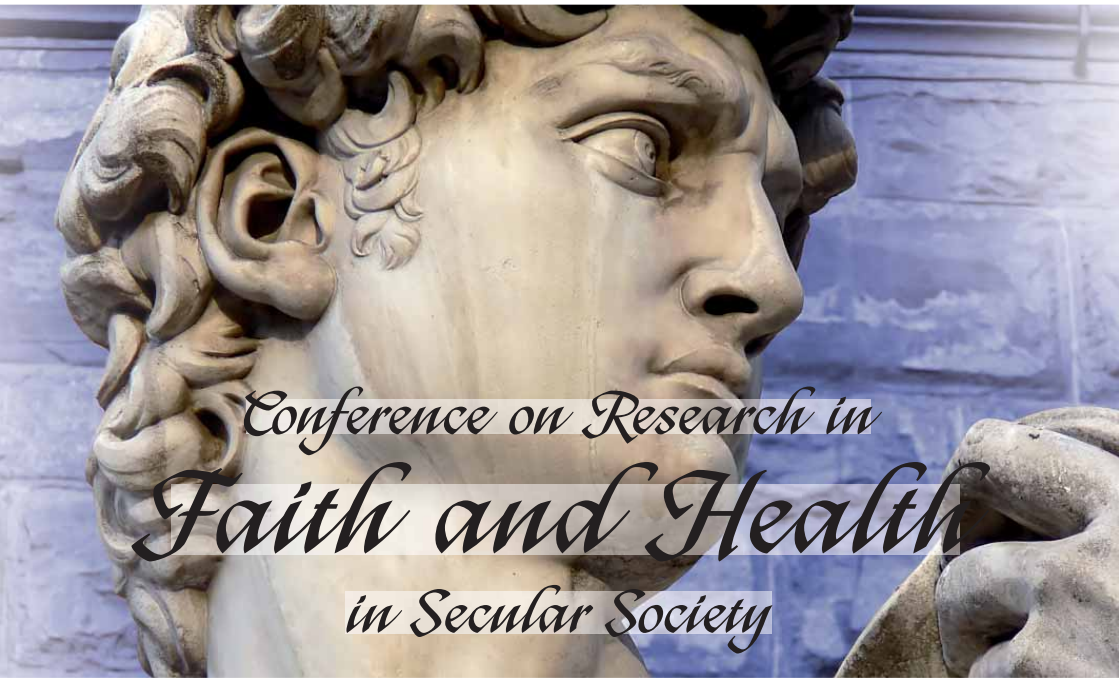
17th-19th of May 2010
University of Southern Denmark

Network for Research
in Faith and Health



Conference on Research in Faith and Health in Secular Society

Programme & Book of Abstracts

The University of Southern Denmark
Congress Center, Campusvej 55, DK-5230 Odense M

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Preface and welcome

Dear Participants,

On behalf of the board of the *Network for Research in Faith and Health in Denmark* and of the organizing committee of this conference, we are very happy and proud to bid you welcome to this first Nordic *Conference on Faith and Health in Secular Society!* We are delighted you have come and hope you will have some fruitful and enjoyable days.

We believe this conference is much needed just as are your contributions to the field. Research in faith and health and religious coping has made important strides over the past decades. However, most of this research has been conducted in North America in quite a different cultural and religious setting than that of secular Northern Europe. In the countries of Northern Europe, the research traditions of existential philosophy and psychology have been more pre-dominant when investigating existential needs and orientations of patients rather than the North American tradition of religious coping.

The conference seeks to bring together insights of both traditions in an attempt to strengthen research competences in meaning and health in secular society. We are happy that world leading researchers in the field have accepted to come and that they will address issues of high importance to the field during keynote sessions. Also, we are happy that so many researchers from the Nordic countries have accepted to present their work in paper sessions. We hope the conference will stimulate new insights, new stimulus for ongoing projects, new connections and friendships and that it may serve both scientific progress and, ultimately, real human beings, sufferers in particular.

The keynote, paper and poster presentation abstracts are collected in this booklet. They are also available online at www.tro-helbred.org and will continue to be presented there after the conference for your references. All oral presentations will be recorded and equally made available shortly after the conference on www.tro-helbred.org. We invite you to forward information of the availability of the presentations once online to colleagues who could not attend.

For practical information regarding conference facilities, please contact Palle Svensson at the conference desk. You may also contact those of us who have a red dot on our name tags and we will do our best. For practical information regarding lodging, payment or transport, please contact Kirsten Schytt Jensen at kisj@odense.dk or 63 75 75 30.

Cordial greetings,

Niels Christian Hvidt

Peter la Cour

Timetable (opening): Monday 17th of May 2010

09:30	Arrival, coffee with bread	Campustorvet
10:00	*Welcome and Introduction:* By Ass. Prof., Theol. Dr., Niels Christian Hvidt, Research Unit of Health, Man and Society, Institute of Public Health, University of Southern Denmark and Ph.d., and Clinical Health Psychologist Peter La Cour, Pain Clinic, Rigshospitalet, Copenhagen.	Auditorium U100
	Plenary Opening Session. Status on Research in Religion, Health and Meaning Making in secular society:	Auditorium U100
10:15	*State of the Art in Research in Faith and Health:* By MD., MHSc., Prof. Dr., Harold G. Koenig, Duke University & Duke Medical School, North Carolina.	
11:00	*Religion and Coping. The Current State of Knowledge:* By Prof. Dr., Kenneth I. Pargament, Department of Psychology, Bowling Green State University, Ohio.	
11:45	Coffee	
12:00	*Positive Illusions? Reflections on the Reported Benefits of Being Religious:* By Prof. Dr., David M. Wulff, Department of Psychology, Wheaton College, MA.	
12:45	Panel Discussion	
13:15	Lunch	
14:30	**Paper Sessions: Health, coping and critical thinking** (Coffee is available from 15:30) **Religion and long life: What are confounders, what are explaining variables?** Chair: Harold G. Koenig 1. René Hefti: *Religion, spirituality and longevity – is stress buffering an explaining variable?* 2. Christoffer Johansen: *Religion and Reduced Cancer Risk - What is the explanation? A Review.* 3. Peter La Cour: *Reconsidering Survival and Church Attendance in Modern Denmark.*	Room U97

	Religious coping in a Northern European context Chair: Kenneth I. Pargament 1. Jack Korver: *Spiritual / magical coping and lung cancer* 2. Heidi F. Pedersen: *Concepts of God reflected in religious coping: Preliminary results of a qualitative content validation study of Brief RCOPE in secular society* 3. Tor Torbjørnsen: *God help me! Religious coping in 15 Norwegian cancer patients*	Room U98
	Prayer, Meditation, Health and Coping Chair: David M. Wulff 1. Pehr Granqvist: *Attachtment, prayer and well-being: A longitudinal study* 2. Niels Viggo Hansen: *Meditation techniques as health interventions: Practical and philosophical considerations* 3. Peter Elsass: *'Stress reduction or spiritual compassion' – Tibetan questioning our Western way of meditation*	Room U99
16:30	**Poster Presentation** 1. Elisabeth Assing Hvidt: *Existential, religious and spiritual orientations among Danish cancer patients in a secular context: A qualitative investigation within cancer rehabilitation* 2. Fabienne Knudsen: *Wanted! Possible links between religious coping and safety* 3. Christina Prinds Rasmussen: *Faith, existence and birth of preterm babies – Existential and religious issues among mothers of babies born preterm* 4. Katja Nielsen: *When humans and non-humans transform* 5. Dorte Toudal Viftrup: *Crisis, Faith and Meaning - A Study of Danish Christian Clients' use of Religiosity as a Meaning-system during Personal Crisis* 6. Christine Tind Johannesen-Henry: *Religious Belief and Coping with Cancer – a Quantitative Study among Danish Cancer Survivors* 7. Diana Rigtrup: *Ritual og Mening* 8. Jens Pedersen: *Examining Religious Meaning-Making* 9. Stein Conradsen: *Interpretation of Illness. Cancer, coping and life interpretation in a cultural perspective. An idea for an empirical study*	Campustorvet
18:00	**Social event** Guided tour in the city of Hans Christian Andersen (free).	

Timetable: Tuesday 18th of May 2010

09:30	Arrival and coffee	Campustorvet
	Plenary Session: Different Goals, Different Methods in Religion, Health and Meaning Making Research in Secular Society	Auditorium U100
10:00	*Quantitative methods to Measure Spirituality/Religiosity in Patients with Chronic Illness from Northern Europe:* By Prof. Dr. Arndt Büssing, MD, Zentrum für Integrative Medizin, Universität Witten/Herdecke, Germany.	
10:45	*Qualitative methods Used in a Study on Religious and Spiritual Coping Methods among Cancer Patients in Sweden:* By Prof. Dr. Fereshteh Ahmadi, Department of Caring Sciences and Sociology, University of Gävle, Sweden.	
11:30	*Mixing Methods and Questioning Foundations: Exploring the Relation between Design and Theory:* By professor of psychology. Prof. Dr., Kevin Ladd, Department of Psychology, Indiana University, South Bend, Indiana.	
12:30	Discussion	
13:00	Lunch	
14:30	**Paper Sessions: Methodological Challenges** (Coffee is available from 15:30) **Conceptualizing and measuring the field of meaning making and health** Chair: Arndt Büssing 1. Peter la Cour & Niels Christian Hvidt: *Taking both secular spiritual and religious meaning making seriously* 2. Constantin Klein: *Measuring interest in existential questions: An opportunity to measure worldviews beyond the religion – spirituality antagonism* 3. Torgier Sørensen: *Religious context and the relationships between church attendance and blood pressure. The HUNT study, Norway*	Room U97

	Cancer and religious change – qualitative approaches Chair: Fereshteh Ahmadi 1. Nadja Ausker: *To be or not to be religious? Consolidation or trans-formation of non-religiosity among younger cancer patients in a secular society* 2. Mikael Lundmark: *The interdependence between religiosity and changed life situation due to cancer. A study of 20 Swedish Christians with cancer deseases: Preliminary findings* 3. Hanne Bess Boelsbjerg: *Belief and Hope in Hospitals – The Work of Chaplains and Imams in a Secular Context*	Room U98
	Bad health and existential narrative Chair: Kevin Ladd 1. Gabriella Otty: *Illness as a path – A journey to the dark places of wisdom* 2. Tove Elisabeth Kruse: *Interpretation of Illness and use of history – A modern notion of sin as link between causes of illness and roads to healing* 3. Jeanette Knox Ladegaard: *Philosophical Care as Medicine for The Soul*	Room U99
16:30	Coffee	
17:30	Departure by bus from the main entrance of the University to Munke Mose.	
18:00	Departure by boat from Munke Mose.	
18:25	Arrival at Odense Zoo.	
18:30	Aperitif with the Penguins of Odense Zoo.	
19:00	Dinner in Skovbakken Restaurant Zoo.	

Timetable: Wednesday 19th of May 2010

09:30	Arrival and coffee	Campustorvet
10:00	**Paper Sessions: Existence, spirituality and religiosity in the secular context** (Coffee is available from 11:00) **Pastoral care, Chaplaincy and Psychoteraphy** Chair: Tor Johan Grevbo 1. Naveed Baig and Nadia Qureshi: *Delivering spiritual and religious care to patients with ethnic minority backgrounds. Emerging religious resources amongst minorities during hospital admittance. The case of Ethnic Resourceteam at Rigshospitalet and Herlev Hospital, Denmark* 2. Niels Christian Hvidt: *Theodicy and Religious Coping* 3. Mikkel Wold: *Pastoral Care and Psychotherapy*	Room U97
	Spiritual aspects of complementary and alternative medicine (CAM) Chair: Peter la Cour 1. Christina Gundgaard Pedersen: *Religious / spiritual faith and use of complementary and alternative medicine among Danish cardiac patients. Preliminary results from the Cardiac Recovery Study* 2. Ann Ostenfeld-Rosenthal: *Reenchanted bodies: Experiences of the sacred and healing* 3. Rita Agdahl: *The sacred individual – a starting point to understand "energy healing"* 4. Anita Ulrich: *Complementary and alternative medicine as spiritual practice in cancer treatment*	Room U98
	The nature of existential concerns in secular society Chair: Hans Raun Iversen 1. Sidsel Bekke Hansen: *Existential considerations and faith among hospitalized Danish cardiac patients. Preliminary results from the Cardiac Recovery Study* 2. Maria Liljas Stålhandske: *Existential experiences in a clinical context: On abortion in secularized Sweden* 3. Kirsten Haugaard Christensen: *Spiritual Care Perspectives of Danish Nurses*	Room U99
12:30	Lunch	

14:00	**Keynote Lecture:** *Faith and Health in Secular Society in the Perspective from Theory and Practice of Pastoral Care:* By Prof. Dr. Theol. Tor Johan Grevbo, Diakonova University College, Oslo.	Auditorium U100
15:00	*Summary on Conceptual Issues in Religion, Health and Meaning Making:* By Peter La Cour and Niels Christian Hvidt.	Auditorium U100
15:30	Drinks and snacks	Campustorvet

Plenary Opening Session
Status on Research in Religion, Health and Meaning Making in Secular Society

Monday 17th of May, 10:15, Auditorium U100
State of the Art in Research in Faith and Health
By MD., MHSc., Prof. Dr., Harold G. Koenig
Duke University & Duke Medical School, North Carolina

Dr. Koenig will provide a definition of religion and spirituality for research purposes, emphasizing the importance of non-overlapping constructs (particularly not overlapping with positive aspects of mental health) that do not lead to tautological, meaningless findings. He will then briefly review previous research findings on relationships between faith, mental health, and physical health, and will discuss differences between studies in the U.S. and Europe. He will present a theoretical interactive model that describes how religion may impact health and longevity. This model emphasizes the source of religion's effects and describes the mental, behavioral, and social pathways by which religion may influence either resistance to disease or greater vulnerability to it. He will emphasize the bi-directionality of relationships in this model, discussing how mental and physical illness may influence religious beliefs and commitments. He will also discuss how common genetic factors that may underlie some of these associations. Dr. Koenig will then review the highest priority areas for research for the future, emphasizing the most important questions that need answering in mental health, physical health, disease prevention, and clinical applications (as well as pointing out "dead ends" in research). He will emphasize the need for collaboration and multi-center studies, as well as the importance of clinical trials and intervention studies. Finally, Dr. Koenig will also provide resources for researchers who wish to conduct studies in religion, spirituality and health.

Monday 17th of May, 11:00, Auditorium U100
Religion and Coping: The Current State of Knowledge
By Prof. Dr., Kenneth I. Pargament
Department of Psychology, Bowling Green State University, Ohio

In times of trial and tribulation, we often find religion. This is not to say that people become religious in a knee-jerk response to stressful situations. The old adage is incorrect; there are at least some atheists in foxholes-but perhaps not too many. Empirical studies reveal that many people look to their faith for help in coping with critical life situations. Given the prominent role of religion in stressful times, it is puzzling that for many years, theorists and researchers largely ignored the role of religion in coping or viewed religion through jaundiced eyes as a defense mechanism, a form of denial, or a way to avoid the direct confrontation with reality. These stereotypes may still live on, in spite of empirical studies that challenge these oversimplified religious views.

The situation has begun to change. Over the past decade, hundreds of studies have appeared that deal with religion, stress, and coping. What have we learned? This paper reviews the current state of knowledge about religion and coping. As a prelude to this review, the paper will begin with a definition and theoretical model of religion. It will then make several thematic

points: (1) Religion can be embedded in every part of the coping process. (2) Religion adds a distinctive dimension to the coping process. (3) The role of religion in coping is determined by the availability of religion and perceptions that it offers compelling solutions. (4) Religion can be both helpful and harmful in coping. (5) Religion can be integrated more fully into the prevention and treatment of human problems. This paper concludes with a critique and discussion of future directions for research in this area of inquiry.

Monday 17th of May, 12:00, Auditorium U100

Positive Illusions? Reflections on the Reported Benefits of Being Religious

By Prof. Dr., David M. Wulff
Department of Psychology, Wheaton College, MA

If positive, self-enhancing illusions about oneself, the world, and the future are as pervasive in human thinking as some argue, such illusions must surely spring into full bloom when sanctioned by religious or spiritual traditions. But psychologists of religion, among others, seem reluctant to think of religion in such terms, in spite of the longstanding principle of methodological agnosticism. Instead, they unabashedly carry over into their research the categories and assumptions of traditional Western religious piety and a disposition to look for evidence that valorizes and justifies such piety. Initially animated after World War II to sort out religiosity's relationship to positive and negative social attitudes, researchers are now set on establishing the personal health benefits--both physical and mental--of religious convictions and practices.

Beyond the paradox of effectively embracing the extrinsic religious orientation of which they are otherwise critical, researchers appear themselves to be subject to positive illusions, though of a different sort. These are the result of (1) using participants and instruments that foreclose alternate findings, and (2) neglecting to give equal attention to the potential costs, both to the individual and to society, of religious convictions. Research findings from the last decade or two, including recent ones of the author, help to suggest how more balanced research tools and designs may advance the field, especially in countries that are far less pervasively religious than the United States.

Plenary Session
Different Goals, Different Methods in Religion, Health and Meaning Making Research in Secular Society

Tuesday 18th of May, 10:00, Auditorium U100

Quantitative methods to Measure Spirituality/Religiosity in Patients with Chronic Illness from Northern Europe

By Prof. Dr. Arndt Büssing, MD
Zentrum für Integrative Medizin, Universität Witten/Herdecke, Germany

Published data on the associations between spirituality/religiosity (SpR) and health are mainly from the USA and hence draw on a particular cultural background only. One may doubt that the results on the health promoting effects of SpR can easily be transferred to the more secular countries of Northern Europe. Moreover, one has to recognize different concepts of spirituality and different attitudes towards its utilization in the medical systems. As a consequence, there are several attempts to measure the `un-measurable´ with standardized questionnaires.
Generally, one may differentiate generic instruments which address common aspects of SpR, and unique instruments which address specific features of SpR in the context of chronic illness. Due to fact that a large proportion of individuals in Northern Europe do not regard themselves as religious or spiritual (up to 40% in our samples), we have designed and tested specific questionnaires to measure aspects of SpR:

1. **Spiritual/Religious Attitudes and Coping with Disease** questionnaire (SpREUK; 16 items; Cronbach´s alpha = .93) avoids exclusive terms such as God, Jesus, church etc., and differentiates (1) *Search for Meaningful Support/Access* because of illness, (2) *Trust in Higher Guidance*, and (3) *Positive Interpretation of Disease* (reflection and hint to change life).
2. **SpR practices** manual (SpREUK-P; 25 items; alpha = .90) is a generic instrument which measures the frequency of engagement in (1) *Conventional religious practices*, (2) *Spiritual practices*, (3) *Existentialistic practices*, (4) *Humanistic practices*, and (5) *Gratitude/Reverence*.
3. **Reliance on God´s Help** scale (5 items; alpha = .92) from the AKU questionnaire which was used as a measure of intrinsic religiosity in response to illness as an internal adaptive coping strategy.
4. **BENEFIT** scale (6 items; alpha = .92) addressing perceived support of life concerns through SpR.
5. **Spiritual needs** questionnaire (SpNQ; 21 items; alpha = .92) differentiates (1) *Religious Needs/Praying*, (2) *Existentialistic Needs*, (3) *Search Attention/Connection/Relief*, (4) *Search for Inner Peace*, and (5) *Actively Connecting / Giving*.
6. **Aspects of Spirituality** questionnaire (ASP; 25-items; alpha = .94) is a generic in-strument which differentiates in its condensed form (1) *Religious orientation (Prayer/Trust in God)*, (2) *Search for Insight/Wisdom*, (3) *Conscious interactions (with others, self, environment)*, and (4) *Transcendence conviction.*
7. **Perception of God images** (PGI, 10 items) is a generic instrument referring either to negative perceptions associated with God (alpha = 0.89) or to positive perceptions (alpha = 0.94), and Disinterest.

Data of 5,248 individuals indicate that, although about half of them had a strong belief that God will help and prayed to become healthy again, the *Reliance on God's Help* was not generally associated with better physical or mental health-related quality of life. In patients with chronic

pain conditions, there was just a moderate interest in SpR. However, positive disease interpretations such as Challenge and Value were clearly associated with *Search for Meaningful Support/ Access* and *Trust in Higher Guidance*. In a sample of 1,229 individuals, we found that the ASP factors *Search for Insight/Wisdom* and *Conscious interactions* were highly expressed, while *Religious orientation* and esoteric *Transcendence convictions* were of lower relevance.
In conclusion, secular humanism and existentialism were of higher relevance in healthy individuals, while intrinsic religiosity was utilized particularly by patients with higher age and cancer. SpR should be regarded as a resource of meaning-focused coping rather than an independent contributor to health-related quality of life. The obvious inter-correlations between SpR and appraisal dimensions may have relevance for patients' coping with illness and decision making. The tested instruments were found to be valid and reliable, and useful to address relevant aspects of Northern Europe´s spirituality.

Tuesday 18th of May, 10:45, Auditorium U100
Qualitative methods Used in a Study on Religious and Spiritual Coping Methods among Cancer Patients in Sweden
By Prof. Dr. Fereshteh Ahmadi
Department of Caring Sciences and Sociology, University of Gävle, Sweden

I will discuss the use of qualitative methods in the health-related study of religion and spirituality. For illustrating my discussion I will use my own studies. The first study concerns the impact of religion on Gerotranscendence development among elderly Swedes, elderly Iranians in Sweden and elderly Turks in Turkey. The study was based on semi-structured interviews. The second study is about religious and spiritual coping methods equally based on semi-structured interviews followed by deep interviews among the cancer patients in Sweden.
Both studies show the importance of culture in informants' understanding of the concepts of religion and spirituality. As these studies show, the culture in the framework of which the informant is socialized has a significant impact on the way the informant understands and interprets the questions. Therefore in the qualitative studies of health, religious and spirituality the role of culture should be taken seriously into account.

Tuesday 18th of May, 11:45, Auditorium U100
Mixing Methods and Questioning Foundations: Exploring the Relation between Design and Theory
By professor of psychology. Prof. Dr., Kevin Ladd
Department of Psychology, Indiana University, South Bend, Indiana

This presentation examines the contemporary discussion surrounding the use of mixed methods within psychology at large, and in the psychology of religion in particular. While it is possible to interpret history in a manner so as to suggest that mixed methods approaches were among the earliest in the discipline, that reading often focuses exclusively on the techniques employed. Contemporary voices, however, contend that data collection strategies are (or can become over time) deeply saturated with philosophical assumptions; they argue that methods convey meaning. To the extent that this is an accurate observation, the decision to move from employing exclusively qualitative or exclusively quantitative methods to an integrative practice entails making a significant, though often unexamined, shift in understanding the nature of the research process.

An ongoing series of studies exploring the psychology of prayer is described as one pragmatic example of how mixing methods helped not just to enrich data collection, but also played a role in the conceptualization of this core religious behavior.

Wednesday 19th of May, 14:00, Auditorium U100

Faith and Health in Secular Society in the Perspective from Theory and Practice of Pastoral Care

By Prof. Dr. Theol., Tor Johan Grevbo
Diakonova University College, Oslo, Norway

For the last nine years I have worked full time as chaplain in a local hospital alongside of my academic career, an experience with noticeable impact on what I am going to present. Pastoral care – and especially when adding counsel(l)ing to it (PCC) – contains a variety of dimensions in historical and contemporary context. I will mention seven of these, and also give a brief overview of the main strains of PCC on the international scene of today. I end this part by summing up my own position, which I call "viatoric pastoral care", founded on a concept of "critical plurality of perspectives". The same basic attitude will accompany my understanding of our secular societies in Northern Europe, emphasizing some factors of post-secular character.

Equipped with this framework, I will try to examine – constructively and critically – the best international research on health and faith known to me, focussing on

- the importance for health care and pastoral care in Nordic context
- the impact of American culture and religiosity
- some problematic philosophical and theological implications.

I will close by presenting my own multi-factor spirituality model, adopted by the Norwegian health-care officials (2007). In doing this, I will also give voice to my own experience as pastoral care-giver, and comment on some empirical research in the specific field of PCC and tasks waiting to be executed here.

Paper Session:
Health, Coping and Critical Thinking

Session 1:
Religion and long life. What are confounders, what are explaining variables?
Monday 17th of May, 14:30, Room U97
Chair: Harold G. Koenig

Religion, spirituality and longevity – is stress buffering an explaining variable?
Hefti René, M.D., Psychosomatic Medicine, Langenthal/Switzerland

A recent meta-analyses (Chida et al. 2009) conveys a good overview on the literature and reflects on possible mechanisms. Chida distinguishes between healthy and diseased populations, showing that for healthy populations religious involvement has a well documented survival and health benefit, not so for diseased populations.

In a Swiss sample of 37 inpatients with moderate to severe depression we assessed 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. 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). A linear regression model (entering age, gender, BDI, religiosity) confirmed these findings (beta coefficient for religiosity -.428). Results support the concept of stress buffering identifying religion as a moderator of physiological stress response.

Religion and Reduced Cancer Risk – What is the explanation? A Review
By Christoffer Johansen[1] with Andreas Hoff[2], Tind Johannessen-Henry[1], Lone Ross[1],
Ass. Prof., Theol. Dr., Niels Christian Hvidt[2]

1 Department of Psychosocial Cancer Research, Institute of Cancer Epidemiology, Danish Cancer Society
2 Medical Fellow, University of Copenhagen
3 Institute of Public Health, Research Unit of Health, Man and Society, Faculty of Health Sciences, University of Southern Denmark

Several studies of members of Christian religious communities have shown significantly lower risks for certain cancers amongst members than in the general population. We identified 17 epidemiological studies of the risk for cancer amongst members of Christian communities published during the past 40 years. In the studies in which adjustment was made only for age and sex, reductions were observed in the risks for lifestyle-associated cancers, i.e. those associated with tobacco smoking, alcohol consumption, diet, physical activity and reproductive factors. In the studies in which adjustment was also made for healthy habits, no reduction in risk for cancer was observed. We conclude that the most important factor in the correlation between membership in a religious Christian community and risk for cancer is the healthy lifestyle inherent in religious practice in these communities. The epidemiological studies reviewed did

not, however, differentiate the effect on cancer risk of the meaning that a certain lifestyle can give to an individual.

Reconsidering Survival and Church Attendance in Modern Denmark

By Ph.d., and Clinical Health Psychologist, Peter La Cour
Pain Clinic, Rigshospitalet, Copenhagen

Based on data from 1984 it was stated that church attendance and survival was positively associated also in Denmark (la Cour, Avlund & Schultz-Larsen, 2006). This has been a general finding in several studies from the USA, but also from other parts of the world. The Danish study might still be the only one from a secular region.

Methodologically church attendance had to be dichotomized in order to make the needed computerizations inlayed in the models of statistical survival analysis. The variable of church attendance was part of an interview and it had originally three possibilities for categorizing the answers: "Do you attend services at church?": Never, rarely (i.e. onlyreligious festivals), and often (i.e. more than just religious festivals)".

The variable distributed itself with about a third in the first group attending church "never" (35%), the biggest part in the "rare" group (47%) and few in the "often" group (18%).
These answers were dichotomized into "never" versus "rare+often", and the survival difference had statistical significance even after control for nearly everything that could be controlled for. The database was of good quality and the control variables were many and of a great range. The odd thing was the necessary dichotomizing, because there was no significance on survival, when the dichotomizing was done on "often" versus "rare + never."

Therefore, the results might be better interpreted as showing the negative effect of never being in a church rather than the positive effect of attending church. The positive effect showed when church attendance was as low as a couple of times a year, and it is very strange to imagine any influential health effect coming from that low attendance itself. The expected survival was about 2 years more for the church attenders, and this really raises the questions of what the explaining factors might be. There seem to be a rather large effect with a very little course or activity of church attendance and no other explaining variables.

References

la Cour,P., Avlund,K., & Schultz-Larsen,K. (2006). Religion and survival in a secular region. A twenty year follow-up of 734 Danish adults born in 1914. Social Science and Medicine, 62(1), 157-164.

Paper Session:
Health, Coping and Critical Thinking

Session 2:
Religious coping in a Northern European Context
Monday 17th of May, 14:30, Room U98
Chair: Kenneth I. Pargament

Spiritual / magical coping and lung cancer
By Drs. J.W.G., Lecturer & Pastoral Supervisor, Jack Korver
Tilburg School of Catholic Theology, Tilburg University

This paper deals with a research project on religious/spiritual/magical coping and lung cancer. Lung cancer is a life threatening, unpredictable, and uncontrollable disease with far-reaching consequences in the physical, psychological, relational, and social dimensions. There are also many existential questions that arise during the disease and that have an enormous impact on the meaning of life. In this respect, religiosity, spirituality and magical thinking offer various coping strategies by means of convictions and moral rules, motivations and expected effects, rituals and texts, experiences and communities.
The study follows the study of Van Uden et al. (2007; 2009) that pays attention to religious coping of cancer patients explicitly. The project is a further exploration of the different forms of religious and spiritual coping and (lung) cancer. At the same time, it stresses some barely studied aspects of religious/spiritual coping (cf. Kwilecki, 2004):

- religious/spiritual practice or ritual
- former religious/spiritual experiences
- spiritual, magical and paranormal convictions and practices.

Also, this study stresses the specific Dutch religious/spiritual context. In this context people use other religious coping strategies than people from an Anglo-American context. The research project of Ahmadi (2006) in Sweden and the development of the Receptivity Scale by Alma, Pieper & Van Uden (2005) in the Netherlands represent examples of this attention in the typical West-European religious and spiritual context.
Our paper pays attention to the development and first results of the Spiritual & Magical Coping Scale in the coping process of lung cancer patients.

Concepts of God reflected in religious coping: Preliminary results of a qualitative content validation study of Brief RCOPE in secular society
By Ph.d. Fellow, Heidi F. Pedersen[1] with Christina G. Pedersen[1], Anne C. Sinclair[1], Robert Zachariae[2]
[1] Aarhus University, Aarhus, Denmark
[2] Aarhus University Hospital, Aarhus, Denmark

Background
Instruments for measuring religious coping such as Brief RCOPE have been developed and validated in a Judeo-Christian cultural setting, where God is seen as a personal entity. It is still unknown to what extent people in secular societies like the Scandinavian use religious coping.

According to a Swedish study, cancer patients prefer more spiritual ways of coping with illness than religious ways. This could be caused by individuals perceiving God as an impersonal spiritual force rather than as a personal God. Hence, validated, culture-sensitive instruments are needed.

Aim
To provide preliminary content-validation of a Danish version of Brief RCOPE with a new spiritual coping dimension added to the original instrument.

Method
Brief RCOPE-14 was translated and moderated to fit Danish culture. A spiritual dimension was added, to accommodate respondents who have difficulties identifying with the concept of "God". Definitions of the concepts of "God" and "a spiritual force" were explored using discourse analysis of responses from three focus group discussions with 1) a group of secular Christians, 2) a group of spiritual believers, and 3) a group of religious believers.

Results
Participants describing God in personal terms like "father", "loving", and "caring" were able to identify with RCOPE. This was the case for the religious believers and one participant in the group of secular Christians. In contrast, participants preferring the concept "a spiritual force" described God in impersonal terms like "energy", "wholeness" and "cycle". These participants, mainly spiritual believers and two secular Christians, identified with some of the items in the spiritual dimension of RCOPE, but not items containing thoughts related to "punishment", "evil forces" and "seeking spiritual cleansing". Instead, this group called for items covering themes of benefit finding.

Conclusion
Adding a spiritual dimension seems essential, if the instrument is to be applied in Danish research on faith and health. The instrument is in need of further development, and more items addressing spiritual ways of coping should be considered prior to the application of quantitative validation procedures.

God help me! Religious coping in 15 Norwegian cancer patients
By Nursing home chaplain and Research Fellow/Doctoral Fellow, Tor Torbjørnsen
Innlandet Hospital Trust, Institute for Psychology of Religion, Oslo, Norway

Background
Religious coping (RC) has so far not been studied by use of Pargament's theory in Norway. There are reasons to believe that such studies can contribute to the understanding of RC in Norway.

Design and method
15 Norwegian Hodgkin's disease survivors has been interviewed semi structured, using Pargament's theory in analyzing them in a qualitative design.

Results
RC was a dynamic process of conservation for most (9) of the informants. Religious support

(both spiritual and interpersonal) was the most important elements to help the informants to come through the disease and the time after. To be sick did not change their significance or the way they hold on to it.
RC was a dynamic, transforming process for a distinct minority. They changed what was significant for them and/or the ways they could reach it. Some changed totally belief and orienting system/view of life.
RC was of collaborative kind for all the informants. RC was a partnership between themselves, the oncological treatment/staff, and God. Traditional oncology, alternative treatment and traditional RC as for instance prayer, were supplementing approaches.
For many of the informants, it also was difficult to be a survivor. Both the sickness and being survivor was a challenge for RC.

The analysis shows that Pargaments theory is adaptable also on a Norwegian sample regarding the main dynamics of RC. The analysis detects few different RC methods than those in Pargament's dominantly American samples. One of them is to get support from God mediated by nature. Some RC methods had a different dynamic. My preliminary analysis shows that "negative religious coping" has to be differentiated (as Pargament already have done in later studies) to be used meaningfully in my study.

Conclusion
Well functioning religious coping is found in a Norwegian sample of cancer survivors.
Pargament's theory is suitable for analyzing it.

Paper Session:
Health, Coping and Critical Thinking

Session 3:
Prayer, Meditation, Health and Coping
Monday 17th of May, 14:30, Room U99
Chair: David M. Wulff

Attachtment, prayer and well-being: A longitudinal study
By Ph.d., Associate Professor, Pehr Granqvist
Dept. of Psychology, Stockholm University, Sweden

This 3-year longitudinal study includes 62 adult participants from various religious and spiritual groups in Uppsala, Sweden. The study was originally designed to test relations between attachment, as tapped by the semi-structured Adult Attachment Interview (AAI) method at the first assessment, and various aspects of religion and spirituality. Assessments at time-point 2 also included self-report measures of psychological well-being (and the lack thereof) in terms of self-esteem, loneliness, trait anxiety, and depressive symptomatology. As prayer has been viewed as a religious analogue of attachment behaviors, dimensions of prayer were selected out from our large battery of religion/spirituality assessments for purposes of this presentation. Our results show that liturgical and petitionary prayers were concurrently linked to lower loneliness. In addition, probable experiences with loving parents in childhood, as estimated by an independent AAI coder at the first assessment point, predicted higher occurrence of prayer in general as well as lower loneliness three years later. These relations were generally of modest strength. Moreover, virtually all other associations between aspects of attachment, prayer, and well-being were non-significant. A combination of low statistical power, the self-report mode of tapping well-being, and the highly marginalized role of religion in the Swedish "Welfare State" may have undermined the possibility of detecting small-but-true relations.

Meditation techniques as health interventions: Practical and philosophical considerations
By B.Sc. (physics), Ph.d. (philosophy), research leader at Center for Research in Existence and Society, Niels Viggo Hansen
Dept. of Sociology, University of Copenhagen, Denmark

From a "faith and health" perspective, the growing trend of using meditation techniques with a more or less direct aim of improving health must present an interesting borderline case. Many of the meditation techniques obviously have their origin in religious traditions but have – perhaps not unlike artistic and philosophical enterprises – found expressions that are independent of particular religious cultures while still to a large extent acknowledging that they care for spiritual processes that can at least be partly shared with religion. This presentation will focus on the philosophical question of the nature of meditation and its double role as an instrument of attaining specific individual goals (e.g. health related ones) and as a spiritual process pointing beyond the particular, the selfish or the pre-defined. As a main example it will outline an ongoing research project developing meditation based interventions to prevent lifestyle diseases, presented in the

context of a half century's history of research in meditation and health, and the parallel history of reception and development of meditation forms in the West.

'Stress reduction or spiritual compassion' – Tibetan questioning our Western way of meditation

By Professor D.M.Sc., Peter Elsass
Center for Humanistic Health Research, University of Copenhagen, Denmark

In the Western part of the world meditation is often characterized as 'deeply rooted in Asia'. Nevertheless it is decisively different on several dimensions. The 'mindfulness' meditation' is an example of how spiritual methods are created in a circular construction between East and West; the socalled 'pizza effect'.
For more than ten years I have been travelling around i Ladakh, Tibet and India and interviewed Tibetan high ranked Lamas about their perceptions and meanings of our Western way of creating Buddhism. Concretely I have translated a Danish manual and a rating scale for doing mindfulness into Tibetan and have used it as an illustration of our way of meditating. Most of the interviews have been video recorded. Examples will show how the Tibetan's underline that they don't use meditation as a way of creating relaxion, for reducing stress and as a therapy for themselves. They meditate for creating an external compassion for all other people.

Paper Session:
Methodological Challenges

Session 1:
Conceptualizing and Measuring the Field of Meaning Making and Health
Tuesday 18th of May, 14:30, Room U97
Chair: Arndt Büssing

Taking both secular spiritual and religious meaning making seriously

By Ph.d. and Clinical Health Psychologist, Peter La Cour[1] and Ass. Prof., Theol. Dr., Niels Christian Hvidt[2]

1 Pain Clinic, Rigshospitalet, Copenhagen
2 Research Unit of Health, Man and Society, Institute of Public Health, University of Southern 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.

We want to discuss the relationship between the three domains of meaning making that all addresses basic existential conditions and all are deeply connected to the context of the participants and the researcher.

The understanding of "religious coping" is also context dependent. We want to discuss the possibility for broadening the understanding models of stress and coping to encompass both the past and the future of the persons involved. Also we want to discuss a more multidimensional understanding of the concepts of positive and negative outcome of coping processes.

Measuring interest in existential questions: An opportunity to measure worldviews beyond the religion – spirituality antagonism

By Dipl.-Psych. Dipl.-Theol., Constantin Klein
Theological Department, University of Bielefeld, Germany

The aim of this paper is to introduce a new measure for research in religion, spirituality, and mental and physical health: The scale 'Existential Consciousness' measures interest in four basal existential questions which can be related to religious or spiritual orientations, but do not necessarily have to. The scale was developed in a research project studying traditional and alternative beliefs within the religious-ideological field of post-socialist East Germany – which is, similar to the Nordic countries, one of the most areligious parts of the world (Schmidt &

Wohlrab-Sahr, 2003). Thus, only a minority of the population holds traditional religious beliefs, but only a small percentage of the population holds alternative spiritual beliefs, too. The vast majority of the population is areligious, although only few people are atheists in an ideological sense.

To measure individual worldviews in such a cultural context, the scale 'Existential Consciousness' contains four items measuring interest in existential questions related to the sphere of transcendence (Is there any God or higher power? What happens after one's death? – Theology and Eschatology in traditional theological terms; Cronbach's $\alpha = .75$) and four items related to the sphere of immanence (Where does man come from, and what is his essence? What is the correct ethical behaviour? – Anthropology and Moral Theology/Ethics in theological terms; $\alpha = .80$; total scale $\alpha = .82$). The scale is a valid instrument to measure worldviews differentially which can be shown empirically – via ANOVAs and discriminant analyses – in terms of ideological attributes like pluralism, exclusivism, reflexivity, and salience of religiosity (all of these measures are based on the Religion Monitor of the Bertelsmann Foundation, 2007; 2009), and in terms of four different types of well-being: psychological (Dupuy, 1998), physical (Kolip & Schmidt, 1999;), existential and religious well-being (Paloutzian & Ellison, 1982; 1991). The analyses were calculated based on data from a sample of N = 957 persons who belonged to and were engaged in several religious, spiritual or ideological groups (Roman-Catholics, mainline Protestants, evangelicals, western Buddhists, transpersonal psychologists, and active atheists). The scale provides an opportunity to study a broad variety of religious and non-religious beliefs within health research while avoiding the religion – spirituality antagonism.

Religious context and the relationship between church attendance and blood pressure. The HUNT study, Norway

By Research Fellow, Torgeir Sørensen
MF Norwegian School of Theology and Innlandet Hospital Trust

Objective

Research findings on the relationship between church attendance (CA) and blood pressure vary. Most of this research has been conducted in the USA with a religious context which differs from Scandinavia, related to religious expressions and activity. Studies from a Scandinavian context are needed. The aim for this presentation is twofold: 1) Describe the religious context in Mid-Norway. 2) Investigate the relationship between church attendance and blood pressure in a representative Norwegian population.

Design and method

Data from The Nord-Trøndelag Health Study's third wave, HUNT3 (2006-08) was used, including items on religiosity and religious affiliation. 1) Religious activity and affiliation frequencies distributed on age and gender together with a qualitative focus-group interview was applied to gain information on the religious context. 2) The association between CA and diastolic (DBP) and systolic (SBP) blood pressure in women (n=20,218) and men (n=16,065) were investigated in a cross-sectional design with a multiple regression analyses including both categorical and continuous variables. Age and education, chronic conditions as cardiovascular diseases and diabetes and also anxiety, depression, personality and social capital were deliberated as relevant confounders and controlled for.

Results

1) Focus on religious traditions, rites of passages and attitudes seemed to be important together with affiliation with church, rather than personal faith. Women and the elders were the most religious active. Frequency distribution showed that 39.1% of women and 42.8% of men never went to church, and 3.8%/3.4% went more than 3x/month.

2) Mean DBP for women/men was 71.0 mmHg/76.6 mmHg. Mean SBP was 128.5 mmHg/134.0 mmHg. The bivariate associations were statistically significant between CA and SBP, but not with DBP. After adjustment for possible confounding factors significant inverse associations between CA and DBP/SBP for both women and men were found. The associations on CA-DBP ($p<.001$) showed a decrease for women/men of -1.29/-1.69 mmHg on DBP for attending more than 3x/month, -0.85/-1.13 mmHg on 1-3x/month and -0.51/-0.16 mmHg on 1-6x/the last 6 months. Correspondingly on CA-SBP ($p<.05$); -1.68/-1.71 mmHg, -0.06/-0.06 mmHg, -0.57/-0.74 mmHg.

Conclusion

CA was associated with lower DBP and SBP in a large population based survey in Norway, despite low frequency on CA and a different religious context compared to other studies.

Paper Session:
Methodological Challenges

Session 2:
Cancer and religious change – qualitative approaches
Tuesday 18th of May, 14:30, Room U98
Chair: Fereshteh Ahmadi

To be or not to be religious? Consolidation or transformation of non-religiosity among younger cancer patients in a secular society

By Ph.d. Fellow, Nadja Ausker
Department of Cross-Cultural and Regional Studies, University of Copenhagen and University hospital of Copenhagen – Rigshospitalet, Denmark

Background
It is said that both adolescent and emerging adulthood is a time of religious transformation and consolidation. The same is said about life-crisis such as serious illnesses.

But in a secular society religiosity may take different forms and expressions than in a more religious setting where most of the study in religiosity during illness has taken place.

Aim
In this paper I will show how young Danish cancer patients view their non-religiosity and atheism as something that can be negotiated and changed. As such their religiosity is present and non-present at the same time. Religion is a matter of personal choice and something that they can draw upon. In my study of young Danes with cancer I will try to explore how the secular and plural society influences the patients' religiosity and create a two-dimensional religiosity.

Thus the patients' religiosity as outlined above may be seen as a result of both age and the surrounding society's secularity. Based on theories about religiosity and secularization in the contemporary society I will discuss whether or not we are to expect a religious transformation and change among these younger Danish cancer patients.

Method
The results are based on a qualitative study of 21 young severely ill cancer patients' religiosity and existential thoughts during their treatment at a leading hospital in Copenhagen.

The interdependence between religiosity and changed life situation due to cancer. A study of 20 Swedish Christians with cancer diseases: Preliminary findings

By Mikael Lundmark
The Department of Historical, Philosophical and Religious Studies, Umeå University, Sweden

This is an ongoing project in the field of psychology of religion building on semi structured indepth interviews with 20 practicing Christians living with cancer. Additional longitudinal data are collected from half of the group through follow-up interviews conducted over time periods

varying between 6 months and 5 years. The aim of the study is to investigate 1) the function of religiosity as a variety of coping mechanisms and 2) how the changed life situation due to cancer affects religiosity. In order to explore the function of religiosity in coping we need to examine those aspects of religiosity that are important components in religious coping. To give one example, praying can, on a psychological level, function in different ways depending on the kind of prayers being conducted (colloquial, petitionary, ritual, meditative etc) and when they are conducted. Preliminary findings show that several informants have changed their praying pattern in the process of struggling with the changed life situation.
The project has now reached the analysis phase where content analysis is applied on the transcription of the interview material. The protocol for the initial interview is designed to both collect narrative data on a more general level (life history, narrative tone etc) and answer specific questions about the informants' religiosity, especially focusing on prayer, ritual and religious literature. The protocol also allows capturing other aspects of religiosity. So far, the analysis of the material shows a strong dynamic interdependence between religiosity and the changed life situation due to cancer. When deconstructed in its many multi faceted components, it becomes clear that religiosity is not just one coping mechanism but several, and different aspects of the informants' religiosity are differently important at different times during their struggle with cancer. Two especially intriguing findings are the coping function of strong religious experiences and the mechanism of giving sacred meanings to medicines or medical/surgical interventions. It is clear from the analysis conducted so far that not only does religiosity function as a variety of coping mechanisms when struggling with cancer but religiosity is also changing as a consequence of the struggle with cancer precisely because religiosity functions as coping mechanisms.

Belief and Hope in Hospitals – The Work of Chaplains and Imams in a Secular Context

By Ph.d. Fellow, Hanne Bess Boelsbjerg
Research Unit of Health, Man and Society, Institute of Public Health, University of Southern Denmark

A sociological research recently conducted at the Capital Region of Denmark shows that existential and religious thoughts are more widespread among the hospitalised patients than previously assumed. This raises the question about how the existential and religious needs of the patients are meet by the staff. Are the patients sufficiently supported in their beliefs and values? What kind of help is offered to the patients when they express existential or religious distress? And how are the needs of religious patients, either with a Muslim or Christian background, being handled by the staff?

The presentation is departing from an ongoing qualitative research among chaplains and imams in hospital settings. The research sets out to describe the experiences of both chaplains and imams working with severely ill and dying patients. The intention is to map the ways by which the chaplains and imams try to help the patients to deal with their existential questioning of meaning and their experiences of suffering.

The approach to the work of the chaplains and imams will focus on the different roles with which they engage with their patients. These roles include opportunities to be a religious authority, a fellow believer or an existential counselor. Representing a particular raises the question whether they can work with patients' existential needs in a secular context, and to what degree both believers and non-believers may find their support helpful.

Paper Session:
Methodological Challenges

Session 3:
Bad Health and Existential Narrative
Tuesday 18th of May, 14:30, Room U99
Chair: Kevin Ladd

Illness as a path – A journey to the dark places of wisdom
By Gabriella Otty

This paper is my personal attempt to explore and conceptualise the profound psychological and spiritual transformation I have witnessed in my father during the course of the illness that would eventually lead to his death. I will discuss how, in so far as it acts as an existential crisis – by confronting an individual with their own mortality and forcing them to re-evaluate the assumptions and beliefs on which they have based their life – illness can become a turning point, a life-opening experience; how those who choose to accept, rather than fight, their physical illness, may embark upon a path to self-discovery, self-acceptance and spiritual healing. I will also consider the challenges posed to therapists by the work we do with clients affected by an illness or terminal disease and the way in which, as we sustain them throughout their journey, as fellow travellers and, ultimately, as human beings, we are transformed ourselves.

Interpretation of Illness and use of history – A modern notion of sin as link between causes of illness and roads to healing
By Associate Professor, Tove Elisabeth Kruse
Department of Culture and Identity, Roskilde University, Denmark

My study examines the interpretation of illness and use of personal history among a group of Scandinavian patients with extraordinary medical histories, collected in the Registry of Exceptional Courses of Disease at NAFKAM, University of Tromsø.
The study is based on the registration forms filled in by all the patients in the Registry by 1.1.2007 (109 patients) and on qualitative, in-depth interviews with a strategic sample of 7 patients diagnosed with cancer and MS.
The study demonstrates that patients, based on their own illness, perform an active memory work linking past, present, and future together. They find causes of their illness in their recent and personal past. Existential strains and crises, psychological tendencies, and the lack of ability to handle social demands and challenges, is often thought to create the illness. The patients regard themselves to be part of the problem creating their illness and therefore they also see themselves as part of the solution.
In this way my study identifies a distinct relation between the comprehension of cause and the personal efforts. I suggest that a modern notion of "sin" is the focal point of this relation. The patients still consider sin as a cause of illness, but one no longer sins against God or one's neighbor, rather against oneself. Sin has been secularized, and its foundation is no longer collective and religious, but individual and psychological. The road to partial or full recovery is therefore generally tied to the individual's own effort, flexibility and ability to change personally as well as in regard to way of life.

Philosophical Care as Medicine for The Soul

By Jeanette Knox Ladegaard
DIS - University of Copenhagen

My presentation will reflect on how to apply philosophical practice in counseling patients who have survived a life threatening disease such as cancer and are now in a state of remission and rehabilitation but also faced with a multitude of existential issues, such as how to make sense of the experience or how to define oneself in the wake of a life changing event. These existential issues go straight to the core of philosophical inquiry. Can philosophy act as medicine for the soul and if so, in what way?

Paper Session:
Existence, Spirituality and Religiosity in the Secular Context

Session 1:
Pastoral Care, Chaplaincy and Psychotherapy
Wednesday 19th of May, 14:30, Room U97
Chair: Tor Johan Grevbo

Delivering spiritual and religious care to patients with ethnic minority backgrounds. Emerging religious resources amongst minorities during hospital admittance. The case of Ethnic Resourceteam at Rigshospitalet and Herlev Hospital, Denmark

By Project coordinator and hospitalimam, Naveed Baig[1] and Psychologist Nadia Qureshi[2]
[1] Rigshospitalet and Herlev Hospital, Denmark
[2] Dansk Kognitivt Center, Copenhagen, Denmark

Ethnic Resourceteam, a hospital project running from Jan. 2008 - Jan. 2011, has three main functions. Providing a visiting and support function for patients and relatives, bridge-building between hospital staff and patients/relatives and lastly offering education and supervision to staff.
The visiting function consists of 34 volunteers from various ethnical, cultural and religious backgrounds that provide care and support to patients and relatives. The visiting function also consists of a volunteer chaplaincy service other than the majority Lutheran Christian chaplaincy. During 2009, Ethnic Ressourceteam had 203 patient related contacts. About a third of them were related to chaplaincy services - specifically to the Muslim chaplaincy.
What kind of spiritual and religious care do these patients and relatives desire? Are there any trends? The statistics will shed light on these questions. Thereafter some observations and experiences from the patients and relatives own religious resources will be discussed.

Theological Perspectives in Religion and Coping

By Ass. Prof., Theol. Dr., Niels Christian Hvidt
Research Unit of Health, Man and Society, Institute of Public Health, University of Southern Denmark

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 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 they 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 my 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.

Theology and psychology. The relation between psychotherapy and pastoral care
By Mikkel Wold

Psychotherapy and pastoral care have many interfaces. They have a theoretical background in respectively psychology/psychiatry and theology, and they both offer an answer to the important question: What is a human being? But comparing the two disciplines is not without problems. Their concept of anthropology can differ, and while many aspects of psychotherapy are related to an anthropology inspired by a more or less naturalistic view, pastoral care of course looks at man as a creation, longing for God and defined not only by naturalistic categories, but also by spirituality. Especially the interpretation of spirituality is one of the possible meetingpoints between therapy and pastoral care, since much of modern therapy is very open to a spiritual dimension. This is a very welcomed contrast to the dichotomy between psychotherapy and pastoral care that has been a hindrance for a dialogue between the two disciplines. Especially the Freud-inspired thinking, where religion is considered an oppressive illusion created by human desires, dreams or psychic conflicts, has been reluctant to an openess towards spirituality.

One of the forms of therapy most open to spirituality is logotherapy, founded by the Austrian psychiatrists Viktor Frankl (1905-97). Frankl is theologically interesting because he not only acknowledges the existence of the religious, but even talks about the religious as a fundamental feature in man, as he defines man as a creature searching for a meaningful life.

Paper Session:
Existence, Spirituality and Religiosity in the Secular Context

Session 2:
Spiritual Aspects of Complementary and Alternative Medicine (CAM)
Wednesday 19th of May, 14:30, Room U98
Chair: Peter La Cour

Religious / spiritual faith and use of complementary and alternative medicine among Danish cardiac patients. Preliminary results from the Cardiac Recovery Study

By PhD, MSc., Christina Gundgaard Pedersen[1] with Ph.d. Fellow., MSc., Licenced, Sidsel Bekke-Hansen[1], Mikael Thastum[1], Kristian Thygesen[2], Søren Christensen[1], Robert Zachariae[1]

[1] Unit for Psychosocial Cancer Research and Health Psychology, Aarhus University & Aarhus University Hospital, Aarhus, Denmark

[2] The Department of Medicine and Cardiology A, Aarhus University Hospital, Aarhus, Denmark

Background

Limited knowledge exists regarding the prevalence of complementary and alternative medicine (CAM) use among Danish cardiac patients. While a few studies of cancer patients and healthy population samples have demonstrated a relationship between faith and CAM-use, no studies have examined whether CAM-use is related to a specific conviction within a secular society.

Aim

To investigate the prevalence of 12 different CAM therapies within the past year among patients hospitalized with acute coronary syndrome (ACS) and to explore if CAM-use was related to a particular faith conviction.

Methods

A total of 97 hospitalized ACS patients (70 male; age 28-76) provided questionnaire information as part of the ongoing prospective study: The Cardiac Recovery Study. Use of specific types of CAM within the past year, faith in God, faith in a higher spiritual power, and experienced religious, spiritual, and existential considerations since time of hospitalization were measured as part of the baseline questionnaire.

Results

A total of 31.8% had used CAM within the past year. The types of CAM being used were distributed as follows: Dietary or nutrition supplements (14.8%), massage (8%), nutrition or exercise counselling (6.8%), needle acupuncture (5.7%), herbal medicine (3.4%), reflexology (3.4%), relaxation or yoga (3.4%), meditation (2.3%), hypnosis (2.3%), imagery (1.1%), kinesiology (1.1%), and others (2.3%). Those having used CAM within the past year were more inclined to have faith in a higher spiritual power (^{2}=13.21, p=.001). Faith in God, however, was not found to be associated with CAM-use (p=.10). Patients having used CAM within the past year experienced more religious (χ^2=4.06, p=.04), spiritual (χ^2=8.03, p=.005), and existential (χ^2=12.41, p<.001) considerations after hospitalization for a cardiac event when compared to non-users.

Conclusion
The present findings suggest that use of CAM is primarily related to faith in a higher spiritual power and not to faith in a personal God. CAM may be used to comply with needs and considerations associated with a spiritual faith, or spiritual considerations after hospitalization may be influenced by previous CAM-use.

Re-enchanted bodies: Experiences of the sacred and healing

By Post.doc., Ann Ostenfeld-Rosenthal
Department of Anthropology and Ethnography, Aarhus University, Denmark

As a consequence of the Cartesian dualism body and soul have for a long time been conceived of as separate entities of a different nature. These notions of body and soul are changing. This is especially evident in New Age inspired concepts of body and soul, illness and healing as it is also reflected in my study of spiritual healing and patients with medically unexplained symptoms on which this paper is based.
The paper will address the following questions: How do patients and healers conceptualize body and soul? What does it mean in relation to a healing process? Two concepts that aim to encompass body and soul are Csordas' concept: 'imaginal performance' (1994) and McGuire's concept: 'embodied spiritual practices' (2008).
Drawing on these two concepts and with a point of departure in on the one hand patients' and healers' notions of body and self, illness and healing and on the other hand patients' experiences of 'the sacred in the body' I want to argue that when bodily sensed spiritual experiences take on a personal meaning it opens a possibility for 'religious sceptics' to believe in the existence of a spiritual world playing an important role in relation to the healing process.

The sacred individual – a starting point to understand "energy healing"

By Cand.polit. Social Anthropology, Rita Agdal
Research Unit of Health, Man and Society, Faculty of Health Sciences, University of Southern Denmark

"Energy healers" are defined by their aim to influence the health of clients by transferring "energies". Energy healers have been referred to as new-agers and part of new religious movements. But can we consider them"religious healers" if they do not think of themselves as such? And if their practices may be seen as religious, how does this relate to their ideas of health and illness? If it is a religious practice, can we than observe the duality of the sacred, with taboos and dangers as found in other religions?

To address these questions in the context of Norwegian healers, I draw on Durkheim and Douglas. While doing fieldwork among healers and their clients, both healers and clients distanced themselves from religious beliefs. The healers' professional organization took a stand against "faith healing" in information pamphlets. It emphasized that religious beliefs of healers and clients were irrelevant to the healing session, and advised healers to avoid displaying religious beliefs. Although I did not observe healers talking about what are commonly referred to as religious beliefs during treatments, I still suggest that some of their practices are encounters of "the sacred".

Durkheim observed that what is held as sacred reflects dominant ideas of a society. Durkheim and Douglas propose that the sacred can be identified by observing how it is demarcated from the profane. Negligence of the boundaries and taboos which seclude the sacred will cause danger. Following Durkheim and Douglas the sacred can be identified in the healers' practices to ensure health and to avoid ill-health. The healers' notions of the sacred imply causes for illness and disease, as well as for healing. In this way, I suggest that healers refer to the sacred without talking about the practices as religious. As with relations to the sacred in general, non-observance of prescribed rituals may cause danger and ill-health. The practices of these healers may be perceived as rituals of worship of the individual as the sole creator of his/her health, reflecting values of individualism in contemporary society. The duality of the sacred is however present, as negligence of boundaries around the sacred may cause danger. The patients on one hand experience the practices as deeply meaningful as these provide tools to improve health. On the other hand, the knowledge of the sacred, which may be tacit, comes with a responsibility of relating to the sacred in the right manner, to affect health.

Complementary and alternative medicine as spiritual practice in cancer treatment
By Ph.d., anthropologist, Anita Ulrich

Studies suggest that about half of Danish cancer patients make use of one or more forms of complementary and alternative medicine (CAM) as a supplement to, or replacement for, their treatment at hospital. This paper investigates how cancer patients may use CAM, as not only a supplement or replacement for conventional cancer treatment, but as a form of spiritual practice.

The paper is based on the results of a recent PhD project, which investigates cancer patients' use of different kinds of cancer treatment, conventional and CAM, and the effects the use of these various forms of treatment had for cancer patients' experiences of the illness process. The study suggests that CAM may serve as a resource for patients coping with the physical, emotional, as well as existential issues in cancer, aspects that are not present to the same degree in conventional cancer treatment.

For some cancer patients faith and healing practices may interweave in CAM. In this way, CAM may provide a space for patients, not only to cope with illness, but also to practice faith. In some cases, and for some patients, even more so than in established religious institutions such as The Danish National Church. These findings are especially interesting in the current debate on Denmark as a predominantly secular society, cf. e.g. sociologist Phil Zuckerman (2008): Samfund uden Gud (Society without God).

Paper Session:
Existence, Spirituality and Religiosity in the Secular Context

Session 3:
The Nature of Existential Concerns in Secular Society
Wednesday 19th of May, 14:30, Room U99
Chair: Hans Raun Iversen

Existential considerations and faith among hospitalized Danish cardiac patients. Preliminary results from the Cardiac Recovery Study

By Ph.d. Fellow., MSc., Licenced, Sidsel Bekke-Hansen[1] with PhD, MSc., Christina Gundgaard Pedersen[1], Mikael Thastum[1], Kristian Thygesen[2], Søren Christensen[1], Robert Zachariae[1]

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[2] The Department of Medicine and Cardiology A, Aarhus University Hospital, Aarhus, Denmark

Background

Patients facing a potentially life-threatening disease may experience a number of existential considerations and some may turn to their faith as a means of coping. Research distinguishing between religious-, spiritual-, and existential considerations among hospitalized patients in secular societies is limited.

Aim

To examine the prevalence of religious and spiritual faith and existential, spiritual, and religious considerations experienced since hospitalization among Danish patients with acute coronary syndrome (ACS).

Methods

As part of the ongoing prospective study – The Cardiac Recovery Study, a total of 97 hospitalized ACS patients (70 male; age 28-76) completed a baseline questionnaire regarding denomination, faith in God, faith in a higher spiritual power, and experienced religious, spiritual, and existential considerations since the time of hospitalization.

Results

The majority (74%) described themselves as Christians, 13.5% were atheists, 4.2% reported another denomination, and 8.3% did not know. A total of 30.2% reported having unambiguous faith in God, 30.2% reported a little faith in God, and 39.6% reported no faith in God. Unambiguous faith in a higher spiritual power was reported by 24.2%, 31.6% reported a little faith in a higher spiritual power and 44.2% no such faith. Although religious and spiritual faith was related (χ^2=37.84, p<.001), 12% reported some degree of faith in a higher spiritual power but no faith in God, and 17% reported some degree of faith in God but no faith in a higher spiritual power. A total of 17.4% reported having had more religious considerations after being hospitalized with ACS, 10% had more spiritual considerations, and 30.7% had more existential considerations. Patients having faith in God more commonly experienced religious considerations

after hospitalization, (χ^2 = 15.67, p<.001), compared to those not having faith in God, but not more spiritual (p=.14) or existential (p=.79) considerations. Faith in a higher spiritual power was associated with having more religious (χ^2=8.63, p=.01), spiritual (χ^2=18.51, p<.001), and existential (χ^2=7.62, p=.02) considerations.

Conclusion
The religious, spiritual, or existential considerations experienced during hospitalization were found to depend on the type of faith held by patients. This finding suggests that it may be important to differentiate between faith in God and faith in a higher spiritual power in a secular setting.

Existential experiences in a clinical context: On abortion in secularized Sweden
By Dr. Maria Liljas Stålhandske, Uppsala Religion and Society Research Centre, Sweden
Co-authors: Tanja Tydén & Maria Ekstrand, Department of Public Health and Caring Sciences, Uppsala University, Sweden

Psychological distress after abortion is uncommon, but current Swedish abortion research shows that the abortion decision may comprise strong and contradictory emotions, sometimes related to questions of existential significance. However, abortion-related existential experiences have not yet been systematically studied. The aim of this study was to investigate existential experiences in relation to induced abortion. The study was performed through semistructured interviews with questions about decision-making, abortion process, and existential feelings, thoughts and acts. Eighteen women, aged 21-38, with experience of abortions participated. The interviews were analyzed with latent content analysis.

Existential questions concerning life and death, self-understanding, meaning and morality were found in the material; only one of the interviews was devoid of existential issues. However, this implied neither that the decision was difficult for the women to make, nor that the women were unsatisfied with their abortions. Four different existential practices were found in the material, showing how the women tried to deal with the existential questions through (1) cognitive practices (protecting themselves from difficult emotions), (2) meaning-making practices (finding ways to understand and justify the event), (3) narrative practices (sharing their experiences), and (4) symbolic-ritual practices (dealing with the experience in bodily or expressive ways).

The study sheds light on secularized forms of meaning-making and contributes with knowledge about women's existential experiences and needs in relation to induced abortion. The study shows that existential aspects of abortion can affect the wellbeing of aborting women. Existential aspects of abortion are seldom acknowledged within the clinical context. The study offers new perspectives to understand this dimension.

Spiritual Care Perspectives of Danish Nurses
By RN1, SD, MSNurs, Lecturer, international co-ordinator, Kirsten Haugaard Christensen
VIA University College, Faculty of Health Sciences, Denmark

The purpose of the study on which this presentation is based was to explore how Danish registered nurses understand the phenomenon of spiritual care and how their understanding impacts on their interventions with their patients.

Nurses are responsible for the provision of care which respects patients' values, religion, customs, and spiritual beliefs. Literature however revealed that the phenomenon of spiritual care is complex and variously interpreted, and that there seems to be a lack of conceptual clarity regarding what constitutes spiritual care.

A phenomenological and hermeneutic approach rooted in the philosophy of Gadamer was chosen as methodology. In-depth interviews were used as data collection tool, and six registered nurses who worked within hospital settings in Denmark were interviewed.

The findings revealed that deep knowing of the patients were essential before nurses would engage in provision of spiritual care. The participants acknowledged that their understanding of spirituality influenced their provision of spiritual care, which was recognized as a challenge requiring the nurse's initiative and courage. Spirituality was primarily understood as a patient's private area and the chaplain was seen as the closest collaborator regarding the provision of spiritual care to patients.

Poster Presentations

Monday 17th of May, 16:30, Campustorvet

Existential, religious and spiritual orientations among Danish cancer patients in a secular context:A qualitative investigation within cancer rehabilitation

By Mag.art., Ph.d. Fellow Elisabeth Assing Hvidt
Institute of Public Health, Research Unit of Health, Man and Society, Faculty of Health Sciences, University of Southern Denmark

North-American research show that many patients in cancer rehabilitation experience unmet existential 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. Therefore a specific Danish research study is needed to assess the existential, religious and spiritual needs of Danish cancer patients being embedded in a secular culture.
The purpose of this ph.d.-study is to identify existential, religious and spiritual orientations 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.
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.

Wanted! Possible links between religious coping and safety

By Senior researcher, Ph.d. Fabienne Knudsen & post.doc, Ph.d. Sisse Grøn
Centre of Maritime Health and Safety, University of Southern Denmark

This is really more an inquiry than a normally structured abstract. We are two researchers in maritime health and safety that never previously have paid attention to religious coping. However, the issues raised by our project require an unprejudiced consideration of all kinds of explanations, including religious ones.

The project

In the past years, safety has been in focus in seafaring, and there has been a reduction in the number of reported work injuries in ships registered in the Danish International Ship Register (DIS) since 1998. The injuries, though, are not evenly distributed and seem to depend on a range of factors, of which the type of ship and the nationality of the seafarer are critical. Statistics show that Filipino seafarers working on Danish ships have less than 50% reported accidents compared to Danes – the Danes having the highest rate of reported accidents and the Filipinos the lowest one – other nationalities being intermediate. Some of the differences may be due to a difference in the rate of accident reporting. However, several studies indicate that seafarers from South East Asia, mainly the Philippines, have a genuine lower risk of occupational accidents than seafarers from Western Europe.

Therefore, the project will seek to identify relevant aspects of both reporting practice and safety culture in Danish seafaring.

The objective of the project is to identify causes behind the registered difference in numbers of injuries among Danish seafarers and their foreign colleagues, in order to direct future safety initiative towards the relevant factors.

The research questions are as follows:

How is safety learnt, conceived of, communicated and practiced, within the national groupings, and between the national groupings?

Which factors function as incentives or disincentives to a suitable reporting practice?

Are there special conditions concerning reporting in the case of non Danish seafarers?

Points of relevance to research in faith and health

If the study confirms that the Filipino's lower rate of injuries is, at least partly, due to a better safety attitude or a more adequate safety culture, what can be the reasons for it? So far, we have only found few tracks with some explanatory force. One is given by Gunnar Lamvik who, in his book "The Filipino Seafarer – A Life between Sacrifice and shopping" suggests that Filipino seafarers pay particular attention to safety because of their role as breadwinner (in the limited welfare system of the Philippines). While working aboard, they are 'on mission for the family'. Indeed, we have both done fieldwork on board with Filipinos and noticed that they widely consider their sailing time as a 'sacrifice' for their family. Another explanation is provided by Greg Bankoff who points to the fact that no country has been subjected to as many catastrophes as the Philippines. This has compelled the Filipinos to develop a range of coping strategies towards hazards. However, it is not obvious that these can be transferred to a safer personal attitude at work.

Although it is clear from our fieldwork that faith plays a huge role in the life of the Filipino seafarers, we have not considered the possible influence played by religion in safety attitude or risk perception so far. Attending this conference, calling on your attention with our poster, we hope to get new insight in the issue raised above.

Faith, existence and birth of preterm babies – Existential and religious issues among mothers of babies born preterm

By Midwife, Cand. Scient. San. lecturer, Christina Prinds Rasmussen
School of Midwifery, University College Vest

Aim

The aim is to explore if becoming a mother preterm of a preterm baby, actualises existential and religious issues, and to explore the impact of the considerations in the way of coping.
The aim of the study has two dimensions:

- To explore the independent influence of pregnancy and childbirth related to an upgrade of existential and religious issues among Danish mothers of babies born either around due date or preterm.
- To explore the impact of existential and religious issues on the way of coping, among mothers of preterm babies, who have or have not, respectively, an integrated religiosity.

Method

The project follows a mixed methods strategy. It is initiated by a quantitative questionnaire (Part one) among two groups at Odense Universitetshospital: Mothers of preterm babies born before 32nd week of gestation, and mothers of full term babies. Part one also determines informants in part two.
Part two consists of qualitative interviews. The aim is 20 interviews, semi-structured in order to maintain focus but still allowing complexity. There will be two groups (10 interviews in each group) of informants selected from the survey, but only among the mothers who had a preterm baby: One group of these mothers who experienced that the existential and religious issues had big impact on their way of coping, and one group who did not attach importance to these issues.

Results Pilotstudy

The preliminary results, indicate that for the informants in the pilotstudy (2008), existential and religious issues are not separate from the way, the situation is made manageable, but are to be understood as a part of the women's and the family's context, and has thus impact on her and the family's health.

When humans and non-humans transform

By Master in Sociology of Religion, Katja Nielsen

In Denmark, more than 60,000 children grow up in a home in which at least one of the parents has been hospitalized due to an alcohol-related diagnosis. The exact number of children growing up in a home with alcohol abuse is unknown. Research show that if the problem goes unnoticed it may have psychological, social and emotional consequences for the child in his or her adult life. For instance, every third child of an alcoholic develops alcohol abuse as an adult. At the moment there are 632.000 adut children of alcoholics living in Denmark. When seeking help, this group of people is mostly referred to private and voluntary help as the law does not guarantee help for adult children of alcoholics. These private and voluntary offers of help are often religious or spiritual in character. Several studies on alcoholism have shown that religion and spirituality can play an important part in the healing process. Very little research has been done on how faith, religion and spirituality can act as factors in the healing process of adult children of alcoholics or other dysfunctional parents though.

Through an in-depth qualitative study of Adult Children Anonymous (ACA), I have investigated how faith, spirituality and religion can play a part in the healing process of three informants. Using mainly ritual theory, actor-network theory, post-ant analytical concepts, I have explained how the healing process in a twelve step program such as ACA can work as a transformation process for the person seeking help. This matter has been investigated by asking how spiritual communities such as ACA deal with defence mechanisms such as isolation, codependence and denial.
The findings show that former defence mechanisms used to cope with childhood experiences can be transformed into another way of coping with life, through spiritual and religious aspects. The twelve step program offers a framework in which the individual's self-understanding can be decomposed and reconstructed by the help of the ACA community. A process that transforms the individual's way of thinking of him or herself, others, the childhood experiences and the world. But can a transformation, a healing process, or even a salvation be said to be final? Or is it an ongoing, never ending proces and if so how is it possible to monitor this form of movement?

Crisis, Faith and Meaning – A Study of Danish Christian Clients' use of Religiosity as a Meaning-system during Personal Crisis

By Ph.d. Fellow, Dorte Toudal Viftrup
Institute of Public Health, Research Unit of Health, Man and Society, Faculty of Health Sciences, University of Southern Denmark

Background
People who face a personal crisis often begin to seek for a new meaning in life in order to understand their changed life situation. In their search for meaning, some people turn to religious faith while trying to interpret their situation in new ways. International Research shows Religiosity has a particular potential as a meaning-system. The majority of research in the significance of religiosity as a meaning-system for people in crisis has mainly been done outside of Scandinavia. It is difficult to adapt these, primarily American, studies to Scandinavian conditions, since secularization is more widespread in Scandinavia. Scandinavia's cultural approach to religion differentiates significantly from that of other nations, but knowledge about how Danish religiosity functions as a meaning-system is highly useful in the clinical work with religious people.

Purpose
The purpose of this PhD-project is to examine how Danish Christian faith is used as a meaning-system by a group of Danish Christians and to examine the characteristics of a psychological intervention that integrates Danish Christian faith as a meaning making resource (Faith integrated group-therapy). The design of the study seeks to answer the following two research questions:

1. How are Danish clients who face a personal crisis using their Christianity to frame or reframe their life-narrative?
2. Which impact does the Faith integrated group-therapy for crisis-stricken people have on the framing or reframing of the client´s life-narratives?

Design/Method
The method of the project is based upon the qualitative research tradition. It uses semi-structured interviews with 18 individual people who have chosen to participate in Faith integrated group-therapy, and participant observation and sound recordings of the group-therapy sessions.

A structural/linguistic narrative approach is used for analyzing the data material. This approach

focuses on 1. How the informants connect different narratives when they speak, 2. Which narratives they find important, 3. The way clients use their religiosity for framing and reframing their life-narrative, and 4. The importance of the Christian group therapy to this process.
The Ph.d. project will constitute a significant theory and concept-forming step towards further research of the role of religiosity in health-promoting interventions in Scandinavian Countries.

Religious Belief and Coping with Cancer – a Quantitative Study among Danish Cancer Survivors

By Christine Tind Johannessen-Henry, Ph.d. Fellow, MTh (theology)[1] [2]; Isabelle Deltour, Ph.d. (statistics)[1]; Niels Henrik Gregersen, Professor, Ph.d., MTh[2]; Christoffer Johansen, Professor, MD PhD DMSc[1]

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AIM: This baseline-study investigates the association between religious beliefs among Danish cancer survivors and the actual ways of coping with the life as a cancer survivor. Further the study target institutional and non-institutional religious beliefs of cancer survivors. About 80 % of the Danish population are members of The National Church (Lutheran), but the majority of these members have a distant connection to the church society.

MATERIAL & METHOD: We developed a questionnaire, which was filled in by 1048 consecutive cancer survivors who received the instrument between 1 May 2006 and 1 December 2008. In addition to self constructed items, the questionnaire included: FACIT-Sp, DUREL, POMS SF, Mini-MAC, socio-economic and demographic data and information from medical records.

PRELIMINARY RESULTS: A total of 39 % state 'somewhat', 'quite a bit' or 'very much' when responding to the question: "I find strength in my faith or spiritual beliefs"; 59 % state 'yes' to "I believe in a god"; 34 % mark 'yes' to "I believe in a god who I can talk to"; 30 % answer 'sometimes' or 'often' or 'daily' to "I have had experiences which I connect with God or a higher power"; 30% answered 'sometimes', 'often' or 'daily' to "It happens, that I say a prayer". Regression analysis of the association between questions regarding God-relation and distress and mental adjustment showed that, e.g., believing in a god one can talk to or having experiences connected to a god or a higher power was associated with more anxiety but also with fighting spirit.

CONCLUSION: Religious beliefs seem to play a significant role to at least half of the respondents, and some aspects of religious beliefs seem to be associated with aspects of distress and mental adjustment to cancer. These findings may indicate that cancer patients who are more anxious might have a more personal relation to a god and/or experience the presence of a god more often – and in that sense use their faith more actively – in search for comfort, strength and relief.
This study points towards the fact that many Danish cancer survivors seem to have religious beliefs which are sufficiently deep-rooted to have an effect on coping with situations of cancer.

ACKNOWLEDGEMENT: The study was supported by the Psychosocial Research Foundation (Danish Cancer Society).

This study is a part of the PhD project Cancer, Meaning and Religious Dimension, which – in a dialog between philosophy of religion and psycho-oncology – aims at exploring the meanings of religious beliefs among Danish cancer survivors. The project contains a longitudinal quantitative study, a qualitative study completing 20 open semi-structured interviews and a theological analysis of the results of the epidemiological and qualitative data.

Ritual og Mening

By Ph.d. Fellow Diana Rigtrup,
Dept. of Systematic Theology, University of Copenhagen

Philosophy of religion has described religion as a perspective on life which has effects on the way in which life is lived and as a system of meaning and orientation, which makes it possible to live with the uncontrollable and meaningless in a controllable way. Psychology of religion has focused on the way religion can transform perspectives in a crisis situation.
If the imaginings of the human mind has a decisive influence on the way human life is interpreted and lived, what then are the positive and negative effects of religion?

Purpose

The purpose of this thesis is to examine the role of religion and religious rituals in crisis situations. I will focus on how creation of meaning takes place after a traumatic experience, and on how religion and religious rituals as systems of meaning and orientation influence the interpretation of critical life situations.
Rituals have from an early stage in human history been used as a way to create order in chaos. Prior theories have focused on the myth behind the ritual and its repetition in the performative act. But recent theories view rituals as non-intentional acts without symbolic reference. If ritual is viewed as a way of acting and reacting to the uncontrollable, how then is a religious ritual interpreted, when performed in a crisis situation? And does it function as a way of coping with a changed life situation?

Method

The project involves theoretical studies of philosophy of religion, psychology of religion and ritual-studies and a hermeneutical-phenomenological qualitative analysis.
Data are collected through participant observation and 2 semi-structured interviews at 3-monthly intervals with 25 parents, who have sick children and choose to baptize their child in Rigshospitalet, Copenhagen.
The project will examine the way in which pastoral care and the ritual of emergency baptism influences the parents' understanding of their traumatic situation, focusing on two issues:

1) How do the parents cope existentially with the critical situation? Do they experience loss of meaning and what role does religion play in their understanding of their situation?
2) How do the parents experience and understand the ritual of emergency baptism in a crisis situation?

The project will be a part of the upcoming Centre of Knowledge of Patient support in Rigshospitalet, which has as its purpose the promotion of research and development of psychological, psychosocial, existential and religious support.

Examining Religious Meaning-Making
By Cand.mag., Jens Pedersen

Religions are said to bring meaning into an otherwise chaotic world. The purpose of this study is to evaluate that meaning-making capacity on an empirical basis. To do so statistical data is drawn from the international study program, World Values Survey (WVS), especially data concerning the Nordic countries.

By testing and analyzing correlations between a number of variables, I try to answer the following three questions: 1) Is meaning-making a religious 'speciality'? 2) If so, do people actually get a meaning in life through religion? 3) And does it mean something to their general perception of life? There is a strong, negative correlation between feeling that life is meaningless and feeling happy.

Hence, if religions do bring meaning to the life of believers, religious people might be happier. That is in fact the finding of this study. Also I found, that religious people think much more about the meaning and purpose of life, and they are less prone to feelings of meaninglessness, independently of how happy they are. It seems that they are better at making meaning of life.

In sum meaning-making seems indeed to be a religious speciality with a significant effect on people's perception of life.

Interpretation of Illness. Cancer, coping and life interpretation in a cultural perspective. An idea for an empirical study
By Advisor Stein Conradsen,
LMS – Sunnmøre Health Trust, Norway

The topic of the study is "In a cultural perspective, how does life interpretation/view of life affect coping strategies among persons with cancer diagnoses"? Palliation and patient education are fields to benefit from the findings in the study.

Methods
The project plans to carry out a qualitative study among persons with cancer diagnoses. The design includes two semi-structured interviews with each informant, field studies at their homes and they will be asked to write diaries. We may find the RCOPE (The many methods of religious coping) useful as a part of the interviews.

Aim/Objective
The main scope is to contribute to better palliative services and patient education. The findings from this research may help health workers to communicate better with seriously ill patients.

Theory
Life interpretation: The concept of "view of life" closely relates to the expression, but "life interpretation" is intended to have a more individualistic approach. "View of life" is the institutionalized, social systems that the individual may refer to. Life interpretation is the individual construction using various elements – potentially from a number of traditions. The cultural context is a strongly determining force in the interpretation process, hence we

need research tools sensitive to culture. In a late modern post-traditional setting, one may expect individual constructs to vary greatly and to be sensitive to altering life conditions and a individualistic concept seems needed. Still, the idea of the free and independent individual perhaps also proves to be overestimated.

Coping: The Antonovsky concept of Sense of Coherence is a widespread theory for understanding how individuals react to external and internal stressors. Using the three dimensions comprehensibility, manageability and meaningfulness one may explain some of the dynamic relations between life interpretation and coping. The Lazarus and Folkman definition of coping is also interesting, putting cognitive and behavioral efforts in focus. Ahmadi outlines five religious coping strategies from the RCOPE, she stresses that religion seems to have the potential for both positive and negative influence on coping.

Culture: Since research on this field largely has been carried out in the USA, there is need to needed to do more work in a scandinavian and norwegian context.

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