. The impact of religion can be positive or negative on mental wellbeing, or as well as. To investigate the influence of religion it is necessary not only to keep the social, cultural, ethnic and religious system specific background in mind, but to take interindividual interaction and intraindividual conditions into account too. A comparative religious studies approach is important to help ailing people to realize the healing potential of their individual as well as collective religiousness and religion or to help them in dealing with and overcoming of negative religious coping approaches.

Posters

The posters will be exhibited in the entrance hall (see loaction plan) during the whole conference. The authors are present after lunchtime 12:30-13:30 - for odd poster numbers on Friday, May 14th and for even poster numbers on Saturday, May 15th.

Spiritual health - An Ethnographic Research about the Conceptions of Spiritual Health held by the Kendu Hospital Staff Members, Patients and the Inhabiants of the Kendu Bay Village (Nr. 1)

Ikali Karvinen
Helsinki, Finland

This doctoral thesis research that belongs to the research field of public health and medical sociology describes spiritual health using an ethno-philosophical approach. The research was carried out as an focused ethnographic research in the hospital of Kendu Bay and in the village of Kendu Bay and its surroundings in the province of Nyanza, Kenya.

The research data was collected with the methods of observing, interviewing and photographing.

A total of 99 people participated in the study.

The research questions were to 1) find out what kind of conceptions of spiritual health the Kendu hospital staff, patients and villagers have and to 2) create a model of the conceptions of spiritual health by the hospital staff and patients and the inhabitants of the Kendu Bay village.

The results created a model of the spiritual conceptions of health. The model describes life of the research community as a part of symbolic space where visible and invisible reality are strongly present as a cosmic community.

In the model the conception of spiritual health is divided into 1) factors that explain spiritual health, 2) factors that support spiritual health and 3) factors that threaten spiritual health.

According to the model, supernatural explains becoming ill, being ill and getting better. In addition, the conception of nutrition, person's relationship to the surrounding culture and person's ability to practice existential contemplation proved to be factors that explain spiritual health. In the model health care that supports spirituality and teaching of moral and health proved to be factors that support spiritual health.

The misdiagnosis of mental health problems and the community's minimal protection against factors that may harm it proved to be factors that threaten spiritual health.

Medical Subject Headings: Ethnology; Kenya; Public Health; Sociology, Medical; Medicine, African Traditional; Spirituality.

Religious/Spiritual Well-being, Personality & Substance Dependence (Nr. 2)

Nina Lackner
Institute of Psychology, University of Graz, Austria

Introduction/Theoretical Background: The aim of the present study was to find out personality differences between alcohol dependents and polysubstance dependents. It is well known that personality variables including the Big Five play an important role in the development and maintenance of addictive disorders. According to the self-medication hypothesis Neuroticism describes the tendency to experience negative emotionality which leads to a greater probability of drug intake. On the other hand, Neuroticism can retard the patient´s health process by influencing comorbid disorders. Addicts show more Neuroticism and less Conscientiousness and Agreeableness than healthy controls. Further, Conscientiousness and Agreeableness have been found to lead to a worse therapy outcome. In addition polysubstance abusers scored lower on Conscientiousness and Agreeableness compared with users of a single substance. We also measured religious/spiritual well-being as a possible important resource in the treatment of addiction.

Method: Sixty-three male addicts (33 polytoxicomanics, 30 alcoholics) were tested with the Neo Personality Inventory Revised Version (NEO-PI-R; Ostendorf & Angleitner, 2004) and the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSB48; Unterrainer, 2007). Additionally further sociodemographic and anamnestic data were collected. Data were evaluated using correlation analysis and General linear model for group comparison.

Results & Discussion: According to our hypothesis we found that alcoholics score higher in Agreeableness and Conscientiousness than poly substance abusers. It has been shown that polytoxicomanics score lower in these traits. We also found differences in Openness to Experience. Findings demonstrate that individuals suffering from addictive disorder score higher in Neuroticism (d=.70) and lower on

Openess to Experience (d=-1.09) compared with normal population. Moreover, polytoxicomanics show lower scores in Agreeableness (d=.42) and Conscientiousness (d=-.64) than the norm. In addition they showed lower religious-spiritual well-being (d=-.34) than the norm population. Findings show that spiritual/religious well-being is strongly associated with the Big Five dimensions. Results indicate that there is no addictive personality. It might be concluded that therapeutic interventions should focus on personality aspects with explicit deficits including Neuroticism, Openess to experience, Agreeableness, Consientiousness and religious/spiritual well-being.

Coping with Coronary Heart Disease (CHD): Anxiety and How It is Modulated by Beliefs about the Disease and Religiosity among CHD Patients in Indonesia. (Nr. 3)

Henndy Ginting & Eni S. Becker, Gérard Näring, Wilis Srisayekti, Pintoko Tedjokusumo
Faculty of Psychology, Maranatha Christian University, Bandung, Indonesia

Coronary Heart Disease (CHD) is a major health problem worldwide. Anxiety is an important risk factor as well as consequence for CHD patients. How CHD patients appraise their illness and how they cope will reduce or heighten their anxiety and influence the course of the disease. Most patients with CHD in Indonesia draw on internal and external resources such as support by the family or religiosity, as well as the sparse information given them by the medical personnel to tackle the problems following CHD and alleviating their anxiety. This proposed research will first study the relationships between coping, especially religious coping, and anxiety among CHD patients in Indonesia. Second the impact of information

A Human Spirit Lives On: Interprofessional Care Following Perinatal Loss (Nr. 4)

Loreen Pollard RN MN & Joanne Olson RN PhD, Brenda Cameron RN PhD
Faculty of Nursing, University of Alberta, Canada

Perinatal loss is one of the most devastating, painful events that a woman may ever experience; it can affect her life and forever change it because of the numerous, complex challenges that she and her family face. This situation requires spiritual coping not only on the part of the mother and family but also for the interprofessional team that comes together to provide support and spiritual healing. This presentation will explore women's experiences of the grieving process in relation to perinatal loss as found in the literature. As well, attitudes and knowledge of the interprofessional team (nurses, physicians, chaplains, and social workers) will be identified with a view to exploring how professionals can assist or impede the management of the women's care during bereavement. Based on the literature, a reflective questionnaire tool was developed to reveal attitudes, knowledge, and perspectives of the interprofessional team members related to perinatal loss. The questions in this tool, could be answered in written form or in an interview format for either educational or research purposes. The tool is designed to determine not only the attitudes and knowledge of healthcare professionals regarding perinatal loss, but also their comfort levels in dealing with these situations. Indirectly, the tool taps into their spiritual values and beliefs as well. Its completion could provide useful information that may become the impetus for interprofessional bereavement training and further research to develop new evidence-based interventions that will assist interprofessional teams in working with mothers experiencing bereavement recovery. Not only will effective, competent care renew the mother's spirit, but the spirit of the child will also live on within her.

Efficacy Research of Endlich-Leben Groups (Nr. 5)

Helge Seekamp
Pastor, evangelical-reformed church St. Paul, Lemgo

The present research is the first empirical efficacy research with a quantitative social science research setting, getting findings in a practical-theological perspective of a Christian 12-step program (the so-called "Endlich-Leben-Programm") within 150+ proponents.

Predicting Health Risks Behaviors by Using Spiritual Profiling (Nr. 6)

John Fife
Department of Psychology, Virginia State University, Petersburg VA, United States of America

The purpose of the study was to determine whether it is possible to identify meaningful sets of ethnically diverse college aged students similar to each other across multiple measures of spirituality and religiosity by using a cluster analysis technique and also to ascertain whether these clusters differed by socio-demographic characteristics and on numerous health risk behaviors.

Participants in this study were 725 college students between the ages of 18 and 24. The study used the Duke University Religious Scale, a 5 item self-report questionnaire that assesses organizational, non-organizational, and intrinsic religiosity. The Youth Risks Behavior Surveillance System (YRBSS) is an 83 item measure used to monitor six categories of priority health-risk behaviors among youth — behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; risky sexual behaviors (that contribute to unintended pregnancy and sexually transmitted diseases), depression and suicidal ideation, violence related activities, unhealthy dietary behaviors and physical inactivity.

Very few studies on spirituality and health have been done using the typological (cluster) modeling system and this is the first study to use this system with adolescents. The study indicated that there were distinct clusters, and chi square analysis and logistic regressions were used to identify differences between students belonging to various clusters. Results indicated that there were significant differences between students belonging to distinct clusters on several health risks behavior measures.

The Impact of Religiosity on Oral Health among Jerusalem Adults (Nr. 7)

Avraham Zini & Harold D. Sgan-Cohen
Yad Sarah Dental Clinic, Hadassah School of Dental Medicine, Hebrew University, Jerusalem, Israel

Background: The ultra-orthodox community is characterized by tight familial and community relationships that emphasize social support and mutual assistance, which have been found to correlate with improved health. A wide range of characteristics differentiates these people from other communities: isolated locations of residence, a private independent (not government regulated) education system and almost no exposure to modern media. Studies that have examined caries prevalence among religious groups have reported differences in clinical findings and in oral health behavior. It has also been found that religious subjects had a lower risk for developing periodontitis. The purpose of this study is to examine the relationship between religiosity and oral diseases, among Jewish Jerusalem adults.

Methods: The stratified random sampling technique represented Jewish, married with children, adults from Jerusalem. The Israeli Jewish education system is categorized according to secular, religious and ultra-orthodox schools. This was employed in the study population sampling frame. A total of 254 subjects were included. Oral health was assessed by dental caries (DMFT) and periodontal disease (CPI) and analyzed by religiosity controlling for other demographic and SES variables.

Results: Secular group revealed more caries experience than the religious group (13.58 vs. 9.09 DMFT). Religiosity revealed higher caries-free levels (12.8% vs. 1.2%) and maintenance of all natural teeth (20.9% vs. 48.2%). Secular group revealed higher levels of pathological deep periodontal pockets than the religious group (29.3% vs. 8.5%).

Discussion: A combination of biological and psychosocial determinants is acknowledged as predicting health levels. In this study, higher levels of religiosity showed a relationship to better oral health in both dental caries and periodontal disease measurements. These results can lead, with other studies, to expand and improve the understanding of oral disease patterns and to ensure more efficient dental care interventions.

Living Well in the Evangelical Church - A Study on Resilience in Pastors of the Evangelical Church in Heidelberg (Nr. 8)

Sebastian Krug & Angelika Eck, Jochen Schweitzer
Psychooncologic Research Department, University of Aarhus, Denmark

Theory: Resilience, today is viewed as a lifelong process of developing the ability not only to cope with crisis but also to understand crisis as an opportunity to grow. According to this, faith and association to a religious community are regarded as a protective factor or resource. Burnout is a state of chronic exhaustion and its characteristic symptoms are emotional exhaustion, depersonalisation and reduced personal accomplishment. Burnout is a commonly investigated phenomenon in the workplace, also in the field of pastoral work.

Goal: This study wants to identify critical situations in pastoral work as well as coping strategies developed in dealing with them. The study asks the question in which situations pastors experience themselves as resilient and which abilities, attitudes or actions are of importance. Links between resilience and burnout will be shown and both concepts will be investigated in the field of pastoral work. Practical examples of spirituality as a factor of resilience will be collected and the applicability of the results of this study on other fields will be discussed.

Method: A combination of quantity and quality research methods will be used. In early 2010 n = 10 male and female pastors of the Evangelical Church in Heidelberg will be interviewed in half-structured interviews. Interviews will last 45 to 60 minutes and will be recorded on MP3-recorder. The recorded interviews will be transcribed and analyzed in a content analysis procedure. Prior to the interview pastors will be sent two questionnaires to investigate burnout and resilience, namely the MBI-D and the RS-13. The MBI-D is a German version of the Maslach Burnout Inventory (MBI), whereas the RS-13 is the revised short-form of the Resilience Scale (RS), originally introduced by Wagnild and Young. These quantitative instruments will allow a better comparison of data gained by the interviews with existing research on resilience and burnout.

The Interplay between the Sense of Coherence and Religious Emotions. An Exploratory Study in the Polish Sample (Nr. 9)

Beata Zarzycka & Elzbieta Rydz
Department of Social Psychology and Psychology of Religion, Catholic University of Lublin, Poland

Religious emotions are those emotions that are more likely 1) to occur in religious settings, 2) to be elicited through spiritual or religious activities or practices, to be experimented by people who self-identity as religious, 4) that religious and spiritual systems around the world have traditionally sought to cultivate in their adherents, 5) experienced when individuals imbue seemed secular aspects of their lives (e.g. family, career, events) with a spiritual significance (Emmons 2005).

Emotional regulation that have their rationales in religious tradition can modulate everyday emotional experience, providing spiritual rationales and methods for handing problematic emotions such as anger guilt, anxiety and depression (Emmons, Palouzian, Park, 2005). A number of studies have shown, that mindfulness has direct relations to well-being outcome (Brown, Ryan, 2003). Frederickson (2001) suggest, that positive emotions appear to broaden peoples momentary though – action repertoires and built their enduring personal resources.

The direct subject of own empirical research is the search for interrelationships between religious emotions and the sense of coherence. Polish Catholics (N=600) aged between 18 and 75 years (M= 45,57, SD= 12,67) constitute the general sample. The Sense of Coherence Questionnaire (SOC-29) by A. Antonovski, The Emotion toward God Scale (EtG) by Huber (adapt. by B. Zarzycka, R. Bartczuk) were applied in the research. The EtG-scale is a subscale of the Structure of Religiosity Test, a comprehensive self-rating instrument to measure a person's religiosity. The SRT captures the general strength of religiosity (Centrality-Scale) as well as specific contents of religiosity according to the five core dimensions of religiosity defined by Stark and Glock (1968). The EtG-scale is a part of the Religious Experience dimension and captures the frequency of a set of 16 emotions a person feels in his or her relationship with God. The emotions are assigned to three main subscales: Positive Emotions, Negative Emotions and Guilt.

The empirical research verified the preliminarily formulated research hypothesis by indicating the existence of interrelationships between the sense of coherence (SOC) and emotions toward God.

The Selective Relationship between Centrality of Religiosity and Emotions Toward God and Neuroticism among Polish Students (Nr. 10)

Jacek Sliwak & Beata Zarzycka, Aldona Karnówka, Barbara Kraziczynska

Many authors treat religion as a domain of human experience and behaviour that can be understood in

terms analogous to personality tendencies. Research taken up in this approach seems to confirm the thesis that religiosity corresponds to some personality traits. Studies provided in the framework of the Eysenck`s (1985) three-dimensional model converged that religion was related to low Psychoticism.

Subsequent studies paid greater attention to the Five-Factor Model (FFM) of personality traits in understanding religious phenomena. It was confirmed that religious people tended to be higher in Agreeableness and Conscientiousness, but again, no clear relation existed between religion and other factors of the FFM (Saroglou, 2002).

The present study examines associations between Neuroticism (The Revised NEO Personality Inventory, NEO PI-R by Costa and McCrae), and centrality and content of religiosity (Huber`s Centrality of Religiosity Scale, C-15) and religious emotion (Huber`s Emotion towards God Scale, EtG-Scale). The C-15 and the EtG-Scale are subscales of the Structure of Religiosity Test, a comprehensive self-rating instrument to measure a person's religiosity, which captures the centrality of religiosity as well as specific content of religiosity, according to the core dimensions defined by Stark and Glock (1968): Intellect, Ideology, Religious Experience, Prayer and Cult. The concept of centrality is related to the efficacy of religion in personality: the more central religion is, the greater impact on the subjective experience and behaviour of a person it has. Emotions toward God are component of the Religious Experience dimension. It is composed of three main subscales: Positive Emotions, Negative Emotions and Guilt.

The sample consisted of N=200 adult Polish Catholics. The initial correlation analysis showed that Neuroticism was positively associated with Negative Emotions to God. In the course of a further analysis, groups of different positions of the religiosity in personality were separated (central, marginal) in order to explore the effect of the position on the relationship between Neuroticism and emotions to God. Results showed that Starck`s and Glock`s dimensions of religiosity and emotions towards God were associated with Neuroticism and his subordinate facets. But the range and the strength of correlations depended on the level of the centrality of religiosity. Therefore, the centrality of religiosity may have a substantial influence on associations between Neuroticism and religious content and emotions toward God.

Reliability and Validity of Four Scales Measuring Spirituality/ Religiousness in Chile (Nr. 11)

Christina Hunger
Department for Psychiatry, University Clinic Zagreb, Croatia

The following study focuses on the statistical properties of the Daily Spiritual Experience Scale (DSES; Underwood 2006, Underwood & Teresi 2002) the Transpersonal Trust Scale (TPV; Belschner 2000), the Religious Coping Scale (RCOPE-dt.V.; Winter 2005 in its German adaptation to Pargament & Koenig 1997) and the Relation with God Scale (RGS; Büssing, Ostermann & Matthiesen 2005) in a sample of 210 Chilean psychology students from different universities in Chile. The statistical evaluation included factor analyses of each scale as well as reliability analyses (Cronbach alpha). The factor analyses of the TPV and DSES suggest a one-factor solution for both scales while two items of the TPV and four items of the DSES were revealed as problematical

The RCOPE-dt.V. and the RGS each showed a two-factor solution with the suggestion of a positive and negative subscale for both measurements. Alpha coefficients of .97 (DSES), .91 (TPV), .93 (positive subscale of the RCOPE-dt.V.), .75 (negative subscale of the RCOPE-dt.V.), .96 (positive subscale of the Relation with God Scale), and .89 (negative subscale of the Relation with God Scale) were discovered. The intercultural sensitivity of all instruments and their usefulness for further applications within the Chilean culture will be discussed. Overall, it can be cautiously concluded that each of these four scales demonstrated reliability for measuring aspects of spirituality / religiousness not only in their countries of origin but also in Chile.

Existential Concerns among Danish Cancer Patients in a Secular Context: a Qualitative Investigation within Cancer Rehabilitation (Nr. 12)

Elisabeth Assing-Hvidt
Research unit on health, man and society, Inst. of public health, University of Southern Denmark, Odense

The purpose of this ph.d.-study is to identify existential concerns among Danish cancer patients in rehabilitation in order to assess whether future rehabilitation initiatives in Denmark should incorporate increased attention on existential aspects and if so in what way.

North-American research show that many patients in cancer rehabilitation experience unmet ex-

istential needs during the process of rehabilitating. Furthermore American patient surveys document that existential resources are often used to cope with the stresses involved in recovery after cancer. Within a Danish cancer rehabilitation setting focus has primarily been on the physical, psychical and social rehabilitation needs whereas the existential aspects of rehabilitation have to date been largely neglected.

Demark is considered a highly secularized country having a religio-cultural identity very different from a North-American identity, where religion is found to play a vital role. This project is a specific Danish research study designed to assess the existential needs of Danish cancer patients being embedded in a secular culture.

The following three research questions will be addressed: I. Are existential concerns in evidence among Danish cancer patients in rehabilitation care and if so how can these be caracterized? II. How do existential factors relate to the rehabilitation of the patient (positive vs. negative coping)? III. To what extent do these existential resources support, supplement or challenge theories of religious change in modernity and late modernity?

Data are generated through ethnographic fieldwork comprising 1) participant observation during rehabilitation week courses held at a Danish Rehabilitation Center and 2) semistructured interviews in the homes of 25 rehabilitation patients.

Data will be analysed on the basis of the following three theoretical frameworks: 1. Kenneth Pargament's overall theory that human beings faced with crisis turn to available orienting systems to explain life's ultimate concerns such as death and suffering 2. Psychological theories about the concept of religious and spiritual coping defined as the way in wich existential, religious and spiritual cognitions and practices are fashioned into stress management, psychical and mental well-being and personal mastery. 3) Sociological theories on the changes of religion in modernity and late-modernity with Charles Taylor's secularisation theory and key concepts as primary analysis tools.

The Religious Resources of Muslim and Christian Cancer Patients (Nr. 13)

Hanne Bess Boelsbjerg
Department of Sociology, University of Copenhagen, Denmark

The Ph.D.-project will examing the religious coping strategies for both Christian and Muslim Cancer Patients during treatment. The interviews with religious cancer patients and observations of religious practice at hospitals and in other settings form the empirical basis for this Ph.D.-project. Its objective is to gather knowledge and insight into what faith means and which significance it has to religious cancer patients in a Danish context, both as individuals and in relation to their social network.

The study will focus on the existential and religious considerations of the cancer patients involved. These can be expressed by the questioning of meaning, e.g. manifested as an adjustment to the situation by referring to the will of God. The expressions will be analyzed and compared to the theory of existential psychology concerning their reactions toward the crisis that cancer patients are facing by falling severely ill. It is of key interest to examine the relationship between faith and its influence on the various aspects related to the experience of being diagnosed with cancer; that is the hope for survival, the experience of support from both relatives and health professionals along with ethical choices and dilemmas.

The lack of knowledge on how specific religious beliefs are related to illness during treatment motivates the research to seek to describe Christian and Muslim cancer patients' religious coping strategies, whereby a comparison of the different reactions related to the religious beliefs will be at hand.

The empirically data will be generated through an ethnographic fieldwork including observations and qualitative in-depht interviews with cancer patients from Sundhedshuset for Kræftramte (the Health House for Cancer Patients) and the oncological ward of Odense University Hospital and Herlev Hospital. 12 Christian and 12 Muslim cancer patients will be involved in the project as close to the time of diagnosis as possible. They will be identified in cooperation with the staff. Their statements and practice will be analyzed and compared to other research done with cancer patients concerning their existential and religious needs.

The objective is to investigate one of the fields of suffering experienced by cancer patients, namely the crisis provoked by being severely ill. Hereby the Ph.D.-project wishes to gain knowledge about religious coping strategies among cancer patients and thereby contribute to the best possible treatment of the different needs of severely ill persons.

Religious Attendance and Mammography (Nr. 14)

Isaac McDonald Mwase & Paige A. McDonald, Richard Moser
National Institutes of Health, Rockville MD, United States of America

Studies exploring an association between religion and preventive health behaviors like mammography, important for survival, suggest an inconsistent role for attendance at religious services (Benjamins, 2006; Slattery M.L, et al., 1989; Fox, Pitkin, Paul, Carson, & Duan, 1998; Ellison & Levin, 1998; Gullatte, Phillips, & Gibson, 2006; Gullatte, Hardin, Kinney, Powe, & Mooney, 2009; Katz, Kauffman, Tatum, & Paskett, 2008). Using data of 1,517 women members of 45 Los Angeles County churches, Fox et al. (1998) conducted a study to determine their breast cancer screening status and to identify the key predictors of screening. Their findings suggested that frequent church attendance contributes to better mammography screening status and that the relationship between religious involvement and health behaviors needs further explanation. High levels of attendance at religious services should provide increased awareness of and access to preventive care programs and strong social support networks associated with good health (Fox et al., 1998; Powell et al., 2003). A randomized controlled trial to increase mammography use among low-income Native American, White, and African American women living in a North Carolina rural county, however, showed that church attendance ($P = 0.299$) or spirituality ($P = 0.401$) did not have a significant impact on mammography use (Katz et al., 2008). None of the studies to date have utilized a nationally-representative sample to understand the associations between religious attendance and mammography (Rakowski, Meissner, Vernon, Breen, Rimer, & Clark, 2006; Moser, McCaul, Peters, Nelson, & Marcus, 2007). This study makes that attempt.

This study will focus on religious attendance and mammography for women age 50 and above. Attendance at religious services is measured in HINTS 2005 along with covariates of interest in this study (Nelson 2004). The HINTS 2005 cross-sectional data will be analyzed for an association between ever having a mammogram and time since women had their last mammogram as a function of age and race. This study will build upon the Katz (2008) findings by looking at the association in a nationally-representative sample.

Method for Proposition of Spiritual Support for Hospitalized Patients, Pilot Study (Nr. 15)

Marco Martinuz (1) & Gerard Weaber (2), Cosette Odier (1), Barbara Ortega (philosophical co-investigator), Peter Vollenweider (medical co-investigator)
1) Chaplaincy Departement, 2) Department of Medicine, Centre Hospitalier Universitaire Vaudois, Lausanne

From the abundant literature demonstrating the positive impact of spirituality in health care, emerged a particular interest on how to handle this spirituality. The offer of spiritual support can be done by different actors such as doctors, nurses and chaplains, and therefore two fundamental questions arise. Do patients have access to spiritual support? How is this support offered to hospitalized patients?

Objective: To observe the rate of acceptance of spiritual support offered by two different persons: a nurse or a chaplain and define what medical and personal factors affect the acceptance of the support.

Method: recruitment of 200 patients hospitalized in the Department of Internal Medicine of the CHUV, Lausanne, Switzerland. 100 people will receive the proposal for spiritual support directly by a chaplain, 100 people receive the proposal by a nurse. The patients include in the study will answer a Facit-sp questionnaire.

This pilot study will identify 1) whether there is a difference in the acceptance of spiritual support according by whom it was proposed, and 2) if there is a correlation between the results of the Facit - sp questionnaire and the acceptance of spiritual support.

General Information

Place of Conference

Auditorium Rossi (Entrance 31B)
Inselspital
University Hospital Bern
Switzerland

Conference Counter

The conference counter will be open during the whole confernce, i.e. during the following hours:
Thursday, May 13th, 2010, 13:00 – 20:00
Friday, May 14th, 2010, 08:30 – 19:00
Saturday, May 15th, 2010, 08:30 – 17:00

Conference Language

The conference language is English, except the nursing symposium and th public lecture..

Conference Fee

The conference fee includes the costs for coffee breaks and the conference booklet. The conference badge qualifies to participate in the programme.

City Tour

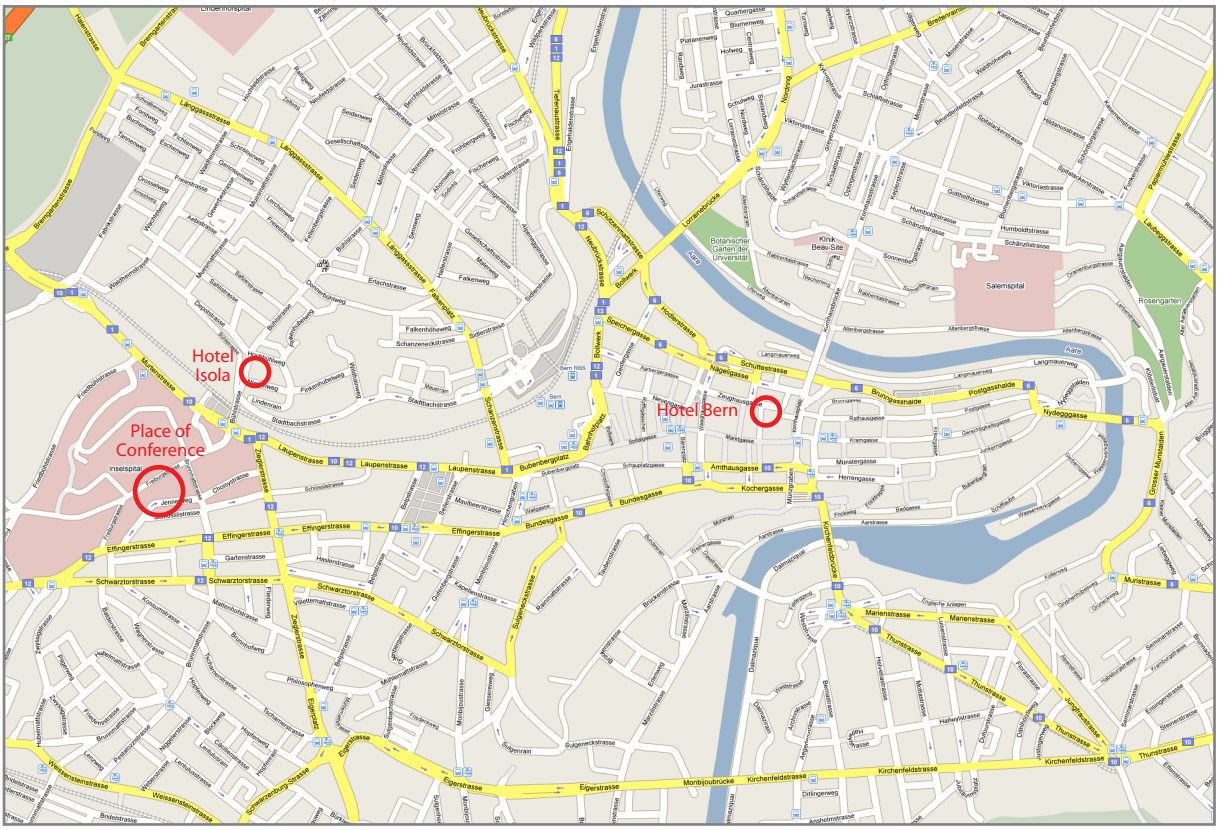
To get an impression of the medieval cityscape of Bern and its time-honoured sandstone buildings we will make a guided tour through the historic city center and climb up the tower of the cathedral having a beautiful view over the whole city. (EUR 10.-). The city tour will be on Friday evenig. Meeting place and time will be announced.

Social Evening

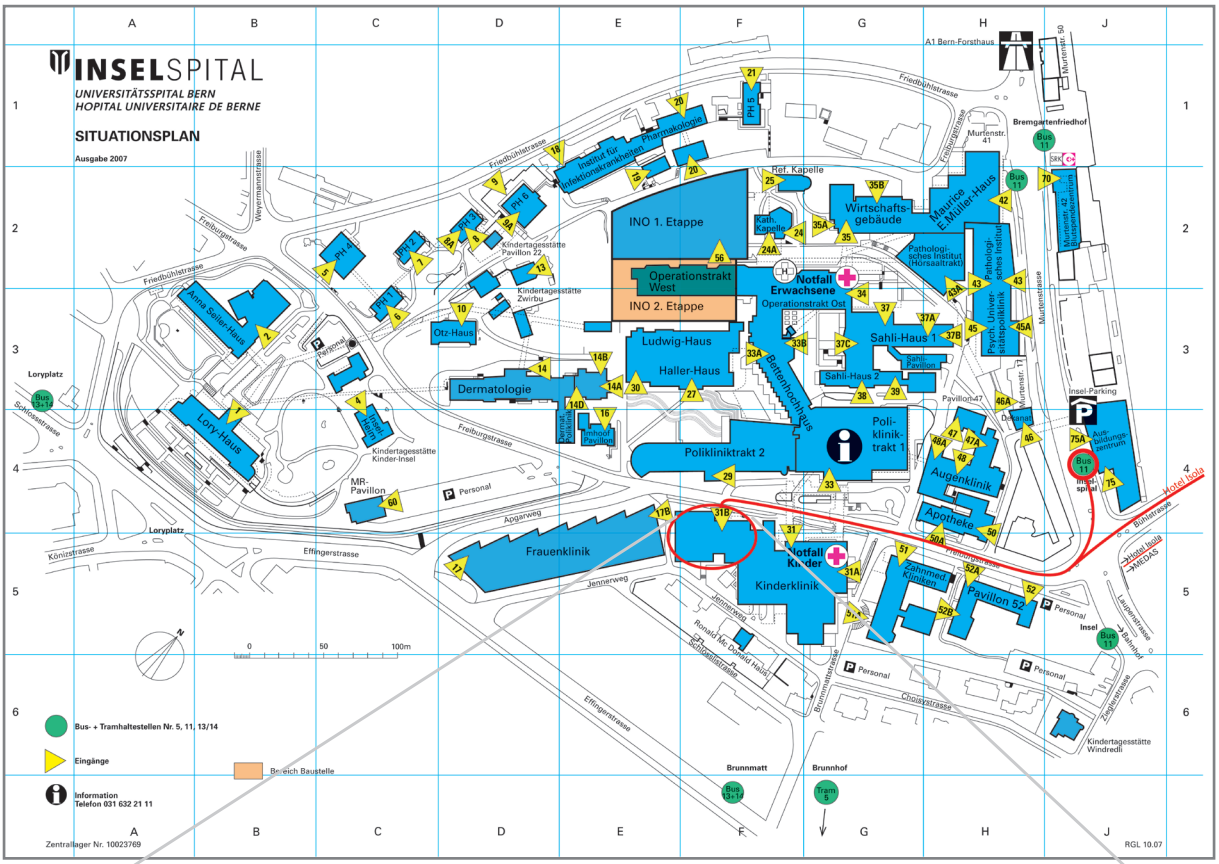
We will visit a traditional Bernese restaurant and enjoy a nice dinner in a convenient atmosphere with traditional Swiss folk music. You are welcome to join us (EUR 40.-).
Place: Hotel Bern, Zeughausgasse 9; start 20:15

Maps

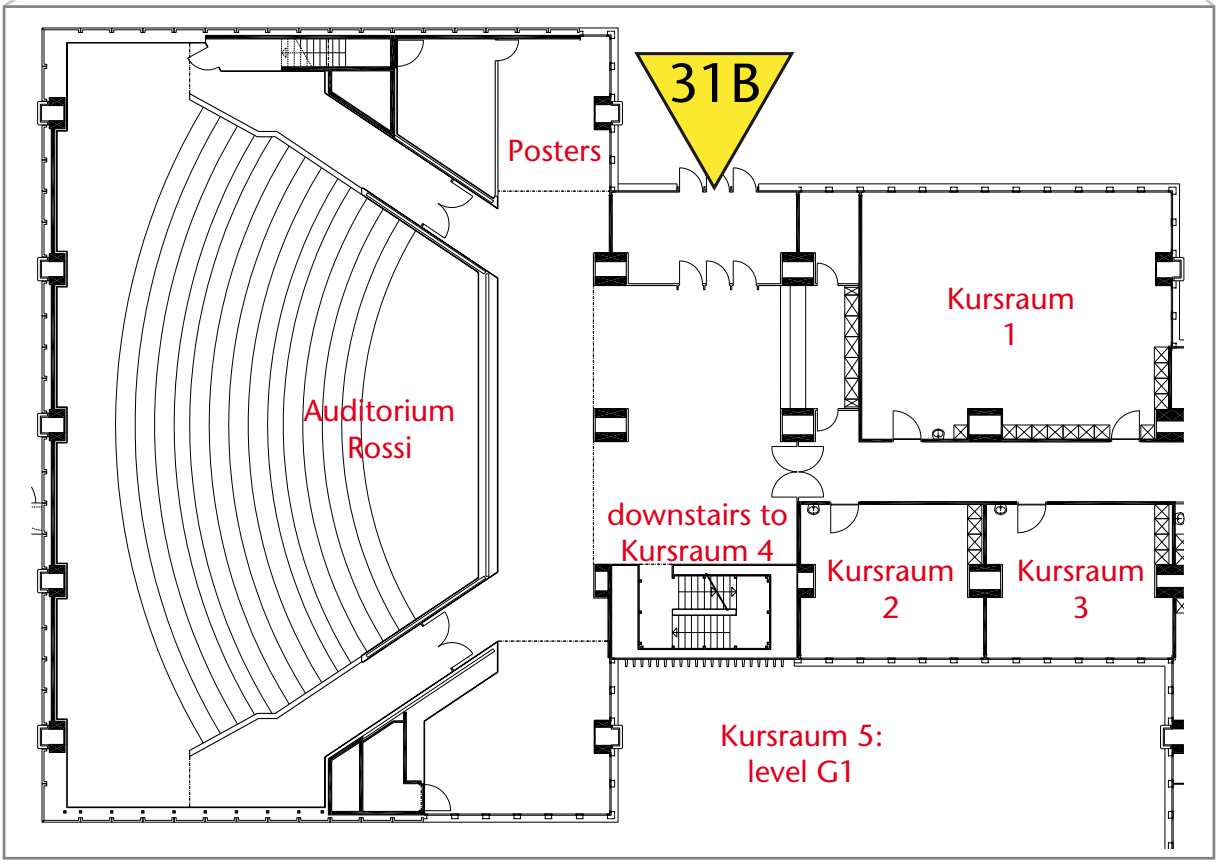
City of Bern



Insel Spital



Place of the Conference: Auditorium Rossi



Catalogue of Names

We didn't have the knowlege of everyone's title. We apologize for this.

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- Schweizerische Akademie für Psychosomatische Medizin (SAPPM)
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- Palliativmedizin Inselspital Bern
- Departement für Integrative und Anthroposophische Medizin, Universität Witten-Herdecke
- Verein Anthroposophische Pflege in der Schweiz (APIS-SAES)

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