Free Communication

Spirituality in Medicine

Chair: Dr. med. René Hefti; Location: Kursraum 1

Experience with a Whole Person Assessment Clinic in Primary Care

Dr. med. Michael Graham Sheldon
London School of Medicine, London, United Kingdom
Friday, May 2nd, 13:30-13:45

Introduction: As part of an ordinary General Practice in east London we have completed a pilot study of a whole-person assessment process using a physician, counsellor and pastor to complete a physical, psychological and spiritual assessment of patients with chronic and multi-factorial healthproblems. Following referral from local General Practitioners an initial consultation was held to determine suitability for the clinic. Around half of the patient's referred were not considered suitable because of ongoing serious mental health problems and an inability to participate in a reflective process of health assessment. Each patient who was entered into the pilot study was seen by all three therapists over a two month period, with consultations booked for at least an hour each. The care was integrated as all three therapists met to discuss each patient and produce with the patient an action plan for future management.

Methods of assessment: We have experimented with conducting physical assessments by the doctor, psychological assessments by the counsellor and spritiual assessments by the pastor. The suggested model of conducting these assessments and how to integrate the final assessment in agreement with the patient will be discussed.

Process: The number of consultations needed, the time taken, and the ability of patients to cooperate in the process will be discussed.

Results: Over a one year period, 20 patients were included in the study and representative cases will be presented illustrating the integration of physical, psychological and spiritual factors in the disease process and in its management.

Discussion: Suggestions as to future methods of completing whole person assessments in a variety of primary care settings will be discussed. Issues of patient selection, time required, patient participation, qualifications of therapists and different models of conducting these assessments will be covered.

Mindfulness Based Stress Reduction in Patients with Fibromyalgia – a Randomized Controlled Trial

Dr. Stefan Schmidt; Coauthors: Paul Grossman, S. Jena, B. Schwarzer, J. Naumann, Harald Walach
Center for Meditation, Mindfulness and Neuroscience Research in Complementary Medicine, Department of Environmental Health Sciences, University Medical Center Freiburg, Germany
Friday, May 2nd, 13:45-14:00

Mindfulness-based stress reduction (MBSR) is a structured eight-week group program teaching several types of mindfulness meditation techniques as well as yoga. MBSR aims at developing nonjudgmental awareness of moment-to-moment experience with an orientation toward cultivating kindness, tolerance, and acceptance toward life's vagaries. The program is distilled from ancient Buddhist techniques but is practical, non-religious, and non-esoteric. Health benefits of this intervention have been shown in a number of pilot studies, uncontrolled observational studies and randomized investigations of chronic pain disorders. Fibromyalgia is a clinical syndrome with chronic pain, fatigue, and sleep disorders as major symptoms. The effectiveness of MBSR for fibromyalgia patients was investigated in a large randomized three-armed trial. The trial was limited to women only because fibromyalgia is very predominantly a female disorder. Overall 168 patients were randomized to either (1) MBSR, (2) an active control procedure employed to account for nonspecific effects of MBSR, or (3) a wait list. The main outcome criterion was self-reported general quality of life at four months post-treatment. Secondary outcome variables were fibromyalgia-specific quality of life, depression, pain quality, anxiety, mindfulness, compliance, number of tender-points, and concomitant therapeutic treatments. In addition, data for a Biobehavioral Fibromyalgia Index composed of a variety of physiological and behavioral variables are currently under analysis. This index will be generated from an ambulatory physiological monitoring and electronic-diary system that concurrently measures 24-hour cardiorespiratory function and physical activity, as well as intermittent standardized self-reports of mood, fatigue, and type of activity during awake hours. Primary and secondary outcomes are assessed at the beginning and end of the training, as well as at 4- and 12-month post-treatment. Eighty-two percent of the patients completed the study per protocol. All results are reported using intention-to-treat. With respect to the primary outcome of general quality of life, patients improved significantly at the four-month fol-

low-up (p=.004). While the comparison of the groups showed no significant difference, the mindfulness group was the only one to show a significant pre-post improvement (p=.02). Other variables show a similar picture. Of eight outcome variables, seven showed a significant improvement. In six cases, MBSR demonstrated a significant pre-to-post difference, whereas the active control showed two and the wait list only one significant difference. Regarding group effects, only anxiety manifested a significant effect of MBSR compared to the wait-list (p=.02). We conclude that patients in the MBSR arm benefited most in all measured variables. The comparison between the groups often failed to reach significance because patients in the control groups improved as well. Thus the effect sizes were too small for the overall sample. We were surprised by the relatively small effect sizes for the group comparisons, as a similar pilot study yielded much clearer results. Several methodological issues will be discussed that may explain these differences.

The Search for Meaning in Acute Illness

Dr. Donia Baldacchino
Institute of Health Care, University of Malta, Malta
Friday, May 2nd, 14:00-14:15

The sudden onset of a life threatening illness such as, acute myocardial infarction appears to trigger the search of causal meaning, in an attempt to find an answer to why me?

This cross sectional exploratory research study is part of a longitudinal study which was conducted in the main general teaching hospital in Malta in 2001. The aim of this study was to explore patients' search for causal meaning of their acute illness. A systematic sample of 70 Roman Catholic patients with first myocardial infarction, aged between 40 –89 years (Mean=61.9 years) were recruited at the Coronary Care Unit (CCU). Data were collected by face to face interview on transfer to the medical ward from CCU.

The theory of Logotherapy and Existential analysis (Frankl 1962) guided the study. The qualitative findings revealed that the specific causal meaning of illness was oriented towards their past and future purpose in life. Finding meaning rendered patients to turn to their God for coping and helped them to prioritize their values in life, such as appreciating more their health, family and friends.

These findings corroborated with Frankl's Theory whereby individuals' beliefs can give meaning to their illness and life. Meaning may enable individuals to change their attitude to life, including their unavoidable suffering.

This paper presents a set of recommendations for further research, education and management of patient care in order to increase awareness of the health care professionals so as to bridge the gaps in the current clinical practice

References

- Frankl V.E. (1962) Man's search for meaning: an introduction to logotherapy. Simmon and Schuster, New York.

Hagiotherapy, Depression and the Life Values Scale

Dr. med. Sanea Nađ; Coauthors: Marina Marinovic, Lucija Murgic
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Friday, May 2nd, 14:15-14:30

Abstract Hagiotherapy is a Croatian method, developed by PhD. Tomislav Ivančić, and applied worldwide in centres for spiritual help. It is an autonomous and competent therapy method for healing man's spiritual domain. Hagiotherapy explores the anatomy of the spiritual soul, as well as its physiology and pathophysiology. Its basis are philosophical-theological studies of man, so that it deals with the onthological level of man. Many authors like H. Urs von Balthasar, K. Rahner, M. Beck, A. Jores and D. Amen emphasize how important the spiritual domain is in healing man. In hagiotherapy an appropriate questionnaire is used to establish the cause of spiritual problems, after which the spiritual diagnosis is made. For healing spiritual illnesses, including existential, basic and actual ones, the therapy on the cognitive, axiological and anthropological level is carried out. Since body, psyche and spirit represent an inseparable unity, spiritual illnesses often convert into psychic or physical ones. At the Centre for Spiritual Help in Zagreb cases of long-lasting migraine were researched, which had been treated only symptomatically by physicians, because no medical cause could be found. Through removing the causes in the spiritual domain the migraines were completely healed. Thus it was proved that in healing man an integral approach is necessary, and the treatment should be pneumatic-psycho-somatic.

Spirituality in Psychiatry

Chair: Dr. med. Ursula Wolf; Location: Kursraum 2

Religious Coping among Outpatients suffering from Chronic Schizophrenia: A Cross-National Comparison

Dr. phil. Sylvia Mohr; Coauthors: Laurence Borras, Judith Czellar, Christiane Gillieron, Symine Kramer, Isabelle Rieben, Pierre-Yves Brandt, Huguelet Philippe
University Hospitals of Geneva, Department of Psychiatry, Geneva, Switzerland
Friday, May 2nd, 13:30-13:42

Objectives: To assess country-specific religious affiliations and practices in patients suffering from chronic schizophrenia and to explore if religious coping varies by different social and cultural contexts.

Method: 115 outpatients from Geneva (Switzerland) and 121 from Trois-Rivières (Quebec), aged 18-65, with a DSM-IV diagnosis of schizophrenia were randomly selected for a semi-structured interview.

Results: Despite of different socio-cultural and religious contexts, religion plays an important role in the daily life of 2/3 of the patients in the two sample (62% vs 68%) and half of them use it to cope with their illness (42% vs 62%). Moreover, both populations reproduce to some extent the same patterns of religious coping: positive sense of self, meaning to their illness and life, comfort, control and support. Principal Component Analysis made on religious variables highlights a very similar factorial structure in both of them.

Conclusion: The clinical implications of religious coping are an important resource in both living contexts. It should be systematically explored for each patient in clinical practice to improve the outcome of schizophrenia.

Awareness of Action and the Attribution of Agency are Key Issues in the Neuroscientific Study of Consciousness

Jose Raul Naranjo Muradas; Coauthor: Stefan Schmidt
Center for Meditation, Mindfulness and Neuroscience Research in Complementary Medicine, Department of Environmental Health Sciences, University Medical Center Freiburg, Germany
Friday, May 2nd, 13:42-13:54

Attribution of agency involves the ability to distinguish our own actions and their sensory consequences which are self-generated from those generated by external agents. Although we are normally aware of our motor intentions and goals, we do not have conscious access to all our motor commands and every fine motor adjustment. Certain components of these internal representations may become available to awareness when the discrepancy between the predicted and the actual sensory consequences of an action is large. The exact threshold above which this perceptual-motor conflict becomes available to awareness is currently a focus of intensive research. Healthy subjects may be poorly aware of their motor performance. In patients with prefrontal lesions, deafferentation and schizophrenia, perceptual-motor awareness is severely impaired. We hypothesize that if there are pathologies with a detrimental effect on the sense of self-agency, then meditation, known to improve self-awareness, might influence the cognitive processes related to the implicit and conscious monitoring of actions. In fact, brain areas linked to meditation-related alterations in self-awareness are also known to be associated to the experience of self-agency. This connection offers a pathway for behavioral measurements of spirituality. Mindfulness, the continuous non-judgmental awareness of moment to moment experience, is often used as a spiritually-based clinical intervention for a large set of conditions. But the degree of mindfulness which is important to measure in clinical trials is so far only accessible indirectly via questionnaires. Few studies have shown a positive correlation between visuomotor performance and bodily self-awareness with meditation practice. Nevertheless, a direct assessment of meditation-related cortical processes during a sensorimotor integration task remained largely unexplored. We investigate the impact of mindfulness meditation on EEG activity, visuomotor performance and perceptual-motor awareness in meditators during a conflicting sensorimotor task, where the congruency between actions and their sensory consequences is altered. The experimental device consists of a digitizing tablet connected to a video projector via a computer and a "projection tablet". When tracing a line on the digitizing tablet, the subjects see in the "projection tablet" a projected line coming from the video projector. In order to provide a false feedback, a simple algorithm for introducing an angular bias is used. The task is to draw a straight line between the starting point and the target. Subjects are instructed to move mindfully with moment to moment awareness their hand at a moderate speed. After each trial participants are asked to report their perception of the bias-induced movement distortion. This task is presented to novices in meditation before and after an intensive 8 weeks mindfulness programme (MBSR: mindfulness based stress reduction) which requires daily home practice of meditation. The data of this sample is compared to a group of long-term meditators and a group of healthy non-meditators. In this oral presentation the analysis of visuomotor performance and sense of self-agency in short-term meditators before and after the MBSR course will be reported.

Religiosity in Evidence-Based Psychiatry

Univ.-Doz. Dr. med. et scient. Raphael M. Bonelli
Department of Psychiatry, University of Graz, Austria
Friday, May 2nd, 13:54-14:06

In comparison to its social inpact, religiosity is widely underrepresented in scientific papers. We try to analyze the possible connection between religiosity and mental health. As result we present three groups of evidence: 1) psychiatric disorders widely lacking scientific evidence in this area (like dementia, schizophrenia, mania, eating disorders, and personality disorders); 2) psychiatric disorders, where reliable evidence can be concluded from the published material (i.e. substance addiction, depression, and suicide); and 3) psychiatric disorders with conflicting evidence (e.g. anxiety disorders and obsessive-compulsive disorder). Actually, religiosity seems to be a protective factor for substance addiction, depression, and suicide. Carefully including this dimension into the psychotherapeutic setting seems to be advisable.

Religious Supervision with Psychiatrists

Prof. Dr. Pierre-Yves Brandt
University of Lausanne, Faculty of Theology and Religious Studies, Lausanne, Switzerland
Friday, May 2nd, 14:06-14:18

An interdisciplinary group (Adult Psychiatric Service, Geneva) is conducting a research on spiritual and religious coping by patients with schizophrenia. First results of a program of religious supervision for the psychiatrists will be presented. Special attention will be given on the interpretation of cultural meaning of religious behaviors (i.e. religious duties or the meaning of individual prayer for patients with muslim background). The central purpose of this supervision is to modify the representation of what is spiritual or religious and what is not. Propositions for achieving this purpose will be discussed.

Are Structure and Centrality of the Religious-Spiritual Construct System associated to Personality Dimensions and Psychopathological Symptoms?

Dr. phil. Human F. Unterrainer; Coauthors: Karl Heinz Ladenhauf, Sandra Wallner, Peter Liebmann
Institut for Pastoraltheology and Pastoralpsychology, University of Graz, Austria
Friday, May 2nd, 14:18-14:30

Method: In total 420 persons of both sexes were examined: Religiosity and spirituality were investigated in clinically well characterized detoxified addicts (N=120), depressive in-patients (N=100), and persons with no psychiatric diagnosis/treatment in their biography (N=200) using a Multidimensional Inventory for Religious-Spiritual Well-Being (MI-RSWB 48) in combination with the Centrality Scale (C-Scale) and the Structure of Religiosity Test (RST). Personality dimensions were investigated using the Six Factors of Personality Test (6F Test). In psychiatric patients the psychopathological dimensions were assessed using the Brief Symptom Inventory (BSI), the Beck Depression Inventory (BDI), the Brief Psychiatric Rating Scale (BPRS), and the Montgomery Asberg Depression Rating Scale (MADR-S). Data were evaluated with χ^2 Test and Correlation/Regression analysis. General Linear Model multivariate (parametric) and Kruskal-Wallis H Test (non parametric) were conducted for multiple group comparisons.

Results: Women showed to be more religious-spiritual than men and there was a positive association between religiosity/spirituality and age. Depressive patients turned out to be the most religious-spiritual, addicts the least. The personality dimensions Piety, Extraversion and Openness showed to be positive predictors of religiosity/spirituality, Neuroticism and Aggressiveness were found to be respective negative predictors. Psychopathological symptoms were the strongest negative predictors of Hope and Forgiveness as religious-spiritual dimensions. The more central the individual religious-spiritual construct system is, the more powerful are its effects.

Conclusions: There is a relevant mutual association between religiosity/spirituality, personality, and psychopathological symptoms, in dependence of the centrality of the individual religious-spiritual construct system. Thus integrating of religious-spiritual issues might open up new strategies in diagnosis, prevention, and therapy of psychiatric diseases.

Sociomedical Aspects of Spirituality

Chair: Dr. med. et M.M.E. Peter Heusser; Location: Kursraum 3

Effects of Mindfulness-Based Coping with University Life (MBCUL): A Pilot Study

Dr. med. Marie-Louise Gander; Coauthors: Siobhan Lynch, Harald Walach
School of Social Sciences, University of Northampton, United Kingdom
Friday, May 2nd, 13:30-13:50

University life is accompanied by an array of potential stressors, such as changing relationships, new living environments and academic pressure. Additionally, the mental health of students appears to be on the decline. An 8-week course of mindfulness-based coping with university life (MBCUL) has been developed to help students cope with the stressors of university life, based on Kabat-Zinn's mindfulness-based stress reduction program. The primary objectives were to test the feasibility of this study and whether MBCUL improves mindfulness. Secondary we investigated its impact on mental health and on the stress system via the hypothalamus-pituitary-adrenal (HPA) and the sympathic-adrenal-system (SNS). The study is a pre/post-intervention design. Psychological and physiological measurements were taken: mindfulness (FMI), mood (HADS), stress (PSS), s-cortisol for HPA and s-alpha-amylase for SNS. We were interested in the change of the cortisol awakening response (CAR) as well as the change of the diurnal profile of the s-cortisol and s-alpha-amylase. Additionally we conducted post-intervention interviews to explore participants' experience of the programme and its impact on their lives, which we analysed qualitatively using interpretative phenomenological analysis. Data was collected from 11 MBCUL and from 8 wait-list-control participants. The saliva from 8 MBCUL and 6 control-group participants was used in our analysis. There was a sig. change of FMI ($z = -2.437$, $p < .015$), HADS ($z = -2.243$, $p < .025$) and PSS ($z = -2.374$, $p < .018$). We observed a sig. negative correlation between the change of FMI and the change in PSS ($rho = -.744$, $n = 10$, $p < .014$) and HADS ($rho = -.861$, $n = 9$, $p < .003$). A trend towards lower overall cortisol and alpha-amylase levels were also observed. But due to the small number of participants we did not observe any sig. effects. Participants reported finding MBCUL an enjoyable experience, which they felt, provided them with a 'coping toolkit'. MBCUL increased mindfulness and improved the stress-levels and mental health of students in this pilot study. It had a personal beneficial impact on the student's life. At present we are replicating the study with a larger sample size in order to get more reliable result on the physiological level.

The Resonance Phenomenon – about the Spiritual Dimension of Homeopathy

Dr. med. André Thurneysen
Institute for Complementary Medicine (KIKOM), University of Bern, Switzerland
Friday, May 2nd, 13:50-14:10

In the course of homeopathic case taking one can observe an intensive dynamic interaction, during which the patient will mostly experience a feeling of being eventually perceived and taken seriously. Therefore, he will start to tell further unasked details. The associative link through materia medica knowledge enables the homeopath to approach even indirectly yet uncovered fields. The more the interview is spontaneous, the greater the chance arises that central key points of the patient can be freed. In such situations a specific sensation can happen, which the author calls resonance phenomenon; it is hard to put into words, but it's very clearly felt - in the authors case in the region of the solar plexus. At this moment, the patient as well as the homeopath realize immediately that a very important point of the patients history is reached. The idea, essence, problem or character of this key point has absolutely to be covered by the later prescribed remedy. As this phenomenon is not measurable, there remains the unanswered question whether the conditions which allow its happening are of spiritual dimension. Starting from this experience and based on the daily homeopathic practice this question is further developed to a model which tries to show the potential of homeopathy as a spiritual dimension and link between human collective and individual as well as between nature (materia medica) and symptomatology to provide human awareness.

Spirituality – the Fourth Dimension of Health. A new Public Health Perspective

Dr. phil. MAS Ralph M. Steinmann
Swiss Health Promotion, Bern, Switzerland
Friday, May 2nd, 14:10-14:30

Background: In Public Health only the physical, mental and social dimension are acknowledged as dimensions of health. Various Research has, however, yielded good evidence for the existence of a spiritual dimension of man and therefore of health. Despite innumerable attempts there is still no unanimously approved definition of spirituality and spiritual health.

Aims and Methods: On the basis of research in different fields of science a new definition of spirituality is presented. It aims at compatibility with as many value systems, sciences and socio-cultural backgrounds as possible. The main focus is, however, on defining „spiritual health" from the point of view of Public health, particularly health promotion and illness prevention.

The definitions of spirituality and spiritual health are based on a broad interdisciplinary literature research. The definition of spiritual health includes a systematic research of the evidence-based public health literature.

Results: Spirituality is defined in terms of eight core dimensions which are supplemented with five dimensions to define spiritual health. Due to the usage of universally acknowledged values and simple wording both definitions attempt to qualify for acceptance and use beyond differences in socio-cultural and religious backgrounds, gender and age.

On the other hand the definitions mark-off spirituality from theoretical or pathological interpretations and from shallow phenomena in the esoteric and wellness market.

Spirituality is also marked-off from institutionalized, normative religiousness or religion. Furthermore spirituality is established as the fourth dimension of health clearly distinguishable from the physical, mental and social dimensions.

Conclusions: Spirituality is a human dimension in its own right. Spiritual interventions have proved to have various positive effects on morbidity and mortality. Therefore the three classical dimensions of health are to be complemented by spirituality. The acknowledgement and integration of spirituality in Public Health has the potential of far reaching and manifold impacts on the future self-conception, orientation and success of this science. Consequences are the extension of Engel's biopsychosocial model, a strengthening effect on basic values of health promotion, and the need for the development of spiritual (health) literacy apart from mental health and religious literacy.

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Theological Aspects of Spirituality

Chair: Prof. Dr. med. Jean-Marc Burgunder; Location: Kursraum 4

Religion as a Health Resource in Migration?

MA Silvia Büchi, PhD-Student; Coauthor: Brigit Obrist
Institute of Social Anthropology, University of Basel, Switzerland
Friday, May 2nd, 13:30-13:45

Most research in migration and health is dealing with the interaction in the medical system, for example how access to the health services could be improved for migrant people. Such studies are mostly characterized by a pathology-oriented research perspective. Despite a growing demand for changing research perspectives since the 1992 WHO-Conference „Migration and Health", only few researchers studied health and wellbeing of migrant people instead of disease and illness. Inspired by Antonovsky´s salutogenic approach, we carried out a qualitative research project in 2004/05, aimed at knowing more about the experience of health and daily health activities, as well as resources mobilised by migrant people. A mixed African-Swiss research team explored the health concepts and daily health activities of Sub-Saharan Africans living in Switzerland, who consider themselves and/or are considered by others as mastering problems affecting their health. The data showed that these migrants understand health as dynamic and multidimensional. For most of them a religious dimension constitutes an integral part of their health concepts. Health problems in Switzerland are brought in relation to „stress" and the men and women have developed different daily strategies in order to stay healthy in migration. Various personal, soical and material resources are mobilised in response to the demands of difficult life conditions. Among others, belief and religious activities are considered as important health resources. In their effort to stay healthy or to recover from illness, migrants don`t blindly follow a cultural pattern fixed by their origine. Health and illness are experienced in interaction with a multifaceted and changing environment and this influences their daily health practices. Health resources may therefore also be experienced as a source of problems. (This project was supported by the Swiss Federal Office of Public Health in the context of the strategy „Migration and Health 2002-2007", which aims for a better understanding of migrant health and illness and for a better access to the Swiss health services for all migrants.)

Faith in God in a Danish Hospital - Difference between Questionnaire and Pastoral Care

Nadja Ausker and Lotte Mørk; Coauthors: Christian Busch, Peter la Cour, Henning Nabe-Nielsen
Rigshospitalet, København, Denmark
Friday, May 2nd, 13:45-14:00

Method: 480 patient-handled questionnaires about health, belief and religious activities during illness and hospital admittance compared to a hospital chaplain's experience in her daily work.

Results: Questionnaire: To the question addressing which factors have an influence on healing and recovery, the patients responded that family and friends, in addition to inner resources, are of great significance. God's influence and alternative treatment were relatively highly regarded. When asked about their perceptions of God, 34.5 percent responded that they perceive God as loving, whereas only five percent perceive God as punishing. When comparing the two questions it becomes evident that there is a correlation between one's perception of God and what one believes influences recovery. It seems that there is a relationship between the image one has of God and one's perspective on life. Pastoral Care: The image of God that the Chaplain meets is different from the one revealed in the survey results; it is typically a more negative image than what people truly wish to believe in. When people are in crisis it can be challenging to maintain a positive image of God. During these trying times, people often feel that God is above this world and above caring for them, because why else would they feel this sick? An image of a punishing God is often what comes to mind when a patient is searching for an explanation to and meaning behind their illness and suffering. Nevertheless, the Chaplain experiences that a patient's image of God can change depending on which stage of the illness the patient is in.

Conclusion: There is a difference between how patients respond in a questionnaire and how they respond to a Chaplain in person. We believe that this is due to the existence of two coexisting realities, since there appear to be a difference between patients' ideal and general perceptions of God versus their images of God while in crisis.

God's Representation and Word Use

Dr. phil. Judith Czellar; Coauthors: Sylvia Mohr, Laurence Borras, Simyne Kramer, Pierre-Yves Brandt, Christiane Gillièron Paléologue, Philippe Hugelet
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Friday, May 2nd, 14:00-14:15

Our study is related to research measuring the impact of the religiosity of people suffering from Schizophrenia. In this study the religiosity of patients was estimated through semi-structured interviews which were audio-recorded and transcribed. In each interview the clinician asked the subject "What is your idea of God?" and "What are God's qualities?" We were interested in analyzing the answers to these two open-ended questions. Our goal was to see if there was a link between the type of religiosity of the patients and the vocabulary used by the patient. The practices, the religious faith and the means of facing illness of 70 patients were estimated through a battery of 12 variables. On these last ones Multiple Correspondence Analysis and cluster analysis were the methods of analyzing the responses. In order to categorize the individuals in the most homogenous groups possible based on their religiosities three classes were retained: a first class where there is an absence of religiosity (n=24), a second class where the religiosity is average (n=34) and a third class where religiosity reveals itself to be essential at an individual as well as a collective level (n=12). When we study the vocabulary of these three classes, we find differences. Words that refer to a rather cognitive and ideological approach appear in the first two classes. In the third class, for which religiosity is essential the vocabulary used to describe this religiosity refers to emotional and affective domains. Our results are illustrated through examples of answers typical of each class.

The Bahá'í Faith and Medicine: A Theoretical and Historical Approach to the Relationship of Religion and Healing

Dr. med. Stephan Anis Towfigh
Potsdam, Germany
Friday, May 2nd, 14:15-14:30

In many cultures religion has played an unsurpassed role for both medical theory and philosophy, as well as for understanding and curing illness, and coping with it. The anthropology given in the scriptures of the World religions have helped the learned and the physicians to shape scientific and medical concepts. However, this religious influence has gradually lost its impact due to the deliberate separation of science and religion. One of the main criticisms expressed against Western medicine today is that whereas medical approaches are scientific, they are not holistic and do not consider the subtle connection of body, mind, spirit and soul. The present study explores the Bahá'í Faith and its scriptures on the relationship of religion and science, belief and medicine. In addition to an analysis of the relationship between physician and patient, concepts such as prayer and nutrition in the context of healing are presented. The study has been carried out in the field of history of medicine.