Glaube und Gesundheit - Eine Feld mit zwei Richtungen

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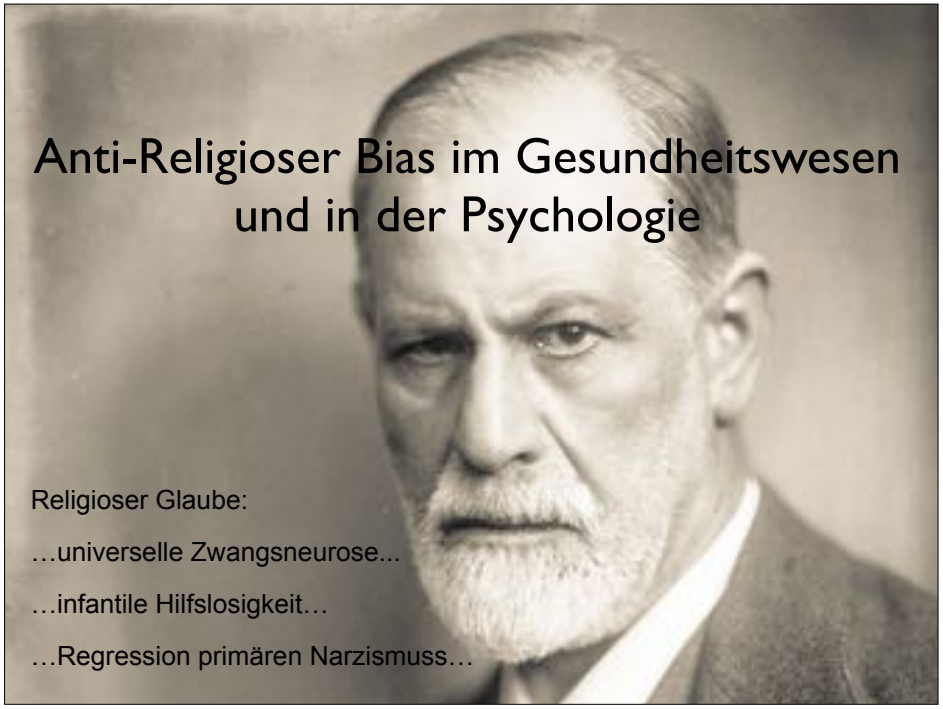
- **Einführung zur Forschung *Glaube und Gesundheit***
- Glaube versetzt Berge
- Berge versetzen Glaube
- Perspektive

Anti-Religioser Bias im Gesundheitswesen und in der Psychologie

- Im Gesundheitswesen, wegen den alten "Krieg" zwischen Glaube und Wissen
- In der Psychologie, wegen den Wunsch nach Wissenschaftlichkeit - und wegen Freud



Anti-Religioser Bias im Gesundheitswesen und in der Psychologie

Religioser Glaube:

…universelle Zwangsneurose...

…infantile Hilfslosigkeit…

…Regression primären Narzismuss…

Anti-Religioser Bias im Gesundheitswesen und in der Psychologie

Bias wird heute jedoch durch ungedeckte Patientenbedürfnisse getrumpft.

Resultate

1. Glaube und Lebensqualität

SELIGMAN, M, CSIKSZENTMHALYI, M, "Positive Psychology: An Introduction." *American Psychologist, Millenial Edition. 2000;55*(1):5-14.

2. Glaube und geringeres Krankheitsrisiko

LEVIN, JEFFREY S. *God, Faith, and Health - Exploring the Spirituality-Healing Connection*. New York: J. Wiley, 2001

3. Glaube und Lebenslänge

LA COUR, PETER, KIRSTEN AVLUND, and KIRSTEN SCHULTZ-LARSEN. "Religion and Survival in a Secular Region. A Twenty Year Follow-Up of 734 Danish Adults Born in 1914." *Social Science & Medicine* 62, no. 1 (2006): 157-64.

4. Glaube und Erholung (psychisch und physisch)

FALLOT, ROGER D. "Spirituality and religion in psychiatric rehabilitation and recovery from mental illness." *International Review of Psychiatry* 13, no. 2 (2001): 110-116.

5. Glaube und Coping

PARGAMENT, K. I., KOENIG, H. G., TARAKESHWAR, N. & HAHN, J. (2001) Religious Struggle as a Predictor of Mortality among Medically Ill Elderly Patients: A 2-Year Longitudinal Study. *Archives of Internal Medicine*, 161, 1881-1885.

Niels Christian Hvidt

Glaube und Gesundheit

- Einführung zur Forschung Glaube und Gesundheit
- **Glaube versetzt Berge**
- Berge versetzen Glaube
- Perspektive

Religion und Krankheitsrisiko

Fortlaufende dänische Kohortenstudie, begonnen 2004

12.000 Adventisten und Baptisten

Religion und Krankheitsrisiko

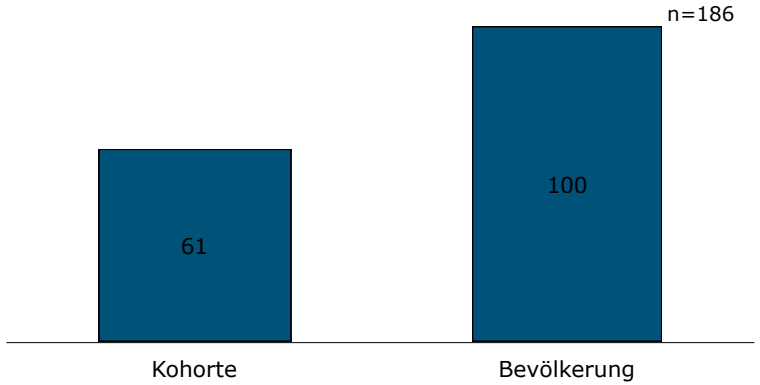
Fortlaufende dänische Kohortenstudie, begonnen 2004

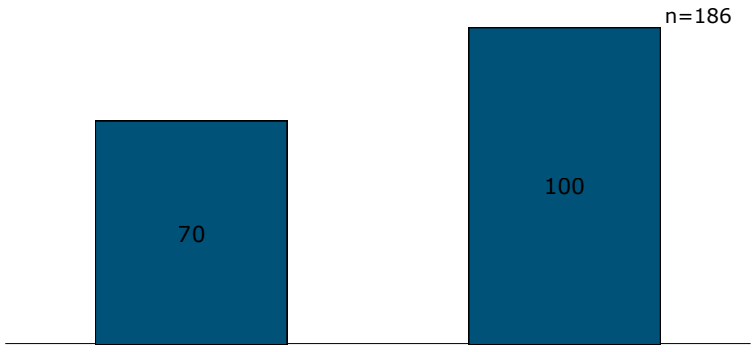
12.000 Adventisten und Baptisten

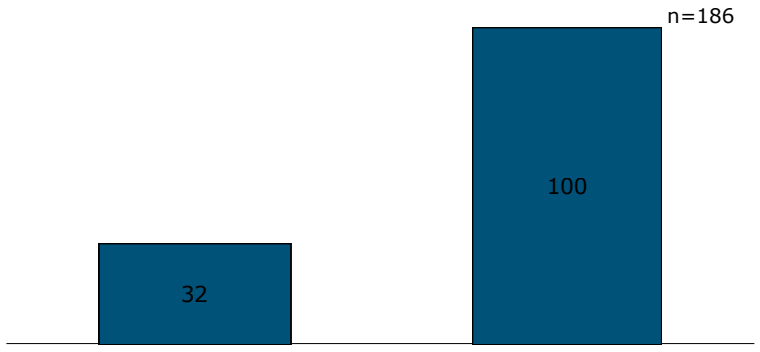
1. HOFF, A., JOHANNESSEN-HENRY, C. T., ROSS, L., HVIDT, N. C. & JOHANSEN, C. 2008. **Religion and reduced cancer risk: what is the explanation? A review.** *European Journal of Cancer,* 44**,** 2573-9.
2. THYGESEN, L. C., HVIDT, N. C., JUEL, K., HOFF, A., ROSS, L. & JOHANSEN, C. 2012. **The Danish Religious Societies Health Study.** *International Journal of Epidemiology,* 41**,** 1248-1255.
3. THYGESEN, L. C., HVIDT, N. C., HANSEN, H. P., HOFF, A., ROSS, L. & JOHANSEN, C. 2012. **Cancer Incidence among Danish Seventh-Day Adventists and Baptists**. *Cancer Epidemiology,* 36**,** 513-8.
4. THYGESEN, L. C., DALTON, S. O., JOHANSEN, C., ROSS, L., KESSING, L. V. & HVIDT, N. C. 2013. **Psychiatric disease incidence among Danish Seventh-day Adventists and Baptists.** *Social Psychiatry and Psychiatric Epidemiology,* 48**,** 1583-90.
5. SCHMIDT, A. W., CHRISTIANSEN, N. S., JOHANSEN, C., HVIDT, N. C. & THYGESEN, L. C. 2014. **The Risk for Cardiovascular Diseases among Seventh-day Adventists and Baptists.** *International Journal of Cardiology (submitted).*
6. GIMSING, L. N., JOHANSEN, C., BAUTZ, A., HVIDT, N. C. & THYGESEN, L. C. 2014. **Chronic neurodegenerative illnesses in Danish Adventists and Baptists. A Cohort Study**. *Neurology***,** Submitted.
7. RASMUSSEN, P., HVIDT, N. C., JOHANSEN, C. & THYGESEN, L. C. 2014. **Depression among 7th Days Adventists and Baptist in Denmark - A Cohort Study,** (Submitted).

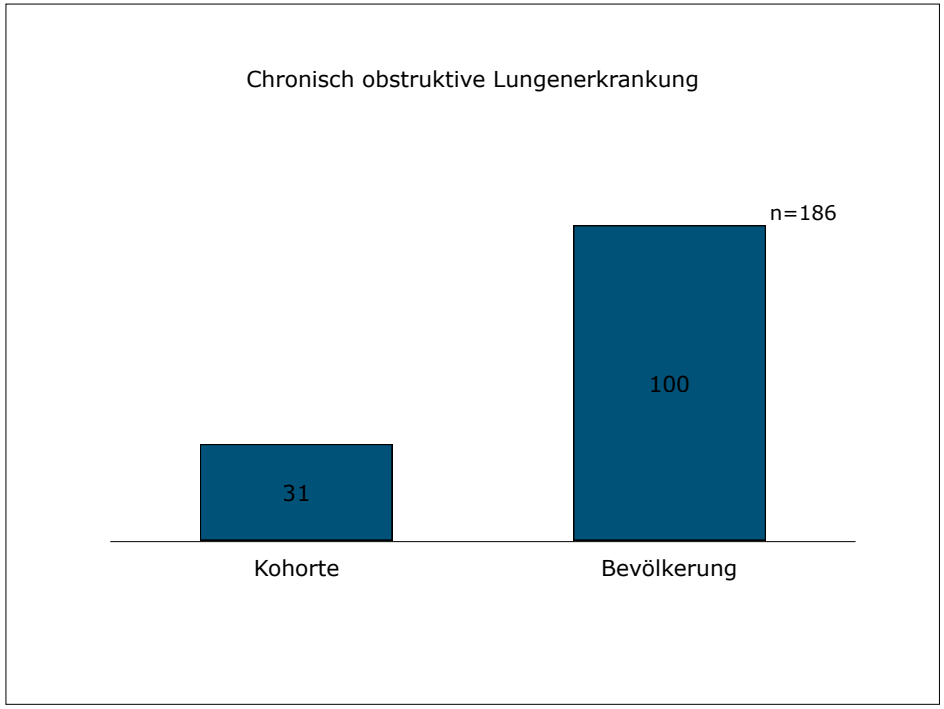
Table 2 Standardized mortality ratios for Danish Seventh-day Adventists and Baptists, Denmark, 1943–2007

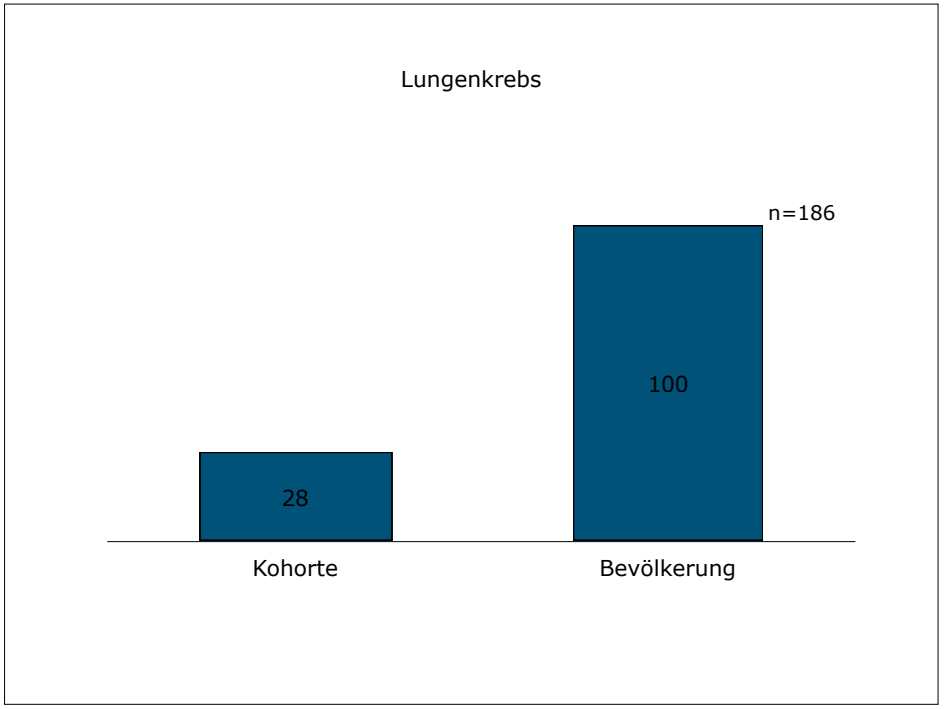
		Seventh-day Adventists			Baptists			Total		
Sex	**Cause of death**	Obs	Exp	SMR (95% CI)	Obs	Exp	SMR (95% CI)	Obs	Exp	SMR (95% CI)
Male	All causes	1590	2015.5	79 (75–83)	625	894.4	70 (65–76)	2215	2909.9	76 (73–79)
	Lifestyle-related deaths									
	Liver cirrhosis	7	20.5	34 (14–71)	3	12.3	24 (5–71)	10	32.8	31 (15–56)
	COLD	23	79.1	29 (18–44)	15	39.1	38 (22–63)	38	118.2	32 (23–44)
	Diabetes	18	28.7	63 (37–99)	12	14.4	84 (43–146)	30	43.1	70 (47–99)
	Heart disease	597	808.7	74 (68–80)	236	326.8	72 (63–82)	833	1135.5	73 (69–79)
	Ischaemic heart disease[a]	421	557.1	76 (69–83)	171	232.9	73 (63–85)	592	790.1	75 (69–81)
	Cancer	304	494.8	61 (55–69)	152	234.9	65 (55–76)	456	729.7	63 (57–69)
	Lung cancer	33	119.5	28 (19–39)	28	62.8	45 (30–65)	61	182.3	34 (26–43)
	Breast cancer	0	0.7	0 (–)	0	0.3	0 (–)	0	1.0	0 (–)
	Colon cancer	41	43.3	95 (68–129)	20	19.6	102 (62–157)	61	62.9	97 (74–125)
	Rectum cancer	14	31.5	44 (24–75)	9	13.3	68 (31–129)	23	44.8	51 (33–77)
	Behaviour-related deaths									
	Alcoholism	4	7.2	56 (15–143)	2	5.1	40 (5–143)	6	12.2	49 (18–107)
	Traffic accidents	0	25.1	0 (–)	1	13.7	7 (0–41)	1	38.9	3 (0–14)
	Suicide	4	40.7	10 (3–25)	1	23.5	4 (0–24)	5	64.2	8 (3–18)
	Deaths unrelated to lifestyle or behaviour									
	Multiple sclerosis[a]	3	2.4	123 (25–358)	2	1.5	137 (17–494)	5	3.9	128 (42–299)
	Parkinson's disease[a]	9	6.7	133 (61–253)	6	3.1	196 (72–427)	15	9.8	153 (86–252)
Female	All causes	3173	3533.6	90 (87–93)	860	1116.7	77 (72–82)	4033	4650.2	87 (84–89)
	Lifestyle-related deaths									
	Liver cirrhosis	17	26.4	64 (38–103)	8	10.2	78 (34–154)	25	36.6	68 (44–101)
	COLD	44	82.1	54 (39–72)	11	36.3	30 (15–54)	55	118.4	47 (35–61)
	Diabetes	59	59.0	100 (76–129)	9	19.8	46 (21–87)	68	78.8	86 (67–109)
	Heart disease	1099	1395.9	79 (74–84)	301	376.5	80 (71–90)	1400	1772.4	79 (75–83)
	Ischaemic heart disease[a]	669	857.7	78 (72–84)	196	236.4	83 (72–95)	865	1094.1	79 (74–85)
	Cancer	622	808.4	77 (71–83)	197	298.2	66 (57–76)	819	1106.6	74 (69–79)

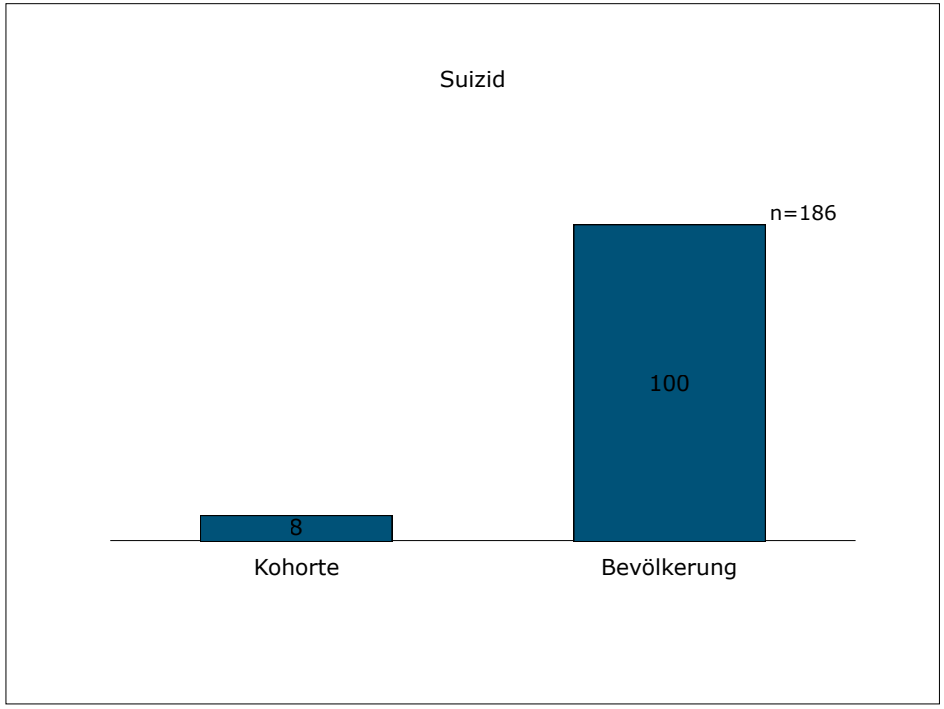


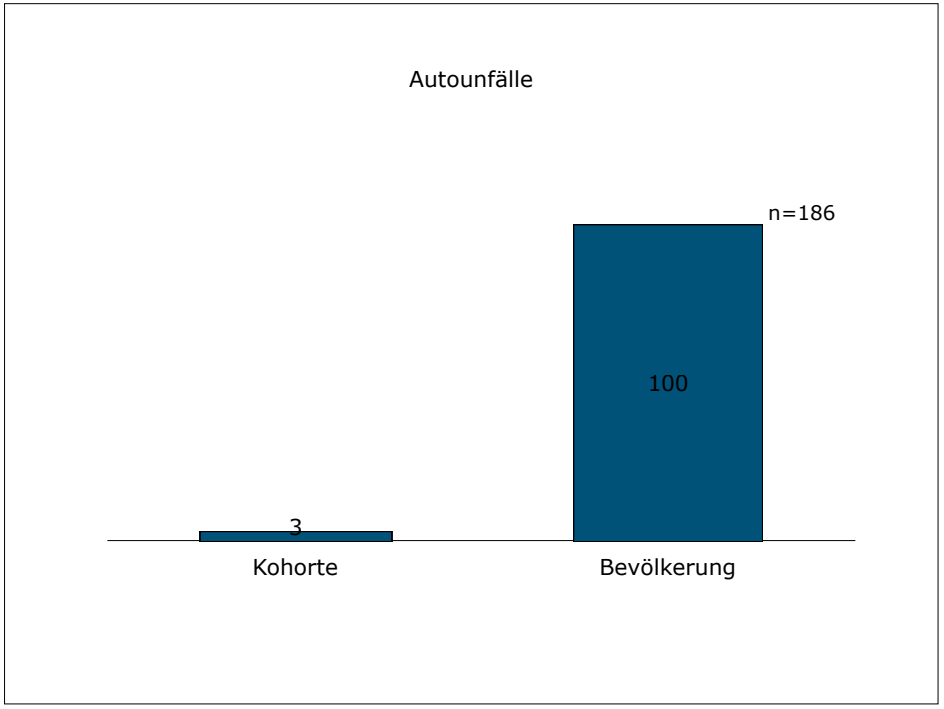





Chronisch obstruktive Lungenerkrankung
n=186
100
31
Kohorte
Bevölkerung


Lungenkrebs
n=186
100
28
Kohorte
Bevölkerung


Suizid
n=186
100
8
Kohorte
Bevölkerung


Autounfälle
n=186
100
3
Kohorte
Bevölkerung

Mögliche Ursachen

1. Lebensstil
2. Sexualität
3. Soziale Gemeinschaft
4. Psychologische Faktoren (Glaube, Hoffnung, Liebe, Sinn)
5. Gebet, Meditation, Kirchgang, Mindfulness
6. Shabbat
7. Faktor X

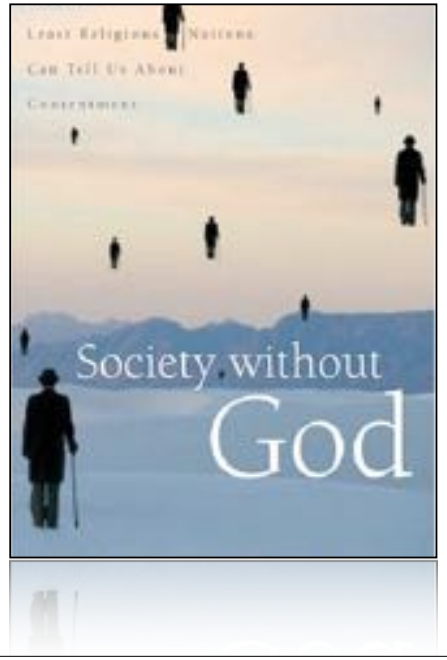
Niels Christian Hvidt

Glaube und Gesundheit

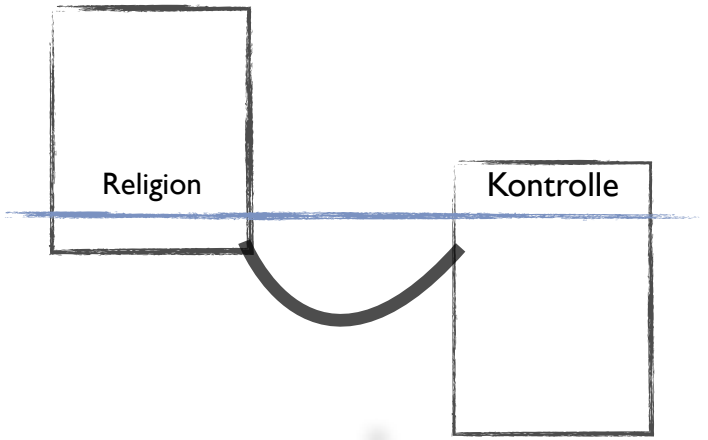
- Einführung zur Forschung Glaube und Gesundheit
- Glaube versetzt Berge
- **Berge versetzen Glaube**
- Perspektive

Gesellschaft ohne Gott?

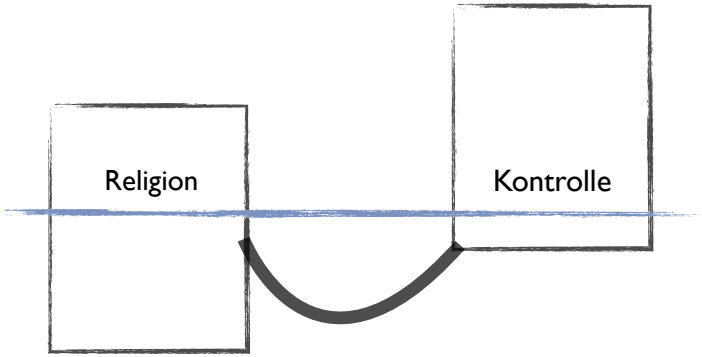
Phil Zuckerman, *Society without God? What the least religious nations can tell us about contentment,* NYU Press, 2008



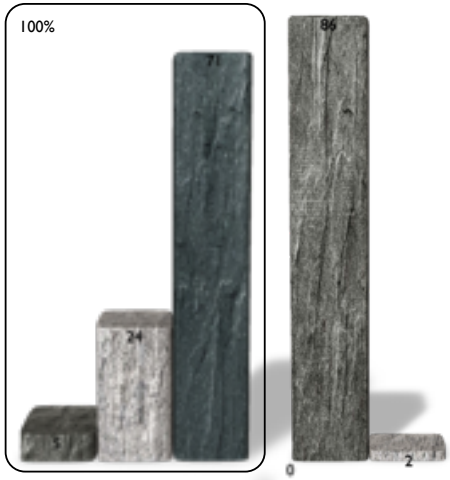
Kontrolle und Religion



Kontrolle und Religion



Anonymer Glaube in Dänemark



Caspar David Friedrich, 1811

Religion und Krankheitsrisiko in einer säkularen Population

HVIDTJØRN, D., PETERSEN, I., HJELMBORG, J., SKYTTHE, A., CHRISTENSEN, K. & HVIDT, N. C. 2014.

J Relig Health
DOI 10.1007/s10943-016-0300-1

ORIGINAL PAPER

Faith Moves Mountains—Mountains Move Faith: Two Opposite Epidemiological Forces in Research on Religion and Health

N. C. Hvidt[1] · D. Hvidtjørn[2] · K. Christensen[3,4,5] · J. B. Nielsen[1] · J. Søndergaard[1]

Abstract Research suggests opposite epidemiological forces in religion and health: (1). Faith seems to move mountains in the sense that religion is associated with positive health outcomes. (2). Mountains of bad health seem to move faith. We reflected on these forces in a population of 3000 young Danish twins in which all religiosity measures were associated with severe disease. We believe the reason for this novel finding is that the sample presents as a particularly secular population-based study and that the second epidemiological force has gained the upper hand in this sample. We suggest that all cross-sectional research on religion and health should be interpreted in light of such opposite epidemiological forces potentially diluting each other.

Keywords Spirituality and health · Religious coping · Religious seeking · Religious struggle · Meaning-making

Die neuen Befunde!

Korrelation zwischen folgenden Variablen:

- Regelmäßiger Medizinverbrauch und Bedeutung Gottes P=0.011
- Selbstevaluierte Gesundheit und Glaube P=0.022
- Selbstevaluierte Gesundheit und Praxis P=0.043
- Selbstevaluierte Gesundheit und Bedeutung Gottes P<0.001
- Schwere Krankheit und negat. rel. Coping P=0.005
- Regelmäßiger Medizinverbrauch und negat. rel. Coping P=0.043

Table 1 Percentages of people in Denmark, Great Britain and the USA answering Yes to questions on religiousness in the dimensions; Cognition, Practice and Importance, doing and being

Answering yes, percentages (Excluding "don't know")	Dimension of religiosity	DK Twins[a]	DK[b]	Great Britain	USA[c]
Do you believe in God?	Cognition	41 %	64 %	68 %[b]	89 %
Do you believe in life after death?	Cognition	42 %	36 %	55 %[b]	72 %*
Do you pray once a week or more?	Practice	11 %	17 %	29 %[b]	66 %
Do you attend Church once a month or more?	Practice	6 %	10 %	23 %[c]	44 %
Do you find comfort in religion?	Importance	26 %	35 %	42 %[b]	69 %**
Is God important in your life? Answering on a Likert scale from 0 to 10, dichotomized at 5	Importance	19 %	27 %	50 %[c]	79 %

[a] From the present study
[b] From The European Values Study 2008
[c] From The World Values Survey 2010–2014
* "Do you believe in hell?"
** "Do you find religion important?"

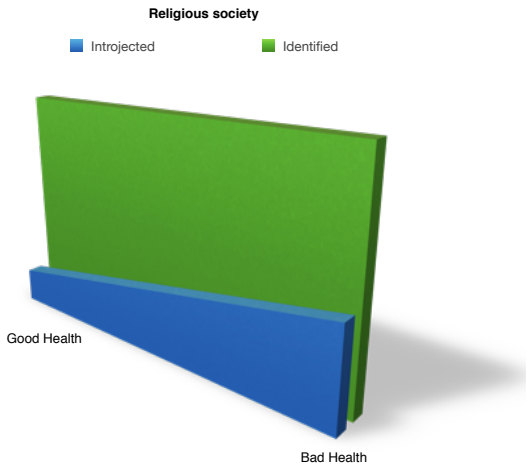
Table 3 Associations between measures of health and religious items in relative risks, crude and adjusted for gender, educational level and age, clustered

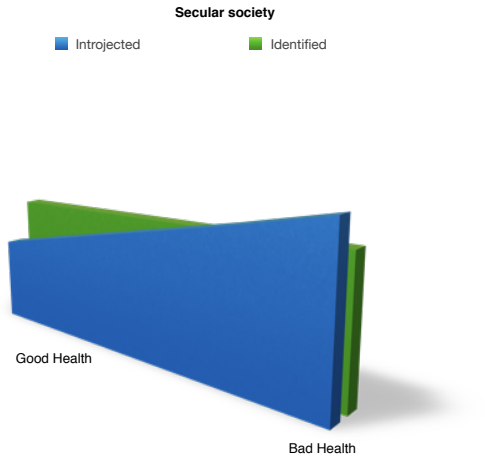
Opposite Forces in an Epidemology of

Religious society

Crisis religiosity Restful religiosity

Poor Health Good Health





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- Einführung zur Forschung Glaube und Gesundheit
- Glaube versetzt Berge - intrinsisch Gläubige sind gesünder
- Berge versetzen Glauben - krisenreligiöse sind kränker
- Perspektive

Konklusion + Diskussion

1. Umfangreiche Forschung zeigt, dass Religion mit positiver Gesundheit verbunden ist
2. Gleichzeitig zeigt die Forschung, dass Krankheit Religion intensiviert, besonders in säkularen Gesellschaften
3. Bilden diese beiden Tendenzen die wir jetzt in zwei sehr unterschiedliche Kohorten gesehen haben zwei gegensätzliche epidemiologische Vektoren in allen Querschnittstudien im Bereich von Glaube und Gesundheit aus?
4. Sind es zwei Formen oder zwei Aspekte von Glaube?!

Diskussion
Theorie: Zwei Glaubensformen?

1. **Intrinsic / Extrinsic Religiosity**
   ALLPORT, G. W. & ROSS, J. M. 1967. Personal religious orientation and prejudice. *Journal of personality and social psychology,* 5**,** 432.
2. **Internalized / Introjected Religiosity**
   RYAN, R. M., RIGBY, S. & KING, K. 1993. Two types of religious internalization and their relations to religious orientations and mental health. *Journal of Personality and Social Psychology,* 65**,** 586.
3. **Positive / Negative Religious Coping**
   PARGAMENT, K. I., SMITH, B. W., KOENIG, H. G. & PEREZ, L. 1998. Patterns of positive and negative religious coping with major life stressors. *Journal for the scientific study of religion***,** 710-724.
4. **Integrated / Non-Integrated Religiosity**
   PARGAMENT, K. I. 2002. The Bitter and the Sweet: An Evaluation of the Costs and Benefits of Religiousness. *Psychological Inquiry,* 13**,** 168-181.