



# European Network of Research on Religion, Spirituality and Health

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## Editorial

### Dear colleagues, dear friends

Only four weeks left until our European Conference on Religion, Spirituality and Health in Bern! You can still register - for the whole conference or for single days. All current information is available at [www.rsh08.eu](http://www.rsh08.eu).

This newsletter focusses on the Netherlands: Arjan Braam presents an interesting study about religiousness and mood in the last week of life and Peter Verhagen comments about the Interantional Conference on Religion and Psychiatry recently hold in Leiden. Thanks very much for their contributions!

*Franz Fischer*

## Topic

### Religiousness and mood in the last week of life

An important aspect of religion is its intended potential to assist people to face, manage and accept the inevitable facts of existence such as suffering and death. The relevant religious beliefs for that matter always refer to transcendent reality. The Netherlands represent a country with high levels of secularization, but the older generation has still grown up in a society in which religious traditions had a prominent role, and many older people in the Netherlands feel attached to religious beliefs. The current contribution focuses on the role of religiousness on aspects of mood in the last week of life.

The present study is part of the Longitudinal Aging Study Amsterdam (LASA), which is an ongoing interdisciplinary study on predictors and consequences of changes

in autonomy and well-being in the aging population. The LASA cohort is based on a random sample of older adults between the ages of 55 and 85, stratified for age, sex, and expected mortality five years into the study. Registries of 11 municipalities in areas in the West (mostly secularized, including Amsterdam), North-east (predominantly Protestant), and South (predominantly Roman Catholic) provided the sampling frame. The realized number of respondents in LASA baseline interview in 1992/1993 amounted to 3,107 (net response 62%). Every three years, all accessible LASA participants are approached again.

Between the 1995 and 1998 assessments, 342 participants died. For the current study, after-death interviews with proxy respondents are available for 270 deceased participants. These interviews provided information on depressive mood and anxiety in the last week of life, assessed with one-item questions, as well as on a sense of peace with the approaching end of life. Furthermore, the proxy respondents were asked about serious physical symptoms in the last week of life, cognitive decline, salience of religion, and whether the deceased respondent had talked about religion. Other characteristics were derived from the last interviews with the respondents when still alive: depres-

sive symptoms (CES-D), religious affiliation, church-attendance, orthodoxy, salience of religion, and cosmic transcendence (Tornstam's gerotranscendence scale).

Summarizing the main characteristics of the sample, 38% was female, the mean age amounted to 80 year and 47% was married. About one third was Protestant (mainly Calvinist congregations), one third Roman Catholic, and one third non-affiliated. One third of the respondents used to visit church on a weekly basis. At an earlier measurement 57% of the respondents reported to believe in Heaven, twice more often than the belief in Hell (30%). Depressive mood in the last week of life was reported for 28% of the respondents, anxiety for 31%, and absence of a sense of peace for 24%.

Levels of depressive symptoms, assessed in previous LASA interviews, were higher for those with depressive mood reported in the last week of life, as well as for those with feelings of anxiety, and for those without a sense of peace. Serious physical symptoms and cognitive decline were also associated with depressive mood and feelings of anxiety in the last week of life. In contrast, cognitive decline and higher age were positively associated with presence of a sense of peace in the last week, as reported by the proxy-respondents.

	Depressive mood OR (95% CI)	Anxiety OR (95% CI)	Absence of a sense of peace OR (95% CI)
Religious affiliation Protestant (vs. non-affiliated)	0.95 (0.42 - 2.14)	1.24 (0.54 - 2.81)	<b>0.39 (0.16 - 0.99) *</b>
Roman-Catholic (vs. non-affiliated)	2.02 (0.92 - 4.41) <sup>a+</sup> n=216	1.62 (0.72 - 3.65) n=204	0.90 (0.38 - 2.11) n=177
Orthodoxy item: belief in Heaven	1.14 (0.54 - 2.40) n=164	1.01 (0.48 - 2.30) n=156	0.81 (0.35 - 1.84) n=143
Orthodoxy item: belief in Hell	1.70 (0.77 - 3.73) n=164	0.99 (0.39 - 2.11) n=156	0.45 (0.18 - 1.14) <sup>b+</sup> n=143
Church attendance (1992)	1.12 (0.94 - 1.34) n=218	0.99 (0.83 - 1.19) n=206	<b>0.80 (0.65 - 0.99) *</b> n=179
Salience of religion (last interview)	0.95 (0.80 - 3.55) n=163	0.95 (0.78 - 1.16) n=155	0.91 (0.75 - 1.10) n=143
Salience of religion (according to Proxy-respondent)	1.05 (0.95 - 1.17) n=217	1.04 (0.94 - 1.16) n=205	<b>0.87 (0.77 - 0.98) *</b> n=179
Cosmic transcendence	1.07 (0.88 - 1.30) n=163	0.92 (0.75 - 1.12) n=154	0.95 (0.76 - 1.19) n=141

+ : p < .10; \* : p < .05; a : p = .078 b : p = .093

As shown in the Table, none of the characteristics of religiousness were significantly associated with depressive mood or anxiety as estimated by the proxy-respondents. A sense of peace, however, was predicted by higher church-attendance, Protestant affiliation, and the proxy's estimate of the salience of religion. One result, on the level of a statistical trend ( $p < .10$ ), is mentioned because it was opposite to what had been expected: belief in Hell was associated with a sense of peace according to the proxy-respondents.

It is concluded that religiousness does not affect depressive mood or anxiety in the last week of life in the current sample. Possibly, religiousness supports a sense of peace, which may be a more existential facet of mood, and which is discussed as relevant in the last phase of life and in palliative care.

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## Forum

### International Conference on Religion and Psychiatry: a commentary

Psychiatrists, psychotherapists, pastors and spiritual caregivers all feel in the inner life of human beings like a fish in water. At the same time they are accustomed to the idea and daily practice to use their own languages to describe and assess that inner life. One of the aims of the Dutch foundation for Psychiatry and Religion to bring professionals and scholars from the aforementioned and allied disciplines together to create a context for a multilevel interdisciplinary and relational meeting, exchange of thoughts and discussion.

The Dutch Foundation for Psychiatry and Religion hold its second International Conference in Leiden, last March, 17-19. Of course the organization of such a conference needs networks. The conference was organized in collaboration with the Spirituality and Psychiatry Special Interest Group (SIG) of the Royal College of Psychiatrists (UK), and under the auspices of the World Psychiatric Association (WPA, Section on Religion, Spirituality and Psychiatry). Most attendees came from West, Middle and Eastern Europe. Invited keynote speakers

came from the USA, UK, Israel, Iran, and The Netherlands.

The general conference theme was entitled *Religious Psychopathology: Explorations at the Interface of Psychiatry and Religion*. As one can imagine descriptive psychopathology with regard to religious psychopathology was a central issue. Professor Sims (UK), well known for his book on descriptive psychopathology (*Symptoms of the Mind*), presented his thorough clinical approach and others, especially professor Glas (The Netherlands) asked for and suggested refinements, which could be very useful in clinical practice and could improve clinical judgment. Such improvement can be made possible by support from philosophical and theological fieldwork. In the meantime this is an important issue and it calls for more attention and research in order to refine our assessment and discernment of psychopathology and religious or spiritual experiences.

Measurement approaches and empirical research were presented and discussed; work done by Michael King (UK), Arjan Braam (The Netherlands), and Alan Apter (Israel). Why bother? Is it not true that religion is a vanishing phenomenon, especially in Western Europe? Religion did not disappear, the secularization thesis is replaced by the transformation thesis, new forms of religiousness and spirituality flourish more and more. No doubt the secularization thesis had a huge impact on how religion was viewed in Western psychiatry. But the picture appeared to be richer and more complex. This certainly will have consequences for new classificatory systems like DSM V and ICD XI, but also for the WPA Guidelines toward a more personalized diagnostic approach. In a rather thought provoking presentation professor Van Praag (The Netherlands) argued that religiousness, understood as receptivity for the 'God-idea', is the normal case for very pragmatic reasons: the frequency and the utility of this receptiveness. To the left and right of this normal religiosity we see cases of 'hypo-religiosity' (e.g. agnosticism?) and 'hyper-religiosity' (e.g. religious fancy?). What is normal religiosity in his view? Its characteristics are: open mindedness, and a questioning attitude.

An exciting program, and fruitful discussions! During the WPA World conference in Prague, next September, several symposia submitted by the WPA Section on Religion,

Spirituality and Psychiatry, will give us the opportunity to continue our discussions.

If one is interested in the program of the March conference, abstracts and (some) references can be found on [www.religionand-psychiatry.com/congress2008/](http://www.religionand-psychiatry.com/congress2008/). The lectures will be worked out in scholarly articles and publication is foreseen in 2009.

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## Announcements

### European Conference on "Religion, Spirituality and Health"

*May, 1-3, 2008*

Bern, Switzerland

This Conference aims to enhance the interdisciplinary dialogue between medicine, neuroscience, psychiatry, psychology, spiritual science and theology. Experts will give comprehensive overviews on the topic, covering physical as well as mental health issues. Prof. Harold Koenig will inform us about new developments in the United States.

Information: [www.rsh08.eu](http://www.rsh08.eu)

### Pre-Conference Research Workshop with Prof. Harold Koenig

*April, 27-30, 2008*

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

Contact: René Hefti, M.D., [info@rish.ch](mailto:info@rish.ch)

Information: [www.rsh08.eu/workshop.php](http://www.rsh08.eu/workshop.php)

### Impressum

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