(Auch R Gesu) Abbot,N et.al.: Spiritual healing as a therapy for chronic pain: a randomized clinical trial, in: Pain 91, 79-89, 2001
Pain patients, 4 Gruppen, (eins und zwei zuviele F, 3 und 4 zuviele M) 8 weekly 30 minutes sessions, 5 healers (die pain schon erfolgreich heilten, aus Confederation of Healing Organisations) vs 5 simulating healers (zählen von 1000 rückwärts), und dieselben 5 healers mit distant healing hinter einem Spiegel vs simul (keiner dort im Raum), SF 36 Lqual – phys social functioning, phys role limit, emot role limit, mh, vitality, pain, general health changes/MYMOP -2 symptoms which bother most, activity which is prevented/made difficult plus: general wb //
alle 4 Gruppen haben nach 8 Wochen weniger Schmerzen,//SF 36 anx depr wb Gesu functioning mh usw alles gleich, keine systemat Diff zwischen healing und fake healing, distant und nah; kein Zusammenhang Verbesserung und Glaube an Wirksamkeit von healing,// healingVp erleben change in pain, psychol effects, unusual exp, Nah healing heat, tingling, relax physiol,Fern nicht, //perceive effect of healing on pain/on anything else, Senkung von use of painkillers Nahhealing pos, /believed recipient of genuine healing Nahhealing echt und simulated pos, /fast alle: use of future healing ! /wäre distant fake nicht so pos wäre Nah-healing pos;

5,5 Punkte (1 sample, 2,5 Messung, 0,5 stat, **1,5 Interve) 4 healing Gruppen (erfahrene healers, unklar ob christliche) –nah, nah fake, fern, fern fake –alle mit pain reduction, /Depr, anx, Lqual –emot soc phys mh – alles verbessert; nah echt meist am besten, aber ns, dann fern fake ! Senkung of use of painkillers nah pos, fast alle: in Zuk wieder healing machen, nah-beide- glauben eher an echtes healing, erleben auch heat, relax, sleep besser, psychol besser, change in pain, /alle erleben unusual exp, /kein Zusammen-hang healing und Glaube an Wirksamkeit**

(R Krim, pos, Gesu) Abbott-Chapman,J/Denholm,C: Adolescents' risk activities, risk hierarchies and the influence of religiosity, in: Journal of Youth Studies 4, 279-297, 2001

Year 11 und 12 students –Regierungsschule, kath Schule, christl Schule, /religiosity –belief, Kg, church group membership multiplied with strength of rel attachment /rel bei 24 von 26 risk behaviors weniger –nur bei starving/slimming und sunbaking ohne sunscreen ns;

6,5 Punkte (1,5 sample, 4,5 Messung, 0,5 stat) **Inject heroin, share needles, snort cocaine speed ecstasy drunk driving sniff glue smoke marijuana smoke cigarettes binge drinking drink alc alles neg zu rel; Praxis bei Drogen (bis zu glue) aber sehr gering, Diff deshalb auch** R Gesu
5 Punkte (1,5 sample, 3 Messung 0,5 stat) **Sex ohne well known partner, sex no condom/pill, Weglaufen von Zuhause, drop out of school,wagging classes neg** R pos

4,5 Punkte (1,5 sample, 2,5 Messung, 0,5 stat) **Driving no licence, speeding, shoplifting,internet porn, gambling, R/X videos neg** R Krim

R Gl,Gesu)Abbotts,J et.al.: Morbidity and Irish Catholic descent in Britain: An ethnic and religious minority 150 years on, in: Social Science and Medicine 45, 3-14, 1997

Urban area um Glasgow, /srh, srh for age, long standing illness, limiting long-standing illness, symptoms, phlegm, angina//psychosom symptoms –headache, tension nerves sweat a lot feel tired difficulty sleeping muscular tension diff concentrating breathlessness palpitating worrying over every little thing indigestion stomach trouble faints dizziness trembling hands
K –at least one K-parent (junge und alte Kohorte), middle cohort –K is religious group in which Vp is born,
K(Ko von class sex) –srh ns(alte neg), srh for age nsneg(junge neg), long standing illness/limiting illness phlegm angina ns, mehr als 4 symptoms –mittel/alt pos, (von 27 adjusted odds rates 21 größer als 1, aber nur 2 sign); Sehprobleme Hörprobleme nspos (13:3 pos/nspos) Zahnersatz nspos(3:2), selfassessed disabled –pos, (alle zus: 7 pos, 11 nspos, 6 ns),waist to hip ratio jung nsminus, mittel pos, alt ns, /BMI –jung nsminus, ältere ns pos;systolic diastolic Bd neg, Lungenfunktion jung nspos, ältere neg,(plus Interaktionen-z.B. mittelalt –M höherer BMI, F niedrigerer) ältere K mehr smoke
7 Punkte (2 sample, 3,5 Messung, 1,5 mv,bei**) K leicht neg Gesundheitswerte, viel nsneg, wenig sign; z.T. Interaktion- mal nur M, mal nur F, mal nur manual oder nonmanual mal nur mit 18/38/58 wirksam; Seh/Hörprobleme disabled pos, waist to hip/BMI ns, Bd minus, Lungenfunktion ältere neg;** R Gesu

K(Ko von sex class) –anx/depr/phobias nspos, (alte pos) depr previous year pos (mittel alt) psychosomatic symptoms –pos, (ca 24 nspos/ 8pos , 8 ns, alle 20 adjusted odds ratios größer als 1)

5,5 Punkte (2 sample, 2 Messung, 1,5 mv,bei)**K mehr NAS Anx depr psychosom** R Gl

Abu-Zeid,H et.al.: Incidence and epidemiologic features of cerebrovascular disease (stroke) in Manitoba, Canada, in: Preventive Medicine 4, 567-578,1975
Nur Aufschrieb: Vp mit CVD, die in Krankenhaus kommen in Manitoba,Jan 1970-Juni 1971, aus ca zwei Drittel der Manitoba-Bev, Vp 20-64, adjustment for age/sex,
(unter 5) **standardized incidence-ratio der Bev als Basis: Jew Kath pos, Hutterer/Mennoniten neg, P neg;**

Adams,R/Brittain,J: Functional status and church participation of the elderly: theoretical and practical implications,in: Journal of Religion and Aging 3, 35-48, 1987

Vp Davidson county, über 60 ,rural,impairment in physical health, mh, economic resources social resources ability to perform necessary activities of daily living,/Kg, member in a church social club whose members are all 60 years or older (nur 30 % der churches haben so was –schlechte Messung)

(unter 5) **(mv demogr) –Kg zu social physical mental impairment ns economic neg, ADL impairment neg, /club –social econ neg, Rest ns, unklare Messung**

((Agrawal;M/Dalal, A: Beliefs about the world and recovery from myocardial infarction, in: Journal of Social Psychology 133, 385-394, 1993

Hindupatienten, Glaube an Gott und Karma und an deren Hilfe bei recovery pos zu expectation of recovery, perceived recovery, ns zu medical recovery und mood(außer: Gottes Hilfe bei reco und Gl an just world pos zu medical reco), Glaube dass Gott Urs von Kr ist-recov subj und medical neg,Rel stärker zu subj als zu Arzt-einschätzung von recovery

(unter 5**) Andre Rel – aber evtl: Gott als Ursache für Kra neg zu recovery, als Urs für Hilfe pos, stärkere Wirkung auf subj als aufArzt/obj-Einschätzung von Kra**

(auch in R Gesu) Ai,A/Ladd,K/Peterson,C/Cook,C/Shearer,M/Koenig,H: Long-term adjustment after surviving open heart surgery: the effect of using prayer for coping replicated in a prospective design, in: Gerontologist 50,798-809,2010

OP-VP T 1 vor OP, T 2 -30 Monate nach OP , prayer coping vgl. 9/11, will use prayer to cope with difficulties and stress..bei cardiac surgery), 14 Item Brief rel/spir coping scale, (pos rc 11,9, neg rc 1,2 –eher pos zu rel Items) reverence,vgl Ai et.al 2009. (ohne peace, mit serving others), //Krankh-items ns zu rel Items, (außer: comorbitity –private rel,pos und neg rc plus), //
Depr vor OP: neg rc plus; Angst vor OP: rel reverence, neg rc plus; optim vor OP: neg rc minus; hope vor OP: neg rc minus; //T 2 Depr – rel und sec rev, pos und neg rc plus//T 2 Angst – nur neg rc plus; //mv (demogr, Krankh, alle rel Items, optim hope, T 1 Depr Angst optim hope ss) - Depr T2: prayer coping minus, public rel ns, private ns pos, subj relness ns minus, rel reverence plus, secu rev ns, pos rc ns plus,neg rc ns minus !, //Angst T 2 (mv s.o.) : prayer coping, public,private rel ns, subj relness minus, rel rev plus, neg rc ns minus !,//rev (rel und sec)– stark zu pos rc und andern rel Items, mittel zu neg rc,
8 Punkte (1 sample, 4 Messung, 1 mv, 0,5 stat**, 1,5 Panel) neg rc pos zu Angst/Depr und neg zu optim, hope(biv), Panel rel sec rev, neg rc und pos rc pos zu Depr/Angst nur neg rc plus; mv –,Depr -prayer coping minus, rel rev plus, Rest ns (starker Kannib,wertlos) //Angst – subj rel minus,rel rev plus //, neg rc sehr selten, aber wirksam; rev stark zu rel Items,**
(unter 5) **Krankh(3 Items) ns zu rel (Ausn: comorbidity –private rel, pos rc und neg rc plus) R Gesu**

Ai,A/Peterson,C/Bolling,S/Rodgers,W: Depression, faith-based coping, and short-term postoperative global functioning in adult and older patients undergoing cardiac surgery, in: Journal of Psychosomatic Research 60, 21-28, 2006

Patients scheduled for cardiac surgery,über 35, 58 % M, 62 J, 2 Wochen vor OP, dann 2 Tage vor OP, 1 month nach OP (rr 61, dann attr -30 %,) Messung in T3 –praying for coping und functioning –ambulation, bathing, eating getting in out of bed getting dressed money management light housework,/T 1 –preoperative illness impact – srh, phys functioning limited by health, emot wb/social functioning; //T 2 –depr, anx, ss –from family, friends, signif others; /rc 14 Items –use bei distressing circumstances in life–rel forgiveness, seek spir support, coll rel coping spir connection rel purific benevolent rel reappr, vs spir disco, demonic reappr, rel focus,reappr of Gods powers punishing God reappr, interpers rel disco,//pray nach OP –cope mit Problemen jetzt; anx depr –vor OP –Frage nach:letzter Woche,
(pos rc 12, neg rc 1,3)
Phys fu –coping vor OP ns, post-OP prayer pos,//mv depr allergies disorders of balance (preoperative impacted function (2 Wochen vor OP), age –pos coping vor OP (2 Tage) pos, neg coping ns, prayer danach (parallel zu phys fu) neg

6 Punkte (1 sample, 1,5 Messung, 1,5 mv, 0,5 stat**, 1,5 Panel) //phys dysfu T3–post-OP prayer coping T 3 pos, pos rc T 2 neg, neg rc ns; mv (pos rc vorher neg zu dysfu, prayer coping parallel pos)**

(R Gl, Gesu) Ai,A/Wink,P/Shearer,M: Secular reverence predicts shorter hospital length of stay among middle-aged and older patients following open-heart surgery, in: Journal of Behavioral Medicine 34, 532-541, 2011

Über 35, non-emergent, nontransplant open-heart surgery,58 M, 62 J, vor OP befragt, /11 Item religiosity –public,private, subjective rel, /spiritual exp –have you ever had any of the following experiences that has affected your belief in God –Gods presence, a great spir figure, meeting a spir teacher, overwhelming love, profound inner peace,complete ecstasy, miraculous event, healing of body or mind, unity with all living beings, -no, yes didn't strengthen belief in God, strengthen…, convinced me of Gods existence; /under what conditions do you feel reverent –Kg, read Bible or watch rel programs, private prayer, medit //sec rev: , sight seeing or being in nature, enjoying music or art, being loved or supported, serving others,
Sec rev pos zu private public subj rel, spir exp, rel rev;
Length of hospitalization – (mv demogr, medical comorbidities, CABG,number of diseased arteries, left mean disease, hemodynamic information, perfusion time, optim, ss) public private subj rel spir exp rel reverence ns, sec reverence neg,

6 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat, **1 Panel) length of hospitalization –ns zu rel Items, neg zu sec reverence (ÜberKo, Gesu-Items, Kannib 6 rel Items)** R Gesu

(unter 5) **Depr –public rel ns, private rel pos, subj rel ns, spir exp pos, rel reverence pos, sec reverence ns/optimism –public/subj rel pos, private rel ns, spir exp ns, rel/sec rev ns**

(auch bei R Gesu) Ai,A/Wink,P/Tice,T/Bolling,S/Shearer,M: Prayer and reverence in naturalistic, aesthetic, and socio-moral contexts predicted fewer complications following coronary artery bypass, in: Journal of Behavioral Medicine 32, 570-581, 2009
12 % no rel;
T 1 zwei Wochen vor OP, spir experiences – sense of Gods presence, feelings of profound inner peace, joy and ecstasy, exp of miraculous event (AutoK) ,/under what conditions do you feel reverent ? rel reverence – Kg, read Bible watch rel programs pray meditation) ,secular reverence –sight seeing or being in nature,enjoying music art, being loved or supported, serving others oder seeking peace justice ? statt serve) /Depr –Kg/pray/impo/spir exp/rel und sec rev ns; hospitalization und no-complication nach OP ns zu rel Items, (rel rev zu sec rev stark, Kg pray impo 0.25 ca zu sec rev, /mv (demogr, Krankh zustand, Depr, viele rel Items) no-complication: pray pos, impo neg, Kg ns pos, spir exp rel rev ns, sec rev pos; //hospitalization-Dauer: Kg ns minus, pray ns minus,impo ns pos, spir exp ns minus, rel rev ns minus, sec rev minus (mv, zusätzl Ko : ss, hope, optim, health LoC,coping style, rc),

(unter 5) **rel Items –Kg, impo, pray, rel rev, sec rev spir exp ! -ns zu Depr**
6,5 Punkte (1 sample, 2 Messung, 2 mv, 0,5 stat, **1 Panel) pray pos zu no complic, impo neg, Kg nspos, spir exp rel rev ns, sec reverence pos; bei hospitaliz – sec rev pos /rel rev und Kg nsneg, pray nsneg, impo nspos, spir exp nsneg (viel Kannib,wertlos),**

Ainlay,S et.al.: Aging and religious participation: reconsidering the effects of health, in: JfSSR 31, 175-188, 1992

Vp über 65, white, private rel –pray, read Bible/other rel material, listen/watch to rel TV/radio, formal rel –Kg, Sunday school att, church offices held last 3 years, time spent in church-related activities, frequency of monetary contributions to church, /
attitude tow partic –church activities –such as meetings committee work and the like –are a major source of satisfaction in my life, I enjoy working in the activities of the church, /
subj health –healthy usw very sick person as compared to other people your age, is health now better ..als vor 5 Jahren, how much do your health troubles stand in the way of your doing the things you want to do/major health problems –TB Diab Krebs heart problems broken hip back problems usw, minor –pain cramps at night in legs, upset stomach, dry itching skin, flat feet, lot of indigestion, overall –diese beiden plus other –asthma Hypert, ADL –perform activities – use telephone, get to places out of walking distance, prepare own meals, do housework; /
Formal rel –subj health pos, major minor overall ns neg, funct impairment neg; Kg –dto (major health neg) ,private rel –ns pos (overall pos) , attitude vs partic –ns neg ,
Formal rel –srh ns pos, overall ns, ADL minus (mv age),Kg –dto, private rel –overall pos,
U-W: would you like to attend rel services more often than you do -46 yes, -why don't you attend more often -26 % health, (implizit health: lack of transportation poor weather)

5,5 Punkte (1 sample, 3,5 Messung, 0,5 mv, 0,5 stat) **viele würden gerne in Ki gehen –Gesu hindert daran, Kg formal rel–srh pos, major health problems nsneg/neg, minor/overall conditions –nsneg, fu limit neg; private rel –ns, overall condition pos, attitude tow partic ns immer;**

(R Gl Gesu) Albani,C et.al.: Religiosität und Spiritualität im Alter, in:Zeitschrift für Gerontologie und Geriatrie 37, 43-50, 2004

rr 65, über 60 J; Rel –vgl SBI (R Gl) /Resilienz –persönliche Kompetenz –Selbstvertr, Unabh, Beherrschung; Akz des Selbst/Lebens, -Anpassungfähigk, Toleranz/ Rel (Ko von age, gender, Ost-West) zu subj Körperbeschwerden –ns neg (Erschöpfung, Magenbeschw, Gliederschmerzen, Herzbeschw, Beschwerdedruck), zu Resilienz und Selbstwirksamkeit (optimist Kompetenzerwartung, kann schwierige Sit meistern –Erfolg wegen eigner Kompetenz) neg (vielleicht weil SBI Items enthält, wo Rel Gott hilft , nicht man selber

4 Punkte (1 sample, 1,5 Messung, 0,5 stat, 1 mv**) SBI neg zu Resilienz und Selbstwirksamkeit mv** R Gl

(unter 5) **SBI ns neg zu Psychosomatischem** R Gesu

((zur Info: R Gl, Gesu) Alexander, C et.al.: Transcendental Meditation, mindfulness, and longevity: an experimental study with the elderly, in: JPSP 57, 950-964, 1989

81 J, 20 TM, 21 MF, 21 MR, 11 no treatment (davon attr 3, dann wieder 14 dazu –wann ? –nur bei mort-Messung,unklar ob 77 oder 73 VP, attr 33,5 %, 57 % davon sagen,ihr Programm wirkt nicht), drei Monate treatment, T 2 nach 3 J, Gruppen gleich in gender,edu Bdruck depr; expectations for positive outcomes,(Messung nicht gezeigt) /TM-mantra/meaningless sound facilitating transcending or settling down process, using it mentally without effort to facilitate transc, /mindfulness training –word production (letzter Buchstabe für neues Wort), creative mental activity –unusual uses for common objects, Argumente die gegen eignen Standpunkt sind finden , /relax –sit quietly, eyes closed, relax, repeat to themselves familiar brief mental stimuli, die sie pleasant comfortable finden
TM practice regularly 80 %, MT relax 47 !!,(Autoren reden das weg) TM finden program mehr valuable, fühlen relaxed, weniger boredom, mehr alert, interested, vgl dropouts (33,5 %): mit Nutzen von Programm unzufrieden

6 Punkte (0,5 sample, 4 Messung, 0,5 stat, **1 Panel) Nach 3 Monaten: trait anx –TM mehr als Rest ns, Depr –relax weniger als Rest ns, no mehr/ feeling more old –no –relax-MT-TM, /able to cope with inconvenience –TM-MT-Rest;// ns: quality of activity, appreciation of self /environment, having new ideas, feeling bored; nach 18 Monaten:nurses mental health improvement rating: TM/MT –relax/no; Befragung nach 3 Mon –N unklar, feeling better during program, more interested, alert –TM plus, anx fatigue mental clarity ns, während/ nach technique: TM relaxed ,weniger boredom** R Gl

3,5 Punkte (0,5 sample, 1,5 Messung, 0,5 stat, **<u>1 Panel)</u> Nach 3 Monaten: systolic Bd –TM-MT-no- relax; survival nach 36 Mon – Vergleich zu andern Leuten in same institutions – TM plus (alle), MT 87(N 16) no treatment plus 77 (initial noT-87,5, später dazugenommene 71) , relax 65; other 63, (nach 3 Monaten: Kognitives: Demenztest ns, associate learning –TM –relax –MT –no; word fluency –MT-TM-relax –no , auswendig lernen und Konz –TM –MT –relax –no, -angeblich TM immer besser !)** R Gesu))

Anderson, W et.al.: Patient use and assessment of conventional and alternative therapies for HIV infection and AIDS, in: AIDS 7, 561-566, 1993

HIV patients using alternative therapies – 39 % nutzen rel healing (Immunstärkung dagegen 83) zufr mit alt therapy – rel healing Nr 1, wer rel healing nutzt (auch no aff 30 %) : 90 % helpful, keiner harmful/Arzneinutzung weniger helpful !/28 % Ziel bei rel healing: cure, 88 % davon : rel healing very helpful (seven of eight), M, schwul meist

(unter 5) **faith healing subj pos**

Angel,J et.al.: Contextualizing social support and health in old age: reconsidering culture and gender, in: International Journal of sociology and social policy 17, 83-116, 1997

Longitudinal Study of Aging, über 70 , ca 6600-7200 Vp 1984, nach 6 J sterben 20 %, // LSOA-go to church last 2 weeks –neg zu mort bei white und black, jeweils MF, mv (demogr, chronic conditions, living arrangements, social involvement ? –visit friends, relatives, attend events, children in household, childless, see phone children, ADL(bathing, dressing, eating getting in/out of a chair, walking going outside toileting) dto,
Vp - nur die Überlebenden -: Kg zu ADL 1990 (Ko von ADL 84) mv wie oben –bei white M ns, white F neg, black M nsneg, black women nspos;

9,5 Punkte (3 sample, 1,5 Messung, 3 mv,bei, 0,5 stat**, 1,5 Panel) Kg neg zu mort bei white, black MF mv, Kg zu ADL-Änderung in T2, Ko von ADL T1 - white M ns, white F neg, black M nsneg, black women nspos;**

Survey of Elderly Hispanics, 2019 Vp über 65,
6 Punkte (2,5 sample, 1 Messung, 2 mv,bei, 0,5 stat) **Kg zu ADL-problems bei Mexican American M ns, F neg; Cuban American M nsneg, F neg, Puerto Rican M neg, F nsneg (alle richtige Richtung, 3 sign, 2 nsneg, 1 ns) mv (demogr, poor health, live alone/visit friends,attend events children in household childless see children phone children dailyweekly)**

Ashby,J/Lenhart,RS : Prayer as a coping strategy for chronic pain patients, in;: Rehabilitation Psyc hology 39, 205-209, 1994

(unter 5) **Vp mit 6 Monaten nonremitting pain, rr 39, coping strategy praying or hoping/diverting attention pos zu life interference due to pain, neg zu perceived self-control, pos zu avoidance coping**

(R Gl, Gesu) Astin,A/Astin,H: Spirituality in Higher Education, Higher Education Research Institute UCLA released 25.10. 2004,
nur Aufschriebe: increase in frequently felt overwhelmed during college , feel depressed frequently , below average /bottom 10% bei emot health neg zu particip in rel activity, highly rel involved students (read sacred texts, Kg, join rel org on campus)–

5,5 Punkte (3 sample, 2,5 Messung) **psy distress zu rel involved - (overwh, life full of stress, anx, feel depr) minus, spir –desire to integrate spir into ones life,we are all spir beings,life is sacred, have a spir experience – Swg pos, (intell social self confidence, self rated courage) equanimity(feel good about direction in which life is headed, feel at peace/centered see each day as a gift (AutoK, anders als in Astin oben)) –pos zu spir** R Gl

5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **Alc abstainers vor college – bei rel involvement stabil, Kg spir ns zu srh, exercising** R Gesu

R Gl, pos, help, Gesu) Astin,A/Lindholm,J/Bryant,A/Szelenyi,K/Calderone,S: The spiritual life of college students. Higher Education Research Institute 2005

College Students'Beliefs and Values (CSBV)Survey, ca 98000 Vp so weighted dass für first-time,full-time students attending baccalaureate colleges and universities across the country repräs **spir** - believing in the sacredness of life, seeking out opportunities to grow spiritually, and believing that we are all spiritual beings.. **Religious Commitment** includes following religious teachings in everyday life, finding religion to be personally helpful, and gaining personal strength by trusting in a higher power.**Religious Engagement** involves attending religious services, praying, and reading sacred texts. **Religious Struggle** indicates feeling unsettled about religious matters,feeling distant from God, and questioning religious beliefs **Spiritual Quest** reflects interest in the meaning/purpose of life, finding answers to the mysteries of life, and developing a meaningful philosophyof life **Charitable Involvement** assesses behaviors such as participating in community service, donating money to charity, and helping friends with personal problems **Compassionate Self-Concept** reflects self-ratings on qualities such as compassion,kindness, generosity, and forgiveness.**Ethic of Caring** measures degree ofcommitment to values such as helping others in difficulty, reducing pain and suffering in the world, and making the world a better place. **Psy wb -**1) rate themselves at least "above average" on emotional health relative to their peers,(2) report that they feel "overwhelmed" or "depressed"only occasionally or not at all, and (3) report that their life is *not* "filled with stress and anxiety."// **Equanimity** involves feeling at peace/centered,being able to find meaning in times of hardship, and feeling a strong connection to all of humanity

6,5 Punkte (3 sample, 3,5 Messung) **Rel engagement und spir pos zu equanimity, kaum Diff bei psy wb –spir leicht neg, rel comm leicht pos; rel engage ns, No chance" student will seek personal counseling during college" –rel engagem, commitment und spir neg !, Frequently" able to find meaning in times of hardship frequently" felt at peace/centered – rel comm./engagement, spir pos //spir quest-mehr at peace ! rel struggle spir quest mehr find meaning in times of hardship /rel struggle spir quest neg zu psy wb, //quest pos formuliert, aber auch neg Wirkung z.T.** R Gl

6 Punkte (3 sample, 3 Messung**) Rel und spir pos zu compass self concept, charitable invo (no aff neg), ethics of caring** R help

6,5 Punkte (3 sample, 3,5 Messung) **Legaliz marij –rel/spir neg, rel co/eng /spir –never drank wine, beer, liquor, frequ maintain healthy diet –pos; never miss school wegen illness ns, srh schwach pos, never stayed up all night pos, //rel struggle alles andersrum/schädlich,** R Gesu

5 Punkte (3 sample, 2 Messung) **College right to ban extreme speakers - rel engage, spir pos, Reiche sollen mehr Steuern zahlen - rel engage und spir neg,** R pos

(auch R Gesu, pos) Astin,A/Astin,H (Datei R pos und säk, Univ; nicht in Journals)

Spirituality in College Students: Preliminary Findings from a National Study.

This is the first in a series of reports on a national study of college students spiritual development currently being conducted at the Higher Education Research Institute. The results are derived from a sample of 3,680 undergraduates attending 46 diverse colleges and universities across the United States. Each student completed a specially designed followup questionnaire in spring 2003 (the junior year in college) in addition to an extensive survey when they first entered college 3 years earlier. Substantial numbers of third-year undergraduates express a strong interest in spiritual matters. More than half place a high value on "integrating spirituality into my life" and more than two-thirds report that they have had a spiritual experience. Three-fourths believe that "we are all spiritual beings." Only 12% said that they did not consider themselves to be on a spiritual quest. In spite of this high degree of personal religious commitment, most students also demonstrate a substantial degree of religious tolerance and acceptance of nonbelievers. About one student in five evidences a high degree of religious and spiritual skepticism, but most students appear to have achieved a relatively high level of "spiritual equanimity." (SLD)

Higher Education Research Institute, 3005 Moore Hall, Box 951521, Los Angeles, CA 90095-1521. Tel: 310-825-8331.

vgl aber Buch -2004 bis 2007 Panel, viele VP, Rel sinkt an college, aber NW-Items steigen, werden auch spir genannt// **Astin,A/Astin,H/Lindholm,J:** Cultivating the spirit: how college can enhance students' inner lives – noch mehr Überko, spir quest ansteigend – intell Swg auch, satisf mit Uni und psywb (Umkehrung von psy distress) neg; rel engagem –neg zu sat mit Uni, racial understanding minus, /rel struggle –sat minus psy wb minus;

T 2 nach 3 Jahren, gemessen während college wahrscheinlich, nicht zu Anfang: Spirituality ("Rate yourself…as compared with the average person
your age: Highest 10%, Above Average, Average, Below Average, or Lowest 10%")
• Attended a religious service ("During the past year: Frequently, Occasionally, Not at All")
Academic performance (average college grade, or GPA)
• Satisfaction with college (satisfaction with the "overall college experience": very satisfied, satisfied, neutral, dissatisfied)
• Self-Esteem (composite of seven self-ratings: self-confidence (intellectual), self-understanding, courage, emotional health, selfawareness, self-confidence (social), and leadership ability)
• Physical Health (self-rated: 5-point scale from "top 10%" to "bottom 10%")
• Psychological Distress (composite of three items: felt depressed, felt that my life was filled with stress and anxiety, felt overwhelmed by all I had to do)
T1 Messungen von obigem -
a) the pretest for academic performance in college is the student's secondary school grade average; (b) the pretest for college satisfaction is the entering freshman's estimate of how satisfied he or shewould be; (c) the pretest for Self-Esteem does not include "courage" or

"self-awareness"; and (d) the pretest for Psychological Distress does not include "felt that my life is filled with stress and anxiety
(mv T1 Item , F, work party an high school/Uni, Fleiß, Fach, Art der Univ, spir, equanimity (at peace, sich gut fühlen usw), rel skepticism, spir quest, compassionate self-concept – rel involvem (read sacred texts/rel Lit, Kg, engagement in rel singing/chanting) pos, zu GPA,// satisf mit college – rel involvem, charitable activity, equanimity//Self-esteem – equan, charitable involvem, compassionate self-co., rel ns wohl; psy distress -Increased distress - having a Spiritual Experience (while witnessing the beauty and harmony of nature, viewing a great work of art, listening to beautiful music, etc.) during college, Charitable Involvement, being on a Spiritual Quest (seeking beauty in life, finding answers to the mysteries of life, searching for meaning and purpose in life, etc.), while decreased stress is associated with Equanimity and, to a lesser extent, Religious Involvement//phy health –self rated spir, compass;

7 Punkte (2,5 sample, 2,5 Messung, 0,5 stat, 1 mv**, 0,5 Panel) Rel involvem pos zu satisf mit college, ns bei Swg wohl, neg bei psy distress//spir Erf, spir Quest –eher säk Ergriff- pos zu distress**

6 Punkte (2,5 sample, 1,5 Messung, 0,5 stat, 1 mv**, 0.5 Panel) rel involvem pos zu Noten**

6 Punkte (2,5 sample, 1,5 Messung, 0,5 stat, 1 mv, **0,5 Panel**) **phys health –selfrated spir pos**
Insgesamt: Überko und doch Wirkung, unsicher wie Panel funktioniert – change oder T2 –Messung

(R Gl,Gesu) Atchley, RC: The subjective importance of being religious and its effect on health and morale 14 years later, in: Journal of Aging Studies 11, 131-141, 1997

14 Jahre Diff, importance of being a rel person, attending religious functions, impo zu Kg stärker als zu affil, /impo T1 pos zu satisfaction with life in retirement, ns pos zu Gesu,

mv rel affil Kg being religious Gesu psy wellbeing -da rel ns (Überko Rel und wellbeing !)

(unter 5) **impo of being a rel person in T1 pos zu satisfaction with life in retirement (happy-sad, worthy-unworthy, full-empty, meaningful-meaningless, fair-unfair), mv ÜberKo/Kannib ns Panel** R Gl
(unter 5) **srh, functional health nspos (**R Gesu)

(R Gesu,Gl) Avants,SK et.al.: Spiritual and religious support in recovery from addiction among HIV-positive injection drug users, in: Journal of Psychoactive Drugs 33, 39-45, 2001

70 M, 49 Ne, 21 Jahre opiate-user, jetzt: jeden Tag,/religion or spirituality personally provides Vp with a source of comfort or support, 6 Monate Behandlung mit Methadon, indiv und group counseling, Narcotics anonymous,//Anstieg von spir support ns zu number of weeks abstinent, /spir supp in T1 –Optimism pos, severity of psychiatric problems ns; heroin cocaine use ns, number of weeks abstinent pos (Koks und Heroin) , Methadon dosis, counseling sessions/NA-meetings ns (d.h: spir wirkt und korrel nicht mit Behandlungsitems) //mv (counseling, sex race, NA-Besuche, drug severity, psych severity,ss, CD4 count,optim,Methadone) number of weeks abstinent während treatment- spir pos, (opti, ss ns, methadone neg ! counseling sessions pos)

5,5 Punkte (0,5 sample, 1,5 Messung, 0,5 stat, 1,5 mv**, 1,5 Panel**) **Rel spir support gibt comfort/support –pos zu weeks abstinent während treatment, mv; Wandel hin zu spir supp ns zu weeks abstinent, /rel spir supp ns zu NA/counseling sessions, severity of drug use/ heroin cocaine Methadon use; CD count** R Gesu
(unter 5) **rel spir gibt comfort/support pos zu optimism, ns zu severity of psychiatric problems** R Gl

Ayers,J et.al.: Can religion prevent obesity ? Religious messages and the prevalence of being overweight or obese among Korean women in California,in: JfSSR 49, 536-549, 2010

11 % no, 44 Pres 13 K, BMI für Asiaten anders –Übergewicht ab 23, ab 27,5 obese !,/about how many times during an average month does the Christian minister budd priest Muslim imam counselor in your religious institution include any message against excessive eating, encouraging exercise, ..do acquaintances who are not church officials at your rel institution include any message…//
BMI über 23 (mv –age verh edu acculturation exercise work outside home Kg)– leader vs eat/pro ex nsneg, congregants vs eat/pro ex –ns, Kg pos; Intera –wenn beide Messages zusammenkommen sinkt Gewicht, wird Kg ns

(unter 5) **Botschaften von Pfarrer/congreg-Mitgliedern vs zuviel Essen/pro exercise zusammen korrel neg mit Übergewicht (ab BMI 23 -übertrieben), Kg pos, mv ns;**

R pos, Gesu, fert) Azzi,C/Ehrenberg,R: Household allocation of time and church attendance, in: Journal of Political Economy 83, 27-56, 1975
GSS 73, mv viele Items zu Kg – srh pos, LnT pos, spouse same rel pos, (Überko) edu pos, family inc pos (z.T. nspos, z.T. kurvi Buckel), zu Kindern 0-18 pos/neg/ns, kein Trend ,bei P, Me, K, Ba, Lu
6,5 Punkte (3 sample, 1 Messung, 1,5 mv, bei, 0,5 stat) R pos/ **Kg pos zu srh mv, bei versch denom** R Gesu
Kg pos/neg/ns zu Kindern R fert

(R Gesu, Sm, Gl) Bär,J/Straube,E: Okkultismusneigung, psychische Probleme und schizotypische Persönlichkeitszüge bei Schülern – Eine empirische Pilotstudie, in: Empirische Pädagogik 10, 1-21, 1996

Schizoid- veränderte Realitätsbezüge, Misstrauen, Kontakt zu soz Umfeld vermindert, Vereinzelung

Messung MMPI, magical ideation Unfähigk zu oder Verlust angenehmer Körpererfahrungen, Verzerrung der Wahrn des eignene Körpers/von Objekten,

okkult: Verfluchen Zauberei Geister Hellsehen Telep, Wahrsagen, spir Sitzungen Satanskult Glückspfennig Schornsteinfeger Erdstrahlen Astrol Wasseradern, Yoga Medit Sekten

rel –(rel Erz, Glaube an Gott, an Kraft von Reliquien,LnT u.a.) ns zu Schulstress-Familienprobl Smneigung(Angst vor Zuk, Gefühl der Sinnlosigk, nicht mehr leben wollen), neg zu Suchtproblem (Nikotin/Drogen); Okkult- pos zu allem, ns pos zu Famprobl, Schizot stark pos zu allem

Okkult pos zu Schizotypie (v.a. Magie und s.Pers aus MMPI) und zu Negativem, Rel eher ns zu Neg/außer Drogen; Schizotypie stark zu Negativem, Rel ns zu Schizotypie(die ist nicht krankhaft)

(unter 5) **rel ns zu Schulstress, Angst vor Zuk/Gefühl der Sinnlosigkeit, nicht mehr leben wollen, Schizotypie, okkult pos dazu** R Gl

(unter 5) **rel neg zu Suchtproblemen (Nikotin,Drogen), okkult pos,** R Gesu

(R Gl, Gesu) Baetz, M/Bowen,R/Jones,G/Koru-Sengut,T: How spiritual values and worship attendance relate to psychiatric disorders in the Canadian population, in : Canadian Journal of Psychiatry 51, 654-661, 2006

Do spiritual values play an important role in your life?" Those who responded positively were then asked about how they made use of spiritual values:1. To help find meaning in life.2. For strength in dealing with everyday difficulties. 3. To help understand life's difficulties.(0.55 zu Kg)
Kg und spir values –edu pos, inc neg, chronic condition ns; // mv (demogr, chronic condition, ss) Kg neg zu Depr, mania, panic disorder, social phobia, alc dependence, drug dependence (beide nur current) –lifetime und letzte 12 Monate//spir values – Depr , mania, soc phobia pos, panic disorder ns pos (current ns), alc neg, drug ns neg, //bei Bonferroni – past soc phobia und panic disorder bei Kg ns neg, Rest bleibt;
8,5 Punkte (3,5 sample, 2,5 Messung, 1,5 mv, 1 stat) **Kg neg zu NAS, spir values (eher Nutzung) pos zu NAS, current und lifetime** R Gl
7 Punkte (3,5 sample, 1 Messung, 1,5 mv, 1 stat) **Rel und spir values neg zu Alk und Drogenabhängigkeit mv, chronic conditions ns** R Gesu

(R Gl ,Gesu) Baetz,M/Larson,D/Marcoux,G/Bowen,R/Griffin,R.: Canadian psychiatric inpatient religious commitment: an association with mental health, in: Canadian Journal of Psychiatry 47, 159-166, 2002

Patients in tertiary care psychiatric facility, /belief in a personal God who rewards and punishes, need to be born again, every part of the bible is the actual word of God,/Duke rel -5 Item –Kg, spend time in private rel activities –pray medit; in my life I experience the divine, rel beliefs are my whole approach to life, try hard to carry rel into all dealings in life, //32 % verh, 67 % Depr, Lz Diener 13 !!, mehr Glaube an Notw von born again und literalism als Bev ! ?/ weniger Gl an Gott reward punish als Bev, die an Gott glaubt/Kg pray ns vs Bev/weniger rel commitment als Bev; belief in God, born again, lit –ns; Kg –Depr neg, length of stay jetzt neg, past ns; Lz pos, alc abuse jetzt/lifetime neg, I: Depr neg, alc neg, Rest ns, prayer frequency –Depr neg, alc neg, Rest ns, coping per rel – Depr neg, length of stay jetzt neg, past pos

5 Punkte (0,5 sample, 3 Messung, , 1 mv , 0,5 stat) **Depr –Kg I prayer rel coping neg, Lz –Kg pos, Rest ns pos, length of stay jetzt nsneg/neg, past ns (biv -5 pos, 6 nspos, 5 ns; mv Kannib/demogr,ss -5,5,5,1)belief in God, born again, lit –ns /Patienten sind weniger religiös** R Gl
(unter 5) **alc abuse jetzt/lifetime neg zu Kg, I, prayer** R Gesu

Bagiella,E et.al.: Religious attendance as a predictor of survival in the EPESE cohorts, in: International Journal of Epidemiology 34, 443-451, 2005

Vp über 65, 1981/82 bzw Duke 86; 4 sites von EPESE –East Boston, Iowa/Washington Counties, New Haven, Duke, 6 J follow-up, ca 14000 Vp, 62 % F, Iowa P, New Haven 51 % K, 13 J, Boston 88 K, Duke viele P –unrepr; 4499 sterben,
phys functioning –ADLartig: bathing walking dressing eating getting from bed/chair, using toilet, do heavy work around house, push large objects crouching stooping kneeling extending arms writing usw; srh-compared to other people your own age ..; chronic medical condition told by medical professional –Herzinf, stroke, cancer, diab, hyp broken hip; ADL srh Kra –jedes Jahr gemessen/been in nursing home; mental status –wie alt, wann geboren, Datum, Wochentag, US-president, Pres vorher, Mädchenname der Mutter, Tel-nummer, Adresse, 20-3//about how often do you go to religious meetings or services –never/amost never to once or twice a year vs every few months to once or twice a month vs once a week or more –Messung in T1, nach 3 und 6 Jd(später nicht gezeigt); contact with family members/friends, member in social club, household composition- live alone vs with spouse, sp und someone else, other arrangement, work in paying job, member of any clubs/orgs such as church related groups, labour unions farm orgs social recreat groups,
Kg biv neg zu mort, mv (site, demogr, phys fu, srh,conditions nursing home cig contact close relatives/friends household compos, club member paying job depr mental status) auch neg; bei sites: Iowa New Haven nsneg, Duke Boston neg (auch mv) /sites mit mv: bei demogr alle neg,

plus phys fu/health dto, plus smoking –dto, plus depr mental status –Iowa nsneg, plus ss – Iowa und New Haven nsneg(80/91), model 6 –unklar was da noch dabei ist –dto;

10,5 Punkte (3,5 sample, 1 Messung, 4 mv,bei, 0,5 stat**, 1,5 Panel) Kg neg zu mort, mv, Ausn: Iowa New Haven site bei Überko (sogar church org member) nsnseg , bei Ko von smoke/Gesu noch sign,**

Bahr,S: Religion and drug use: a comparison of Mormons and other religions, in: **Cornwall,M et.al.:** Contemporary Mormonism. Urbana.Chicago 1994, 118-137

Monitoring the Future 84-87,ca 64 000 VP, Alk- wie oft, wie oft high, wie oft letzte 2 Wochen mehr als 5 drinks, /Rauchen ja, wie oft, Marij Amphetamin Kokain –wie oft in lifetime, letztes Jahr, letzte 30 Tage,// none mehr als J außer bei Alk, /Amph und Kokain-wenig Diff (LDS, Fundam, mP) außer K und none plus, bei yearly use klarer: LDS –P-K-J –no),/Kg bei allen klar, /Ko von Kg und parental educ : K plus, no minus, LDS minus, außer Amph/Kokain –alle gleich (J weniger Amph, überall unter Durchschnitt, auch no !) /Diff zwischen Kg mindestens einmal im Monat und Rest –bei LDS am größten, dann Fu/mP,/K, J kaum, /mv parent-edu, edu expectation race sex –dann Korrel Kg zu drugs innerhalb denom –bei LDS am stärksten, bei mP/K/J eher gleich groß,
kein paradoxes alc-using bei LDS: inactives nicht mehr drugs als Rest, Fundis auch nicht (gegen: DrugVerbot erzeugt Drogis)
8.5 Punkte (3,5 sample, 2,5 Messung, 2 mv,bei, 0,5 stat) **LDS neg zu Alk/smoke/Marij/Amph Kokain (schwächer; LDS Fu mP vs Rest) , v.a.weil Kg bei ihnen stark wirkt; mv; no, J, dann Kath, mP, Fundam; Kg allg neg, wirkt bei LDS Fu mP, bei K J kaum; Ko von Kg: no J weniger Sucht als K; kein paradoxes Trinken- inactives bei LDS/Fu –Denom die vs Drogen ist –nicht stärker süchtig;**

(R Gesu, pos, Krim) Baier, D: The influence of religiosity on violent behavior of adolescents: Comparison of Christian and Muslim religiosity, in: Journal of Interpersonal Violence 29, 102-127, 2014

9. Klasse, rr 61, nur Jungs, rel affil -Adolescents who had a missing value on their own affiliation were attributed the affiliation given for the mother or, if none was given for the mother, that given for the father, nur K/P und Mu; How frequently have you prayed during the last 12 months? How frequently have you visited a place of worship (such as a church, a mosque, or a synagogue) during … How important is religion for you personally in your everyday life –
selfcontrol -"I enjoy taking risks because it's fun." "I like to test myself every now and then by doing something a little risky." "I sometimes find it exciting to do things for which I might get in trouble." "Excitement and adventure are more important to me than security."
mother/father finds violent behavior "not at all bad" to "very bad". Cr 66,
"I like going to school." and "I really like my school." Cr 49
"to go to the bar, disco, cinema, events": one item for schooldays and one item for weekends Cr 41
norms of masculinity - "A real man is prepared to strike out if someone speaks badly of his family." "If a woman cheats on her partner, he is allowed to beat her." "Being father, a man is the family's

head and in case of need, he is allowed to assert himself violently." "A man who is not willing to answer back insults violently is a wimp."Cr 70,
Violent behavior- minor bodily harm, grievous bodily harm and robbery in last 12 months
Mu: violent beh pos, religiosity pos, norms of masculinity pos, selfcontrol ns, parental disappr of violence ns, viol compu games neg, deli friends pos (bei Mu: edu/arbeitslos, wenig edu, Wohlfahrt - ns zu violence)
religiosity bei Chr/Mu –norms of masculinity neg/pos, self-control pos/ns, parental disapproval of violence pos/ns, violent compu games neg/pos, deli friends neg/pos//violent behavior neg/ns; mv zu violence – bei Chr religiosity ns, bei Mu pos – anders als biv ! (ÜberKo: mascul, parental disappr, school comm., leisure self-control, leisure bars, compu games deli friends alc edu arblos/wenig edu/Wohlfahrt) /Mediatoren bei Chr: mascul, school comm., parental disappr; bei Mu: alc masculinity, /Mu- religiosity mv pos –wegen suppressor-effect von alc, wegen Intera (?) : bei no alc Mu-religosity schwach pos zu viol, bei wenig alc (viel alc bei Mu gibts nicht) –Mu-religiosity stark pos zu viol, Chr jeweils neg;
(warum Mu/Mu-rel pro viol eher: masculinity (eher pro-viol-Messung) pos**, selfco** nicht pos, disapproval of viol nicht neg (auch eher pro-viol-Messung), compu games pos, **deli friends** nicht neg, **edu/inc nicht neg**/anti-crime nur: leisure time neg, alc neg stark, weil Mu sehr wenig alc trinken, schon bei wenig alc –religiosity bei Mu stark pos zu viol))
8 Punkte (2,5 sample, 3 Messung, 2 mv,Intera, bei, 0,5 stat**) Mu mehr violence als Chr, religiosity bei Mu ns zu violence (Intera: bei etwas alc –pos zu violence, viel alc gibt's nicht; Chr neg), bei Chr neg (mv ÜberKo: bei Mu pos, bei Chr ns), Mu und religiosity bei Mu –pos zu Items mit Gewaltakz –masculinity, disapproval of viol, viol computer games, deli friends, /Chr und religiosity bei Chr neg; Mu ns zu self-control, Chr pos, Mu pro viol –wegen wenig self-control, mehr deli f riends, edu/inc nicht neg, Gewalthaltung pos** R Krim

4,5 Punkte (2,5 sample, 1,5 Messung, 0,5 stat) **Mu: school commitment ns, leisure time in bars clubs pos, religiosity bei Chr/Mu –school commitment pos/pos, leisure time neg/pos,** R pos

(unter 5) **Mu: alc minus, Chr/Mu –religiosity alc minus** R Gesu

(Rpos, R Sm, R Abtr, R Gesu) Bainbridge, W: The sociology of religious movements. NY London 1997

Zu Sm: rates higher in major cities wo church member rates low sind (USA 1926), Kontrolle von social bonds per residential migration – Zusammenhang bleibt; B 1980, 120 metropolitan areas außerh von New England mit Bev mehr als 300 000 –Wirkung von Rel schwächer, Korrel in big cities stärker, Kontrolle von living in a different house five years earlier (hängt mit Rel –church membership zus) – Wirkung ns;

GSS – use of marijuana should be made legal –no J mP Ba sect; always wrong for man/woman to have sex before marriage –dto; always wrong to have sex with someone other than the marriage partner – dto, K gleich mP,/sexual relations between two adults of the same sex are always wrong –no mehr als J/there should be laws against the distribution of pornography whatever the age of the person wie üblich; sexual materials lead to breakdown of morals dto; Vp has seen an x-rated movie in last year dto (sect mehr als mP); Diff J –no minimal meist; Diff rel zu J/no – vorehel sex/movie weniger, morals homo viel; /Abtreibung – J mehr pro als no, bei Gesu rape serious defect of child weniger als bei unverh, any reason,

low income cannot afford married doesn't want more children; K mehr anti als mP, minimal weniger als Ba

4 Punkte (3 sample, 1 Messung) **J mehr pro Abtreibung als no rel K gleich Ba, sect mehr anti** R Abtr

(unter 5) **no –J –K –mP –Ba- sect gegen Marijuana-Legalis** R Gesu

5 Punkte (3 sample, 2 Messung) **J –K –mP – Ba –sect bei: vorehel außerehel Homosex Porno vs Moral, xratedmovie gesehen sex material senkt Moral** R pos

3 Punkte (1 sample, 1 Messung, 1 mv) **church membership im Aggregat biv neg zu Sm, bei Ko von living in different house ns** R Sm

(R Gl, Gesu) Baker,J et.al.: Secularity, Religiosity, and Health: Physical and Mental Health Differences between Atheists, Agnostics, and Nonaffiliated Theists Compared to Religiously Affiliated Individual, in: Social Science Research 75, 44-57, 2018
2010 Baylor Religion Survey, rr 25
how often during the past 30 days: 1) their physical health was not good; 2) their mental health was not good; 3) pain made it difficult to perform usual activities; 4) they felt sad, blue, or depressed; and, conversely, 5) they felt very healthy and full of energy. Answer choices to these questions were: none (coded as 0), 1-10 days (1), 11-20 days (2), 21-29 days (3), and all 30 days (4)
general anxiety : "Felt nervous, anxious, or on edge"; "Not been able to stop or control worrying"; and "Worried too much about different things." social anxiety "Fear that you might do something to embarrass yourself in a social situation"; "Became anxious doing things because people were watching"; and "Endured intense anxiety in social or performance situations." paranoia "Felt like you were being watched or talked about by others"; "Felt that it is not safe to trust anyone"; and "Felt that people were taking advantage of you." obsession : "Been plagued by thoughts or images you cannot get out of your mind"; "Thought too much about things that would not bother other people"; and "Thought too much about pointless matters." compulsion "Felt compelled to perform certain activities, for no justifiable reason"; "Repeated simple actions that realistically did not need to be repeated"; and "Been afraid something terrible would happen if you did not perform certain rituals."
"Which one statement comes closest to your personal beliefs about God?": "I am an atheist" and "I don't know and there is no way to find out,"
This response is given priority over religious affiliation, such that nontheists who also report having an affiliation would be classified as atheist or agnostic. for religious affiliation we used a question : "With which religious family do you most closely identify?" Respondents were provided forty different specific denominations and traditions with "no religion" offered at the end of the list. Respondents who selected "no religion" while also answering the theism question affirmatively in some way were classified as "nonaffiliated theists." nonaffiliated theists (n = 75), atheists (n = 86), and agnostics (n = 102).

communal religious participation comprised of mean standardized variables for frequency of religious service attendance and measures for participating in the following congregational activities during the past month: social gatherings, religious education, music programs, prayer/scriptural study, proselytizing, and religion/work discussion groups

because half of agnostics in the sample (n = 52) claimed a religious affiliation, results for agnostics in all multivariate models were statistically nonsignificant. Consistent with our other findings about the detrimental effects of religious/secular incongruity, it is worth noting that for the outcomes on pain difficulty, general anxiety, paranoia, and obsessive thought, nonaffiliated agnostics scored substantially better than did affiliated agnostics.(aber ns)
mv –demogr, children, working pol views voted -

phys health not good –0-10: ath- agno/mP/ev P,- J - K/bP -nonaff th; alle 30 Tage –J –nonaff th –K –bP –ev P –mP - ath –agno; andre Tabelle: ath –mP-ev P –agno –bP/K –J –nonaff th;
mv –Basis ath: K agno nonaff th negativer, rel partic ns;
mh not good –0-10: bP –ev P –ath –mP –agno/K/J –nonaff th, alle 30 Tage –J –nonaff th –mP/bP –ath agno –K –ev P//andre Tabelle: bP –evP –ath –K/mP -agno –J –nonaff th;
pain –nonaff th –K –mP –ev P –agno –bP –ath –J; **depr** –nonaff th –agno –J –K- ath –mP-ev P –bP; **high energy** –J –bP –agno –evP ath –mP –K –nonaff th; **general anx** –nonaff th –agno –K –mP –evP –bP –J –ath; **soc anx** –bP/nonaff th -agno–mP –evP –J –ath; **paranoia** –nonaff th –bP –K/mP –ev P –agno –J – ath; **obsession** –agno/nonaff th –mP –K –ev P –bP –J –ath; **compulsion** –bP –nonaff th –K –mP –agno – ev P –J –ath;
mv mh not good –Basis ath: nonaff th pos, rel partic neg; pain –mP K nonaff th pos, rel partic ns; depr –nonaff pos, part neg; energy –nonaff neg, part pos; general anx –ev P mP K agno nonaff pos, part neg; soc anx –mP bP K nonaff pos, part nsneg; paranoia –ev P mP bP K agno nonaff th pos, part neg, obsession –dto, part nsneg, compulsion –ev P mP K agno nonaff th pos, part ns;
(agno eher neg, nonaff th immer neg, ath meist gut –vor allem bei Angst/paranoia/obsession/compulsion, rel partic -5 pos, 2 nspos, 1 ns; biv ath nicht immer Nr.1 –mv schon, oft ns; bei Ko von rel part ist Diff zu ath ein bisschen höher)

6 Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat) **phys health not good –0-10: ath-agno/mP/ev P,- J - K/bP -nonaff th; alle 30 Tage –J –nonaff th –K –bP –ev P –mP - ath –agno; andre Tabelle: ath –mP-ev P –agno –bP/K –J –nonaff th; ath besser**
mv –Basis ath: K agno nonaff th negativer, rel partic ns; ÜberKo
8 Punkte (2,5 sample, 4 Messung, 1 mv, 0,5 stat) **mental health NAS –mv ath besser als denom, biv nur teilweise, v.a. bei paranoia, Angst, obsession compulsion; agno nicht besser als rel, nonaff theists am schlechtesten, ÜberKo**

(R pos, Gesu) Bankston,C/Zhou,M: Religious participation, ethnic identification, and adaptation of Vietnamese adolescents in an immigrant community,in: Sociological Quarterly 36, 523-534, 1995

402 Schüler, kath Vietn, 80 % Kg einmal pro Woche ! /ethnic id –vietnamesisch sprechen und beherrschen, Wille zur endogamy, Id mit Vietn group, Freunde Vietnamesen//adapt an USA-drug use(alc bis zur Trunkenheit, viel illegal drugs), grades, importance of college, attitudes vs school homework habits,//Kg pos zu language use, endog, self id, Vietn Freunde, grades , impo of college; neg zu drugs; /mv –demogr(edu, work hours der Eltern, living with both parents, sibling-Zahl,recency of arrival, Mitgl in vietn Orgs)-Kg pos zu grades,impo of college, neg zu drugs; ethn id –grades pos, drugs neg, impo of college ns pos,

4,5 Punkte (1 sample, 1,5 Messung, 0,5 stat, 1,5 mv) **Kg pos (zu ethnic identific und) zu grades/impo of college/ und ethnic id auch pos zu grades/impo** ! R pos
(unter 5) **Kg neg zu drugs: alc bis zur Trunkenheit, illegal drugs viel,** R Gesu

((R Krim, Gesu, Gl pos))Barber,B: Political violence, social integration, and youth functioning: Palestinian youth from the Intifada, in: Journal of Community Psychology 29, 259-280, 2001

9.Klasse, Palästinenser,West Bank, Gaza strip,Teilnahme an Intifada: distribute leaflets, protect someone from Israeli soldiers or police, march demonstrate in protest against occupation, throw stones at Israeli police soldiers, /victimization –harassed by Isr police/sold, arrested by.., beaten by.., shot by; //srr, attend rel services, prayed alone, thought seriously about rel, talked about rel with friends, /antisocial behave- used tobacco, alc stolen tried to steal things run away from home; //rel –Intifada(Teiln und Opfer) Jungs pos, like school, macht viel homework höhere Erwartungen an Schule pos, family monitoring(Eltern wissen wo Kind ist, wofür es Geld ausgibt,welche Freunde es hat) pos, peers(die rauchen stehlen weglaufen) neg, elterliche Psychokontrolle (wollen Denken Gefühle von Kind ändern, wechselt Thema wenn Kind was sagen will, unfreundlich wenn Kind anders denkt) ns, Depr neg, antisocial neg, neighborhood(fight with weapon violent arguments youth gang conflicts people being hit by police) M ns, F neg;(mv beide neg) /mv(:Intifada pos zu rel bei M und F(und antisozial pos, aber antisoz neg zu rel)- Intifada: unklar ob als Täter oder Opfer; Table 1 M pos, F ns –Text M und F ns, nun mv M und F pos ! Intifada ist vor Erhebung –also Ursache ? aber retrospektiv erfragt //rel puffert neg Intifada und neighborhood-Wirkung auf antisoz Verh etwas;

Rolle der Intifada-Beteiligung: etwas Depr plus, antisoz Verh plus, aber rel pos, school values ns, family monitoring pos, /pol activism bei Intifada –psychosoc wellbeing pos, civic involvement pos(andere Untersuchung) Intifada eher Erfolg ?

5 Punkte (3 sample, 1,5 Messung, 0,5 stat) **Muslimrel neg zu Depr** R Gl

6 Punkte (3 sample, 2 Messung, 0,5 Intera, 0,5 stat) **antisoz : stole tried to steal alc tobacco neg zu Muslimrel, Rel puffert etwas die neg Wirkung von Intifadakontakt und neg**

neigbhorhood auf antisoz ; antisoz neigborhood neg zu Muslimrel (biv nur F) Intifadakontakt pos zu rel bei M, bei F ns(Kontakt: unklar ob Opfer oder Täter) R Krim

(unter 5) **Muslimrel neg zu alc tobacco (in einem Item zus mit stole tried to steal)** R Gesu

5,5 Punkte (3 sample, 2 Messung, 0,5 stat)**Muslimrel pos zu like school,homework plus,höhere Erwartungen, family monitoring, ns zu elterlicher Psychokontrolle** R pos))

(R Krim,Gesu) Barnes,G et.al.: Family influences on alcohol abuse and other problem behaviors among black and white adolescents in a general population sample,in: Journal of Research on Adolescence 4, 183-201, 1994
T 2 nach einem Jahr, 6 % attr, white 52 % K; 15 bzw 16 Jahre alt; Ne weniger deviance/drink !, 5 or more drinks beer wine liquor –days in year, having gotten drunk/very high from alc,
20 Item deviant acts – argue with parents, stay out later than par allowed, sex relations, assault, breaking into house, business, car, run away from home,marij other illicit drugs, /rel –impo of belonging to rel youths program, getting rel counsel when facing a problem believe in God pray when facing a personal problem, //rel T1 neg zu frequent heavy drinking/drunkenness/deviance T2 (mv demogr, denom, parents subst abuse, family structure, evtl auch: parental support, monitoring, communication, peer drink/deviance) , Intera: P blacks weniger heavy drink als andre/no, auch bei Ko von T1 drink;

5,5 Punkte (1 sample, 2 Messung, 1,5 mv, bei, 0,5 stat, **1 Panel) rel T1 neg zu frequent heavy drinking/drunkenness in T2, Intera: P blacks weniger heavy drink als andre/no, auch bei Ko von T1 drink;** R Gesu

5 Punkte (1 sample, 1,5 Messung, 1 mv, 0,5 stat, 1 Panel) **rel T1 neg zu deviance T2 (incl deli, aber auch drugs)** R Krim

(R pos Gesu) Barro, R/McCleary,R: Religion and economic growth across countries, in: ASR 68, 760-781, 2003
59 Länder, Aggregat, Korrel zu Kg/belief in heaven, in hell –per capita GDP ns, edu pos , life expectancy ns, (mv urb, popul share over 65/under 15; rel pluralism,state rel,state regul of rel, communist regime, Hindu K P usw – was bedeutet : edu zu Kg unabh von vielen rel Items ??)
//economic growth(Wachstumsrate von BSP/Kopf 65-85, 41 Länder) mv Ko von:
log of per capita GDP in 1965, 1975, and 1985; years of male secondary and higher school attainment in 1965, 1975, and 1985; the reciprocal of life expectancy at age one in 1960, 1970, and 1980; the average ratio over each period of total investment to GDP; the log of the total fertility rate in 1960, 1970, and 1980; the average ratio for each period of exports plus imports to GDP, filtered for the usual relation of this ratio to the logs of population and area; the average ratio for each period of government consumption (net of outlays on defense and education) to GDP; the growth rate of the terms of trade over each period, interacted with the average ratio of exports plus imports to GDP; the average of the Political Risk Services subjective indicator of maintenance of the rule of law (the value for 1982 or 1985 appears in the first two equations); the average for each period of the Freedom House subjective measure of democracy (electoral rights) and its square;

and the consumer price inflation rate for each period.
–Kg minus hell plus, oder Kg minus heaven plus, oder Kg minus heaven ns, hell plus /zu Kg dazu: LnT wirkt pos; (unklar ob controls für rel pluralism, state rel, state regul da) belief in God ns, self rated rel ns neg; /Kg allein neg, hell ns pos, heaven ns,

5,5 Punkte (1 sample /Aggregat, 2 Messung, 2 mv, 0,5 stat) **Kg neg zu ök Wachstum, hell heaven LnT pos, aber nur mv, biv: Kg neg , hell heaven ns, Aggregat**

(unter 5) **Kg ns pos, hell heaven nsneg zu L-erwartung Aggr** R Gesu

(R Gesu/Gl) Bartlett, S et.al.: Spirituality, well-being, and quality of life in people with rheumatoid arthritis, in: Arthritis § Rheumatism 49,778-783, 2003

Spir transcendence Piedm- reading the bible pos, praying stark pos, Kg stark pos, //total swollen and tender joints –ns neg zu STS,/STS – PAS pos (auch mv Gesu, phy functioning, Depr) , NAS ns, life on whole ns pos, Depr ns,general health (SF36)pos,(auch mv: Gesu phys fu, PAS) (Rest-SF ns) ,
(unter 5) **STS –nsneg zu swollen/tender joints, general health SF 36 pos**

(R pos, Krim, Gl, Gesu) Barton,A et.al.: Adolescent religiosity as a mediator of the relationship between parental religiosity and adolescent health outcomes, in: Journal of Religion and Health 53, 86-94, 2014
Students 21 J,
late adolescent perceptions of parents' und eignem Kirchgang ("How often do your parents attend the regularly scheduled services of a church (not including weddings, funerals, baptisms, or any other special occasion of a religious nature), church status "What is the current status of your parents in relation to church?"; - no association, attending non-member, non-attending member, or attending member, church involvement "What is your parents' current level of involvement with a church or religious organization?"; range from never participate to paid staff members, frequency of reading books of religious faith "How often do your parents read the Bible or any other book of religious faith, and prayer "How often do your parents pray?";
health-related subscales of alcohol use (e.g.. "Have you ever lied about your age to buy alcohol before you turned 21 ?", and drug use (e.g., "Have you ever used 'soft' drugs such as marijuana (grass, pot) , anxiety (e.g., "I worry too much about things that aren't important," depression (e.g., "I often feel sad or unhappy," low self esteem (e.g., "I really don't like myself very much," and low well-being (e.g., "No matter what I'm doing, I usually have a good time" [reversed

4,5 Punkte (1 sample, 2,5 Messung, 0,5 stat**) adol rel/parental rel ns zu SES (inc und occ)** R pos

5 Punkte (1 sample, 2 Messung, 1,5 mv, Medi, 0,5 stat) **adol rel (parental rel etwas schwächer) – alc und drug use minus, mv (age sex SES) dto, (par rel bei Ko von adol rel ns)** R Gesu

7 Punkte (1 sample, 4 Messung, 1,5 mv, Medi, 0,5 stat) **adol rel (parental rel etwas schwächer) – depr minus, anx minus (schwach) low Swg minus, low wellbeing minus, mv (age sex SES) dto par rel bei Ko von adol rel ns** R Gl

5,5 Punkte (1 sample, 2,5 Messung, 1,5 mv, Medi, 0,5 stat**) adol rel (parental rel etwas schwächer) lie for alc minus, mv (age sex SES) dto par rel bei Ko von adol rel ns** R Krim

Bassuk,S et.al.: Social disengagement and incident cognitive decline in community-dwelling elderly persons, in: Annals of Internal Medicine 131, 165-173, 1999

EPESE New Haven, 1982 -2754 –1985, 1988, 1994 1775 gestorben, about how often do you go to religious meetings or services ? /Teiln an anderen Gruppen – senior center, work group, church-connected group, self help charity public service community group//short portable mental status questionnaire – die die da schlechte Werte haben, werden zu Beginn des Intervalls weggelassen, Ko von T1 mental status und age – Kg neg zu mort bei 3,6, 12 Jahren follow up; zu decline in mental status nach 3 J neg, nach 6 und 12 ns //group membership (soc activity z.T. auch wirksam – incl volu) neg zu death und cogn decline,

7 Punkte (3 sample, 1,5 Messung, 0,5 mv, 0,5 stat, **1,5 Panel) Kg neg zu mort, nach 3, 6, 12 Jahren, mv, zu mental decline nach 3 J neg, dann ns; group member (incl church group, charity public service) neg zu mort/decline**

Bazargan,S et.al.: Religion and alcohol use among African-American and Hispanic inner-city emergency care patients, in: JfSSR 43, 419-428, 2004

LA, 191 Ne, 204 Hi, having consumed alcohol six hours prior to seeking emergency care (ohne Vp in police custody)/alc abuse –during last year have you had a feeling of guilt or remorse after drinking, during..has a friend or family member ever told you about things you said or did while you were drinking that you could not remember, during..have you failed to do what was normally expected from you because of drinking, do you sometimes take a drink in the morning when you first get up,
/I work together with God as partner in dealing with stressful sit, trying to make sense of stressful sit without relying on God, to what extent is religion involved in dealing with stressful sit,do you consider yourself a rel person, a spir person
Drinking six hours prior – Kg neg, coll coping, rel involved in stress ns neg, srr/spir ns neg, Kath ns, (abstainer Kath Kg pos, collab ns neg), mv (demogr) –drink six hours prior Kg neg, Kath pos, abstainer –Kg K pos,
Alc abuse mv –Kg ns, (evtl –Methode unklar –innerhalb der Trinker wirkt Kg nicht, wirkt nur vs Trinken)
6 Punkte (1 sample, 3,5 Messung, 1 mv, 0,5 stat) **Kg K (coping/srr/spir nsneg, K ns) neg zu alc überhaupt, seit 6 Stunden (K nicht) , bei Trinkern (control of abstinence, unsicher) ns zu abuse**

R Gl,Gesu) Becker, G et.al.: Religious belief as a coping strategy, in: Strahlentherapie und Onkologie 5, 270-276, 2006

Strahlentherapie, T 2 3 Wochen, T3 nach Ende von Th., T4 --6 Wochen nach Ende
Have you got a belief giving you comfort ?,
Keine Diff bei side effects der Sth, aber nonbel. berichten über mehr während der Sth, nach 6 Wochen weniger !//Angst vor solchen- nonbelievers etwas mehr,
vor Sth- nonbel mehr analgetics, mehr Schmerzen, Ende von Sth auch, nach 6 Wochen nicht mehr, vorher: believers etwas mehr Alk, weniger Rauchen, während Sth –believers weniger Alk und Rauchen,//able to enjoy your life – believers 34- nonbel 8, dann Anstieg während 31/23, end of Sth 20/20, 6 Wochen – 47-57, keine ängstl Person – nonbel besser, Angst vor Tod dto, (Abbildung andersrum), believers –glauben weniger an Heilung durch Sth, sehen sich mehr als Kämpfer gegen Krebs, wollen in further life was Wichtiges tun,
vor Sth- believers weniger Depr, danach mehr (schwach), mehr happy, danach weniger als nonbel, soul condition vorher ns, nachher etwas pos, noch später negativ,
(am Ende nur noch 19/14 VP da, relativ mehr nonbelievers als vorher/ letzte Befragung believers schlechter, sonst besser)

(unter 5) **Panel, got a belief giving you comfort –side effects, analgetics Schmerzen – believers vor Therapie besser, danach schlechter/gleich; vorher Alk pos, Rauchen neg, während – weniger davon; MiniN** R Gesu

(unter 5) **Panel, got a belief giving you comfort –Angst vor side effects neg, enjoy life/happy –vorher pos, nachher neg, ängstliche Person/Angst vor Tod pos (Abbildung andersrum) depr –vorher neg, danach pos, MiniN**

R pos, Gesu, Krim) Benda,B: Religion and violent offenders in boot camp: a structural equation model, in: Journal of Research in Crime and Delinquency 39, 92-121, 2002

Sample wie B/T 2000, in boot camp: military training, alc/other drug edu, edu, work detail (cleaning along highways), indiv/group counseling; Alter nun 20 !, sonst alles gleich !!
10 % K, 8 % no aff, //violence -attacked someone for the purpose of causing severe injury, taken anything from someone by force or the threat of force, obstructed a law official or resisted arrest, been in gang fights, used a weapon on someone causing physical injure to the point the person had to be hospitalized//sexual assault –rape, forced sexual intercourse with date, giving a drug to someone without their awareness to have sex;
/Kg, church activity/involvement, Sunday school; rel expressions – prayer, Bible study, financial contrib., talk to family friends about joys and tribulations of being religious, share faith in God with others, try to convert someone to a personal relship with God /forgiveness –all offenses are to be forgiven so God can forgive us, I forgive others who hurt me, forgiveness is necessary for getting rid of ill feelings toward others, //
beliefs(–it is right to sneak into a movie or ball game without paying, important to obey rules laws, wrong to damage others property, impo to pay for all things taken from a store) und dazu violence norms –force sexual intercourse is okay if you can avoid being caught, okay to beat up someone who makes you angry, fighting in a gang is necessary to be a loyal member, using a weapon is generally necessary these days to life on the streets
physical abuse –severe cuts, bruises, welts, other marks that took a few days to disappear, concussions, breaking bones, scalding, burns, /sexual abuse –touching of genitals, oral/anal interc,//drug use körperl Abhängigkeit - (barbiturates, amphetamine,opiates), drug use psych Abh– cocaine, hallucinogens, solvents (Lösungsmittel)/carry a gun most of the time,have loaded gun available all times, show a gun to get what they want, carry a knife for protection, carry brass knuckles, chains, shanks, clubs other weapons for protection, //peer assoc –close friends been

picked up by police, use illegal drugs, drink three mor beers glasses of liquor wine in a day regularly, steal regularly, have used a weapon on someone; -friends think less of a person who gets into trouble, think troublemaking is fun, laws are good and should be obeyed, not afraid to break the law, put down someone who gets into trouble, //length of gang involvement, gang is family, would lay down life for gang, would do whatever is asked by gang, spend most of time with gang members, (gang ist Gruppe mit Name, Org, Zeichen)
Korrel(angeblich auch Umkehrung messbar) : rel zu beliefs pos, Umkehrung ns; rel zu peer ass neg, Umkehrung ns; rel to carry weapons neg, Umkehrung ns; rel to selling drugs –neg, Umkehrung ns(Tab 5 neg) ; rel to use drugs –neg, Umkehrung sign, rel to violence –neg, Umkehrung sign, aber viel schwächer; (unklar: keine Zahlen angegeben: rel zu gang, abuse)

7 Punkte (1 sample, 4,5 Messung, 1 mv?SEM, 0,5 stat) **rel (incl forgiveness) neg zu anti-gesetzlichen beliefs/violence norms , Freunden mit krim Verh/Ansichten, carry weapons, selling drugs, using drug, violence (starke Messung), Umkehrung (dubios) angeblich, aber schwach nur bei violence, use drugs** R Krim

3,5 Punkte (1 sample, 1 Messung, 1 mv/SEM, 0,5 stat) **Attachment –how much do you like to be with, how close do you feel to, how much do you want to be like, Korrel (angeblich auch Umkehrung messbar): rel ns zu family att, aber f.a. pos zu rel** R pos

4 Punkte (1 sample, 1,5 Messung, 1 mv/SEM, 0,5 stat**) drug use -körperl Abhängigkeit - (barbiturates, amphetamine,opiates), drug use psych Abh–cocaine, hallucinogens, solvents (Lösungsmittel): rel to drug use –neg, Umkehrung (dubios) sign; rel zu assoc mit peers (die Drogen nehmen/trinken) neg, Umkehrung ns,** R Gesu

(R Krim, Gesu, Sm) Benda,B/Corwyn,R: A test of a model with reciprocal effects between religiosity and various forms of delinquency using 2-stage least squares regression, in: Journal of Service Research 22, 27-52, 1997

Public high school students, 9.-12.Kl, 36 Ne, 16 J, /heavy alc use –number of days Vp consumed at least a six-pack of beer or four drinks of hard liquor/wine; //criminal behavior –breaking and entering, theft from kid's locker, steal something unter 5D, 5-50, über 50, gang fights, armed robbery, beat up someone for the heck of it//
religiosity –Kg, time in prayer, study Bible, activity in church, financial contribution,share you and problems of rel life, talk about religion with family/friends, try to convert someone;
/two stages least squares als Methode, um reziproke Korrel festzustellen –dubios; beliefs –it is right to sneak into a movie or ball game without paying, pay for all things steal obey rules laws//excuses –I believe drinking alc/using other drugs/stealing sex before marriage harms no one, this behaviors are fine since most people do them;
Rel –pos zu antikrim beliefs ,
Rel ns zu (heavy) alc use,(mv expectation of level of schooling/desired job; time spent on school work/school activities; attachment to mother/father, my friends think less of a person who gets in trouble, they get into trouble, think laws are good should be obeyed,not afraid of breaking the law, put down someone who gets into trouble; beliefs), aber (heavy) alc use neg zu rel/
Rel ns zu marij use, marij use neg zu rel;
Rel neg zu crime und crim neg zu rel,

4 Punkte (1 sample, 2 Messung, 0,5 mv, 0,5 stat) **rel ns zu (heavy) alc und marij use, diese aber neg zu rel (dubiose Methode), rel neg zu crime und crime neg zu rel, Rel pos zu antikrim beliefs, ÜberKo**R Krim

3 Punkte (1 sample, 1 Messung, 0,5 mv, 0,5 stat) **How often do you think about committing suicide ? Rel ns zu Sm und Sm neg zu rel, mv s.o.; ÜberKo** R Sm

heavy alc use –number of days Vp consumed at least a six-pack of beer or four drinks of hard liquor/wine;
Rel – ns zu (heavy) alc use, aber (heavy) alc use neg zu rel; Rel ns zu marij use, marij use neg zu rel; mv –s.o.
(unter 5) **rel ns zu (heavy) alc use, marij use , diese aber neg zu rel, ÜberKo, dubiose Methode, rel pos zu antikrim beliefs** R Gesu (**nicht bewertbar)**

(R Gesu, Krim) Benda,B/Corwyn,R: Are the effects of religion on crime mediated, moderated, and misrepresented by inappropriate measures, in: Journal of Social Service Research 27, 57-86, 2001

public high schools, inner city, East coast, und rural high schools in impoverished state in South, 16 J, K -4/7 %, no rel -16/12, Ne 15/48,
steal unter 5D, 5-50, über 50, steal from school lockers, steal vehicles,intentionally damaging other's property// violence –gang fights, beat up someone to physically hurt him, used weapon to get money from someone, /
Kg und Sunday school att; religiosity –private prayer, Bible study, discuss faith in God, talk about religion with others, try to convert someone to faith in God, //peer assoc –values: my friends think less of a person who gets into trouble with the law, put down persons who value most laws, value having fun more than obeying the law; norms –respect is gained from my friends by breaking the law, it is normal for my friends to get into trouble at home, in school, with the law; you are branded as a chicken if you don't get into trouble with the law in my friendship group; drug use körperl Abhängigkeit - (barbiturates, amphetamine,opiates), drug use psych Abh–cocaine, hallucinogens, solvents (Lösungsmittel),
peer assoc –Kg und religiosity neg, drug use –religiosity neg, Kg nsneg;
crime –Kg und religiosity neg (rel neg auch bei Ko von peer ass, drug use, gender, race father's edu, age, parental supervision, urban-rural high school, Kg nicht), keine Reziprozität,

6,5 Punkte (1 sample, 4 Messung, 1 mv, 0,5 stat**) Kg (schwach) und religiosity neg zu crime (Diebstahl, violence), trotz ÜberKo, beide neg zu peers pro Krim, Kg nsneg zu drug use, religiosity neg (beide zus neg)**

(unter 5) **drug use körperl Abhängigkeit - (barbiturates, amphetamine,opiates), drug use psych Abh–cocaine, hallucinogens, solvents (Lösungmittel) -–religiosity neg, Kg nsneg (beide zus neg)**

(R Gesu/Krim) Benda,B/Toombs,N: Religiosity and drug use among inmates in boot camp: testing a theoretical model with reciprocal relationships,in: Journal of Offender Rehabilitation 35, 161-183, 2002

M 15-24, boot camp is an option to prison, -Vp Ersttäter, sentenced bis zu 10 J, no recorded violent offenses as adult, no serious drug-addiction,
(rel –Kg, pray, church involvement, talk about religion, try to convert someone neg zu close friends, die had been picked up by police,use illegal drugs/drink über 3 Bier/glasses of liquor/wine a day regularly,steal regularly, have used a weapon on someone, (angeblich reziproke Korrel, unklar wie das messbar sein soll)/mv –abused vor 12, attachment –how much do you like to be with,how close do you feel to ,how much do you want to be like mother/father, beliefs –it is ok to sneak into a movie or ball game without paying, impo to obey rules/laws, wrong to damage others' property, impo to pay for all things taken from a store)
(unter 5) **Index Kg/pray/church involv/talk about rel/try to convert neg zu Faktor: friends, die von Polizei aufgegriffen werden/illegal drugs/Alk viel zu sich nehmen, regelm stehlen, Waffe vs jemand benutzen (nicht bewertbar)**

R Gesu, pos, Krim) Benda,B: The effect or religion on adolescent delinquency revisited,in: Journal of Research in Crime and Delinquency 32, 446-466, 1995

public high school students 9.-12.Kl, 36 Ne, 16 J **(vgl B/Corwyn 97, selbes sample, z.T. andere Messung/Ergebnisse))** 42 % Ba, nondenom 12, K 7, no 13, /crime vs property -illegally broken into a place that is locked, stolen something from a kid's locker, stolen worth unter 5, 5-50, über 50; vs persons –beat up other kids or adults just for the heck of it, particip in gang fights, used force to get money from another person, /status offenses –gives teacher a fake excuse for being absent, run away from home, skipped school without excuse// (heavy)alc use, marij, amphetamine, / religiosity –Kg, time in prayer, study Bible, activity in church, financial contribution,share you and problems of rel life, talk about religion with family/friends, try to convert someone;//
beliefs –it is right to sneak into a movie or ball game without paying, pay for all things taken from a store, steal a bicycle if you can do it without getting caught, important to try to follow rules and obey laws (etwas andere Formulierung als in B/C 97 !!), // expectation of level of schooling/desired job//parental monitoring//attachment to parents//
religiosity –attachment MF pos, expectation pos, beliefs pos, monitoring pos, property neg, person crime ns, status neg, marij (heavy) alc neg, amphetamines ns; (auch bei Ko von residence, age, family structure, race gender father's edu), Ko von attachment/expectation/ beliefs/monitoring) –marij amphet ns, (heavy) alc, status/property und nun auch person crime neg !, **vgl B/Corwyn 97, selbes sample, z.T. andere Messung/Ergebnisse))**
5,5 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat) **religiosity neg zu property/person crime (erst bei mv), status deli, marij (heavy) alc, amphetamines ns, pos zu antikrim beliefs** R Krim

3 Punkte (1 sample, 1,5 Messung, 0,5 stat**) Attachment to parents, expectation of level of schooling/desired job, parental monitoring – pos zu religiosity** R pos

(unter 5) **religiosity neg zu marij, (heavy) alc use, ns zu amphetamine use;** R Gesu

Benda,B: Factors associated with rehospitalization among veterans in a substance-abuse treatment program, in : Psychiatric Services 53, 1176-1178, 2002

600 homeless Vietnam veterans, 71 % behandelt wegen substance abuse, 40 % in psych hospital, kommen aus Entzug, //prayer, Bible study, discussion of religion, church attendance, and belief in

a supernatural being.// readmission to the hospital for psychiatric or substance abuse treatment within two years after discharge from the treatment program -Korrel dazu: religiosity neg (mv demogr, employment,years of substance abuse,hospitalizations wegen substance abuse, psychiatric admissions, family attachment, childhood phys/sex abuse, depr, childhood family att, selfesteem, self efficacy ss)
6 Punkte (1 sample, 1 Messung, 3 mv, **1 Panel) religiosity neg zu rehospitalization von substance abusers**

(R Krim,Gesu) Benda,B/Corwyn,R: Religion and delinquency: the relationship after considering family and peer influences, in: JfSSR 36, 81-92, 1997

public high school students , 9.-12.Klasse,
status offenses –running away, fake excuses for absence from school, skipping school (und alc use, heavy alc consumption) Faktor 2: property crime –breaking/entering, theft from locker, stealing 3 different amounts; person crime - gang fights, robbery by force, other fighting; use of cocaine, opiates,barbiturates,amphetamines, marij-jeweils in past two months, /
Kg –church att, Sunday school att, activity in church; religiosity –time in prayer, Bible study,financial contributions, /evangelism –talking about religion with family/friends, sharing joys and problems of religious life, trying to convert someone;
mv (demogr, biol family) status offenses –Kg/religiosity neg, evangelism ns (Kannib), (rel Items ns neg bei ÜberKo –attachment to parents,commitment to school, involvement in school, Ablehnung von steal/pro obey rules usw, friends deli/kriminell, Vorbilder bei Krim/Deli, deli-stealing harms no one usw)
mv (s.o.) crime – evangelism neg, Kg/religiosity nsneg, ev auch bei allen controls neg !

6 Punkte (1 sample, 3,5 Messung, 1 mv, 0,5 stat) **status offenses (Schule, alc abuse) – Kg/religiosity neg, evangelism ns; crime (Diebstahl, fights, robbery, drugs) –Kg/religiosity ns, evangelism neg;**
(unter 5) **Kg/religiosity neg, evangelism ns zu Faktor incl alc abuse//evangelism neg, Kg/religiosity nsneg zu Faktor incl drugs, ÜberKo** R Gesu **(nicht bewertbar)**

Benjamins,MR: Religion and functional health among the elderly: is there a relationship and is it constant ? ,in: Journal of Aging and Health 16, 355-374, 2004

Assets and Health Dynamics among the oldest old survey AHEAD, Vp born before 1924, T 1 1995, T2 2000, T1 ab 72 J, Kg –high once a week /more, mid -2-3 mal Monat, low –one more times a year, /fu limit-12 Items-strength, mobility, fine motor skills, /chronic conditions –diab stroke cancer lung disease heart dis hyp hip fraction, /alc –average number of drinks per day,/vigorous physical activity or exercise 3 times a week or more, /mh –drei Items depr, zwei pos affect, zwei somatic/retarded activity,
9,5 Punkte (3 sample, 1,5 Messung, 3 mv, 0,5 stat, **1,5 Panel) Kg T1 zu fu limit T2 bei Ko von fu limit T1 –neg, T 1 rel impo pos (einzeln und zusammen mit Kg) , mv demogr, srh chronic condition, mari stat Kinderzahl financial support, depr, alc smoke exercise**

Benjamins, MR: Religious influences on preventive health care use in a nationally representative sample of middle-age women, in: Journal of Behavioral Medicine 29, 1-16, 2006

HRS, nur F, 1992-96, /rel impo 1996 gemessen, Rest von Rel/controls 1992, /mammograms, Pap smears, self breast exams
Evangelical –SBC Pe; /satisfaction with family friends –ss, self rated emot health –excellent—poor, physical health –hyp, diab, chronic lung disease arthritis heart disease cancer stroke,/mv denom und Kg –gleiche Wirkung wie beide allein, keine Intera denom –Kg, Use of mammogram/pap smears T2 nach 4 J –T 1 Kg pos, J mP pos, ev P/no/K ns, /(mv demogr, sat with friends family, srh, depr selfrated emot health, conditions activity limit) Self-breast exam T2 –Kg T1 kurvi (viel und never weniger als mittelviel, Buckel), denom ns (evangelical biv etwas besser als K mP), mv Rel impo T2 ns zu mammogram/pap T2, pos zu self breast exam (mv)

9,5 Punkte (2,5 sample, 2,5 Messung, 3 mv,bei, 0,5 stat, **1 Panel) Kg mP J pos zu mammogram, pap smears, Kg Buckel pos zu self breast, ev/K/no ns, /Kannib/ÜberKo, Panel, nicht linear, aber immer besser als never; rel impo ns zu mammo/pap, pos zu selfbreast cross-sectional (ceiling), mv ÜberKo, keine Intera denom-Kg**

(R Gesu, Gl, pos) Benjamins,M/Musick,M/Gold,D/George,L: Age-related declines in activity level: the relationship between chronic illness and religious activities, in: Journal of Gerontology,Social Sciences, 58 B, S 377-S385, 2003

EPESE Duke, viele P , 73 J,1986,1989, going to religious services or meetings,how often do you watch religious services or religious programs on TV or listen to them on the radio,
chronic conditions –doctor told you: broken hip, cancer, diab heart attack, stroke, (baseline und 87,88) /soc intera –saw children, relatives, close friends last month, spoke on telephone, belong to club other assoc, /count on family friends in times of trouble, talk about deepest problems with fam/friends, /impairment-can do heavy work,walk up a flight up stairs, walk a half mile, (Korrel Kg-rel TV 0.05 !!)
F Kg und rel TV pos, Ne dto-rel TV stark, age –Kg minus, rel TV plus,
**(T 1 Items zu Kg T2: Krankheiten schwach neg, F Ne pos, verh edu pos,. mv aber ns; age neg, soc intera pos, support ns, fu impairment neg, depr neg/ns –(klar nur: age minus, Ne plus, soc intera pos, fu impairm neg Kra sehr schwach) // rel TV –Krankh ns, F pos –mv ns, Ne sehr pos, age pos, mv ns, verh minus, mv ns, edu minus, ss ns/pos mv ns, fu impairment pos, depr pos, mv ns, Klar nur: Ne plus, fu impairm pos, edu neg; wichtig für Umkehrungen) –mv fu imp, Krankheiten, T1 Rel, demogr, ss, Depr;
Jeweils Ko von baseline Kg/rel Tv**

10 Punkte (3 sample, 2,5 Messung,2,5 mv,bei, 0,5 stat**, 1,5 Panel) Korrel mit T 2 Kg: T 1 conditions neg, hip heart dis stroke neg, cancer diab ns, soc intera pos, perceived support pos, fu impaired neg /mv –conditions ns, hip, cancer, stroke neg, soc intera pos, fu impairment neg, depr ns/ Intera: Gesunde in T1 –cancer dazu –Kg sinkt, mit condition in T1 –cancer dazu (oder neue andere Kra) –Kg steigt;
Korrel mit T2 rel TV: T1 –conditions ns, cancer neg, hip/diab/heart dis/stroke ns; fu impaired pos, mv alles ns;** R Gesu

9 Punkte (3 sample, 1,5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Depr T1 neg zu Kg T2, pos zu rel Tv T2, mv ns,** R Gl

10 Punkte (3 sample, 2,5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Soc intera/perceived support T1 pos zu Kg T2, mv soc intera pos, perc support ns**
T 1 soc intera pos zu rel TV, perceived support ns; mv soc intera/perc supp ns

Edu, verh –Kg pos, rel Tv minus, mv –edu ns, verh ns zu Kg, edu zu rel Tv neg, verh ns Rpos

Benjamins,M/Trinitapoli,J/Ellison,C: Religious attendance, health maintenance beliefs, and mammography utilization: findings from a nationwide survey of Presbyterian women,in: JfSSR 45, 597-607, 2006
F repräs für Presb church of USA lay people, edu pos, Mammo-use pos;
attending nearly every week; and attending two or three times per month or less (reference category). having a mammogram within the past two years
Trying to maintain one's health is a Christian responsibility." "Spiritual health is supportive of physical health."
5 Punkte (2 sample, 1,5 Messung, 1 mv, 0,5 stat) **Kg (nearly every week mehr als weekly), chr responsibility spir health supportive pos zu Mammo-use, mv chr resp ns (Kannib), mv demogr,**

R Krim/ Gesu)Benson,P/Donahue,M: Ten-Year trends in at risk-behaviors: a national study of black adolescents, in: Journal of Adolescence Research 4, 125-139, 1989

Monitoring the Future, aber: nur Städter, Ne-M antworten nicht so oft, unweighted, Ne mit weniger von diesem Verh !!, 76,, 85; truancy- how many days of school missed in the last thirty days because you skipped or cut, how often gone to school but skipped a class last month; predictor for: Zig use, binge drinking, marijuana 30 days, cocaine lifetime, truancy – rel impo neg, /mv –demogr, parents edu,school type, father present, maternal employment college plans

6 Punkte Ne, 7 whites (2 sample, 2 Messung, 0,5 stat, 1,5 mv, bei) **rel impo mv neg zu binge drink Zig use marij cocaine, Ne/wh** R Gesu

5 Punkte (2 sample, 1 Messung, 0,5 stat, 1,5 mv,bei) **rel impo neg zu truancy** mv R Krim

R Gl, Gesu, Krim, pos, help) Benson,P/Scales,P/Sesma,A/Roehlkepartain,E: Adolescent spirituality, in: **Moore, K/Lippman, L:** What do children need to flourish. NY 2005, 25-40

Search Institute Profiles of student life: attitudes and Behaviors Survey, ca 217000 VPs 6.-12. Klasse, during an average week, how many hours do you spend going to groups, programs, or services at a church..; how important is each of the following to you in your life: being religious or spiritual, //alc drunk once or more letzte 2 Wochen, use illicit drugs three or more times last year, sex three or more times a lifetime, depr/SmV, three or more incidents of fighting, hitting, injuring a person, carrying using a weapon, threatening physical harm in past year, has gambled 3mal,mehr past year, betrunken gefahren/bei Betrunkenem mitgefahren 3 mal,mehr, skipped zwei oder mehr letzten Monat und oder schlechte Note,helps friends or

neighbors one or more hours per week, high importance on getting to know people from other racial ethnic groups, gesunde Ernährung/exercise, avoids doing dangerous things, save money for something special, ability to navigate through hardship, leader of a group, gute Noten -Kg und impo richtig bei allem, schwach bei Depr/SmV, gambling, overcoming adversity// impo evtl mehr Wirkung ; bei F und M gleich, bei Native Am und Asian schwächer, white Hisp black stärker,

Signifikanz unbekannt

6,5 Punkte (3 sample, 2,5 Messung, 1 bei) **Kg/impo neg zu betrunken sein, illicit drug use, pos zu gesunde Ernährung exercise** R Gesu

7,5 Punkte (3 sample, 3,5 Messung, 1 bei) **Kg/impo neg zu sex, skipped school, schlechte Noten, pos zu gute Noten, pro Menschen anderer ethn Gruppen Rassen kennenlernen, avoids doing dangerous things save money, leader of a group** R pos

6,5 Punkte (3 sample, 2,5 Messung, 1 bei)**Kg/impo neg zu violence, drunken driving, gambling (schwach)** R Krim

5,5 Punkte (3 sample, 1,5 Messung, 1 bei) **Kg/impo neg schwach zu Depr/SmV(ein Item) ability to navigate through hardship(schwach**) R Gl

5,5Punkte (3 sample, 1,5 Messung, 1 bei**) Kg/impo pos zu help friends neighbors** R help

(R Gl, Gesu) Berges,I.-M et.al.: Religious involvement and physical functioning among older Mexican Americans, in: Hallym International Journal of Aging 12, 1-10,2010
Hispanic Established Population for the Epidemiologic Study of the Elderly (HEPESE), 87 % K, über 65, T 1 Vp ohne ADL, Mexican Americans Texas, California,Colorado, New Mexico, Arizona// ADL: assistance of others or special devices to carry out the following activities: walking across asmall room, bathing, grooming, dressing, eating, getting from a bed to a chair, and using the toilet. //Physical mobility - timed repetitive chair stands, timed 8-foot walk across a small room, and standing balance. doctor had ever told them that they had a stroke, diabetes, heart disease, hip fracture,arthritis
9,5 Punkte (2,5 sample, 3 Messung, 2 mv, 0,5 stat, **1,5 Panel) Kg: stroke minus, diab minus, heart dis plus hip fracture ns arthritis ns, phys mobility pos,//Kg T1 neg zu ADL nach 7 J (mv demogr, physical mobility Krankheiten, depr, diese auch time-varying kontrolliert, also Anstieg usw**) R Gesu

(unter 5) **Kg ns zu Depr** R Gl

Berkel,J/DeWaard,F: Mortality pattern and life expectancy of seventh-day Adventists in the Netherlands, in: International Journal of Epidemiology 12, 455-459, 1983

1972 SDA population -1066 M, 2151 F, 149 M 333 F sterben,72 mort rate der Ndl als Vergleich, angeblich repräs für 68-77, /mit 27: SDA Lebenserwartung M plus 9, F plus 3,6 vs Ndl, Todesursachen – Infektionen ns, Krebs minus –Magen, colorectal lung breast minus, endocrine

nutritional metabolic –neg, CVD neg, respir system neg, digestive nsneg, accident poisoning violence neg,(CVD und cancer gleich stark neg)
Hyp ns, SDA F mehr obese, Diab ns, phys activity ns Chole minus HDL minus !,smoke gar nicht, linoleic acid pos low fat fibre pos

11 Punkte (3 sample, 5 Messung, 0,5 bei, 0,5 stat, **1 Panel) SDA mort minus, alle Todesursachen minus (außer Infektionen) Hyp ns obese F plus Diab ns phys activity ns smoke gar nicht Chole minus HDL minus**

Berkman,L/Syme,L: Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents, in: American Journal of Epidemiology 109, 186-204, 1979

Vp 30-69, 1965-74, 4700 -371 sterben,
8 Punkte (3,5 sample, 1 Messung, 2 mv, bei, 0,5 stat, **1 Panel) Church member –neg zu mort, MF und 3 Altersgruppen, mv (verh, contact with friends/relatives, group member)-dto,**

R Krim, Gesu) Bernburg,J/Thorlindsson,T: Adolescent violence, social control, and the subculture of delinquency: Factors related to violent behavior and nonviolent delinquency, in: Youth and Society 30, 445-460, 1999

Island, alle Zehntklässler, rr 87, Violence – punched, kicked, slapped,head-butted or threatened someone with a weapon//illegal activities - stolen something under 5000 Kronen/70D, über.., committed a burglary to steal ,vandalized, used cannabis;
I could get strength from God if I needed, have received strength from God when I needed it, I believe the story of the Bible about birth, life, resurrection of Christ, believe Christ is only son of God and savior of humankind, religion is of great impo to me, I am religious

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **religiosity (viele Items) –violence neg (auch mv: gender, parents' edu/monitoring/rule setting/support, school performance, relativity of rules, peer –mental/material support,drug use, victimization), illegal activities neg (auch mv), alc (been drunk) neg** R Krim

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **religiosity(viele Items) –alc (been drunk) neg (mv, s.o.), cigarette smoking neg (mv s.o), illegal activities neg (incl used cannabis)** R Gesu

Beutler,J et.al.: Paranormal healing and hypertension, in: British Medical Journal 296, 1491-1494

(Rekrutierung mit Info zu paranormalem Heilen, Vp daran interessiert) Vp mit Bd 140/90 und mehr, unkompliz Hyp, viele Vp vorher ausgeschlossen wegen Krankheiten, noncompliance,// **healing with laying on hands –healing at a distance –no healing;** (letzte zwei double blind), 20 Minuten ein Morgen in der Woche 15 Wochen, 12 healers from **paranormal** healing societies, /immer weniger Vp –Leute machen nicht mit, **between screening und treatment sinkt Bd schon (ca 13, bei controls mehr), bei treatment nochmal (ca 14-19)-bei allen Gruppen**, **bei lay on hands und Fernheilung bei Gruppe ohne Blutdruckmittel mehr Senkung als controls**

(angeblich ns-aber Senkung 19 vs 6 Einheiten) , bei denen mit Mittel ns (unklar: bei diast angeblich Fernheilung immer besser als control, aber ns –Figur anders als Table)/nicht alle beantw Fragen am Ende –**Vp bei lay on hands 30 von 36 felt improved (83%), bei Rest 43/41 %(59/57 not improved); kein Zusammenhang von Bd-reduction und feeling improved,(obwohl reduction ja da ist)**

(unter 5) **1 Interve paranormal healing mit Handauflegen/Fernheilung –allgemein sinkt Bd, bei Gruppe ohne Bd-mittel evtl auch bei beiden Interventionen, subj improved nur bei lay on hands, kein Zusammenhang von Bd-reduction und feeling improved, (obwohl reduction ja da ist)**

Bienenfeld,D et.al.: Psychosocial predictors of mental health in a population of elderly women, in: American Journal of Geriatric Psychiatry 5, 43-53, 1997

Catholic sisters retired,

IADL(instrumental activities of daily living), und physical self-maintenance, Lz Neugarten,GHQ – Angst Depr somatiz, rel: Gebet und close to God u.a.;

Ganze Gruppe mehr Lz als Neugartens community sample, GHQ niedriger als bei Skalen-erfindern,

rel –fu status ns minus, Lz pos, distress minus,depression minus, mastery plus

zu Lz auch mv(mastery, ss, IADL), zu distress mv ns, Depr neg mv

6 Punkte (1 sample, 3 Messung, 1,5 mv, 0,5 stat)) **retired sisters –Lz pos, GHQ neg vs Bev, Lz pos, distress neg, depr neg, auch mv**

(unter 5) **fu status –nsneg zu rel** R Gesu

Blanchard,T et.al.: Faith, Morality and Mortality: the ecological impact of religion on population health, in: Social Forces 86, 1591-1620, 2008

US counties, age sex and race standardized mort rate 1998-2002,(? **Was ist das?)** number of congregations per 1000 persons,(**egal wie groß co ist ? vgl: cP 1,1 –Kath 0,19 –fünfmal so viele cP wie K da ??), wohl nur white cP** /Aufteilung in P vs nonPe, dann nonPe in Fu und ev–Fundi (literalism und **wenig sec associational memberships**), ev (wohl: weniger lit, mehr ass, bleibt unklar), (Fu –Naz, viele Ba, Churches of Christ, ; ev –AmBa, LCMS, SDA, Presbyterian Church in America, Primitive Free Fundamental Methodist, Wesleyan Church)(**unsicher ob denom alle white sind, sehr viele Ba da, es fehlen nondenom, Brethren, Menno Amish Salvation Army..), other cP (unklar wer das ist, wenig, aber stark neg zu mort),**
health infrastructure –number of hospital beds per 1000 Einwohner,
Mort rate - cP pos –dann Aufteilung: Fu Pe pos, ev und other cP neg; mP K minus, (**hospital beds ns zu mort; Gini –hohe Ungleichheit neg zu mort !!, South und West minus, Mortheast pos ! K am stärksten vs mort; bei models for black MF kommt was Andres raus –unklar was)**, mv inc Gini % black hospital beds popul size,region,metropolitan area;

bei Todesursachen –circulatory, respiratory, cancer, social pathology residual .-alles wie oben bei jeder einzelnen Todesursache (außer: K mehr social pathology), in South vs non-South: Fu pos, Pe pos(Süd mehr), other cP neg (Süd stärker), ev neg –Süd nsneg; ((irreal: increase of one Catholic congregation per 1,000 persons is associated with a decrease of 126.366 deaths per 100,000 residents))
6,5 Punkte (3 sample, 2 Messung, 1 mv,bei, 0,5 stat) **dubios: Fundi Pe pos zu mort, ev und other cP neg , mP K neg, bei allen Todesursachen ebenso, ev in south schwächer,**
(Bewertung ein Achtel pos, ein Viertel neg)

((zur Info: Blanz,M: Effekte von Dosishöhe und Instruktionsplausibilität auf Placeboreaktionen gesunder Probanden,in: Psychologische Beiträge 31, 57-88, 1989

Pl –kaum erklärbar, ns zu FPI, Suggestibilität, Lie, sE, sex, age))

(R Gl,Gesu) Blumenthal,J et.al.: Spirituality, religious and clinical outcomes in patients recovering from an acute myocardial infarction, in: Psychosomatic Medicine 69, 501-508, 2007
Enhancing Recovery In Coronary Heart Disease (ENRICHD) randomized clinical trial in which 503 patients with acute myocardial infarction (AMI) at increased risk by virtue of their being depressed or having low social support received either a special psychosocial intervention or usual care.//60 J, 21 Ne; 3 no aff, 45 % F ; DSE -16 Items - I find strength in my religion or spirituality," "I feel thankful for my blessings," and "I ask for God's help in the midst of daily activities.//I pray or meditate privately//. I go to religious services." "never or almost never" to "at least once a week.
follow-up time 561 days, Of the 503 participants who completed the DSE questionnaire at T1 -61 (12%) participants either died or sustained a second AMI (*n* _ 32) during follow-up
Tod oder Herzinfarkt –Kg Zahlen unklar, in Table falsch, in Text anders,
wohl: never mehr als bis several times a year, dann mehr bei once/twice a month, dann weniger bei at least weekly, ns weil N klein- several 4 VP,//Prayer never am wenigsten, ziemlich linear – mehr als einmal am Tag am meisten, auch ns; DSE eher pos, Trog, ns; mv mit Depr und ss (und demogr, medical risk score –keine Änderung;
Depr T1-T1 : Kg neg linear sign; pray (nur mehr als einmal pro Tag) pos; DSE neg sign (ss –Kg pos sign, pray DSE ns)
6 Punkte (1 sample, 2 Messung, 1,5 mv, 0,5 stat, **1 Panel) Kg pray DSE ns zu Tod/Herzinfarkt in T2 (Kg ns neg, pray ns pos, DSE nspos; N sehr klein)** R Gesu
4 Punkte (1 sample, 2,5 Messung, 0,5 stat) **Kg DSE neg zu Depr, pray –nur:mehr als einmal pro Tag –ns pos** R Gl

Bock, W et.al.: Moral messages: the relative influence of denomination on the religiosity-alcohol relationship, in: Sociological Quarterly 28, 89-103, 1987

GSS 77,78,80, strength of religious identification, membership in church orgs,/do you ever have occasion to use an alcoholic beverage such as liquor, wine, or beer, or are you a total abstainer ? –wer trinkt: do you sometimes drink more than you think you should ? (Bedeutung: wirklich zuviel oder sensibel wegen denom ?) /cP –Me, Ba, sects; /use –no aff Epi K Lu J Pres Me Ba, /drink more –no aff, Epi, -J am wenigsten, Rest unklar, dazwischen //use –bei: K –id neg, J ns, lib P ns, cP –id Kg neg, member immer ns (mv demogr)/ drink

more –bei: K –Kg minus, J ns, lib P alle drei ns minus, cP –Kg minus; (Rel erklärt gleichviel Varianz hier-Autoren sagen-rel wirke gar nicht)

7,5 Punkte (3 sample, 2,5 Messung, 1,5 mv,bei, 0,5 stat) **alc use (no aff am meisten, dann Epi K) –bei K wirkt identific neg, bei cP id und Kg; bei J lib P no wirkt nix, weil Gruppe nicht gegen alc ist; Selbstbeschreibung als machmal mehr trinkend als man soll (no aff Epi am meisten) – K Kg und cP Kg neg, mv, bei/nicht paradoxes Trinken: Rangfolge bei misuse entspricht use;**

(R allg, Gesu, Krim) Bogg,T/Roberts,B: Conscientiousness and health-related behaviors: a meta-analysis of the leading behavioral contributors to mortality, in: Psychological Bulletin 130, 887-919, 2004

6 facets von C –industriounsness, order, responsibility, self-control, traditionalism virtue; (weitere C-Items: follow socially prescribed norms for impulse control, task-und goal directed, planful, delay gratification, follow norms und rules, /impulsivity neg, dishinhibition neg; conventionality, pragmatic, lacks purpose neg, (P, rigidity ?) discipline, achievement via conformance, endurance, lability neg, socialization,constraint
Korrelationen zu GesuV (194 Studien) alle sign zu exercise/fitness level, heavy drinking, marij opiate heroin use, food selection/((obesity/BMI ns !)) smoke,
speeding/hazardous driving/accidents, number of partners/protected/risky acts partners; Sm(V),
aggr delinquent acts, convictions/incarceration/detention aggression sexual aggression; drunk driving/riding,

C pos zu Lebenserwartung, zu Gesundheitsverhalten/Risikoverh, neg zu Krim –wichtig für Faktorenkontrolle

Boswell, G et.al.: Spirituality and healthy lifestyle behaviors: stress counter-balancing effects on the well-being of older adults, in: Journal of Religion and Health 45, 587-602, 2006

T 2 zwei Jahre, Gesumessungen – consider oneself very healthy usw, health is excellent etc, compared to other people your age – health better ? 10 chronic illnesses, /spir: selfless caring for others, connection to all life, deep inner peace or harmony, spiritually touched by the beauty of creation, /private rel – seek Gods help, trust in God, find comfort in rel, Gebetshäufigk, /Kg, take part in other activities besides regular services, at your place of worship, partic in other church activities,
Chronic illness – spir und privat rel ns pos, Kg minus, //physical activity – spir pos, Kg Gebet ns pos ,healthy diet – spir Kg Gebet ns; subj physical wellbeing – spir pos, Kg ns pos, private rel ns minus, (mv diet phys activity, demogr, chron ill)

5,5 Punkte (1 sample, 2,5 Messung, 1,5 mv, 0,5 stat,) **chronic illness –spir/private rel nspos, Kg neg, phys activity –spir pos, Kg private nspos, healthy diet –spir private ns, Kg nspos, subj phys wellbeing (Kannib, ÜberKo) –spir pos, Kg nspos private nsneg**

(R pos, fert, Gl, Krim, help, div) Bowen,K: Christians in a secular world. The Canadian Experience. Montreal/London 2004

Very committed –attend services/meetings weekly Sbez religious oder rel important, Gebet/ read Bible other rel material mindestens einmal die Woche, /less committed –Kg 1-3 mal Monat, rel impo (plus 1%: Kg weekly, rel not impo) weniger bible/pray, seekers –Sbez religious oder rel impo, Kg selten/nie, /nonrel –rarely never Kg, rel not impo//Quebec –glaubt weniger als mP, ist s Sonderfall) nonrel beinhaltet zu 10-20 % Gläubige) /

inc: allg –non rel –less comm -seekers –very comm., bzw bei committed –(Kg monthly/mehr) K Rest –no –mP- cP- K Quebec; bei 40-59: less comm. –very comm.- nonrel –seekers bzw bei committed K Quebec/mP – K rest – no –cP;(uneinheitlich, eher neg)
edu (ohne fulltime students) –less comm und seekers ns, no etwas pos, very comm etwas neg, bei 32-51: very comm pos, less comm ns, seekers /nonrel neg, bei committed denom: K Quebec minus, Rest gleich,bei 32-51 – ns
life priorities –very comm.: self fulfillment minus, fun enjoyment minus, self respect ns sense of accomplishment minus,freedom pos, rewarding career neg, security neg, being well respected ns, success in what you do ns, recognition neg (alles ns) sense of belonging pos, warm relationships pos, forgiveness pos,If someone harms me I try to get even –commi minus, -denom ns; If the actions of a drunken driver resulted in the death of a member of my family, I would eventually forgive that person –commi pos, cP pos, If a guest in my house was to steal something from my house, I would forbid that person from entering again commi neg, cP neg,
persuade friends relatives fellow workers to share your strongly held opinions –commi ns ,feel a serious responsibility to make the world a better place so I am constantly trying to change things –nonrel neg,
e-sex always wrong –commi plus, linear, unabh von age,nur cP pos /happy sexual relship very impo to a successful marriage ns, engage in sex weekly ns,cP ns; (Ko von age)
more important to understand my inner self than to be rich and successful –commi pos, cP/K Qu pos// want to live a spir life more than I want to be rich, commi pos –cP pos-K rest mP –dann K Q) /ss Kg –seen parents, phoned written parents,seen brothers sisters ns, phoned pos,number of relatives to whom feel close pos, very confident having a relative/a friend to depend on to spend a lot of time in an emergency ns, very confident could borrow several hundred dollars from a relative/friend in an emergency ns, cP allg etwas weniger, bei Zahl von relatives feel close to/friend mit Zeit/ mehr, borrow ns, Zahl von close friends –commi pos, cP pos ,K Qu neg, socialize a few times a month/more mit friends außerh von neighborhood ns cP pos, weekly/mehr contact mit neighbors –commi pos, cP pos,
8,5 Punkte (4 sample, 4 Messung, 0,5 stat**) zu committed rel (meist auch cP) edu inc eher ns, Werte: selbstbezogen, materiell neg, forgive pos, wenig missionarisch, vs e-sex, sex-Häufigkeit ns, ss pos, z.T.ns** R pos

(Aufschrieb) 1975 Bibby –Sbez committed to Christianity ns zu Lz/happy /GSS 85 Kg weekly mehr very satisfied with life, z.T. andersrum vs no rel, GSS Clark –weekly pos, mv
very satisfied with life in general, commi pos, K Qu neg; completely sat dto, extremely happy –commi pos, K Qu pos !, very happy commi ns, K Q pos, /not worry about not having enough money in the future –commi pos, K Qu neg, worry a lot –commi neg, K Qu pos !,

how satisfied are you with your life in general –NSVGP 97 –very committed bei Ko von age/edu/inc/region (Ausn Quebec:ns !) Ehestand immer besser (auch bei div; bei hohem Eink edu ein wenig schwächer),
beyond every demands of my existence, I live my life with a sense of purpose –comm pos, bei co denom: K Qu und cP pos, disagree deep down I really dont know what life is all about –comm plus, cP plus,
9 Punkte (4 sample, 2,5 Messung, 2 mv, 0,5 stat) **very committed rel pos zu happy/not worry, mv zu Lz, pos zu Sinn; K in Qu Ausnahme** R Gl

8 Punkte (4 sample, 1,5 Messung, 2 mv, bei, 0,5 stat**) srh nicht ganz linear, aber nonrel fast immer am wenigsten, einzelne Kontrolle/mv health, inc, mar status age edu rural employment sex –Rel sign, Gesu stark, dann inc mar stat und rel, dann age edu rural, dann employm sex**; R Gesu

life priorities –very commi friendliness, honesty, kindness generosity concern for others alle pos human nature is fundamentally perverse and corrupt –commi pos, cP pos, world basically filled with sin and evil pos, cP pos, aber auch: much goodness in the world that hints at Gods goodness pos, cP nspos, people can be generally trusted to do what is right ns, RestK und mP pos, it isn't just wise to trust people these days ns – K Qu pos, Rest minus, it is best to trust people even if they sometimes betray you pos, denom ns; (sin usw 30-40 %, Goodness über 90, trust 60) in small group meeting regularly and providing support care for Teilnehmer –commi pos, cP pos, K Q neg//, % member /participant/affiliated in community org, volu last year, doing any volu work - commit alles pos linear, mP cP mehr als K; hours volunteered -nur commi mehr, cP pos, K Q pos !, ever served on a committee cP mP pos, //volu und hours volu –commi pos unabh von age, inc, edu,gender, in labor force, children, //like to work on community projects commi pos, volu and charitable orgs play a major role in making our communities better places ns pos, feel its impo to be very involved in the community you live in pos,(Zustimmung über 90) donating time to volu orgs is waste of time ns, volu work tut man nur,wenn im Leben nix los ist ns neg, //commi wirkt unabh von edu,inc,children,time reside in community sex, employed age married community size; Rel stärkster Prädiktor, gleich dann edu; /
sec –volu- cultural recreational, social services (Kinder, Jugend, Familie, handicapped, elderly, poor, refugees homeless) edu, Gesu, advocacy pol , Umwelt (1 %) nonrel –machen Null volu in rel bodies, 2 % der nonrel volus volu in rel orgs, 41 Std pro year in rel bodies (commi 153); 1 % aller volu hours in rel bodies; commi machen: volu in sec bodies 35 (sec 25), in rel 26 (1), 73 % der commi volus volu auch in sec orgs (99 % der nonrel volus volu in sec orgs), in rel orgs 55 %, Stundenzahl der commi volu in sec orgs 158 –der nonrel volus 131; sec volus erbringen nur 33 % der sec volu hours, religiöse den Rest, -oder: very committed volus erbringen 89 % der rel volu hours und 27 % der sec, less committed 8/13, seeker 2 /27, nonrel 1/33 (insgesamt volu in rel bodies 7 %, in sec bodies 28, 189 Mio Stunden vs 859 Mio sec Stunden//denom –K Qu volu in rel 3, in sec 28; mP 33/44, cP 39/38, Stundenzahl der volus in sec –K Q 188 –Rest ca 135;/cP wie commi- mehr volu/volu hours in rel, mehr volu/volu hours als sec in sec !
Mot für volu –cause in which you believe ns pos, personally affected by cause pos, friends volunteer, use skills/experiences ns, explore own strengths ns pos, improve job opportunities neg, fulfill religious obligations/beliefs stark pos,
Made charitable donation last year (financial giving to charities/nonprofit orgs –incl rel charities) – commi pos, mean donation pos, 20 % geben die Hälfte der donations, 40 % sec geben 18 %, commi geben pro Kopf 518 vs 89, /median giving 50 –commi und reich: 458, cP 266, university 349, Quebec 71,)
mv inc age edu employed community size time in community MF verh –rel am stärksten, //geben an rel org –nonrel kaum (mean donation 13 $), an sec org gibt commi zu 78 %, non rel zu 68 (143

vs 73 $) , nonrel (40 %) geben 5 % von Gaben an rel org und 31 von Gaben an sec org, commi (20 %) 70/30; 63 % der Kanadier geben nix an rel,
mP gibt mehr an rel und sec, cP viel mehr an rel, viel an sec (weniger als mP, mehr als sec) ,K geben weit mehr an sec als an rel, /was macht rel mit Geld –soziales: alt behindert arm homeless, Flüchtling, Gefangene, Nothilfe (für alle) justice advocacy; Gebäude (auch für andre da) Personal, social workers, Priester macht Seelsorge Krankenbesuch, nicht nur Gottesdienst/sorgt für Zusammenhalt, arbeitet in lokalen Org mit, nicht nur die Frommen profitieren,(Kasualien für alle, Nothilfe für alle) Gründe für giving - personally affected by cause –commi pos, feel owing s.th.to community commi pos,

12,5 Punkte (4 sample, 6 Messung, 2 mv, 0,5 stat) **rel und cP bei rel und sec volu/give mehr als sec !, volu give mv pos zu very committed, friendly honesty pos, trust ns pos, Welt voller Sünde und voll Gutem, religiöse statt egoist Mot für help,** R help

absolute clear guidelines on what is good and evil (vs sit, vs persönl Sache) –commit plus cP plus, K Qu neg, not justified –claim gov benefits to which not entitled –commi schwach pos, Schwarzfahren pos, cheat on tax if you have the chance pos, buying something you know was stolen pos, accepting a bribe –schwach pos, lying in own interest pos, alles zus stärker pos, unabh von age,
8,5 Punkte (4 sample, 4 Messung, 0,5 mv, 0,5 stat) **very committed neg zu schwacher Krim** R Krim
7 Punkte (4 sample, 2 Messung, 1 mv) **Children ever raised/children in household –Kg weekly pos, unabh von age, cP pos bei Jüngeren, bei Alten K ähnlich**; R fert

4,5 Punkte (3 sample ? 1,5 Messung,) **Sep div among ever married - 4 Untersuchungen, Kg neg, unabh von age, edu, GSS, cP pos ! (mP weniger vs div, weniger div, cP umgekehrt** R div

Bradshaw,M/Ellison,C/Flannelly,K: Prayer, God Imagery, and Symptoms of Psychopathology, in: JfSSR 47, 644-659, 2008
Rr 22 No aff 13, Spirituality and Health (Zeitschrift, macht 2004 National Study of Religion and Health, online,//symptom assessment questionnaire, Anxiety items (fearfulness, panic, tension,and restlessness. / depression feeling lonely, hopeless, and worthless.
a loss of interest in things feeling blue. hostility scale having uncontrollable temper outbursts, getting into frequent arguments,and feeling urges to harm others or break things. interpersonal sensitivity scale (α =feeling self-conscious around others, feeling that others are unsympathetic or unfriendly, and feeling uneasy when talking or
being with others. paranoid ideation (others cannot
be trusted, are responsible for the respondent's problems, will take advantage of the respondent,and will fail to give the respondent credit for his or her achievements. The obsessive-compulsive scale difficulty in concentrating or making decisions, repetitive checking or doing tasks slowly to ensure correctness, and problems with one's mind "going blank." Phobic anxiety experiences with fear or uneasinesswhen being in open crowds or spaces, using public transportation, or leaving home. Avoidance
of specific places, things, and activities is also assessed in this scale

somatization vague physical symptoms such as hot or cold spells,numbness, soreness, tingling, and heaviness in the body.
. "How often do you pray?" "How strongly do you agree or disagree with the following characterizations of God: loving, forgiving, approving, and remote"/ atheism - nonexistence of God "describes completely" their beliefs//loving God 7 bei 0-9; remote God - 0,8 bei 0-3, //mv (Ko von demogr, ath, Kg, ss) –pray pos, loving god neg, remote God pos/ 2 von 8 möglichen Intera: wenig pray und viel loving god –Depr/interpe etwas weniger als bei wenig pray und wenig loving God; viel pray und viel loving god viel weniger Depr als viel pray und wenig loving god; /Intera -6 von 8 –mehr pray und mehr remote –mehr NAS, mehr pray und wenig remote –weniger NAS; wenig pray und mehr remote –weniger host ?

8 Punkte (2,5 sample, 3,5 Messung, 1,5 mv,Intera, 0,5stat) biv: alle NAS-Items –pray ns, loving god nsneg, remote God nspos/pos ?, Kg nsneg, ath ns; mv **(Kannib –pray und loving God/ÜberKo –Kg,ath, ss!) pray pos zu NAS, loving God neg, remote God pos, Intera: bei viel loving god –Korrel pray –Depr/interp sensit ns, sonst pos; viel remote God – Korrel pray –NAS Items stärker pos, wenig remote God –Korrel pray-NAS neg!**

6 Punkte (2,5 sample, 1,5 Messung, 0,5stat, 1,5 bei,mv)**hostility biv ns, mv pray pos, remote pos,loving God neg; Intera –viel remote God –Korrel pray-hostility pos, sonst neg** R Krim
6 Punkte (2,5 sample, 1,5 Messung, 0,5 stat, 1,5 mv,bei**) somatiz –biv ns, mv pray pos, remote God ns, loving God neg//Intera: viel remote God –Korrel pray-somatiz pos, sonst neg** R Gesu

Brenner,P et.al.: Assessing longitudinal relationships between social factors and health, Conference Presentation 103. Meeting of American Sociological Association Boston, Wisconsin Longitudinal Study , T 1 1957, cross-section 2004 –srh: involvement in church (invo in groups connected with rel org) pos, Kg ns pos, rel impo neg (bei M impo stärker neg, sonst und F ns) (mv, Ko demogr, limited to bed, soc particip –level of involvement in community volu social groups –ohne rel; ss –contact with friends and or family) /1993 zu 2004 (Ko von srh T1) –church involvement pos /Kg ns //Vp über 64 in 2004,
9,5 Punkte minus 1 wegen Nichtveröff (3 sample, 2 Messung, 2,5 mv,bei ,0,5 stat, **1,5 Panel) church involvement pos zu srh; Kg ns pos (cross-section; Panel mit Ko von srh T1 : c.i. pos, Kg ns) , rel impo cross-sect neg bei M, F ns, ÜberKo, Kannib**

R Krim, Gesu, div, pos) Brettfeld,K: Schuf Gott am 8.Tag Gewalt ? Berlin 2009

Pilotstudie –vgl Wetzels/Brettfeld 03, Islam: elterliche Gewalt erlebt nspos (Chr ns), ok pos (ns), Eltern vs Gewalt ns (pos) supervision ns(pos),trad Geschlechtsrolle pos(ns), gewaltlegitimierende Männlichkeitsnormen pos (ns), pos zu Religiosität bei Mu, Gewaltbefürwortung (expressive G,Mittel zur männl Selbstdefin, Konfliktregelung per G, G führt zu soz Fo) –nspos(Chr neg), bei gleichstarker trad Geschlechtsrollenbefürwortung: Religiosität neg zu Gewalt (Mu/andere), /Gewalttaten –s.03 – Mu mehr, Rel neg bei allen/bei Mu ist trad G-rolle eher mit Gewalt verbunden/Mu mehr Opfer elterl Misshandlungen, pos zu Rel (Zahlen fehlen), bei Chr ns; Vp

selber würde bei Sohn gehorcht nicht zu Hause/Tochter kommt ohne Absprache nachts nicht nach Hause –mit Gewalt –verprügeln ohrfeigen reagieren,- bei Mu mehr, pos zu Rel, /Gewalt als Mittel der Konfliktlösung als Elterneinstellung –bei Chr neg zu Rel, bei Mu ns, /elterl Kontrolle Mu gleich Rest, nur bei Chr pos zu Rel,
Studie 1(vgl Brettfeld/Wetzels 2011) : Hannover, Osnabrück,Delmenhorst, LK Friesland, 9.Klasse, rr 50 ,75% Chr, 11 Mu, 15 keine Rel, 15 J,
Religiosität –Gotteshausbesuch, Beten, Glaube (Selbstdefin gläubig), Zentralität –Religion wichtig im Alltag, richte mich im Alltag immer nach Regeln meiner Religion//meine Rel ist die einzig wahre Rel, andere Religionen haben ihre Berechtigung und sind zu achten (ns zueinander), pos zu Rel,
Studie 2 -9. 10. Klasse, Hbg Köln Augsburg, 30K, 25 P,19 Mu, 15 keine, 7 andre 3 orth, 16 J, /(Religiosität M gleich F), 6 Cluster –aus Fu (Pflicht andre zu missionieren –Islam, bemühen bei Christen, Regeln/Gesetz befolgen, Modernis zerstört Glauben), orth (Islam: Essregeln, Gesetz einhalten-Paradies, Koran wahr; Chrtum –Werke bringen Himmel, nie Scheidung,Fasten an Aschermittwoch !),Wichtigkeit, Abwertung andere Rel, Aufwertung der eigenen zusammengestellt – Fu, bigott (viel Ab/Aufwertung, wenig rel), lib –wenig Ab/Aufw, wenig rel; rigide –wichtig, orth etwas fundam; nicht rel, exkludierend –viel Abwertung; (Abwertung bei Fu geringer als bei bigott und exkl, Auf- und Abwertung nicht klar mit Rel korreliert) /Mu –Fu, rigide, Chr: bigott, exkludierend, beide lib;

trad Geschl-rolle: für F genügt es HausF und Mutter zu sein, gute Berufsausbildung für sie nicht so wichtig, F sollte auch ohne ihren M in Kneipe gehen dürfen,M muss stark sein,seine Fam vor Schlechtem beschützen, F muss sich um Kinder kümmern, muss sparsam und anständig sein, Unterhalt der Fam –in erster Linie M-sache, Haush Sache der F,M sollte nicht weinen; (klare Diff nur bei einh Chr –neg, Mu pos)
Gewaltbefürwortung –ein bisschen G gehört einfach dazu, um Spaß zu haben, man muss zur G greifen, weil man nur so beachtet wird,wenn jemand mich angreift, dann schlage ich auch zu, der Stärkere muss sich durchsetzen, sonst gibt es keinen Fortschritt, wenn ich zeigen muss,was ich draufhabe, würde ich auch G anwenden, ohne G wäre alles viel langweiliger,, wenn mich jemand provoziert, werde ich schnell g-tätig, über G schaffen Jugendliche klare Verhältnisse, Erwachsene reden doch nur, es ist völlig normal wenn Männer sich im körperlichen Kampf mit anderen selbst beweisen wollen, Auge um Auge Zahn um Zahn so ist nun mal das Leben, wenn ich richtig gut drauf bin, beteilige ich mich auch schon mal daran, andere aufzumischen –Mu –Migr-Chri –einh Chri MF; Zentralität ns; Religiosität b e i Mu nsneg, bei Chr neg; meine Rel wahr bei allen pos, andre Rel berechtigt –Mu ns, Chr neg;
Cluster (aus 2. Studie): bei Mu fund bigott rigide pos, bei MigrChri –Fu minus, bigott pos, bei einh Chri Fund ns, bigott rigide exkludierend pos; arel ns(einh Chr neg), (Religiosität unabh von diesen neg oder ns ? Cluster zus mit Religiosität mal wirksam, mal nicht),
Korrel zu personaler Gewalt: Mu MigrChr pos, einh Chr weniger, Religiosität neg (mv gender edu, G-rolle), qualifiz Diebstahl , Schwarzfahren dto, Sachbeschädigung/Fahren ohne Führerschein –denom ns, Religosität neg, Ladendiebstahl –Mu ns, Migr-Chri pos, Religiosität neg; (Religiosität immer neg, Mu pos bei Gewalt, Diebstahl,Schwarzf, ns Ladend,Sachbesch FoF)(Mehrfach /Intensivtäter -12 % machen 77% aller Delikte, Swg ns, Konfliktkompetenz und Empathiefähigkeit neg)
Intensivtäter Gewalt –Mu pos, Migr-Chri pos, Religiosität neg, eigne Rel wahr/andre berechtigt ns; evtl Mu auch bei Intensivtätern allg pos; Studie 2 –Mu ns zu Intensivtätern,
Religiosität zu Mehrfachtätern bei fund/rigid/lib/exkl/arel/bigott jeweils bei Mu Chr -ns oder nsneg, Mu Migr Chri mehr, /bei Gewalttätern –Religiosität neg, Migr Chr und Mu pos,

7 Punkte (2,5 sample, 3,5 Messung, 0,5 mv,bei, 0,5 stat) **Islam: (elterl) Gewalt, gewaltlegitimierende Männlichkeitsnormen, eher Misshandlungen, Gewaltbefürwortung**

eher legitim im Islam , Religiosität nsneg (bei Chr neg), meine Rel ist wahr pos, andre Rel berechtigt bei Mu ns, Chr neg; Cluster –fund (bei Islam) bigott rigide unrel-exkludierend pos, bei Chr Fu ns/minus, arel bei einh Chr neg (aber dubios/unklar), Wichtigk von Rel ns,/zu Mehrfach/Intensivtäter –Mu pos in einer Studie, in der andern nicht, Religiosität neg, eigne Rel wahr/andre berechtigt ns; Kombin Cluster –Religiosität –Religion zu Gewaltbefürwortung/Gewalttaten/Mehrfachtätern widersprüchlich, mal wirkt Religiosität oder Cluster, mal nicht (vgl Brettfeld/Wetzels 2011 –eine Studie hier ist dieselbe wie dort, hab dort einiges von hier reingeschrieben/Wetzels/Brettfeld 03 –hier wird nochmal diese Pilotstudie referiert, z.T. mit neuen Infos) R Krim

Selbstkontrolle –manchmal finde ich es aufregend, Dinge zu tun, die mich in Gefahr bringen können,gehe gern Risiko ein,einfach weil es Spaß macht, teste gern meine Grenzen indem ich was Gefährliches mache,Aufregung Abenteuer wichtiger als Sicherheit, tue oft, was mir im Moment Spaß macht, auch wenn es mir langfristig schadet, handle oft aus augenblicklicher Laune heraus, oft spontan ohne nachzudenken, wenn ich mit jemandem Streit habe, kann ich schwer ruhig bleiben, bei einer ernsten Meinungsverschiedenheit ist es normalerweise schwer für mich ruhig darüber zu reden, ohne mich aufzuregen, ich verliere ziemlich schnell die Beherrschung, wenn ich echt wütend bin gehen mir die Anderen besser aus dem Weg,wenn ich mich über andere ärgere, habe ich oft mehr Lust sie zu verletzen als mit ihnen darüber zu reden –bei Chr neg, bei Mu ns zu Religiosität, meine Rel wahr ns, andre Rel berechtigt –neg;
5 Punkte (2,5 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **Fehlende Selbstkontrolle (eher Impulsivität/Risikoneigung) - bei Chr neg, bei Mu ns zu Religiosität, meine Rel wahr ns, andre Rel berechtigt –neg;** R pos

3,5 Punkte (2,5 sample, 1 Messung) **Scheidung/Trennung der Eltern –Mu 15, Migr –Chr 25, einh Chri 29, nichtrel 42** R div

Bei Mu : nur eigne Rel wahr –Drogen pos, Alk ns, Tabak pos, andre Rel berechtigt –alle ns;(mv Mu nur eigne Rel wahr - Drogen Alk Tabak ns, andre Rel berechtigt ns, Migr-Chri –nur eigne Rel wahr –ns, andre berechtigt ns; einh Chri –nur eigne Rel wahr –ns, andre berechtigt Drogen ns, Alk Tabak neg / jeweils Religiosität neg,
6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, bei, 0,5 stat) **nur eigne Rel wahr –bei Mu pos zu Drogen/Tabak, Alk ns; mv ns; bei Migr Chri –ns, bei einh Chri –ns; andre Rel berechtigt –bei Mu ns, bei Migr Chri ns, bei einh Chri neg zu Alk, Tabak, Religiosität immer neg;** R Gesu

(R Krim/Gesu) Brettfeld,K/Wetzels,P: Religionszugehörigkeit, Religiosität und delinquentes Verhalten Jugendlicher,in: Monatsschrift für Kriminologie und Strafrechtsreform 94, 409-430, 2011
Schüler, Niedersachsen, 9.Kl, einheimische Christen 68 %, Chr mit Mi-Hi 20, Mu 13, nicht religiös –Sbez absolut nicht gläubig/Beten nie/Besuch von Gotteshaus nie -vs sehr rel: sehr stark gläubig, täglich betend, Kg mehrmals/täglich (4 stufig)/meine Religion ist die einzig wahre Religion, andere Religionen haben ihre Berechtigung und sind zu achten, -hängen nicht zusammen, korrel beide mit Religiosität, (Mu bei beidem –Achtung und Exklusivität- am meisten) /Körperverletzung Raub Erpressung Bedrohung mit einer Waffe (personale Gewalt), Einbruchsdiebstahl, Diebstahl aus Kfz, Diebstahl von Fahrzeugen (qualifiz Diebstahl), Sachbeschädigung -Vandalismus Sprühen von Graffiti, /Cannabis, Heroin, Kokain,Ecstasy, Speed LSD Schnüffelstoffe , Tabak/Zig, Bier Wein Schnaps/
/tradit Geschlechtsrollenorientierung -9 Items, Funktionen im Haushalt,Erziehung und Erwerbsleben, trad Sitte/Anstand, Umgang mit Gefühlen) (mv –Geschlecht Bildung elterl

Kontrolle Bindung an Eltern Schule, erlebte Elterngewalt, deli peers, Wahrnehmung elterlicher/peer-Einstellungen zu Gewalt)
Religiosität –Taten lebenslang (?): bei Mu ns minus zu allem außer Alk, da neg (Brettfeld 09: bei pers Gewalt/qual Diebst neg, Taten 12 Monate ?) bei Mi-Chr: ns minus zu Alk,Tabak,(Brettf 09: neg) personale Gewalt, qualif Diebstahl, neg zu Sachbeschädigung (Brettf 09: ns) , Ladendiebstahl, Schwarzfahren Fahren ohne Fahrerlaubnis ,Drogen, einh Chr: alles neg, außer Schwarzf ns (Brettf 09: neg) ;
Ko von Bi/Geschlecht/trad Geschlechtsrolle –bei Mu nun qualifiz Diebst und Ladend sign, bei Mi-Chr Tabak (dafür Sachb ns minus), einh Chr Fahren ohne F ns minus;
personale Gewalt letzte 12 Monate (Ko von Geschl/Bi/Rolle): Mu neg, Mi-Chr ns, einh Chr neg, (biv auch Mi-Chr fast sign)/Alk letzte 12 Monate –alle drei neg (auch Mi-Chr, trad Rolle hier irrelev),
personale Gewalt mv edu/gender –bei Mu: Religiosität neg, Exklusivität pos, Achtung anderer Rel ns (dazu Elternbindung, Schulbindung, supervision, Wahrn norm Einst Eltern und peers Elterngewalt, deli peers –dto)/ Mi-Chr: Religiosität neg, Exkl pos, Achtung neg (mv –nur noch Exkl pos), einh Chr: Rel und Achtung neg, Exkl ns (mv nur Rel neg), -Brettf 09: Mu -Religiosität bei allen Items neg, eigne Rel wahr pos (außer FoF), andre Rel berechtigt ns; Migr Chri – Religiosität 2 neg, eigne Rel wahr 1 pos, andre Rel berechtigt 1 neg; Rest ns; einh Chri – Religiosität 3 neg, 1 pos, eigne Rel wahr 1 pos, 1 neg, andre Rel berechtigt alle ns;

9,5 Punkte (3 sample, 4,5 Messung, 1,5 mv, bei, 0,5 stat) **Rel bei Mu nsminus zu personaler Gewalt/qualifiz Diebstahl/Ladendiebstahl/Sachb/Schwarzfahren/Fahren ohne Führerschein, Drogen, Tabak/Zig, neg zu Alk, bei Mi-Chr neg zu Sachb,Ladend, Schwarzf,FoF, Drogen, Rest ns minus, bei einh Chr: neg zu allen Items außer Schwarzf, Ko von trad Geschlechtsrolle ändert kaum was/personale Gewalt und Alk letzte 12 Mon –alle drei biv neg/ mv Religiosität zu 6 krim Items neg bei Mu ,schwächer bei Chr, Exklusivität pos bei Mu, kaum bei Chr, Achtung anderer Rel ns bei allen drei (ÜberKo, Kannib, vgl Brettfeld 09)** R Krim

7 Punkte (3 sample, 2 Messung, 1,5 mv, bei, 0,5 stat) **Rel bei Mu einh Chr neg zu Alk lebenslang, bei Mi-Chr nsneg// Mi Chr und einh Chr neg zu Drogen, Mu nsneg; bei einh Chr neg zu Tabak/Zig (Mu nsneg, Mi-Chr nsneg), Alk letzte 12 Monate –alle drei neg;** R Gesu

Brown,D/Gary,L: Religious involvement and health status among African-American males, in: Journal of the National Medical Association 86, 825-831, 1994
Rel- partic in services, other activities, beliefs, attitudes values practices – praying with family, church helps bei getting ahead in life, listen to rel radio, watch rel TV-10 Items; Kg, affil und religiosity ns zu srh, hypertension (religiosity ns pos, affil ns neg ! Kg ns pos), smoke alle drei minus, daily drinking auch, //CESD- rel, affil, denom neg; mv –denom und Kg wirken, dann demogr dazu –nur noch denom wirkt //smoke, drink –mv: nur Kg wirkt, demogr dazu- Kg stark;
4,5 Punkte (1 sample, 2 Messung, 0,5 stat, 1 mv) **religiosity, Kg, affil neg zu Depr mv; Neger M** R Gl
5 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 mv) **religiosity Kg affil ns zu srh, hypertension, neg zu smoke daily alc mv** R Gesu

Brown,T et.al.: The role of religion in predicting adolescent alcohol use and problem drinking, in: Journal of Studies on Alcohol 62, 696-701, 2001

Survey near beginning and end of ninth grade, near end of tenth and eleventh grade, rel Items T2 ,andre Variablen in T 1 , Vp 14-15 J; alc use-on how many days consumed alc last month, /problem drinking –ever gotten into a fight during/after drinking, ever done things you later regretted when drinking, ever been unable to remember things that happened while you were drunk, ever been hassled by friends family because of your drinking //how impo is rel in your life, lit –ancient book of stories,history rules written down by people, inspired word of God, not everything in it should be taken word for word, actual word of God ,to be taken literally word for word; //Neger MF: Kg pray lit impo ns zu use/problem use; white –Kg neg MF, Gebet M ns, Fnsneg, lit M neg, F ns, impo MF nsneg; (aber –Text –lit neg zu alc use Ne/white klar !/white: problem drinking neg zu Kg lit !) /mv (gender age) Interaktionen: Ne alc use: Kg M ns, bei F Buckel(anders als oben); problem drinking –Ne M viel Gebet – mehr problem use, wh –impo pos zu pd white males, bei F neg;

5 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 bei, mv**) ganzes sample: Kg pray lit impo neg zu use/problem use; bei Ne und wh lit neg zu alc use; bei wh Kg lit neg zu problem use; Aufteilung in Ne-M und F: alles nsneg; bei wh MF: Kg neg, lit und impo nsneg; (use und problem use –keine Diff bei Korrel)**
Intera schräg: use -Kg Buckel bei Ne F, problem use –Gebet pos bei Ne-M, impo mehr problem use, wh M, bei F neg, Kannib (white mehr use/problem use und Korrel höher)

R Gesu, pos) Broyles,P/Drenovsky,C: Religious attendance and the subjective health of the elderly, in: RRR 334, 152-160, 1992
Washington state, über 55 J, 77 J, 75 % verh !
attends church services,physical capacity -health ever prevents from doing things he/she would like to do. Social support average number of hours that a respondent participates in organizations or clubs during a week -work, senior citizen, veteran, church, civic or service, lodge or fraternal, social, political, and 'other'

6,5 Punkte (2,5 sample, 1,5 Messung, 2 mv, 0,5 stat) **Kg pos zu srh, physical capacity, /mv Kg pos zu srh, Ko von demogr, physical capacity, social support** R Gesu

4 Punkte (2,5 sample, 1 Messung, 0,5 stat) **Kg pos zu ss (AutoK z.T.)** R pos

Brunswick,A et.al.: Predictive factors in adult substance abuse: a prospective study of African American adolescents, in: **Glantz,M/Pickens,R:**Vulnerability to drug abuse. Washington 1991 419-472
T 1 67/68, 12-17J, T 2 75/76, T 3 -83/84; heavy user –Kokain viel/mittel, Marij//transitions to heavy adult use –ziemlich verwirrend: adol religiosity Kg (und impo?) neg zu heavy adult use, ns zu moderate adult use; early adult rel – adult heavy und moderate use beide neg, dann: adol rel neg zu heavy bei cross-life stage (F ns neg, M neg), early adult rel ns neg;dann: early adult rel neg zu

moderate –F ns, M neg, adol rel unklar/weggelassen),(mal: early rel neg, mal ns neg zu heavy, mal neg zu moderate,mal ns/6 neg -2 ns, 2 nsneg evtl), (auch andre Items seltsam –peers ohne Einfluss z.T., marij auch !) (ceiling-90 % der M m-use!),mv demogr, marij, recreation index, months idle, Radiohören, cohabit, org-Mitgl, peers)

6 Punkte (1 sample, 1,5 Messung, 0,5 stat, 1,5 mv,bei, **1,5 Panel)** **Adol und early adult rel neg zu heavy und moderate drug use , mv meist, z.T. verwirrend, evtl 6 neg, 2nsneg, 2ns, Panel**

Bryant,S/Rakowski,W: Predictors of mortality among elderly African-Americans,in: Research on Aging 14, 50-67, 1992

LSOA s.o., 473 Vp -109 Tote,Ne, T 2 nach 4 J, attending rel services or a meeting at a rel facility in the prior two weeks, /Gesu: srh, ever heart dis/(attack usw),circul dis(hyp usw),stroke,cancer diab , ADL IADL BMI
mv: Kg neg zu mort, mv (age sex edu lives alone Gesu,social network-friends family –visit talk, beide ns !),
Intera MF mit Kg: M und F mit Kg weniger mort, aber evtl F ohne Kg nur ns mehr mort (N !),

6,5 Punkte (1 sample, 1 Messung, 2,5 mv,Intera, 0,5 stat**, 1,5 Panel**) **Kg T1 neg zu mort T 2, mv unabh von: andrem social network family friends (biv neg, mv ns)**

Bügel,P: The many meanings of placebo, in: Forschende Komplementärmedizin 5, Suppl1, 23-30, 1998
Wirkung auf Vp, die kommunikativer, more social responsive, more trusting of physician sind, nicht auf: social isolated, sceptic about other peoples motives and competencies, uneasy, doubt, mistrust, /Medizin ist was Wundersames –ritual at hospital, amazing cures, powerful drugs, spectacular machines dramatic operations.. /klare Diagnose und Heilungserwartung hilft mehr als unsichere,abwarten; /Konzept/Diagnose muss in Weltbild von Vp passen, care und concern muss vermittelt werden, und Arzt muss Ahnung haben, sense of mastery control muss entstehen,
Auch bloße Diagnose heilt, admission in Krankenhaus, Kontakt mit Doktor auch,

Büssing,A/Michalsen,A/Balzat,HJ/Grünther,R/Ostermann,T/Neugebauer,E/Matthiessen,P: Are spirituality and religiosity resources for patients with chronic pain conditions, in: Pain Medicine 10, 327-339, 2009

80 % F, 14 % none, aber 50 % not religious,SpREUK - Search for Meaningful Support/Access represents a spiritual quest orientation, which is founded on a willingness to question complex ideas; the persons are open to the exploration of existential questions and new information and doubts
Trust in Higher Source – intrinsic religiosity, religion as an end in itself. Positive Interpretation of Disease //Support of Life Through Spirituality/Religiosity -deeper connection with others and the world around, conscious management of life, promotion of inner strength, feeling of inner peace, and health-related issues, better coping with illness, restoration of mental and physical health// SpREUK-P (P—practices) Questionnaire, 1) Conventional Religious Practice/Gratitude (which includes praying, church attendance, etc.); 2) Existentialistic Practice (personal insight and

development,but also an orientation to nature); 3) SpiritualMind–Body Practices (such as meditation, rituals,etc.); and 4) Humanistic Practice (turning to and caring for others, etc.). adaptive coping: Trust in God's Help nonorganized intrinsic religiosity, Conscious and Healthy Way of Living, Positive Attitudes, active, cognitive–behavioral styles as a response to deal with illness. Trust in Medical Help pharmaceutical,technical, and the social dimensions of medicine,while Search for Information/Alternative Help search for additional information and ways of healing in a social context. Reappraisal: Illness as Chance //
Escape from illness, (i.e., "fear what illness will bring," "would like to run away from illness," "when I wake up, don't know how to face the day"//Interpretation of IllnessScale (IIS) includes positive interpretations (i.e.,challenge, value), strategy-associated interpretations(i.e., relieving break of life, illness as a call for help), but also guilt-associated interpretations(i.e., punishment, weakness) and fatalistic negative interpretations (i.e., threat/enemy, irreparable loss/interruption of life).Lz- family life, friendships, work, myself, where I live, overall life, financial situation, and future perspectives.

6 Punkte (1 sample, 4 Messung, 0,5 mv, 0,5stat)
rel spir vs beides nicht- neg Deutung neg, pos Deutung pos, pos reinterpr/ illness chance pos, escape ns, Lz ns ,Lz –family friends ns minus, work financial sit where I live ns, myself overall ns pos future persp pos (ganz anders als Büssing reliance s.o.),
Trust in higher source/search support –pos zu pos interpr of disease, ns zu escape, pos zu illness as chance, ns zu neg illness-Deutung (threat, enemy, loss punishment weakness), pos zu pos illness Deutung (challenge value call for help)// Trust in Gods help/conv rel/grat –pos reinterpretation of disease pos,

3,5 Punkte (1 sample, 2 Messung, 0,5 stat) **trust in higher source und search support ns zu trust in medical help, pos zu conscious and healthy way of living pos; rel/spir vs beides nicht-ns zu trust in medical help, pos zu healthy way;**

(R Gl,Gesu) Büssing, A/Ostermann,T/Matthiessen,P: Reliance on God's help, depression and fatigue in female cancer patients, in: International Journal of Psychiatry in Medicine 38, 357-372, 2008
Vp Brustkrebssupportgroups-Tagung Magdeburg,
31 % no aff, faith is a strong hold even in hard times; trust in a higher power which carries through;strong belief that God will help; pray to become healthy again; live in accordance with religious convictions)// physical, cognitive and affective fatigue - cancer fatigue scale (CFS-D) //Physical and mental health related quality of life - Medical Outcomes Study Short-Form HealthSurvey SF-12// Lz – family life, friendships, , myself, where I live, overall life, financial situation future perspectives./ESCAPE –scale fear what illnesswill bring; would like to run away from illness; when I wake up, I don´t knowhow to face the day//

6,5 Punkte (1 sample, 4,5 Messung, 0,5 mv, 0,5 stat) **no aff –Lz minus; reliance on God's help –Lz plus, asymm Trog, high rel mehr; anx depr ns, escape pos oder ns, mental health Trog, asymm, no reliance mehr (bei Ko von Krankh-dauer ns) / affective fatigue ns/conscious living/positive attitudes, trust in medical help, illness as chance pos; Lz-family life/work/myself ns, where I live friendships ns pos, overall life, financial sit future perspectives pos (Rel pos zu Angst vor Zuk und pos zu Zuk-perspektiven**) R Gl

(unter 5) **reliance on Gods help – phys health ns, fatigue (physical cognitive affective) ns** R Gesu

(Info-R fert, Gesu, Sm) Burger, A: Religionszugehörigkeit und soziales Verhalten. Göttingen1964

Bewertung ? –(Kirchen/staatl.Statistik, Reigrotzki) NRW 1950, Kinderzahl in Ehen – ev ev 1,8, k-k 2,1 , freirel/Freidenker 1,4, ev –k 1,4 ein Gatte freirel/Fd 1,5 beide sonstige Rel/k.A. 1,2 (rel Mischehe gleich beide Partner no)//verh verwitw gesch Pfarrer vs verh F -3 Kinder plus57:25; 1934 1950 durchschnittl 3 Kinder, 1900 –mehr als 4; verh ev und kath: Kg pos zu Kinderzahl, (Reigrotzki) R fert

Bewertung ? 1880-1901: **Sterblichkeit –Juden weniger, preuß Statistik** R Gesu

Bewertung ? Medizinalstatist Nachrichten -Sm Preußen 1925 –J und Freidenker/Dissid mehr als P mehr als K, (klar) je 100 000; dto NRW(Stat Rundschau für NRW) 1949/50 (Gemeinschaftslose, schwächer), dto Hessen 1951 (ohne Bekenntnis, freireligiös, Freidenker, klar) Kirchenstat Schnelldienst R Sm

(R Gesu, help) Burke,A et.al.: Re-examining religiosity as a protective factor: Comparing alcohol use by self-identified religious, spiritual, and secular college students, in: Journal of Religion and Health 53, 305-316,2014
rr 9,5 %, undergrad, San Francisco State Univ, 60 % F, 40 % white, 27 % agno, 15 ath - 42 secular; religious, spiritual, agnostic, atheist. The choices agnostic and atheist included additional descriptive information, for example, ‘‘Agnostic (divinity uncertain/incapable of being known).’’ importance of following religious teachings //importance of personal religious/spiritual beliefs. postmodern -individuality, self-expression, aesthetic experience,environmentalism,a preference for natural products, spirituality, multiculturalism, a reduced significance of traditional institutions and fixed ideologies

drinks per week –rel vs spir/sec, days drank past month –rel –spir –sec; heavy episodic drinking (5 or more drinks in one sitting) dto, days tobacco past month –rel vs rest, marij –dto; (spir immer linear –aber z.T. ns), perceived personal harm bei heavy epi drink –rel –spir-sec; friends would disapprove -1-5 drinks/heavy epi drink –rel –spir-sec; mv (GPA age gender race peer approval dreimal, perceived campus use Greek particip family relations intramural sports spir sec; ÜberKo, Kannib) –Kg neg zu average weekly use, ns neg zu heavy episodic use two weeks;

6,5 Punkte (1,5 sample, 3 Messung, 1,5 mv, 0,5 stat**) Sbez religious vs spir vs ath/agno –meist linear neg zu alc use/heavy episodic alc use, pers harm bei heavy drink, friends approve (heavy) drink, tobacco, marijuana, mv Kg auch neg zu drinks per week/heavy episodic use** R Gesu

(unter 5) **rel und spir mehr pro community service als sec** R help

(R Gesu, Gl) Burker,E et.al.: Religious and non-religious coping in lung transplant candidates: does adding God to the picture tell us more ?, in: Journal of Behavioral Medicine 28, 513-526, 2005

rr54, coping 9 scales mit je 5 Items- benevolent rel reappr, punishing god, collaborative rc passive rel deferral (waiting for God to control the sit) self directing, seek spir support (search for comfort and reassurance through Gods love and care) spir disco –confusion dissatisfy with relship with God, seek support from clergy/members, interpers disco –confusion diss with relship with clergy/members, /
sickness impact-disability fu status in daily activity (auch emot behavior, social intera, alertness, recreation, mobility body care sleep eat) /punish disco zweimal - 6 bei 5 -14/16/20; /Depr /anx/sickness impact–benev ns pos, coll self dir seek spir und clergy support turn to rel ns, interp/spir disco punish passive deferral pos, (pos rc wohl ns zu neg rc) /alc drug use als coping –turn to rel neg, self dir pos, coll/ seek spir supp ns neg,
Mv (nur biv sign scales, rel und nonrel coping) –Depr anx disability –nur punish pos, **weltliches pos coping auch kaum pos, weltl negatives stark (dieses ist relativ zu rel etwas mehr da als neg rc dort), punish disco kaum da, pos zu neg rc ns,**
4,5 Punkte (0,5 sample, 3 Messung, 0,5 mv, 0,5 stat) **pos rc ns, neg rc pos zu Depr, anx, mv nur punish pos**R Gl
(unter 5) **pos rc ns, neg rc (interp/spir disco punish passive deferral) pos zu disability wegen Krankheit (pos rc: 3 nspos, 1 ns; neg rc: 3 ns, 2 pos), pos rc ns/ neg (turn to rel, collab, seek spir supp) zu alc drug coping, selfdir pos; (pos rc: 3 nsneg, 1ns; neg rc -4 ns, 1 pos –zusammen: 3 pos, 3 nspos, 9 ns, 3 nsneg,),** R Gesu

Burkett, S: Perceived parents' religiosity, friends' drinking, and hellfire: a panel study of adolescent drinking, in: RRR 35, 134-154, 1993
T1-3 10.-12.Klasse, high school Pacific Northwest, 80 % P,/rel commitment –Kg, how much satisfaction would you say you get from participating in church activities; srr/going to church vs doing something with friends; drinking is a sin; mother religious/Kg ,quantity/frequency of drinking beer, wine hard liquor//parents rel T2 und T 3: drinking sin T1-3 pos, drinking behavior T1-3 neg, friends drinking ns neg; (nur bei Jungs, bei F schwach pos/neg)/ rel commitment T 1-3 : drinking sin T 1-3 pos, drinking behave T 1-3 neg; friends drinking neg T 1-3; (Jungs und Mädchen) /keine Diff bei Panel vs cross-section in Stärke der Korrel; auch Umkehrung da –drink T1 neg zu rel in T2 und 3//mv zu drink in T2 Jungs: elterl rel ns, rel co T 1 und T 2 ns, drink sin T 1 und T 2 ns, drinking in T1 pos, friends drink T 1 ns, T2 pos; (Überko,Kannib –bei T3 z.b. T 2 und T3 rel co, parent rel, sin 2 und 3 , friends drink und drink T1 und T 2- zu allem hat rel Beziehung !),drink inT3 –parents rel T3 ns, drink T 1 ns, drink T2 pos, rel co T2 und 3 ns, drink sin T2 und T3 ns, friends drink T2 und T3 ns;

//Models kompliziert und dubios(parameter ausgewählt nach Model, nicht Korrel) : sin T1 (ohne Korr zu rel !) zu friends T2 zu drink T2, sin T3 zu drink T 3, und friends T3, rel co zu sinT2 und T3, sin T2/rel co T2 zu friends T2 – U-W hier unklar(friends auf rel oder rel auf friends) sin einmal indirekt via friends wirkend, einmal korrel zu drink, zweimal Korrel zu friends die mit drink korrel; und rel co korrel mit sin //girls –drink T2 : rel co T2 neg, drink T1 pos, friends T2 pos, Rest ns (rc T1,2, sin T1,2, friends T1, parents rel); Drink T3 –drink T2 pos, friends T3 pos, rel co T3 neg, /Model: elterl Rel neg zu friends zu drink; sonst nur Korrel – rel co zu drink, zu friends und drink, sin zu friends and drink (T2) und rel co zu drink, sin zu friends zu drink;

7 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 mv, bei, **, 2 Panel) Biv rel commitment und drinking is a sin T1 und 2 neg zu T1/T2/T3 drinking, friends drinking; elterl rel bei Jungs dto, bei F ns meist; keine Diff in Stärke der Korrelationen zwischen Panel und cross-section ; mv Überko/Kannib, evtl (Models) : rel (Jungs; girls: parent rel, aber pos !) wirkt auf sin, diese auf friends und die auf drink; Rest nur Korrel; auch keine Umkehrung drink auf rel (biv schon)**

Burkett,S/Warren,B: Religiosity, peer associations, and adolescent marijuana use: a panel study of underlying causal structures, in: Criminology 25, 109-131,1987
Sample vgl. Burkett 93., dubiose Auslassungen bei Models, marij use; close friends use marij, using marij is sinful behavior,/biv: rel T1-3 neg zu marij use T 1-3, neg zu friends marij; dto sin; und umgekehrt: marij use T1 neg zu rel/sin in T2 und T3,/
mv –marij use T2: rel co T 1,2, sin T1,2, drei ns minus, 1 ns plus, friends marij T1 ns, T 2 pos, marij T1 pos; /marij T3 –marij T1 ns, T2 pos, rel co T2 und 3 ns; sin T 2 pos, T3 neg, friends marij T2 neg, T3 pos ?; (Überko, Kannib, auch bei anderen Items seltsam -friends pos und neg !, rel pos und neg) /Path-model: rel T1 zu friends T2 zu M use T2 pos !, M use T1 neg zu sin T2 neg zu rel T3, friends use T 1 neg zu rel T2; M use T1 zu friends use T2 und T3, sin T 2 pos ! zu M use T3; cross-section: rel und sin neg zu friends in T2 und T3, (d.h.: rel langfr pos zu marij , cross section neg, und marij neg zu rel)
Mv-Analyse eher anders, dort rel ns oder pos ns oder pos und neg;

6 Punkte (1 sample, 2,5 Messung, 0,5 stat, **2 Panel) Biv: rel T1-3 neg zu marij use T1-3, zu friends marij neg, /marij is sin dto; marij use/friends T1 neg zu rel/sin T2/3, mv: rel pos zu friends, sin pos und neg zu marij use , marij use neg zu sin neg zu rel, friends neg zu T2 rel; rel nsneg, ns, (irreal)**

(R Gesu, Krim) Burkett,S/White,M: Hellfire and deliquency: another look,in: JfSSR 13, 455-462, 1974

Senior class students, 3 Pacific Northwest high schools
Morality scale –Ablehnung von suckers deserve to be taken advantage of;" "To get ahead sometimes you have to do things that are not right." Worldly Authority Scale: "I have a lot of respect for the local police;" "It is all right to get around the law if you can get away with it." Supernatural Sanction Scale:, "There is a life beyond death;" "The devil actually exists.", during the past year, "Taken little things (worth less than $2) that did not belong to you?;" "Taken things of some value (worth between $2 and $50) that did not belong to you?;" "Taken things of some large value (worth over $50) that did not belong to you?;") "Taken a car for a ride without the owner's permission?"; "Purposefully damaged something that did not belong to you?"; "Not counting fights you may have had with a brother or sister, have you ever started a fight where someone was beaten up or hurt?"
(mv MF,white vs blue collar) Kg –morality pos, authority pos, deli neg(schwach), beer use neg, marij use neg (stärker),//LnT,devil exists - morality pos, authority ns, deli neg (klarer), beer neg, marij nsneg; alc und marij use sinful –Kg pos (mv sex/class)), LnT/devil pos (female white collar ns, sonst mv unabh von sex/class)
5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat**) Kg LnT/devil neg zu deli (Diebstahl, damage things, fight, Spritztour), schwach , pos zu Respekt vor Polizei/Gesetz, andre Übervorteilen/nicht richtiges tun to get ahead neg**

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat**) Kg –beer use neg, marij use neg; LnT/devil – beer use neg, marij ns, mv white vs blue collar/MF //alc und marij use sinful –Kg pos (mv sex/class), LnT/devil pos (female white collar ns, sonst mv unabh von sex/class)** R Gesu

(R Gesu,pos) Burris,J et.al.: Relations among religiousness, spirituality, and sexual practices, in: Journal of Sex Research 46, 282-289, 2009
Stud, 8 % no aff, /rel commitment Worthington 10 Items, STS Piedmont,//
(1 sample, 2,5 Messung, 1,5 mv,bei, 0,5 stat) **Rel –frequ of vaginal sex minus, sex ohne Kondom minus, Zahl der Partner minus (mv alc use/abuse, impulsivity), spirituality: partner/ohne Kondom plus (bei F frequ, partner, condom pos, bei M partner pos, frequ und condom nsneg) Prayer fulfillment –sex Items neg; connectedness pos, universality neg; (connect ns zu rel)**
(unter 5) **Alc use/abuse –rel neg, prayer fulf neg, connect ns, univ neg** R Gesu

Butler,S/Snowdon,D: Trends in mortality in older women: findings from the nun study, in: Journal of Gerontology Social Sciences 51B, S 201-208,1998

School Sisters of Notre Dame,1886-1916 geboren und 1965 noch lebend, dann bis 85-89 mort; ohne die die vor 50 sterben, 2573 Vp, whites , 1103 sterben,

8,5 Punkte (3 sample, 3,5 Messung, 0,5 bei, 0,5 stat**, <u>1 Panel)</u> Vergleich zu white females in Bev –SMR ages 50-84 von 65-89 :73, Diff bei jungen stärker (50 vs80) Kohort 1 -86, letzte Koh 53,**
Todesurs: smoking related Krebs (pharynx, esophagus, stomach,pancreas kidney bladder urinary, respiratory system) neg, respire disease neg, CVD neg, ischemic heart dis ns, uterine/repro organs pos, breast pos, external causes ns, diab minus, sisters: edu plus, smoke minus, alc gering, educators/domestic workers, ohne Kind, ss

Byrd,R: Positive Therapeutic effects of intercessory prayer in a coronary care unit population,in: Southern Medical Journal 81, 826-829, 1988

Double blind randomized; für eine Gruppe wird gebetet, für andere nicht (außer von außen und von Vp selber), Beter kennen Namen Diagnose Gesuzustand, sollen beten für rapid recovery, prevention of complications and death, /bei entry beide Gruppen gleich krank, 30 Items –bei 6 davon Verbesserung, bei 17 ns pos, 2 ns, 5 ns minus; -das ist nicht sign wegen zu vielen Vergleichen, bei hospital course –Einteilung in good, intermediate, bad (mit zT anderen Items als vorher; ob sie Krankh gut definieren unklar) –prayed for: 85 good, 1 intermed, bad 14; controls -73 -5-22 sign
8 Punkte (1 sample, 3,5 Messung, 1 stat, 2,5 Interve) **doppelblinde Fürbitte - 6 pos, 17 nspos, 2 ns, 5 nsneg bei denen, für die gebetet wird, bessrer hospital course(andre Items als vorher, unsicher)**

Caetano,R/Clark,C: Trends in alcohol consumption patterns among whites ,blacks and Hispanics : 1984 and 1995, in: Journal of Studies on Alcohol 59, 659-668, 1998
Ca 9700 Vp, Frequent heavy drinking –einmal oder mehrmals die Woche, 5 oder mehr drinks in einer Sitzung, frequent einmal mehrmals die Woche, mehr als fünf drinks in einer Sitzung weniger als einmal die Woche, mindestens einmal im Jahr, /impo of rel –very vs not very, zu current drinking mv –bei Ne white Hisp M, Ne white F, Hi F ns; /frequ heavy drinking –impo bei white black M und HiF neg, Rest ns, (F nur 2-5 % drinking)

7,5 Punkte (3,5 sample, 1,5 Messung, 1 stat, 1,5 mv, bei) **rel impo mv neg zu alc use(Ne white,Hi, Ausn: Hi F ns) , schwächer zu frequent heavy drinking (white black M, HiF, ns white black F, Hi M), F bottom**

Cahalan,D/Room,R: Problem drinking among American men aged 21-59, in: American Journal of Public Health 62, 1473-1482, 1972
1967 M 21-59 plus 1969 ähnl sample,/drinking problems – heavy intake (8 drinks in Woche, 12 in Monat) , binge,(mindestens einen Tag lang betrunken) psychol dependence (bei emot problem trinken) loss of control (nicht aufhören können) symptomatic drinking(blackouts, Trinken bei Kater) belligerence problems with wife, relatives, neighbors friends job police Gesu Geld//ein bisschen Probleme – cP weniger, heavy intake oder binge –cP J minus, K plus, no,lib P etwas plus, viele consequences – J ganz wenig, lib P und cP wenig, no und K viel, //no problems/no drinker –K 43, J 66, lib P 52, cP 61, no 48,(no 84 ,J 40 VP) //heavy und

consequ –K 35, J 8, lib P 24, cP 20, no 32; //mv mit 30 demogr variables –current overall problem score - cP minus, Kg minus

7,5 Punkte (2,5 sample, 2,5 Messung, 2,5 mv) **K und no pos, cP (lib P ähnlich) und vor allem J neg zu Problemtrinken, mv auch Kg neg;**

Calvert,G et.al.: Ischemic heart disease mortality and occupation among 16-to 60-year-old males, in: Journal of occupational and environmental medicine 41, 960-966, 1999

Proportionate mortality ratio, National Occupational Mortality Surveillance System, 27 US-Staaten, 1982-1992, ohne students, ischemic –mangelnde Durchblutung; (executive admin manag, sales white pos, precision production machine operators transportation extractive occ / sheriff police Gefängniswärter supervisor pos black white, construction trades minus, armed forces Ne , bei Weißen white collar mehr mort, bei Ne ns)
(unter 5) **Clergy white und Ne pos ! (white physicians neg, black pos), kompliz Berechnungsproblem –wenn occ andre Todesurs senkt und ns zu IHD ist, dann ist IHD bei dieser occ zu hoch (könnte auf rel passen; heißt evtl: bei clergy sterben proportional mehr an IHD)**

Cancellaro,L et.al.: Religious life of narcotic addicts, in: Southern Medical Journal 75, 1166-1168, 1982

74 Vp patients ,74 % M, 40 Ne, 107 controls, broken home, father missing, attend church, pray, read bible –fathers halb so viel wie control fathers, Mütter ns, weniger high school Abschluss als Eltern, SES minus, Eltern und VP; Vp sep/div plus, sehr wenig read bible, pray at meals, witness about faith, rel in Adol sehr stark sinkend, Vp salvation exp stark minus,

(unter 5) **Mütter ns zu rel, Väter neg, Vp sehr wenig Rel, in adol stark sinkend,**

R Krim,Gesu,Gl, pos) Caputo,R: Parent religiosity, family processes, and adolescent outcomes, in: Families in society: the journal of contemporary social services 85, 495-505, 2004
National Longitudinal Survey of Youth, T 1 - 12-16 J - 1997, T2 2000, parents religiosity (Einschätzung Vp und parent) Cr 60; rel agreement- Vp und parent affil gleich; denom von VP,
Deli- run away from home,carrry a gun, stolen something worth 50 D more, sold or helped to sell drugs; substance abuse – ever having smoked a cig, drunk an alc beverage, used marij; mental health - been a very nervous person, felt calm and peaceful, felt downhearted and blue, been a happy person felt so down in the dumps that nothing could cheer you up//
T 1 rel zu T2 deli bei Ko von T1 deli – (Model D ist full model mit viel Überko - father figure in household, poverty, 3 rel Items, parental style, quality time, peer Kg, belong to gang, did

volu work, used illegal drugs, cut classes, turn to with emot problems: father peer usw, Baptist reference vs cons P reference, other und other P da vs nur other da; Zahlen von Model D vorn und hinten zT. verschieden, auch Sign hinten ja, vorne nein !, in full model table 2 z.T. andere als in full model in Appendix)
Deli - religiosity neg, denom (auch no) ns; agree affil ns); Substance abuse – (ohne T1 subst abuse) dto; (other neg - unklar ob other rel oder other P; cons P nsneg), health status – rel pos, other deno pos/ns pos (oder other P? cons P nspos), agree affil ns (bei Ko von health status, taking medication T1); mh – rel pos, denom/agree ns; (K nsneg) (keine Ko von T1 mh)//edu – rel pos, K pos, consP nspos, agree ns; Ko von T1 mother edu//für Autor ist deli und mh ns, aber selbst in D-Model hinten ist noch Sign da, bei Model A sowieso; er behauptet auch, cons P hätte weniger edu als K und mehr subst abuse als other –real keine Diff da
Einiges stimmt nicht mit Zahlen/Deutungen von Autor, viel Überko da, aber auch andere Models gezeigt, mal Ko von T1 Item, mal nicht

7,5 Punkte **(**2 sample, 2 Messung, 1,5 mv, 0,5 stat**, 1,5 Panel) Religiosity von parents neg zu Deli von adol, mv, Panel bei Ko von T 1 Deli; denom von adol/agree with parents affil ns** R Krim

8 Punkte (2 sample, 2,5 Messung, 1,5 mv, 0,5 stat**, 1,5 Panel) Religiosity von parents pos zu srh, neg zu substance abuse von adol (cP no aff ns,Kg nsneg), mv, Panel bei Ko von T1 srh// denom von adol/agree with parents affil ns//viel ÜberKo/Unklarheiten** R Gesu

7 Punkte (2 sample, 2 Messung, 1,5 mv, 0,5 stat, **1 Panel) Religiosity von parents pos zu mental health von adol, mv, Panel ohne Ko von T1 mh, denom von adol/agree with parents affil ns** R Gl

7,5 Punkte (2 sample, 2 Messung, 1,5 mv, 0,5stat**, 1,5 Panel) Religiosity von parents pos zu edu von adol,mv,Panel mit Ko von edu mother T1, denom von adol/agree with parents affil ns** R pos

((Carroll,S: Spirituality and purpose in life in alcoholism recovery, in: Journal of Studies on Alcohol 54, 297-301
AA members,viel edu, Step 11 –sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of His will for us and the power to carry that out, 12 –having had a spir awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs,
Fragebogen zu 11 –pray meditate read AA lit or other spir lit, consider your spir condition spend time in nature, attend church interact with art talk to your sponsor about your program, listen to music you consider spir, 12 - attend AA meetings engage in nonAA service to others volu assisting alcs served in versch Positionen in AA, being sponsor, Besuch von AA conference/11-have –acc of life as it comes, peace of mind acc of others connection to higher power, patience noncontrolling attitude /connection to all living things self restraint faith in a higher power, connection to people satisfying prayer life, gratitude delight in the wonder of life,
Sinn (PIL) –pos zu step 11, ns zu 12 (mv AA meetings, length of sobriety age edu),

Vp –viel pray medit read spir lit, kein Kg
(unter 5) **Length of sobriety – step 11 pos (beinhaltet einiges an Rel, aber auch Lz/spir/sE) AA meetings attended pos**))

Cerhan,J/Wallace,R: Change in social ties and subsequent mortality in rural elders, in: Epidemiology 8, 475-481, 1997

T 3 nach 8 J, vorher T1 82 vs T 2 85: Kg –at least once a month vs less –Vp über 65, EPESE Iowa rural health study, T 3 2575 Vp, gestorben 1059/ Gesu- doctor told Vp : sie hat heart attack, stroke, cancer diab hip fracture /disab –able to do heavy work around the house, Treppensteigen, halbe Meile gehen,
Kg –mort: M regular/regular 1 –regular not regular 2,4, not regular –regular 1,5, not regular –not regular 1,8; (Sinken schlechter als stabil wenig, Anstieg besser als stabil wenig und Sinken), F: 1, 2,2, 0,8, 1,9 (dto) –mv age: gleich; mv age edu smoking onset of major illness change in physical function, in srh in depr in memory recall test –bei M nun nur noch regular regular besser(sign) bei F 1 -1,3 -0,8 -1,4; (1,4 sign) change Items wenig N,desh z.T. ns
10,5 Punkte (3,5 sample, 1,5 Messung, 3 mv,bei, 0,5 stat, **2 Panel) Kg neg zu mort, Anstieg besser als stabil wenig/Sinken, Sinken schlechter als stabil wenig;**

(R Gl,Gesu) Chatters,L et.al.: Religious participation and DSM-IV disorders among older African Americans: findings from the National Survey of American Life, in: American Journal of Geriatric Psychiatry 16, 957-965, 2008
Ne, über 55, any lifetime mental disorder, 2) a mood disorder (major depressive disorder, dysthymia, bipolar I & II disorders 3) any anxiety disorder (panic disorder, agoraphobia, social phobia, generalized anxiety disorder, obsessivecompulsive disorder, posttraumatic stress disorder) 4) substance disorder, (alcohol abuse, alcohol dependence, drug abuse, drug dependence). fifth variable - number of reported disorders
Other than for weddings or funerals - "How often do you usually attend religious services?"//reading religious books or other religious materials, watching religious programs on TV, listening to religious programson the radio, praying, and asking someone to pray for you// importance of religion while growing up, importance of parents taking or sending their children to religious services, importance of religion in the respondent's life, and self-reported religiosity.
(mv: demogr, homeowner, nativity, functional status –self care, mobility, doctor-diagnosed physical conditions)
6,5 Punkte (1 sample, 3 Messung, 2 mv, 0,5 stat) **Kg –mood disorder minus, anx ns minus, (Zahl der disorders/any disorder minus) ; nonorg rel – mood nsTrog, anx nspos, (Zahl der disorders und any disorder nsminus) subj rel – mood ns minus, anx ns minus, (Zahl/any nsminus) //mv: mood –Kg minus, impo nsminus; anx –impo nsminus,Zahl und any – Kg und impo minus;** R Gl

6 Punkte (1 sample, 2,5 Messung, 2 mv, 0,5 stat) **substance use Kg minus, nonorg rel –minus; subj rel minus, mv alle drei nsminus;** R Gesu

(R Gl, Gesu, help) Chen,Y/Kim,E/VanderWeele,T: Religious-service attendance and subsequent health and well-being throughout adulthood: evidence from three prospective cohorts, in: International Journal of Epidemiology,1–11,2020, published 13.8.20, https://doi.org/10.1093/ije/dyaa120

three cohorts of young, middle-aged and older adults including (i) the Growing Up Today Study (GUTS, mean baseline age 23.0 years),27 (ii) the Nurses' Health Study II (NHSII, mean age 46.8 - years) 28 and (iii) the Health and Retirement Study (HRS) September 2020 mean age 69.3 years). Of note, GUTS participants are the children of a subset of NHSII participants and some GUTS participants are siblings.
Data on religious-service attendance - from the GUTS 2007 questionnaire, the NHSII 2001 Trauma Exposure and Post-traumatic Stress Supplementary Survey and the HRS 2008/2010 questionnaires ; baseline years for this study. Data on the outcome variables were taken from the most recent questionnaire waves wherein the relevant outcomes were assessed (i.e. the GUTS 2010 or 2013 wave, NHSII 2008, 2009 or 2013 wave and HRS 2014/2016 wave). The total sample sizes for this study were 9862 participants in GUTS, 68 376 in NHSII and 13 770 in HRS.

GUTS: All models controlled for participants' age, sex, race/ethnicity, marital status, geographic region, maternal attachment, childhood-abuse victimization, their mother's report of socio-economic status (SES) (i.e. subjective SES, household income, census tract college education rate and census tract median income), participants' prior religious-service attendance, prior health status or prior health behaviours (i.e. prior depressive symptoms, hopelessness, loneliness, binge eating, overweight/obesity, smoking, heavy drinking, marijuana use, use of other illicit drugs, prescription-drug misuse, history of sexually transmitted infections, preventive-healthcare use, frequency of volunteering and voting-registration status). NHSII: All models controlled for participants' age, race/ethnicity, marital status, geographic region, employment status, night-shift schedule, perceived stress, subjective SES, pre-tax household income, census tract college education rate, census tract median income, childhood-abuse victimization and prior health status or prior health behaviours (i.e. prior positive affect, hopelessness, community engagement, number of close friends, depressive symptoms, preventive-healthcare use, dietary quality, heavy drinking, current smoking, frequent physical activity, number of physical-health problems: overweight/obesity, type 2 diabetes, stroke, heart disease, cancer). HRS: All models controlled for participants' age, sex, race/ethnicity, marital status, geographic region, income, level of education, wealth, employment status, health insurance, childhood abuse**,** prior religious-service attendance and prior health status or prior health behaviours (i.e. prior positive affect, purpose in life, life satisfaction, optimism, perceived mastery, depressive symptoms, loneliness, hopelessness, negative affect, social integration, heavy drinking, current smoking, exercise and number of physical-health problems: overweight/obesity, type 2 diabetes, stroke, heart disease, hypertension, cancer).

Kg –prior (vor Messung von Kg oder gleichzeitig ?) depr neg alle drei surveys; (HRS – symptoms/diagnosis of depr neg) NSH II prior pos affect nspos, hopelessness nsneg; HRS –pos affect pos, purpose in life pos, Lz pos, optimism nspos, loneliness nsneg, hopelessness neg, NAS ns //perceived stress –NSH II ns,
Kg T1-T2 mv: depr diagnosis –HRS nsneg, Rest und zusammen neg, depressive symptoms –alle neg; anxiety symptoms neg, HRS nicht erhoben; hopelessness zusammen neg (einzeln: NSH II neg), loneliness alle neg; PAS alle pos, Lz pos (NSH II nicht erhoben), purpose of life HRS nspos, NSH II pos;
13,5 Punkte (4 sample, 4,5 Messung, 2,5 mv, 1 stat, **1,5 Panel) Kg –depr neg, pos affect pos, hopelessness nsneg, purpose in life pos, Lz pos, optimism nspos, loneliness nsneg, NASns, perceived stress ns; Kg T1-Item T2 (Ko von T 1 Kg, Gesu,Gl): depr neg, anxiety und hopelessness nsneg/neg/, loneliness neg, PAS pos, Lz pos, purpose of life pos** R Gl

GUTS –prior (vor Messung von Kg oder gleichzeitig) binge eating neg/marij/other illicit drugs, prescription drugs neg, sexually transmitted diseases neg, BMI: GUTS neg, NSH II nsneg, HRS ns

pos; alle: cigarette/heavy drinking neg; NSH II physical activity nspos, short sleep nsneg, physical health problems ns; HRS phys activity pos, phy health problems ns;
Kg T1-T2 mv: mortality –NSH II/HRS neg, GUTS nicht erhoben; physical health problems – GUTS nsneg, NSH II neg, HRS nsneg –zusammen neg; diab/hypertension/stroke/heart disease ns, cancer GUTS neg, zusammen neg, overweight ns, heavy drinking – HRS nsneg, Rest und zusammen neg, cigarette –HRS nsneg, Rest/zusammen neg, (HRS z.T. schwächer)

14,5 Punkte (4 sample, 5,5 Messung, 2,5 mv, 1 stat, **1,5 Panel) prior binge eating neg, drugs neg, sexually transmitted diseases neg, BMI neg/nsneg/nspos, cigarette/heavy drinking neg, physical activity nspos, pos; short sleep nsneg, physical health problems ns zu Kg//Kg T1-zu Items T 2 (Ko von T1 Kg/GesuGl usw): mortality neg, physical health problems neg, diab/hypert/stroke/heart disease ns, cancer neg, overweight ns, heavy drinking neg cigarette neg,** R Gesu

5 Punkte (4 sample, 1 Messung,) **GUTS : volunteering pos, community engagement pos zu Kg ,** R help

Chen,Y/Koenig, H: Do people turn to religion in times of stress ?, in: Journal of Nervous and Mental Disease 194, 114-120, 2006
T 2 nach 3 Monaten, Organizational religiousness frequency of attendance at church or religious meetings and frequency of participation in other religious group activities such as Bible study or prayer groups/ /frequency of private prayer other than at meal
times and frequency of reading the Bible or other religious literature//change in OR in T2 -21 minus, 8 plus; change in PR -20 minus, 16 plus, self-rated change in religiousness 1 minus, 45 plus; change in OR/PR–bei Ko von OR/PR/ T1: worsening von Gesu –OR/PR neg//self rep change in health pos –self rep change in rel pos bei Ko von T 1 selfrep rel; (aber Messung von illness change und rel change hier nur in T 2//Mediation: T 1 illness und change in illness neg zu change in phys activity pos zu change in OR, (illness nun ns zu OR-change) und T1 phys act pos ,T1 OR neg zu T2 OR; bei PR keine Med –phys act und illness wirken – senken PR; /Umkehrung: OR/PR anstieg- illness sinkt;
8 Punkte(1 sample, 2,5 Messung, 1,5 Med, mv, 0,5 stat**, 2,5 Panel)**: **mehr Krankheit (worsening und in T1) –weniger OR/PR-Steigerung; mehr phys activity–mehr OR/PR-Steigerung (phys act mediiert Korrel Krankh –OR), PR/OR neg zu illness severity T2; mehr srh T2 –mehr srr in T2, selbstbeurteilter Rel-wandel positiver als Vergleich T 1 OR/PR zu T2 OR/PR; OR PR in T1 neg zu change in OR/PR;**

(R Gl, Gesu, help, pos) Chen, Y/VanderWeele, T: Associations of Religious Upbringing With Subsequent Health and Well-Being From Adolescence to Young Adulthood: An Outcome-Wide Analysis, in: American Journal of Epidemiology 187, 2355-2364, 2018 (plus Dateien)

NHS II was initiated in 1989, it enrolled 116,430 nurses aged 25–42 years. In 1996, NHS II participants with children between 9 and 14 years of age were invited to have their children

participate in another cohort of GUTS. 16,882 children , NHSII and GUTS participants continue to be followed up with mailed or Web-based questionnaires annually or biennially/ Religious participation was first assessed in the GUTS 1999 questionnaire wave; this year was considered as baseline for the present study. outcome variables were assessed in the most recent waves, either the 2010 wave (for participants aged 23–30 years) or the 2013 or 2007 wave (if data were not available in the 2010 wave). respondents to the 1999 questionnaire (n = 12,410) missing data weg –that yielded samples of 5,689–7,458 individuals (up to 1,329 were siblings) for analyses on service attendance and 5,681–7,448 individuals (up to 1,325 were siblings) for analyses on prayer or meditation, Compared with participants who were lost to follow-up in the 2010 questionnaire wave, those who remained in the cohort were older and healthier, had a higher socioeconomic status, and were more likely to report frequent religious participation at baseline; in addition, a higher percentage was female
Vp 15 J, ca 93 % white
prior values of the outcome variables assessed in wave 1998 or 1999 were used as a covariate whenever available. “How often do you go to religious meetings or services?”. “How often do you pray or meditate?”
mv - controlled - age, race, sex, geographic region, prior health status or prior health behaviors (prior depressive symptoms, overweight/obesity, smoking, drinking, marijuana use, other drug use, prescription drug misuse, number of sexual partners, early sexual initiation, history of sexually transmitted infections, history of teen pregnancy), mother’s age, race, marital status, socioeconomic status (subjective socioeconomic status, household income, census tract college education rate, and census tract median income), depression, and smoking.
Kg – maternal smoking neg, prior (T1-T1): overweight ns, cigarette neg, drink alc neg, marij neg, other drug neg, prescription drug neg, sexually transmitted disease neg,
Kg T1-Item T2: physical health problems ns, cigarette binge drinking marij other illitic drug prescription drug STI neg; overweight ns, T 1 pray zu T2 Item: physical health problem pos, overweight ns, cigarette neg, binge drinking nsneg, marij other illicit drug prescription drug STI neg;

11,5 Punkte (2,5 sample, 4 Messung, 2,5 mv, 1 stat**, 1,5 Panel) T1 Kg und pray –neg zu maternal smoking, cigarette smoking, drink alc, marij other drug prescription drug sexually transmitted disease; nsneg zu overweight// Kg T1 neg zu Item T2: cigarette smoking, marij other illicit drug prescription drug STI; overweight, binge drinking, physical health problems ns, T1 pray zu T2 Item: physical health problems, overweight, cigarette, binge drinking ns, marij other illicit drugs prescription drugs neg, STI neg (16 pos, 8 ns)** R Gesu

Kg –prior (T1-T1) depression neg, maternal depr neg asymm (kurvi,Buckel);
Kg T1 –Item T 2: Lz pos, pos affect pos, Swg ns, depr neg anxiety ns, probable PTSD neg; T1 pray –T 2 Item: Lz pos, pos affect pos, Swg pos, depr neg, anxiety ns, probable PTSD ns;

11,5 Punkte (2,5 sample, 4 Messung, 2,5 mv, 1 stat, **1,5 Panel) T 1-T1: Kg und pray: depression neg, maternal depr neg (kurvi,Buckel); Kg T1 –Item T 2: Lz pos, pos affect pos, Swg ns, depr neg anxiety nsneg, probable PTSD neg; / T1 pray –T 2 Item: Lz pos, pos affect pos, Swg pos, depr neg/nsneg, anxiety ns, probable PTSD ns; (12 pos, 2 nspos, 3 ns)** R Gl

Kg und pray -teen pregnancy neg, (life time sex partners neg, early sexual initiation neg); Kg T1-Item T2: forgiveness pos, teen pregnancy ns, life time sex partners pos, early sexual initiation neg,

T 1 pray-Item T2: –forgiveness pos, lifetime sex partners neg, early sex inititation neg, teen pregn nsneg

10 Punkte (2,5 sample, 2,5Messung, 2,5 mv, 1 stat**,1,5 Panel) Kg und pray –teen pregnancy neg, (life time sex partners neg, early sexual initiation neg); Kg T1-Item T2: forgiveness pos, teen pregnancy ns, (life time sex partners pos, early sexual initiation neg) T 1 pray-Item T2: –forgiveness pos,(lifetime sex partners neg, early sex inititation neg), teen pregn nsneg** R pos

8 Punkte (2,5 sample, 1 Messung, 2,5 mv, 1 stat, 1 Panel) **Kg/pray T1 –volu T2 pos** R help

((R Gl, Gesu) Chliaoutakis,J et.al.: Greek Christian orthodox ecclesiastical lifestyle: could it become a pattern of health-related behavior ?, in: Preventive Medicine 34, 428-435, 2002

Vp 20-65, Athen area, orthodox religiousness –praising God, making the sign of the cross, calling upon God, scripture reading, attending rel speeches, praying attending church every Sunday fasting during Lent periods, partic in Sacrament of confession und Holy communion -0-40, 0-15 unconcerned, 16-29 conventional, über 30 religious;
Mv demogr, current health –chronic disease, recent disease medication consumption
Religious –healthful nutrition , physical activity , personal hygiene alle pos//chronic disease, recent disease, medication –ns zu nutrition/activity/Hygiene(Lz und relax) und zu rel (GesuV pos, Gesu ns !), (orth –Ursache der Mittelmeerernährung –wenig fast food, Fasten, self-restraint/Körper Tempel der Seele, inseparable instrument and collaborator of the soul in struggle for blessedness,godliness, body is of great worth, each organ its condition and physiol function has particular spir meaning; Griechen sehr gesund –ceiling ?)
6,5 Punkte (1 sample, 3 Messung, 2 mv, 0,5stat) **orth religiosity –pos zu GesuV (Ernährung, exercise, Hygiene), ns zu Krankheit** R Gesu

5 Punkte (1 sample, 1,5 Messung, 2 mv, 0,5stat) **orthodox religiosity –relaxation pos, life satisfaction pos** R Gl))

R Gesu/Krim) Chu, D: Religiosity and desistance from drug use, in: Criminal Justice and Behavior 34, 661-679, 2007
National Youth Survey,24 J, Kg rel impo in own life, Relmessung wave 7, marij/hard drug wave 5-7/how wrong: cheat on income tax, destroy property, use marijuana, steal something, hit someone, break into vehicle, sell hard drugs, use prescription-type drugs nonmedically.
Kg T 7 pos zu nonuser/desisters bei marij/hard drugs (T 5-7), impo –pos zu nonuser marij/hard drug (T 5-7) ,zeitlich unklar; mv age sex race, Kannib, rel T 7 pos zu conv values T7, mv zu T 5-7 conv values –nur Kg pos

5 Punkte (1,5 sample, 2 Messung, 0,5 mv, 0,5 stat, **0,5 panelartig) Kg impo pos zu nonuser/desister bei marij/hard drugs biv, zeitlich unsicher, evtl Drogen vorher; Kg impo pos zu Ablehnung von deli (incl drugs)** R Gesu/Krim

(R Gesu,Gl,fert, div) Clark,W: Religious observance. Marriage and Family. Canadian Social Trends, Statistics Canada, Autumn 1998
Canada General Social Survey,

8,5 Punkte (3,5 sample, 3,5 Messung, 1 bei, 0,5 stat) **Valid reasons for divorce: abusive behavior(Diff nur : 92-96) , lack of love/respect , partner drinks too much - neg zu Kg, unfaithful behavior ns,/would remain married for the sake of the children Kg pos; Kg pos zu Importance to happiness of... a lasting relationship , being married//Kg weekly vs not at all-längere Ehedauer, Heirat in 50 erJahren –wenig Diff, 80er viel**; R div

5,5 Punkte (3,5 sample, 1 Messung, 0,5 bei, 0,5stat) **Kg -Importance to happiness of having at least one child – pos** R fert

7,5 Punkte (3,5 sample, 2 Messung, 1,5 mv, bei, 0,5 stat) **GSS 96: mv demogr, family structure, employed – Kg pos zu very satisfied, neg zu very stressful life, ´pos zu very happy marital relationship (mv s.o.)** R Gl

6 Punkte (3,5 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **Unter 35J-Kg pos zu srh, neg zu smoking, ältere ns,** R Gesu

(Zwei Bewertungen) R Gl, Gesu, help) Clark,K et.al.: A longitudinal study of religiosity and mortality risk, in: Journal of Health Psychology 4, 381-391, 1999

Terman, 1921f begonnen, geboren 1910, white middle class,856 M,672 F, gifted, IQ über 135,/ 1950 religiosity erhoben, bis 1991 517 leben noch, 403 gestorben//to what extent are you religiously inclined /
psy wb –tendency toward nervousness,worry,special anx, nervous breakdown plus Info von parents spouses – cope well with everyday problems,typical in emot make-up vs feelings of inferiority,inadequacy anx emot conflicts , aber Vp sind functional, vs marked symptoms of anx depr maladj psychopathic personality, nervous breakdown, //1922 –teacher rating - prudence, forethought,conscientiousness, generosity, unselfishness/1928 –parents rating – freedom from vanity,egotism, sympathy tenderness; 1950-selfrating:happiness of temperament, conforming to authority self-confidence, 1977 –lifetime satisf with religion, present level of happiness;
/religiosity –bei F 16 % lower mortality, M ns, /Korrel: rel zu –phys health, psych wb, verh !, ns; rel –drinking smoking neg, (alc hier auch moderate ns zu mort), rel M weniger smoke/alc,/F –bei Ko von org member Rel wirkt noch, bei alc auch, bei smoke ns, aber 16 % besser wie bei biv (N !), rel nicht verschieden korreliert zu Todesursachen; Zushg 1922 - prud forethought generous unselfish (1928 sympathetic tender pos, freedom of vanity/egotism ns) zu rel bei F 1950 pos, C ns, bei M alles ns, 1950: rel F - happy temp pos, (M ns) conform to auth, lack self confid (M auch) not as easy to get on with (M ns) 1972: rel F –expect to enjoy upcoming years, greater sat with rel in life (M auch), happier (M ns),
6,5 Punkte (1 sample, 2,5 Messung, 1,5 bei, mv, 0,5 stat, **1 Panel)**
Bei F senkt rel die Sterblichkeit (1950-91, geboren 1910) bei Ko von org member sign, von smoke ns (Wert derselbe, aber N), von alc sign; keine Diff bei Todesursachen; ns zu phys health, neg zu smoke, alc (auch bei rel M) R Gesu

5,5 Punkte (1 sample, 3 Messung, 1 implizit mv, 0,5 stat)
Rel ns zu psy wb(eher NAS) (T1-T1); 1950 –rel pos zu happy bei F(M ns) , selfconfid neg (M auch), 72 –rel F pos zu Zuk (M auch), sat with rel in life (M auch) ,happier (M ns) – zu PAS: 6 pos, 2 ns, 2 neg; zu NAS -1 ns; R Gl

(unter 5) **generous unselfish/sympathetic tender als Kind - pos zu rel mit 50 –nur bei F (U-W?) , freedom from vanity/egoism ns,** R help

(unter 5**) prudence forethought /C unegoistisch ns; M immer ns;** R pos

(rel F –leben länger, sind glücklicher eher, help unklar), Sample kontrolliert SES, edu, nur white; rel M nur wenig –nur alc smoke minus;

Clarke,S et.al.:Religiosity, afterlife beliefs, and bereavement adjustment in adulthood, in: : **McFadden, S et.al.(ed):** New directions in the study of late life religiousness and spirituality. NY Oxf London 2003, 207-225

Feelings und behaviors nach Tod eines loved one//presently feeling vs the deceasedBereavement reactions – anger guilt stigma meaningfulness isolation depersonalizeSymptoms –somatiz, obsessive compulsory interpers sensititity depr anxmh – self rated emot health,depr lack of energy eating sleeping Probleme agitation Konz probl Interessenmangel worthlessnessideen, Anomie Sm ideen Angst helpseeking wegen emot probl DrogenAlk zur Bewältigungconsider yourself a rel person, LnT – to what extent do you believe in life after death – neutrale Antwort ausgelassen, rel – feelings nach Tod ns plus, bereavement reactions ns minus,ABS ns, symptoms ns minus,phys health plus, mh ns minus (Polung unsicher), LnT – unklar, evtl ns zu bereavement indices

(unter 5) **srr (LnT ?) –ns/nsneg zu bereavement items , ABS mh symptoms**
(unter 5) **srr –phys health pos**

Cline,K/Ferraro,K: Does religion increase the prevalence and incidence of obesity in adulthood ?, in: JfSSR 45, 269-281, 2006

Americans' changing lives, 54 J, 1986, 1989, 1994, 33 % Ne, 3617 -2867 -2562 (davon 750 die in T2 nicht antworteten) –attr ca ein Drittel/ obesity –BMI über 30,
Fundam –Church of Christ, Pe/AoG Church ofGod) pietistic P –Me Christian Church African Metho Epi) nondenom P, reformation era P –(Epi, Lu, Pres Cong), Ba (SBC, North AmericanBa Fundamentalist Ba !), nontrade–ZJ LDS SDAChr Scientist, /how often do you usually attend rel services, how impo are religious or spir beliefs in your day to day life ? read rel books/watch listen to rel programs, /consolation: when you have problems or difficulties in your work, family

personal life, how often do you seek spir comfort and support; (BMI-zahl stimmt nicht –alle 25, M und F aber beide mehr)
Obese- Ba pos, Fu ns, piet P/ K neg , nondenom P nontrad sehr neg, ref era/no neg;
BMI T 1-T1: Kg M pos, F nsneg, impo ns, media M ns, F pos, consolation M nsneg, F neg; Ba M nsneg, F pos, Fu nsng, (mv demogr, smoke,phys activity) –alles ns außer F media pos; T 1 rel zu T3 BMI (bei Ko von T1 BMI) ns, (consol immer neg, aber meist ns)
obesity –T1-T1: Kg bei F neg, media bei F pos, Ba F pos, M ns, Fu ns; T1 rel zu T3 obesity (nur Vp ohne obesity in T1) –M: consol neg, F Kg neg, media pos (auch mv), Ba F pos-mv ns/Umkehrung: obesity T 1 ns zu Kg consol in T3

11 Punkte (3 sample, 3,5 Messung, 2 mv,bei, 0,5 stat, **2 Panel) Obese –Ba/FuP (über Durchschnitt) –piet P/K (Durchschnitt) –ref eraP –no –nontrad P –J;**
BMI -T1-T1: M: Kg pos, impo/rel Tv/consol ns; Ba nsneg, Fu nsneg, Rest-denom ns; F: Kg nsneg, impo nspos, rel TV pos, consol neg; Ba pos, Rest-denom ns; mv demogr, smoke, phys act) ns (außer F rel Tv pos); T1 –T3 bei Ko von T 1 BMI alles ns; obesity (nur Vp ohne obesity T1) –M alle ns; F Kg T1 neg, rel Tv T1 pos, Ba ns/pos; (auch mv), T1-T3: M consol neg, F Kg neg, rel Tv pos Ba pos (auch mv) //Kannib, ÜberKo//Umkehrung: obesity führt nicht zu Kg/consol;

(R Krim, Gesu) Cochran,J: Another look at delinquency and religiosity, in: Sociological Spectrum 9, 147-162, 1989
Midwest, 7.-12.Klasse, rr67,
deli: p-sex, vandalism, auto theft, assault, (threatening)weapon use, theft 2-50 D, theft über 50 D; stimulants, depressants psychedelics narcotics marij beer wine liquor; /
how religious a person are you ? check the importance to you of the church group activities in which you participate or would like to participate; (mv age race sex SES)
mv: vandalism –srr ns, salience neg, auto theft/theft 2-50/über 50 –srr/sal neg, assault –srr neg, sal ns; weapon –srr/sal neg, (strongly rel vs weakly rel mehr als never: vandal 30-66(Diff bei never 35) auto theft -5-16(11), assault -8-24(15), weapon -7-20(12), minor theft -21-62(42), major theft -1-11(8) (beide rel Items zusammen wirken stärker –unsicher belegt)
stimulants/depressants/psychedelics/narcotics/marij/beer/liquor –srr/sal neg, wine –srr ns, sal neg;(Diff strongly vs weakly rel bei never : stimulants 31, depr 18, psychedelics 14, narcotics -5 (strongly rel Null), marij 53, beer 27, wine 15, liquor 35) beide rel Items zusammen wirken stärker (unsicher belegt)
8 Punkte (2,5 sample, 4 Messung, 1 mv, 0,5 stat) **srr/impo of partic in church activities(und beide zusammen evtl stärker) neg zu deli (vandalism, Diebstahl, weapon use, assault, alc, drugs**) R Krim
6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat**) srr/impo of partic in church activities (und beide zusammen evtl stärker) neg zu alc/drugs (viele)** R Gesu

Cochran,J/Beeghley,L/Bock,W: Religiosity and alcohol behavior: an exploration of reference group theory,in: Sociological Forum 3, 256-276, 1988

GSS 77,78,80, 83, 84 –selbe Fragen Bock 87 /Kg, belief in life after death, strength of rel commitment, membership in rel orgs, /alc use –no J K Epi Lu Pres ziemlich gleich, Me, sects, /drink more - no aff, Epi,Me,Pres/Ba/Ka, sects, J /alc use - Kg LnT strength member neg (mv

demogr) /drink more dto, member ns neg; -alle vier Items zusammen: starke Wirkung /Wirkung der 4 Items auf alc use bei nonproscriptive groups –J ns, K/Pres/Epi 1 neg, Lu 1 neg, 1 pos, /no aff 1 neg; Intermediate –Me 2 neg, proscr –Ba 2 neg, other P 4 neg// weak vs strong rel –(Summe aller 4 Items) –ähnlich, aber Me besser als Ba, no aff auch neg //strength wirkt 7 von 9 !, LnT 1mal, member 1mal, Kg 5mal; //drink more – bei Korrel kaum sign, bei Diff weak –strong rel aber bei allen klar (außer J) –Diff größer als bei use; (unwahrscheinliches : K ohne rel weniger alc, gegen andere Zahlen/ Ba allg ganz wenig alc – auch weak !)

9 Punkte (3,5 sample, 3 Messung, 2 mv,bei, 0,5 stat) **no aff Epi am meisten use, am meisten misuse, /strength wirkt bei allen auf use, Kg oft, LnT und member kaum, alle außer J: weakly rel mehr alc use und misuse (aber bei nonproscr bei alc use Einzelitems kaum wirkend; bei proscr stärker; bei misuse noch schwächer –aber 4 zusammen wirken stark) //nonproscr vs intermediate keine Diff –Luth vs Meth; proscr uneinheitlich: Ba allg wenig alc use, sect nur wenn strongly rel; Kg LnT strength member neg zu alc use und misuse mv;auch bei no aff wirken rel Items**

Cochran,J/Beeghley,L/Bock,W: The influence of religious stability and homogamy on the relationship between religiosity and alcohol use among Protestants, in: JfSSR 31, 441-456, 1992

GSS 72-89, 13 mal, nur white married P, alc use vs abstinence, strength of commitment to church doctrine –somewhat strong/not strong at all vs strong; switch –jetzt andere affil als mit 16, lib und mod ist nonproscriptive; /) /mv (demogr) : currently proscr/reared proscr, spouse proscr ,Kg ,strength ,literal –alle neg zu use; strongly rel (Kg, strength, literal zusammen) wirkt bei prosc (selber, spouse) etwas stärker, bei homogamem proscr stärker, bei homogamem nonproscr schwächer; wirkt insgesamt stark/selber proscr und Partner anders –pro sinkt; selber nonpro und Partner anders –pro steigt,

7 Punkte (2,5 sample, 2,5 Messung, 1,5 mv bei, 0,5 stat) **alc use neg zu rel (Kg, strength, lit, proscriptive currently/reared/ mv//strong religiosity wirkt kaum anders, je nachdem ob Partner oder man selbst proscr oder nonproscr ist,**

(R Gl, pos, Krim,Gesu) Cochran,J/Wood,P/Arneklev,B: Is the religiosity-delinquency relationship spurious ? A test of arousal and social control theories, in: Journal of Research in Crime and Delinquency 31, 92-123, 1994

15-21 J, high school Klasse 9-12, Oklahoma, rr 17-63 %, 30 % Indianer/Deli -5 Items, assault robbery, property theft (larceny auto theft) property damage (vandalism, arson, burglary), skip class, illicit drug use (marij, hard drugs) , legalized drugs – tobacco, alc use und misuse) /rel important in my life /thrill-seeking (kick, risky, excitement, going against the rules,) impulsivity/self-control CPI/physicality-(eher physical als mental was tun, on the move vs sitting, do statt read think, need for activity)
ev/Fu-denom: assault ns, theft neg, vandalism ns, illicit/legal drugs neg, truancy neg, //Kg und impo alle neg,(Kg impo neg zu impulsivity/thrill seeking, ev/Fu neg zu thrill)
mv assault (Ko von age male black Indian rural) dto, Ko von thrill/impuls/physicality(oder von self-esteem, socialization, broken home, parental supervision, school attachment, av

grades-ÜberKo) –impo nsneg, Kg/denom ns; //mv property theft dto, /property damage – Kg gleich ns; impo nsneg, ev Fu ns, /illicit drug – ev Fu/Kg/impo neg, Ko von thrill usw – weiterhin neg, Ko von self-esteem etc (und thrill dazu) – evFu neg, impo nsneg// legal drugs – ev Fu ns, Kg/impo immer sign, //truancy –Ko von thrill etc –Kg impo neg, von selfesteem thrill – impo neg,

7 Punkte (2 sample, 3 Messung, 1,5 mv, 0,5 stat) **ev/Fu-denom: assault ns, theft neg, vandalism ns, illicit/legal drugs neg, truancy neg, //Kg und impo alle neg//mv (viel ÜberKo) –bei Ko von impuls/self-control/Swg socializ school att etc bei assault, prop theft/damage ns (impo nsneg), illicit drug –evFu immer neg, legal drug –Kg impo immer neg, truancy –impo immer neg**

5,5 Punkte (2 sample, 1,5 Messung, 1,5 mv, 0,5 stat) **illicit/legal drugs neg, mv illicit drug –evFu immer neg, legal drug – Kg impo immer neg** R Gesu

Swg – I take a positive attitude toward myself, I am reliable, I feel I do not have much to be proud of, I am trustworthy, on the whole I am satisfied with myself, when I do a job, I do it well,
4 Punkte (2 sample, 1,5 Messung, 0,5 stat) **ev/Fu-denomin ns, Kg impo pos zu Swg** R Gl

Going to school –enjoyable, doing well in school impo for getting good job, like school , schoolwork is meaningful/important, courses are interesting, how impo do you think the things you are learning in school are going to be for your later life ?) ev/Fu-denomin ns, Kg impo pos, average grades –ev/Fu-denom neg, Kg impo pos

4,5 Punkte (2 sample, 2 Messung, 0,5 stat) **ev/Fu-denom pos zu school attachment, neg zu average grades, Kg impo pos zu beidem** R pos

Cochrane,R/Bal,S: The drinking habits of Sikh, Hindu, Muslim and white men in the West Midlands: a community survey, in: British Journal of Addiction 85, 759-769, 1990

Je 200 M, /how often had a drink containing alcohol, drink last week, diary of last weeks drinking, /Weiße-Sikh -Hindu-Muslim (viel drinking –Mu 2-3 %, white ca 35, Sikh ca 41, Hi ca 25) –in drinking, viel drinking, problems wegen drinking, /attending –neg zu regular drinking bei Christen, Muslim (regular attend: kein alc überhaupt), Hindu, bei Sikh kurvi Buckel, Sikh glauben: Alk stärkt einen, Religion eher gegen Alk, Sikh-culture eher pro-gemeinsames Trinken und Kartenspielen)
(unter 5) **Mu trinken kaum was, white/Sikh mehr als Hindu, attend neg zu drink, Sikh Buckel;**

Colantonio,A et.al.: Depressive symptoms and other psychological factors as predictors of stroke in the elderly, in: American Journal of Epidemiology 136, 884-894, 1992

Yale Health and Aging Project, New Haven EPESE, T 2 nach 6 J, T1 ohne Vp mit stroke, 74 J, 2604 –davon 167 strokes, aside from attendance at rel services, do you consider yourself to be against rel, not at all rel..deeply rel, how much is rel a source of strength and comfort to you

Stroke- Kg neg (Ausreißer 1-2mal Monat), srr neg (Trog), comfort ns,
mv age sex edu hyp diab prior Herzinf angina intermittent claud BMI smoke cogn impairment phys function –dann rel Items ns, (aber auch: depr social network Berkman ns)

8 Punkte (2 sample, 2 Messung, 2 mv, 0,5 stat, **1,5 Panel) stroke neg zu Kg, srr, ns strength comfort; mv Überko/Kannib ns,**

(auch in R Gl) Coleman, P et.al.: Spiritual belief, social support, physical functioning and depression among older people in Bulgaria and Romania, in: Aging and Mental Health .15,327-33, 2011
Dörfer Bulg Rum,
HAD-D; Royal Free Interview for rel and spir beliefs, person's confidence in belief in a transcendent power which relates to the individual, the society and the world.additional questions on prayer and attendance at communal religious worship. // Medical Outcomes Study Social Support Survey (MOS SSS) 19 item four subscales: emotional/informational support, tangible support, affectionate support and positive social interaction.//strength of belief zu pray pos, zu Kg z.T. ns, //Depr – strength of belief ns/ns minus; Gebet – ns plus, ns minus, plus; Kg –ns minus, ns,ns plus; / limited phys fu/chronic ill –Kg minus Gebet plus z.T. ; Depr mv (demogr, Krankh, ss) rel Items ns (außer Bulg: strength of rel belief neg zu Depr) / ein Jahr später Bulgaren noch mal (36 %) andre Rel-Messung –beliefs and values (auch King) –pos zu limited function und Depr (andere Messung) /rc Fetzer T2 – pos zu T1 Depr, ns zu T2 Depr, /sinkende Depr seit T1 –mehr strength in belief in T1 //Aggregat: Rumänen weit weniger Depr und weit mehr Rel;

6 Punkte (1,5 sample, 2 Messung, 0,5 stat, 1 mv**, 1 Panel) rel (King/Kg/Gebet) ns zu Depr (auch mv Überko ss, strength einmal sign neg) Aggregat: Rum wenig D viel Rel vs Bulg umgek; T 2 rc pos zu T1 Depr,ns zu T2 Depr, /sinkende Depr –mehr strength of belief in T 1,**

(unter 5)**Kg neg zu fu limit/chron ill, pray pos bei F, belief pos bei F in Bulg**

Coleman,S et.al.: Life cycle and loss –the spiritual vacuum of heroin addiction, in: Family Process 25, 5-23, 1986
40 Methadon-Vp, 40 Vp neurosis personality disorder, 31 students, enjoy yourself on earth for death means the end of all existence –pat –junkies-students; what happens to you after you die is related to how you lived your life on earth –pat-junkie-students; (stud vs Gericht/LnT aber auch vs Vergnügen weil nach Tod alles aus ist), impo of rel now –stud –pat-junkies; impo of rel during childhood –junkie-stud –pat; (stud und pat bleiben gleich, junkie verliert rel), Kg –pat –stud-junkie; (junkies: mehr Trennung von Eltern, mehr Todesfälle in Familie)
(unter 5) **Heroinsüchtige jetzt weniger rel und früher mehr**

Comstock,G/Lundin,F: Parental smoking and perinatal mortality, in: American Journal of Obstetrics and Gynecology 98, 708-718, 1967

Zensus 1963, Washington County, z.T. auch Nachbarn Verwa befragt über Vp, /jedes 33. Live birth certificate, all certificates of death occurring before 15.7.64 for persons born 10 years before 63, -Kind zu Beginn von study 11 J beob, am Ende von study 1 J, /nur whites, ergibt: all identifiable stillbirths and infant deaths and a 3 % sample of live births from county popul die 15 000 births produziert innerh von 10 J,
Neonatal deaths per 1000 live births by smoking status (wer während preg nicht raucht,aber vorher ist Raucher) /edu
(unter 5) **1 Panel 205 neonatal deaths–bei mother nonsmoker ns zu Kg unabh von fathers edu, bei smoker und wenig edu: Kg neg zu Tod, bei smoker und viel edu ns, /Kg father ähnlich;**

(R Gesu, Sm) Comstock,G/Partridge,K: Church attendance and health, in: Journal of Chronic Disease 25, 665-672, 1972

Lit über Analysen in Washington County –pipettes for self-use an white women wegen cervical cancer –F die sie nutzen: eher members of religious orgs, Kg pos,/selbe Untersuchung: F mit Kg weniger trichomoniasis und abnormal cervical cytology; /Kg neg zu TB, neonatal mort (unsicher, nur bei poor, smokers, zweite Untersuchung ns) /3 Jahre mort bei M durch arteriosclerotic heart disease neg zu Kg(matched –in age, race sex age –controls und mv smoke SES water hardness) White F 45-64 -127 Tote, preliminary –mort durch Arteriosklerotic heart disease, pulmonary emphysema Lzirrh –neg zu Kg; rectum/colon cancer ns, (auch bei M, unabh von age sex race; bei Kath Lzirrh ns zu Kg
5 Punkte (1 sample, 2 Messung, 1,5 mv, bei , 0,5 stat) **preliminary info –Kg bei MF neg zu mort durch Askl, pulmonary,Lzirrh; rectum colon ns,**
Lit-rel pos zu Vorsorge, neg zu STD, TB//Kg neg zu arterioskl heart disease mort bei M,mv)

4 Punkte (1 sample, 1 Messung, 1,5 mv,bei, 0,5 stat) **preliminary analysis –mort durch Sm neg zu Kg** R Sm

Comstock,G/Tonascia,J: Education and mortality in Washington County, Maryland, in: Journal of Health and Social Behavior 18, 54-61, 1977

63 nonofficial census,(ca 42000, Vp ab 25) T 2 1971 , Zahl der Toten unbekannt;
mv –binary variable multiple regression (age, race, mari stat,edu,complete bathroom in house, smoking) –Kg neg zu mort, (seltsames: for the last two years analysiert – dann Aussage: Kg mit starker Korrel zu Anfang der Zeit wird am Ende kleiner und ist in letzten zwei Jahren ns-das bedeutet: chronisch Kranke gehen weniger in Kirche; warum sollte sich das grade zu Anfang bemerkbar machen, und kein Beleg für Korrel und: Kg kann auch disab senken/warum sollten am Ende Kg und disab nicht mehr zus-hängen ? /und edu pos zu Kg)
7,5 Punkte (3 sample, 1 Messung, 1,5 mv, 0,5 stat, **1,5 Panel**) **Kg neg zu mort, mv auch smoking, wegdiskutiert**

Conyn-van Spaendonck, M et.al.: Circulation of Poliovirus during the Poliomyelitis outbreak in the Netherland in 1992-1993, in: American Journal of Epidemiology 143, 929-935, 1996

Messung von virus excretion by children 5-14, adults 40-64, in risk region wo es Kranke gab und außerhalb,rr 48-62,
(unter 5) **orth reformed –Kinder weniger geimpft, excretion of wild polio virus –orth ref 7 von 8 (3 davon geimpft,keiner krank), vaccine virus excretion –orth reformed -10 von 24 (Tabellen mit falschen Zahlen, N Mini) /(Finnland: Polio-Epidemie bei der Impfstoff nix nutzte !) frühere Ausbrüche von Polio –treffen vor allem Gebiete mit orth ref, die Impfung verweigern, aber auch andere in Bev haben keine Antikörper**

(R Gl, Gesu) Contrada,R/Boulifard,D/Hekler,E et.al. : Psychosocial factors in heart surgery: presurgical vulnerability and postsurgical recovery, in: Health Psychology 27, 309-319,2008

74 % M, rr63, Interview 5 Tage vor OP, coronary artery bypass graft surgery (CABG), valve surgery, and other forms of heart surgery, daily devotional activities (6 items), including private prayer, bible reading, saying grace before meals; beliefs (7 items) in the existence of a divine being, an afterlife, in the role of faith in everyday activities; sense of purpose (3 items), or the belief that life has a purpose, that personal beliefs give meaning to life, and that one has a clear philosophy of life.Ko von 20 medizinischen Items (Krankh, Behandlung, Art der OP) und 23 Nach-OP-events,
6,5 Punkte (1 sample, 3 Messung, 2 mv, 0,5 stat) **daily dev/beliefs –anger neg(beliefns) optim pos Sinn pos, Depr anx ns, ss pos mv (anger, optim, purpose,Medizinisches vor OP) rel zu anx Depr ns, ss pos** R Gl
6 Punkte (1 sample, 1,5 Messung, 2 mv, 0,5 stat, **1 Panel) dev/beliefs gemessen vor OP nsneg zu length of stay; mv (s.o.,Medizinisches nach OP –sehr viel Items) rel ns,** R Gesu

R Gl, Gesu, Krim) Contrada,R/Goyal,T/Cather,C et.al.: Psychosocial factors in outcomes of heart surgery: the impact of religious involvement and depressive symptoms, in: Health Psychology 23, 227-238, 2004

81 % M, edu plus, mehr K, Privately pray or meditate, /I believe in a divine being who watches over me and to whom I am accountable, I believe in life after death, I feel responsibility for reducing pain and suffering in the world, I strongly adhere to doctrines and teachings, faith shapes my actions every day;
Kg-Depr ns minus, optim ns, ss pos trait hostility/anger ns neg, /pray –Depr/opti ns, ss ns pos, hostility ns neg, /beliefs –Depr neg, opti pos, ss pos, hostility neg; /rel ns zu anesthesia time, surgical urgency, history of cardiac surgery,leftmain stenosis, comorbidity,//length of hospitalization –(mv demogr, anesth usw, Depr opti ss, hostility, denomin) –Kg pos, pray ns, beliefs minus(kürzere hospit),-egal ob rel vor oder nach Depr in Gleichung ist (keine Mediat) /postoperative complications – Kg pray ns, beliefs neg; //complications sind Mediatoren für rel beliefs Wirkung auf length of hospit, /pos Korr Kg-length of hosp –stärker bei F, neg Korr beliefs-length of hosp –stärker bei F(unsicher ob bei M noch sign) /beliefs zu complic –bei älteren ns stärker;
Kg und beliefs einzeln in mv-Gleichung: jeweils ns,(Addition von beiden Items nicht gemacht) Deutung: Kg wirkt nur bei denen, deren Kg exceeded that (Kg) predicted by the strength of their religious beliefs relative to those whose Kg was less frequent than

would be expected on the basis of their beliefs /und: rel beliefs predicted shorter hosp length in individuals whose beliefs were strong relative to their attendance by comparison with those in whom beliefs were not as strong as would be predicted from their attendance /Kg wirkt neg weil noch von was anderem beeinflusst als von belief (extr ?), beliefs wirkt pos weil noch von was andrem beeinflusst (I ?) –(unklar, spekulativ)

6,5 Punkte (1 sample, 2,5 Messung, 1,5 mv,bei, 0,5stat, **1 Panel) Kg pos zu length of hospitaliz, ns zu complications; pray ns; beliefs neg/neg mv, (ÜberKo, Kg beliefs einzeln mv –beide ns ! komplexe Deutung) bei F stärker als bei M(unsicher ob bei M sign) , complic ist Mediator –rel zu co zu length**, R Gesu

(unter 5) **Kg pray ns zu Depr/optim, beliefs neg/pos**, R Gl

2 Punkte (1 sample, 1 Messung), **Kg pray ns zu hostility/anger, beliefs neg** R Krim

R Gl, Gesu, Sm) Cooperman, N/Simoni,J: Suicidal ideation and attempted suicide, in: Journal of Behavioral Medicine 28, 149-156, 2005
F mit HIVdiagnose, 44 Ne, 10 white, how often suicidal thoughts since HIV diagnosis ? 17 Items, (78 %), SmV 26 % !(related to HIV diagnosis 86 %) /spirituality –nondenominational –a higher power cares for me, I pray often; -zu : Smideation neg, SmV ns neg, BSI psychiatric symptoms ns neg, substance abuse ns, HIV related ss pos, has children ns neg; /mv Smideat (BSI phy sex abuse ss AIDS diagnosis subst use employed children) –Spir neg; SmV –spir ns neg, (employed has children pos ! drug ss ns),

4 Punkte (1 sample, 1,5 Messung, 0,5 stat, 1 mv) **spir neg zu Smideat,ns neg zu SmV, mv**
(unter 5) **spir ns neg zu BSI** R Gl
(unter 5) **spir ns zu subst use 30 Tage vorher** R Gesu

Cornet,G: Über Tuberculose: die Verbreitung der Tuberkelbacillen ausserhalb des Körpers; die Sterblichkeitsverhältnisse in den Krankenpflegeorden. Leipzig 1890, 161-194

Krankenpflegepersonal in Preußen 1885 -11048 F -50 % K barmh Schwestern, 23 P, andre Vereine Genoss 3, sonstige 25; M 3162 – barmh Brüder 12 %, Diakonen 6 %, sonstige 81 %; 38 Klöster, 25 Jahre, 2099 sterben, jährl Durchschnitt 4028 VP,
63 % der Sterblichk ist TB(je nach Kloster 18-100 %) (allg 14-20 %) , 8 Typhus 2,4 Krebs, 2,6 Wassersucht, 3,5 Lungenentz, 3,7 Herzkr, /Durchschnittsalter 36 J, (bis 50 J: 1230 TBtote, 545 andre)/ab 40 J Sterblichkeit der Pfleger kaum anders als Bev, vorher weit mehr, unabh von TB besser, ab 60 ns; /Diff zu Bev Krebs ns, Typhus pos, Wassersucht Apoplexie Lungenentz weniger, Herzkr mehr, (aber Krebs nur 2,5 %, 50 % keine Zahlen –Magen Leber Unterleib Gicht Altersschwäche sonstige) nach 10 J in der Pflege sind schon über die Hälfte gestorben, Lebenserwartung mit 20: minus 22 J, mit 30: -20, mit 40 -13, mit 50 –7, mit 60 – 4, mit 70 -1,8, mit 80 -0,45;

Bei ev Diakonissenmütterhäusern –Todesfälle bei Krankenpflegenden: die Hälfte TB,
6,5 Punkte (3 sample, 2,5 Messung, **1 panelartig) bei ev und kath Krankenpflegern sehr überhöhte Sterblichkeit, völlig durch TB/Typhus verusacht, ab 40 J wie Bev, unabh von TB besser bis 60 J;**

((Coronary drug project research group: Influence of adherence to treatment and response of cholesterol on mortality in the coronary drug project, in: New England Journal of Medicine 303,1038-1041, 1980
5 year-mortality 1103 M, **clofibrate vs Placebo –keine Diff; wer Arznei regelmäßig nimmt – weniger mort –gilt aber für clofibrate (Chole-mittel) und Placebo**,/größte Senkung von mort – bei clofibrate, anfänglich hohem Chole und Steigerung von Chole und bei clofibrate und niedrigem anfängl Chole das weiter sinkt !, dann Placebo mit wenig anfängli Chole und Steigen – **völlig irr//adherence zentral –C ?))**
5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **Kg pos zu edu, inc, literate vs illiterate, ss pos** R pos

(R Gl, Gesu, pos) Corsentino,E et.al.: Religious attendance reduces cognitive decline among older women with high levels of depressive symptoms, in: Journal of Gerontology: Medical Sciences 64, 1283-1289, 2009
Duke-EPESE, 1986/87 , 1989/90, 67 % F, 54 % Ne, 73 J, ca 20 oder 30 % attr//how often they go to religious meetings or services //10-item Short Portable Mental Status Questionnaire(SPMSQ) orientation and knowledge, such as the date, current president,and simple arithmetic. if in times of trouble respondents /can count on at least some family or friends for support, talk with at least some family or friends about their deepest problems. //physical functioning -unaided ability to do heavy housework, walk up and down stairs, and walk one-half mile //stroke, high blood pressure, cancer, diabetes, and hip fracture -When a condition was present, the respondent was given a score equal to the mean physician severity rating for that condition.
Kg –chronicity of health problems neg, physical functioning pos, cognitive funct pos, mv (demogr, illit, phys fu, chr health depr ss cogn fu T1) –Kg pos; Intera mit Depr/MF –bei F: Kg puffert –bei viel Depr: viel Kg pos zu cogn fu; bei wenig Depr ns; (bei M anders,aber ns: bei viel Depr –Kg ns !, bei wenig Depr: viel Kg pos zu cogn fu);

9,5 Punkte (3 sample, 1,5 Messung, 3 mv,bei, 0,5 stat**, 1,5 Panel**) **Kg zu phys functioning pos, chronicity of health problems neg; pos zu cogn functioning T1 und T2,mv, //Intera bei F und viel Depr in T1: Kg pos zu cogn fu (Puffer) aber bei wenig Depr ns (bei M ns umgekehrt: Wirkung bei wenig Depr, nicht bei viel)(unsicher ob Kg/Depr und ihr Zusammenhang stabil bleiben/ Überko)**

(unter5) **Kg –depr minus** R Gl

5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **Kg pos zu edu, inc, literate vs illiterate, ss pos** R pos

R Gesu/Gl) Cozier, Y et.al.: Religious and Spiritual Coping and Risk of Incident Hypertension in the Black Women's Health Study, in: Annuals of Behavioral Medicine 52, 989-998, 2018

Ne-F, ohne Bd-Vorgeschichte, 21 686 Vp, zu viel edu,

physician-diagnosed hypertension with use of either antihypertensive medications or diuretics 2007-2013,
To what extent is your religion or spirituality involved in understanding or dealing with stressful situations in any way?" "To what extent do you consider yourself a religious or spiritual person?" "How often do you attend religious services?" How often do you pray?" 2005
mv- Model 2 - perceived stress, education body mass index, packyears of smoking, alcohol consumption, neighborhood SES score , vigorous exercise walking for exercise,DASH diet score geographic region and history of myocardial infarction, stroke, cancer, or type 2 diabetes, mv 3 –mit rel Items;
5194 hyp-cases;
BMI –coping ns, sp/rel person ns, Kg pos, pray ns; smoke/alc alle neg, vigorous exercise –ns, walking alle nspos, /Blutdruck: coping ns, sp/rel person moderately pos (mv ns), Kg never neg (mv mit rel Items ns), pray –nspos; Intera: coping bei hohem Stress neg;
10 Punkte (2 sample, 4 Messung, 2,5 mv,Intera, **1,5 Panel) hypertension –Kg never neg (mv mit rel Items –ÜberKo/Kannib - ns) pray mittelviel pos(kurvi), sp/rel person -moderately pos (kurvi) (mv –s.o. -ns), coping neg (nur bei hohem stress, mv s.o.), BMI –coping ns, sp/rel person ns, Kg pos, pray ns; smoke/alc alle neg, vigorous exercise –ns, walking alle nspos, Herzinf stroke diab ns** R Gesu

(unter 5) **perceived stress –coping, Kg, sp/rel person, pray neg**; R Gl

(R Krim, Gesu, pos) Cretacci, M: Is there any relation between religious participation and criminal delinquency. Leviston/Queenston Lampeter 2010
Aufschriebe(Korrelationen aus Fotokopien)
National Longitudinal Study of Adolescent Health, 7.-12., Kl, 15 J; 25 % Ne, T 1 94/95, T2 –ein Jahr später, aus 90 000 Schülern bleiben ca 16 000 –core sample, C kauft Datenset mit 6500 Vp –nat repräs (?) (bei biv 6500, bei mv 4000, bei Panel 3000 !!)//
how often attended rel services past year, participated in activities such as youth groups, Bible classes or choir, how often pray, what religion are you –no vs rel, how impo is rel to you //rel belief –Holy scriptures of your rel are the word of God and completely without mistakes//
property crime –paint graffiti on property/in public place, damage fremdes Eigentum take something without paying, steal unter/über 50 D, steal a car, burglarize a building// drugs –marij, other drugs, been high on drugs while at school, sold drugs letztes Jahr//violent –injure someone who needs bandages/care from doctor,nurse; get into serious physical fight, were in a group fight, pull knife/gun to s.o., shoot stab s.o., use a weapon in a fight;
((Korrel violence zu drug/property Null !!))
biv –rel belief: property/drug/violence ns, Gesamt-crime (ohne pull shoot) neg, deli peer att neg, rel commitment – property/drug/violence/Gesamt-crime/deli peer att neg,
mv (sex urbanity race age class und : mat/school/peer att, deli peer att, family school peer commit, adult status smoke drink drive car –die meisten wirken neg auf crime) –rel commitment ns, rel belief bei prop nsneg, drug neg, viol ns, Gesamt-crime nsneg (starke ÜberKo, Kannib)
mv T1 rel zu T 2 crime bei Ko von T1 crime –rel commitment zu property/drug /Gesamt ns, violence neg; rel beliefs –zu property ns, violence ns pos, zu drug nsneg, Gesamt ns,
(uneinheitlich: biv rel co stärker, mv rel beliefs stärker, Panel rel co stärker)

8 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat, **1,5 Panel) rel commitment(Kg, andre Gruppen, pray, impo) neg zu property/drug (incl Autofahren)/violent crime/deli peer attachment, eigene Rel wahr ns; mv meist ns (2 nsneg, 1 neg von 8), Panel auch (ÜberKo, Kannib)** R Krim

school, maternal, peer attachment, school commitment (Noten) –rel commitment/beliefs pos// family commitment(was zusammen machen, talk über vieles, Film Sport gone to rel service !) –rel comm./beliefs ns !, peer commitment –Treffen usw –neg !,

5 Punkte (2,5 sample, 2,5 Messung) **rel commitment/eigne Rel wahr –pos zu school, maternal, peer attachment, school commitment, ns family commitment, neg zu peer Kontakten;** R pos

7 Punkte (2,5 sample, 1,5 Messung, 1 mv, 0,5 stat**,1,5 Panel) holy scriptures wahr –biv ns, mv neg zu (high on, sold) drugs, alc smoke ?; rel commitment biv neg, mv ns; Panel –rel comm ns, holy scriptures wahr nsneg (ÜberKo, Kannib)** R Gesu

R Gesu, Krim) Cunradi, C et.al.: Religious affiliation, denominational homogamy, and intimate partner violence among U.S. couples, in: JfSSR 41, 139-151, 2002

National Study of Couples, verh/coh !, Threw something, pushed, grabbed or shoved, slapped, kicked, bit or hit, hit or tried to hit with something, beat up, choked,burned or scalded, forces sex, threatened with knife/gun, used knife /gun; selber begangen/Partner als Täter, /same church , denomin –homogam, (Basis: einer oder zwei no aff), und homogame eingeteilt in lib –Epi Pres Unit UCC) moderate –K, Lu, Me,Disc, Fu –AoG,Ba, Church of God, Evangelical, LDS Pe vs both no aff, /alc dependence symptoms,drinking related social consequences (social financial health problem)
Same affil etwas weniger als mixed aff klar weniger als one/both no aff (MF) /MtoFviolence – beide lib P pos –mod –no aff –Fu, /FtoMviolence –beide Fu/no mehr als lib/mod (alles ns), passt nicht zusammen
mv (Ko von race, mar stat, alc problems, approval of marital aggr, childhood violence victim,inc, relship length, Kinderzahl,edu, diff in edu,age, diff in age) – homogam bei M nsneg, bei F ns, /
mv (s.o.) bei homogamen –M: lib P pos, dann mod –no –Fu ns; F: Fu nspos, (coh bei F minus, bei M pos, approve, alc problems stark pos)
nur Vp mit Selbstaussagen ohne Partnerkontrolle –selber Täter: M Kg neg, rel impo ns, F Kg ns, rel impo ns, /Vp Opfer: M Kg neg, impo ns, F: Kg neg, impo ns; (7 von 8 richtige Richtung), mv –(s.o.): alles ns,

6 Punkte (2 sample, 2 Messung, 1,5 mv, bei , 0,5 stat) **verh und coh zusammen ! (coh mehr violence) -denom homog –no aff mehr domestic violence, /M violent vs F –lib P(mv sign)/mod P mehr als no, Fu weniger; F vs M-Fu/no mehr (alles ns), mv homog aff nsnegM, ns F (ÜberKo) , Selbstaussage ohne Partnerkontrolle: M Kg neg, rel impo nsneg, F Kg ns, rel impo ns, /Vp Opfer: M Kg neg, impo ns, F: Kg neg, impo ns; (7 von 8 richtige Richtung), mv ns,**

4,5 Punkte (2 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **alc-related problems: Kg minus MF, bei M impo neg, bei M: lib P pos –mod P –no aff – Fu** R Gesu

Cutright,P et.al.: Structural determinants of fertility in Latin America: 1800-1970, in: American Sociological Review 41, 511-527, 1976
Latin America ohne Brasilien; 18 Länder, bei illegit 16 (Kuba Bolivien) fert: a country's crude birth rate or illegitimacy ratio (ill births per 1000 total births) 1910/14, 1940/44, 1970 , indirectly standardized to minimize age structure effects und adjusted for underregistration, -korreliert zu

modernization index 1900/1930/1960/Catholic institutional strength 1900,1930,1960; - number of religious personnel per capita –aber ohne Nonnen und rel priests ! nur diocesan priests -1912, 1945, 1950-55, 1960//Urs für Mod –colonial penetration – effective control of land: date administrative centers /judicial centers were first established in country, last year of military occup, date capital city was founded, //extraction of wealth –value of gold bullion exported 1800,church bishopric revenue 1800, population size 1800,//structural mod- percent literate (1900,1930, 1950, 1960) , percent in cities (1910, 1939, 1950, 1960) , life expectancy(1900, 1910, 1930, 1940) telephones per capita, (1913, 1930, 1950, 1960)(viermal, oben dreimal gemessen),/

1960: general fertility rate –births per 1000 women 15-49, marital fert rate –legitimate births per 1000 legally married F, 15-49, illegitimacy rate – illegit births per 1000 F 15-49 not in legal unions,

16 Latin American countries(ohne Bolivien,Kuba): Diocesan priests 1950 (–general fertility rate neg, marital fert pos, illegit fert neg,
18 Länder –dioc priests –zu birth per 1000 population (crude birth rate) 1910 ns, 1940 pos, 1970 ns pos, (mod immer neg, z T ns zu K, z.T. pos),
Illegitimate births –neg zu dioc priests 1910, 1940, 1970,
1960: dioc priests –general fert rate nspos, marital fert rate pos, illegitimacy rate neg , bei mv structural mod dto, (dioc priests neg zu unmarried F in consensual unions und dies ist Mediator zu neg Korrel von dioc zu illegit fert)

4,5 Punkte (1,5 sample, 1 Messung, 0,5 mv, 0,5 stat, **1 Panel) Number of diocesan priests pro Kopf ca 10 J vorher–ns/pos/nspos zu birth per 1000 population…,18 Länder in Lateinam, 1960: ns pos zu general fert rate, pos zu marital fert rate,neg zu illegitimate fert rate (neg zu unmarried F in consensual unions)** R fert

3,5 Punkte (1,5 sample, 1 Messung, **1Panel) Dioc priests pro Kopf (1900, 1930, 1960) – pos zu structural mod- percent literate (1900,1930, 1950, 1960) , percent in cities (1910, 1939, 1950, 1960) , life expectancy(1900, 1910, 1930, 1940) telephones per capita, (1913, 1930, 1950, 1960), ns zu colonial penetration – date administrative centers /judicial centers were first established in country, last year of military occup, date capital city was founded, //extraction of wealth (value of gold bullion exported 1800, church bishopric revenue 1800, population size), 1800 immigration;** R pos

3,5 Punkte (1,5 sample, 1 Messung, **1 Panel) Dioc priests pro Kopf (1900, 1930, 1960) –pos zu life expectancy (1900, 1910, 1930, 1940**) R Gesu

(auch R Sm, R Gl)Dalgalarrondo, P et.al.: Religious affiliation and psychiatric morbidity in Brazil: higher rates among evangelicals and spiritists, in: International Journal of Social Psychiatry 54, 562-574, 2008
Do you consider yourself to be religious; that is, do you feel that way inside? lack of energy'
(six questions); 'somatic symptoms' (four questions); 'depressive mood' (three questions); and'depressive thoughts' (four questions). open question
ev Gruppe beinhaltet 18 historical P und 82 ev; no aff -68 % sehen sich als rel an !, //Kg –körperl Kra, psychiatric treatment, Sm ideation, use of tranquilizers ns pos, depr mood

pos , depr thoughts, lack of energy, somatiz ns pos, alc probl minus (depr und alc bei Ko von age gender ns) , Sbez rel ns zu allem, /ev und spir negativer als K und no bei allem außer Alk, dort besser; spir bei phys dis,psy treatment, Sm, tranquilizer negativer als ev, depr energy ev negativer, Alk ev besser; ev zweimal sign negativ, spir 4 mal , no einmal – Alc; //mv depr mood -(F, edu, phys dis, psy treatment, verh) –ev pos, bei alc: no plus;

5,5 Punkte(1 sample, 3 Messung, 1 mv, 0,5 stat) **Kg ns pos zu NAS, mv age gender ns; Sbez rel dto, spir negativer als ev negativer als K/no (no nicht wirklich no) (ns), ev bei depr plus mv**
(unter 5) **Kg, ev,K bei alc besser (ev auch mv), phys Gesu ns neg , Sbez rel ns**
2,5 Punkte(1 sample, 1 Messung, 0,5 stat) **Sbez rel ns zu Smideation, ev und Kg ns pos**, R Sm

Danesi,M/Adetunji,J: Use of alternative medicine by patienst with epilepsy: a survey of 265 epileptic patients in a developing country, in: Epilepsia 35, 344-351, 1994

Lagos, use of alternative medicine –inc minus, edu schwach minus, F pos,
Trad medicine (herbs, magic ca 10 %,) trad med plus spir healing, spir healing alone (pray fast use of holy water/oil, strict code um eignen Geist zu stärken, singing dancing ritual sacrifice), meist gehen Leute zu hospital,weil altern Medizin Epi-anfälle nicht stoppen kann,
Ein Drittel derer mit trad med(incl Magie), zwei Drittel mit spir, 43 % derer die alternatives versuchten (Akup, homöop) –derived /claimed some benefits, jetzt parallel zu hospital –trad 15, spir 72, altern 43/z.T wirkten trad herbs gegen seizures ?! (spir –man glaubt, Epi kommt von Hexerei/evil spirits), spir bringt viel psychological satisfaction, wird desh parallel zu hospital gemacht, z.T. hören spir Vp auf mit hospital, entwickeln dann seizures, /
Warum trad medicine –man denkt, westliche Med hat nix vs Epi, auch westlich Gebildete –haben trad Erfahrung, versuchen das, trennen nicht zwischen trad und modern, beides nützlich, Prinzip eher: ausprobieren obs wirkt, großer Verwandteneinfluss-bei Therapiesuche, Infosuche, ss,
3.Welt -keine klare Info zu Wirkung von altern Therapien, Leute glauben an Wirkung, machen es parallel zu Hospital; derive some benefits - trad med ein Drittel, Alternatives 43 %, spir (mit psychol Nutzen, zwei Drittel), irren sich z.T., altern Behandlung schadet, z.T unsicher ob wirksam, psychologischer Nutzen da; machen auch neben Schulmedizin spir healing weiter, sind empirisch orientiert –was wirkt ist ok, trennen Schulmedizin und Alternatives nicht (nicht viel anders wie bei uns)
user inc neg, edu nsneg, F pos,/

(R fert, Gesu, pos, Abtr) Daniels,M et.al.: Associations between breast cancer risk factors and religious practices in Utah, in: Preventive Medicine 38, 28-38, 2004
Utah vs USA: verh pos, Kinder im Haushalt pos, pregnant jetzt pos, smoking minus, binge und chronic drinking neg, physical activity –plus, BMI ns minus, obese minus;

family history of breast cancer –nonLDSnonweekly und no mehr; never smoker – nonLDSnonweekly und no mehr, alc at least once per month –LDS beide weniger, Rest gleich; breastfeeding – LDSweekly pos, (nonLDSweekly z.T. auch) no neg, Rest dazwischen,

; ever used oral contraceptives –no/nonLDSnonweekly – nonLDSweekly und LDSnonweekly –LDS weekly (Diff gering); LDS weniger Brustkrebs/mv demogr alc smoke
6 Punkte (1,5 sample, 3 Messung, 1 mv,bei, 0,5 stat) **wenig Rel (no und nonLDSnonweekly) –mehr Brustkrebsrisikofaktoren –dazu gehören: weniger Geburten, frühe Geburten, family history, smoke, wenig breastfeeding, alc, oral contrac, mv; LDS nonactive wie nonLDS active, nur bei Rauchen etwas schlechter** R Gesu

fert – parous (having given birth) –LDS beide und nonLDSweekly mehr als Rest; -parity – nonLDSnonweekly und no weniger, nonLDSweekly schwach mehr; LDS beide mehr; average pregnancies – 4,5 -3,5- 3,1 -3,1-2,9 /average parity (Geburten) -3,9, 3,0, 2,7, 2,6, 2,4 (also LDS mehr, non LDS Kg egal, kaum mehr als no) // fert steigt bei steigendem Einkommen bei LDS weekly; /parity/pregnancy–bei nonLDS weekly unter 50 mehr, über 50 weniger als bei nonLDSnonweekly (Kg wirkt nur bei jüngeren richtig rum), wirkt allg bei nonLDS kaum; mv demogr, smoke alc
5,5 Punkte (1,5 sample, 2,5 Messung, 1 mv,bei, 0,5 stat) **LDS mehr Kinder, Kg bei LDS wirksam, bei nonLDS nicht, no am wenigsten, bei LDSweekly –mehr inc –mehr fert, preg/parity mv** R fert

2,5 Punkte (1,5 sample, 1 Messung)**Abtr (errechnet aus pregnancy minus Geburten)** – **LDS und nonLDSweekly neg, Rest pos**; R Abtr

ever used oral contraceptives –no/nonLDSnonweekly – nonLDSweekly und LDSnonweekly – LDS weekly (Diff gering) Edu –LDS weekly/nonLDS weekly –nonLDSnonweekly –no rel – LDS nonweekly, inc- nur LDS nonweekly weniger, Rest gleich
5 Punkte (1,5 sample, 2,5 Messung, 0,5 mv, 0,5 stat) **LDS nonweekly wenig edu/inc, Kg weekly pos zu edu, Kg und LDS schwach neg zu oral contrac** R pos

(Rel unklar) Danner,D et.al.: Positive emotions in early life and longevity: findings from the nun study, in: JPSP 80, 804-813, 2001
School sisters of Notre Dame , befragt 1991 f, geboren vor 1917, ab 1930 geschriebene Autobiogr da, Vp da 18-32, follow up für mort 91-2000, 76 von 180 sterben,(Gesamtsample 678 –davon nur 180 genommen) /Text für Oberin geschrieben, kurz vor taking final vows, sE
pos: Gott gibt grace of inestimable value, study year an rel Uni happy, sehr freuen auf receiving Holy Habit,
wenig pos: sachl Angaben, with Gods grace..
pos emot: happy, interest, love, gratefulness, contentment, accomplishment relief amusement, neg: unspecified,sadness,afraid, disinterest,confused, anx, suffering, shame, hopelessness, frustration, disgust, anger, contempt; surprise ist neutral, /emot experienced by writer or others !, 2 coder beurteilen das,/Kontrolle von idea density und grammatical complexity –hängen auch pos mit Lebenserw zusammen, /evtl auch indirekte Rel-messung: je stärker der Glaube, desto mehr glücksbezogene Äußerungen dazu
Ko von age/edu bei Niederschrift/idea density –Sätze mit pos emot neg zu mort, mit neg emot/surprise ns, auch pos Worte neg zu mort,

(unter 5) 1 Panel **nuns die kurz vor final vows pos emot in Text verwenden leben länger, evtl je stärker der Glaube, desto mehr glücksbezogene Äußerungen dazu**

Darviri,C et.al.: Religiosity as a predictor of mortality: a retrospective cohort study in 1519 rural citizens in Greece, in: Psychology and Health 31, 1080-1090, 2016

Alle Vp in 18 rural communities, ab 18, ohne cogn impairment, rr37, 131 Monate follow-up, 293 sterben -19 %, 59 % CVDTote, 17 Krebs/do you currently suffer from a condition needing regular medical treatment –Arzt beurteilt das, /physical activity- planned exercise,/ do you pray regularly, how often do you attend church ceremonies, //
7,5 Punkte (2 sample, 1,5 Messung, 2 mv, 0,5 stat**, 1,5 Panel) Religiosity neg zu mort (mv age MF Krankheiten exercise srh), CVD-mort –rel neg (moderate rel mehr als high rel; vgl auch : srh good weniger mort als srh very good)**

(R Gesu, help) Deaton,A: Aging, religion and health, in**: Wise, D(ed)**: Explorations in the Economics of Aging 2011, 237-262
Gallup World Poll, 2006-08, 14 Länder, ohne China, meist random, 1000 Vp, ca 330000 Vp("Is religion an important part of your daily life?") and religious observance -"Have you attended a place of worship or religious service within the last seven days
Ca 50 von 130 Länder inc pos zu rel, edu high school dto;
did you experience the following feelings during a lot of the day yesterday - How about physical pain?" "did you have enough energy to get things done yesterday?,
"are you satisfi ed or dissatisfi ed with your personal health?", "do you have any health problems that prevent you from doing any of the things that people your age can normally do?" –religiosity nsneg zu pain (53 von 142 Ländern neg), pos zu health sat (63-142), energy (72/92) ; ns zu disability (54/142); Intera: rel M immer gesünder, F: religiöse mehr disabled, mehr energy, pain/health sat ns; rel M –smoke minus(70 von 85 Ländern-Text, Table 82/85) trust health medical system plus (101 von 132 Text –Table anders,77/132), bei F Korrel schwächer; //"if you were in trouble, do you have relatives or friends you can count on to help you whenever you need them?"- rel pos(60/141), "Approximately, how many hours did you spend, socially, with friends or family yesterday?" nur bei F rel pos;(47/86) //rel M weniger pain bei low income; bei high ns; mehr energy/health sat bei low inc(high noch etwas mehr) , smoking unab von inc; Rest keine Intera, age auch nicht;
8 Punkte (3,5 sample, 3 Messung, 1,5 bei **) rel nsneg zu pain, pos zu energy, health sat (2:1 pos vs neg Korrel; wohl viel ns), ns zu disab, neg zu smoke unabh von age (pain F ns, M neg; energy beide pos, health sat –M pos, F ns; disab –M ns, F pos), bei low inc –pain neg, energy health pos zu rel, bei high inc ns; bei age keine Intera** R Gesu
3,5 sample, 2 Messung, 0,5 Intera)**Rel pos zu trust in health system, friends to count on, social time with friends (nur bei F pos)** R help

(R Gesu, pos) Debnam,K/Holt,C/ Clark,E/Roth,D/Southward,P: Relationship between religious social support and general social support with health behaviors in a national sample of African Americans, in: Journal of Behavioral Medicine 35, 179-189, 2012

Religion and Health in African Americans, rr19, Ne über 21, 54 J, ,/general ss –appraisal-I feel there is someone I can share my most private worries and fears with, belonging –If I wanted to have lunch with someone, I could easily find someone to join me, tangible –If I were sick,I could easily find someone to help me with my daily chores,/
rel –emot –how often do the people in your co listen to you talk about your private problems and concerns, how often do you make the people in your co feel loved and cared for, If you were ill how much would the people in your co be willing to help out, how often do the people in your co make too many demands on you(keine Parallele zu general ss),
/days und amount of time in vigorous and moderate physical activity/walking,
Rel ss(3 Items)zu general ss pos, fruit per day pos, vegetables per day pos, vigorous activity ns, moderate activity ns (Ausn: anticipated ss pos), alc use ns, cig use neg,/ fruit veget activity ns, alc pos, smoke ns;
Mv (demogr health status general ss) –rel ss zu fruit/ vegetables ns(außer emot ss received 2mal pos),phys activity ns (außer anticip ss pos einmal) alc ns(außer neg intera pos zu days mit 5 und mehr drinks) cig ns; (general ss auch meist ns –außer fruit/veget)(**Kannib -4 rel Items/ Überko Gesu allg ss)**

7 Punkte (2 sample, 2,5 Messung, 2 mv, 0,5 stat) **rel ss pos zu fruit/vegetables, phys activity ns (moderate act -ein rel ss-Item pos dazu) alc use ns, cig use neg, /rel neg intera –pos zu viel alc, /rel ss bei Ko von general ss (pos Korr zueinander) –ns zu allem (außer: mod activity pos zu anticip supp, general ss auch meist ns) Kannib/ÜberKo** R Gesu

4 Punkte (2 sample, 1,5 Messung, 0,5 stat) **rel ss –emot received/provided, anticipated ss –zu general ss pos, rel neg interaction - neg zu general ss (Kannib ÜberKo)** R pos

Debnam,K/ Holt,C/Clark,E/Roth,D/Foushee,H et.al.: Spiritual health locus of control and health behaviors in African Americans, in: American Journal of Health Behavior 36, 360-372, 2012
Ne ab 21 J, 54 J, ohne cancer, rr 19, spiritual health locus of control 13-item - 2 dimensions active spiritual subscale 11 items involves the belief that a higher being empowers a person to be proactive about health behaviors or that one works in partnership with God to stay in good health (eg, “Even though I trust that God will take care of me, I still need to take care of myself”; “God gives me the strength to take care of myself”; “God and I share responsibility for my health”; passive spiritual subscale 2 items;belief that because a higher power has control over one's health, the individual does not have to engage in healthy behaviors “There is no point in taking care of myself when it's all up to God anyway”//. 7 items physical activities.number of days spent engaging in at each intensity: vigorous, moderate, and walking.- leisure timephysical activity, domestic and gardening (yard) activities, work-related physical activity, and transport-related physical activity. “During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?” “During the past 30 days, on the days when you drank,about how many drinks did you drink on the average?” “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4/5 or more drinks on an occasion?” “During the past 30 days, what is the largest number of drinks you had on any occasion?”

mv age edu srh –LoC spir health active/passive –phys activity vigorous moderate walking ns; Active –fruit servings pos,alc days /months neg(Männer, days/month, Zahl der drinks neg) (Rest alc ns) , passive –vegetable servings neg; alc largest number of drinks pos (Männer, number und 4/5 pos))(Rest alc ns) (4 von 16 sign)

6 Punkte (2 sample, 2.5 Messung, 1 mv, 0,5 stat) **spir health locus of control –active: mehr fruits, weniger alc (nur M), ns zu phys activity; passive –weniger vegetables, mehr alc (nur M), ns zu phys activity, (MF 36 Items -16 alc, 12 phys act, 8 sign) Ko von health status,**

De Gouw,H et.al.: Decreased mortality among contemplative monks in the Netherlands, in: American Journal of Epidemiology 141,771-775, 1995
6 Trappisten und 4 Benediktinerklöster,1523 monks 1900-1994, wer 1900 schon da ist gilt als 1900 eingetreten,Vergleich zu Dutch males, 622 sterben, edu bei SMR berücksichtigt z.B.edu Vorteil bei mort 10 % bei age 35-44 .., –monks haben 2 J mehr edu als Bev,/

8 Punkte (3 sample, 2 Messung, 1,5 mv, bei, 0,5 stat, **1 panelartig) SMR 88, junge 15-44 etwas schlechter, zT. ns pos, aber nur 57 Vp,/bis ca 1954 monks negativer als Bev, 1900-1935 sign schlechter (erste 10 J nicht, erst mit längerem Aufenthalt; unabh von Süden, wo Anf des Jh Sterblichkeit höher ist) 1954 f sign besser, unabh von edu, unabh davon ob erste 10 J im Orden ausgelassen werden(Selektion) , 1955-94: Trappist (ovo-lacto-veget) 87, Benedikt 58, influenza epidemic 1918 und Hungersnot 1944 ns, alle Toten notiert, aber einige die nicht so lange im Kloster waren nicht –SMR evtl zu hoch**

R pos, Gl, Gesu, div) Dehejia,R/DeLeire,T/Luttmer,E/Mitchell,J: The role of religion and social organizations in the lives of disadvantaged youth, in: **Gruber,J:** The Problems of disadvantaged youth: an economic perspective Chicago 2009, 237-274
(Vorform: NBER Working Paper No. 13369September 2007, JEL No. D10,I30,J62,Z12)
NSFH, 1987/88- ca 13000 Vp und 5600 Kinder 3-19; T2 92/94; T 3 2001/03 –Kinder ca 1900 attr 52 %, 18-34 J; 8 % no aff; census tract Messung 1990 inc poverty rate, //Kg von Eltern zu Items von erwachsenen Kindern,
Kg ns zu: Log Household Income / Poverty Line Household Income Less than 200% of Poverty Line Log Median Household Income in Census Tract Poverty Rate in Census Tract Received Public Assistance in Prior Year
Kg neg zu: Unmarried Parent Marital Breakup Between Wave 1 and Wave 2 Mother Is a High School Dropout, Mother Has High School Education or Less Parent Does Not Expect Child to Graduate from College**Parent Says Focal Child is Difficult to Raise** (Kg ns) Focal Child Repeated a Grade** Composite of Discipline Trouble**(Kg ns) T 3 outcomes –Kg: edu pos, inc etwas pos, nonsmoker, first sex später ,BMI ns, subj happiness pos(Sign ?)

Puffern: rel mindert neg Wirkung von z.B. wenig inc/edu usw auf Zielitems: edu, happy inc usw; rel puffert (in 38 Fällen von 168, das ist signifikant), churchbased social org in 27 (auch sign) , community nur in 10; rel puffert v.a. bei Zielitems high school/more, smoke, happiness, nicht BMI first sex college inc; rel puffert v.a. bei Basis-Items repeat grade, mother high school/less, expectations to grad, (BasisItems v.a. inc, div, edu) Kg senkt attr, disadv steigert sie, aber Kg senkt sie bei disadv –also in der Kg-group mehr disadv –das senkt die Wirkung von Kg (nicht ganz klar), buffering unabh von Aggr-income, demogr, neighborhood-disadvantage/Korrelaten von Kg/rel beliefs/lit; mP und K ns buffering, ev P stark puffernd/

5,5 Punkte (3 sample, 1,5 Messung, 0,5 stat, **0,5 Panel) Kg neg zu unmarried parent, T 1 Kg zu T3 parental marital breakup,** R div

9,5 Punkte (3 sample, 3 Messung, 2 mv,bei, 0,5 stat, **1 Panel) Kg ns zu poverty, income, neg zu mother high school dropout/mother nur hs-edu; pos zu Bildungserwartung, neg zu repeat a grade//T 1 Kg zu T3 edu pos, inc etwas pos, first sex später, Kg puffert neg Wirkung von mothers geringer edu auf Kind-edu etwas, (und repeat grade, grad expectations) , bei inc first sex nix** R pos

,

6 Punkte (3 sample, 1,5 Messung, 1 mv, bei, **1 Panel) T1 Kg (parents) – T 2 nonsmoker, BMI ns, buffering (von Wirkung negativer Vorbedingungen durch Kg) bei smoke öfters da (12 von 14)** ; R Gesu

7,5 Punkte (3 sample, 2 Messung, 1,5 bei, **1 Panel) T1-T3 Kg Eltern-subj happiness Kind pos , buffering (s.o.) öfters da (7 von 14) , mv, auch: bei div –buffering von neg Wirkung auf happiness durch Kg und partic in rel orgs(stark bei ev P, unabh von beliefs/lit)** R Gl

(R Krim, pos, Abtr, Sm, Gesu)Delamontagne,RG: High religiosity and societal dysfunction in the United States during the first decade of the twenty-first century, in: Evolutionary Psychology 8, 617-657, 2010
Aggregatmessungen, US-states, high rel: ev P, absolute certain God exists, Bible literally true, rel very impo, Kg at least weekly, pray at least once a day;
Edu inc und v.a. race wirken stärker, bei Ko dieser drei wandelt sich neg Wirkung von rel meist in ns,

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **Rel zu violent crime rate (Messung nicht in Appendix gezeigt), unklar: ob edu inc race als controls dienen, Rel pos, Beta (mit controls ?) neg, Sign messung einmal pos(Sternchen) einmal ns (p-value), D sagt: ns(wohl: beta ist mv, p ist Sign) Homicides (including negligent manslaughter) per 100,000 population – r pos mit sign-stern, beta neg ohne, p ns,Autor ns; Inmates per 100,000 residents –rel pos, sign nach Stern, ns nach p, Autor: sign (eher falsch)** R Krim

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **Pregnancy rates (pregnancies per 1,000) for women aged 15-19 years –ns, Birth rates (births per 1,000) for women aged 15-19 years pos Korrel zu edu inc neg** R pos

4 Punkte (1 sample, 1,5 Messung, 1 mv, 0,5 stat) **Abortion rates (abortions per 1,000) for women aged 15-19 years – neg** R Abtr

6,5Punkte (1 sample, 4 Messung, 1 mv, 0,5 stat) **percent of obese adults (2007-2009 BMI) pos, Percentage of State adult populations smoking cigarettes ns, Alcohol consumption rates (total per capita alcohol consumption in gallons of ethanol) neg, overall health ns (Overall Health" composite variable - obesity, smoking, and binge drinking; occupational fatalities per 100,000 workers, infectious disease per 100,000 population, air pollution percent of children in poverty; "percent of the population without health insurance, immunization coverage, and public health funding; "Clinical Care," such as prenatal care, preventable hospitalization, and number of primary care physicians per 100,000 population; and the "Health Outcomes" of premature death ("years lost per 100,000 population"), poor physical health days ("in the previous 30 days"),infant mortality, poor mental health days, cancer deaths, and cardiovascular**

deaths, each calculated per 100,000 population), Number **of infant deaths (aged 0-1 year) per 1,000 live births ns, Average life expectancies from birth ns,** R Gesu

3,5 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat) **Suicides per 100,000 population ns** R Sm

Desmond,D/Maddux,J: Religious programs and careers of chronic heroin users, in: American Journal of Drug and Alcohol Abuse 8, 71-83, 1981

Opioid users, 1966-1980 ,87 % Mexican-American,davon 11% in rel programs, plus - 9 Vp sagen, ihre abstinence ist von Rel verursacht/4 %)/abstinence –nicht wenn Methadon als Ersatz da; treatments 66-80 –davon 3 % rel –ein Jahr Abstinenz: 45 %, andre Programme 2-5 % (5) und 18 , Methadon plus rel –nutzt gar nix (2%) , bei rel (27 Vp) durchschnittlich 19 Monate frei-aber Mischung: einige sofort Rückfall, der Rest langfr besser, vor vs nachher-arrests halbiert,/ Deutung: nicht selbst geholfen sondern Gott tuts,

(unter 5) **Panel, rel Gruppe hilft bei Heroinentzug besser, nicht mit Methadon, aber Sign kaum da**

Desmond,S /Kikuchi,G/Budd,K: Does change in teenage religiosity predict change in marijuana use over time ?, in: Interdisciplinary Journal of Research on Religion 6, Article 5, 1-29, 2010
National Youth Survey wave 3 -13-19; wave 7 -22-28 J, ca 1400, how many times in the last year they had used marijuana or hashish –never bis two or three times a day; /how important has religion been in your life ? plus Kg; //mv (demogr, family peer und school attachment grade peer m-use belief m-use is wrong)
Korrel zu M use in T1: rel minus;/(Korrel zu rel in T1: peer m-use neg, peer attachm pos, grade pos, belief m-use pos) , Korrel zu change in M use: T 1 rel neg, mit der Zeit sinkt M-use, T 1 rel verzögert das (ist aber kaum wirksam, man sieht es in Fig 2 nicht, dort sinkt bei viel rel m-use dauernd, nicht: erst Zunahme, dann Abnahme und die wird verzögert, evtl: bei rel kann m-use nicht mehr sehr sinken, ist schon wenig)//change –rel sinkt über die Zeit, /T1 rel wirkt nicht auf M-use später , sondern Wandel in rel wirkt –wenn rel kaum sinkt –steigt M-use kaum an, sinkt aber auch nicht so schnell (kann er ja nicht, weil er nicht hoch ist) /belief M-use wrong senkt rel über die Zeit !, peer m-use steigert sie,/unklar: wirkt M-anstieg auf Rel-wandel ?, wie wirkt rel change genau (Table 3 evtl: T1 rel neg zu T1 und T2ff m-use, hemmt Anstieg und absinken später, religiöse nehmen aber auch dann weniger M; und rel change hemmt M-anstieg, ns zu Sinken am Ende;

7,5 Punkte (2,5 sample, 2 Messung, 0,5 stat, 1 mv, **1,5 Panel) rel in T1 neg zu Marij-use in T1 und später, mv; change in rel ist Hauptsache; z.T. undurchschaubar (abstract sagt: rel neg zu use in T1, zu Anstieg, highly rel kein Anstieg, wenn rel ansteigt –sinkt m-use**

und umgek!, -dh. M-use-Wandel neg zu rel Wandel –keine U-W sache ?) maintain high rel –weniger m-use, maintain nonrel –m-use sinkt nicht))

(R Krim, Gesu) Desmond,S/Soper,S/Kraus,R: Religiosity, peers, and delinquency: does religiosity reduce the effect of peers on delinquency, in: Sociological Spectrum 31, 665-694, 2011

National Youth Survey, rr 73, T 3 und T4, 16 J, rel gemessen in T3, deli in T4 –ein Jahr später, how many times last year used marij or hashish, ..used alcoholic beverages, …had hit another person /purposely damaged or destroyed property that did not belong to you, stolen –über 50 D, unter 5 D, 5-50 D, broken into a building or vehicle to steal something or just to look around, //peers –attitudes (zB pro marij use, alc use, hit, property), assoc with marij using peers, peer pressure to use marij,/
during past year how often did you attend church, syn or other rel services, how impo has religion been in your life, (mv –age sex race, parents edu, welfare status,family structure, parental attachment, school attachment, grades, peer attachment, moral beliefs zu 4 deli-Items, peer attitudes, assoc pressure zu alc marij, peer att ass zu property/hit),
religiosity neg zu peer att/asso/pressure in Bezug auf 4 deli-Items;
marij use –religiosity ns mv(ÜberKo, gezeigt: wenn man moral beliefs und peer-Einflüsse weglässt ist rel sign bei allen deli-Items), Interaktion: low religiosity –Vp mit peers die pro marij sind viel marij use, bei high religiosity –Vp mit peers die pro marij sind –wenig marij use; low rel –Vp deren peers alle marij rauchen rauchen selber auch mehr, bei high rel – diese Vp rauchen weniger, dasselbe mit peer pressure for marij//
alc wie marij –religiosity ns und 3 Interaktionen,
hitting –religiosity ns, keine Interaktionen;
property –religiosity ns, keine Interaktionen;
zusätzliche Analysen: bei cheating on exams –Intera mit peer attitudes sign, Intera mit peer assoc ns; bei selling hard drugs –Intera mit peer assoc sign, mit peer attitudes ns,

8 Punkte (3 sample, 2,5 Messung, 1 mv, Intera, 0,5 stat**, 1 Panel) Kg/impo neg zu peer attitude/association/pressure zu marij alc use hitting property deli, Kg/impo neg zu marij alc hitting property biv, mv ns (ÜberKo, Weglassen von moral beliefs/peer-Items: rel sign), Intera –rel puffert die pos Wirkung von peers att/assoc/pressure –nur bei alc/marij; bei cheating/selling drugs je einmal Intera, einmal nicht (Puffer)** R Krim

8 Punkte (3 sample, 2 Messung, 1,5 mv,Intera, 0,5 stat, **1 Panel) Kg/impo neg zu peer att/assoc/pressure zu marij alc use, Kg/impo neg zu marij alc use (Wirkung von ÜberKo gezeigt) Intera: rel puffert pos Wirkung von peers att/ass/pressure auf alc marij use** R Gesu

R Gesu,pos) DeWall,C et.al.: Explaining the relationship between religiousness and substance use: self control matters, in: JPSP 107, 339-351, 2014
Study 1: undergrad, 80 % F, how often prayed since last log in, how many drinks mit alc since last log in -11 mal in 25 Tagen , keine MF-Diff
(unter 5**) 1,5 Panel viel pray –dann am nächsten Tag: –weniger drinks, (Ko von Trinken)**

Study 2: undergrad, 57 % F, brief self control scale Tangney, keine MF-Diff

(unter 5) **rel commitment (Worthington) zu hazardous/harmful drinking neg, rel pos zu self-control neg zu harmful drinking (Mediator)**

Study 3: undergrad, 59 % F, race unklar; self –control gemessen per delay discounting - jetzt 25 Dollar oder in 7 Tagen 55 o.ä. ; keine MF Diff
(unter 5) **rel commitment neg zu wenig delay disc pos zu harmful alc, teilweise Mediat**

study 4: undergrad, 73 % F, considered themselves a religious person (how often they attended religious services prayed daily ,a morning prayer helped them cope with the world during the day// Within the last 30 days, on how many days did you have a drink containing alcohol?"; "How many drinks containing alcohol did you have on a typical day when you were drinking How often in the last 30 days did you have five or more drinks on one occasion?"; follow up 6 Wochen, /10 Item CMarlowe Cr 49 ! Keine MF Diff

6 Punkte (1 sample, 1,5 Messung, 1,5 mv, 0,5 stat, **1,5 Panel)** **rel neg zu alc T1 und T 2(Ko von sE und alc T1), Mediator (cross-section und Panel) self-control Study 2,**

Study 5: undergrad, 75 % F, alc –dreimal diary: letzte Woche wieviel drinks; keine MF-Diff
(unter 5) **rel commimtment neg zu alc bei Ko von mindfulness, selfcontrol (Study 2) als Mediator**

Study 6: adults, 35 J, Amazon turk, use of alc, cocaine, marij, prescription drugs (ohne Verschreibung durch Arzt) , other drugs, keine MF-Diff
(unter 5) **rel commimtment neg zu alc/drugs, selfcontrol (Study 2) als Mediator**

Study 7: Amazon turk –Amis (24 % ath, 20 % agno, 5 none), Asiaten(69 % Hindu, 14 Mu, 10 Chr)/
(unter 5) **harmful alc –s.o.-plus drug/alc aus Study 6 –neg zu rel commitment bei Asiaten und Amis, mv country, MF; self-control völliger Mediator**

(R pos, help,div, Gesu, Gl) Dillon,M/Wink,P: In the course of a lifetime. Berkeley 2007

Berkeley Guidance study, 1928/29 Geborene,Oakland growth study –preteens born 1920/21, IHD Longitudinal study – T1 1934/38 (Oakland) bzw 1943-46 (Berkeley), dann vereint zu IHD - 1958 T2, 1970, 1982, 1997-2000, Beginn mit 319, am Ende 184, wh, edu plus, 63 % mP, 16 K, 6 no, Fragen zu rel oft open-ended, nicht immer gleich –also rating, religious –institutionalized or church-centered rel beliefs practices, spir seeking – noninstitutionalized non church-centered rel beliefs practices (man kann rel sein ohne Kg – Gebet, Psalmen, strong faith) /Kg, belief in God, afterlife/heaven,pray(read bible, impo of rel angeführt, dann aber rating ohne dieses) - 2000 Frage nach Kg/Intr/pray bible study –hohe Korrel mit rating)/spir –interest in spir questions, focused on transcendent/sacred nature of being/ordinary objects, impo of experiencing sacred connections in everyday life – with God, higher power, nature,//Messung: awareness/sense of connectedness with a sacred other –God, higher power, nature und systematic spir practices –medit, partic in experiential or spir groups, Celtic nature centered ritual, shamanic journey, //spir mittlere Korrel mit Kg/Intr/Pray/rel impo 2000//spir pos zu rel -0.26-0.36, /spir entwickelt sich erst mit 50 ff, //(oft Untergruppen –rel, F, krank, rel bei Ko von spir-) Rel stabil über die Jahre – also zwischen Panels wenig Änderung,
4,5Punkte (1 sample, 2 Messung, **1,5 Panel)** in T5: rel – AC pos, spir – O pos, rest ns; (Calif Adult QsortMessung), (mP mehr O)A –warm, giving protective to others, sympathetic likeable; C

–dependable,responsible, selfcontrolled, productive, ethically consistent, perfectionist, prone to overcontrol, /O – intellectual independence, introspection, interested in cognitive and creative activities, wide interests; T 1 C – pos zu T 5 rel bei Ko von T1 rel, bei M stärker; T1 rel ns zu C T5, //A in T1 pos zu rel in T5, nur F, und Umkehrung – rel in T1 pos zu A in T 5 nur F, //O in T1 –spir in T5, unabh von rel; (rel pos zu RWA, spir neg, /rel stark zu conv-Teil, spir ns;) **C pos zu Rel Panel, nicht umgek; F –A pos zu rel Panel und umgekehrt, Ko von T1 rel (gibt es andeswo als Aufsatz?!) O T1 pos zu spir T 5** R pos

6,5 Punkte (1 sample, 3 Messung, 1 bei, **1,5 Panel)** Healthy narcissism –independence autonomy high aspiration for self/ungesunder hypersensitive –thin skinned sensitive to slight ,hostile vs others,//overt - self indulgent condescending vs others; T2 Messung, /psychotherapy in T3 – spir in T5**, /hypersensitive N –neg zu rel, ns zu spir**,//**T 2 healthy narc T 2 pos zu psychoth T 3 pos zu spir T5; rel pos zu LzD, F mehr; ns zu Depr, spir ns;**
Rel senkt Depr bei Kranken, bei Gesunden ns; steigert LzD bei Kranken,bei Gesunden ns (Kranke mit rel so viel Lz wie gesunde), mv ss,gender, **T5-T5 und bei Depr T 3-T5 mit Ko von T3 Gesu/LzD;** rel und spir **in poor health** –sense of control (personal mastery, perceived constraints) **wie bei Gesunden** –nur bei F;/belief in a rewarding afterlife –rel stark pos,spir schwächer pos**; fear of death, fear of dying ns zu rel, spir, LnTglaube, K mehr –aber**: **asy Buckel (low mehr als high –nur bei rel, nicht bei spir;) –gilt für T5-T5 und T 3-T5,** Intera: viel rel und LnT- neg, **wenig relness,aber LnT –viel fear** ,(aber LnT hier diffus, unsicher), mehr als wenig rel und kein LnT glaube, R Gl

rel neg zu div(nur zitiert,keine Kopien) R div

5,5 Punkte (1 sample, 3 Messung**, 1,5 Panel) Rel und spir T 2 und T5 ns zu health T 5 –health status rating, srh, physical functioning, mortality; rel neg zu alc use T 5 und T2-4 zu T 5, /rel ns zu smoking, physical exercise, frequency of medical checkups,** R Gesu

5,5 Punkte (1 sample, 3 Messung, **1,5 Panel)** in T5: rel (bei Ko von spir) - social activities (visit family friends neighbors going to concerts plays lectures) pos (spir ns, bei Ko von rel) ; involvement in community service done with a group, performed at home, helping friends and neighbors dto, rel/spir vs no –dto; dasselbe bei Korrel mit T1 und T 2 rel;
Generativity –giving orientation to others, broad social perspective facilitating awareness of needs of others individuals/groups, prosocial competence (warmth, sympathy protectiveness sensitive to human needs social equality und Fähigk: dependable, responsible productive), Loyola Generat – altr need to help others, desire to have impact on others, , desire to outlive the self –leave a material or symbolic legacy, creative worthwhile skills knowledge vererben; engage in creative activities, //rel – giving social persp prosocial altr pos; spir- giving ns, soc persp pos, prosocial ns, altr pos, desire impact outlive self creat pos; sign a petition, contribute money, attend a meeting, contact public official, member in activist org, attend a rally –rel : bei homelessness ns pos (spir pos),crime/neighborhood watch pos (spir ns pos) pro life –rel pos, spir ns, womens rights –rel ns spir pos, AIDS civil rights environment antiwar peace dto,
Rel mehr involvem in community service, giving, aware of needs of others, prosocial competence, altr, spir: giving, prosoc competence ns, desire to have impact on others creat Werk hinterlassen pos (ego-altr) Aktivismus AW –rel, NW -spir
R help

Dillon,M/Wink,P: Life contingencies and the psychosocial fruits of faith in late adulthood, in: **Plante,T (ed):** Religion, spirituality, and positive psychology. Santa Barbara 2012, 177-193 –zu Wink-sample, Zusammenfassung, anderswo wohl auch da//

rel: self rated und belief in personal God, scripture, church-sanctioned prayers, Kg vs spir –belief in a cosmic power, non-Western spir tenets, focused meditation
Rel –highly satisfied with marriage, spir –zweimal soviel div; R div

Rel –social activities, community service, spir: creative self enhancing knowledge building activities, R help

Rel spir ns zu: chronic phys illness, srh, incapacity wegen Kra, mortality ns, auch Panel ns, R Gesu

Rel –mehr Lz, Depr ns, Puffer: bei Vp in poor health wirkt rel pos, bei good health ns, rel plus poor health –ebensoviel Lz optim wie arel und good health, unabh von ss, auch Panel: T1(middle adulthood) rel puffert T2(late adulthood) Lz bei Ko von Gesu/Lz inT1; pers Aussagen was wirkt – rel bringt meaning, Geduld, Gott schützt, ist close, illness part of Gods plan, /spir ns zu Lz Depr; kein Puffer,/T-angst ns zu rel spir, auch zu LnT-Glaube, /kurvi- moderate rel mehr, no und viel – neg zu T-angst, spir ns; rel plus LnT- am wenigsten T-angst, LnT und wenig rel –am meisten T-angst(mehr als nonrel) –auch Panel so, R Gl

Dinkel,R/Luy,M: Natur oder Verhalten, in: Zeitschrift für Bevölkerungswissenschaft 24, 105-132, 1999

9,1 % der bayr Mönche hier fallen im WK,(21 % der Sterbefälle dieser Zeit) /alle je im Kloster – auch nur kurz –Lebenden, Kloster: 1910-1940 (708 tote F, 304 tote M, am Ende am Leben: 3415 F, 1393 M) und 1955-85(2030 Nonnen leben, 1803 sterben, 1011 Mönche leben, 683 sterben) , verglichen mit M/F 1924/26 und 1970/72,
6,5 Punkte (3 sample, 1 Messung, 1 bei, 0,5 stat, **1 panelartig)** **Nonnen –bei Koh 1 25-40 mehr mort (TB?), bei Mönchen –Koh 1 ns, Koh 2 Mönche besser –vs M/F Bev (Verbesserung der Sterblichkeit der Mönche von Koh 1 zu 2 stärker als bei M) nach Wk Diff M-F bei Lebenserwartung von 1,22 zu 5,48 Jahre, bei Mönch vs Nonnen kaumVeränderung der Diff -0-2 J vs 0-1 J,**

(R Gl, Gesu) Doane, M/Elliott, M: Perceptions of discrimination among atheists: Consequences for atheist identification, psychological and physical well-being, in: Psychology of Religion and Spirituality, 7, 130–141, 2015
members of Atheist Alliance International (AAI), an organization that supports education and activism addressing secular issues. AAI has different types of members, including individual members (i.e., people who pay a nominal membership fee) and group members (i.e., a collection of secular organizations). There are also nonmember supporters, such as those who endorse AAI's social media websites.
kein rr !, M pos, 52 % haben Kinder, 66 verh, 56 employed –aber 73 % univ degree/plus, 40 % upper middle class, 2 upper class, 8 racial minority, 79 % member sec org, 18 rural,
5 % weggelassen- sie nennen sich ath, sind aber nicht sicher, ob Gott nicht doch existiert,

Personal discrimination. People generally think I am immoral because I am an atheist .64 2. I am treated no differently because I am an atheist -.63 3. I have felt isolated because I am an atheist .61 4. Being an atheist has not deprived me of any opportunities in my life -.55 5. I have personally experienced anti-atheist prejudice 58/
/group discr - The media portray religious people as superior to atheists in my country .67 2. Anti-atheist prejudice is widespread in my country .55 3. Atheists are treated no differently than

religious people in my country -.44 4. Religious people have more opportunities than do atheists in my country .63 5. Atheists are pressured to participate in religious activities in my country .54 6. Atheists have been the victims of hate crimes in my country .55
Atheist identification. Being an atheist is an important part of who I am .94 2. I am committed to being an atheist .41 3. Being an atheist is not a central aspect of my identity -.52 (schwach)
Self-esteem Rosenberg I take a positive attitude toward myself .87 2. On the whole, I am satisfied with myself .78 3. At times, I think I am no good at all .74 4. I feel that I have a number of good qualities .49 5. I am able to do things as well as most other people .57 6. I feel I do not have much to proud of .63 7. I certainly feel useless at times .68 8. I feel that I am a person of worth, at least on an equal plane with others .66 9. I wish I could have more respect for myself .68 10. All in all, I am inclined to feel that I am a failure -77,
Life satisfaction Diener;. Negative affect. The Negative Affect Scale of the Positive and Negative Affect Schedule Short Version (Watson, Clark, & Tellegen, 1988) . Afraid .75 2. Upset .53 3. Hostile .35 4. Ashamed .67 5. Nervous .79
Ath –discr pos (und discr neg zu Lz/Swg, pos zu NAS)
Deutung unklar -Modell: discr - (real, nicht Wahrnehmung ?)-führt zu Steigerung von ath/mehr Identifik mit ath (oder mehr ath nimmt mehr Diskr wahr) und die korrel mit PAS/NAS pos/neg;
Ath –Lz ns, Swg pos, NAS ns, srh pos;
According to the process of rejection and identification, perceiving discrimination may encourage identification as an atheist, which in turn appears to convey benefits for well-being. Given that the direct effects of perceived discrimination on psychological and physical well-being were larger than their total effects (.26 vs. .21, and .13 vs. .10, respectively), and the total effects were statistically significant, atheist identification appears to be helpful in reducing, but not eliminating, discrimination's ill effects on well-being (Diskr taucht auf – und man wird dann ath und das mildert deren Wirkung auf PAS/NAS ??; aber woher kommt D ?)
Identifik verringert neg Wirkung von Diskr – aber hier nicht belegt –man müsste Interaktion testen- bei Vp mit viel vs wenig Id –Diskr zu Glück, und Summe unklar: mehr Diskr erzeugt mehr ath (Panel fehlt aber) und der erzeugt mehr Gl –aber Diskr erzeugt auch Ungl –was ist mehr ? hebt Id Unglück auf ? hier anscheinend nicht,

4,5 Punkte (1,5 sample, 2,5 Messung, 0,5 stat) **Ath –Lz ns, Swg pos, NAS ns, Diskr pos, unsicher-unbelegte Deutung: Diskr steigert id mit ath und das steigert Glück (ath aber nur zu Swg pos), nicht im Rel-vergleich**

3 Punkte (1,5 sample, 1 Messung, 0,5 stat) **ath pos zu srh, nicht im Rel-vergleich**

(R pos,Gl, Gesu,Krim,help,Sm) Donahue,M/Benson,P: Religion and well-being, in: Journal of Social Issues 51, 145-160, 1995

RespecTeen, ca 34000 VP, /hours in a week spent attending services, groups or programs at a church or synagogue, frequ of attending religious services at a church or syn; how impo is religion in your life
/how impo to help other people, help reduce hunger and poverty in the world, help make the world a better place to live pos –altr values; involved in a service project, donated money or time to a charity, spent time helping less fortunate people altr Verh - beide pos zu impo und Kg; über 0.2// attempted suicide und suicide ideation –neg zu rel activity, Kg, impo; schwach/selfesteem plus 0.08 (unklar mit welchen Items),
binge drinking marijuana use Zigaretten alc use neg größer 0.10 (2 Items)//
had sex intercourse –neg größer 0.10 - 3 Items//

Deli- being in trouble with the police, fighting, vandalism, gang fighting, physically hurting someone, using a weapon to extort something from a person –neg größer 0.10, 3 Items;//mv –self rating of academic ability, educ aspir, gender grade single-parent family, alle drei rel Items zusammengefasst -: Altr values 16, behave 27, Sm ideat 8, SmV 7, Swg 8, Alc use 13, binge 11, driving intoxicated 13, Marij 10 smoke 10, sex intercourse 10, violence 9;
3 Items, aber nicht immer alle Korrel dazu angegeben, Messung von pos Items z.T. unklar;

6,5 Punkte(2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **rel pos zu altr values und behavior**, R help

6,5 Punkte(2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **rel neg zu SmV, Smideat,** R Sm

5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat) **rel pos zu Swg** R Gl

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat**) rel neg zu binge drinking, smoke, alc, marij** R Gesu

5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat) **Rel neg zu sex intercourse** R pos

7 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat) **rel neg zu Deli** R Krim

R Gl, Krim, Gesu) D'Onofrio,B et.al: Adolescent religiousness and its influences on substance use, in: Twin Research 2, 156-168, 1999
Ca 1100 adol twins,rr65 ,15 J, I believe smoking cigarettes/marij/drinking alc is a sin; number of times used cigarettes, alcohol ,inhalants, chewing tobacco, mari juana, other drugs, were drunk in the past 30 days, the past year,and in l i fetime.//externalizing -conduct disorder, oppositional defiant /internalizing –depr anx//Rel Faktor 1: I believe in God, I feel l i ke I can always count on God My fai th in God helpsme through hard times I ask God to help memake importantdecisions I try to l ive how God wants me to l ive Every day I see evidence that God isactive in theworld I feel that without God, therewould be no purpose in l i fe My fai th in God shapes how I think and act every day// I take time for periods of private prayer or meditation (lädt auf F 1 und 2)//F 2 -I often attend rel igious activities such as Bible study, choir practice,or youth group I go to Sunday school often – I help others with their religious questions and struggles My friends and I often talk about religious matters I like to worship and pray with others I know I can count on people from mychurch when I need help I seek out opportunities to help me grow spiritually Being with other people who share my religious views is important to me spiritual experiences are important to me I consider myself to be a very spiritual person//F 3 - Most of my best friends go to church or other religious services Most of my best friends are religious
((Erblichkeit- F 1 und F2 bei M ns, F pos; F 3 M pos, F ns; drug sinful –beide pos)) ((SSS: M plus, 2 ns, sinful minus; F 3minus, sinful minus)) // (Ko von age; **fast alle minus, oft ns; bei drug stärker, bei F stärker, F bei peer stärker, F 1 stärker**)

6 Punkte (1 sample, 3,5 Messung, 0,5 stat, 1 bei/mv) **marij, alc, cig use neg zu F1-F3 und drug sinful, bei M etwas schwächer, alle sign //peer drug use – F 3 minus, sinful minus; M 2 nsminus, 1 ns, sinful minus** R Gesu

6 Punkte (1 sample, 3,5 Messung, 0,5stat, 1 mv,bei)**conduct disorder –M: 3 nsminus, sinful minus; F: 2 minus,1 nsminus, sinful minus/oppos defiant –M 1 minus, 1nsminus 1 ns; sinful nsminus; F 2 minus, 1 nsminus,sinful nsminus; peer conduct –M 1 minus, 1 nsminus, 1 ns, sinful minus; F 2 minus, 1 ns minus, sinful minus; (F 1: 3 von 4 sign bei conduct/opp)** R Krim

5 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1mv,bei) **Depr –M -1minus, 2nsminus, sinful ns; F 1 nsminus, 2 ns, sinful ns; Anx-M 1minus, 2 nsminus,sinful nsminus; F 1minus, 2 nsminus, sinful ns; (F1 3 von 4 sign)** R Gl

(R pos, Gesu, Krim) Donovan,J/Jessor,R: Structure of problem behavior in adolescence and young adulthood, in: Journal of Consulting and Clinical Psychology 53, 890-904, 1985

High school sample – 1969, dann bis 72 viermal befragt, 79 wieder und 81 wieder ; 1970 univ sample, viermal bis 73, dann 79 und 81 /deviant behave - 26 Items, shoplifting, vandalism, lying, truancy, fighting, parental defiance //Korrel in T3 und T4, 1972/73 nicht Panel;
high school M/F,college M/F –Kg zu: times drunk- 5 ns minus, 2 ns, 1 minus; Marijuana - 1ns, 3 ns minus, 4 minus; (sex intercourse – 6 minus, 2 ns minus), general deviance -2 ns, 4 ns minus, 2 minus; school performance - 4 ns, 3 ns pos, 1 pos;

Study 2 – 2600 Vp, 11. 12. Klasse, Kg –Zig minus, drunk –minus, marij minus, illicit drugs minus, deviant (12 Items) minus, school performance pos

Study 3 –Vp 79/81, drunk -1 ns, 5 ns minus, 2 minus; marij 2 ns, 2 ns minus, 4 minus; illicit drugs – 2 ns minus, 6 minus; deviance -2 ns, 2 ns minus, 3 minus ,1 plus
Autoren machen einen common factor mit drugs/deviance

3 Punkte(1 sample, 1,5 Messung, 0,5 stat) **Rel neg zu drunk Marij, schwach**

5 Punkte (2,5 sample, 2 Messung, 0,5 stat**) Rel neg zu Marij drunk illicit drugs, Zig**, R Gesu

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **rel neg zu sex interc/schwach pos zu school performance**

4 Punkte (2,5 sample, 1 Messung, 0,5stat) **rel pos zu school performance** R pos

(unter 5) **Rel neg zu general deviance, marij drugs** R Krim

Drevenstedt,G: Race and ethnic differences in the effects of religious attendance on subjective health, in: RRR 39, 245-263, 1998
GSS 74-77. 80, 82,84, 87-91 , 18-65, 8700 white, 1800 Ne, 429 Latino/strength of commitment to preferred rel, /ss ist : number of secular orgs/groups to which Vp belongs,
Biv: white -jung 18-39 MF srh pos zu Kg/subj rel; älter -40-65 –dto,außer: subj rel M ns;
Ne: jung –F pos, M Kg ns, subj rel pos; älter –Kg subj rel MF ns pos;
Latino: jung –F pos, M Kg ns pos, subj rel pos; älter –M ns pos, F ns neg !,(gesamt: 13 pos, 8 ns pos, 2 ns neg, 1 ns, bei Ne/Lat bei älteren nicht so stark;
Kg zu srh -mv (Ko von SES) M: –jung –white pos, Ne nspos, Latino pos; älter –Wh/Ne pos,Latino ns; F: jung –white pos, Ne pos Latino pos; älter –white pos, Ne ns, Latino nsneg; (8 pos, 1 nspos, 1 nsneg, 2 ns)
7,5 Punkte (3,5 sample, 1,5 Messung, 1,5 mv,bei, 0,5 stat) **Rel zu srh – pos bei white, Ne; bei älteren Latinos ns (N 47-71), Kg kaum stärker als subj rel /13 pos, 8 nspos, 2 nsneg, 1 ns //Kg: mv -8 pos, 1nspos, 2 ns, 1 nsneg** R Gesu

6,5 Punkte (3,5 sample, 1,5 Messung, 1 bei, 0,5 stat) **Mitgl in sec org – white Ne MF jedes Alter pos, Latino 2 pos, 6 ns pos; (gesamt: 18 pos, 6 nspos**) R help

7 Punkte (3,5 sample, 2 Messung, 1 bei, 0,5 stat**) White: edu -4 pos, 3 nspos, 1 ns; inc -2 pos, 6 ns; Ne –edu -3 pos, 1 nspos, 4 ns; inc -2 pos, 2 nspos, 2 nsminus, 2 ns; Latino – edu -1 pos, 1 nspos, 1 ns minus, 5 ns; inc -2 ns, 6 nsminus White-edu pos, inc nspos, Ne edu pos, inc ns, Latino –edu ns, inc nsminus;** R pos

Dudley,R et.al.: Religious factors and drug usage among Seventh-Day Adventist youth in North America, in: JfSSR 26, 218-233, 1987

rr58 ;21 Ne, 12-24 J, SDA Vp -14-17 J –weit weniger drug use als Johnstonesample 16 000 high school (15-30 % -alc cig marij) harte Drogen 0-1 % (Koks Heroin Amph Barbit Tranquil LSD, /Gründe für nonuse –commitment to Christ , don't want to disappoint parents, to break rules (da steckt auch rel drin) bei Alc Tabak, bei marij concern for health/future occupation; (law fear of punishment kaum) /family worship attend Sabbath school,pray attend church sponsored social events wirkt, Kg nicht, /Bible Adv magazine tell someone about your faith - nur bei Alc Tabak, /bei marij nur family w, pray, Sabbath school und church-sponsored soc events wirksam; (nur 2 % user, ca 14 Vp, desh Korrel auch immer schwach) /neg auch: rel impo SDA true church intend to remain SDA born again God wants me to take good care of my body by avoiding alc tobacco drug, family worship helped spiritually,Eltern real Christians, (pro drugs/alc/tob –heavy metal hören, R rated movies anschauen) /baptized SDS und Adv schoolbesuch ns;

8 Punkte (1 sample, 6 Messung, 0,5 mv, 0,5 stat) **SDA-youth wenig Alk Tabak Marij (2%, desh auch Korr immer schwächer wohl), 0-1 % hard drugs; Gründe für nonuse: commitment to Christ (ein Item aus 12 anderen –wirkt mv) neg Korrel: family worship attend Sabbath school , pray, attend church sponsored social events , rel impo, SDA true church , intend to remain in SDA born again, God wants to take care of body, Eltern real Christians, Bible adv magazine, tell someone belief wirkt neg,(bei marij z.T.schwächer) baptized SDA Vp und Eltern Adv school Kg ns,**

R Gesu,Gl) Dunn,K et.al.: Everyday spirituality in central city elders, in: Journal of Religious Gerontology 15, 41-59, 2003
Older adults city of Detroit, 75 % F,88 Ne; no aff 4; 48 % ohne high school abschluss, 66% leben allein, everyday spir –feeling Gods presence, getting strength and comfort from religion, feeling inner peace and harmony, Gods love for me is perceived directly or through others, feeling spiritually touched by the beauty of creation, /private rel –watched listened to rel programs, listen watch gospel music, rel spir programs ; /org rel –having a place of worship, frequency of attendance, impo of attendance/Krankheiten– arthritis/osteoporosis/fractures, asthma/emphysema/chronic bronchitis, heart problems, stroke, hypertension, cancer diabetes, (viel spir/Telev, nicht so viel Kg); **Korrelationen werden nicht erläutert , Polung etwas unsicher**
SF 12 health is good usw, limit you in moderate activities, limit you in climbing several flights of stairs;accomplish less than you would like due to physical health, limited in work/ activities due to phy health, how much has health interfered with social activities//
mh: accomplish less than you would like due to emotional problems, limited in work/activities due to emot problems, how much did pain interfere with your normal work, how often feel calm and peaceful, feel you have a lot of energy, feel downhearted and blue;
(unter 5) **mh SF 12 –spir pos, org rel pos, private rel neg** R Gl

(unter 5) **SF 12 phys health – spir ns, org rel pos, private neg/ Krankheiten – spir neg, org rel ns, priv rel neg (nicht ganz sicher),** R Gesu

Dupre,M et.al.: Religious attendance and mortality: implications for the Black-White mortality crossover,in: Demography 43,141-164, 2006

Duke EPESE, 1986/87, 1989, 1992 ,1996, 2261 Ne, 1875 wh, ca 72 J, ca 40 % der F (ca 1040) sterben, ca 50 % der M(ca 730) //about how often do you go to religious meetings or services ? – once per week/more vs infrequently vs never/once twice a year; gemessen in jeder Befragung-timevarying variable, (nur baseline values –selbes Ergebnis) covariate values of attendance und andre time-varying measures'(srh,ss, fu impairment) are lagged one year (?) /obesity –BMI über 30, /ss-count on friends/family in times of trouble, can talk with f/f about deepest problems, Cr 55/fu impairment- heavy work around household , walk a flight of stairs, walk one –half mile without help /
mort MF (mv demogr, ss, srh,BMI,smoke,heavy drinking,fu limit) –Kg neg, linear;

Intera bei F: Ne die keinen Kg haben sterben früher, vor allem die Jungen(alte F mit Kg bei Ne am besten), Figures: Kg neg von ca 65 J bis 100 bei NeF, bei whiteF bis 91, bei Ne und white M bis 95;
9,5 Punkte (3,5 sample, 1 Messung, 3 mv,Intera,bei, 0,5 stat, **1,5 Panel)** **MF Ne wh Kg neg linear zu mort, stärkere Wirkung bei Jüngeren(Ne-F)**

Dwyer,J et.al.: The effect of religious concentration and affiliation on county cancer mortality rates,in: Journal of Health and Social Behavior 31, 185-202, 1990

County cancer mortality,Ko von age sex race, 1968 -70, 1971-75, 1976-80,/communicants –full members – by county,Daten von 1980 ! mv: migration rate, foreign born, inc,edu urban,suspended particulates, CO, SO 2, NO 2, hydrocarbons, agricultural chemical use, work force in mining/manufacturing/extractive industries, region//
8,5 Punkte (3 sample, 3 Messung, 2 mv, 0,5 stat) **cancer (Basis: noncommunicants) –68/70: cP minus, mod P minus, lib P (Pres UCC Unit Epi) ns, K minus, J pos LDS minus, //71-75: cP ns minus, mod P minus, lib P pos, K minus J ns LDS minus/ 76-80: cP minus, mod P minus, lib P ns, K minus, J plus, LDS minus//gilt auch für digestive (außer K T1 pos) und respiratory (lib P T2 neg), Rel erklärt in allen 3 Zeiträumen bei allen drei Krebsarten mv noch zusätzliche Varianz, bei respir mehr als bei digestive,**

((Info über Hutterer, R Gesu, fert, pos)Eaton,J/Mayer,A: The social biology of very high fertility among the Hutterites. The demography of a unique population, in: Human Biology 25, 206-264, 1953

Fast alle Hutterer sind in Dakota, -in Russland 1762 noch 60 da, leben in 3 Krimdörfern, Zensus 1880 -443 da (800 andere bleiben nicht in der Gemeinschaft) , Autoren machen Volkszählung 1950, in 71 von 93 colonies, /Wachstum 1940-50: 52(oder 42)(hohe fert – niedre mort) vs 15 in Bev; 8500 nun da; /evtl: M mit höherer Lebenserwartung (als F), evtl wegen vielen Geburten;

Number of births per 1000 -46 USA 24//fertility ratio: number of children unter 5 J per 100 women -96 , annual age specific fertility rate und age specific nuptial rate –-jeweils höchste der Welt in allen Altersgruppen außer 15-19; children ever born to F bis 45 J -Heirat mit 22 F, 23,5 M, mit 45 sind 99 % verh, /seit 1875 eine Scheidung, 4 Trennungen, 10 uneheliche Geburten,/Kein Sinken der fert –ältere F haben auch im Schnitt 10 Kinder, (USA –fert sinkt in Great Depr/preachers community leaders nicht mit mehr Kindern;/wenig Todesfälle seit 1870 –evtl. 1000, /number of deaths per 1000 popul -4,4(sind jung), USA 10,/1940 f Hutt akz viel mehr moderne medical technology, /Hutt entsprechen Dakota-mortality (Nr.2 in USA in Lebenserwartung) –unter 15 J mehr, darüber weniger; F mehr death bei 15-60, unter 15, über 60 M mehr; nicht mehr maternal deaths, infant mort 45 vs38 USA,/Unfälle bei Kindern öfters da, totes Kind wird Engel, /H encourages good health care, /wer severe chronic ill ist –für den

sorgt Gem(Arztbesuche überregional da) , adequate sanitary conditions, /Einwanderung – früher noch verstreute Prärieleut, Wanderungsüberschuss, nun nix mehr, 106 M desert, F 8 – so sagt Zählung 1950 (bei 8500 jetzt) (es gibt auch nonethnic Hutt, sind liberaler, in Kanada,Paraguay Uruguay –communal property, pacifism, adult baptisms ja) und 5 colonies wurden exkommuniziert -131 Leute, evtl zwischen 1910 und 1940 mehr fert/Wachstum da,

Malthus: natürl Verdopplung von Bev in 25 J führt zu: Armut Krieg Krankheit Laster weil Ernährung/andere Ressourcen nicht so schnell gesteigert werden können, -Hutt: subsistence means wachsen schneller als Bev, H sind 1950 reicher als je zuvor;brauchen selbst in Great Depr keine Sozialhilfe, mechanisiert, well built homes, Landbesitz, Geld zum Landkauf, Telefon, Elektrizität, /birth control ist Mord,Sterilis erlaubt, selten; ein halbes Dutzend medical advice vs further preg wegen Gesugefahr,auch gegen coitus interr, rhythm weder erlaubt noch verboten,/zusätzl Kind senkt Wohlstand nicht –kommunale Versorgung da, soz Kontrolle vs bc, /swarming –Teilen von Kolonie wenn es mehr als 100 Leute sind;))

(3 sample, 4 Messung/Gesamterhebung) **Hutt mehr fert und weniger mort(Ausn 0-15) als USA, bis 1950 keine Änderung, Gesu /Arztbesuche wichtig, F eher gleich M in mort, gegen Malthus: Ernährung Versorgung von 10-12 Kinder pro Frau möglich, Wachstum hoch-aber wenig Leute; wenig exit/Zuwanderung**

(Eberstein,I/Hyman,K: Jewish identity and self-reported health, in: **Ellison,C/Hummer,R**: Religion, Families, and Health. New Brunswick/London 2010,349-367
National Jewish Population Survey, rr28, subj identific –sense of belonging to the Jewish people, fact being Jewish has very little to do how I see myself, impo of being Jewish -pos zu srh; ritual behavior –syn member, attend, lighting Sabbath candles, attend seder Passover, keep kosher home/outside, fast on Yom Kippur, not handling money on sabbath – pos zu srh, /denom ns, bei mv (Kannib, demogr, health conditions,denom)) subj id ns, ritual pos, orth minus, cons ref ns, other minus, /currently any kind of physical mental other health condition that limits employment edu daily activities länger als 6 Mon –ritual neg,
7 Punkte (3 sample, 2,5 Messung, 1 mv, 0,5 stat) **ritual behav/identific bei J pos zu srh, neg zu health condition,denom biv ns, mv orth neg (Kannib, Überko)**

R Krim, Gesu, pos) Elifson,K et.al.: Religiosity and delinquency, in: Criminology 21, 505-527, 1983

Students, 9.-12. Klasse, high schools, DeKalb-County Nähe Atlanta, white, suburban, edu/inc pos,/deli weighted for seriousness –in trouble mit police, hurt someone badly, steal über D50, use knife/gun to get something, steal car(4 Punkte) serious fighting, steal unter 50 D, set fire to property, get something through threat, run away from home, hit instructor/supervisor, hit father, steal expensive part of car, hit mother,(2) trespass,argue or fight with parents, damage school property on purpose, steal from store, take part in gang fight, steal inexpensive part of car (1) (Reihenfolge/Bewertung passt z.T. nicht) /aggr scale –serious fight,fight with parents, hurt someone badly,hit instructor/supervisor/father/mother, gang fighting use weapon set fire threaten;

theft –steal unter über 50 D, from store, car, (in)expensive part of car,/status offense –run away, argue fight with parents, nonstatus-Rest; /
denom –lib: Unit Pres Epi UCC, moderate –Me Lu Christian Church, Wesleyan Disciples) cons – SBC, Ba; K; /all in all how important would you say your religion is in influencing the way you live ?/God answers prayers, /orthodoxy –LnT, God answers prayers, God really exists, Jesus divine Son of God, devil actually exists, Jesus born of a virgin,/
how close do you feel to your mother /female guardian, how much do you want to be like the kind of person your mother(female guardian) is, Vp believes parents approved of their friends/
Deli –Kg parents/Vp schwach neg, impo, LnT, pray, orth neg; Teildimension Aggr und theft - impo LnT pray orth neg, keine Diff bei Korrel mit status vs nonstatus offenses, höhere Korr als bei Aggr/theft obwohl selbe Items,nur anders aufgeteilt !; alc marij use alle rel Items klar neg, mv MF; Korrel zu deli weighted nach seriousness stärker;
Impo –friends smoke marij neg, children should obey all the rules their parents make for them pos, hier impo nur schwach neg zu deli –mv (friends marij, parents att to friends, MF, high school GPA, close to mother, obey all parents rules) ns, aber bei K und lib P: impo stark auch mv,

6 Punkte (1 sample, 3,5 Messung, 1 mv,bei, 0,5 stat) **Status offenses nicht mit höherer Korrel (alc marij höher), bei Teildimensionen Aggr/theft Kg ns; more serious deli –neg Korrel höher (Kg Vp,parents,impo,LnT, God answers prayers, orth), impo mv ÜberKo ns (bei K und lib P pos, Ko MF pos) ; impo neg zu friends smoke marij, children should obey all rules parents make**, R Krim

5 Punkte (1 sample, 3,5 Messung, 0,5 stat) **alc use, marij use –neg zu Kg parents/Vp, impo of rel, LnT, pray, orth; impo –friends smoke marij neg,** R Gesu

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **impo - parents approve friends pos, close to mother pos, high school GPA schwach pos,** R pos

Ellison,C/Barrett,J/Moulton,B: Gender, marital status, and alcohol behavior: The neglected role of religion, in: JfSSR 47, 660-677, 2008

1977-94 GSS (79, 81,92 keine surveys da)ca 15000 Vp; moderate drinking (überhaupt Trinken), Do you sometimes drink more than you think you should ? cons rel – blacks da mit einbezogen; mv demogr,presence of child; Korrel zu moderate drinking und problem drinking analog, bei problem stärker – Basis single,(div widow sep noncons/no rel –oder nur single noncons ?) MF-cons denom neg, single cons neg, beide Ehepartner cons neg, F cons, M nicht – neg(bei F klarer); F noncons, M nicht –ns(neg bei F) , beide nichtcons ns(bei F neg- d.h. verh F mit noncons denom weniger problem drinking als unverh) ; Kg neg;

8 Punkte (4 sample, 2 Messung, 1,5 mv, bei, 0,5 stat) **Heterogam in bezug auf cons rel eher ns/neg zu(problem) drinking, homogam neg; Kg neg; Korrel bei problem drinking stärker ! ;homo-und heterogam wirkt innerhalb von single und verh; (das meiste bei Wirkung von Ehe ist Wirkung von Rel)**

(R Gesu,pos) Ellison,C/Hummer,R/Cormier,S/Rogers,R: Religious involvement and mortality risk among African American adults, in: Research on Aging 22, 630-667, 2000

NHIS Cancer risk factor supplement, how often do you go to church,temple, or other religious services ? 3002 Ne, ca 41 J, 1987-95- 324 sterben, never attend –zwischen ein bis zweimal pro Jahr und einmal pro Woche, mehr/ spent a month or more in bed due to illness last year, friends/relatives to call on in times of need, /heavy drinker –four or more drinks a day, Kg –activity limitation neg, asy Trog; srh –pos, bed days –neg, asy Trog, smoke neg, no alc pos, etwas alc und viel alc neg; mort neg; mv mit allen controls neg (demogr, Gesu, ss, alc smoke) ,linear , auch bei age, south vs nonsouth, gender (Ausn: bei M und nonsouth mit allen controls ns neg) Linearität fehlt hier;
11 Punkte (3 Punkte, 3 Messung, 3 mv,bei, 0,5 stat, **1,5 Panel**) **Kg –activity limit, bed days smoke neg, srh pos, alc etwas und viel - neg; mort neg, mv**, **bei** R Gesu

5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **Kg-social activity pos stark, relatives/friends to call on pos, edu nspos, inc ns,** R pos

Elkins,D et.al.: Relaxation training and prayer behavior as tension reduction techniques, in: Behavioral Engineering 5, 81-87, 1979

Prayer und relax (je 10 Tage Übung) und Kogruppe, Muskelspannung bei relax sinkend, pray ns minus, Ko ns,

state anx – relax stärker sinkend, pray sinkt aber Ko auch, egal ob intercessory oder reflective prayer, bei pray vs nicht pray in prayer group pray senkt Spannung(pray –senkt Angst/Spannung etwas mehr als Ko- aber ns N 14/14/14) wer Kg hat, prayer mehr effizient findet und mehr betet – Spannung minus, aber ns; evtl Gebet unter Beobachtung eher Stress relax und Ko-Leute mehr Kg impo Gebet als Beter

(unter 5) **pray bei Interve –senkt Muskelspannung etwas mehr als Ko-gruppe, weniger als relax-Gruppe, wer Kg hat, prayer effizient findet und mehr betet –Spannung sinkt ns;**

Eng,P et.al.: Social ties and change in social ties in relation to subsequent total and cause-specific mortality and coronary heart disease incidence in men,in: American Journal of Epidemiology 155, 700-709, 2002

28369 male health professionals (Zahnärzte, Tierärzte Apotheker) 40-75 J, in T1 1988 gesund,1996 wieder Kranke ausgeschlossen? ,bei Analyse von soc network index -17769 Vp ohne conditions in 1996 were followed 1996-98/ mort von 88-98; 1365 sterben, 320 CVD-504 cancer-81 accidents-272 other,

Teil von index: Kg (in Text auch religious group affil yes or no, unklar: Kg per month oder once per year or more vs never almost never ?) - mv(mari stat,soc group part, close relatives/friends, seen relatives/friends; age, time period, occ,smoke,alc, BMI,phys activity,routine phys examin last

2 years, ability climb stairs/do heavy housework,employed, history of Hyp, diab, Chole,Herzinf von parent,intake fat,folate,fiber multivitamin vit E) – mort neg, CVD mort ns neg, accidents suicide mort ns neg, other mort ns neg,
Wandel 1988-96 zu Tod bis 98: Kg stabil 0.79; increase in Kg bei über 65 jährigen neg zu mort (N unter 100)
10,5 Punkte (2,5 sample, 2 Messung, 3,5 mv, 0,5 stat, **2 Panel) Kg neg zu mort, ns neg zu CVD accident/suicide , other, Überko; Anstieg von Kg –Sinken von mort,**

Enstrom,J: Cancer mortality among Mormons, in: Cancer 36, 825-841, 1975

LDS vs others -crude mort rate 1950/1960/1970 MF –in Utah/Calif neg; F nicht so stark; Statistikzahlen
1970-72 –Vergleich zu Kaliforniern –LDS MF neg all cause, cancer, M: Lung, F breast; Rest : N zu klein; Alameda LDS -111 Vp –Kg every week –follow up 6,5 J –keiner stirbt, alle: kein Alk, kein smoke, occ ns, edu pos/ns, inc ns, age distribution von LDS jünger, aber z.T. nur über 35 jährige genommen //**40 % converts in Calif, 40 % gehorchen Regeln nicht**,

7,5 Punkte (3,5 sample, 2,5 Messung, 1 mvartig, bei, **0,5 panelartig**) **LDS (mit Kg z.T.) weniger all-cause und z.T. cancer mort, mehrere statist Erhebungen; weniger alc smoke;**

Enstrom,J: Cancer and total mortality among active Mormons, in: Cancer 42, 1943-1951, 1978

Active – priesthood level, nur whites, /activity wohl festgestellt nach Tod retrospektiv
Annual age-specific total death rates – active Mormon males in California (68-75) und Utah (7/75) höhere Lebenserwartung als zwei US samples never smoked (2 J, 5 J), Utah white males, California white males – (je 7 J), US white males (8 J)
Krebssterblichkeit – LDS active 50 %, inactive 72 (Nichtraucher 71), wenig bei : esophagus/pharynx, Leber/Galle, pancreas, Lunge, Niere; eher mehr: Magen Darm (nicht rectum), Nervensystem, Prostata, Blase; Durchschnitt –Lymphom Leukämie
Smoking related cancer sites – LDA active 26, inactive 73, nonsmoking - 67/70,
Muir-sample: 1945 426 LDSmales, 35 J, bis 1975, 242 tot, 184 leben, Lebenserwartung höher – sind alles actives, Analysen von LDS Kirchgängern – kein Alk Tabak, Kaffee Tee Cola nonprescription drugs, SES gleich,
SDA in Calif M -53 cancer, 54 allg
8 Punkte (3,5 sample, 3,5 Messung, **1 Panel) active und inactive LDS –M mehr Lebenserwartung, weniger (Krebs)Sterblichkeit, nonsmoking und smoking related sites (active da besser), Leukämie Durchschnitt, SDA dto, actives –smoke alc drugs minus, Statistik, keine Umfrage,**

Enstrom,J: Cancer Mortality among Mormons in California during 1968-75, in: Journal of the National Cancer Institute 65, 1073-1082, 1980
Vergleich: Calif und Utah active LDS vs Calif Utah alle LDS -weniger mort (annual age-specific total mortality rates); LDS active und inactive weniger als Utahans, Calif whites und US whites //bei F: Calif und Utah LDS vs Utahans Calif und US whites weniger mort, /bei Krebs –active Utah LDS besser als active Calif LDS (schwach) besser als LDS in Calif weit besser als US whites, F Calif LDS besser als US whites;

Smoking related – active males Calif 26, Utah 19, all LDS males 58, all females 80,
nonsmoking related - 67/68, all LDS males 71, F 83,
all cancer – LDS Calif M 68, F 83, active M Calif 50, Utah 49,
Diff Mund – eher ns (F mehr), digestive – active weniger, Magen Pankreas Prost nicht so wenig, Kolon active mehr minus, Leber wenig, active ganz wenig, Lunge – minus, active viel stärker minus, skin plus, Brust ns/plus (unklar), Blase/Niere/Nervensystem/ wenig/sehr wenig, /Lymphom Leukämie –inactive mittel , active sehr wenig
Muir sample- hier F von active LDS – gelten selber auch als active, haben niedrigste mort von allen,
9 Punkte (3,5 sample, 3,5 Messung, 1 bei, **1 Panel) active und inactive LDS M und LDS-F (keine Daten zu active) weniger Sterblichkeit (allg, Krebs, smoking/nonsmoking sites). Haut plus, Brust Prost ns**

Enstrom,J: Health practices and cancer mortality among active California Mormons, in: Journal of the National Cancer Institute 81, 1807-1814, 1989

High priests und wives von LDS in Calif – ab 25 J, Jan 1980-Dez 1987, all Calif high priests - 21000 - 2091 sterben, sample von high priests in Calif -5231M, 406 Tote, ihre Frauen - 4613, 206 Tote,
Vergleich high priest – Alameda LDS Kg weekly und Alameda nonLDS Kg weekly (vs Alameda ges) – smoking: priest am wenigsten, Alameda rest am meisten, LDS beide kein beer wine liquor coffee, nonLDS weekly 65-82 %, Alameda Rest etwas mehr, active sports –Alameda LDS am meisten, Rest ns, physical exercises –ns, sleep länger ns, srh – beide LDS/Kg besser als Alameda – Rest (bei F ns) (Diff nur bei smoke/alc, Rest kaum)
Calif high priests alle –Krebs: Lunge/smoking related minus, colorectal minus, nonsmoking related minus all cancer minus all CVD minus
All causes: Calif high priests alle 53, high priest sample 47, high priest females 66, CVD 58, 52, 64; all cancer 50,47,72, nonsmoking related cancer - 69,71,82 (GesuV –smoke, physical act sleep wirken innerh dieser Kategorien noch etwas)
Alameda -74-87 - Vp die den active LDS ähneln –white no smoke Kg weekly –selbe SMR wie high priests, /mv –age sex initial health status smoking Kg –alle neg, und mv race edu mari stat health practices (all diese ns, bei Ko von diesen Kg sign)
M: Whites no smoke vs white no smoke und Kg -69-42, (Krebs und CVD), F 70-61 (F nur F von high priest, nicht selber priest)

10,5 Punkte (3,5 sample, 4,5 Messung, 1 bei, 0,5 stat, **1 Panel**) **High priests besser als nonsmokers bei smoke-related cancer, nonsmoke related cancer, all causes, all cancer death causes, high priest F nicht ganz so gut (priests: colorectal neg lung neg, prostate ns, CVD neg, F dto, breast ns); GesuV –smoke –priest/nonLDS Kg Null, Alameda am meisten, alc –priest nix, nonLDS weekly wenig –Alam mehr; sleep exercise sports ns, srh –beide LDS/Kg besser als Alameda (F dto, bei srh LDS Kg schwächer),//Alameda: white no smoke Kg weekly(den high pr ähnelnd) selbe SMR wie high priest, beide besser als andre /white no smoke und Kg –weniger mort als white no smoke (M, F kaum)**

Enstrom,J/Breslow,L: Lifestyle and reduced mortality among active California Mormons 1980-2004, in: Preventive Medicine 46, 133-136, 2008

High Priest households, M und spouses, 1897 male and 1123 female deaths in 24 J, Vergleich: Cancer Risk Factor Supplement, Epidemiology Study
National Center for Health Statistics (NCHS) provided us with health and lifestyle data collected in 1987 on 22,080 NHIS respondents and with information about 2617 deaths through December 31, 1997 identified by matching these respondents with the National Death Index Analysis of mortality from January 1, 1988 through December 31, 1997 was conducted among the 15,872 white subjects initially aged 25–99 years.
Vergleich LDS mit Bev -0,54/0,61 SMR, mit jüngerer Bev 40/52, LDS mit: verh, never smoked, edu 12 J und mehr, Kg at least weekly 45/55, zudem noch BMI mittel, regular exercise, guter Schlaf -40/47, (bei jüngeren: 32/41), //US whites allg MF allg 90/83, mit verh usw -47/38, mit mittlerem BMI 43/35 (LDS 43/52), bei US whites –Kg allein 78/70;
Vergleich LDS und white mit 4 Items: 47/55 vs 47/38; mit 4 Items plus BMI -43/52, 43/35 (dh white F besser dran !),
9,5 Punkte (3,5 sample, 1,5 Messung, 2,5mv, bei, 0,5 stat, **1,5 Panel) LDS mit höherer Lebenserwartung, Weiße verh, Kg, never smoke, viel edu (BMI exercise sleep) gleich mit LDS; Kg neg zu mort**

*(***auch R Gesu) Fallot,R/Heckman, J:** Religious/spiritual coping among women trauma survivors with mental health and substance disorders, in: Journal of Behavioral Health Services & Research 32, 215-226, 2005

F mit alc drug mh-disorders, physical sexual abuse history , früher jetzt in Behandlung, /how try to understand and deal with major problems in your life to what extent is the following involved in the way you cope ? think about how my life is part of a larger spir force, I work together with god as partners, I look to god for strength, support and guidance, /I feel God is punishing me for my sins or lack of spir, I wonder whether God has abandoned me, try to make sense of my sit and decide what to do without relying on God, /pos rc doppelt zu neg rc, /9 bzw 14 % mehr neg als pos rc ! Neger mehr pos rc,neg rc ns,age edu ns,z.T wirkt pos rc bei Negern besser,(BSI, Trauma), rc mehr als Bev;
Traumaerf –childhood abuse mehr neg rc, (Andres ns –lifetime stressors -disaster, bereave, körperl abuse)
Traumasymptome (2 Skalen) –pos rc neg,neg rc pos (stärker) //BSI –dto, drug und alc ns,

(unter 5) **neg rc pos zu NAS, pos rc neg z.T., 9/14 % mehr neg als pos rc, pos wirkt bei Negern besser, pos rc doppelt so viel; neg eher Arel, mehr abuse in Kindheit, ns lifetime stressors**
(unter 5) **neg rc/pos rc ns zu alc/drug** R Gesu

(R Krim Info, Gesu) Feigelman,W et.al.: Problem gamblers, problem substance users, and dual-problem individuals: an epidemiological study, in: American Journal of Public Health 88, 467-470, 1998

Texas adults, rr 67, lifetime pathological and problem gambling, Inventory of Substance Use Patterns, basierend auf DSM (substance abuse/dependency) –alc drug problem;
Vp mit gambling problem –K pos, P minus, no aff ns ; substance problem –K pos, P minus, no pos, dual problem –K ns, P minus, no pos, (dual problem vs Rest –K/P weniger als other/no; dual problem vs gamble oder drugs –dto; aber unklar wer other ist; ever gotten in trouble with the law because of your drinking or gambling problems –dual plus
(unter 5) **K/no ns zu gambling problem, P neg; K pos, P minus, no pos zu alc/drug problem, dual problem: K ns, P minus, no pos; dual hat zu einem Drittel Probleme mit Gesetz**

Feinstein, M et.al.: Burden of cardiovascular risk factors, subclinical atherosclerosis, and incident cardiovascular events across dimensions of religiosity: the multiethnic study of Atherosclerosis, in: Circulation 121, 659-666, 2010
45-84 J, 63 J, T 1 ohne CVD, 30 Ne, 20 Hi, 10 Asian, 40 wh, Multi-Ethnic Study of Atherosclerosis (MESA) How often do you attend religious services or otherwise participate in organized religion?" "Within your religious or spiritual tradition, how often do you pray or meditate?"
"I feel God's presence," "I find strength and comfort in my religion," "I feel deep inner peace or harmony," "I feel God'slove for me directly or through others," and "I am spiritually touched by the beauty of creation."// risk factor data from examination 2 were used to assess cross-sectional associations with religiosity
.CVD risk factors -Coronary artery calcium, common carotid intima-media thickness, left ventricular mass were obtained at the baseline examination,and an ankle brachial index (ABI) was obtained at examination 2.Each of these measures is associated with different manifestations of vascular and myocardial pathology At intervals of 9 to 12 months, an interviewer contacted each participant or a family member by telephone to inquire about interim hospital admissions, outpatient diagnoses of CVD, and deaths. A CVD event was defined as the first occurrence of a coronary heart disease (CHD) event (CHD death, myocardial infarction, orhospitalized unstable angina), stroke, transient ischemic attack, congestive heart failure, or other CVD death.
Kg (pray meditate ähnlich): systolic Bd pos, diast ns, Chole ns, HDL ns, Triglyc neg asy Buckel, BMI pos, smoke kaum minus, Diab pos, Hypert pos, ABI pos/neg, Lv mass index pos/ns, CAC ns, carotid pos,
mv age sex race edu inc –Kg: Hyp ns, Diab ns, smoke minus , obesity pos, Chole ns minus,
Mv demogr und Diabe etc – CAC ns, carotid pos, Lvmass ns minus, ABI ns minus;
DSE –Bd gleich, Chole ns pos, HDL ns, Triglyc ns pos, BMI pos, smoke schwach neg, diab Hyp pos, ABI pos, carotid ns, LV mass pos, CAC minus;
mv age sex race edu inc –DSE : Diab Hyp ns, smoke minus, Chole nsminus, obesity pos; mv demogr und Diab etc- CAC ns, carotid nsminus, Lvmass nsminus, ABI ns minus;
Follow up 4,1 J – 152 incident CVD events -9 CVD deaths, 42 myocardial infarctions, 53 hospitalizations for unstable angina, 11 transient ischemic attacks, 13 cases of congestive heart failure,and 24 strokes// Kg DSE ns pos zu diesen events bei Ko von demogr, Diab etc, Chole-und Bdsenkern;

9,5 Punkte (2,5 sample, 4 Messung, 1,5 mv, 0.5 stat, **1 Panel) Kg, pray/meditate und DSE zu Bd ns, Diab ns, Chole nsneg, smoke minus, obesity pos mv; medizin Kennzeichen –ABI CAC Lvmass carotid –meist nsneg; Kg DSE mv (ÜberKo) ns zu CVD events (Tod, Infarkt, stroke usw)**

Fenzel,L: Multivariate analyses of predictors of heavy episodic drinking and drinking-related problems among college students, in: Journal of College Student Development 46, 126-140, 2005

rr 46, cath liberal arts college stud, 69 % F, Items von spir involvement scale und Faith Maturity scale –assess extent to which one incorporates prayer and faith in God in daily life as general practice and in times of need, /frequ of drinking alc during a typical month during last year of high school, heavy drinking: five or more drinks at a sitting over previous two weeks, drinking caused problems –performed poorly on test or project, got nauseated or vomited, had been taken advantage of sexually, got into an argument fight , damaged property, //heavy drinking –faith neg (auch mv bei Ko von high school drinking)/problems – rel biv neg, mv ns bei Ko von heavy drinking at college; /heavy drinking und problems (mv mit high school drinking bzw heavy drinking, gender,marij tobacco peer support prosocial school hassles social justice commitment parent relship anx) –rel ns

5 Punkte (1 sample, 2 Messung, 0,5 stat, 1 mv**, 0,5 retrosp) rel neg zu heavy drinking/drinking mit problems, mv high school drinking, Ko von heavy drinking bei problems ns (Überko)**

(R Krim, pos, Gesu) Fernquist,R: A research note on the association between religion and delinquency, in: Deviant Behavior 16, 169-175, 1995
college students, 25 J, 75 % LDS, smoking, marij getting drunk –victimless deli; breaking into a home or building, stealing something worth more than 20 D/religiosity –Kg pray// how often have friends committed victim(less) crime,

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **religiosity –victim(less) deli neg, friends victim(less) deli neg; mv (attachm mother/father, gender friends association) –victim(less) deli trotz ÜberKo neg, (victimless: smoke,marij drunk), (victim –steal, break into**) R Krim

attachment to mother –able to talk to mother, had fun with mother/att to father –he is a friend, is there for Vp while he was growing up;
2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **religiosity ns zu attachment father/mother** R pos

(unter 5) **religiosity (Kg/pray) smoking, marij getting drunk neg, friends, die dassselbe tun neg; mv (attachm mother/father, gender friends association) –dto** R Gesu

(R Gl/Gesu) Ferraro,K: Firm believers ? Religion, body weight, and well-being, in: RRR 39, 224-244,1998

Americans' Changing lives, Vp über 25; //my life could be happier than it is now/how satisfied are you with your health; rel practice – attending, read rel books, watch listen rel TVradio, /salience –how impo are rel or spir beliefs in your daytoday life; //when you have problems or difficulties in your work, family, personal life, how often do you seek spir

comfort and support ? /obese –eine Standardabweichung above mean for sex, thin – less than one standard dev unter mean, Aggregat: obese (wohl mehr als BMI 27,3 F 27,8 M): Staaten mit viel no rel neg, church members ns pos, Baptist pos, Catholic ns neg, black pos, poor nspos south pos; /ACL –SBC 26,25 –Fundi pietistic P nondenom K über 25; J weniger, none etwas weniger; mv –SES black verh age south –Diff ns; alle unter 26: K nondenom SBC J , none am wenigsten;//obese s.o. –practice, salience, comfort pos, (happy depr dünn und dick); Gesuzufr neg, Swg neg, SES neg, Neger pos)//(seltsam: fromme Denom ns, aber Frömmigk macht dick)/mv (demogr) BMI und obese–salience ns neg, comfort ns neg, practice pos; denom ns; //happiness –mv (demogr und Swg obese thin) –salience ns, comfort neg, Kg pos; Depr –salience ns comfort pos, Kg neg, health satisf – sal ns, comfort ns, Kg pos;

6,5 Punkte (2,5 sample, 2,5 Messung, 0,5 stat, 1 mv) **denom ns zu BMI (mv), aber practice salience comfort pos zu obese (biv), Aggregat obese –no rel neg, Bapt pos, Kath ns neg; survey: church member ns pos (biv), mv: BMI und obese - salience und comfort ns neg, practice pos; denom ns (Fromme pos, fromme Denom ns !)** R Gesu

6,5 Punkte (2,5 sample, 2,5 Messung, 0,5 stat, 1 mv) **Kg pos zu happy, Gesuzufr, neg zu Depr, salience ns, comfort happy neg, Gesuzufr ns, Depr pos** R Gl

(R help, pos, Gesu) Ferraro,K/Albrecht-Jensen,C: Does religion influence adult health, in: JfSSR 30, 193-202, 1991

GSS 84/87, rel practice –pray, attend, call yourself a strong –preference; member of a church(affiliated group) /how close do you feel to God most of the time /srh, satisfaction got from your health and physical condition; hospitalization or disability last five years, /number of secular groups or orgs you belong to;
8 Punkte (3,5 sample, 3 Messung, 1 mv, 0,5 stat) **Health status –stable rel affil (Kindheit, jetzt) ns neg, conservative denom –neg, practice pos (stärker als denom), close to God ns, LnT ns neg; (mv demogr, employed trauma memberships und alle rel Items –Kannib Überko**) R Gesu

7 Punkte (3,5 sample, 2 Messung, 1 mv, 0,5stat) **Edu –practice pos, close neg, LnT pos; inc – close minus, Kg LnT ns,** R pos

6,5 Punkte (3,5 sample, 1,5 Messung, 1 mv, 0,5 stat) **Sec org member – Kg pos, close LnT ns**, R help

(R Gesu, pos) Ferraro,K/Koch,J: Religion and Health among black and white adults: examining social support and consolation, in: JfSSR 33, 362-375, 1994

Americans' Changing lives, ab 25, health status –srh, chronic conditions, how much are your daily activities limited in any way by your health or health related problems/rel practice –Kg, read rel books, watch listen rel TV/radio, /how impo are rel or spir beliefs in your day-to-day life? /when you have problems or difficulties in your work, family or personal life,how often do you

seek spir comfort and support/ 4 Items –affectual support from friends family relatives/ how often do you attend meetings or programs of groups, clubs, organizations to which you belong,

8 Punkte (3,5 sample, 2,5 Messung, 1,5 mv,bei, 0,5stat) **health status –(mv demogr verh ss volu) –white: K pos, P ns (Referenz: Jew other none) practice impo consol ns; bei Ne: practice pos K/P ns, consol neg,(Kannib)** R Gesu

5,5 Punkte (3,5sample, 1,5 Messung, 0,5 stat) **SES(inc und edu) neg zu practice, impo, ns zu seek**, R pos

(R Abl, Gesu) Finkler,K: The social consequence of wellness: a view of healing outcomes from micro and macro perspectives, in: International Journal of Health Services 16, 627-642, 1986

Spiritualism –rel und healing system, wächst stark in Mexiko, ist antikath, spiritualist healers, adherents in one temple, controls (nonadherents) vs adherents; meetings –medium in trance verkündet, Jehova, Father Elias Holy Ghost Virgin Mary Jesus da, Gläubige sind chosen people, 22 Gebote, weiß dass sie arm sind, will sie nicht reich machen, sonst verlassen sie ihn, alle gleich, Frauen als Heiler, irradiations –die sind therapeutic, ergänzen healing per baths messages teas ritual cleansings,/Kontakt zu spir – durch Krankh die per medizin Behandlung nicht heilbar ist, healer heals through spirit protectors, die sich manifestieren, wenn healer in Trance ist, /**disorders nongrave/** klappt Heilung nicht –Problem ist spiritual –Vp wird rekrutiert für Tempel, lernt dort, hat gift, verändert sich – wird auch zum Heiler, (behält Krankh?) sick role wird zu health providing role, power to summon and control spirits,**keine Diff zwischen adherents of spir und nonadh in physical and emot symptoms,** Änderung der M-Rolle: weniger drink, weniger machismo (viele F haben, sie schlagen), man muss in Spir submissive und obedient to spir world und temple head –F –sein, /aber Spir weniger verh, weniger Kontakt mit Nachbarn, weniger Kg,/kein ökon Nutzen, viel Zeit für temple (Glaube sagt: Ök nicht wichtig, mansion in heaven, Gott sieht ihre Armut, sie sehen Regierung Reiche die sie bestehlen),Vp kriegen in Gem sense of dignity healers die ihre Pflichten nicht wahrnehmen –anx pain in head distress desperate/sense of community, aber kein polit Engagement,Mexiko ist neues Jerusalem, nationalistic, gegen Bürgerkrieg –Waffe gegen andere Mex erheben (Autorin hätte das und Ökonomismus und Politisieren und Klassemkampf gerne !) Wie fühlen sie sich nach irradiation ritual –invigorated, extremely well very happy, (und in Tempel sein –healthy, nicht dort sein: sick)Trance bringt evtl auf physiol Art Glück , Chosen people , alle vor Gott gleich, auch F, in kath Ki werden sie lächerlich gemacht, kritisiert usw; alle seine Kinder–Swg steigt; oft in Gottes Nähe pos, drücken soziale, existentielle, okön usw Probleme aus per Körpersymptome –Medizin heilt das nicht (auch weil es eher ein soziales Problem ist) –aber Spir schon(Autorin ist wohl Marxistin –Spir ändern Ges nicht, die sie angeblich krank machte, handeln gegen ihre vorgeblichen Interessen, schaden sich –aber sie sind nun gesund und glücklich, erleben etwas an Heilung –Rel als Opium..)

(R Gesu, pos, Sm,Abtr, pos) Finlay,B: Right to life vs the right to die: some correlates of euthanasia attitudes, in: Sociology and Social Research 69, 548-560, 1984/85

GSS 77/78, When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it ? lib- Epi, Presby,Congreg, Meth, cP –BA Lu Disciples; Fundam –sects, /Do you

think a person has the right to end his or her life if this person has an incurable disease ? avowed communist atheist military-control advocate should be allowed to make a speech in your community supporting his specific cause, /Kombin-Item rel cons: no aff – infrequent attenders allg und J, frequent att lib, frequ att cP/Kath, Fundi frequent, /pro euth –no, J lib P K cP Fundam; /Kg bei diesen –wirkt immer, stärker bei K/Fu als bei lib/cP, /M bei denom pos (no J Fu kaum) white pos bei allen, age pos bei allen, schwach bei no; edu bei Fu neg; /wer für Tstrafe/Abtr/Sm für terminally ill, free speech ath(nicht K/Fu) vorehel sex ist, ist pro Euth, ((none West 93, Fu Kg 26/29, vs Sm 29)mv (demogr, p/e/homosex, free speech, Kombin Abtr-Smitem alle neg zu Euth) –rel cons neg zu euth, Ablehnung p/e/homosex, free speech, Abt-Sm;

7 Punkte (3 sample, 2 Messung, 1,5 mv, 0,5 stat) **Denom und Kg innerhalb Denom (lib auch; J nicht klar) wirkt gegen Euth(Arzt tötet Pat bei unheilbarer Krankh auf Wunsch), ((M jung white bei denom pos; edu bei lib cP K (schwach) bei no pos (stark), bei Fu neg;) (wer pro Tstrafe, Abtr, Sm für terminally ill free speech vorehel sex ist ist pro Euth,) Kombin denom und Kg neg zu Euth mv (mit diesen Items und demogr)** R Gesu

6,5 Punkte (3 sample, 1,5 Messung, 1,5 mv, 0,5 stat**) Kombin denom und Kg neg zu p/e/homosex, free speech für ath/Kommu/Militarist** R pos

6 Punkte (3 sample, 1 Messung, 1,5 mv, 0,5 stat) **denom und Kg kombiniert neg zu Kombin Abtr-Sm für terminally ill** R Sm/Abtr

Fitchett,G/Benjamins,M/Skarupski,K/Mendes de Leon,C: Worship attendance and the disability process in community-dwelling adults, in: Journal of Gerontology,Series B: Psychological Sciences and Social Sciences 68, 235-245, 2013

Chicago Health and Aging Project, T1 1993/1997, Vp 73 J, 65 % Ne, 3 Stadtteile von Chicago, complete census, aber danach noch Vp zu sample dazu, baseline mal T1, mal 2000-2009, outcome 2010, z.T. jährliche Interviews; ohne Vp mit baseline inability to perform the timed walk test, or a Mini-Mental State Examination (MMSE) score <18, Vp mit frail health;
Kg: very frequent (several times a week or more), frequent (several times a month), and infrequent(several times a year or less). IADL -more complex self-care tasks required for independent community living (e.g., preparing meals, light housekeeping, and shopping; ADL - ability to perform basic self-care functions (e.g., eating, bathing, and dressing) physical function with tests of tandem stand, chair stand, and timed walk//comorbid conditions, myocardial infarction, stroke, cancer, diabetes, high blood pressure, Parkinson's disease, shingles, thyroid disease, and hip fracture,

8,5 Punkte (2,5 sample, 1,5 Messung, 3 mv, Intera, bei, 0,5 stat, **1,5 Panel) difficulty mit IADL ADL baseline –neg zu Kg (mv demogr, BMI, comorbidity, Depr, cogn impairment, phys functioning), Kg pos zu mehr diffic mit IADL ADL mit der Zeit (bei Ko von Gesu/Depr ns), /Kg pos zu phys functioning, keine Korrel mit Veränderung von phys fu in der Zeit, gilt für wh und Ne**

(R Gl,Gesu) Fitchett,G/Rybarczyk,B/DeMarco,G/Nicholas,J: The role of religion in medical rehabilitation outcomes: a longitudinal study, in: Rehabilitation Psychology 44, 333-353,1999

Ohne Vp mit kogn Einschränkungen 20 %, Befragung within 5 days of admission, 4 Monate nach admission,26 Ne, 65 J, 67 % F, meist hip/knee replacement, dann stroke, amputation; 43 % K, public rel –Kg, number of people one knows at place of worship, private rel: srr ,strength and comfort from rel, /brief RCOPE-21 Items ? –auf 17 reduziert, neg rc Cr 45 !! /spir injury –(ohne grief und depr) troubled by guilt, resentment disbelief-how often does anger or resentment block your peace of mind ! , /acceptance –find meaning in life despite disability, sense that ones value as a person transcended ones physical abilities, though I am disabled or ill, my life is full, depr –Cr57, /somatic autonomy –ADLartig, /mobility control –Inhalt unklar; pos rc 16 von 30; neg rc 1,5 von 21,
(Wandel –Lz depr ns, mobility ADL plus)

Korrel in T1: neg rc neg zu Kg/private/pos rc; Kg/private rel –srh pos, ADL/mobility ns, pos rc –srh nspos, somatic ADL ns pos, neg rc nur pos zu depr,
Korrel in T2: public/private rel –ADL/mobility ns, srh ns pos, pos rc-ADL mobility nsneg, srh nspos, neg rc ns;
Korrel T 1-T2: public rel –mobility ADL ns, srh ns pos; private –mobility neg, ADL ns, srh ns; pos rc –alle ns,neg rc –ADL minus; /alles außer neg rc zu ADL neg ist ns (bei Ko von age race ss admission depr, admi ADL, joint replacement vs other diagnosis), (Hautpwirkung bei Item express anger at God for letting this happen) , Wandel in ADL –ns zu Wandel in rel, mobility control not changed/worsening –mehr pos rc,

6,5 Punkte (0,5 sample, 3 Messung, 0,5 mv, 0,5 stat, **2 Panel) 3 Arten von Korrel –T1-T1, T2-T2, T1-T2 (controls bei 3 –alles ns, aber nicht gezeigt), Kg private pos rc –zu srh pos/nspos; zu ADL/mobility ns, neg rc neg zu T2 ADL, anger at God to let this happen; Wandel in ADL –ns zu Wandel in rel, mobility control not changed/worsening –mehr pos rc,** R Gesu

Korrel in T1: Kg/private rel - depr nsminus, Lz ns pos; pos rc - depr ns minus, Lz ns; neg rc –depr pos,
Korrel in T2: public/private rel –depr ns minus, Lz plus, pos rc –depr ns, Lz pos; neg rc –depr pos, Lz ns minus
Korrel T1-T2: public/pos rc – Lz pos, depr ns; private Lz nspos, depr ns; neg rc –depr pos, Lz minus,
5 Punkte (0,5 sample, 2,5 Messung, 0,5 mv ?, 0,5 stat, **1 Panel) 3 Arten von Korrel –T1-T1, T2-T2, T1-T2 (controls bei 3 –alles ns, aber nicht gezeigt) public/private rel–zu Lz ns pos, pos, pos; zu depr –ns, ns neg,ns neg, pos rc –zu Depr 2 ns, 1 nsneg; zu Lz -1 ns, 2 pos; neg rc zu Depr 3pos, zu Lz nsneg/neg (Summe: zu Lz -6 pos, 3 ns; zu Depr: 5 nsneg, 4 ns//Panel: 2 pos, 1 nspos bei Lz, Depr 3mal ns)** R Gl

R Gesu,Gl) Fitchett,G/Winter-Pfändler,U/Pargament,K: Struggle with the divine in Swiss patients visited by chaplains: Prevalence and correlates, in: Journal of Health Psychology 19, 966–976, 2014

patients in one general hospital , Deutsch-Schweiz, rr 30,
"I wonder whether God has forsaken me." "I wonder if God let my accident or illness happen because I did something wrong."Cr 69 1-not at all true -4 completely true
"How would you describe your current health status. Religious well-being. 12-item Functional Assessment of Chronic Illness Therapy–Spiritual Wellbeing (FACIT-Sp) Scale -three FACIT-Sp subscales of Meaning, Peace, and Faith

Anxiety and depression two 4-item scales taken from the Arthritis Impact Measurement (AIM) Scale. //reasons for the hospitalization, length of stay, and type of institution
divine struggle -29 % score 2, 17 % 3 oder 4 !!/divine struggle –age ns, verh ns, MF ns, length of stay pos, srh neg, FACIT meaning peace neg, faith ns; K-P ns; admission unexpected pos; anx depr pos; mv –K P other (unklar wer das ist), meaning peace –dann faith pos (ÜberKo), anx depr pos
Interaktion:
Participants in the high Faith-low Meaning group had the highest levels of divine struggle (65%). In contrast, among participants with high Faith and high Meaning, only 38 percent reported any divine struggle ($\chi 2 = 35.3$, $df = 3$, $p < 0.001$).
high prevalence of divine struggle among these patients (46%), Fitchett et al. (2004) reported that 48 percent of patients with chronic or serious illness (N = 238) reported religious struggle, and Maciejewski et al. (2012) described religious struggle among 43 percent of patients with advanced cancer (N = 345) UK study, Thuné-Boyle et al. (2011) reported some religious struggle among 53 percent of women newly diagnosed with Stage I or II breast cancer (N = 202).

(unter 5) **divine struggle bei Kranken häufig, rel wb -meaning peace neg, faith ns (mv pos bei Zugabe von meaning peace); K P ns; anx depr pos,** R Gl

(unter 5) **divine struggle bei Kranken häufig, srh neg, length of stay pos,** R Gesu

Fitzgerald,R: Reactions to blindness, in : Archives of General Psychiatry 22, 370-379, 1970

35 % gehn zu faith healers or rel shrines –Ziel: sehen ,15 sagen: nutzt nix, Betrug, verhindert Anpassung; 8 gehen weiter hin,oder feel being helped,- es gab ihnen peace of mind, einige glauben, ihr progressive loss of vision had been arrested or slowed down, nicht belegbar,
(unter 5) **faith healing – ein Drittel hilfts subjektiv, zwei Drittel nicht**

Flannelly, L/Inouye,J: Relationships of religion, health status, and socioeconomic status to the quality of life of individuals who are HIV positive,in: Issues in Mental Health Nursing 22, 253-272, 2001

32 % no affil, prayed or put your faith in God, helpful ?, what helped you to cope with the news you were HIV positive ? what helps you cope now ? how do you usually deal with stress, has any rel perspective had an influence on you in dealing with HIV ?
Lqu – importance und satisfaction mit health and functioning, psychological spir wb, SES, Family issues, /faith und affil pos zu Lqu, mv Gesu SES age sex ethnicity; rel wirkt auch auf alle Teilskalen außer SES, (Text nicht ganz klar evtl nur auf psychospir Teil –der aber nur ein rel Item enthält,
(unter 5) **rc/affil pos zu Lqual - Zufr mit Gesu**

Foenneboe,V: The Tromsoe heart study: coronary risk factors in seventh-day Adventists, in: American Journal of Epidemiology 122, 789-793, 1985

1974 und 1979/80 –Tromsoe Bev, SDA -69 Vp, activity definiert durch president und secretary von SDA
Diff –Chole minus, HDL pos, Bd nsneg, smoker alc coffee Hackfleisch fish stark neg, /active SDA –Chole minus, HDL ns, Bd M neg, smoke Null, alc Kaffee Hackfleisch fish stark neg;

inactive SDA eher nahe an Bev, (43 active vs 17 Vp)

5 Punkte (0,5 sample, 3,5 Messung, 0,5 bei, 0,5 stat**) SDA stark vs smoke, alc coffee Hackfleisch fish, active SDA noch stärker, Bd wenig neg, Chole minus, HDL nspos**, R Gesu

2 Punkte (0,5 sample, 1Messung, 0,5 stat)**SDA edu pos,active SDA noch stärker pos,inactive SDA ganz wenig,** R pos

Foenneboe,V: Mortality in Norwegian seventh-day Adventists 1962-1986, in: Journal of Clinical Epidemiology 45, 157-167, 1992

(Study mit fast denselben Leuten T1 1961 –T 2 1977: M 72, F 84 –bessere Werte, ohne Neueintreter) T 1 1962, T 2 1986, 2476 M, 815 sterben, 4697 F, 1661 sterben,
M SMR 82, F 95 ns, /age at entry –bei M: vor 19 -69, nach 35- 89 ; bei F: 59 -103, /duration of membership wenn nach 19 eingetreten: M: 5 J Mitgl: 116, mehr als 40: 74; F -112 -92; Lebenserwartung vs Norweger: SDA M plus 3, F plus 0,7; SDA join vor 19: M plus5,2, F plus 5,2; Todesursachen –Diff bei M: unter 75 all causes 72, über 75 -89(Einzelursachen ns) ; Krebs ziemlich gleich CVD, Rest N zu klein; F: alles ns, vor 19 eingetreten –CVD etwas besser als Krebs, beide mit Eintrittsalter ansteigend,

8,5 Punkte (3,5 sample, 3 Messung, 0,5 bei, 0,5 stat, **1 Panel) SDA in Norwegen –M neg (über 75 schwach), F ns zu mort, früher in SDA eingetreten/Dauer der Mitgliedschaft –stärker neg, MF; Todesursachen Krebs/CVD ziemlich gleich, mit Dauer der Mitgliedschaft sinkend,**

Ford, J: Some implications of denominational heterogeneity and church attendance for alcohol consumption among Hispanics, in: JfSSR 45, 253-267, 2006

Fighting Back, a community-based substance-use intervention program implemented in 12 communities, 21-44 J, mittelgroße Städte; “binge,”- had consumed five or more alcoholic drinks on one occasion in the past 30 days/drank – K ns Ba plus, Pe minus, other P (ev/Fundi) ns minus, Kg minus; last year - K ns, Ba ns, Pe minus, P other minus, Kg minus, binged dto; Intera bei drank keine (Kg wirkt in jeder Denom gleich), last year – bei Ba Pe other P wirkt Kg stärker (sie sind vs Alc), bei K schwächer, aber etwas; binge –bei Pe other wirkt Kg stärker, bei Kath schwächer, aber etwas; drank last year –bei M und F: Ba,K ns, Pe other P neg, Kg neg, M: Kg wirkt bei Pe other P stärker als bei Ba,K//bei F keine Intera

7,5 Punkte (2,5 sample, 2,5 Messung, 2 mv,bei , 0,5 stat) **Kg neg zu alc drink lebenslang, last year, binge; bei Pe und other P (und einmal Ba) Kg stärker wirkend als bei K, aber K auch noch etwas Wirkung; bei M auch so, bei F: keine Intera; K Ba ns, Pe other P (ev/Fu) neg zu drank, drank last year, binge; (kein Paradox bei binge)**

Ford,J/Hill,T: Religiosity and adolescent substance use: evidence from the National Survey on drug use and health, in: Substance Use and Misuse 47, 787-798, 2012
Vp 12-17, Tobacco use - use of cigarettes, cigars, pipes, or smokeless tobacco. Heavy drinking five or more drinks on the same occasion,at the same time or within a couple of hours, on at least one day in the past 30 days. use of prescription medications without a prescription from a doctor or the use of prescription medications solely for the feeling or experience caused by the drug. Pain relievers tranquilizers stimulants or sedatives Marijuana use other illicit drug cocaine,crack, heroin, hallucinogens, LSD, PCP, ecstasy,inhalants, or methamphetamines.
"During the past 12 months, how many times did you attend religious services? Please do not include special occasions such as weddings, funerals, or other special events in your answer." "your religious beliefs are a very important part of your life."" your religious beliefs influence how you make decisions in your life." "During the past 12 months, in how many different kinds of church or faith-based activities, such as clubs, youth groups, Saturday or Sunday school, prayer groups, youth trips, service or volunteer activities have you participated?"//
"how they would feel about someone their age smoking one or more packs of cigarettes a day, trying marijuana once or twice, using marijuana monthly, or having one or two drinks of an alcoholic beverage nearly every day /how their parents/how their close friends/peers would feel about an adolescent smoking one pack of cigarettes daily, trying marijuana, using marijuana monthly, or having one or two drinks of alcohol a day.
Depr -five of the following: felt sad, empty, or depressed most of the day or discouraged; lost interest or pleasure in most things; experienced changes in appetite or weight; sleep problems; other noticed you were restless or lethargic; felt tired or low energy nearly every day; felt worthless nearly every day; inability to concentrate or make decisions; any thoughts or plans of suicide.
8,5 Punkte (3 sample, 3 Messung, 2 mv, 0,5 stat) **Religiosity –neg zu peer/Vp-attitude zu Leuten, die drug use machen (mv demogr, parental attitude to drugs); neg zu tobacco, heavy drink, prescr drugs, marij, other illicit drugs (mv Depr, demogr, eigne, parental und peer Haltung zu drug users),** R Gesu

5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **Religiosity –neg zu Depr** R Gl

Ford,J/Kadushin,C: Between sacral belief and moral community: a multidimensional approach to the relationship between religion and alcohol among whites and blacks, in: Sociological Forum 17, 255-279, 2002

Nur white und black, 20-44, eher arm,inner city,mittelgroße Städte,7500 wh, 5600 Ne, /consumed more than four drinks in any single day innerh past 12 months, /objectors –Ba, Pe, Prot no denom,Prot other, other; nonobjectors –Lu, Epi Pres K Me; //no rel -19 wh, 12 Ne,/ /**bei Gleichung mit Kg werden no ausgelassen**; //alc –Epi Lu pos Me bei wh ns neg, bei Ne ns pos, K bei wh neg, bei Ne ns pos, Pres ns; Ba bei wh neg, bei Ne pos; other bei wh neg, bei Ne pos; Pe P-other P no denom neg; (Referenz: no), //Wirkung bei Ne weniger stark; bei wh Kg monthly und weekly neg, bei Ne nur weekly; Vp aus objector denom mit weekly Kg – mehr vs alc als nonobj mit selbem Kg(Intera), nur bei wh,

6 Punkte (2,5 sample, 1,5 Messung, 1,5 mv,bei, 0,5 stat**) Bei Ne wirkt Kg schwächer (erst bei weekly Kg) vs alc; wh: K neg, Epi Pres ns, K nspos, Me nsneg, Ba neg, Pe neg, other P/P nodenom neg, Ne: K Epi Me nspos, Lu ns, Pres nsneg, Ba ns, Pe neg, P other nsneg, P no denom nsneg; bei Ne wirkt Kg bei Ba P other P no denom nsneg, bei wh neg, bei nonobjector denom nur Kg-Wirkung da, bei objector: denom und Kg (bei Ne nsneg)**

((R Gl, Gesu, pos, help, krim))Forliti,J/Benson,P: Young adolescents: a national study, in: Religious Education 81, 199-224, 1986

Vp -5.-9. Klasse, mit Bezug zu P/K parish, Quelle: youth serving orgs von 13 denom,//6 Fragen (Inhalt unbekannt, helpful considerate kindness sharing ?)–prosocial behavior –pos zu pos attitudes toward the church (church important,help me answer important questions, of the things you want most in life, how much do you want to be part of a church ?) , centrality of rel pos(8 Items unbekannt –rel unimportant peripher vs central important) liberating rel (rel erlebt als freeing, enabling,God accepts you who you are, salvation is gift, not earned) pos, //using alc drugs –commitment to church, centrality of rel neg; (lib ? –unten: neg !) // Swg – centrality, liberating rel pos,//Liberating –Swg pos, racially prejudiced neg, prosoc pos, anti alc drugs, anti deli (vandalism, beating up others, gang fighting –centrality ns bei racism und deli !, //restricting rel (weniger da, –erfahren als supplying limits, control, guidelines,discipline; Jungs mehr davon) -mehr alc drugs, mehr deli ! racial prej sexism,

Unklar church attitudes und orthodoxy erhoben, nicht korreliert

(unter 5) **Messung von allem unklar/nicht gezeigt –evtl: centrality und liberating rel pos zu Swg**, **pos attitudes tow church ns,** R Gl

(unter 5) **Messung unklar, nicht gezeigt: evtl centrality und church attitudes pos zu prosoc Verhalten** R help

(unter 5) **Messung unklar/nicht gezeigt –evtl centrality of rel und liberating rel neg zu alc/drugs , restricting rel pos** R Gesu

(unter 5) **Messung unklar, nicht gezeigt –evtl liberating rel neg zu deli, centrality von Rel ns, restricting rel pos** R Krim

(unter 5) **Messung unklar, nicht gezeigt –evtl liberating rel neg zu racism sexism, centrality ns, restricting rel pos** R pos

Forthun,L et.al.: Religiosity, sensation seeking, and alcohol/drug use in denominational and gender contexts, in: Journal of Drug Issues 29, 75-90, 1999

Studenten, M 29, during junior high and high school, how involved were you in church activities did not attend vs almost always attended more than once per week and very

involved in many church activities; lib P –Epi Pres Lu;cP –Ba Pe, /denom heißt: lib P mod P J K vs cP; /33 Item SSS-I sometimes like to do things that are a little frightening, get bored seeing the same old faces, would like to try parachute jumping, /alc marij use –Menge jetzt und bei heaviest use; und wann war das erste Mal; //SSS ns zu rel/denom(bei F SSS mehr lib) ;SSS pos zu alc, ns zu marij /mv (gender ethn SSS) –alc use: denom neg, Kg neg ; first use – beide pos; mar use –denom ns neg, Kg neg; /keine Intera-dh Kg wirkt innerhalb der denom gleich,
5 Punkte (1 sample, 2 Messung, 1,5 mv,bei, 0,5stat) **SSS ns zu rel, evtl bei F mehr lib denom; SSS ns zu marij, pos zu alc; Kg und cons denom neg zu alc/marij Menge und first use mv, keine Intera denom-Kg**

(R pos, Gl,Gesu,Krim,Sm) Francis,L/Kay, W: Teenage religion and values. Leominster 1994

13-15, Staatsschule, 13 000 VP, Kg –happy at school pos, often worry about my school work neg, school is boring neg, worried about my exams at school pos, worried about being bullied at school pos, teachers do a good job pos, my school is helping to prepare me for life pos, like the people I go to school with ns (theist vs agno vs ath linear, Diff klein) /Kg weekly vs never vs agno vs ath – happy at school -78 67 70 60; //Kg -I feel my life has a sense of purpose pos/I find life worth living/Ifeel I am not worth much as a person/I often feel depressed ns; I have sometimes considered taking my own life neg, I tend to be a lonely person ns; theist vs agno/ath dto, außer: depressed –theist mehr ! Sm alle ns; life worth living pos; (Kg weekly vs never vs agno vs ath – Sinn 68 49 49 42; life worth living -72 69 69 66; not worth 11-14-12-14, depr -53-52 54 48, Sm 23 28 26 30, lonely ns; /Religiöse like to live in their area -80-74-77-70; aber bei Kritik an area –vandalism crime violence Alosigk drugs eher kritischer, //Kg viel concerns –risk of nuclear war, poverty 3.Welt,too much violence in TV pollution porno,//Sex außer der Ehe wrong– 25(FreeChurch 30) 10 10 9, div 27 -19 17 18; Abtr -50 35 34 32, Homosex – 37 -43 -40 44 !!/allg agno oft unsicher (bei Sinn 44 %; Swg 26 depr 20,35 Abtr), ath mehr als theists//nothing wrong in shoplifting (bottom) -3-9-7 -13; Schwarzfahren 11-23-19 29, playing truant from school – 10 22-19 -27, graffiti wherever you like -10 19 15 -24, Zig under legal age -16-31-28 36; Alk dto -27-44-40 50; Freikirche hier immer besser, kath schlechter, //Drogen –wrong sniff glue,use marijuana, become drunk , smoke, heroin – Kg vs agno vs never vs ath, Free church besser,

7 Punkte(3 sample, 4 Messung) Gl
5 Punkte (3 sample, 2 Messung) Sm
5 Punkte (3 sample, 2 Messung EhebruchAbtr) R pos
5 Punkte (3 sample, 2 Messung)Krim
5 Punkte (3 sample, 2 Messung) **Zig under legal age -16-31-28 36; Alk dto -27-44-40 50; Freikirche hier immer besser, kath schlechter, //Drogen –wrong sniff glue,use**

marijuana, become drunk, smoke, heroin –Kg vs agno vs never vs ath, Free church besser R Gesu
Kg mehr happy at school als Kg never /agno als ath; Zufr mit Schule, aber worry wegen bullieGefahr/exams; denom –K, Angl, FreeChurch keine klare Tendenz; Sinn pos zu Kg/theist vs ath/agno, (Sinn happy u n d worry Depr ? Swg bottom ? die Hälfte depr, 20 % Smideen !!), Religiöse mit mehr concerns (Atomkrieg, Umwelt ,Armut usw), sex außerh von Ehe neg, allg meist: Kg weekly besser als theist als agno als never als ath// agno unsicher (einViertel bis 44 %), Kg/theism sicher ; auch bei Krim, drugs/dort Freikirche besser, kath schlechter

Frankel,BG/Hewitt,WE: Religion and well-being among Canadian University students: the role of faith groups on campus, in: JfSSR 33,62-l73, 1994

Christian clubs/faith groups vs Vp ohne solche affil, Satisfaction mit community friendships hobbies family life faith ! health educ achievem financial circumstances, //use of health services und perc health –bei rel Gruppe besser, PAS plus, NAS minus(Bradburn),selfesteem plus, mastery ns,

4,5 Punkte (1 sample, 3 Messung, 0,5 stat) **Mitglieder in Christian clubs/faith groups –PAS pos, NAS neg, satisfaction (community,friendships hobbies family life faith! Health edu achievement, financial circumstances) pos, Swg ns** R Gl

(unter 5) **Mitglieder in Christian clubs/faith groups –srh pos, emergency room visits/physician visits/walk in clinic visits/dentist visits/days in hospital neg** R Gesu

(R Gesu,Abl) Franklin,M/Schlundt,D/McClellan,L et.al: Religious fatalism and its association with health behaviors and outcomes, in: American Journal of Health Behavior 31, 563-572, 2007
58 % Ne, Nashville, 69 % F, ca 54 J, helpless inevitability –anders als Franklin 2008
I don't need to try to improve my health because I know it is up to God.
2. If an illness runs in my family, I am going to get it too.
3. If I am meant to have an illness, changing my health habits won't matter.
4. I can control a small health issue, but only God can control a big health issue.
Healthcare utilize -had a primary care physician and how many times the participant had seen a doctor in the last year. physical activity behaviors- type of physical activities - e.g. walking,swimming, biking - An activity index was created by multiplying the average METS (metabolic equivalent– a measure of the level of exertion) per activity by the frequency and duration of each activity for all participants. Eating Problems- subjective judgment of eatingbehaviors (e.g. how often the participant reported overeating or making poor food choicesduring the past month). Emotional Eating how often the participants ate for comfort or ate when upset. //Stages of change - examined the incorporation of fruits/vegetables and the reduction of fatty foods in the individual's diet. Einteilung in :precontemplation, contemplation, action or maintenance stages of change.Fat increasing behaviors - eating fast food often, adding fatback or butter to vegetables when cooking , having a serving of meat at every meal. Fat decreasing behaviors -counting fat grams, eating a green salad each day and choosing low-fat options when purchasing groceries or eating in a restaurant , weight control currently trying to lose weight or

actively trying to avoid weight gain. chronic illnesses including hypertension, high cholesterol, and diabetes.

Helpless inevitability –Ne pos, edu inc minus, out of work/unable to work pos, retired pos MF ns; Doctor visits ns, primary doctor ns, activity pos, smoke ns, try to control weight ns, eating problems neg, emot eating ns, stage of change of fruits/vegetables/fat pos, fat increasing und decreasing pos, diab hyp chole chronic ill pos, perceived health minus, obesity ns,
mv age edu inc gender race –Arztbesuche ns, smoke weight control ns Krankheiten ns (außer Chole pos), activity ns, eating problems ns, emot eating pos, fat rauf und runter pos, stages pos chronic illness pos srh neg;

6,5 Punkte (2 sample, 3 Messung, 1 mv, 0,5 stat) **Helpless inevitability –GesuV eher pos/ns (Arztbesuche ns, Essverhalten pos/ns, smoke ns phys activity pos, obesity/try to control weight ns, mv phys act ns), aber diab chole hyp chronic ill pos (mv – Arztbesuch, smoke weight control, activity ns, chole chronic ill Essverh pos, perceived health minus)**

(R Gesu,Abl) Franklin,M/Schlundt,D/Wallston,K: Development and validation of a religious health fatalism measure for the African-American faith community, in: Journal of Health Psychology 13, 323-335, 2008

70 % F, Ne church members, Nashville, SES hoch, 'Health care Utilization' -had a primary care physician ,how many times seen a doctor in the last year; dietary behaviors - fruit/vegetable intake meat and fatty food intake.'Physical Activity' frequency and duration of physical activity over the previous month. 'Information Seeking' number of times participants had used various resources (physician,Internet, brochures) to gain health information. / number of health promotion programs and number of health screenings the individual has participated in
F 1 –divine provision (bis auf 2, 5, 17 alle unreine Ladungen !! –z.T. mehr als 0,5; Korrel der Faktoren 0,24-0.46))

1. If I just pray to God about my health, He will work it out
2. When I am sick I give my burdens to God and let Him handle it
3. God will take care of my health because I have found favor in his sight
4. If God wants me to have better health He will provide
5. I don't worry about my health because it is in God's hands
6. If I am sick, I have to wait until it is God's time for me to be healed
7. When I have a health problem, I pray for God's will to be done
8. As long as I stay focused in prayer, I will be healed of any sickness
9. Spiritual people should accept whatever God has meant for them
10. I trust God, not man, to heal me **.**
11. If a person has enough faith, healing will occur without doctors having to do anything

F 2 destined plan

12. Sometimes, God allows people to sick for a reason
13. If I become ill, God intended that to happen
14. Whatever illnesses I will have, God has already planned it
15. Sometimes someone can be ill .because of disobedience to God

F 3 helpless inevitability

16. I don't need to try to improve my health because I know it is up to God
17. I can control a small health issue but only God can control a big health issue

St Clara Faith pos zu F1, Rest ns; F1-3 pos zu God Locus of Health Control,
Health care utiliz, ungesundes Essen, info seeking –ns zu Faktoren; health promotion programs – F 3 neg (auch mv), health screenings – F3 neg(auch mv), physical activity alle drei neg (AutoK ?) (mv age inc: nur divine provision neg) (6 neg, 6 ns neg, 6 ns, mv 3 neg, 3 ns neg, 12 ns)

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **Rel health fatalism (Begriff falsch, Gott hilft, Kra mit Sinn, nicht nach Gesu schauen/Messung schlecht) - außer zu phys activity kaum Korrel zu GesuV da (mv 3 neg, 3 ns neg, 12 ns), F1 kaum neg, F3 etwas; F1 pos zu St Clara, F 3 nsneg; (falsche Ableitungen)**

(R Gl, Gesu, pos) Franzini,L et.al.: Religion, sociodemographic and personal characteristics, and self-reported health in whites, blacks, and Hispanics living in low-socioeconomic status neighborhoods, in: Ethnicity and Disease 15, 469-484, 2005
13 low status neighborhoods Houston Brownsville, nonHiwhite, Hi, Ne; bei Ne 53 % other affil ?! (auch P) SF 12 mh/physical health;
why do you think it is important to be a member of religious organizations –to participate in worship services, to do volu work to help others, to get help with food or clothes, to get help in finding a job, to influence politicians, to make friends, because it is part of our heritage; /
org rel –Kg, take part in other activities in the place of worship, nonorg: pray, impo of rel or spir beliefs to everyday life/as a source of meaning in life, /perceived racism -8 Items –personal, family friends experiences of racial ethnic prej, attitudes vs prej, /General social trust –do you think most people can be trusted or you cant be too careful about dealing with people (people in USA, Mexico, neighborhood, ethnic group, police bank personnel store clerks immigration officials)

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Umkehrung: Korrel z u org rel: ss pos, perceived racism ns ,/ ss ns, perceived racism pos zu nonorg rel,,(mv demogr, ss, trust,personal opportunity, perceived racism fear of victimization, unklar ob da Überko existiert –demogr und racism, trust –victimiz usw) , Umkehrung: Korrel zu org rel: trust ns, zu nonorg –trust ns (mv s.o.)** R pos
5,5 Punkte (2,5 sample, 1,5 Messung, 1 mv, 0,5 stat) **Korrel zu physical health (SF 12): org rel pos, nonorg neg (mv demogr), zu srh: org rel pos, nonorg neg (mv demogr und physical/mental health, ÜberKo;Kannib)** R Gesu

5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat) **Korrel zu mental health (SF 12) : org rel pos, nonorg neg (mv demogr) Kannib** R Gl

Fraser,G/Shavlik,D: Ten years of life. Is it a matter of choice ?, in: Archives of Internal Medicine 161, 1645-1652, 2001
Adventist Health study , 30 J ff,white, Calif, ca 34000 Vp, 76-88, aber 76-79 weggelassen –wegen healthy volunteer effect, smokers wenig-weggelassen, Vergleich mit nonHI weißen Calif, 5193 sterben, 28/31 % Veget, wer bis 30 überlebt –Lebenserwarung M 81, F 84, (vs Calif: plus 7,3/4,4), Veget plus 2; Nutzen wenn covariates at medium risk sind: veget ns, exercise ns, high nut bei M pos,BMI bei F pos, never smoke ns,(wahrscheinlich: mehr nut, exercise, veget als Bev, weniger smoke), Adv machen nicht alles ideal bei risk factors(veget, nut, exerc, smoke BMI – verlieren 4 Jahre dadurch)

7,5 Punkte (3 sample, 1,5 Messung, 1 bei, 0,5 stat, **1,5 Panel) SDA besser als Bev in Lebenserw (befolgen GesuV, aber nicht ideal) , unklar: ist Diff Adv-Bev durch erwähnte Faktoren (Veget, exercise, nut, BMI, smoke)vollständig erklärt ? –Nutzen bei Konstanthaltung von Rest: veget smoke ns (past vs never –jetzt raucht keiner) nut /exercise bei M, BMI bei F pos wirkend, -aber mit anderer Methode: Summe der Items –und alle sign außer veget -wirkt stark pos;**

Fraumeni, J et.al.: Cancer Mortality among nuns: role of marital status in etiology of neoplastic disease in women, in: Journal of the National Cancer Institute 42, 455-468, 1969

Teachers, administrative personnel, Madigan sample, 31658 sisters, 5792 sterben, Daten nur für Koh 2 und 3(40-74) -3326 VP verwendet; Vergleich mit F in Massachusetts 1910-1913, USA 1914-54, (uterus ovary fallopian tube nur berechnet)

5 Punkte (2 sample, 2,5 Messung, **0,5 panelartig**) **all cancer digestive perit –ns (ab 70 mehr),(evtl large intestine pos, biliary liver neg) breast pos, genital, uterus – jung minus, alt plus, ovary/fallopian tube nspos, all other cancer –ns**

(R Krim, pos) Free,M: Religiosity, religious conservatism, bonds to school, and juvenile delinquency among three categories of drug users, in: Deviant Behavior 15, 151-170, 1994

sample vgl Free 92, students, 19 J, 60 % F, white 96 %, ohne Vp, die in one-parent family leben//religiosity –vgl ebd; cP –wie proscriptive ebd –Ba LDS Pe evangelicals; lib –nonproscr P -Lu Pres Epi K J; moderate –UMC, //mv –like school/care what teachers thought; time spent on homework/partic in extracurr activities; truancy; parental employment, father's edu, /deli -22 minor (theft under 2 D, vandalism, fighting) 23 serious (theft ov er 50 D, assault, rape, breaking and entering) acts, /underage alc use, marij, other illicit drug (barbit,LSD, heroin, cocaine methedrine etc),
path analysis, mv (undurchsichtig)
3,5 Punkte (1 sample 1,5 Messung, 0,5 mv, 0,5 stat) **religiosity neg zu minor deli, cP ns;(bei path analysis der Korrelate zu alc use, marij use, illicit drug use), rel ns zu serious deli (indirekt: rel wirkt via minor deli auf serious deli) cP ns; R Krim**

(unter 5) **religiosity neg zu alc marij illicit drug use, cP dto**; R Gesu

Freed, C et.al.: Transplantation of embryonic dopamine neurons for severe Parkinson's disease, in: New England Journal of Medicine 344,710-719, 2001
Doppelblind –Transplantation vs sham surgery (nur holes were drilled in the skull), follow up ein Jahr –unter 60 jährige T hilft, über 60 jährige ns

(R Gesu, Rpos, R Krim) Freeman, R: Who escapes ? The relation of churchgoing and other background factors to the socioeconomic performance of black male youths from inner –city tracts, in: **Freeman,R/Holzer,H:** The black youth employment crisis. Chicago 1986, 353-376

Zeitbudget, was tun Jungs 24 Stunden am Tag, im Monat, Haupt-,Nebentätigkeiten, the 1979-80 NBER-Mathematica Survey of Inner-City Black Youth, and from the1979-81 National Longitudinal Surveys of young men (NLS). Inner city eher benachteiligt,weniger Kg; productive time" includes the following activities: working,searching for work, traveling to work, going to school, doing housework,and reading (***Productive hours*** - work, search for job, work travel, in school, study/do homework, watch children keep house, read books/magazines/etc. "Nonproductive time" includes "hanging out, playing games, watching TV/movies, going to parties, listening to music, getting high." monthly calculations productive time - months spent on a job, in training, or in school,(***Productive months*** regular work, casual work, training, and school.) nonproductive time months spent in jail, unemployed, and so forth / **mv welfare gang member, public housing parents present, demogr –rel Wirkung bleib**t, //How strong a role does religion play in your life?"

9,5 Punkte(3 sample, 4 Messung, 2 mv,bei, 0,5 stat) **Kg pos zu productive time use –bei allenVP, bei out of school Vp und out of school nonemployedVP pos; auch mv//bei allen VP: in school pos,// bei out of school youths: employed ns pos, wage ns, months weeks worked nspos; annual income ns, (je NBER, NLS black und white) /Korr schwach; rel attitude ns (Kannib); Korrel zu Kg: parents present pos, adult working ns, public housing neg, welfare neg, edu pos** R pos

6,5Punkte (3 sample, 1,5 Messung, 1,5 mv, 0,5 stat)**Kg –inc aus illegal activities neg, auch mv/(je NBER, NLS black und white) Korr schwach; rel attitude ns(Kannib)// Korrel zu Kg: gang member neg,** R Krim

6,5 Punkte (3 sample, 1,5 Messung ,1,5 mv 0,5 stat**) Kg- drug alc use neg, auch mv(je NBER, NLS black und white) Korr schwach, rel attitude ns (Kannib)** R Gesu

((Friedlander,Y/Kark,J/Stein ,Y: Religious orthodoxy and myocardial infarction in Jerusalem – a case control study, in: International Journal of Cardiology 10, 33-41, 1986

Jan 79-April 82 –patients unter 65 mit Herzinfarkt, 4 hospitals in Jerus, controls aus lipid research study 1980/81, cases 454 M, 85 F, controls 295 /391, /what do you consider yourself –ultraorth, orth, trad, sec; to what extent do you observe religious commandments –pedantic, most rules, some, not; do you keep kosher, do you travel by car on Sabbath, attend syn services on Sabbath, observe ritual of family purity (abstinence from sexual intercourse during menstruation and one week after, and ritual purific baths for women) –evtl dann nur Sbez genommen?
Cases rauchen mehr, weniger physical activity, mehr sec; trad ns BMI ns edu minus –Auswahl der controls unklar: nur Vp ohne Herzprobleme, sonst wenig parallel: auch age ethnicity edu verschieden; rel Zusammensetzung von Jerus-Bev unklar, controls repräs ?
Korrel zu Herzinfarkt: secular pos (mv age, Herkunft, edu smoke phys activity BMI) MF, kleineres sample, nachher interviewt –mv obiges und Chole, Hypert –sec plus, trad ns,

(unter 5) **orth J neg zu Herzinfarkt, control group Zusammensetzung aber unsicher))**

((Juden)Friedlander,Y/Kark,J/Kaufmann,N/Stein,Y: Coronary heart disease risk factors among religious groupings in a Jewish population sample in Jerusalem, in: American Journal of Clinical Nutrition 42, 511-521, 1985

Sbez: Ultraorth 28 M, 20 F, orth 103/120(zusammengerechnet als orth) trad 154, 202, sec 71/68,

Orth(mv age, origin, BMI class) –BMI (ca 27) pos, smoke neg(und wenn smoke –weniger davon) Bd ns, Chole neg, dietary chole intake ns, plasma triglycerides neg, HDL ns,LDL minus; Kalorien ns, fat intake neg, saturated fat neg, polysaturated fatty acids ns, Kohlenhydrate pos,energy durch dairy products –neg,durch meat/oils/veg,fruits/bread ns, fat durch dairy neg, durch meat/oils ns, SFA intake dairy neg, meat/oils ns,(meistens: M sign, F selber Trend ns),
Kosher: kein Schweinefleisch/best Arten von Fleisch/Fisch,)
6,5 Punkte -GesuV(1 sample, 3,5 Messung, 1,5 mv, 0,5 stat**) ultraorth/orth –Bd ns, BMI pos (27), Chole neg(Chole in Nahrung ns), Triglyc neg, LDL neg (ist gut) , smoke neg, fat intake neg, Kohlehydrate pos,Kalorien ns))**

((Friedman insgesamt: N neg bei M oder ?, optim humor cheerful neg, C pos, sociability unklar; Friedman,H : Personality and longevity: paradoxes, in: **Robine,J-M et.al (eds):** The paradoxes of longevity. Bln HD NY 1999, 113-122
Info: C (und ein bisschen A) prudence, conscientiousness, freedom from vanity/egotism, truthfulness –**longevity plus,** injury risk, Krebs Herz geringer; /sociability/**N** –psy adjustment –nervousness, anx, nervous breakdown oder poor psy adjustment (moody) –**longev neg,** /**optim humor/cheerful** –mehr alc smoke take risk, **weniger longev**, /C neg zu drink smoke,/cheerful neg unabh von drink smoke))

(Friedman,H/Tucker,J/Schwartz,J et.al.: Psychosocial and behavioral predictors of longevity, in: American Psychologist 50, 69-78, 1995
Info: Etwas anders
((Überblick: Eltern div - 4 J weniger Lebenserw Urs nicht Krebs Herz; Tod von parent ns, /selber verh vs div pos, div Eltern und eigne div wirken, /als Kind mit 11 **– prudent, conscientious,** truthful, free from vanity –**L-erw steigt**, **bei M v.a.,** unabh von drinking, smoking; wirkt auf Herz und Krebs,/**popularity preference for playing with others ns, sociability ns/neg,permancency of mood bei M pos, /optimism sense of humour neg** – more take risk, smoke, alc,/moody anx nervous neg, /drink smoke neg, obesity unklar

((Friedman, H/Tucker,J/Tomlinson-Keasey,C et.al.: Does Childhood personality predict longevity ? in: JPSP 65, 176-185, 1993
Messungen: C –prudence –forethought, freedom from vanity/egotism, conscientiousness, truthfulness/Sociability –fondness for large groups, popularity leadership pref for playing with several others, for social acti like parties /high selfesteem high motivation –selfconfidence will power, desire to excel, to know, originality/cheerfulness –sense of humour,cheerfulness-optim; high energy - physical energy, pref for games requiring a lot of exercise, pref for playing outdoors/ /permanency of mood M gleich F; F mehr C,
Korrel zu lebend bis 70; **/C pos**, **cheerful neg;** IQ ns; **bei M permanency of mood pos**, C bei M stärker;))

(R Gesu,Abl) Friedman,L et.al.: Medical and psychosocial predictors of delay in seeking medical consultation for breast symptoms in women in a public sector setting, in : Journal of Behavioral Medicine 29, 327-334, 2006
F (55 Hi, 28 Ne, 11 wh) die medical oncology breast surgery clinic besuchen, mit breast symptoms, noch ohne Krebs-Diagnose; What do you think your chances are for getting breast cancer some day, //barriers –hard to get an appointment,,hard to get off work , cost, rather not think about it,worried it might be cancer, worried about cancer treatment, worried that I might lose my breast, too long a wait at the clinic; first discovered breast symptoms –afraid, anx distressed scared;
(unter 5) **Delay - how long did you have your breast symptoms before you first consulted a doctor–neg zu how spiritual/religious do you consider yourself, auch mv(age edu, lump getastet,chances getting breast cancer, ethnicity, cost, not think about it)**

(R Gl, Gesu, div, pos) Fuchs,J et.al.: Health risk factors among the Amish: Results of a survey, in: Health Education Quarterly 17, 197-211, 1990
400 Amish verglichen mit 773 nonA die im selben –Holmes-County leben// A –HausF plus, verh plus, div Null, never married F plus, keine high school oder mehr, M selfemployed plus, hypertension neg (mv MF, age) (Amish mit Hyp – low salt ns, watch weight neg, avoid stress ns, exercise neg) add salt to food at the table neg, obese (120 % von ideal body weight) –M ns, F pos (18-24 minus) /wer obese ist bei A –weniger try to lose weight; feeling depressed or low always/nearly always/sometimes M ns, F pos, /anx or nervousnes interfere your ability to carry on your regular activities always/nearly always/sometimes M/F pos

5 Punkte (1,5 sample, 2,5 Messung, 0,5 mv, 0,5 stat) **Amish weniger Hypertonie (mv age MF), add salt to food (mit Hyp: watch weight exercise neg), bei obese M ns, F pos (18-24 minus) wer obese ist: weniger try to lose weight** R Gesu
(unter 5) **Amish depr M ns, avoid stress ns, F pos, anx interferes in regular activities beide pos** R Gl
2,5 Punkte (1,5 sample, 1 Messung**) div Null** R div
2,5 Punkte (1,5 sample, 1 Messung) **edu keine high school oder mehr** R pos

Galanter,M/Dermatis,H/Post,S/Sampson,C: Spirituality-based recovery from drug addiction in the twelve-step fellowship of Narcotics Anonymous, in: Journal of Addiction Medicine 7, 189-195, 2013

Vp aus 10 NA-groups, craving for drugs/alcohol, depr per Brief Symptom Inventory, 39 J, 6 J ohne drugs, 72 % M, spiritual but not religious (65%), spiritual and religious (28, feel God's presence, many times a day (25%), every day (29%), most days (18%), some days (14%), once in a while (8%), and never or almost never (6%). 84 % experienced a spiritual awakening, of those reporting a spiritual awakening, 89% reported that it made abstinence easier. church attendance,

25% reported attending at least once a month, 40% less often and 35% not at all.(jeden Tag Gottes Präsenz, fast alle mit spir awakening, aber kaum Kg !),
feel Gods presence daily –years abstinent pos, NA meetings/beliefs/affil pos, craving for substance –drug alc neg, Kg: years abstinent ns pos, NA meetings ns neg, NA beliefs pos affil ns craving ns; mv zu craving –spir awakening neg (Ko von abstinence, NA affil, served as a sponsor, plus ?) **12.step von NA –had a spiritual awakening, 2 Untersuchungen zeigen, dass das bei Entzug hilft; 2:2 Studien: spir Teil von AA hilft**

5 Punkte (1 sample, 3 Messung, 0,5 mv, 0,5 stat) **Subj: spir awakening made abstinence easier; feel Gods presence neg zu: craving, pos zu years abstinent, NA meeting/belief/affil; Kg - years abstinent ns pos, beliefs pos, Rest ns,/ spir awakening mv neg zu craving, /sample mehr spir, weniger rel, weniger Kg, mehr feel presence of God, mehr spir awakening als Bev**, R Gesu

(unter 5) **Depr –feeling God's presence daily neg, Kg ns** R Gl

(R Gl/Gesu) Gall, T: Relationship with God and the quality of life of prostate cancer survivors, in: Quality of life research 13, 1357-1368, 2004

Sample mehr Kg und weniger Glaube als Bev.
Causal attr of life events - illness ? (nicht ganz klar) God's will/purpose, God's love/reward, God's anger/punishment, causal attr to a spiritual force, /
benevolence – God's loving nature; providence – God's control, /
God wrathful – controlling, punishing, demanding; kindly – comfort loving just; distant – inaccessible, distant impersonal
SF 36, physical functioning, general mental health, role limitations due to emot problems, social functioning, general health perceptions, (benevolence doppelt so viel wie provid; God's anger 1,58 von 5, will purpose 2,82, /wrathful 2,25, Kindly 4,36, distant 2,03//
Benevolence – zu SF36 alle fünf pos; providence ns/ns neg; //causal attributions God's anger/spir force stark neg, God's will ns neg, God's love stärker neg, z.T. ns, wrathful ns neg, kindly pos/ns, distant neg ns,
Kra als God's will – positive change in phys health letztes Jahr//
zu health control (illness management, self mastery, self blame, illn prevention)– benev minus, provid ns pos, God's will, love, anger spir –alle pos, wrath und distant auch, kindly schwach; //alle ns zu optimism (kindly benev ns pos),//mv role functioning –anger neg, benev spir force ns neg, social functioning – anger neg, benevo und kindly ns pos, /emot funct – alle ns außer anger, //
pos Gottesbild pos zu Gesu, mh; aber neg zu control über Krankh; benev pos zu Gesu, neg zu control –co eher neg ? blame !; God's anger immer neg außer bei control

(unter 5) **Physical functioning –benevol nspos, provid ns, God's will/love/spir force ns, God's anger nsneg, wrathful nspos, kindly ns, distant nsneg; God's will pos change in phys health;**

General health –benev pos, prov ns, God's will/love/spir force nsneg, anger neg, wrathful nsneg, kindly pos, distant nsneg; health control –benev nsneg/neg, prov ns, God's will pos/nspos, love pos, anger spir pos, wrathful nspos, kindly ns, distant pos R Gesu

(unter 5) **Gods anger/punishment/spir force als Grund für Krankheit –wenig da, God's will/purpose mehr, God wrathful/distant selten, kindly viel; benevolence doppelt soviel wie providence,**
mh –benevolence pos, providence ns, anger/spir force neg, will ns, love neg /ns?, wrathful nsneg, kindly pos/ns, distant nsneg, /optimism und emot functioning alle Items ns außer anger neg (auch vs social und role functioning) R Gl

(C-Wirkung ?Pl) Gallagher,E et.al.: The relationship of treatment adherence to the risk of death after myocardial infarction in women, in: JAMA 270, 742-744, 1993
Propanolol (Betablocker) vs Placebo –ns besser wirksam, wichtigerer Faktor: adherence –Diff adherence vs nonadh -4,2 bei Prop, und 12,2 bei Plac vs Diff Placebo –Propanolol –bei poor adh 11,3 –bei good 2,3; adh 16,4 vs Pl 13,6//adh wirkt bei Pl stärker als bei Prop, nur 32 gestorben//**adherence neg zu mort bei Pl/Prop (C?)**

(R help, Gesu, Gl, Sm, Krim) Gallup,G/Lindsay,M: Surveying the religious landscape. Harrisburg 1999
5 Punkte (3 sample , 2Messung) **Born again –alc zig drinking/gambling a problem in family neg**, R Gesu
(Astrol fortune teller reincarn ns ! pro channeling – allowing a spirit being to temporarily assume control of human being bei trance)
6 Punkte (3 sample ?, 3 Messung) Beten: 95 % -petitions answered, Art der Antwort: **feel more peaceful, hopeful, 96/94;** get what prayed for 62, divine inspire, being led by God, **/wenn man sich discouraged or depressed fühlt** –was tut man und wie effective ist es: **spend more time in prayer, medit or reading the Bible –tun 5, effective Rang 1, seek out pastor rel leader 9-5;** (more exercising 6 -2),(more time alone, hobby TV reading music -1 -6; seek out friends to talk with 2-3; family -3-4; eat moreless 4 -12;) **when faced with a problem or crisis, to which of the following kinds of support turn to help –prayer Nr.2, 80 %, read bible/inspired lit –Nr 5 (64), rel counselor 6 (40**),(family 1 -87,l close friends 4 -73, work on own 80, /rel stark beteiligt an small groups –Bev 40, Kg 62, member 52)-(gibt Räume, Themen, supervision durch clergy,materials,Mitglieder), **–die geben emot support, feel better about oneself, feel like you are not alone, give encouragement when you are feeling down (72-92**), help with emot crisis, financially,provide child care 40, meist zweimal im Monat, mehr als eine Stunde, schon 3-4 Jahre, **Tell me whether you frequently or occasionally do the following when you feel discouraged or depressed and how you rate its effectiveness – spend moretime in prayer/medit reading the Bible -48, somewhat effective 94 ,Nr.1** ,(vgl mehr Hobby seek out friends family members 77-66, Nr 3,4,6/ exercise 40, Nr.2; **seek out pastor rel leader -27**/Nr 5; Rel nicht so oft –Rang 5/9 –Wirksamkeit 1 und 5; **when you are faced with a problem or crisis, to which of the following kinds of support would you likely turn for help – share with family, dann prayer, work it through on your own, share with friends, read bible or inspired literature, rel counselor** R Gl

Rel Wissen der Amis: erstes Buch der Bibel -49, wer regiert zur Zeit Jesu 35, was feiert man an Ostern 75 !, was ist Holy Trinity 40, who delivered Sermon on the Mount -34, wo wurde Jesus geboren 64, Mutter Jesu 95 !,

6,5 Punkte (3 sample ?, 3,5 Messung**) Please tell me if you yourself have done the following: contributed food, clothing, or other property –church member 78 non-member 66, made non-church monetary contrib. 73-64; made church charity monetary contr -77-24, served as an unpaid volunteer worker 46 -32/ people directly helped: needy relatives 57-47, needy friend 54-51, needy neighbor 53_42, homeless street person 37-33, /people who benefitted from direct or indirect help – poor homeless 64-59, elderly 68-50, young children 62-58, sick-59-43, victims of crime/abuse/disaster 42-37 wer betet –denkt seine Gebete machen ihn zu einer besseren person 86 % Mitgl in small groups –s.u. – spurred by them to serve outside the group 55 %** R help

4,5 Punkte (3 sample ?, 1,5 Messung) **Gegen physician assisted suicide -31, rel faith most important influence in my life 68(not impo 11) my life belongs to god/higher power -46-13, born again 50-19, wer an LnT glaubt weniger pro** R Sm

4 Punkte (3 sample, 1 Messung) **are you in favor of the death penalty for a person convicted of murder –rel very impo pro 75, fairly impo 84, not very 69** R Krim

Gardner,J/Lyon,J: Cancer in Utah Mormon men by lay priesthood level,in: American Journal of Epidemiology 116, 243-257, 1982a

Male, active in church , worthy –abstention from alc tobacco coffee tea obedience to honesty moral cleanliness tithing attend at church meetings –dann ordained to office of Elder, später seventies/high priest,/Vp diagnosed mit cancer 1966-1970, 1979 Vp sterben (Vp mit Krebs die sterben- woran ist unklar, es gibt auch Erkrankte, die überleben) –davon 77 unter 20, 83 ohne Info, also 1819 cases; aus Kirchenregister wer vor Krebserkrankung elder/priest war,/number of deceased cases divided by the respective mid-1968 population estimate (1976 priesthood Verteilung auf 68 angewendet)
Priest weniger cancer incidence als elder weniger als none/Aaron(mit 16), Krebsarten –N zu klein (Lunge klar, Magen Kolon Blase Pankreas ! Ösoph Leukämie ! Mund neg, Prost brain melanoma rectum ! ns,smoking und non-smoking related sites neg,
LDS –in small towns, edu plus, weniger occ hazards, smoke minus, alc tea coffee minus, div minus fert plus fewer sexual partners birth control hysterectomy ,
6,5 Punkte (3 sample, 2 Messung, 0,5 stat, **1 Panel) LDS religiosity (priesthood) neg zu Krebserkrankung, in fast allen Krebsarten neg, smoking und non-smoking sites (auch Leuk Pankreas, kidney stomach colon Hodgki lymphom; Prost brain melanoma ns) ; Methode dubios**

Gardner,J/Lyon,J: Cancer in Utah Mormon women by church activity level, in: American Journal of Epidemiology 116, 258-265, 1982b

Selbes sample G/L 82a, Messung von activity vor Erkrankung-temple vs nontemple marr, missionary calling held church office with presiding authority, temple workers; other Church offices, /ohne converts less than 20 years mit church activity, unmarried F eher ausgelassen, 1561 Vp -137 unter 40, 13 recent converts 57 fehlende Info;

6,5 Punkte (3 sample, 2 Messung, 0,5 stat, **1 Panel) Smoking assoc sites (oral cavity,pharynx Ösoph larynx lung Blase) –church activity neg zu Krebserkrankung (schwächer als bei M) , breast ns !, ovary Buckel, Stomach other/unknown Hodgki rectum minus, colon pos(N zu klein: cervix minus, Blase Buckel, Niere colon !, pancreas ! brain Leuk ! plus (anders als M)) Methode dubios (s.o.) lung rectum neg, brain pos, Rest 3 ns (breast), 9 nsneg, kidney, pancr Myelom nspos; 2 neg, 7 nsneg, 3 ns, 5 nspos, 1 pos;**

Gardner,J/Sanborn,J/Slattery,M: Behavioral factors explaining the low risk for cervical carcinoma in Utah Mormon Women,in: Epidemiology 6, 187-189, 1995

F 20-59, white, cervic cancer 1984-1987, controls age, county, rr ca 60/67

LDS OR 0.39, occas Kg 0.66, frequent 0.13 vs no aff/never attend, bei LDS Mediatoren: age, Zahl der sex partners von M/F und smoking, bei Kg –auch mit diesen controls noch neg, /bei Kg never/occas –keine Diff LDS –Rest;
4,5 Punkte (1 sample, 1,5 Messung, 1,5 mv, bei, 0,5 stat) **LDS weniger cervic cancer –aber nur bei viel Kg, Mediatoren sex Verh/smoke; Kg Hauptfaktor, nicht LDS**

((**Garfinkel,M:** Yoga-based intervention for Carpal Tunnel Syndrome, in: JAMA 280, 1601-1603, 1998

9 von 51 withdrawn, interve 22, control 20, Yoga program 1-1,5 Stunden, zweimal die Woche, 8 Wochen//sitting with extension of the trunk,hands in prayer position, arms extended overhead, dto with fingers interlocked, dto with palms together in prayer, dog pose with chair –special emphasis on hand placement, hands joined in prayer position behind the back, arms interlocked in front of the body,chair twists, standing mountain pose, 90 degree forward bend to wall, relaxation//
Yoga bei grip strength pos, pain –neg (controls jeweils etwas schwächer,nicht sign), nerve sensory conduction –ns, nerve motor conduction –neg(controls auch), phalen sign –improved pos, tinel sign –ns, sleep disturbance –ns;
(unter 5) 1 Interve **Yoga hilft bei Karpaltunnelsyndrom –aber nur bei 4 von 7 Symptomen, vs Ko-gruppe))**

Gaudette,L et.al.: Cancer incidence in a religious isolate of Alberta,Canada, 1953-74, in: Journal of the National Cancer Institute 60, 1233-1238, 1978

Alberta Cancer Registry seit 1953, Hutterer per surnames identifiziert und Straße, Zensus zu Hutt da, andre Altersstruktur –jünger, /ca 69000 Alberta-Krebs, 115 Hutt,/keine Hinweise darauf, dass Hutt weniger in Klinik gehen; M gleichviel expected und observed, F weniger observed (mit age-control), Todesursachen –HuttF cervic minus,skin breast leuk lung ns,/HuttM- skin minus stomach plus Leuk plus, Lung neg,(nur cervix und stomach sign)

5,5Punkte (2 sample, 2,5 Messung, 0,5 bei, 0,5 stat) **Hutterer F weniger Krebs als AlbertaF, (cervic), M ns (stomach und lung neg, Leuk pos)**

Gauter,T/Weihrauch,R: Placebo: Ein wirksames und ungefährliches Medikament. München 1997
N zu gering, viele versch Arten von Pl/Sit, samples unvergleichbar, Pl-reaktion oft nicht konstant, evtl hats jeder etwas, oft Wirkung nicht reproduzierbar,
Suggestibilität, Angst, wenig Swg, Stress,Hilfsbedürfigkeit, umstritten: Ne F / Alter Intelligenz ns, Arzt –glaubt an Wirkung, freundlich und entschieden, Vp glaubt an Arzt/Medik, vs unsicher abweisend launischer Arzt , Arzt wirkt besser als Schwester, Akzeptanz der Therapie, dem Arzt gefällig sein wollen,/analget Wirkung via Endorphine, Wirkung nicht auf Krebs, eher bei: subj Symptomen, Schmerz, gastrointestinalem neuropsychologischem (auch: Angina pectoris, Bd (auch Null) Ulcus, M Crohn, Colitis ulcerosa Krampfadern Asthma Husten Heuschnupfen Erkältung Grippe, Schlaf, Angst, Depr Parkinson, MS/Neurosen/Psychosen (auch Null) auch organische Effekte –Magensäure Blutzucker Adrenokortikoide Fingertremor, Herzfrequenz, Hämatokrit usw, Gelenkerkrankung Leistung im Sport steigt, ScheinOP –bei Behandlung der Angina p, /vlg aber auch Spontanremission, /Nebenwirkungen auch da, subj und obj –(Blut, Hauterscheinungen MagenDarmstörungen Bd Kollaps Tremor Harnverhalt Augenstörungen, Appetit, Angstzustand Schwindel Schweiß Mundtrockenheit,/es gibt auch: Nebenw die vor Behandlung existieren, aber danach auf diese zurückgeführt werden, Erhebung wichtig-Aufmerks, Nachfrage –mehr NW Insges ca 25 % Wirkung

(R help, Gl,div, Gesu) Gill,R:Altruism and religious culture in the West, in:
Habito,R/Inaba,K: The practice of altruism. Cambridge 2006, 79-98

British Household Panel Survey/British Social Attitudes –member of community or voluntary group Vp 35-59 –evtl 1954 und 1994 –Kg pos, never und no rel gleich neg;

(BHPS) Weekly Kg plus Bible is Gods word and every word in it is true (strongly agree) vs Kg plus : weder agree noch disagree/disagree/strongly disagree – das sind mehr !!) vs Bev – div is better than unhappy marriage 50-64-78; ; coh is wrong –73-25-12; live as couple -0,7, 2,9, 8,2//children should care for elderly parents –61-37-35; qualities which best prepare children for life –help others 58/61/53; , (obey parents/think for self/work hard/man should be head of household: lit vs Rest), active in voluntary service group -9/11/5; suffer from anx/depr -10/7/6; smoker 8/12/28;
Nicht beurteilbar-sample unklar, keine Angaben zu Sign; Messung interessant –Kg mit lit weniger als ohne lit !,
(unter 5) **volu Kg never gleich wenig wie no rel; children should care for elderly parents Kg/lit mehr als Kg/nonlit/Bev; help others und active in volu service group: KgLit/non lit mehr als Bev;** R help
(unter 5**)suffer from anx/depr –Kg plus lit nspos vs Kg ohne lit vs Bev** R Gl
(unter 5) **coh lit besser als nonlit als Bev; div besser als unglückl Ehe –dto** R div
(unter 5) **smoker Kg plus lit –Kg und nonlit- Bev** R Gesu

Gillum,F/Ingram,D: Frequency of attendance at religious services, hypertension, and blood pressure: the third National Health and Nutrition Examination Survey, in: Psychosomatic Medicine 68, 382-385, 2006
NHANES III, über 20 J,ohne Schwangere, history of heart attack,stroke,heart failure, /Kg –never,1-51, 52, mehr als 52 pro Jahr, 3 Bd-Messungen zu Hause, 3 in mobile examination center, über 140/90 ist Hyp –oder Bdmittel nehmen,

7,5 Punkte (3 sample, 2,5 Messung, 1,5 mv, 0,5 stat) **Kg –BMI pos (27), systolic Bd ns, hypertensive (über 160/95 nun !) pos, use of Bd-Arznei pos, smoke minus, srh plus, mv (demogr, BMI smoke srh –BMI pos, srh smoke neg zu Bd) –Kg (52 und 52 plus)neg zu hypertension (medication und/oder systolic –unklar) und zu systolic allein (hier auch Ko von hyp treatment) –Bewertung ? biv pos, mv neg, ÜberKo –Mediatoren ? aber srh und smoke wären eher suppressoren**

Gillum,R/King,D/Obisesan,T/Koenig,H: Frequency of attendance at religious services and mortality in a US national cohort, in: American Journal of Epidemiology 18, 124-129, 2008

NHANES National health and nutrition examination survey, T 1 1988-94, T 2 2000 Ende (ca 9 J) von 20000 Befragten 12000 weggelassen –schwanger, andre Rel, missing data, 1875 not examined, ohne 17-39 J, Kg 52 mal im Jahr vs 0; N 8450 –davon sterben 2048
Chronic illness –heart attack, heart failure, stroke medication for hyp, diab, chronic bronchitis, emphysema nonskin cancer, difficulty in climbing one flight of stairs or walking a quarter mile; ss other than from congreg ?;
Kg (mv age) zu: srh pos, chronic ill neg, mobility ns, smoke neg, alc past month neg, phys activity pos, no regular visit in clinic bei Arzt neg, ss pos, systolic Bd neg (Trog) BMI nspos, (z.T. weniger als weekly besser als weekly/more), C-reactive protein minus,
Kg zu mort: weniger als weekly negativer als weekly(ns) und more than weekly (schwach neg); never klar pos; keine Intera mit gender,
mv –demogr srh fu health chronic ill mobility: Kg weekly und more than weekly neg, weniger ns neg, never pos, dazu noch: syst Bd, BMI ,C-reactive protein smoke alc phys activity Arztbesuch verh ss –alles ns, (mehr als weekly 84, mv 1 -70)
T 1 missing data –aber in follow up da –Kg never poor health und sie sterben früher –Selektion ?

13 Punkte (3,5 sample, 4,5 Messung, 3 mv, 0,5 stat, **1,5 Panel) Kg pos zu srh, phys act pos, Bd chronic ill smoke alc no regular visit bei Arzt neg, BMI nspos, mobility ns, C-r-protein neg, mort neg mv demogr, Gesu, keine Intera MF, mv mit Gesu(V) demogr ss ns neg**

Glick,M et.al.: Dietary cardiovascular risk factors and serum cholesterol in an Old Order Mennonite community, in: American Journal of Public Health 88, 1202-1205, 1998

rr 70, Vergleich mit National Health Interview Survey (ca 140 -18-49 vs 10000/ 160 Vp 18-44 vs 25000 US whites NHANES (National Health and Nutrtition Examination Survey)

(unter 5) **Menno in Nahrung: Kalorien, Protein, Kohlehydrate, Fett Cholesterin pos, oleic/linoleic acid ns, Chole im Blut –M neg, F ns, systolic Bd –M neg, F ns; diastolic beide neg, BMI neg,**

Glik, D: Psychosocial wellness among spiritual healing participants, in: Social Science and Medicine 22,579-586, 1986

Sample wie Glik 1, healing groups vs Patienten (utilizers of primary care) New Age Leute nur 49 % Christen, illness severity Ch und NA besser als Pat, bei Gesu NA am besten; General Wellbeing, BSI (neurotic) und illness wellness behavior Ch besser (unsicher ob signifikant) ; allg: healing groups besser als Patienten auch mv (BSI, körperli Gesu, wellbeing und wellness behavior) –age verh illness severity, sex, intrinsic rel, salience of rel; healing groups mehr religiosity da

3,5 Punkte (1 sample, 1,5 Messung, 1 bei) **Christen und New Age healing groups in well-being/BSI besser** R Gl

(unter 5) **Christen und New Age healing groups in Gesu besser** R Gesu

Glik, D: The redefinition of the situation: the social construction of spiritual healing experiences, in: Sociology of Health and Illness 12,151-168, 1990;

160 VP aus spir healing groups

keine klare Korrelation zwischen gemessenem Wandel der Gesu und claims of healing, evtl. health problem redefinition und dann healing behauptet– nicht gezeigt, eher behauptet (also Idee: Leute erleben keine Veränderung, behaupten aber eine) bessere Untersuchung wäre: T1 und T2 Veränderung in m.h./Gesu in Bezug zu Glaube/Teilnahme an healing-Gruppen, subj claims zu healing sind unzuverlässig

Aber: **qualit Aussagen zu healing schildern Lz-pos Zustände – müssten in Messungen auftauchen; Keine Diff bei healing zwischen New Age und christl Gruppen**

(R Gesu/Gl/pos) Glik, D: Beliefs, practices, and experiences of spiritual healing adherents in an American city, in: Jahrbuch für transkulturelle Medizin und Psychotherapie 3, 199-223, 1992
Healing groups, treffen sich for purpose of healing rituals, charism or fundam, metaphysical New Age human potential groups, dreimal in 6 Mon interviewt, co-group medical patients, /index of behavioral wellbeing – adherence to sick or well roles; 44 % (almost)completely healed, 28 partially 14 slightly, 6 very slightly 8 not at all,(not at all zu kleine Gruppe 13 VP vs 147)vs healed –illness severity, phys wellbeing, behavioral wellbeing pos bei healed, Lz (Campbell) und BSI ns,(Deutung: Gesunde berichten mehr healing) dann andre Analyse –

healed ns zu allem (evtl einmal healed in T 2 und T 3 zu T 2 und T 3, anderes Mal Korrel zu change scores in Items) ,keine Änderungen in 5 Items über T1 –T3,
Health problems – (psycho)somatic, psychological , religious, situational, moral GesuV social problems, /am Ende wird auch was geheilt,das am Anfang nicht als Problem da war, wer Problem redefined sagt eher er sei geheilt, redefined problem – chronischer, weniger medical ,taucht neu auf,
keine Korrel von 2 Gruppen mit obigem – mit Problemtypen, redefin, degree healings are claimed,
5,5 Punkte(1 sample, 3 Messung, 0,5 stat, **1 Panel) Panel dubios, subj healing korrel nicht/doch mit subj Gesu (Gesu-änderung) /mh** R Gesu/Gl

Gmür,M/Tschopp,A: Factors determining the success of nicotine withdrawal: 12-year follow-up of 532 smokers after suggestion therapy (by a faith healer), in: International Journal of the addictions 22, 1189-1200, 1987

Hermano Michel, Hypnotiseur,behandelt smokers in groups of 30, H erklärt seine Theorie, legt Hand auf Kopf von Vp und by means of a vibrating movement, puts out of action the cerebral nicotine addiction center, das the smokers repeated reaching for a cigarette triggered,
Befragung eine Stunde vor Behandlung –kein Rückfall nach 12 J -16 %, nonsmokers 38% nach 12 J –incl 22 % mit zeitweiligem relapse)
Vergleich: 75 Vp die seit 12 J nicht rauchten vs 4 month failures und andere, die nur kurz aufhören –Kg pos (M, wenig Schnaps und sweets /Rauchverh irrelevant) auch mv bei Ko von alc/starker vs schwacher Abhängigkeit und Glaube, dass Behandlung wirkt, if you believe in it;,
(unter 5) **1,5 Interve/Panel Kg pos zu stabilem Nichtrauchen nach Handauflegung 12 J zuvor, mv**

((Goldbourt,U et.al.: Factors predictive of long-term coronary heart disease mortality among 10059 male Israeli Civil servants and municipal employees, in: Cardiology 82, 100-121, 1993

Über 40 J, aus best Distrikten in Haifa Jerus Tel Aviv, -teachers social workers postmen prison wardens dock workers cleaning personnel, engineers scientists, administrators, Eisenbahnarbeiter, rr86, 1963-1986, 10059 Vp - 3473 Tote, 1098 sterben an CHD/rel orth –religious, sec, both education, selfdefinition orth trad sec, synagogue-going –never, high holidays only, all holidays and Sabbath, daily,
9 Punkte (3 sample, 1,5 Messung, 2,5 mv, 0,5 stat**, 1,5 Panel) Mort von most orth (2103) vs orth/trad/sec/nonbeliever (diese sind ziemlich gleich) –all cause und CHD neg, most orth entspricht never smoke; mv age, syst Bd, Chole, smoke, diab, BMI CHD at baseline – most orth weniger mort))**

Goldman,N et.al.: Marital status and health among the elderly, in: Social Science and Medicine 40, 1717-1730, 1995
Longitudinal Study of Aging , T 2 nach 6 J, Alte, Messung von baseline health status,-ADL no help, ADL with help, work-related limitations, ohne disab,/no church in two weeks/20% der survivors in T 2 antworten nicht, mv -mar status, disability, srh, medical conditions -ever broken hip, heart attack, stroke cancer diab hypert hardened arteries, keine private health insurance inc to

needs ratio income home owner no contact friends/relatives 2 weeks, no social events 2 weeks, age, black,)
10,5 Punkte (3,5 sample, 1,5 Messung, 3,5 mv,bei, 0,5stat, **1,5 Panel) No church T 1 pos zu mortality T 2, ns pos zu disability T2, mv (bei M und F/evtl ca 2000 Tote**
(vgl Harris, dasselbe)

((Goldstein,A: Patterns of mortality and causes of death among Rhode Island Jews, 1979-1981, in: Social Biology 33,87-101, 1986

379 tote M, 356 tote F, Vergleich zu whites in Rh Island-age at death der J –M plus 3,6, F 3,2 /foreign born Jew bei Tod älter, SES bei M neg ! bei F sterben homemakers später,
Age at death abh von Altersstruktur (höheres Durchschnittsalter –höheres Sterbealter ?)
Todesursachen –kaum Diff: J –M mehr diab, weniger respiratory, F evtl other heart dis weniger;/bei M und high SES eher mehr cancer und Herzinf, /J gleichviel digestive cancer-Tod, weniger respiratory, genitalurinary plus(M) als Bev, F –respir genital breast ns,weniger digestive, /Daten unklar, viele unspecified cancers, CVD –bei M alles gleich, F –alter Herzinf minus, other CVD pos,
5,5Punkte (1 sample, 3 Messung, 1 bei, 0,5 stat**) J mit höherem age at death, foreign born und low SES älter, Todesursachen kaum Diff, kein Muster))**

((Goldstein,S: Changes in Jewish Mortality and survival, 1963-1987, in: Social Biology 43, 72-97, 1996
Rhode Island, death rate of J-M 1963 gleich white males, jüd F mehr, Lebenserwartung J M mehr; JF gleich,1987: jüd M weniger, jüd F mehr mort als MF(Ko von age)(jüd F mehr als jüd M!) ,jüngere J sterben weniger, ältere mehr, /Lebenserwartung: jüd M mehr, jüd F ns, jüd F mehr als jüd M(anders als death rates) survival rates –M 63 bis 84 besser, F bis 74; 1987 – M immer besser, F bis 84 besser//3 Messungen –death rate, Lebenserwartung, survival rates –bei den letzteren sind J mehr im Vorteil, vor allem jüd M))

(R Gl, Gesu, Krim, pos) Good,M/Willoughby,T: The Role of Spirituality Versus Religiosity in Adolescent Psychosocial Adjustment, in: Journal of Youth and Adolescence 35 41–55, 2006
Kanadische Schüler, Well-being - a composite of CES-D/social anxiety-related symptoms assessed using items from Ginsburg et al. (1998);/ self-esteem Rosenberg, /daily hassles -the frequencyof experiencing 25 potential life stressors/hassles including finances, friends and peers, school work, andself-image;/ life satisfaction, (e.g., “I am happy with my life”)
Spirituality –I believe in God or a higher power,
Two hundred and eight students (3.1% of 6758) were classified as the no spirituality/high church (NSHC) group. 1109 students (16.4% of 6758) comprised the high spirituality/high church (HSHC) group.Four-hundred and forty students (6.5% of 6758) no spirituality/no church attendance (NSNC) group. Finally, 2,686 (39.7% of 6758) were classified as the high spirituality and no church attendance (HSNC) group. The remaining 2,315 (34.3% of 6758)

students reported low to moderate levels of spirituality and/or low to moderate levels of church attendance and were not included in the analyses
High spir high church vs no spir no church –wellbeing pos, academic orientation pos (typical school grades, educational aspirations, frequency of planning ahead, frequency of being bored at school,and the perceived importance of doing well at school), parental relship pos (Paternal and maternal attachment parental knowledge was assessed using items related to how much one's parents/guardians really know about how the respondentspends his/her free time; parental involvement frequency of talking with parents and having fun with parents) parental monitoring pos, friendship quality pos(Friendship quality was a composite of two scale scores.
Items relating to the quality of companionship, support, security, closeness, and conflict with one's "best friend;" the second scale items relating to attachment to one's friends), risk attitudes neg (composite score based on 5 scales: attitudes concerning how wrong it is to engage in unconventional and antisocial behaviors, cognitive evaluations of how risky the respondent believed it was for them to engage in various behaviors (such as drinking alcohol and smoking cigarettes) and how risky the respondent believed it was for other people their own age to engage in these behaviors; perceived social approval of involvement in risk behaviors - how upset one'sparents friends would be by one's involvement with problem behaviors)
Alk smoke marijuana neg, hard drugs ns, sex activity neg (frequency of sexual touching, oral sex, and intercourse), minor deli neg (minor delinquency, sneaking out at night, joyriding,shoplifting, and wrecking other's property) major deli ns (joining a gang, carrying a gun as a weapon,and carrying a knife as a weapon)
aggr direct (z.B. pushed and shoved someone) neg, aggr indirect (spread rumors and untrue stories) ns, spir macht kaum Diff, spir und no Kg kaum anders als no spir und no Kg//Kg ist entscheidend,
high club Teilnahme und no Kg vs keine Clubteilnahme und Kg – (nur Club vs nur Kg) – wenig Diff: Kg –wb ns, acad orient neg, parental monit pos, par relship ns pos, friendship quality ns, risk att neg, alc neg, smoke ns, marij neg, hard drugs ns, sex neg, Deli Aggr ns //anderer Vergleich: Club und Kg vs Club ohne Kg –viel besser in fast allen Items (außer major Deli, hard drugs, indirect aggr) / kein Club und Kg vs beides nicht wirkt ähnlich – mit Kg ists besser;

7,5 Punkte (3 sample, 1,5 Messung, 2 mv, 1 stat) **Kg mv (auch club-Bindung) pos zu well-being, Glaube an Gott nicht/kaum,** R Gl
8 Punkte (3 sample, 2 Messung, 2 mv, 1 stat) **Kg mv (auch Club-Bindung) neg zu alc marijuana, hard drugs ns, smoke neg, Glaube an Gott nicht/kaum** R Gesu
8 Punkte (3 sample, 2 Messung, 2 mv, 1 stat) **Kg mv (auch Club-Bindung) pos zu parental involvment, par monitoring, friendships, Glaube an Gott nicht/kaum** R pos
8 Punkte (3 sample, 2 Messung, 2 mv,1 stat**) Kg mv (Club –Bindung auch) minor deli neg, major deli ns, aggr direct neg, aggr indirect ns, Glaube an Gott nicht/kaum** R Krim

R Gesu, Gl, pos) Good,M/Willoughby,T/Fritjers,J: Just Another Club? The Distinctiveness of the Relation Between Religious Service Attendance and Adolescent Psychosocial Adjustment, in: Journal of Youth and Adolescence, in: Journal of Youth and Adolescence 38:1153–1171, 2009
T 1 9.Klasse, rr 83, 14 J, T 2 -11.Klasse, T 3 12. Klasse, Vp mit Messung T 1 –T2 –T3 -attr 63 %; andre noch dabei: Messung T 1 –T2, T1 –T3; Jeweils mv gender parental edu, Kg und club in selber Gleichung,frequency of attendance in the past month using a 5-point scale ranging from never to every day. Club involvement - frequency of attendance in the past month, using a 5-point scale ranging from never to every day, for (a) school clubs, and (b) community clubs.
Intrapersonal well-being -five scales. (CES-D) scale (20 items (e.g., ‘‘I felt that I was just as good as other people’’) Social anxiety-related symptoms 14 items , ‘‘I only talk to other people my age that I know really well’’) . Self-esteem Rosenberg ‘‘I feel that I have a number of good qualities’’) Daily hassles - experiencing 25 life stressors including finances, friends/ peers, school work, and self-image; and life satisfaction, -, ‘‘How often does it bother you to have problems with peers?’’).Life satisfaction (‘‘I am happy with my life’’) ----club attendance ns, Kg in grade 9 pos, in grade 11 nsneg, und in 12 neg; sustained involvement in clubs –pos, sustained rel ns;

4,5 Punkte (2 sample, 1,5 Messung, 0,5 mv, 0,5 stat) **well-being (Depr, social anxiety Swg daily hassles ! happiness) club attendance ns, Kg in grade 9 pos , in grade 11 nsneg, in 12 neg, sustained involvement in clubs pos, in rel ns, ÜberKo** R Gl

Friendship quality 18-items, ‘‘think about your friends and answer the following questions.’’ My friends understand me’–club pos, Kg neg; sustained club involvement pos (Kg ns)Parental relationship - 17 items., My mother trusts my judgment’’; ‘‘My father can tell when I’m upset about something) –club ns, Kg in grade 9 pos, in 11 und 12 schwach neg, sustained involvement in clubs/Kg ns;

5 Punkte (2 sample, 2 Messung, 0,5 mv, 0,5 stat) **friendship quality –Kg neg, club attendance pos, sustained club att –pos, Kg ns; parental relationship –club ns, Kg in grade 9 pos, in 11 und 12 schwach neg; sustained club/Kg ns/Kg pos zu grades** R pos

substance abuse: typical frequency of alcohol use, average consumption per drinking Smoking typical number of cigarettes smoked each day. Marijuana typical frequency of use in the past year. – club ns, Kg neg; sustained involvement in clubs neg; sustained Kg neg;

(unter 5) **substance abuse –club attendance ns, Kg neg, sustained club att neg, sustained Kg neg** R Gesu

Gottlieb,N/Green,L: Life events, social network, life-style, and health: an analysis of the 1979 National Survey of Personal Health practices and consequences, in: Health Education Quarterly 11, 91-105, 1984

Vp 20-64, Index: smoke, swim in summer/take long walks, jogging,running bicycle riding work on a physically active hobby –dancing gardening, calisthenics phys activity active sports, //less than 5 drinks a day(oder drinks per day mal 30 Tage) sleep 7-8 hours, Gewicht -5 und plus 20 %/F 10-10 unter/über Idealgewicht, /functional health- limitation of activity, ability to perform routine activities of daily living, number of bed days from injury illness, energy level,
Ohne Vp die sagen sie hätten poor health (oder nur die die excellent/good health haben) , ohne solche die serious personal illness injury last 5 years hatten,

7,5 Punkte (2 sample, 3,5 Messung, 1,5 mv,bei, 0,5 stat) **Kg –smoking initiation neg, cessation pos(M), alc neg, physical act ns, sleep ns, weight mehr(M ns) (mv soc network –verh, group partic sociability, life events, demogr)**
Kg (mv health behavior, social network, life events age inc edu ? -Überko) srh und fu health ns,
(health behavior ns zu srh/fu health bei M)

Graham,MA et.al.: Altered religious practice in patients with eating disorders, in: International Journal of Eating Disorders 10, 239-243, 1991

20 patients in Eating Disorders inpatient unit, (45 % attend services once or more per month) zwei Drittel der Vp, die regularly participated in Holy Communion –decrease in frequency of particip seit onset of disorder/ alle VP: decreased frequ in attendance at rel activities related to food (church suppers, feasts,Passover celebrations, weddings) nach onset, -Grund: Angst vor food/gaining weight,
(AN: compulsive exercising, sehr selfcritical, perfectionist, guilt, N, unfähig für trusting/intimate relationships)
(unter 5) **0,5 panelartig/retrosp- AN/Buli führt zu weniger Kg , retrosp erfragt**

(R pos, fert, Krim, Gesu, Gl, div) Greeley,A/Hout,M: The truth about conservative Christians. Chicago/London 2006

Quelle GSS, 72-04 ? ca 15000 Vp cP sind: ZJ LDS Pe nondenom interdenom auch

5 Punkte (4 sample, 1 Messung)**Div: K J etwas weniger, bP mehr, cP 19(und am meisten remarried) , no 21 (die haben viel mehr never marrieds, sind jünger)** R div

6 Punkte (4 sample, 2 Messung**) Children ever born –cP 2,01, bP 2,44, mP 1,83, K 1,85,J 1,51, no 1,21 (age !) ; siblings – cP 3,92, bP 5,4 mP 3,27,K 3,88 J 2,47, no 3,31 (K früher mehr, no auch,)/Graphik: CEB/TFR immer mehr als mP -1900: 4,1 , 30er Jahre 3, 1950 -65 3,3, 1975 -2; Diff zu mP immer weniger**; R fert

7,5 Punkte (4 sample, 3,5 Messung)**College/mehr –cP 34, bP 28, mP 49, K 46, J 81, no 51/labor force part – cP: F nicht anders als andere, /bei occM ns vs no (bP minus, Rest pos) ; bei occF weniger profess (wie eben); family inc M/F –cP nsneg vs no(wie eben); house single family mehr als no, cP nur ein sex partner letztes Jahr -95 % M, 98 % F –andere ebenso (no 95/97) no more than 3 sex partners lifetime –cP M/F kaum Diff zu mP (69-65, 46-40)** R pos

6 Punkte (4 sample, 1,5 Messung,0,5 stat) **Smoking – cP vs no -ns (außer vs bP minus) drink minus** R Gesu

9 Punkte (4 sample, 3 Messung, 1,5 mv,bei, 0,5stat) **Taken altogether , how would you say things are these days –would you say that you are very happy../GSS 98/2000 – very happy: cP mP K gleich, J etwas weniger, no bP weniger; auch mv verh,region,urban, MF racial ancestry; Kg dazu –denom diff verschwindet (heißt: denom ohne Kg ist so gut wie no) ; Kg wirkt stark, unabh von denom, unabh von spend a social evening with friends; belief in God biv kurvi- Vp who believe sometimes but not at other times weniger happy als believers,**

ath, agno; (bei Kg feelings wohl nicht so)mv Kg belief rel feelings (close to God/church/find strength and comfort in rel) –Kg weniger stark, feelings pos, belief ns
Literalism bei cP –pos zu happy(mv demogr,Kg), bP dto,/cP mit literalism –glücklicher als cP ohne, als andere denom; Kombin Kg weekly und lit macht cP zu some of the happiest people in the USA; cP nicht lit und wenig Kg –weniger happy als mP/K nicht lit/wenig Kg;//bP unsicher – Table hohe Korrel,Text ns, Ne mit rel mehr happy, lit und Kg wirken bei ihnen schlechter als bei Rest(andere Aussage: Kg wirkt bei allen den gleich) /GSS 2002 – nach 9/11 –no rel Steigerung von unhappy 10-18, bei rel: 11-12; Happiness by year – 72-04: Graphik –very happy –alle: 38-31; -bP 20-30; no 21-21, K 31-31, 40-34, cP 40 -37,(rel immer besser als no, am Ende sogar bP) /Kg once,a few times a year,less -30-25, Kg monthly minus 2, Kg mehr kein Rückgang; ,R Gl

5 Punkte (4 sample, 1 Messung) **Gun owning cP mP mehr als andere, cP mehr fishing hunting** R Krim

(R Gl,Gesu) Green,M/Elliott,M: Religion, Health, and Psychological Well-Being in: Journal of Religion and Health 49, 149-163, 2010

GSS 2006, srh 1000 Vp,not too happy –very happy, ca 1900 Vp,denom: Christian, K, other rel, no rel ; fu vs lib: literal, atheism vs no doubt God, violation of Gods rules would require punishment, Sbz fu mod lib; /identity –carry my rel beliefs over into my everyday life, strength of identity as rel person –not rel at all –very rel, strength of id with preferred rel /no rel –mean value for strength of identity (?), activity –Kg, pray, participate in rel activities outside of services, //srh –denom ns, Fu neg, rel identity pos, rel activities nspos(mv demogr, happy marriage,job satisf ,social relations,perceived financial status –relatives,neighbors, friends bar –Überko) –wenn rel id und rel act einzeln korrel werden –beide sign pos, // happy – dto, Fu aber pos,
hohe Korrel rel activity-identity(0,71), einzeln wirken beide mv, zusammen nur eines, angeblich aber keine Probleme mit Multikollinearität ! –daraus folgt: Multikolli-Messung ist für ÜberKo/Kannib-Wirkung irrelevant

7,5 Punkte (3 sample, 2,5 Messung, 1,5 mv, 0,5stat) **srh –Fu-Glaube neg, denom ns, rel activity, rel identity pos, ÜberKo, Kannib,** R Gesu

8,5 Punkte (3,5 sample, 2,5 Messung, 1,5 mv, 0,5 stat) **happiness –Fu Glaube pos, denom ns, rel activity rel identity pos , ÜberKo,Kannib** R Gl

(R Gl,Gesu,help) Greenfield, E/Marks,N : Continuous participation in volunteer groups, in: Journal of Gerontology : Social Sciences 62B , S60-S68, 2007b

National Survey of Families and Households, T1 1987/88, T 2 1992/93, über 35, ohne fu limitations, personal growth - ‘‘For me, life has been a continuous process of learning, changing, and growth,’’ ‘‘I gave up trying to make big improvements or changes in my life a long time

ago,'' ''I think it is important to have new experiences that challenge how I think about myself and the world.''//fu limit - ''Do you have a physical or mental condition that limits your ability to care for personal needs, such as dressing, eating or going to the bathroom; move about inside the house; do day-to-day household tasks; climb a flight of stairs; walk six blocks? //recreational groups, at least monthly participation in sports, hobby or garden groups, or discussion groups at both T1 and T2, continuous participation in religious groups, at least monthly participation in church-affiliated groups (with the measure specifying that the respondents were not to consider participation in religious services for this item) at both T1 and T2. continuous participation in civic groups, at least monthly participation in service clubs, fraternal groups, or political groups at both T1 and T2.
10 Punkte (3,5 sample, 1,5 Messung, 3 mv,Intera, 0,5 stat, **1,5 Panel) Continuous rel volu –Depr T 1 und T2 ns minus, personal growth ns pos, //mv zu Depr T2 –(demogr, fu limit, Depr T1, Kinder, volu civic, recreat) –volu rel neg; mv zu pers growth T2 (mv dto) –volu rel pos; Entwicklung von fu limit –T1 und T2 rel volu: ns zu pers growth; kein T2 rel volu –pers growth sinkt (Text , Table umgekehrt)** R Gl

6 Punkte (3,5 sample, 1 Messung, 0,5 stat, **1 Panel) Continuous rel volu –T2 fu limit ns;** R Gesu

5 Punkte (3,5sample, 1 Messung, 0,5 stat) **Continuous rel volu – recreat volu pos, civic volu ns pos,** R help

Greenfield,T et.al.: A 10-year national trend study of alcohol consumption, 1984-1995: is the period of declining drinking over ? , in: American Journal of Public Health 90, 47-52, 2000

3 samples, 1984, 1990, 1995,ca 9300 Vp, How often do you usually have wine/beer/drinks containing whiskey or liquor ? mehrmals am Tag wird als einmal gezählt; /when you drink, how often do you have as many as five or six glasses, -heavy drinking days; impo of rel in everyday life –very vs 3 andere, //current drinking – lib und moderate Chr plus, Fundam ns neg; weekly drinking dto, weekly heavy drinking alle plus, alle ns; rel very impo bei allen drei Trinkarten neg, sign,mv;

6,5 Punkte (3,5 sample, 1,5 sample, 0,5 stat, 1 mv) **Fu besser als lib/mod/no bei current und weekly drinking, alle drei ns pos bei heavy drinking (vs other rel); rel impo bei allen drei Items in allen drei samples neg mv sign;**

((Greeson,J et.al.: Changes in spirituality partly explain health-related quality of life outcomes after Mindfulness-based stress reduction, in: Journal of Behavioral Medicine 34, 508-518, 2011

75 % F, attr 35, 95 % college, 37 no aff, 48 Christen, DSE –Messung per higher power; wollen improve mh, help manage stress, pers growth, Vp bei SF mh negativ, bei Gesu ns zu Bev, 57 % Erfahrung mit medit, mindful contempl prayer, /nach MBSR –SF mh mehr, DSE mehr, SF Gesu ns,
Korrel DSE: practice von MBSR plus, expectations plus, T 1 und T 2 mindfulness(attention, present moment focus, awareness,acceptance nonjudgement) plus, SF Gesu ns, SF mh pos//,

weder expectancy noch practice pos zu SF ! aber pos zu spir und mindfulness// changes in mindfulness und changes in spir pos zu SF mh change, aber spir kein Mediator für mindfulness;

MBSR -practice –pos zu DSE, aber nicht zu mindfulness, nicht zu mh/Gesu

(unter 5) **nach MBSR-practice: SF Gesu ns/DSE pos zu MBSR-practice, expectations, T 1T2 DSE –zu mindfulness pos T1/T2, zu Gesu ns, mindfulness dto, DSE change ns zu Gesu-change; mindfulness change dto; expectation pos zu DSE/mf; medit-practice ns; practice/exp ns zu Gesu** R Gesu

(unter 5) **T 1/T2 DSE –mindfulness pos T1/T 2; zu mh pos T1/T 2, mindfulness dto; DSE-change pos zu mh-change direkt und via pos Korrel zu mf-change (Umkehrung nicht ! –mf wirkt nicht auf DSE) , expectation pos zu DSE/mf; medit-practice ns; practice und exp ns zu mh** R Gl **))**

(R fert, Gesu, pos) Gregson,S et.al.: Apostles and Zionists: the influence of religion on demographic change in rural Zimbabwe, in: Population Studies 53, 179-193, 1999

2 Täler – 20-30 % spirit type churches –Marange Apostolic vs Zion, /andre –Kath, Meth Anglican vs Baptist; F 13-49, /1993/94 und dann –Haushalt mit Kind -95; mortality –spirit churches 0-4 mehr, über 15 J-weniger,//infant mortality -75-84 vs 90-94: bei spirit sinkend, bei other steigend (spir zuerst mehr, dann ns/weniger !) (mv age edu urb) /

fert rates –spirit churches ns/etwas neg mit der Zeit, others stärker neg, spirit in HondeTal mehr fert als other, in Rusitu erst ab 88 so; //

GesuV- visited health clinic spirit minus, trad healer ns minus, attend clinic wegen STD ns minus, //other churches pro Arzt/medizin Verhütung, spirit-pro faith healer, vs mediz V, /spirit- Polygamie ok, vor und außerehel sex ,alc, div verboten, strengere Regeln/Durchsetzung (Sünde führt zu Krankh, Leader können Sünde feststellen, Strafen da –bei others nur confess/pray) /spirit neg zu HIV-infection, sex vor Ehe, polyg plus, frühe Ehe pos, div minus, desired family size pos, trad family planning pos, modern methods neg, sex acts in letzten 4 Wochen minus, breastfeeding/postpartum abstinence ns, /Diff meist kleiner in Rusitu wo Zion ist, stärker in Honde, wo Marange ist, /spirit-weniger Angst,AIDS zu kriegen, und wenn dann weil Ehemann fremdgeht, Marange: elders sagen ihre Leute sind kaum von AIDS betroffen,

spirit type churches (strenger als other churches, evtl innerhalb des spirit types liberalere vs strengere, nur Aggregat: in Honde mehr Marange/strenger –in Rusitu Zion,nicht so streng, dort Korrel schwächer)

5 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 mv) **spirit church –früher mehr infant mort (vs moderne Medizin, pro healer) nun ns/weniger, Erwachsenen-mort neg; AIDS, STD (ns?)minus, mv, GesuV –wenig visit health clinic, pro faith healer, alc verboten,** R Gesu

(unter 5)**spirit church -fert pos, mv, stabil bzw schwächer sinkend, desired family size und fert pos**, R fert

3,5 Punkte (1 sample, 2 Messung, 0,5 stat) **spirit church z..T. nur trad Verhütung, weniger sex vor Ehe, mehr polyg, frühe Ehe, div minus, sex acts letzte Zeit neg, breastfeeding postpartum abstinence ns** R pos

(R Gesu, Gl, fert, help, pos) Grözinger,G/Matiaske,W: The direct and indirect impact of religion on well-being in Germany, in: Social Indicators Research 116, 373-387, 2014
SOEP, 31 % no denom, All things considered, how satisfied are you with your life as a whole nowadays//Do you belong to any particular religion or denomination?'Kg weekly monthly vs rarely, //
9 Punkte (3,5 sample, 2 Messung, 3 mv,bei, 0,5 stat) **indiv Kg/Christians in region beide pos zu Lz) /mv (demogr, alos, disab, volu, partner, children, sociab ,Ost) –Kg pos zu Lz (auch: nur im Westen, bei Kath , bei P) ; Christians in region biv pos, bei Ko von Kg neg !, bei Zugabe von urb aber ns (urb pos, nur bei P –Berlin Bremen Hbg v.a.) ;K/P –beide ns, verändert nix**, R Gl

5 Punkte (3,5 sample, 1,5 Messung) **Kg /Christians in region –disability ns** R Gesu

5 Punkte (3,5 sample, 1,5 Messung) **Kg /Christians in region –children plus** R fert

5,5 Punkte (3,5 sample, 2 Messung) **Kg –edu ns, inc plus, Christians in region edu minus, inc plus, political interest pos (mv)** R pos

5 Punkte (3,5 sample, 1,5 Messung) **Kg/ Christians in region volu plus (indiv Korrel Kg –volu -0.07, Aggr Christians zu volu Aggr 0.61)** R help

Gruber,J/Hungerman,D: The church vs the mall: what happens, when religion faces increased secular competition ?, in: Quarterly Journal of Economics 123, 832-862, 2008

Selbes sample wie **Cohen-Zada/Sander,** R Gl; repeal senkt nur weekly Kg-alle andern Kg-ausprägungen nicht; und Mitgliedschaft in church org (sec org ns), amount of rel giving und church spending sinkt auch, giving selbst nicht,
National Longitudinal Survey of Youth (NLSY), which follows a cohort of youth initially aged 14–21. The survey began in 1979. Panel, Repeal Jahre –heavy alc ns pos, Marij und Kokain pos,v.a. bei Kg, Ne, F
6,5 Punkte (2,5 sample, 1,5 Messung, 0,5 stat, 1 mv, **1 Panel) bei Kirchgängern steigt in repeal-Jahren Marij Kokain an, Diff zu no Kg verschwindet ! bei heavy alc nicht ganz so stark , mv**

(R Gesu,Gl) Gruner, LeRoy: Heroin, Hashish, and Hallelujah: the search for meaning, in: RRR 26, 176-186, 1984

Teen Challenge Program, Messung von purpose in life in teen ch Centers in Indien, Holland Dld France Guam Hawaii, T2 6 Monate, T 3 ein Jahr, 128 Vp, 32 attrition Sinn steigt von 82 auf 116, Inhalt von Programm: Leben ohne Jesus sinnlos, Drogensucht deviancy ist Zeichen von fehlendem Sinn, Vp eher über 20, Ziel in Programm: pers Erfahrung von Jesus, PIL – Werte um 80 sind krankhaft, psychose neurose, 120 Obergrenze in USA 70-84 % ohne Rückfall 7 Jahre nach Behandlung, teen ch. stammt von AoG

(unter 5) **<u>Panel</u> teen challenge program steigert PIL –Sinn, senkt Rückfallquote**

(R Gl, pos, Gesu) Gundlach,E/Opfinger,M: Religiosity as a determinant of happiness, in: Review of Development Economics 17, 523-539, 2013
Für rel und happiness: 82 Länder, 11 in allen waves dabei , 191 observations (andere Tables -93 Länder, 231 observations, Tansania/Vietnam einmal, China zweimal ausgelassen-<u>outliers)</u>
//average national happiness, generated by ordered probit regression with country fixed effects from individual answers to the World Values Survey question: "Taking all things together, would you say you are: very happy; quite happy; not very happy; not at all happy?" 1982, 1990, 1995, 2000, 2005// average national life satisfaction, generated by ordered probit regression with country fixed effects from individual answers to"All things considered, how satisfied are you with your life as a whole these days?" 1982, 1990, 1995, 2000, and 2005.
Index of civil liberties, Index of political rights income Natural logarithm of GDP per capita, measured in 1990 international Geary–Khamis dollars,
.life expectancy Years of life expectancy at birth-Source: World Bank ln inflation Natural logarithm of the rate of inflation.misery Arithmetic average of unemployment rate and inflation.//participation Arithmetic average of civil liberties and political rights., religiosity 14 Items, vgl Paldam/Gundlach 2013;
7 Punkte (2,5 sampleAggr, 3,5 Messung, 0,5 mv, 0,5 stat)**Aggr-rel pos zu Inflation, Arbeitslosigkeit, neg zu civil liberties, political rights; Ko von happiness** R pos

5,5 Punkte (2,5 sample, 2 Messung, 0,5 mv, 0,5 stat)**Aggr- rel neg zu Lebenserwartung** R Gesu

7 Punkte (3 sample, 2 Messung, 1,5 mv, 0,5 stat)**Aggr- rel pos zu happiness/(Lz dto) mv L erw, misery, part,** R Gl

Gyimah,S: What has faith got to do with it? Religion and child survival in Ghana, in: Journal of Biosocial Science 39, 923-937, 2007

Ghana Demographic and Health Survey,1998,2003, 15-49 J –F, 7142 Kinder, die in 5 J vor surveys geboren werden,rel affil of mother;risk of death in childhood -0-59 months,
Survival bei mainstream Christians/other Christians (Pe, Charismatic, African Syncretic) besser als bei Muslim/traditional rel, / Mv birth order, length of previous interval, maternal age at birth, childs gender, single birth, Alter von Kind –Christen besser, Ko von edu rural,urban-south north, toilet , treated drinking water –Christen ns besser, alle zus dto, (Christen mehr edu,toilet, etwas drinking water, nur edu klar zu child death mv), other Chr mit faith healing, ebensoviel edu wie mainstream,

6,5Punkte (2,5 sample, 1 Messung, 2 mv, 0,5 stat, **0,5 panelartig) Christen –mainstream/Pe, African Syncretic (gleich stark) weniger Kindersterblichkeit biv als Mu/trad rel, via edu v.a.**

(R Gesu, pos, Krim, div, Gl) Haber,J/Grant,J/Jacob,T et.al.: Alcohol milestones, risk factors, and religion/spirituality in young adult women, in: Journal of Studies on Alcohol and Drugs 73, 34-43,2012
Missouri adolescent female twin study, 16 J –follow up nach 6 J, Mütter mehr edu !! no aff 18, raised 6-13 mit rel affil -53 % !religious motivation -4 Items -How important is it to you to be able to rely on your religious beliefs as a guide for day-to-day living?))four religious well-being items from the Spiritual Well-BeingScale Ifeel most fulfilled when I'm in close communication with God); and How strongly religious or spiritually oriented do you consider yourself to be?). Family endorsement that their religious affiliation had religious rules against any alcohol use //denom nach Passung gegenüber der Gesellschaft –in Items wie such as evolution, the return of Jesus Christ, and healing through prayer behaviors gambling, dancing, and censorship, biblical cons fundamental –accomodating: Me Lu Pres, differentiating –Ba CoC, K ist diff und acc, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD), and major depressive disorder (MDD). Stressful life events a life-threatening accident; a disaster; witnessing a killing; being raped; being molested; being physically attacked, physically abused, or neglected; or being threatened with a weapon or kidnapped inconsistent parental rule enforcement, frequent parent–child arguments, or parental divorce or separation // (a) ever drank a full drink of alcohol, (b) ever intoxicated,(c) ever a regular drinker (one drink per month for 6 months or one drink per week for 8 weeks), (d) ever a heavy drinker (e) ever alcohol dependent. Heavy: above the median on a heaviness-of-use factor scorebased on maximum drinks ever consumed in a 24-hourperiod, number of days in the past year that fi ve or more drinks were consumed, quantity–frequency score duringthe heaviest period of drinking, and number of days intoxicated in the heaviest drinking year.
Ko von paternal and maternal education, high-income, low-income, and offspring age

rel mot/Kg weekly/rel rules vs alc/childhood rel/differentiating affil –neg zu alc onset, intoxic, regular use,heavy use, alc dependence; accommodation aff -2 pos, 2 nspos, alc dep ns; K(stärker als no !) –alles pos, alc dep ns, no dto//
mv (Ko von demogr, ADHD ODD CD depr trauma parenting inconsistencies arguments div/sep exi wb; ÜberKo und Kannib –diff, rules biv neg, acco kleiner als no –nun no besser/gleich !!) –alc onset Kg weekly minus, acco K plus, Rest –rules, childhood, diff rel mot und no ns; //alc intoxic –Kg rel mot childhood minus, K pos no ns; heavy use –dto, acco pos; dependence –Kg minus,diff plus !!//
7,5 Punkte (2,5 sample, 2,5 Messung, 2 mv, 0,5 stat) **zu regular use, überhaupt use, intoxic ever –Kg rel mot, antialc rules von rel, ges-ferne denom neg, ges-angepasste und no pos, K stark pos; gefährlicher Alk –heavy use: Kg relmot childhood rel affil rel rules vs alc -neg, K und no pos; alc dependence –Kg rel mot neg, Rest ns//mv –ÜberKo/Kannib –Kg wirkt noch, K accom pos, aber no nun ns;** R Gesu

6 Punkte (2,5 sample, 3 Messung, 0,5 stat) **ODD-rel mot, Kg weekly neg, rel rules pos, childhood rel ns, differentiating ns, accomodat/K neg, no pos; CD –rel mot, Kg weekly neg, rel rules/childhood rel/ diff ns, accomod/K neg,no pos** R Krim

6 Punkte (2,5 sample, 3 Messung, 0,5 stat) **Depr – rel mot ns, Kg weekly neg, childhood rel pos, rel rules ns, diff affil ns,accomodating aff nsneg, K neg, no pos (2 pos, 3 ns, 1 neg)** R Gl

5,5 Punkte (2,5 sample, 2,5 Messung, 0,5 stat) **Parenting inconsistencies –rel mot/Kg neg, rel rules ns, childhood relneg, diff neg, accom K ns, no pos /parent-child arguments –rel mot/Kg neg, Rest ns, no pos**; ‘R pos

5,5 Punkte (2,5 sample, 2,5 Messung, 0,5 stat) **Parental div/sep –rel mot/Kg neg, Rest ns, K neg, no pos** R div

Haber, J/Grant,J/Sartor,C et.al.: Religion/Spirituality, Risk, and the Development of Alcohol Dependence in Female Twins, in: Psychology of Addictive Behavior 27, 562-572, 2013

Missouri Adolescent Female Twin Study, adolescents (13-19 J), T2 nach 5 J, 16 bzw 22 J, 16 % attr, Religious Motivation-Devotion - four religious importance items Jessor/Jessor 77, four religious well-being items - Spiritual Well-being Scale Ellison 83, one R/S self-rating item; Religious attendance was a binary indicator of attending religious services one or more times per week. Existential Well-Being four existential items from the Spiritual Well-being scale
Differentiating affiliations - Baptist, Church of Christ, and other Protestant. Accommodating affiliations - Methodist, Lutheran, Presbyterian churches Catholic Church /religious proscription of alcohol - a family’s religious affiliation had rules against all alcohol use. religious affiliation during childhood - from mother’s report of family affiliation during child’s ages 6 –13,
outcome variables - -time to initiation of drinking (age at first full drink), time from initiation to at-risk drinking (years from first drink to either the first intoxication or the first period of regular drinking), and time from at-risk drinking to AD (in years).
unsicher: wann rel gemessen wird –current Kg, aber bei motivation-devotion unklar, affil ist current//
Korrel zu initiation/at-risk-drinking: biv –Kg neg, motivation-devot neg, rules vs alc use neg, differentiating denom jetzt und in childhood neg, K pos, accommodating/no aff bei initiation pos/ alle ns bei at risk zu dependence, außer: childhood diff pos (bei Ko von demogr ns),
mv (age race,edu parents, family income, ADHD, oppositional defiant, conduct disorder, Depr, PTSD, unreasonable fear, life at risk in accident usw, inconsistent rules when parented parent-child arguments, parental div) –Kg neg zu init/at risk, motivation-devot nur initiation neg, rules against alc use –at risk neg, raised diff ns, diff jetzt –initiation neg; accomod –at risk pos, K initiation und at risk pos, no ns; alle rel Items ns zu dependence;
bei Stufe 2 rel wichtig, bei Stufe 3 –dependence –ODD, CD, Angst, traumatic event wichtig (eher ererbte Psycho-Probleme stärker)
8 Punkte (2 sample, 3 Messung, 2 mv, 0,5 stat, **0,5 Panel**) **Initiation: Kg mot-dev, rules (in denom vs alc) vs alc, diff typ(denom mit Distanz zu Ges) früher/jetzt neg, K accomod no pos; Entwi zu at risk: Kg mot-dev rules diff früher/jetzt neg, K pos, no ns; zu alc dependence –diff früher pos (Ko von demogr: ns), Rest ns, bei Stufe 2 rel wichtig, bei Stufe 3 –dependence –ODD, CD, ADHD PTSD phobia parent child arguments, inconsistent when parented, parental div, MDD erlebtes Trauma wirken, sind eher bVD-nah/comorbidity**

(R Gesu, Gl, help) Hackett,C. et.al.: Pew Research Center, “Religion’s Relationship to Happiness, Civic Engagement and Health Around the World”, 2019
26 Länder WVS (Gesu, Gl, org member), 19 ISSP (drink smoke obese exercise) WVS plus ISSP: USA, Taiwan, Südkorea, Ndl, Slowenien, Spanien, Deutschland, Australien, Russland Argentina Australia Belarus Belgium Brazil Chile China Colombia Czech Republic Ecuador Estonia France Germany Hong Kong Japan Kazakhstan Mexico Netherlands New Zealand Norway Peru Poland

Russia Singapore Slovakia Slovenia South Africa South Korea Spain Switzerland Taiwan Ukraine United Kingdom United States Uruguay

actively religious -identify with a religion and attend religious services at least once per month. inactively religious - identify with a religion but attend less than once per month. religiously unaffiliated - do not identify with a religion
There are some religiously unaffiliated survey respondents who report that they attend religious services monthly or more**. They are counted as unaffiliated and grouped with the rest of the unaffiliated who attend infrequently or never**. In **Ecuador, (s.u.)** 124 of the 282 unaffiliated respondents report that they attend monthly or more, and in **South Africa, 145 of the 542** unaffiliated respondents report this level of religious attendance; insgesamt selten, **weniger als 100 pro Land;** logistic regressions - the predicted probabilities assume all other covariates are fixed at their means for a given level of analysis (where the mean represents either the average for all the survey respondents from all countries pooled together in the pooled analysis, or the average for survey respondents from a particular country for the country-specific analysis)//
Rel in Ländern –Ndl Taiwan Skorea Germany Singap Mexiko USA Nseeland Uruguay pos, Slowenien Spanien Polen Norwegen Ecuador Tschechien ns/neg // mv age, gender, education, income and marital status//
mv steigert Korrel ! no aff unzuverlässig gemessen

kaum Diff zwischen no aff und inactives -24/26 ns bei happiness, drink 15/19, srh 23/26, org member 20/26, smoke 12/19 –inactives 7 pos; obese 4/15 (no aff besser) exercise 3/19;

6 Punkte (3,5sample, 1 Messung, 1 mv, 0,5 stat) **actively religious (affil plus Kg monthly) vs Rest zu very happy - biv 13 pos, 13 ns (Belarus, Ecuador, Hongkong, Japan, Taiwan, Slowenien, Ukraine/ Kolu, Chile, Peru Argent S-afr Sp), mv dto,//actively rel vs no aff: 12 pos, 8 nspos, 4 ns, 2 nsneg (Ecuador, Spanien)** R Gl

in very good health –actively vs Rest: biv 2 pos, 5 neg, 19 ns, mv 3 pos, 23 ns, //actively vs no aff: 2 pos (USA, Taiwan), 6 neg, 1 nsneg, 17 ns; mv age and other factors: 23 von 25 ns, 2 pos Taiwan, Mexiko), **USA - 30 datasets – Diff zwischen actively rel und inactives/no aff bei srh- 12 mal sign pos; 18 ns; (actively rel vs no aff - 4 mal pos, 26 ns)**
drink less than several times a week –actively vs Rest: biv 11 pos, 8 ns, mv: 8 pos, 1 neg, 10 ns , //actively vs no aff: -9 pos, 4 nspos, 1 nsneg (Tschechien), 1 neg (Taiwan) 4 ns;
actively vs Rest: do not currently smoke biv 18 pos, 1 ns, mv 16 pos, 3 ns; actively vs no aff:-17 pos, 1 nspos (Tschechien), 1 ns (Polen),
actively vs Rest: not obese –biv 6 neg, 13 ns, mv alle ns, actively vs no aff– 7 ns, 7 nsneg, 5 neg (Tschechien, Spanien Frankreich Polen) ;
actively vs Rest: exercise several times a week – biv 1 pos, 2 neg, 16 ns, mv 1 pos, 18 ns/ actively vs no aff: 6 ns, 5 neg (Polen, Slowenien Spanien), 4 nsneg, 3 nspos, 1 pos;

8 Punkte (3,5 sample,3 Messung, 1 mv, 0,5 stat) **actively religious (affil plus Kg monthly) vs Rest –pos zu drink less alc, mv, 8 Länder pos, 10 ns, 1 neg; actively vs no aff minimal besser /don't smoke, mv, 16 pos, 3 ns; actively vs no aff minimal besser)//not obese ns (vs no aff minimal schlechter), exercise –ns, vs no aff etwas schlechter), srh –ns; vs no aff ähnlich, USA besser, exercise/srh ns (biv und bei anderer Messung –actively vs no aff –einiges schlechter; Spanien, Tschechien, Frankreich, Polen Slowenien teilweise schlechter;** R Gesu

belong to at least one nonrel org (sport or recreational; art, music or educational; labor union, political party or environmental; professional association; humanitarian or charitable; consumer; self-help

group; other group) – actively vs Rest: biv 12 pos, 14 ns, mv 14 pos, 12 ns, actively vs no aff -10 pos, 4 nspos, 4 nsneg (Kasachstan, Argentinien, Ecuador Spanien), 8 ns;

5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **belong to at least one nonrel org –pos zu actively rel (affil plus Kg monthly) vs Rest mv, in 14 Ländern pos, in 12 ns, actively vs no aff ähnlich** R help

Hadaway,CK et.al.: Religious involvement and drug use among urban adolescents, in: JfSSR 23, 109-128, 1984

Grade 9-12, parents edu inc pos,drug use –amphetamines,barbiturates,heroin,LSD und others(mescaline peyote PCP) cocaine, /feel about people their own age drinking alc beverages,smoking marij taking LSD halluc cocaine barbit amphet using inhalants,
Kg parents Vp, all in all,how important would you say your religion is in influencing the way you live, God answers prayer/orth –God really exists, Jesus divine Son of God, devil actually exists, Jesus born of a virgin, belief in LnT
Zu attitudes und behavior: drinking marij drugs –Kg Vp/parents impo of rel personal prayer orthodoxy neg, (Ausn: parents Kg zu drinking behav)//Korrel zu attitudes nur wenig geringer als zu behavior; //bei marij und drugs –Kg Trog asy –viel Kg: mehr M/drugs als bei mittelviel Kg, aber weniger als bei ganz wenig Kg
Proscriptive den –Ba,Me,sectlike; other P (Lu,UCC,Pres Epi Unit) –proscr –weniger alc marij schwach, drug ns,
Kg bei –proscr neg zu alc marij, drug ns neg (N! –nur 8% user da), Kg bei prescr und K nsneg (N 116/78) Kg wirkt bei proscr und K stärker, bei presc schwächer,
discriminant function –ähnlich wie mv: rel salience wirkt (unabh von marij use by friends,fighting with parents grade sex obey parents rule close to mother parents view of friends) auf drink marij drug use,Kg impo pray gleich stark, Wirkung von rel Items bei marij drugs alc gleich stark

6,5 Punkte (1 sample, 3,5 Messung, 1,5 mv,bei, 0,5 stat**) Kg impo God answers prayers orth ziemlich gleichstark neg zu alc marij drugs(ziemlich gleich stark zu Verh, attitude und bei alc/marij/drugs) , Kg bei proscr denom/K stärkere Wirkung, proscr denom -weniger alc marij, drug ns;**

Halsall, A: The identity of young Anglicans: the feminization of the Anglican Church, in: **Francis,L et.al**.:Religion, Education and adolescence. Cardiff 2005
70-92
13-15 J, ca 34000, Anglican girls/boys –happy at school pos, worry about exams/being bullied at school, attractiveness beim anderen Geschlecht , about going out alone at night pos //nothing wrong in shoplifting buying alc drinks under legal age neg, police do a good job pos; wrong to smoke cig, use marij/hash heroin pos, /too much violence inTV pos, concerned about the poverty of the third world pos, nothing I can do to help solve the worlds problems neg;
5,5 Punkte (3 sample, 1 Messung, 1 bei, 0,5 stat) **Anglican mehr happy und mehr worry vs no** R Gl

6,5 Punkte (3 sample, 2 Messung, 1 bei, 0,5 stat) **Anglican weniger alc smoke marih heroin als no** R Gesu
5,5 Punkte (3 sample,1 Messung, 1 bei, 0,5 stat) **shoplifting neg police bei Anglican vs no** R Krim
5,5 Punkte (3 sample, 1 Messung, 1 bei, 0,5 stat) **Anglican mehr concern über poverty, Hilfe ist machbar als no** R help

Hamman,R et.al.: Patterns of Mortality in the old order Amish. 1. Background and major causes of death, in: American Journal of Epidemiology 114, 845 -861, 1981
Kompliz Berechnung von Amish-Bevölkerung, Pennsylv 70-75, Indiana 67-72, Ohio 60-75, county Bev zum Vergleich aus US-Zensus 1960/70 errechnet / 25822 Amish, 657998 whites , 676 Amish M sterben, 550 Amish F, /AmishM mort minus (stark 40-75, schwach 15 -40, über 80) , Amish F -10-34 weniger, dann ns; Pennsylv Amish M mehr mort bis 39 J, F bis 10; (angeborene Anomalien,) Ohio Indiana immer besser; Todesursachen: Krebs wie allg, circulatory system bei M etwas früher besser, bei F bis 69 besser, accidents/poisoning/violence kein klarer Trend, Rest N zu klein,//Amish M vs Bev: Krebs circulatory respiratory besser, congenital neg; F erratisch, (nicht mehr maternal deaths)
8 Punkte (3,5 sample, 2,5 Messung, 0,5 bei, 0,5 stat, **1 Panel) Amish M mort minus, stark 40-75, sonst schwach, Amish F 10-34 minus, sonst ns, (maternal death nicht mehr), M:CVD und Krebs neg;Todesurs bei F erratisch; Tod wegen angeborener Anomalien plus**

(R Gl Gesu) Hank,K/Schaan,B: Cross-national variations in the correlation between frequency of prayer and health among older Europeans, in: Research on Aging 30, 36-54, 2008

SHARE, Vp über 50, Schweden, Dän,Dld,Ndl, Schweiz Öst Ita Sp Griech; rr 62; ca 14500 Vp,/srh –very good vs Rest; zwei oder mehr chronic conditions vs Rest, eine oder mehr limitations bei daily living(problems with eating, bathing, dressing housework shopping preparing meals) /(mv -family social resources –live with partner, hat lebende Kinder; GesuV –BMI, phys activities- how often do you engage in vigorous physical activity, such as sports, heavy housework, or job that involves physical labor;//
thinking about the present , how often do you pray ? (almost)daily –srh neg, chronic conditions , functional limitations (beide schwach) depr pos ! weniger oft vs never ns, (smoke und mehr als zwei Gläser Alk ns!)/Länder mit viel Gebet-(Griech Ita Sp) vs mittel (Öst, Dld, Schweiz) vs low (Ndl Schweden Dän) (Schweiz wie Spanien, Ndl wie Dld Öst –schlechte Einteilung) – srh –alle drei sign pos/ chronic conditions bei mittel rel neg, bei viel rel pos, bei wenig rel ns, funct limit –bei low rel pos, andre 2 Gruppen ns, bei Depr 3mal ns; bei Aufteilung (jeweils immer noch 4200-5300 VP) – 5 pos, 1 neg, 6 ns, - nicht mehr klar; (Depr ganz ns)

7,5 Punkte (3 sample, 2 Messung, 2 mv,bei, 0,5 stat) **pray schwach pos zu Krankheit (srh, chronic condition, fu limit) mv, Aufteilung in Aggr-rel(zweifelh) –nur noch 5 pos, 1 neg, 3 ns(N noch hoch) /smoke alc ns zu Gesu (seltsam)** R Gesu
7 Punkte (3 sample, 1 Messung, 2,5 mv,bei , 0,5 stat) **pray schwach pos zu Depr mv, Aufteilung in Aggr-rel(zweifelh) -3 mal ns (N noch hoch)** R Gl

(R Gl Gesu) Hannay,D: Religion and Health, in: Social Science and Medicine 14A, 683-685, 1980
Patients von Health Center Glasgow, 8 Items mental symptoms from psychiatric screening questionnaire, 4 Items social symptoms, 44 Items physical symptoms, /active rel –taking part at least once a month in some religious service/activity, 2 % none ath agno, mv age sex,
5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **Active rel –physical symptoms neg, auch bei mv age sex** R Gesu
5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **Active rel –mental symptoms neg, auch bei mv age sex** R Gl

Hansell,S/Mechanic,D: Parent and peer effects on adolescent health behavior, in: **Hurrelmann,K/Lösel,F**: Health hazards in adolescence. Berlin, NY 1990, 43-67

7.,9.Klasse, und parents, New Jersey, follow up 2 J, drank to the point where you felt high, to the point where you felt shaky walking or doing things, did you were seat belts the last time you were in a car, how much do you play on a sports team, how much do you get other physical exercise, did you eat breakfast today,
parental interest –8 Items, ..parent please you,show you she likes you, show interest in you as a person, talk about schoolwork with you, tell you when you did something well,listen to your ideas/opinions love you spend time with you when you needed her, did you eat dinner with your parents yesterday, peer –how often hang around friends, talk with friends on the phone, go to parties;
how often do you go to church,

6,5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat, **1,5 Panel) Kg zu T 2: alc neg, marij neg, smoke minus, seat belt ns, sports, exercise, breakfast pos,**
Kg zu T2 (mv background characteristics, parent-/peer oriented activities und initial value of Item in T1) und zu T3: alc ns, marij T3 neg, smoke T3 neg, seatbelt sports exercise breakfast ns (Überko)

(R Gesu, help) Harris,A et.al.: Volunteering is associated with delayed mortality in older people: analysis of the Longitudinal Study of Aging, in: Journal of Health Psychology 10, 739-752, 2005

1984, 1986, 1988, 1991, über 70 J, ca 7500, 2866 sterben , presently did any volu work such as helping in charity work, working in a shop for a non-profit organization, working in a hospital or nursing home without pay, doing community work without pay –how often ?

Went to church or temple in the last 2 weeks – mort neg
Mort mv –volu neg, Kg neg(unabh von volu, demogr, chronic conditions, no limitations of activities, difficult walking 0,25 mile, srh, regular exercise routine self a lot more active than peers, lives alone,uses senior center, visit friends/neighbors last 2 weeks, visit family movies sporting events)/ (Intera: bei attenders wirkt volu neg, bei nonatt nicht)
10 Punkte (3 sample, 1 Messung, 4 mv,Intera, 0,5 stat, **1,5 Panel) Kg neg zu mort, mv, bei attenders wirkt volu neg zu mort, bei nonatt nicht(rel volu besser ?)** R Gesu
(vgl Goldman, dasselbe)

4,5 Punkte **(**3 sample, 1 Messung, 0,5 stat**) Went to church or temple in the last 2 weeks –pos zu volu** R help

R Krim, pos, Gesu) Harris,M: Religiosity and perceived future ascetic deviance and deliquency among Mormon adolescents: testing the „this-worldly" supernatural sanctions thesis, in: Sociological Inquiry 73, 28-51, 2003

Chadwick/Top-sample (1993), LDS Delaware, NY,Pennsylv, West Virginia NC Virg, Wash DC, rr 67, subjectively perceived future ascetic deviance/deli –felt that would engage in acts before Vp graduates from high school –drink alc, smoke cig, use smokeless or chewing tobacco, use marij(asc dev)/ take something from a store without paying it, steal anything über/unter 20D, take a car/motor vehicle without owner's permission, break into a car/building house, purposely ruin or damaged someone's property or possessions, take something from someone by using force threats, throw things –rocks bottles –at cars, people buildings; physically beat up other kids,shove hit parent, be in a gang fight,
prior deli –ever engaged in acts –obiges plus hurt someone badly enough that they needed to go to a doctor, threatened/attacked someone with a gun knife other weapon, purposely damaged destroyed things at school, store, stole anders: weniger als 5D,5-50, über 50, stole something from someone else's desk, locker purse,
this worldly supernat sanctions –even in this life, God punishes individuals for their sins, God blesses indiv for their righteousness; (Cr 59), hellfire –there is a life after death, Satan actually exists, rel social bonding –attend Sacrament meeting, Sunday school, youth group meeting,feel that there are things more impo than rel in life,/
parental att -8 Items –can talk bei problems,feel secure, parents there when needed,do fun things together; school commitment –grades als Messung, conventional belief –fighting stealing vandalism using drugs drink alc morally wrong,
biv: ascetic deviance –hellfire neg, rel sanctions neg, rel social bonding neg ; conventional beliefs –alle drei pos, deli peers alle drei neg, prior deli –alle drei neg, deli future –alle drei neg
mv (age,male,parents' edu; parental att, school commit conv belief deli peers prior deli!) future asc deviance –hellfire ns, rel sanctions neg, rel soc bonding neg, //future deli –dto; (trotz ÜberKo,Kannib)
7,5 Punkte (2 sample, 3,5 Messung, 1,5 mv, 0,5 stat) **God punishes/blesses und Kg/impo neg zu deli /deviance früher/in Zukunft/bei peers, pos zu conv beliefs(deli devi wrong), hellfire(LnT, Satan exists) ns; LDS (this worldly sanction wirkt besser als hellfire-Messung, die ist keine klare Sanktion, Korrel nur wenig schwächer bei deli vs devi; Wirkung trotz ÜberKo,Kannib)** R Krim

4 Punkte (2 sample, 1,5 Messung, 0,5 stat) **biv: parental attachment /school commitment pos zu hellfire, rel sanctions, rel social bonding, LDS** R pos

(unter 5) **biv: ascetic deviance (Alk Tabak marij)–hellfire neg, rel sanctions neg, rel social bonding neg, LDS** R Gesu

(R Gl Gesu) Harris, R et.al.: The role of religion in heart-transplant recipients‘ long-term health and well-being, in: Journal of Religion and Health 34, 17-32, 1995

40 Vp, T 1 zwei, T2 sieben, T3 12 Mon,/religious beliefs influence my life, I consult God when I have important decisions to make, I pray privately in places other than church/syn,I have attended rel services in the past month, level of activity in rel congreg, I currently make financial contributions to a rel org, I have used prayer to cope with specific health problems since the transplant, (beliefs, consult pray to cope /sinken, pray contribute activity ns, Kg mehr; SCL anger anx,//worries ruminations about health interfered with daily activities,
Korrel zu Gesu T1 T3: phys functioning – 2 sign pos, 3 ns pos, 1 ns; phys impairment -4 ns neg, 1 ns pos, 1 ns;
anx -2 neg, 2 ns neg, 2 ns; anger -5 ns neg,1 ns; selfesteem 2 neg, 4 ns pos, health worries 2 neg, 3 ns neg, 1 ns; difficulty mit health regimen -4 minus 2 ns minus; am stärksten: beliefs, Kg consult, Spenden am wenigsten, /beliefs affected by health experience -57 strengthened, 43 gleich (war schon stark)

5,5 Punkte (0,5 sample, 3,5 Messung, 0,5 stat, **1 Panel) rel Items pos zu phys functioning -2 pos, 3 nspos, 1 ns; zu impairment (Karnofsky) 4 nsneg, 1 nspos, 1 ns, difficulty with health regimen 4 neg, 2 nsneg,** R Gesu
6 Punkte (0,5 sample, 4 Messung, 0,5 stat, **1 Panel) rel Items neg zu anx, anger (ns neg), health worries, pos zu Swg - 8 richtig, 16 nsrichtig, 4 ns, 2 falsch** R Gl

Hays,J/Landerman,L/Blazer,D et.al.: Aging, health, and the “electronic church”,in: Journal of Aging and Health 10, 458-482, 1998

Duke-EPESE,T 1 1986, T 2 1989, attr 28, 72 J, how often do you go to religious meetings or services, how often do you listen to rel television or rel radio, pray meditate Bible study, born again Christian or have you had any religious experience that changed your life,
ADL (mehr ist schlechter) –bath dress transfer from bed to chair, use toilet, household ADL –meal prepare, shop, housework, cogn ADL –manage money, use telephone eat; mobility –climb stairs, walk one half mile, / ss - 6 measures –personal contacts, persons in network, sat with confidant, social intera , how much instrumental help, /heart problems, hyp, diab stroke cancer;
ADL/mobility –F: Kg neg, rel TVradio pos, private rel ns, M: Kg minus, rel TV ns private rel ns //Kg zu rel TV 0.11/O,12, rel Tv zu pray 0.17/22,
Korrel zu T2 Kg: T 1 Kg , rel TV private rel ns, born again pos, ADL: basic ns, household neg, cogn neg, mobility neg (mv demogr) /und –unsicher –wave 2 ADL und mobility (angeblich change in ADL/mob) neg zu Kg in T2,
Korrel zu T2 rel TVradio: -T 1 Kg ns, rel Tv/private rel/born again pos, household ADL pos, basic/cogn/mobility ns, und –unsicher –wave 2 ADLzu T2 rel Tv ns (cogn ADL neg !),

Change in Kg ns zu change in rel TV-nicht also: weniger Kg –Umstieg auf rel TV,
change in rel TV-bei denen deren Gesu schlechter wird: ADL T1 und change in Kg ns zu rel TV.
(Ne wenig inc/edu pos zu rel Tv, ss ns) keine Diff MF

10 Punkte (3 sample, 2 Messung, 2 mv, bei, 0,5 stat, **1,5 Panel) T 1-T1: Kg neg zu fu disab (4 Items) MF, rel TV ns, private rel ns;**
fu disab senkt Kg mit der Zeit, steigert aber rel Tv nicht (Ko von T1 Kg)Wandel in Kg (Sinken wegen fu disab) ns zu Wandel in rel TV(kein Ersatz/Umstieg)

(R Gesu,Gl, help) Hays,J/Meador,K/Branch,P/George,L: The spiritual history scale in four dimensions (SHS-4): validity and reliability,in: The Gerontologist 41, 239-249, 2001

Subsample von Duke-EPESE, 1996, 70 Items ,F-analyse, F 1: God has helped me this far through my life,some of the good things that have happened to me were blessings from God,when I was about 60, I looked for Gods guidance in my daily life,overall God has answered my prayers, I have trusted God to take care of me through the years, through the years I have prayed for my health or for the health of others, overall my rel life has taught me to have a positive attitude, overall..has helped me to reduce stress, ..has helped me to persevere,go on when life gets hard, I have lived this long because Gods time for me to die has not yet come;
F 2: for most of my life my social life has revolved around the church, ,for..I have known many of the people in my church well, an important part of my religious life has been inviting and taking people to my church, when I was 50, I was very involved in the church,
F 3: when I was a child, Iwas very involved in the church, when..the church was life family to me, ..rel was a natural part of my life,my parents left my rel up to me, when I was a young child, I had a religious or spir role model, my family passed down their rel to me;
F 4 –at times, my rel life has caused conflict between myself and other people, at times my .caused me stress, I have suffered physically because of my rel//**(1,8 von 12; F1 35 von 40) /-verh plus,edu ns,inc plus, Kg private rel nspos/pos, God involved in daily life ns, regular rel practices ns, rel turning points pos, rel regrets nspos, neg rel influence pos, Fundam mP nsneg, K/J nspos,**

6,5 Punkte(1 sample, 4 Messung, 1 mv, 0,5 stat) **Kg zu (Ko von 4 Faktoren und demogr) – chronical medical conditions neg, impaired physical performance neg (F 4 pos) , impaired gross mobility neg (F 1 und 2pos) , Impaired IADL neg (F 2 pos), srh pos (F 1 neg) , alc – nsneg (F1 und 2 neg), smoke- Kg ns (F 2 neg),** R Gesu

4 Punkte (1 sample, 1,5 Messung, 1 mv, 0,5 stat) **Kg zu (Ko von 4 Faktoren und demogr) instrumental help given pos** R help

(unter 5) **Kg zu (Ko von 4 Faktoren und demogr) depr ns neg, F 4 pos**, R Gl

Hayward,D/Elliott, M: Cross-national analysis of the influence of cultural norms and government restrictions on the relationship between religion and well-being, in: RRR 56, 23-43, 2014

EVS/WVS combined, 190 surveys, 86 countries, taking all things together, would you say you are happy; how would you describe your state of health these days; /how impo is God in your life, /rel person not a rel person, convinced atheist, //
Freedom House political rights and civil liberties-freedom of restriction by government – elections, pol pluralism, functioning government,freedom of expression and (rel) belief, rule of law, pers autonomy, associational rights, //
happy – Kg, impo, rel person pos, //Aggregat Kg ns, rel person neg (mehr happy wenn weniger Sbez rel da ist im Agg), impo of God pos, governm restriction neg (Relfreih auch weniger),/Interaktionen(nur Dreiwegsintera gezeigt ! Kg und KgAgg, impo malimpo Aggr pos, identity und identity Agg neg),: Kg pos dort wo restriction low ist und wo AggKg high ist –also auch: viel restriction und viel AggKg- indiv Kg pos; in highly restricted countries und low AggKg ist indiv Kg neg zu happy, (Text alle dreiwayIntera echt sign, andere schwachsign;); impo –low restr und low impo –impo ns neg; high restr low impo –impo neg; high restr/low restr und high impo –impo pos; (bei Agg viel Rel –indiv rel besser) , high restr und low identityAgg –indiv identity neg (auch hier: Agg viel Rel –indiv besser//restriction nicht so wirksam wie AggRel)
Gesu – Kg pos, rel person ns pos, impo neg; restriction neg, Aggr Kgns, impo pos, id neg; weniger Intera –(Kg bei viel Kg neg, id auch,impo pos//restr und Rel –neg) restr und Aggrel ns;//DreiwegeIntera-Kg wie oben: nur bei high restr und low Kg neg, /impo –high und low restr und high impo pos, beides und low impo neg; id –high restr und low id neg, high restr und high id pos, low restr und high id ns, anders; low restr low id eher pos –anders; //high restr und low rel –exKP-ChinaVietnamBelarus Serbia Montenegro//low restr –high rel besser als low restr low rel- Kg, impo ja, id nein bei happy, bei Gesu: low restr –low Kg/Id besser, low restr –high impo besser,

9 Punkte (3,5 sample, 3 Messung, 2 mv/bei, 0,5 stat) **Kg impo srr mv pos zu happy, Aggr impo pos, srr neg, Kg ns;**
high restr und wenig Aggr rel –China Vietnam Belarus Serbien Montenegro;
Bei high restr und low att –indiv Kg neg, Rest –low re/high att, high re/high att/low-low: indiv Kg pos; am besten: low re-high att//high re-low impo –indiv impo neg; high re-high impo und low re/high impo –impo pos; low re/low impo –indiv impo ns; am besten: low re –high impo; high re –low srr –indiv srr neg, high re/high srr und low re /high srr –indiv srr pos, low re –low srr –ns (aber am meisten !) R Gl

9 Punkte (3,5 sample, 3 Messung, 2 mv, bei, 0,5 stat) **srh –Kg pos, srr nspos, impo neg; Aggr Kg ns, impo pos , srr neg; –high re –low Kg –indiv Kg neg; Rest pos; high re –low impo –indiv impo neg; high re –high impo –indiv impo pos; low re –high impo –ns ! (aber am meisten), low re –low impo –indiv impo neg; high re –low srr –indiv srr neg; high re –high srr –indiv srr pos; low re –high srr –indiv srr ns, low re –low srr –indiv srr pos (low low und high low besser !!)** R Gesu

Hayward,D/Krause,N: Trajectories of disability in older adulthood and social support from a religious congregation: a growth curve analysis, in: Journal of Behavioral Medicine 36, 354-360, 2013

Krause-sample, 2004 (77J), 2007, 2008; co support (nur Vp,die at least about a month in Ki gehen) –how often does someone in your co give you a ride to church services, provide you with transportation to other places –grocery store/doctors office; help you with things that need to be done around your home-household chores,yard work; help out when you or a member of your family are ill; ADL- shop, telephone bathing climb 2-3 flights of stairs walk quarter mile, heavy work shovel snow, take train bus, stand be on your feet für 2 Std,stoop crouch kneel reach over your head feed yourself get in out of bed,dress yourself,use fingers to grasp handle, lift carry 25 pounds;
(unter 5) **1 Panel Tangible support(time varying) –pos zu disability, neg zu Anstieg von disability (white,Ne)**

(R pos, Gl, Gesu, help) Hayward,R/Krause,N/ Ironson,G/ Hill,P/ Emmons,R: Health and well-being among the nonreligious: atheist, agnostics, and no preference compared with religious group members, in: Journal of Religion and Health 55, 1024-1037, 2016

Landmark Spirituality and Health Survey, ca 3000 VP, none 20 – no religious preference -11 "agnostic 6,3 (not sure if there is a God), "atheist (there is no God) 2,8 % (83 VP). Vergleich dieser drei mit Rest (any rel –incl 11 % other rel)//ath agno vs rel - jünger, M, edu plus, white –/no aff hier ohne Diff zu rel// Subjective health a self-rating of overall health (poor, fair, good, or excellent), and two items gauging health relative to others of a similar age to the respondent and to the respondent one year earlier/ Number of chronic health conditions -14-item checklist (e.g. arthritis, hyperten-sion).//General symptoms of disease 11-item checklist (e.g., frequent cramps in legs, frequent headaches). ADL impairment 15-item checklist of activities with which respondents reported having difficulty (e.g., bathing yourself, reaching over your head); Positive affect 5 Items - experienced an affective state in the previous month (sample item: inspired) Composite happiness was assessed using a 3-item scale (sample item: In general I consider myself …) Life satisfaction 3-item scale (sample item: the conditions of my life are excellent), Selfesteem 3-item scale (: I feel I am a person of worth, or at least on anequal plane with others) Symptoms of depression in the past week 7-item version of CES-D (I felt that everything I did was an effort) general anxiety 7-item scale (example item: being so restless it is hard to sit still) Death anxiety - I find it hard to face up to the fact that I will die) Gratitude 4 Items (sample item: I have much in life to be thankful for. Optimism 4-item scale (sample item: In uncertain time, I usually expect the best) Sense of meaning in life 6-item scale (sample item: I have a philosophy of life that helps me understand who I am). Humility 3-item scale (sample item: I know that I can learn from other people. 5-item scale (sample item: when I see someone in a difficult situation I try to imagine how they feel) ("I have forgiven those who hurt me") ("I have forgiven myself for things I have done wrong") Religious gratitude 3-item instrument (sample item: when I think of all the good in my life it makes me want to thank God
emotional support received 3-item scale (sample item: how often do your family members and friends let they know they love and care for you
emotional support given to others 3-item scale (sample item: how often do you let your family members and friends know you love and care for them?), Cr 82. Loneliness 3-item scale (sample item: how often do you feel left out?) average days per week of moderate (e.g., fast walking, bicycling) and strenuous (e.g., jogging, soccer) exercise

rel zu ath agno –Gesu ns minus, wellbeing pos, pos psy plus, ss plus, smoke/alc/exercise pos; rel zu no wenig Diff –Gesu nsminus, wellbeing nspos, Rest pos,
Zahlenverhältnis: no aff besser als ath agno, /ath –bei Gesu pos (Zustand) und neg (Verh), well-being neg, help ambiv –schlechter als no aff; kaum Diff zu agno

8,5 Punkte (3 sample, 4 Messung, 1 mv, 0,5 stat)**mv demogr: subj health ns/BMI ath neg, chronic conditions rel pos, disease symptoms no pref nsminus, ADL - ath agno minus, smoke –rel minus, alc –rel minus, illicit drugs ns, exercise ns**, R Gesu

8,5 Punkte (3 sample, 4 Messung, 1 mv, 0,5 stat) **Pos affect ns, happiness –ath agno minus, rel/no pref pos; Lz –agno minus, no nsminus, Swg –ath agno nsminus, Depr –ath agno nspos, anx –ath agno plus; T-angst- agno plus; optimism –ath agno minus, Sinn –rel pos, Rest minus, lonely –agno ath ns pos,** R Gl

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **Gratitude - rel pos, Rest neg, forgiveness of others agno minus,** R pos

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **Humility ns, compassion –rel pos, Rest (no, ath, agno) minus**, **emot support given rel pos, Rest minus** R help

(RGesu, Gl) Hayward,R/Krause,N/Ironson,G/Pargament,K: Externalizing religious health beliefs and health and well-being outcomes,in: Journal of Behavioral Medicine 39, 887-895, 2016

Landmark Spirituality and Health Survey, 19 Hi 15 Ne,rel activity - attendance at religious services, prayer outside of services, Bible reading.// belief in miraculous healing - Real miracles of healing from God occur today. God sometimes directly intervenes to heal individuals with diseases like cancer. God has healed me or someone I know personally. //divine health deferral - Rather than trying to come up with the right solution to a health problem myself, I let God decide how to deal with it.In carrying out solutions to health problems, I wait for God to take control and know somehow He'll work it out. I do not think about solutions to my health problems because God provides them for me. //14 chronic health conditions// General physical symptoms (e.g., frequent headaches, constant coughing or frequent chest colds) Lz- I am satisfied with my life. The conditions of my life are excellent. In most ways, my life is close to my ideal.
Healing belief besser, weil man selber noch was tun kann, def : Gott tut alles//SEM-Analyse, biv nicht alles angegeben;
mv age gender race evangelical denom
6,5 Punkte (3 sample, 1,5 Messung, 1,5 mv,Med, 0,5 stat) **Gesu –rel act ns, mv: rel act pos, divine health deferral neg, (Kannib) (def pos zu healing belief)** R Gesu

6,5 Punkte (3 sample, 1,5 Messung, 1,5 mv,Med, 0,5 stat) **Lz –rel act pos, mv: rel act pos, belief in healing miracles pos (Kannib)** R Gl

(R Gesu, Gl, div) Headey,B/Hoehne,G/Wagner,G: Does religion make you healthier and longer lived ? Evidence for Germany, in: Social Indicators Research 119, 1335-1361, 2014

German Socioeconomic Panel, incl Ostdeutsche, 1990-2010, 3000-134000 personyears; attendance at religious services or activities – every week, every month, seldom , never; seit 1990, gemessen high vs seldom/never//health satisfaction, srh, SF 12 –:srh, how much did pain interfere with your normal work, does your health now limit you in these activities – moving a table, pushing a vacuum cleaner climbing several flights of stairs//number of doctor visits, /grip strength –squeezing a dynamometer (nur 2006 und 2008 gemessen) //2005 2009 Big Five short form,

mv demogr, Big Five, years in panel, alos - Kg: health satisf pos, srh pos, SF 12 physical pos (nur random effects, nicht fixed effects), doctor visits ns, grip strength ns; (N –alles neg, doctor pos; E leicht pos, O ns, agreeable – ns, C pos; grip – Zeichen für Lebenserwartung: N minus, E ns, O pos/ns, A minus, C ns) (FE kann Pers nicht kontrollieren//satisfaction (job leisure household inc household work)
Kg zu Gesu (bei Ko von satisfaction composite) M: health sat pos (RE), SF 12(RE), nicht srh RE/FE, health sat FE, SF 12 - FE; bei F: health sat pos RE, FE nicht; srh RE, FE nicht, SF 12 RE FE nicht (srh: bei Ko bleibt: einmal pos, zweimal nspos, einmal nsneg –beträchtlicher Anteil an Korrel ist Lz-beeinflusst)
Korrel zu mort nach 2,4,6,8 J: health sat, srh, SF 12 neg, doctor visits pos, grip neg;
Mort nach 8 Jahren (Vp über 52 J) -1990-98, 1991-99..2002-2010- mv s.o., (M Model 1 24737 person years, Model 4 -2237; F 28617 -2421) plus age father/mother died (viel imputed; N sinkt) und SF 12 –Kg bei M und F neg, mehr controls – stärker ! (C und O minus !),
Kg – smoke neg, risk averse pos, health risk averse pos, exercise pos, partnered pos, social engagement/partic pos
SEM – Kg neg zu smoke, pos zu Lz, exercise T1-T2, T2 –T3 (dreimal: 2002-2004-2006 und 2004-2006-2008 und 2006 -2008-2010), und smoke/ex/Lz korrel mit SF 12 –so: Kg indirekt pos zu SF 12//Kg wirkt durch ex/Lz/smoke – kontrolliert man die, ist Kg ns zu mort (nicht gezeigt !!)

15 Punkte (3,5 sample, 4,5 Messung, 4,5 mv,Pers,Erbe!, bei, 0,5 stat, **2 Panel) Kg pos zu srh, health sat, SF12, ns zu grip strength/doctor visits, neg zu smoke, (health)risk, pos zu exercise; subj Gesu-items besser zu mort als obj; Ko von sat senkt Korrel zu Gesu items z.T. auf ns,**
Kg MF neg zu mort, mv Pers, Erbe; smoke Lz exercise mediieren Korrel zu SF 12 und mort (nicht recht ersichtlich) R Gesu

4,5 Punkte (3,5 sample, 1 Messung) **Kg –being partnered pos, div neg**, R div

9 Punkte (3,5 sample, 1,5 Messung, 2 mv,Pers, 0,5 stat, **1,5 Panel**) **Job leisure household income household work satisfaction – pos zu Kg,**
Kg T1 zu Lz T2 und T2 zu Lz T3 (dreimal: 2002-2004-2006 und 2004-2006-2008 und 2006 -2008-2010) pos mv age, edu, inc, Big Five, years in panel, R Gl

(Heath,A/Buchholz,K/Madden,P et.al..: Genetic and environmental contribution to alcohol dependence risk in a national twin sample: consistency of findings in men and women, in: Psychological Medicine 27, 1381-1396, 1997
Undurchsichtiges sample, DSM-III R-alcohol dependence (milde Form, desh häufig) ; Kg z.T. imputed, Australien,
5 Punkte (2,5 sample, 1,5 Messung, 0,5 mv, bei, 0,5 stat) **alc dep –bei F: Kg weekly, other P neg, no rel pos; bei M: Kg weekly neg, K pos, (F 5 %, M 25 % alc dep; Erblichkeit gleich, ca 60; familiar 1 %!) ,F mit selbem genet risk für alc werden viel weniger alc)**

Heath,A/Madden,P/Martin,N: Statistical methods in genetic research on smoking, in: Statistical Methods in Medical Research 7, 165-186, 1998
3 samples Finnland, Australien US-Vietnam veterans, smoking onset: 43 % h 2, gemeins Umwelt 37, nonshared 20 (M), 63 h 2, 18 common, 19 nonshared (F) oder : F Finnland 32/59/9 F Australien 70/18,12; Männer –Finnland 31/58,11, Australien 40/51,9; US veterans -39,49, 12 (31 - 63 h 2, Schnitt eher ca 40)
persistence of smoking –h 2 59, common Null, nonsh 41 (M), 3 % h 2, 43 common, 54 nonshared (F) (?) / F Finnland -49,23,28; F Australien 4,57,39; M Finnland 50,18,33; Australien 71/0/29, US vet -60,1,31) (h 2 4-71 !, eher im Schnitt; common 0-59 ! Australier seltsam
eher zweiteilige Vererbung –onset und persistence,
Austral sample –Korrel zu smoking initiation (mv mari stat,edu, E N L P): P neg, K pos (nur M), no rel pos (nur F), Jewish/other minority rel neg (nur F, bei persistence –alle denom nicht da (ns?)

6,5 Punkte (3 sample, 1 Messung, 2 mv, 0,5 stat) **Erblichkeit bei smoking inititation und persistence da (aber austral sample zT. anders), Australien: P neg, K pos (M) no rel pos (nurF) zu smoking initiation, zu persistence ?**

Heath,A/Madden,P/Grant,J et.al.: Resiliency factors protecting against teenage alcohol use and smoking, in: Twin Research 2,145-155, 1999
Ca 1300 female twin pairs, ca 11-20 J, Kg never 9 Ne, 13 wh; no aff 2/6; /Kg aus Mutter-Befragung und Vp selber,/rel values - be able to rely on religious teachings when you have a problem', 'to believe in God', 'to rely on religious beliefs as a guide for day-to-day living', 'to be able to turn to prayer when you're facing a personal problem'.// Have you ever taken a drink of beer, wine, wine cooler, hard liquor like gin, scotch or vodka, or any other kind of drink with alcohol in it? By a drink I mean a standard can or bottle of beer, a glass of wine or a shot of liquor' und Nachfrage: 'So you've never had even one drink of alcohol?'. / Have you ever smoked cigarettes or tried any other form of tobacco', with a follow-up question for those who said no: 'So you have never smoked even a few puffs of a cigarette or experiment-ted even one time with any other form of tobacco?'// Ne 56-81 Erblichkeit von rel values – Kg und pray sign; wh -6-24, Kg teachings sign; //Korrel zu (onset of ?) alc use (mv inc race)-Bapt ns, K und no plus, other P (Naz, AoG, Pe, Me, Lu,Cof C Pres) neg; Kg neg (nur weekly /mehr); bei Zugabe von Kg: other P und no ns; rely on beliefs neg; K bleibt; //smoking –other P neg, Rest ns, Kg minus, rely on beliefs minus; Zugabe von Kg –Ba plus ; K und no ns plus

7 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat) **Kg other P (Ba ns) rely on rel beliefs neg zu onset of alc /smoke, K/ no aff bei alc pos, bei smoke beide ns pos**

(R div, fert, pos, Gl, Gesu, Krim) Heaton,T et.al.: In search of a peculiar people: are Mormon families really different ?, **in: Cornwall,M et.al.:**Contemporary Mormonism.Urbana.Chicago 1994, 87-117
NSFH 1s.o.; Vergleich LDS 169 M,236 (nicht repräs) F vs -Rest, edu gleich, inc etwas weniger, status M gleich, mehr activity in church, Kg plus,verh ns plus, div ns, Kinder/ideale

Kinderzahl plus,Erzwerte be independent ns, do as asked ns plus, Zeit mit Kindern ns, praise hug child M ns plus,vs partners should overlook adultery ns, coh neg, sex intercourse ns , kons Frolle –(M arbeiten, F Haushalt, arbeitende Mutter für Kind nicht gut, Kind unter 3 in day care) plus, Unabh bei Töchtern ebenso wichtig, partners must have indiv freedom, arbeiten beide –teilen von Hausarb, marital sat alles ns, verh besser als single plus, working ns, arguments that get physical ns minus, Beziehung zu Verwandten ns neg; /very happy ns, excellent health ns pos, drug alc problem ns !, I do things well M ns pos, feel like a person of worth/on equal plane with others M ns pos, satisf with self ns neg, sat with job M ns neg, F ns, Depr M ns minus, F ns plus,//viel ns –N gering bei LDS//
3,5 Punkte(2 sample, 1 Messung, 0,5 stat) **LDS div ns** R div
3,5 Punkte (2 sample, 1 Messung, 0,5 stat) **LDS mehr Kinder(wunsch**) R fert
5,5 Punkte(2 sample, 3 Messung, 0,5 stat) **LDS: parental involvem pos, Erzwerte indep ns, do as asked ns, coh neg, intercourse ns, kons F rolle pos, Teilen von Hausarb ns, verh besser als single** R pos
5,5 Punkte (2 sample, 3 Messung, 0,5 stat) **LDS marital sat, very happy sat mit job, Swg ns**, **N gering** R Gl
(unter 5) **LDS health ns pos, drug alc problem ns minus** R Gesu
3,5 Punkte(2 sample, 1 Messung, 0,5 stat) **LDS arguments get physical ns minus** R Krim

(R div, Abtr,pos, Gesu) Heaton,T: Religion, sexually risky behavior and reproductive health. The Mormon Case, in: **Ellison,C/Hummer,R**: Religion, Families, and Health. New Brunswick/London 2010, 368-384,

NSFG 1995, F 15-44, /
Selbst bei Kg weekly: mehr als 5 vorehel Sexpartner, drei Viertel vorehel sex, 40 % unprotected, 20 Abtr, STI 10

6,5 Punkte (3 sample, 2,5 Messung) **edu –no nspos, J pos, Ba ns minus, mP pos Fu minus LDS plus unprotected first sex – Fu, KBa no, mP LDS, J; Kg neg; nonmarital sex partners – no J Ba mP Fu K, LDS, -Kg neg; /vorehel sex mal unprotected – Ba, no, K Fu, mP, LDS J,** R pos

4 Punkte (3 sample, 1 Messung) **Div –no pos, K/J minus, Ba ns pos, mPns, Fu pos, LDSminus,** R div

5 Punkte (3 sample, 2 Messung) **Had abortion –J no mP K Ba Fu LDS -no als Basis: J ns, Rest neg; Kg neg//pregnant not wanted –no Ba stark, LDS J wenig,Kg nsneg,** R Abtr

5 Punkte (3 sample, 2 Messung) **Treated for STI –no, mP, J K Ba, Fu, LDS; Kg neg; HIV ohne Blutspender – J Ba, no, KFu, mP, LDS Kg nsneg;** R Gesu

(R Gl, Gesu) Hebert,R et.al.: Positive and negative religious coping and well-being in women with breast cancer, in: Journal of Palliative Medicine 12, 537-545, 2009
T 2 –nach 8-12 Monaten, Vp viel edu und rel, cope God 75 moderate amount /a lot, cope anger 15 at least a little; early stage vs late stage –rc ns, mh pos ns, Depr ns, Lz minus/N –Messung 5 Items Goldberg ,

rel How often do you attend religious services, How often do you pray/meditate in places other than religious buildings, To what extent do you consider yourself to be a religious/piritual person?//rc I've been working together with God as partners to get through this problem I've been looking to God for strength, support, and guidance , **Negative religious coping I've been wondering if God has abandoned me, I've been expressing anger at God for letting this happen to me**//phys und mental wb SF 36,
religiosity –N minus, hostile minus, cope anger minus, phys health ns, mh ns pos, Depr neg, Lz pos //cope God –alles ns; cope anger – mh neg, Depr pos, Lz minus, N plus, hostile plus //Korrel in T1: (mv –Ko von ss, N, hostile- ÜberKo) phys health alle ns (außer cancer stage), mh/Depr/Lz –cope anger wirkt (religiosity und cope God nicht; rel bei Lz ns plus) //Korrel T1 –T2 phy/mh/Depr/Lz bei Ko von N, ss,demogr, religiosity, coping, T 1 wellbeing –nix mehr übrig für rel/ns, -change in cope anger neg zu changes in mh/Lz/pos zu Depr (jeweils T 1-T2),

7 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat, **1,5 Panel) religiosity neg zu cope anger/abandon, neg zu Depr, pos zu Lz, SF mh ns pos; hostility neg, N neg, mv (ÜberKo) ns, pos rc –alles ns; cope anger neg, wirkt mv T1-T1 , //change in cope anger zu change in LzDepr mh neg (ÜberKo, auch N), cope anger ein Fünftel von cope God** R Gl

4 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat, **0,5 Panel) religiosity und cope God /cope anger ns zu phy health SF 36/T1 und T1-T2** R Gesu

(R pos, div, fert, Gesu) Heineck, Guido : The determinants of church attendance and religious human capital in Germany : evidence from panel data, DIW-Diskussionspapiere, No. 263, 23 S., 2001
Sozioök Panel, ca 20 000 Vp, 1994, 1998, 1999, 16-65 J, kein Panel; impo of belief/rel, partners share the same vs different denomination, number of children up to three years of age; between four years and six years of age between seven years and sixteen years of age individual is reported handicapped,yearsed = duration of education in yearsqual0 = 1, if individual has no formal qualification except basic school, qual1 = 1, if individual has a vocational qualification, qual2 = 1, if individual has further qualification, unempl = 1, if individual is reported unemployed, wage rate in log form, corrected for selectivity bias non-labour income
Korrel zu impo/Kg bei M/F: random-effects ordered probit model –unsicher ob mv! –**(seltsam: Bremen besser als Bayern, Thüringen Sachsen ns, Hamburg z.T. pos)gleiche denom bei F pos, verschiedene denom bei M neg; handicapped –F Kg minus, sonst ns**

5,5 Punkte (3,5 sample, 1 Messung, 0,5 bei, 0,5 stat**) div Kg ns, impo plus** R div

5,5 Punkte (3,5 sample, 1 Messung, 0,5 bei, 0,5 stat) **Kinder 4-6 F ns, M Kg pos, 7-16 –F pos, M Kg pos, (vs Basis Kinder 0-3)** R fert

6 Punkte (3,5 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **srh –MF Kg pos, M impo pos; smoke alles minus** R Gesu

6 Punkte (3,5 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **Edu ns, qualification (mehr als vocational) F Kgpos, M pos; wage –F impo minus, M Kg minus (schwach),** R pos

(auch in R Gesu) Helliwell,J/Putnam,R: The social context of well-being, in: Philosophical Transactions of the Royal Society of London 359, 1435-1446, 2004
WVS 1-3, ca 80-95, ca 80000, ESC Kanada -7500, Benchmark 28000, linear estimation – unklar was das ist; scheint mv zu sein (edu ns –wegen inc usw –im Text erläutert//dann aber : Aggr und 2 indiv rel Items kontroll und Aggr membership, governance, trust, income; auch indiv membership ! und srh, trust in police), impo of God/rel (welches ?) –WVS pos, ESC ns pos zu Lz, WVS Benchmark pos zu happiness; Kg – WVS und ESC Lz ns pos, WVS und Benchmark happy pos; //Aggregat-Impo WVS happy und Lz pos; Benchmark happy ns, ESC Lz ns pos,(Aggr unsicher, indiv eher klar, alle pos, 5 sign) //
health status –WVS ESC ns Benchmark impo neg, Kg pos; Aggr impo –WVS ESC stark pos, Benchmark ns;
(Schweden viel Sm, viel Lz; Grund: Rel wirkt stärker auf Sm und fehlt in Schw, governance stärker auf Lz und viel da in Schw)

8,5 Punkte (4 sample, 2 Messung, 2 mv ?, 0,5 stat) **Kg und impo pos zu Lz/happy, Aggr unklar, pos/nspos/ns, mv unsicher/zuviel**
7,5 Punkte (4 sample, 1,5 Messung, 1,5 mv ?, 0,5 stat) **Kg 2 ns, 1 pos, impo 2ns/1neg zu health status, Aggr impo 2pos, 1 ns, mv unsicher/zuviel**

(R Gl, Gesu) Helm,H et.al.: Does private religious activity prolong survival ? A six-year follow-up study of 3851 older adults, in: Journal of Gerontology, Medical Sciences 55A, M 400-405, 2000

Duke EPESE, Piedmont Area,59 % Ba, 1 K, 1 no, how often do you spend time in private religious activities ,such as prayer, meditation, or bible study ? any vs no (plus rarely?)
, 1137 sterben innerh von 6 J, chronic conditions –cancer stroke heart attack diab hip fracture fract of other bones, current angina p bronchitis cardiac glycoside use antihypertensive use cogn impairment, Bd, srh,
ss –immediate soc network, personal contacts, sat with supportive confidant , with social intera, support given received from family friends, depr
Private rel –insgesamt neg zu mort; Ko von known risks of mortality –dann ns (Inhalt wahrsch alle 5 Gruppen von controls); bei denen mit ADL impaired neg, mv demogr ns, plus health variables/health practices, ss, rel variables:ns, bei unimpaired stärker neg, mv demogr/health variables/health practices, ss, rel variables –neg sign bleibt,
Private rel –, impaired function chronic health ns, alc smoke minus BMI pos,
10 Punkte (3 sample, 2 Messung, 3 mv,bei, 0,5 stat**, 1,5 Panel) pray meditate read Bible –neg zu mort biv, mv Aufteilung: bei Vp unimpaired - stärker neg (bei allen controls), ns neg bei Vp impaired (schon bei demogr), unklar: was ist mit mv demogr usw bei ganzer Gruppe ? //pray etc - impaired function chronic health ns, alc smoke minus BMI pos** R Gesu

(unter 5) **Private rel –depr ns** R Gl

auch in R Gl) Henderson, A: The long arm of religion: childhood adversity, religion and self-perception among Black Americans, in :JfSSR 55, 324-348, 2016

National Survey of American Life, Neger(incl Black Carribeans) 12 items adapted from the Rosenberg self-esteem scale (1965), including: (a) I feel that I'm a person of worth, at least on an equal basis with others; (b) I feel I do not have much to be proud of; and (c) I feel that I have a number of good qualities. , self-mastery, belief in one's capabilities to organize and execute action required to manage life events, seven items: There is really no way I can solve some of the problems I have; I have little control over the things that happen to me; I can do just about anything I really set my mind to; What happens to me in the future mostly depends on me/"Did your family ever receive public assistance when you were growing up (prior to 18)?/ "I look to God for strength, support and guidance." How important was religion in your home while you were growing up//Kg und impo: Swg pos, mastery pos, Gesu in Kindh ns, econ adversity neg, edu von mother neg,/strength dto, außer ns zu mastery,/mv (demogr, south, foreign born, srh) –alle drei rel Items pos zu Swg, Kg und impo zu mastery; 3 von 9 Intera bei Swg sign –Kindhkrankh mehr –dann senkt mehr strength neg Wirkung von Kra auf Swg, wenn gesund –kaum Wirkung von strength (Puffer) //econ advers -impo ns neg, bei Fehlen von ec adv –impo pos zu Swg; //viel edu von Mutter –Kg ns eher, wenig edu –Kg steigert Swg (Puffer), /bei mastery 4 Intera – Gesu und Kg –ns, Kra und Kg pos; impo bei Gesu etwas pos; econ adv –bei no adv Kg impo plus, bei edu Kg Puffer; (7 von 15 möglichen Intera sign, 3 bei Kg, 3 impo, eine strength; strength kann 3 Intera haben, Rest 6 – Rest ist linear: also 3 Kg, 3 impo, 2 strength) (uneinheitliche Wirkung –mal Puffer,mal nicht, vielleicht sogar zweimal minimal neg; Sinn ? Rel mal bei adversity (oder nichtadv) pos, mal neg minimal, mal ns; auch: edu und econ adv wirken nicht neg auf Swg/mastery mv !!)

7,5 Punkte (3 sample, 2 Messung, 2 mvIntera, 0,5 stat**) rel Items pos zu Swg/mastery, Intera : bei (non)adversity mal pos, mal ns neg, mal ns –evtl Zufall ? die Hälfte ohne Intera wirksam; Rel neg zu Kindh-public assistance,**
7 Punkte (3 sample, 1,5 Messung, 2 mv Intera, 0,5 stat**) Kg impo look for strength in God ns zu Gesu in Kindheit**

Herd,D: Predicting drinking problems among Black and White men: results from a national survey, in: Journal of Studies on Alcohol 55, 61-71, 1994
Current drinkers –had a drink in past 12 months; nur M; (no aff ca 11) Alc dependence – Unkontrollierbarkeit, kann nicht aufhören,afraid alc zu sein, drink so nötig, dass man an nix Andres denken kann; symptomatic behavior –trinken statt essen, Kater mit Alkohol bekämpfen, Filmriss, Zittern, Dosiserhöhung für selben Effekt,mehrere Tage betrunken//drinking consequences –job problems, police-trouble with law,drunken driving, health –Krankh durch Trinken, Arzt mahnt, Angst Trinken gefährdet Gesu; accidents; fight while drinking, Probl mit Geld, Ehepartner Verwandten Freunden//wie oft best Alk-art trinken, wie oft dabei 1-5 drinks or more bei einer Gelegenheit, /heavy –during last year how often 8-12 oder 12 or more drinks in a single day // quantity-frequency – infrequent 1-11 mal pro Jahr trinken und selten fünf drinks in einer Sitzung -..vs frequent heavier –at least five drinks at a sitting, einmal/mehr in Woche; ((Ne trinken so viel wie whites, haben aber mehr Probleme, auch bei Ko von vielen Items; evtl ist Ne-Umfeld mehr vs alc –desh mehr Probleme)) /Kg impo –Cr 64 !,

cP: ns zu alc dep, drinking consequ, mehr als 8 drinks; 0.2 zu rel nur; Ne plus; (drinking norms – darf man vor Kindern, bei der Arbeit, driving, Fz Bar dinner –trinken ? betrunken sein ?pos zu rel/cP)/rel neg zu alc dep, drinking consequ, mehr als 8;
(rel und cP ns zu div, verh cP neg, rel pos –Grund: cP sind vor allem Ne) //mv alc dep (demogr, drink 8, norms) –rel ns , cP ns neg (Überko), consequences – rel ns, cP ns neg; Intera: cP wirkt bei Ne vs alc dep/consequ, bei whites nicht; religiosity mit Intera, aber nicht erklärt und bei Analyse bei Ne/wh nicht da;

5,5 Punkte (1 sample, 2,5 Messung, 1,5 mv,bei, 0,5 stat) **Kg/impo biv neg zu alc dependence/problems/ heavy drinking; cP ns//Kg impo und cP neg zu drinking in best Situationen; //mv Kg impo ns, cP nsneg - (ÜberKo norms drinking, Kannib); Intera: cP bei Ne neg, bei white ns; rel bei beiden–ns (Überko/Kannib) –oder Intera, aber nicht erklärt**

Hill, T/Angel,J/Ellison,C/Angel,R: Religious attendance and mortality: an 8-year follow-up of older Mexican Americans, in: Journal of Gerontology, Social Sciences 60B, S102-S 109, 2005

H-EPESE, Vp Mexican-origin, über 65, 3050 -davon 933 gestorben, T1 1993/94, T 4 2000/2001, about how often do you go to mass or services ? /ss –in times of trouble, can count on/ can talk about deepest problems with at least some of family friends,CAGE –ever felt should cut down on drinking, people annoyed me by criticizing drinking, felt bad guilty about drinking, ever had drink as first thing in the morning to steady your nerves/get rid of a hangover, /POMA- standing balance, timed 8-ft walk at a normal pace, timed test of five repetitions of rising from a chair and sitting down,IADL –use telephone, drive a car,ride a bus, shop for groceries or clothing, prepare a meal, do light housework managing household finances take medications,
mort –Kg once per week , dann Kg never, yearly, monthly, more than once a week ! (evtl verdruckt –vgl mv)
mort –bei Ko von demogr, overweight/obese, diabetic, hyp, heart attack Kg neg –monthly/once per week am besten; dazu poor mobility/IADL - monthly/once per week sign (yearly und more than once a week nsneg) , plus ss –dto, drink smoke dto, severe depr –dto, cogn impairment dto, srh –dto, alle controls zusammen –once per week neg, yearly/monthly/more than once a week nsneg;
9,5 Punkte (3 sample, 1 Messung, 3,5 mv, 0,5 stat, **<u>1,5 Panel)</u> bei Mexican Americans Kg neg zu mort bei etlichen controls/Überko**

Hill,T/Burdette,A/Angel,J/Angel,R: Religious attendance and cognitive functioning among older Mexican Americans, in: Journal of Gerontology Psychological Sciences 61 B, P3-P9, 2006

HispanicEPESE, 3050 Mexican origin Vp, über 65, T1 93/94, T 2 95/96, T3 98/99, T4 00/01,MMSE-mini mental state examination, orientation attention immediate short term recall, language ability to follow simple verbal written commands, about how often do you go to mass or services, ADL –walk across a small room,take a bath/shower, perform personal grooming, dress eat get from a bed to a chair,use toilet, /told by a doctor to have –stroke, diab, hyp, heart attack,social disengage- sec group membership, unmarried, living alone, monthly contact family friends,
9 Punkte (3 sample, 1 Messung, 3 mv,Intera, 0,5 stat, **<u>1,5 Panel)</u> Kg neg zu Anstieg von cogn impairment(auch mv: T 1 cogn functioning, fu disab, hearing vision problems, smoke, alc,**

depr, diab hyp stroke heart attack demogr social disengag) keine Intera mit sex age, P vs K ns,

Hill,T/Burdette,A/Ellison,C/Musick,M: Religious attendance and the health behaviors of Texas adults, in: Preventive Medicine 42, 309-312, 2006

Survey of Texas adults,
mv demogr und impaired health: Kg zu: physical exam when well pos(more than weekly nspos), routine dental exam –dto, regular vitamin use –pos, sound diet quality –nsneg, infrequent bar attendance –pos, regular seatbelt use –pos, takes walks on more than 5 days a week –pos, moderate exercise nspos, strenuous exercise pos, sound sleep quality –pos, nonsmoker pos, moderate drinker (4 drinks/weniger on occasion) pos, (monthly meist ns pos, weekly -9 mal pos, more than weekly -7mal)

8,5 Punkte (3 sample, 3,5 Messung, 1,5 mv, 0,5 stat) **Kg pos zu GesuV –auch exercise Ernährung Arztbesuch zur Prävention**

Hill,T/Burdette,A/Taylor,J/Angel,J: Religious Attendance and the Mobility Trajectories of Older Mexican Americans: An Application of the Growth Mixture Model, in: Journal of Health and Social Behavior 57, 118-134, 2016
H-EPESE , Mexican-Americans, Texas usw; über 65, T1-93/94, 95/96 , 98/99, 00/012, 04/05, 07, 10; fu mobility-standing balance (semi-tandem and side by side), a timed eight-foot walk at a normal pace (gaitspeed), and a timed test of five repetitions of rising from a chair and sitting down//chronic disease burden –diab, hypert, stroke, heart attack//
biv -high und moderate mobility (trajectories –bei high mod sinkt mob, bei low steigt sie etwas über die Jahre) –Kg T 1 pos; mv demogr immigr –Kg T1 monthly und mehr als weekly mehr pos zu mod als zu high, aber mv ns; weekly yearly ns; alle Kg-Items zu high vs low und moderate vs low stark pos, auch bei Ko von T 1 depr, cogn function chronic conditions mobility ss live alone secular groups//

9,5 Punkte (3,5 sample, 1,5 Messung, 2,5 mv, **1,5 Panel,** 0,5 stat)
Kg T1 pos zu functional mobility trajectory (17 Jahre) mv(auch T1 mobility,depr, Gesu) R Gesu

Hill,T/McCullough,M: Religious involvement and the intoxication trajectories of low income urban women,in: Journal of Drug Issues 38, 847-862, 2008

Welfare, Children and Families Project, Boston, Chicago SanAntonio, mehr K, 10 % no aff, /in the past 12 months, how often have you gotten drunk ? T 2 nach 2 Jahren//Kg T1 zu Alk several times or often T 1 – Trog: am meisten never und Kg more than once per week/zu several times plus once/twice - alc klar neg; //T1 zu T2: Kg klar linear neg bei beiden Messungen; (never 9 % Alk T1, 10,7 T2; more than once a week -12-2,7) about every week immer am wenigsten 3,4 -1,8) //mv (demogr, receiving welfare, Kinderzahl und T1 alc !)) T1

–T1auch more than once a week neg(und schon 1-2 mal pro Monat neg); T1-T2 –nur about every week und more than once a week neg; (mv etwas anders als biv)
7 Punkte (1,5 sample, 1,5 Messung, 0,5 stat, 1,5 mv, **1,5 Panel) Kg neg zu öfters betrunken sein, mv, Panel (no aff wohl in Kg never drin)**

Hixson,K et.al.: The relation between religiosity, selected health behaviors, and blood pressure among adult females, in: Preventive Medicine 27, 545-552, 1998

Alumni, über 35, F, auch mit Bd-medikation, 5% K, 27 Pres, 20 Me, Bd-messung –vorher nix essen trinken, kein Sport,Blasé Darm leeren, zweite und dritte Messung genommen, /I –faith as supreme value in its own right, motivation meaning for life in rel, E –utilitarian way of being rel, useful for self – granting safety, social standing solace endorsement for ones chosen way of life, org rel –Kg, partic in Bible study prayer groups, nonorg- pray privately,read devot literature, rel TVadio/rel knowledge – über beliefs writings rituals, rel exp – encounter between Vp und some supernat consciousness, rc –rel acts as resource to help deal with stress problems difficulties, belief –unklarer Inhalt, rel wellbeing –rel sat //Messung wenig Kalium viel Natrium und viel Calcium, /Hypert – über 140/90,
Path analysis (rel direct und über alc smoke physical act diet) Syst Bd –direct: I org rel minus, Rest kleiner 0,04 – ns eher (rel wellbeing nonorg rel exp nspos)//diastolic – I E belief rel wb nonorg rel exp rc - neg, org schwach, knowl ns/direkte Wirkung stärker als indir, /aber dann: insgesamt Korrel ns –Text ?
(unter 5) **rel Items neg zu diast Bd v.a., I org rel/rc stärker, unsicher, path analysis (17 von 20 total effects – direct plus indirect- 10 rel Items zu SBP/DBP –neg Vorzeichen, aber: rel gesamt ns zu Bd, kein Panel, path suspekt) /rel zu alc smoke neg, phys act/diet ns; viele Korr – ohne Bonf, Sign nicht mitgeteilt**

Hoffman,J: Religion and problem gambling in the U.S., in: RRR 41, 488-509, 2000

National Gambling Impact and Behavior Study, gambling problems –preoccupation, tolerance,withdrawal, loss of control escape chasing (return to a facility to get money you had lost the previous day), lying,illegal acts,risking a significant relship bailout (needing a loan desperately to pay for a gambling debt) /impo of faith in God in one's life,/gambling –casino, lottery, betting bingo, electronic gaming devices, charity gambling, cardrooms, /8% mit 1-2 problems, 2 % drei/mehr,
Kg neg zu any gambling problem bei gambling more than 1 year ago/1-2, 3-11 times a year, monthly, nicht aber bei weekly/more (Kg und impo neg zu gambling-frequency, mv demogr,mar stat, employed, lottery state, distance to casino,/d.h. bei weekly/more gamblers sind weniger Religiöse dabei); impo of faith ns; Korrel zu problem gambling (mv MF,gambling frequency,distance to casino,lottery state, demogr)-Kg neg, impo ns;

6,5 Punkte (3 sample, 1,5 Messung, 1,5 mv, 0,5 stat) **Kg neg zu gambling/problem-gambling, impo of faith neg zu gambling, ns zu problem-gambling (bei Ko von gambling frequency, aber bei der höchsten Frequenz von gambling: Kg ns zu problems)**

(R pos, Gesu, fert, div,Abtr) Hoge,D et.al.: Determinants of church involvement of young adults who grew up in Presbyterian churches, in: JfSSR 32, 242-255, 1993

Konfirmierte Pres, 3 % Ne, edu plus,
8,5 Punkte (1 sample, 4,5Messung, 2 mv, 0,5 stat, 0,5 panelartig,retrosp) **nach Abwendung wieder zurück: wegen Kindern/rel Erziehung ein Viertel;**
life events zu church member/Kg (mv elterl Rel, Rel in Kindheit, edu, rel beliefs, moral – Abtr, Hs, p-sex –moved, rock concert, demo) –smoked marijuana neg, married pos, div neg, Kinderzahl pos; moral pos// zu beliefs (LnT, Bible Christ(Christ only –nur seine followers can be saved, one absolute truth Jesus)– smoke marij neg; edu minus
Umkehrung evtl (U-W aber unsicher, bidirectional, Item führt zu rel oder rel zu Item, Rel kann immer vorher da sein)

edu senkt rel (church member schwach, beliefs stärker) und ist pro Rel: Kg pos (path analysis), je nach edu: active in campus Chr group pos, humanities studieren neg, edu level nur vs beliefs, ns zu Kg/member R pos

6 Punkte (1 sample, 2 Messung, 2 mv, 0,5 stat, 0,5 panelartig retro) **Kinderzahl steigert rel** R fert

6 Punkte (1 sample, 2 Messung, 2mv, 0,5 stat, 0,5 panelartig retro**) Smoke marij senkt rel**, R Gesu

Heirat steiger rel, div senkt rel, R div

AntiAbtr steigert rel R Abtr

Holl-Lunstadt,J et.al.: Understanding the connection between spiritual well-being and physical health: an examination of ambulatory blood pressure, inflammation blood lipids and fasting glucose, in: Journal of Behavioral Medicine 34, 477-488, 2011

Sample sehr viel Kg; 28 J, FACIT-Sp-Ex –functional assessment in chronic illness therapy-spiritual well-being expanded scale; meaning peace faith spir concerns –love gratitude forgiveness,-korreliert nicht mit Kg,
(unter 5) **Faith-Teil von spir wb zu: (mv-age, gender) systolic und diastolic Bd neg, ns zu hs-c-reactive protein, Triglycerides (nsneg), VLDL; neg zu fasting glucose**

(R Gl,Gesu) Holt,C/Wang,M/Caplan,L et.al.: Role of religious involvement and spirituality in functioning among African Americans with cancer: testing a mediational model, in: Journal of Behavioral Medicine 34, 437-448, 2011

100 Ne mit Krebs, 50 M, rel beliefs –feeling the presence of God in ones life, perceiving a personal relship with God, Kg/involvem in other church activities -5 Items; FACIT-Sp –meaning and peace und faith –I find strength in my faith or spir beliefs; /meaning – 4teilig –values-I have a system of values and beliefs that guide my daily activities, purpose –In terms of my life, I see a reason for my being here, goals –In my life,I have clear goals and aims, reflection on the past: I feel good when I think about what I have done in the past) SF 12 -8 Items phys health

functioning- ability to do moderate activities, limitations in work or activities, 4 emot funct – accomplished less than desired as result of emot problems, did work or activities less carefully than usual due to emot problems, //rel beliefs –meaning pos, NAS ns, PAS pos (Watson), neg rc ns, pos rc pos, SF beide ns; Kg/act –meaning pos, PAS pos, NAS ns, pos rc pos, neg rc neg, SF physical ns, mental emot pos, //pos rc –meaning pos, SF ns, PAS/NAS ns; neg rc –meaning ns, NAS pos, PASns,SF phy ns, emot neg; pos ns zu neg rc;

4 Punkte (0,5 sample, 3 Messung, 0,5 stat) **Rel beliefs (rel-ship with God u.a.; ns zu neg rc) – meaning pos, NAS ns, PAS pos, SF emot functioning ns; Kg/act –meaning pos, NASns, PAS pos, SF emot pos; neg rc –Kg neg, meaning PAS ns, NAS pos; pos rc meaning pos, Rest ns** R Gl
2,5 Punkte (0,5 sample, 2 Messung, 0,5 stat) **Rel beliefs (rel ship with God), Kg/act/pos und neg rc –SF physical health functioning ns** R Gesu

Holt,C/Lukwago,S/Kreuter,M: Spirituality, breast cancer beliefs and mammography utilization among urban African American women, in: Journal of Health Psychology 8, 383-396, 2003

Ne F 36 J, 18-65, St.Louis, aus Wartezimmern von public health centers, 12 % no aff, spirituality - 9 Items, F 1 belief: I am often aware of the presence of God in my life. I have a personal relationship with God .When I am ill, I pray for healing. I pray often// F 2 -I talk openly about my faith with others (lädt auf 2 Faktoren) I often read religious books, magazines or pamphlets .I often watch or listen to religious programs on TV or radio .(beide laden auch über 0.2 auf andrem Faktor) About how many times a month do you usually attend religious services? –Besides attending services, about how many times a month do you take part in other religious activities? Kombination - (31.9%) 'high spiritual'(high on both belief and behavioral), 145(11.8%) high on belief- only, 141(11.5%) high on behavioral- only 448 (36.5%) 'low spiritual' (low on both belief and behavioral dimensions).

LoC spir health s.o., Mammography knowledge - 4 items –having a mammogram could reduce their risk of dying from breast cancer. Six items- knowledge about breast cancer- one item assessed whether the participant knew if most lumps turn out to be breast cancer. Three items knowledge of breast cancer treatment - one item- knew if breast cancer has a good chance of being cured if found early

5,5 Punkte (2 sample, 2 Messung, 1 mv, 0,5 stat) **mv age edu inc –spir orient: mammography knowledge pos, breast cancer knowledge ns, treatment knowledge pos (bei mammo: linear, breast cancer knowledge – belief only und high spir mehr, treatment – belief only, dann high spir, Rest weniger//belief und high spir immer besser) /mammogr utilize – belief only ns plus,**

Hood,R: When the spirit maims and kills: social psychological considerations of the history of serpent handling sects and the narrative of handlers, in: International Journal for the psychology of religion 8, 71-96, 1998

Mk 16,17 als Basis – Zeichen, die denen folgen, die glauben – in meinem Namen Schlangen aufheben, Tödliches trinken und es wird ihnen nicht schaden, Däm austreiben, in neuen Sprachen reden, heilen

Lk 10,19 auf Schlangen Skorpione treten wird nicht schaden, (an Jünger) /snake handlers nur ein paar Hundert Leute, kein Wachstum,//Sterben dabei ist Zeichen, dass man geglaubt hat,weil Gott den Tod bestimmt, 80 Tote bisher, einige lassen sich nicht behandeln und sterben so, viele werden gebissen, überleben, aber z.T. behindert))

R Gl, pos, Gesu) Horning,S et.al.: Atheistic, agnostic, and religious older adults on well-being and coping behaviors, in: Journal of Aging Studies 25, 177-188, 2011
recruited via two internet websites in order to get a diverse sample of individuals: the University of Colorado at Colorado Springs' (UCCS) Psychology Research Sign-UpSystem and the Richard Dawkins website (RichardDawkins.net). Older adult participants were also recruited via the UCCS Gerontological Research Participation Registry.
67 % M,/(ath 85 %) 66 J, religiosity: first asked to self-identify as a believer in God, worded as someone who believes in God or a higher power, an atheist, or an agnostic individual. Participants were then asked to indicate the extent to which they hold a belief in God or a higher power and to indicate the extent to which they believe in a personal God. Religiosity - calculated as a summation of these two items (??//) rel activity -take part in religious activities, including praying, attending religious ceremonies, participating in religious-oriented activities, watching or listening to religious television or radio programming, and reading religious-oriented material, such as the Bible or the Koran.
level of satisfaction with the amount of available support in a particular domain und number of individual supports, such as family members or friends, available for each of the domains indicated in the six items.The six domains: people who totally accept you, people you can always count on, people who help you feel better when you're feeling down, people that console you when you are upset, people you count on to distract you from your worries, and people that help you relax, The scale has two total scores: overall satisfaction with available support and number of supports.
Rel: LzD ns pos, number of supports pos, social sat ns, meaning presence pos, meaning search pos, /Intr- wellbeing ns neg, support ns, soc sat ns, Sinn pos, Sinnsuche ns pos /rel activity –alles ns, Sinn nspos//Gruppendiff mv age sex edu: ath –agno- high- low rel (defin via I und activity): wellbeing ns (ath 23,5, agno 22,2, low rel 23,6 high 25,2), Sinn linear, Sinnsuche ns (13-19) sat mit soc supports ns, Zahl der supports pos //coping –alles ns außer substance (alc drug) use ath mehr, -aber emot support pos reframing weniger, selfblame mehr (ath nicht besser als agno, low rel ähnlich)
keine klaren Diff ath-agno-low rel; Untersuchung von Dawkins-Foundation for Reason and Science gefördert

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **Ath agno wenig religiosity (rel activity wenig wirksam, Glaube eher, schlechte Definitionen) - weniger gute social supports (linear) aber gleich zufrieden mit diesen, ath agno wenig rel weniger Sinn/Suche, trotzdem nicht weniger LzD (ns angeblich –aber eher doch high rel mehr), weniger Sinn (linear), Sinnsuche ns weniger (linear) / /also: arel weniger ss, gleichviel Zufr damit, gleichviel Lz trotzdem, weniger Sinn, gleichviel/weniger Suche – brauchen also keinen Sinn/ss zu Lz (aber: Sinn und ss hängen stark zusammen mit Lz !) /coping - emot support, pos reframing bei ath weniger, self-blame mehr** R Gl/R pos

(unter 5) **coping per substance use (drug, alc) bei ath pos,** R Gesu

(C-Wirkung?Pl) Horwitz,R: Treatment adherence and risk of death after a myocardial infarction, in: Lancet 336, 542-545, 1990

vgl Gallagher, E et.al., M ,mehr Vp kürzeres follow up, Propanolol ns schlechter als Pl ?, **adh stärkerer Faktor -** Diff adherence vs nonadh -2,8 Prop, 4 Pl; Diff Placebo –Prop bei poor adh 2,8, bei good adh 1,6; /noch ähnliche Untersuchung da- adh wirkt besser gegen Fieber als Pl/Arznei//etwas mehr Gestorbene –Zahl unklar
Gilt auch mv GesuItems stress isol smoking/
mort neg zu adherence, mv Gesu, Placebo/Prop;(C ?))

(R pos, Gesu) House,J et.al.: The association of social relationships and activities with mortality: prospective evidence from the Tecumseh community health study, in: American Journal of Epidemiology 116, 123-140, 1982

Tecumseh-small city in rural area, T 1 67-69, Vp 35 -69, T 2 78/79, 2754 Vp, 259 sterben, /mv coronary heart dis,chronic bronchitis, Hypertonie, Chole,Blutzucker,forced expiratory volume, BMI ,verh, visits with friends relatives going to pleasure drives and picnics, going to church, to meetings of volu assoc, /going to classes or lectures,movies plays fairs museums, /watching TV,listen to radio, reading; /how much satisfaction do you get from each of these things/(Chole Blutzucker BMI alc ns !),
Biv : attend church neg zu mort bei F, nsneg (Trog) bei M, (mv –coronary, FEV, hypert, diab, heart disease, stroke, tumor, major surgery, emphysema, kidney disease MF; smoking, work as farmer laborer,retired disabled bei M, coronary, FEV hypert bronchitis bei F: F neg, M wird ganz ns) (Überko bei M) /Zufr mit Kg –bei Ko von Kg keine Zusatzwirkung/keine Wirkung von Zeitraum gleich nach 69 oder eher vor 78;
Kg zu: coronary FEV M ns, F neg/pos, retired disabled M ns, hypertension chronic bronchitis F ns, Rauchen M neg,
11 Punkte (3,5 sample, 3 Messung, 2,5 mv,bei, 0,5 stat, **1,5 Panel) biv Kg neg zu mort bei F, nsneg bei M(ÜberKo), ns zu coronary FEV, disabled, hyp, bronchitis, neg zu smoke, M;** R Gesu

6,5 Punkte (3,5 sample, 2,5 Messung, 0,5 stat**) Kg zu: visit friends relatives, go to picnic, attend meeting, spectator events, classes lectures pos, watch TV neg** R pos

(R Gesu,Gl, pos) Hui,C et.al.: "Faith maturity scale" for Chinese: a revision and construct validation, in: International Journal for the Psychology of Religion 21, 308-322, 2011
Ca 2000 Vp, Hongkong, China, Macao, Christen Internetsample 1. I help others with their religious questions and struggles.2. I seek opportunities to help me spiritually 3. I feel a sense of responsibility for reducing pain and suffering in the world.4. I give significant portions of time and money to help other people.5. I feel God's presence in my relationships with other people.6. I feel my life is filled with meaning and purpose.7. I care a great deal about reducing poverty in my country and throughout the world.8. I apply my faith to political and social issues.9. The things I do reflect a commitment to Jesus Christ.10. I talk with other people about my faith.11. I have a real sense that God is guiding me. 12. I am spiritually moved by the beauty of God's creation. (nur 10 Items gelten, Nr 1 nicht und ?) // 50 Item IPIP BigFive //social cynicism (negative assessment of human nature and social events), religiosity (belief in the presence of supernatural influences on the world and that religions are good), and fate control (belief in the presence of impersonal

forces influencing social events) The 28-item Hong Kong Chinese version of World Health Organization Quality of Life Measures provides indices on Physical Health, Psychological Health (culturally adjusted for Hong Kong), Social Relationships, and Environment Health, Overall quality of life and overall health were indicated by one item each. //10 Items- religiosity- during the past year read two or more religious books, talked to others about their faith, attended mission-related activities, and made financial contributions to missionary work. previous month participants had attended or served in various church activities. frequency of Bible study and prayer during the past week,frequency of watching/listening to religious broadcast//
M mehr horiz, F mehr vert, Korrel vert-horiz 0.47, rel Items mehr pos zu vert als zu horiz//, mv demogr, years of having become a Christian und dann BigFive , dann vert – mv: phys health ns/overall health pos, psych health pos(vert nur) soc relships vert pos, horiz neg, environm dto, Lqual FM pos;
8 Punkte (2,5 sample, 3 Messung, **2 mvPers**, 0,5stat**) FM vert (horiz dto, weit schwächer) und religiosity (belief) : Big Five (emot stab) alle pos, social cynicism neg, social relships pos, environmental Lqu ,overall Lqu pos, bei Ko von Pers: psy health/soc relship/environm Lqu–vert pos, horiz neg; overall Lqu vert pos, horiz ns; rel Items mehr pos zu vert,** R pos

8 Punkte (2,5 sample, 2,5 Messung**, 2,5 mvPers,** 0,5 stat)**FM vert (horiz dto, weit schwächer) und religiosity - phys health pos, overall health pos, bei Ko von Pers FM pos zu overall health/ns zu phys health,** R Gesu

7,5 Punkte (2,5 sample, 2 Messung**, 2,5 mv,Pers,** 0,5stat) **FM vert (horiz dto, weit schwächer) und religiosity (belief) psychological health pos, auch bei Ko von Pers (nur vert)** R Gl

Huijts,T/Kraaykamp,G: Religious involvement, religious context, and self-assessed health in Europe, in: Journal of Health and Social Behavior 52, 91-106, 2011
European Social Surveys 2002, 2004, 2006, 2008, Vp über 25 -51,5 J, rr 60, ca 127000 Vp, 28 europ Länder (incl Russl, Slowakei,Slowenien,Ukraine Estl Lettl), 37 % no rel; health in general .- very bad—very good; attend rel services apart from special occasions (every day – more than once a week, once a week, at least once a month, only on special holidays, less often, never), how religious are you//Aggregat –Summe aus indiv Kg, denom/
mv (demogr, parental edu, BSP/Kopf, edu Aggregat) – Kg pos, K orth no neg, P ns (Basis), srr neg (auch biv), bleibt immer –auch bei Intera/Aggr Kg/srr ns zu srh
Intera: je nach Land variiert Korrel Kg –srh (aber diese Variation hängt nicht von Agg-Kg ab) / Intera denom –srh: in Land ohne K: P mehr srh als K, in Land mit viel K –P weniger srh als K; beide in Land mit viel K –weniger srh // wenig P im Land: K gleich P in srh, mehr P in Land: K srh keine Veränderung, aber P viel mehr srh (no rel in K-Land mehr srh)

9 Punkte (3,5 sample, 2 Messung, 2 mv,bei; 0,5 stat) **Kg pos zu srh (mv, Ko von denom und unabh von Aggr-Kg), srr neg (mv, Ko von denom und Kg, biv auch –nicht gezeigt), K orth no neg, P Basis, //Aggr-rel ns; wenige K im Land: P pos, viele K im Land – K mehr als P, aber beide neg; wenig P im Land –K gleich P, mehr P –P pos, K bleibt gleich**

Hummer, R/Benjamins,M/Ellison,C/Rogers,R:.: Religious involvement and mortality risk among pre-retirement aged US adults, in: **Ellison,C/Hummer,R**: Religion, Families, and Health. New Brunswick/London 2010, 273-289

Health and Retirement study, repräs 51-61 J, 1992-2000, 834 Tote, /Kg –edu pos, srh pos, ADL minus, div minus, smoke minus, no drink pos, light drink minus, heavy drink minus, exercise no minus, light ns, heavy ns pos; /mv demogr (ev P pos z. T. vs mP K; denom Daten unsicher, no aff fehlt) –Kg (einmal/mehrmals Woche –weniger –never) neg zu Sterblichkeit, selbst bei Ko von ADL srh linear sign, erst bei Ko von smoke/exercise drink Kg mittel ns, never pos) ((heavy drink/no drink ns)
10,5 Punkte (3 sample, 3,5 Messung, 2,5 mv, 0,5 stat**, 1 Panel) Kg neg zu light/heavy drink, smoke, pos zu srh; neg zu ADL, zu exercise ns pos, Kg neg zu mortality, mv (evP vielleicht nspos)**

Hummer,R/Rogers,R/Nam,C/Ellison,C: Religious involvement and U.S. adult mortality,in: Demography 36, 273-285, 1999

National Health Interview Survey ,21204 Vp, 2016 sterben zwischen 87 und 95, Kg never, less than once a week, weekly, more than once a week, /activity limitations –unable to perform /limited in performing major activity (such as paid employment/housework) or other unspecified activities because of health reasons, more than one month in bed sick past year, /alc –heavy drinkers (4 plus drinks a day) /friends, relatives to call on in times of need, Lebenserwartung –bei MF Ne white Kg pos,(more than once a week –einmal ns, einmal nicht so gut wie once a week, zweimal besser) (aber: Kg weekly und Kg more than weekly zus bei Vergleich sample vs Tote -36,7 Kg bei sample, bei Toten 37 % , Kg never 32 vs 41 %-Kg weekly 28-30, weniger als weekly 32-22 , mehr als weekly 8,6-7; widerspricht Lebenserwartungsanalyse, dort linear)
13 Punkte (3,5 sample, 3,5 Messung, 3,5 mv, Intera, 0,5 stat, **2 Panel) mv –Kg linear neg, Ko von age sex race region, acitivity limit srh bed days, inc edu, verh social activity friends relatives to count on, smoke BMI alc//ohne Sterbende 87-91 –Kg wirkt gleich (Gesu-items schwächer -92 sind Ungesunde schon gestorben, die evtl zu Anfang Kg verhinderten bzw das sample ist ab da gesünder) keine Intera mit demogr (also Kg immer neg –bei M und F, inc edu race etc)**
Kg zu : Circulatory diseases (bei allen controls) neg, cancer ns neg, respiratory dis, diab, infectious dis, external causes (unlinear –alle pos vs more than weekly) residual causes (unlinear) alle stark neg,

(R Gesu, pos, Gl) Hybels,C et.al.: The complex association between religious activities and functional limitations in older adults, in: Gerontologist 52, 676-685, 2012
Duke EPESE, 54 % Ne, follow up 3 -6-10 J, 1 % no aff, About how often do you go to religious meetings or services?, " religious media " About how often do you watch religious services or religious programs on TV or listen to them on the radio?, " private religious activities " How often do you spend time in private religious activities, such as prayer, meditation , or Bible study? "ADL - needed help with five tasks: bathing, dressing, eating, toileting , and getting from the bed to a chair/ IADL - inability to perform five tasks without help: driving a car or traveling alone, shopping for groceries/ clothes alone, preparing meals, doing own housework , and handling money Mobility ability to do heavy work, walk up and down stairs, and walk one half mile/ Health Status presence and impact of heart problems, hypertension, diabetes, stroke, and cancer ; Perceived social support felt they could (count on and talk about their deepest problems with family members and friends
No aff -57 % rel TV, private rel 29 %, aber enger Zusammenhang zwischen rel Items,

T 1: Kg –ADL IADL neg, mobility pos, cogn impairment neg, chronic co neg, srh pos,

rel TVradio –ADL IADL pos, mobility neg, cogn impairment ns, chronic co ns, srh minus, Private rel –ADL mobility IADL ns, cogn impairment neg, chronic co ns, srh ns, Change in Item mv (demogr, Item T1, cogn impairment Depr Gesu srh ss)-Kg neg zu IADL ADL mobility-Verlust, private rel ns; rel TVradio –biv (incl T1 Item) ADL ns, mobility und IADL pos, mv ns, regardless of functional status at the index wave, those who attended services once a month or more had fewer limitations 3 – 4 years later than those who attended less frequently. –das geschieht dreimal –vgl.: Kg T1 zu Item nach 3 J, Kg nach 3 J –zu Item nach 6 J, Kg nach 6 J zu Item nach 10;

12 Punkte (3 sample, 4 Messung, 2,5 mv, 0,5 stat**, 2 Panel) Kg neg zu diff mit IADL ADL, cogn impairment, chronic condition, srh mobility pos, auch change/Panel, 3 Messzeitpunkte, rel TVradio pos zu IADL/ADL, mobility neg, cogn impair/chronic co ns, srh neg/Panel mv ns, private rel ns (cogn impair neg)** R Gesu

5,5 Punkte (3 sample, 2 Messung, 0,5 stat)**Depr –Kg minus, rel TVradio pos, private rel ns** R Gl

5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **ss –Kg pos, rel TV ns, private pos** R pos

Hyyppä, M/Mäki,J: Individual-level relationships between social capital and self-rated health in a bilingual community, in: Preventive Medicine 32, 148-155, 2001

1000 Finnish-speakers, 1000 Swedish-speakers, membership in a rel association
mv zu srh (language,age BMI inc, nonmigrator urban smoke auxiliary friends(immer da wenn man sie braucht) mistrust singing in a choir, associational partic, community partic chronic disease) –rel partic M pos, F ns pos,Finnish pos Swedish ns pos;
6 Punkte (1,5 sample, 1 Messung, 3 mv,bei, 0,5 stat**) member in rel assoc –nspos/pos zu srh,mv**

(R pos, Gesu,Gl) Idler,E: Religious involvement and the health of the elderly: some hypotheses and an initial test, in: Social Forces 66, 226-238, 1987
New Haven,
Public rel –Kg plus number of congreg members known, /private rel –be deeply rel fairly rel only slightly rel not at all rel und how much is rel a source of strength and comfort to you,
/alc –volume times frequency of beer, wine, liquor , phys activity- engage in active sports,taking walks working in garden ,exercising; /social contacts –seen regularly –friends, relatives children; /even though I don't always understand why things happen, I have faith that they will turn out all right/I have always had a sense that I belong , that I was a part of things Cr 56, fatalism –many things that happened to me are the result of luck, when I look back I fell my life has had no plan or order to it, I feel completely helpless, Cr 51 ns zu opti/

6 Punkte (3 sample, 2,5 Messung, 0,5 stat) **Public rel –edu inc ns, private rel –edu inc neg, public/private - soc contact pos(private F ns) , confidant pos (MF)** R pos

9,5 Punkte (3 sample, 3,5 Messung, 3 mv, bei, Intera, 0,5 stat) **Public rel –BMI nspos(private rel F pos), phys act pos (private: M pos, F ns), alc ns (private minus), smoke neg (private neg), chronic conditions nsneg(private ns), funct disab neg (private ns)(MF) /fu disab mv(demogr, BMI,activity,alc, smoke,contact,confidant, verh, opti fatali chronic condition) –public neg,**

private ns MF, Intera: comfort from rel puffert Wirkung von chronic illness auf fu disab, **98 der 358 F, die sehr disabled sind(Hilfe bei Zimmerdurchquerung, feeding themselves bathing)–gehn regelm in Kirche** R Gesu

8,5 Punkte (3 sample, 2,5 Messung, 2,5 mv,bei, Intera, 0,5 stat)**Public rel –optim pos, fatalism ns, Depr neg (MF)/private rel –optim ns, fatalism ns, depr F ns minus, M minus; //Depr mv – M: public/private neg, F: public; Ko von Gesu-Items: bei M ns, bei F public neg, Intera: private rel bei M puffert Wirkung von fu disab auf Depr** R Gl

(Info) (R Gl, Gesu) Idler,E: Religion, Health, and nonphysical senses of self, in: Social Forces 74, 683-704, 1995

Patienten in Rehaklinik, Do your religious beliefs help you at all with your health problems ? Can you tell me in what way, or give me any specific examples of help that you received? –P K srr pos, chronic disease ns neg, disability pos, inactivity neg ;(mv demogr, ss, social network size, soc contacts N optim depr inactivity, alc use) 62 % sagen rel hat geholfen –bringt spir awakening, discover purpose in life, healing –aus Koma, vs Lähmung; Sturz aus 4. Stock überlebt; strength, comfort , find meaning in suffering,
To what extent do you think of yourself as a social intellectual aesthetic spiritual religious usw person –nonphysical self, -srr pos srh auch pos (also: rel mal pos zu Item das pos zu Gesu ist oder pos zu Item das neg zu Gesu ist)
(unter 5) **(Kranke gehn mehr zur Rel, erleben healing auf verschiedene Art, Religiöse haben eher unkörperliches Selbst, das mit srh zusammenhängt**)

R Gl, Gesu) Idler,E: Religious observance and health: Theory and research, in : **Schaie,K et.al.:** Religious influences on health and well-being in the elderly, NY 2004, 20-44

4 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat, panelartig ? 0,5) **499 Vp die 12 Monate vor ihrem Tod interviewt wurden, mv health status, wer in letzten 6 Monaten seines Lebens ist, hat weniger Kg als 6 Mon vorher (im Vergleich zu Ko-gruppe) , subj rel ns pos**

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **wer im letzten Lebensjahr viel Kg hat –sieht mehr Freunde, hat weniger Depr, dto: bei deeply religious, bei great deal of comfort from rel (Depr schwach) (mv SES, health status)**

(zur Info, R Gesu/Zusfass) Idler,E/Benyamini,Y: Self-rated health and mortality: a review of twenty-seven community studies, in: Journal of Health and Social Behavior 38, 21-37, 1997

23 von 27 studies –srh senkt mort unabh von health risk factors

Idler,E/Kasl,S: Health perceptions and survival: do global evaluations of health status really predict mortality, in: Journal of Gerontology Social Sciences 46, S55-66, 1991

EPESE New Haven, 2812 Vp über 65, T 1 1982, T 2 1985, 624 sterben, 334 M, 290 F, how often do you go to rel meetings or services, how many people in your congr do you know personally, /aside from att at rel services –consider self deeply rel..,how much is rel a source of strength and comfort to you

M (987) mort –mv srh, cancer, diab, Beweglichkeit, smoker overweight recent hospitaliz recent nursing home,CVD medications number current medic, needs support, number close friends/close kin –dazu dann public rel ns, dann optimism depr und private rel ns; (wer support braucht und depr ist und overweight hat–weniger mort; auch heart attack, stroke Lzirrh alc verh exercise ns, srh wirkt unabh von Rest ! –aber unweighted bei F nicht !-public housing vs private vs in community anders in mort)
F mort –public und private rel nsminus
9 Punkte (3 sample, 1,5 Messung, 2,5 mv,bei, 0,5 stat, **1,5 Panel) public und private rel ns zu mort bei M, nsminus bei F, ÜberKo, dubiose Ergebnisse allg**

(R Gl, Gesu) Idler,E/Kasl,S: Religion, disability, depression, and the timing of death, in: American Journal of Sociology 97, 1052-1079, 1992
New Haven, über 65, 2812 Vp, 53 % K, befragt 82,83,84,85 zu fu disab(activities of daily living, physical performance) 82 und 85 zu depr, mort 82-89, 1037 Tote, T1 Gesu: chronic conditions-myocardial infarction, stroke, cancer, diab, cirrhosis,broken hip, broken bones,arthritis, Parkinson, amputation /angina, intermittent claudication, bronchitis,hospital nursing home admission, Bd,Medikamente,
Public rel –Kg plus number of congreg members known, /private rel –be deeply rel fairly rel only slightly rel not at all rel und how much is rel a source of strength and comfort to you.

Fu disab 1983/84/85 zu T1 82 public rel (mv private rel,denom, chronic conditions,hospitalized,nursing home medication pain Bd demogr BMI exercise alc smoke soc contacts close friends relatives verh optim und fu disab T1 –Überko,Kannib) neg, private rel ns, denom ns,/1985 –bei K: public wirkt stärker, J schwach wenn Gesu-Items dabei, bP ns wenn Gesu-Items dabei, white P ns, /Wirkung mehr auf improvement of disab als auf prevention, Public/private rel ns zu mort mv, bei F: control von health status –rel neg zu mort, Ko von demogr –ns**;** 30 Tage vor Weihn –weniger Tote bei Kath (P ns), bei J ns(bei ihren eigenen Feiertagen M Tod mehr danach, F ns, more observant mehr danach) , Ostern ns neg; (egal ob more oder less observant) ; nicht death peak nach Feiertag sondern Tal vorher (Vergleich mit andern Monaten)

10 Punkte (3 sample, 2,5 Messung, 2,5 mv, bei, 0,5 stat, **1,5 Panel) Public rel neg zu fu disab prospektiv (mehr pro improvements als pro prevention), private ns (Kannib), mv, ns bei white/black P, neg bei K, public und private rel bei F neg zu mort bei control von health, M ns; demogr dazu – ns; keine Zahlen, bei K und P 30 Tage vor Weihn/Ostern weniger Tote, bei observant J vor Feiertagen, Überko, Kannib** R Gesu

8,5 Punkte (3 sample, 1,5 Messung, 2 mv, Intera, 0,5 stat, **1,5 Panel**) **Depr 85 –public rel nsneg/private ns, J neg (auch mv, hier noch fu disab dabei ! und T1 Depr) Intera –private rel protects M mit worsening disab vor depr, Überko, Kannib** R Gl

(R Gl,Gesu) Idler,E/Kasl;S: Religion among disabled and nondisabled persons I: Cross-sectional patterns in health practices, social activities, and well-being, in: Journal of Gerontology: Social Sciences 52 B, 294-305, 1997a
New Haven site von EPESE (Established Populations for the Epidemiologic Study of the Elderly), jährlich 82-89, dann 1994, 21 Ne, 37 verh, Alte, 40 % Kg (mehr als) einmal die Woche, //subj rel –how deeply religious a Vp feels und how much strength and comfort Vp receives from rel (37 deeply rel –aber 71 great deal of strength !)
15 Items functional disability /phys activity- gardening, exercise sports walking, ab BMI ca 28 obese /PAS – feeling as good as other people, feeling hopeful about the future, being happy, enjoying life; NAS –having the blues, feeling depressed, feeling lonely, crying, sad; /somatic distress – loss of appetite, everything is an effort, can't get going/Interpers problems –people are unfriendly,dislike me, /optim –having faith that things will turn out all right, feeling part of things, (NAS Cr 81, Rest 65/56,57 59)/NegerP Kg pos, subj rel ns !;//disab zu (d.h. GesuItems –Arznei,congestive, cogn function und disab, demogr Items, subj rel, denom -mv zu Kg/subj rel) - white P neg, black P pos (Sache der Rasse, nicht der Rel-so Text) , J neg, other/none neg; (K Basis),Kg neg, subj rel pos kurvi: severe disab und no disab sehr rel – und Medik cong heart failure cogn fu ns zu Kg; Medik pos zu subj rel// Kg (bei Ko von fu dis, denom subj rel, Gesu, demogr) –zu phys activity pos, BMI ns, Alc use neg, smoke minus;subj rel -phys act ns, BMI pos, alc ns minus, smoke minus; /phys act –denom ns, other no pos vs K; BMI J minus, Rest ns, alc J minus, smoke J other no minus !; (other/no passt nicht bei Alk smoke,hat auch unklaren Inhalt)//Kg (mv diabetes, broken bones, cogn impairment,denom,subj rel demogr disab) pos zu leisure activities (sports,TV,Kino,volu !hobbies etc) , number of close kin (ns pos), number close friends, number kin contacts, number friends contacts, celebrate holidays zus/subj rel –close kin, kin contacts pos, friends/fr contacts ns pos, leisure/holidays zus ns, (K weniger leisure, mehr kin) //Kg mv (denom subj rel disab stroke diab Arznei congestive hf angina cogn fu demogr) –srh ns, Depr neg, PAS pos, NAS ns, somatic neg, optimism ns, subj rel –alles ns, Depr ns neg, PAS ns pos, bP pos; //Intera: Kg wirkt auf Opti PAS celebration und friends contact nur bei disabled -

9,5 Punkte (3 sample, 4 Messung, 2 mv,bei, 0,5 stat) **Unsicher: umgekehrte Korrel (Gesu , denom, subj rel oder Kg und demogr als Kontrollen (mv) - dann fu disab neg zu Kg, Medik cong heart failure, cogn fu ns zu Kg; Medik pos zu subj rel, disab kurvi zu subj rel –severe und no disab viel subj rel; Denom other/no –Inhalt unklar, Korrelate seltsam; denom allg ns/**
Kg zu –phys act pos, Alc Rauchen neg, BMI srh ns, subj rel –phys act ns, alc ns minus, smoke minus, BMI pos, srh ns; (mv Überko –Denom Kg und subj rel und fu disab/andre Gesu-items//phys act - BMI J neg, Rest ns; alc –J neg,ns; smoke J neg !, R Gesu

9 Punkte (3 sample, 3,5 Messung, 2 mv,bei, 0,5 stat) **Depr neg, PAS pos, NAS ns, somatic neg, optim ns, subj rel alles ns, Depr ns neg, PAS ns pos(Überko rel und fu dis/Gesu) bP pos; Kg wirkt auf Opti/PAS /celebration of holidays/friends contact nur bei disabled** R Gl

Idler,E/Kasl,S: Religion among disabled and nondisabled persons II: attendance at religious services as a predictor of the course of disability, in: Journal of Gerontology: Social Sciences 52 B, 306-316, 1997b
Sample vgl Idler/Kasl 97a; 1982-88 und 94 fu disab gemessen, /mortality neg zu Kg 1982, ns zu subj rel, /Kg sinkt von 83-94 kaum ,fu dis verdoppelt sich, Korrel in jedem Zeitpunkt neg zu Kg (Korr halbiert sich bis 94), ns zu subj rel (vgl 97a- pos !) T1 Kg zu fu disab später neg mv (fu disab T1, stroke, diab, broken bones amputation Arznei congestive hf, angina, cogn fu, demogr), subj rel ns;(diab mit Arznei pos, cogn fu pos, inc ns, edu etwas neg, M neg)/Umkehrung: fu disab inT1 mit Ko von Kg T1 zu Kg später ns (außer 84 zu 85, 87 zu 88, sonst nicht), Gesu-Items ns, edu pos,//fu disab zu subj rel pos 88/94 ! /Kg zu fu disab stärker bei viel disab, bei wenig auch z.T.da/weitere controls: phys activity, leisure/close kin/friends, Depr Optim, alle zus –Kg immer neg, aber nur noch 3 mal sign statt 6; (Überko)

12 Punkte (3 sample, 3 Messung, 0,5 stat, 3 mv,bei, **2,5 Panel) Mortality neg zu Kg, ns zu subj rel, Korrel zu fu dis 82-94: - Kg 82 neg, subj rel 82 ns (anders als 97a, wohl wegen dortigem mv) ;Kg sinkt ganz wenig, fu dis steigt stark, /Kg T1 bei Ko von fu disab –auch T 2/3 ff(demogr, Gesu) neg zu fu disab später; subj rel ns (Kannib); Umkehrung –fu disab T1 zu Kg später bei Ko von Kg T1 ns; (mv stroke, diab, broken bones amputation medication congestive hf angina cogn fu –ns zu Kg später; plus Ko von phys activity leisure friends Depr optim) edu pos ! /fu disab pos zu subj rel 88 und 94, //Kg zu fu disab –viel fu disab : dann stärkere Wirkung, auch bei no disab etwas Wirkung**

Ironson,G/Stuetzle,R/Fletcher,M: An increase in religiousness/spirituality occurs after HIV diagnosis and predicts slower disease progression over 4 years in people with HIV, in: Journal of General Internal Medicine 21, 62-68,2006
64 % M, 38 Ne 27 Hi, 52 homo bi;

Risky Sex not active, 1=practicing safer sex [using condoms all of the time]; 2=practicing safer sex sometimes, 3=sexually active, but not practicing safer sex). Adherence -calculated as the percentage of missed doses averaged over each time point for which the subject was taking medications. Past drug/alcohol abuse and dependence and psychotic symptoms were assessed using the Structured Clinical Interview for Diagnosis of Mental Disorders (SCID-DSM-III-R). Current alcohol and cocaine use use in the past month.

"Compared to before you were HIV positive, did you become ___ religious/spiritual after you found out you were HIV positive?" (A) much less, (B) less, (C) the same, (D) more, and (E) much more. (e.g., I always look on the bright side of things). Coping strategies -COPE. Two subscales, denial and behavioral disengagement, were combined to create an avoidant coping composite because of previous work relating them to disease outcomes in HIVProactive behavior -self-initiated behavior Social Support was assessed using the Enhancing Recovery in Coronary Heart Disease Clinical Trial (ENRICHD) Social Support Instrument (ESSI).

"How religious/spiritual did you consider yourself to be at each of these periods in your life? Please answer on a scale of 1 to 10 where 1=not religious/spiritual at all, and 10=very religious/spiritual."(1) When you were a teenager.(2) During your mid 20s.(3) The year before you were diagnosed with HIV.(4) Right after you were diagnosed with HIV.(5) The year after you were diagnosed with HIV." - asked at a time point approximately 3 years after the rest of the substudy began,.

Disease Progression Markers. CD4 lymphocyte count ($CD3^{+}CD4^{+}$) was determined by whole-blood 4-color direct immunoflourescence using a Coulter XL-MCL flow cytometer (Beckman-Coulter, Miami, FL). VL utilized the Roche Amplicor RT/PCR assay (Roche Diagnostics Corp., Indianapolis, IN) sensitive to 400 copies of plasma RNA.

Nach HIV Diagnose: rel spir plus, /rel spir-nach teen sinkend, Jahr vor Diagn sehr wenig, danach stark ansteigend,// change in rel spir vor –nach Diagn – hemmt disease progression (CD, VL) (mv demogr, medicat und CD/VL in T1, depr, opti, avoidant und proactive coping, alc, cocaine, risky sex ss),Kg auch hemmend(ns zu Anstieg von rel spir)

7,5 Punkte (1 sample, 2 Messung, 2,5 mv, 0,5 stat, **1,5 Panel)** **Anstieg von rel (nach teen stark gesunken)- nach HIV-Diagnose hemmt Fortschritt der Krankheit, Kg auch(Ko von T1 medicat/CD/VL) Panel, mv**

(R Gl, Gesu) Ironson,G/Stuetzle,R/Ironson,D/Balbin,E et.al.: View of God as benevolent and forgiving or punishing and judgemental predicts HIV disease progression, in: Journal of Behavioral Medicine 34, 414-425, 2011

Vp HIV positive, alle 6 Monate für 4 J befragt, ohne drug dementia psychosis, 63 % M, 39 Ne, 27 Hi, 49 hetero/Pos view – (Ladung über 55): merciful forgiving (God is all forgiving, vergibt mir-viermal, merciful zweimal)//neg view (Ladung über 45 !) –harsh judgemental punishing (some people will go to hell when this life is over; God will condemn those who do wrong someday, God will judge me harshly zweimal, God is a harsh judge, God will punish me for what I have done**);** neg Korrel -0,21// pos 25, neg 14,5; pos view neg zu neg rc, pos zu pos rc; neg view ns zu pos rc, pos zu neg rc; //sexual risk behavior –not sex active –active und safer sex immer, manchmal, nie;

Pos view of God – pos zu CD 4, neg zu viral load in T2, neg view umgekehrt, (mv CD 4 und viral load T 1 demogr, dann einzeln: Kg, nonadherence, sexual risk behave, alc cocaine optimism depr hopelessness avoidant, proactive coping, ss und antiretroviral medication), Kg pos zu CD4, ns zu viral load (mv age gender race edu, baseline CD4/viral load, medication), neg view mehr cocaine use,
7 Punkte (0,5 sample, 2,5 Messung, 2 mv, 0,5 stat, **1,5 Panel**) **Pos view of God- pos zu CD4, neg zu viral load in T2, neg view umgekehrt, Kg pos zu CD4, ns zu viral load T2, neg view mehr cocaine use** R Gesu

2,5 Punkte (0,5 sample, 1,5 Messung, 0,5 stat) **Pos view –hopelessness neg, /neg view –optimism neg, depr pos,** R Gl

(R help,Gesu,Gl) Ironson,G/Solomon,G/Balbin,E/O'Cleirigh,C et.al.: The Ironson-Woods spirituality/religiousness index is associated with long survival, health behaviors, less distress, and low cortisol in people with HIV/AIDS, in: Annals of Behavioral Medicine 24, 34-48, 2002

Long-term survivors of AIDS (4 J statt ca 18-20 Monate), Vergleichsgruppe HIV-positiv, ohne cancer, Vp on medication mit steroids propanolol, taken street drugs past month psychotic suicidal alc drug dependence; -75 % M, ca ein Drittel Ne, wh, Hi, ca 58 homosex,/
do you consider yourself to be religious, spir, both or neither, Ironson Woods: F 1: my beliefs give me a sense of peace, help me to know everything will be fine, -give meaning in life,-help me to be relaxed, -feel protected, -feel I am not alone, -have a relship or a connection with a higher form of being; -be less afraid of death, I believe my soul will live on in some form after my body dies//F 2 – believe God created all things in universe, he will not turn his back on me no matter what I do, when I am ill, God gives me courage to cope with my illness, when..–God will answer my prayers for a recovery, when..-my faith gives me optimism that I will recover, /F 3 –attend services, participate in rel rituals, pray or meditate to get in touch with God, discuss my beliefs with others who share my belief, my beliefs give me a set of rule I must obey,/F 4: my beliefs teach me to help other people who are in need, help me feel compassion/love/respect for others, have responsib to help others, my beliefs increase my acceptance and tolerance of others, feel I am connected to all humanity **(einige Ladungen unter 60, auf versch Faktoren, F 1 und 2 AutoK; Kg ns zu F1, F2 und F4; F 1 und F4 angeblich spir) // dubios – noch eine Faktoranalyse mit andern Vp und andern unbekannten Items, anderer Faktor 4 – letzte 3 Items s.o. und – F 5 (oder nur zwei Faktoren !)** - some people will go to hell when this life is over, only those who believe what I believe will go to heaven when they die, God will condemn those who do wrong someday, God will judge me harshly one day)
nonorg – pray medit Bible study, turning to rel to cope - 4 Items,/
have you been practicing safe sex/have you been using condoms; do your past and current partner know your HIV status, //spir not rel 50 %,

Ironson-Woods – alc (F 3 ns) smoke minus (F 4 ns) safe sex pos, medication adherence ns, cortisol F1, F2 neg, Rest nsneg/longterm survivors –IW gesamt pos, F1 ns, F2-4 pos, F 5 neg (3 J später zu 21 Vp, die very long term survivors sind) (mv edu employment route of infection); Kg pray letzter Monat pos, meditate nspos, Mediator für IW zu survivors – cortisol, helping others with HIV(volle Mediat, auch mv s.o.) /20 Vp werden sick mit AIDSsymptom –keine Rel-änderung,/aber: longterm survivors sind vor contracting HIV religiöser, wenn sie HIVpositiv werden – Rel steigt, getting AIDS – keine Veränderung (20 vs 23)

5,5 Punkte (1 sample, 2,5 Messung, 1 mv**, 1 panelartig**) **Kg Gebet, F2 und 3 s.o.(andre Faktoren dubios, AutoK) neg zu alc, smoke, pos: safe sex, medic adherence ns, mort (long term survivors) neg (F 1-F 4 neg; pray Kg neg; mv edu employed; F 5 judgement Items pos); Mediat: IW zu cortisol/help others with HIV zu mort, survivors vor HIV religiöser, bei Krankwerden steigt Rel, bei AIDS Ausbruch nicht mehr, zu viele Korrel** R Gesu

(unter 5) **IronsonWoods – perceived stress minus (F 2 ns), hopeless minus, optim pos, anx minus, depr minus(jeweils alle Faktoren und Gesamt-Skala, mv ss und s.o.), zuviel Korrel** R Gl

3 Punkte (1 sample, 2 Messung, 0,5 stat) **Ironson-Woods F4 (compassion): Kg ns, nonorg rel pos, I pos, coping pos, belief in God pos, /help others with HIV –F1-4 pos,** R help

Jacobs-Pilipski,MJ et.al.: Spirituality among young women at risk for eating disorders, in: Eating Behavior 6, 293-300, 2005

Female students mit weight/shape concerns (fear of gaining weight, dieting frequency, impo of weight, feeling of fatness), 19 % Asian/Pacific Islander, 17 % agno ath; 19 % nonwestern rel/wer mehr als die Hälfte der folgenden Items bejaht hat strong beliefs –belief in God or other higher power, rel spir beliefs impo, seek out people from rel spir community when help or support is needed, find strength or comfort in faith or relspir beliefs, rely on higher power or rel spir beliefs to make sense of situation and to decide what to do, attend rel services because of people who are there, carry over rel beliefs into other dealings in life, regular prayer, regular medit, regular att at rel spir services, regular study of rel spir material

(unter 5) **Strong rel beliefs –BMI , eating disorder psychopathology (depr) ns**

((Jaffe,D et.al.: Does living in a religiously affiliated neighborhood lower mortality, in: Annals of Epidemiology 15, 804-810, 2005
Nur Aufschrieb: Israel Longitudinal Mortality Study, 141083 Vp, 45-89 J, 9,5 J follow up, 29709 sterben**,**
6 Punkte **(**3 sample, 0,5 Messung, 1,5 mv, bei, **1 Panel) mort M und F neg, wenn sie in rel affiliated (vs unaffiliated) neighborhoods leben, mv age, bei F in high SES area wirkt rel nicht))**

(R pos, Gesu) Jang,K et.al.: Intra- and extra-familial influences on alcohol and drug misuse: a twin study of gene-environment correlation, in: Addiction 96, 1307-1318, 2001

86 MZ, 77 DZ, I often drink too much, have consumed so much alc at times that I could not remember what happened, there have been times in my life I have repeatedly used alc to excess, alc has got me into trouble on a number of occasions, have used a number of illicit drugs, use drugs frequently, drugs have sometimes caused me to take time off work or school, I rarely use drugs unless prescribed by a doctor, /genetic factors –too much alc, trouble, time off wegen drugs; //drug use oft, a number of, nur wenn doctor sagt;// Rest –alc;
((Erblichkeit: (aus FES –family environment scale –sollte eigentlich nicht erblich sein, 4 von 10 aber doch)family cohesion 0,45, expressiveness ns, conflict ns, active-recreational orient 0,45, moral rel emphasis ns, achievement orient 0,74, intellectual-cultural orient 0,71, /classroom environment -9 scales, 2 erblich –innovation, affiliation; - Info R pos**))**
Moral-rel emphasis –neg zu genet Faktoren F 1 (pathol misuse alc drugs) , ns F 2, neg zu F3 (nonpath alc misuse) und neg zu UmweltFaktoren shared und nonshared(Gesamtmisuse zweimal)
(unter 5) **FES-scale moral-rel emphasis (ns erblich) neg zu alc/drug misuse** R Gesu

(R Krim, pos, Gesu, Gl) Jang,S: Gender differences in strain, negative emotions, and coping behaviors: a general strain theory approach, in: Justice Quarterly 24, 523-553, 2007
National Survey of Black Americans, von 1980, ca 2100 VP , mit serious personal problems"that had come up not only in a respondent's life but also in the lives of their significant others.("Thinking about the last time you [had a personal problem you couldn't handle by yourself], … during [the]time [you were having trouble with that problem], how often did you …" (1) fought and argued with other people, (2) drank alcohol or got high in other ways, (3) tried to put it out of their mind, (4) kept busy by doing other things like watching TV, reading books, and going places, and (5) prayed or got someone to pray for them. Thinking about the last time you [had a personal problem you couldn't handle by yourself], … during [the]time [you were having trouble with that problem], how often did you feel lonely? … did you feel that you just couldn't get going? (were you depressed?were you jumpy or jittery? (did you cry easily or have crying spells? did you feel like not eating or have a poor appetite? did you have restless sleep or trouble getting to sleep … did you actually feel physically sick? anxiety // Anger … did you lose your temper?
// I am a useful person to have around. I feel that I'm a person of worth. I feel that I can't do anything right. I feel that my life is not very useful. I feel I do not have much to be proud of. As a person I do a good job these days
"How often do you usually attend religious services?" " … how often do you take part in other activities at your place of worship?" "How often do you read religious books or other religious materials?"How often do you watch or listen to religious programs on T.V. or radio?" "How often do you pray? How often do you ask someone to pray for you?" "How religious would you say you are ("How important is going to church or a place of worship to you?"
had a list of problems in life during a month prior to the survey and, if the respondent reported they did, then how much the problem upset them –ein Drittel ohne Problem

6,5 Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat, **0,5 kausal?**) **rel –ns zu allen strains (Gesu, Beziehung, finanziell, job, racial, criminal victimization) bis auf housework strain, mv demogr, Swg, self-efficacy, ss, strains und depr; relational strain pos zu pray-coping** R pos

6,5 Punkte (2,5 sample, 1,5 Messung, 1,5 mv,Intera, 0,5 stat, **0,5 kausal?) rel –ns zu depr/anx wegen strain, mv, rel senkt pos Wirkung von depr auf pray coping bei F, Depr/anx wegen strain –steigert pray-coping** R Gl

7 Punkte (2,5 sample, 2 Messung, 1,5 mv,Intera, 0,5 stat, **0,5 kausal ?**) **rel –neg zu anger wegen strain, ns zu fighting arguing als coping-Verhalten,mv; rel senkt pos Wirkung von anger /Depr anx auf fighting coping bei F, Swg steigert pray-coping bei F wenn sie angry wegen strain sind / anger ns zu rel coping** R Krim

6 Punkte (2,5 sample, 1,5 Messung, 1 mv, 0,5 stat, **0,5 kausal?) rel neg zu coping per alcohol mv s.o.; Gesu-strain ns zu pray-coping/zu rel** R Gesu

Jang,S/Johnson,B: Neighborhood disorder, individual religiosity, and adolescent use of illicit drugs: a test of multilevel hypotheses, in: Criminology 39, 109-144, 2001

National Youth Survey, T 3-5 verwendet, (unsicher: T3-5 rel zu T3-5 drugs ? oder nur zu T5 drugs) attr 13; use of marij or hashish, hallucinogens, tranquilizers, amphetamines, barbiturates, heroin, cocaine,//rel ist: Kg plus how important has religion been in your life ?; rel neg zu marij und hard drugs (Summe aus andern drugs) mv neighborhood disorder T 1, family bonding/school

bonding,drug using peers pro drug attitude, age, M white;/Wirkung auf marij –zuerst ansteigend, dann ab 19 J sinkend,bei hard drugs linear mit age ansteigend, /Rel senkt M-use/harddrugs bei mehr neighborhood disorder stärker (Puffer), /rel wirkt auch gegen alc und tobacco use,

8 Punkte (3 sample, 2,5 Messung, 2 mv,bei, 0,5 stat , **Panel ?) rel Kg/Impo neg zu marij, alc, tobacco, hard drugs mv, bei marij Wirkung mit Alter erst ansteigend, dann Abschwächung, bei hard drugs ansteigend linear; Rel senkt M-use/hard drugs bei mehr neighborhood disorder stärker**

(R Gesu, Krim, pos, Gl) Jang,S/Johnson,B: Strain, Negative Emotions, and deviant coping among African Americans, in: Journal of Quantitative Criminology 19, 79-105, 2003
National Survey of Black Americans (NSBA), Cross-Section Study, rr 67,
personal problem you couldn't handle by yourself],?''(1) poor or declining financial status,.(2) moved to or lives in poor (worse) house/apartmentor neighborhood, dislocation or relocation, theftor destruction to house/apartment, etc.(3) problems finding a job, quit job, laid off,unemployed.(4) negative events related to school, (5) legal, involved in court action/lawsuit/legal action,arrested/convicted of crime/violation of law, legalaspects of divorce, custody of children, etc.(6) trouble with family/spouse/child(ren)/parent(s)/inlaw(s)/relative(s) friend(s), (unwanted) pregnancy,(7) death of someone close, death of pet, etc.(8) violence/crime victimization(9) poor health or sickness, acute physical illness,chronic condition or disability, other health-relatedproblems, etc. (10) accident or injury
''During [the] time [you were having trouble with that (1) did you feel lonely? (2) did you feel that you just couldn't get going? (3) were you depressed? 4) were you jumpy or jittery? (5) did you cry easily or have crying spells? (6) did you feel like not eating or have a poor appetite? (7) did you have restless sleep or trouble getting to sleep? 8) did you actually feel physically sick? Outer-directed did you lose your temper?
During [the] time [you were having trouble with that problem], did you drink alcohol or get high in other ways? Fight/Argue did you fight and argue with other people?
Organizational (1) ''How often do you usually attend religious services?''(2) ''Are you an official member of a church or other place of worship? (3) ''Besides regular service, how often do you take part in other activities at your place of worship?'' (4) ''How many church clubs or organizations do you belong to or participate in?'' (5) ''Do you hold any positions or offices in your church or place of worship?'' ''How often do you ...? (1) read religious books or other religious materials (2) watch or listen to religious programs on TV or radio (3) pray (4) ask someone to pray for you Subjective ''How important ...?'' was religion in your home while you were growing up (2) is it for Black parents to send or take their children to religious services (3) ''How religious would you say you are?''
Self-esteem - ''how often it is true for you?(1) I am a useful person to have around. (2) I feel that I'm a person of worth. (3) I feel that I can't do anything right.(4) I feel that my life is not very useful.(5) I feel I do not have much to be proud of.(6) As a person I do a good job these days.
Self-efficacy -Do you think it better to plan your life a good ways ahead, or would you say life is too much a matter of luck to plan ahead very far?" (2) ''When you do make plans ahead, do you usually get to carry out things the way you expected, or do things usually come up to make you change your plans?''(3) ''Have you usually felt pretty sure your life would work out the way you want it to, or have there been times when you haven't been sure about it?'' (4) ''Some people feel they can run their lives pretty much the way they want to, others feel the problems of life are sometimes too big for them. Which one are you most like?'' Attachment ''Would you say your family members are ... in their among family feelings to each other?'' not close at all; Close

friends ‘‘Think of the friends, not including relatives, that you feel free to talk with about your problems—would you say that you have . . . like that?’’ (1=none;

5,5 Punkte (2,5 sample, 2,5 Messung, 0,5 stat) **religiosity(Summe aus 12 Items) –family attachment pos, Zahl der close friends pos** R pos

8 Punkte (2,5 sample, 3 Messung, 2 mv,Intera, 0,5 stat) **religiosity(Summe aus 12 Items) –self-esteem pos, strain ns, (wenn strain: als Reaktion inner-directed emotions nspos, NAS neg), (mv demogr, family att, friends, Swg, self-efficacy strain outer directed emot dto), Intera: rel senkt NAS-Wirkung auf deviant coping (drug, fight)** R Gl

7,5 Punkte (2.5 sample, 2,5 Messung, 2 mv, 0,5 stat**) religiosity(Summe aus 12 Items) –wenn strain, outer-directed emotions neg (lose temper) (mv s.o. plus inner-directed emot), fight argue neg (mv s.o. –plus NAS drug use, inner/outer-directed emot, dann fight argue ns, starke ÜberKo), Intera: rel senkt NAS-Wirkung auf deviant coping (drug, fight)** R Krim

7 Punkte Punkte (2,5 sample, 2 Messung, 2 mv, 0,5stat) **religiosity (Summe aus 12 Items) – wenn strain: drink alc/get high neg (mv s.o. plus NAS, fight argue)** R Gesu

zur Info Janke,W: Untersuchungen zur Placeboreaktivität, in: **Hippius,H et.al.:** Das Placebo-Problem. Stuttgart 1986, 151-171

Angebliches Mittel: steigert psych motor Leistung(sbereitschaft), macht angenehme Stimmung, Vp reagieren mit ca 20 % Aktivitätssteigerung, emot Stabilisierung, /etwas weniger Leistungssteigerung, 60 % anregende Wirkung/
Korrelate: IQ ns, N pos, E nsminus, Durchsetzungsbereitschaft ns minus, mangelnde Selbstkritik ns pos, Intropunitivität pos, Suggestibilität pos, hoher Pharmakaverbrauch minus positive Erwartung pos, keine Befürchtung beim Einnehmen pos,

Jarvis,G: Mormon mortality rates in Canada, in: Social Biology 24, 294-302,1977

LDS Tote 1967-1975, Alberta, 1169, population –laut Zensus 31085, laut LDS 29356, letzte Zahl genommen (evtl kleinere Sekten-Abspaltungen),
LDS weniger mort als Alberta oder Kanada, MF; Diff bei fast allen Todesursachen –alle Krebsarten ,Kreislauf, Unfall,/Ausnahmen- meist ns: Leukämie M, genitourinary M(pos) , nervous system/sense organs M, muscosceletal/connective tissues MF(pos),/Brust vs Alberta F, endocrine/metabolic F(vs Alberta), hypertensiv(pos), pneumonia, congenital anomalies F(pos), Autounfälle; Sm F, chronic rheumatic heart dis,
Akzeptables N: dann nur: cancer neg, accident/violent deaths ns; ischaemic heart dis MF neg, CVD M neg, F ns,
8 Punkte (2,5 sample, 3,5 Messung, 0,5 bei, 0,5 stat, **1 Panel**) **LDS weniger mort, fast alle Todesursachen (Ausn: Sm, Autounfall CVD F ns bei akzeptablem N, sonst auch nspos da); unsicher: Sign bei Einzelursachen klarer als bei all causes**

(R Gesu, Krim) Jensen,G/Erickson,M: The religious factor and delinquency: another look at the hellfire hypotheses, in: **Wuthnow,R(ed):** The religious dimension. New directions in Quantitative Research. NY 1979, 157-177
High school students, Southern Arizona (small towns) und Tucson, rr 70, 48% K, 30 P,/during the last month , how many times would you guess you have taken part in a church activity for young people, do you believe there is a life after death, do you believe the devil actually exists,/committed the act last year/
Kg –marijuana, drugs neg, defiance ns, truancy neg, fighting neg, runaway nsneg, shoplifting nsneg, petty theft , vandalism, assault, breaking/entering robbery grand theft neg, auto/joyriding und armed robbery ns; (Krim 9 neg, 1 nsneg, 2 ns); activities –truancy neg, defiance ns, marijuana drugs neg, fighting neg (3 neg, 7 nsneg, 2 nspos) /LnT –marij, shoplifting, petty theft, breaking/entering, grand theft neg (5 neg, 1 nsneg, 6 ns) /devil –marij drinking drunkenness, breaking/entering (2 neg, Rest ns, kein Item pos), (immer sign: drinking,drunkenness, marij,)
Keine Korrel-steigerung wenn Tat ernster ist (aber : Kg stärker neg zu ernsteren Taten als zu geringeren – assault, break/enter, (armed)robbery, grand theft vs fight, shoplift petty theft vandalism)
denomin: truancy –P LDS K, marij–K –P-LDS, drugs –P –K-LDS, /fighting, vandalism –K-P-LDS, shoplifting/breaking entering, robbery –K-P/LDS, petty theft –LDS-K-P, joyriding ns, grand theft –LDS/K –P, armed robbery –LDS –P/K, (LDS nicht immer am besten!, in Stadt mehr Krim, auf Land nicht; K nicht immer am meisten Krim, auf dem Land eher),(mv father edu, LDS weniger als Anglo P/K teilweise; K Anglo oder Chicano –mehr; bei small town sind Korrel größer), Kg bei K konstant neg, bei P –bei robbery joyriding armed robbery ns; bei LDS joyriding pos,Rest neg, /rel Items bringen zusätzl Erklärung,steigern R 2 (v .a. bei LDS) –gegenüber secular activities (Teiln an interscholastic sports, school club memberships, partic in outside clubs, partic in scouts), gegenüber Akz von law/police, gegenüber attachment to school(good grades wichtig, going to school makes me a better person, Lehrer als Vorbild, care what teachers think of me), gegenüber close to father/mother, don't get along with f/m;

8 Punkte (1 sample, 5 Messung, 1,5 mv, bei, 0,5 stat) **Kg stark (bei LDS und K klarer), church activity LnT mittel –neg zu Krim (marij, drugs, fighting, shoplifting, petty/grand theft,vandalism, assault breaking (armed)robbery joyriding), devil exists kaum, LDS in Stadt weit schlechter als auf Land, K ähnlich, Rel wirkt unabh von sec activities, Kg stärker neg zu ernsteren Taten,allg Rel gleich stark serious vs weniger serious delicts,** R Krim

Hirschi-Stark sample, Richmond Youth study, white male, Kg neg zu drinking, smoking, truancy, ns zu theft, vandalism fighting joyriding, //bei low disapproval of gambling (Lu Pres Epi) –Kg ns zu fight/vandalism/theft 2D/50D, bei Ba Me other P (high disapproval) –alles (theft bis 2, bis 50D, über 50 D, truancy, joyriding, vandalism, fighting) klar neg; bei K (auch low disappr) –fight vandalism theft bis/über 50 ns, Rest neg, Kg wirkt eher bei ascetic denom evtl.
4,5 Punkte (1 sample, 2,5 Messung, 0,5 bei, 0,5 stat**) Kg neg zu vandalism, fighting joyriding, theft ns, bei asket denom stärker (?)** R Krim

Kg und activities–smoking,drinking, drunkenness, marijuana, drugs neg/LnT –smoking, drinking drunkenness marij neg, drugs ns,// devil –marij drinking drunkenness neg, smoking drugs ns
Alle 4 rel items neg zu drinking drunkenness marij (ns: drugs smoking) / drinking/drunkenness, marij–K –P-LDS, drugs –P –K-LDS, K vs P vs LDS –smoke pos// drinking/drunkenness, marij–K –P-LDS, drugs –P –K-LDS, Chicano K/AngloK/AngloP mehr als AngloLDS; LDS auf Land –zu smoking,drinking, drunkenness, marij drugs neg, in Stadt bei drugs marij ns
Hirschi-Stark sample, Richmond Youth study, white male, Kg neg zu drinking, smoking,
bei denom mit high disapproval von gambling (Ba Me other P) –Kg neg zu drink, smoke; bei low disappr(Lu Pres Epi K) dto,

6,5 Punkte (1 sample, 4 Messung, 1 bei, 0,5 stat**) Kg (bei low/high asket denom) und church activities –neg zu smoke, drink/drunkenness/marij/drugs, LnT dto(drugs ns), devil dto, (drugs/smoke ns), LDS rural klarer neg, K –P-LDS meist** R Gesu

Jessor,R: Predicting time of onset of marijuana use: a developmental study of high school youth, in: Journal of Consulting and Clinical Psychology 44, 125-134, 1976

1969-72, 7.-9.Klasse, rr 52, attr 18,
erst 1970: have you ever tried marijuana ?did your first experience with drugs take place in last 12 months, /vier Gruppen: use vor 1970, ab 70, ab 71, no use; Korrelate gemessen 1970, /religiosity Anstieg von Dauer-use zu neu use 70, neu use 71 , nonuse; Kg –Dauer-use und neu 70 gleich, dann starker Anstieg;
wer 70 wenig rel hat- ist oder wird user, je nach Stärke der Rel gleich oder später;
(Syndrom: grades neg, deviance pos, peers pro, parental support minus, control neg, alienation, social criticism, achievement value neg, independence pos sex intercourse problem drinking activist protest pos)/4 Gruppen in 72 –Daueruse gleich/größer neu 70 in religiosity/Kg, dann beides stark ansteigend, (mit der Zeit nähern sich alle drei user Gruppen an)

5 Punkte (1 sample, 1,5 Messung, **2 Panel,** 0,5 stat) **wer 1970 wenig rel/Kg hat, der ist marijuana user oder wird es, je nach Stärke der Rel/des Kg‘s gleich oder später; (Marij gehört zu ganzem Verhaltenssyndrom); Panel**

Jessor, R/Costa,F/Krueger,P/Turbin,M: A developmental study of heavy episodic drinking, in: Journal of Studies on Alcohol 67, 86-94, 2006
3 waves, fall 2002, spring 2003, 2004 students, 56 M, 1 Ne, attr 27; ohne abstainers, In the past month, how many times did you drink five or more drinks when you were drinking ?(53 % zweimal in letztem Monat !),eher nicht Panel (unklar), sondern zusammengefasste Items aus wave 1-3, regression –eher mv ? (protective: family,peers, social controls, support; risk – peers opportunity vulnerability smoke marij alc) –Kg neg, /Kg declined more for those whose heavy episodic drinking increased than for those whose h.e.d. stayed the same /decreased; MF;
4 Punkte ?(1 sample, 1 Messung, 0,5 stat, 1 mv ? **0,5 panelartig**) **Kg neg zu heavy episodic drinking, mv ?, change in Kg korrel mit change in drinking (U-W unklar)**

Jessor,R/Jessor, L: Adolescent development and the onset of drinking, in: Journal of Studies on Alcohol 36, 27-52, 1975

7.-9.Klasse, T 2 vier J, attr 18 %, white edu plus, abstainers vs drinkers, Werte von T1 – religiosity pos, 3 Gruppen die anfangen zu trinken – dazwischen, /Kg –erratisch 53-58-40-58 -42; /Werte der Gruppen in T 2 (cross-section): rel und Kg klar (abstainers mehr, Anfänger und jetzt Trinker weniger, Dauertrinker am wenigsten) (Jugendentw: weg von conventionality –achievement neg, independence pos, alien pos, rel neg, attitude vs

deviance/deviance pos, friends pos, marij sex activist/social criticism problem drinking pos)

5 Punkte (1 sample, 2 Messung, 0,5 stat, **1,5 Panel) T1 abstainers mehr religiosity als die die trinken danach anfangen und als Dauertrinker, Kg erratisch; in T2 beide klar**

Jessor,R/Jessor,S/Finney,J:A social psychology of marijuana use: longitudinal studies of high school and college youth, in: JPSP 26, 1-15, 1973

High school VP 69 -71, und college Vp longitudinal 1970 und 71 /have you ever tried marijuana, ever been high or stoned on marij to the point where you were pretty sure you had experienced the drugs effects, do you or someone very close to you usually keep a supply of mari so that its available when you want to use it, Do you use marij a couple of times a week or more when its available ? /religiosity/church attendance, neg zu marij-use (M,F, high school, college) (user: mehr Glaube an pos Wirkung von M, GPA ns,deviant behav pos, petting/sex, drunk, activism, peers wichtig, social criticism,independence plus, achievement neg) //Panel –nonuser jetzt und ein Jahr später vs dann user – religiosity und Kg neg, klar, (friends approval, soc support for M, neg Folgen nicht geglaubt, deviance)//change –nicht per Differenz sondern per residual gain scores (Berechnung, unklar, Diff zwischen T2 score und score das Vp aufgrund von T1 –werten haben müsste o.ä.) – rel ns minus, Kg minus/ns minus , /Panel college alles ns/anders, -evtl weil dort viele Mari rauchen, es normal ist,

6 Punkte (1 sample, 2 Messung, 0,5 stat, 1 bei, **1,5 Panel) religiosity Kg neg zu Mari, bei M und F, high school, college), Panel bei high school –von nonuse to use: Kg rel neg; college ns; change zu change unklar analysiert, evtl auch Wirkung von Kg/rel nsneg**

Jessor,R/Turbin,M/Costa,F: Protective factors in adolescent health behavior, in: JPSP 75, 788-800, 1998

10-12.Klasse, attr ca ein Viertel, 40 Hi, 22 Ne, 38 wh (in T1 rr nur 67/49 bei 7.9.Klasse)
Health enhancing behavior index – healthy diet: 9 Items, concern eating healthy food, weniger Fett, fruit statt candy, so viel wie Körper braucht, auch bei Freunden; exercise 6 Items sports other activities; wieviel Stunden Schlaf, Aufsteh- und Schlafengeh-Zeiten, /Zahnhygiene brushing, flossing, using anticavity rinse, using seatbelt –when driving alone, with friend, when riding with a friend, parent;
importance of religious beliefs/teachings for the direction of daily life; Kg letzte 6 Monate;
Korrel zu health enhancing behav index mv in T4 : mv -demogr, felt stress, suscept to peer pressure, friends model for sedentary behave/junk food, value on health, parents smoke, LoC-health, parents models for health behave,best friend model perceived health effects (z B von junk food wenig exercise/sleep) orientation to school, orient to parents pos relations with adults friends

models for conv behave prosoc activity (family volu school clubs) –Kg pos, rel impo biv pos, mv mit allen Items ns, aber trägt sign zu R-Quadrat bei;
Korrel T3 Kg/rel impo zu HEBI T4 bei Ko von T3 HEBI –Kg biv pos, mv nspos, rel impo ns

8 Punkte (2 sample, 2 Messung, 2 mv, 1 stat, **1,5 Panel) Kg pos/rel impo nur biv pos zu Faktor healthy diet/exercise/sleep/seat belt/Zahnhygiene, Panel mit Ko von T3 Faktor zu T4 Faktor –Kg biv pos, mv nspos, rel impo ns (ÜberKo, Kannib)**

Jeynes,W: Adolescent religious commitment and their consumption of marijuana, cocaine, and alcohol, in: Journal of Health and Social Policy 21, 1-20,2006

National Education Longitudinal Survey, 8.Klasse ca 18000 Vp 1988, , T2 nach 4 Jahren - 12.Klasse, S bez very religious, actively involved in a religious youth group, attend church at least three or four times a month, gemessen 1988 und 1990, /how frequently taken marij /cocaine/alc–lifetime,last year, last 30 days, under the influence of marij/cocaine/alc while at school, //plus -alc- how frequently consumed five drinks a row,//cross-section 12.Klasse –rel neg zu alc/marij lifetime, last year,last 30 days, in school, bei alc: five or more drinks; cocaine –lifetime, last year neg, last 30 days ns, in school ns; mv race gender SES, //marij cocaine lifetime –neg zu Noten in math/reading/science/social studies/test composite (alc five drinks dto, mv SES ; Koks stärker als marij), nicht ganz sicher, ob es Panel ist –einige Bemerkungen deuten auf cross-section hin.

8,5 ? Punkte (3 sample, 3 Messung, 1 mv, 0,5 stat, **1 Panel ?) rel neg zu alc, marij, cocaine(schwächer) abuse, mv, wahrscheinlich Panel;**

(R Gesu, Krim) Johnson,B et.al.: Escaping from the crime of inner cities: church attendance and religious salience among disadvantaged youth,in: Justice Quarterly 17, 377-391, 2000

National Bureau of Economic Research (NBER) survey , black males 18-24, in armen Großstadt-Gegenden, Drug use –used marij or other illegal drugs; drug dealing –sold marij/drugs during last four weeks, /nondrug crime –done any illegal activity innerh letzten Jahres –illegal gambling, sold stolen goods, burglary, shoplifted/stole from cars, mugging (Überfall) or purse snatching, robbery, cashed/forged stolen checks, con game (a dishonest trick that is done to get someone's money) swindle or fraud //
rel salience –how strong a role does religion play in your life ?
mv (Methode nicht ganz klar - age edu both parents at 14, household size, public housing, if you work hard,get a good edu –you will get ahead; impo of being able to find steady work/of working at a job; Anteil der Stunden am Tag, die produktiv sind –Arbeit, Suche nach ihr, Weg zu ihr, Schule, Lesen, Kinder beaufsichtigen; gang membership , ÜberKo stark, Kannib etwas) - Kg –nondrug crime, drug use, drug dealing neg; salience ns;

5,5 Punkte (2 sample, 2 Messung, 1 mv, 0,5 stat) **black males 16-24 –Kg neg zu nondrug crime, drug use, drug dealing (trotz ÜberKo, Kannib)**, **rel salience ns** R Krim

5 Punkte (2 sample, 1,5 Messung, 1 mv, 0,5 stat) **black males 16-24 –Kg neg zu use of marij/other drugs, rel salience ns (ÜberKo, Kannib**) R Gesu

Johnson,D/Sherwood Williams,J/Bromley,D: Religion, Health and Healing: Findings from a southern city, in: Sociological Analysis 47, 66-73, 1986

3,5 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat) **586 adult VP, Richmond VA, healing from a serious disease durch prayer/divine healing – 14 % , Kranke und Kirchgänger mehr, edu inc white M weniger, mv sign nur Kg Krank edu sex**

(R Gl, Gesu) Johnstone,B et.al.: Relationships among spirituality, religious practices, personality factors , and health for five different faith traditions, in: Journal of Religion and Health 51, 1017-1041, 2012

Buddhists 40, Catholics 41,Jews (= 22) from the local Reform synagogue, Muslims 26, and Protestants 31 from a local Methodist church. Viel edu, 65 F, /rel Items –bezogen auf higher power, 6 Items Daily spiritual experience connection with a higher power in daily life (e.g., ''I feel the presence of a higher power,'' ''I desire to be closer to or in union with a higher power.''). 2 Items -sense of purpose or meaning in life (e.g., ''The events in my life unfold according to a divine or greater plan,'' ''I have a sense of mission or calling in my own life.''). 2Items -religious values and beliefs (e.g., ''I feel a deep sense of responsibility for reducing pain and suffering in the world,'' ''I believe in a higher power who watches over me.'' 3 Items -Forgiveness forgive others, degree of belief in the forgiveness of a higher power (e.g., ''I have forgiven those who hurt me,'' ''I know that I am forgiven by a higher power.''). 7 Items Religious/spiritual coping (e.g., ''I work together with a higher power as partners,'' ''I look to a higher power for strength, support, and guidance.''). 5 Items Private religious practices ''Within your religious or spiritual tradition, how often do you meditate?'' ''How often do you watch or listen to religious programs on TV or radio?''). 2 Items Organizational religiousness ''How often do you go to religious service?'' ''Besides religious service, how often do you take part in other activities at a place of worship?'4 Items Religious support local congregations providing help, support, and comfort (e.g., ''If you had a problem or were faced with a difficult situation, how much comfort would the people in your congregation be willing to give you?'').

General health perception 5 Items (physically healthy versus sick, with expectations for improving or declining health;.

General mental health (5 items, happiness, peace, nervousness, and sadness.

NeoFFI 60 Items, Rel zu Big Five – in table DSE pos zu N, in Text neg (obwohl Polung hin zu mehr N ist) –evtl: DSE spir coping E AC pos, N neg, Kg ns, co supp N minus;

Rel zu Pers : DSE –N minus, E plus, O ns, A plus, C nsplus; Sinn – N neg, E plus, O neg, A/C pos; values –dto, forgive –N neg, EAC pos, O neg, spir coping dto, private –O neg, Kg - E pos, rel ss - N neg;
SF 36 Gesu - DSE pos, spir coping pos, private rel ns pos, Kgns, co supp ns; // mv demogr personality und alle rel Items (incl forgive meaning values/beliefs) –Kg und private rel pos zu Gesu
mh: DSE pos, spir coping pos, private rel pos, Kg co supp ns;; //bei mh rel ns (forgive pos, private und coping ns pos)
Je nach Reihenfolge der Eingabe: Pers zuerst –bei Gesu: 16 vs 8 rel; rel zuerst: rel 10, pers 13; bei mh – pers zuerst: 37:4, rel zuerst: 10:32; (und anderes Item wirkt -values/beliefs - Values/beliefs I feel a deep sense of responsibility for reducing pain and suffering in the world,'' ''I believe in a higher power who watches over me.'')

Verschiedene Religionen zusammen analysiert

5 Punkte (0,5 sample, 4 Messung, 0,5 stat) **Zu Pers: DSE Sinn forgive values spir coping rel ss –neg zu N, pos zu ACE, neg /ns zu O; Kg private –mal O neg, mal E pos, mal N neg, Rest ns;** R pos

7,5 Punkte **(**0,5 sample, 4,5Messung, 2 mv,Pers, 0,5 stat) **N-denom ns (Bu J nsmehr), DSE neg, values/beliefs neg, (forgive neg) spir coping neg, private/org rel ns, rel ss neg//GMH–ns zu denom, DSE pos,values nspos, spir coping pos, (forgive ns) Kg ns, private rel pos; rel ss ns; mv demogr Pers –denom ns, forg pos, DSE Kg rel ss ns, values rel coping private rel nspos (Kannib) Reihenfolge der Eingabe wichtig –rel zuerst –dann stärker; DSE rel Sinn forgive values spir coping ss –neg zu N** R Gl

6 Punkte (0,5 sample, 3 Messung, 2 mv,Pers, 0,5 stat) **GHP –DSE pos, values/beliefs/spir coping private rel nspos, Kg rel denom ns, mv (Pers, ÜberKo) DSE values/beliefs coping rel ss ns, private rel und Kg pos (Kannib) Reihenfolge der Eingabe wichtig –rel zuerst: dann stärker** R Gesu

(R_fert, Gesu, div) Jordan, L: Religion and demography in the United States. A demographic analysis. Diss 2006

number of births per 1000 of women of childbearing age (in this case, it is calculated for women 15-44) je county, rel -% der denom in county; diversity - If everyone has the same religion, D = 0, if every resident had a different religion, then the index would be one.
mP Unitarier dabei; Utopian sind Amish, Hutt, Menno Brethren Quaker; controls: Bev unter 18 pos, lived in diff county vor 5 J neg, urbaniz ns, Hi Ne Native pos, foreign born pos, verh pos, infant mort pos , access to family planning pos, inc ns, alos neg, public assistance pos, edu F neg, female labor force ns;

fert – mP minus, ev/cP pos, K pos, J ns minus, Mu pos, orth pos, LDS pos, eastern minus, utopian pos, diversity ns; Veränderung: bei allen controls mP pos (ohne F edu/work ns), K nur bei allen controls pos (F edu/work), sonst ns; orth bei control von Eink usw und bei allen controls ns; (geogr Analyse neg), Muslim –bei control schon von demogr ns; diversity –ab control von Eink usw pos /gleich immer: ev/cP LDS utopia pos;
Korrel mit Aggr auf state-Ebene anders : mP pos, K minus, J pos, Mu minus, eastern pos// gleich: orth pos, LDS pos, utopian pos , ev/cP pos//auch anders : Ne minus, mobility pos, verh minus, family planning clinic minus, public assistance minus, female work minus !! –dh je nach Aggregat anders !!
Geogr weighted regression –nochmal anders , mP variiert je nach county –mal pos (counties in ca 19 states), mal ns, /ev P/LDS in allen counties pos ! (utopian nicht –wohl zu wenige), K –in ca der Hälfte der states neg, vielleicht 10 pos; orth in den meisten neg !,

7 Punkte (3 sample, 1 Messung, 2,5 mv, 0,5 stat) **Korrel Aggregat county fert zu Aggr denom (no rel fehlt) –mP eher pos, K eher neg (in best Staaten anders), ev/cP pos, LDS pos, utopian (Amish, Menno Hutt Brethren) pos, orth J Muslim ns, eastern minus, diversity mv plus; Korrel state Aggregat –mP pos K minus, J pos, Mu minus eastern pos –anders (auch controls anders ! –verh minus, Ne minus..), immer pos: LDS ev/cP utopian, no unklar//** R fert
age-adjusted death rates per 100,000 people, in hospital service areas -805, viel weniger als counties; proportion of adherents to the total population in the hospital service area –mP 16, evP 24, K 15, LDS 2 –Rest ?//rel adherence insgesamt –in West weniger als 44 % !! (utopian ohne Amish, weniger Menno) keine Asian Am, kaum Hi, wenig Ne, pro-Kopf-Eink- mP minus, K plus, ev P minus, LDS utop ns (passt nicht)
je nach state(wohl abhängig von Einfluss der denom auf Staat, auch: wenig mv –rural usw fehlt) : mP im Westen ns, sonst neg (Deutung: dort weniger mP im Staat da), ev P –Osten neg, Utah Teile von Texas New Mexiko Colorado Arizona Teile Wyomings pos, Mitte/West ns//K südliche Ränder und West ns, Teil von Washington/Oregon pos, Rest neg; bei K evtl Hi anders als andere, //LDS-Mitte neg, Ost pos, Utah ns –passt nicht zu: mehr denom da, mehr Einfluss !/utopian –Ost neg, sonst ns –kaum welche dort;

5,5 Punkte (2,5 sample, 1 Messung, 1,5 mv, 0,5 stat) **death rate: biv -mP K LDS utopian minus, ev P pos, mv edu inc –ev P schwächer pos, race dazu –ev P neg, mobility/interstate migration div dazu –alle rel denom neg; no unklar //regionale Diff –aber Messprobleme : mP in West ns, evP nur in Ost stark neg, Teile von Südwest pos, K –West ns; LDS in Utah ns, Mitte neg, Südost pos; utopian Ost neg, sonst ns;(West bei allen ns, mP noch am besten)** R Gesu

4 Punkte (2,5 sample, 1 Messung, 0,5 stat) **Aggregat-div rate: mP minus, K minus, evP ns, LDS ns, utopian minus; no unklar** R div

Joughin,N et.al.: Religious belief and anorexia nervosa, in: International Journal of Eating Disorders 12, 397-406, 1992

Vp: registered members of the Eating Disorders Association, sind Verwandte von AN-Leuten oder carers, nur F mit AN-onset unter 30, rr40, 26 % no aff, 24 other –weggelassen,
how impo to you are your religious beliefs, how do you feel that your eating problem has affected your rel belief, do you feel that your religion offers you a clear set of moral guidelines, has your eating problem conflicted with the moral guidelines and code of conduct of your rel, how strong were your rel beliefs when you were a child, how impo to your father/mother are his rel beliefs, do

your parents rel beliefs provide a clear set of moral guidelines for your family, has anyone in your family changed religion during their life,
Eating disorders Inventory –ns zu parents no aff, parents same rel, parents strong rel beliefs, , weak rel beliefs;
Impo of rel –lowest BMI neg, EDI bulimia neg, current BMI/drive for thinness ns,
Effect of eating disorder on rel (strengthening) –lowest/drive/bulimia neg, current ns;
Moral guidelines from rel/strength of rel as a child, impo of fathers/mothers rel beliefs,parents'rel provide moral guidelines for subjects family ns, strength of VP rel vs father/mother –lowest bulimia neg,
Conflict of eating disorder with moral guidelines from rel –current und lowest BMI pos,
Anglican/K/Free Church –BMI ns lowest adult BMI (Anglican niedriger, Rest höher), drive for thinness ns(Free Church niedriger) , bulimia ns,/ no: BMI pos, lowest adult BMI pos (Wert höher)
Converted –BMI pos, lowest adult BMI höher, drive for thinness ns, bulimia ns;
(nicht sicher, was neg Korrel mit low BMI bedeuten –höherer Wert oder niedrigerer, Polung unklar))
5 Punkte (1 sample,3,5 Messung, 0,5 stat) **BMI –rel impo ns, guidelines aus rel pos, eating disorder beeinflusst Glaube ns, conflict eating dis vs rel pos, strength of rel als Kind/elterl Rel/eigne Rel im Vergleich zu Eltern ns; conversion pos; niedrigster BMI jemals –impo neg, effect of eating dis neg, guidelines ns, conflict pos, eigne rel mehr als Eltern neg , conversion pos (unsicher: neg gleich senkend ? dann pos gleich steigernd –Autoren aber: pos Korrel von conflict heißt: senkend) ,Bulimie- impo effect und eigne Rel mehr –senkend; drive for thinness –alles ns (kaum rel Wirkung da) (nicht bewertet)**

Darin: **Kandel,D/Davies,M:** Progression to regular marijuana involvement: phenomenology and risk-factors for near-daily use, in: **Glantz,M/Pickens,R:**Vulnerability to drug abuse. Washington 1991 , 211-253
Daily use of marijuana –neg zu religious, T 1 1971 -15/16 J, T 2 1980, T2 1984, rr75 %, //Beginn von M-use: Kg neg; hin zu daily use: ns (mv family intact, father heavy drinker, parent sibling treated for emot disorder, elterl alc/drugs, mother vs marij use, parental rules vs drugs, close to parents, peer und drugs, deli, Depr –Überko, aber bei use-Beginn auch schon, dort wirkt Kg; hier noch dazu: age first use of marij, other illicit drugs vor daily m-use)
8 Punkte (2,5 sample, 1,5 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel**) **Kg neg zu onset of marijuana use, mv; biv evtl auch bei hin zu daily use**

Kaplan,G et.al.: Social functioning and overall mortality: prospective evidence from the Kuopio ischemic heart disease risk factor study, in: Epidemiology 5, 495-500, 1994,

Sample vgl Rasanen; aber ca 2300 VP (kein Ausschluss von Herzkr) ,follow up 71 months, 167 Tote,
Ko von 31 chronic/acute conditions/srh, medical examination da, smoke, alc, BMI phys activity inc, (wirksam nur : perceived health, history of angina und Herzinf)
6,5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat, **1,5 Panel) Mort –unklar ob mv -11 social scales -: belong but don't believe und don't belong or atheist pos, aber ns (hohe Zahl -1,55, 2,1 –andere Items mit niedrigeren sind sign -1.64, Autoren sagen rel orientation ns, aber zitieren Items, die ns sind als wirksam –fünfmal)**

Kaplan,S: Retrospective cohort mortality study of Roman Catholic priests, in: Preventive Medicine 17, 335-343, 1988

Parish priests, die Anfang 1949 active /retired waren, Geburts/Ordinationdatum, bis Anfang 1978, Vergleich mit US white M (aber K sind kaum aus dem Süden) 10026 Vp -5227 gestorben, (Zahlen für 632 Tote ohne T-ursache –eingerechnet nach Verhältnis der andern) -SMR allg 103, Krebs 96 (Lunge minus, large intestine pos, Leuk pos) diab pos, vascular lesions of central nervous system 102, arterioskl heart dis 118, pneumonia/emphysem neg, Lzirr 147, Unfälle neg Autounfälle ns, Sm neg;
7,5 Punkte (2,5 sample, 3,5 Messung, 0,5 stat, **1 panelartig) kath Priester bei mort ns vs white M //Sm Unfälle pneumonia neg, large intestine diab arterioskl heart dis Lzirr pos**

((keine Rel, R Gl,Gesu)Kaptchuck,T/Kelley,J/Conboy,L/Davis,R et.al.: Components of placebo effect: randomised controlle trial in patients with irritable bowel syndrome, in: British Medical Journal 336, 999-1003, 2008

76 % F, Warteliste vs placebo acupuncture vs pl acupuncture und warmth empathy friendly active listening, attention of, confidence in practitioner, -Verbesserung bei global improvement und adequate relief of symptoms linear, bei change in symptom severity und Lqualität 1=2, 3 besser,

(unter 5) **1 Interve Warteliste vs placebo acupuncture vs dieses plus zugewandter Arzt – lineare Senkung von Symptomen (zwei Messungen), einmal 1=2, 3 besser** R Gesu

(unter 5**) 1 Interve) s.o., bei quality of life 1=2, 3 besser** R Gl

Kaptchuck,T/Stason,W/Davis,J/Legedza,A et.al.: Sham device versus inert pill: randomised controlled trial of two placebo treatments, in: British Medical Journal 391-394, 2006

(unter 5) 1 Interve) **Vp mit Armschmerzen, Schein-Akupunktur wirkt (senkt Schmerzen, verbessert Armfunktion) etwas besser als Schein-Arznei Amitryptillin, 20-30 % Nebenwirkungen (bei Amitr –Müdigkeit,Mundtrockenheit !!))**

((Kark,J et.al.: Does religious observance promote health ? Mortality in secular vs religious kibbutzim in Israel, in: American Journal of Public Health 86, 341-346, 1996

T 2 nach 16 J, Vp über 35 J, 3900, 268 Tote, Vergleich rel-sec kibbuz, gleiche Region, use of same regional hospital, gleiche Zahl von Vp über 40, dates of establishment gleich, country of origin, schooling, edu, /rel kibbuz weniger div, mehr Kinder, occ, standard of living, instrumental soc supports,provision quality accessibility of primary care, (z.T. nur per Vergleich erhoben, nicht mv kontrolliert) keine differierende health selection bei Aufnahme von Mitgliedern, Austritt aus K auch ähnlich, keine Regeln gegen Alc, gegen Tabak nur an Sabbat Feiertag, evtl weniger fat weil Trennung von Milch und Fleisch beim Koscheressen, keine Ermutigung zu exercise,

8,5 Punkte (3 sample, 3,5 Messung, 0,5 stat, **1,5 Panel**,)**sec kibbuz mehr mort, MF, 1970-75, 76-80, 81-85, age/cohort,/Todesursachen –CHD (F ns neg), all circulatory conditions (F ns),**

neoplasms (M ns), accidents/suicide –neg, all other F ns(meist N zu klein – Todesfälle weniger als 10), rel Kibbuz: Bd BMI ns, Chole minus, diabetes plus,smoke neg, exercise ns))

(R Gl, Gesu) Kass,J et.al.: Health outcomes and a new index of spiritual experience, in: JfSSR 30, 203-211, 1991
Outpatients –cancer, muskoskeletal disorder, chronic pain, hypertension, gastrointestinal diso, 40 % J, 37 K, 46 J, viel edu, Vp meditieren mit relax response; T 2 nach 10 Wochen; INSPIRIT – Sbez rel spir, spend time on rel or spir practices, felt as though you were very close to a powerful spir force that seemed to lift you outside yourself, -higher power that we often call God –close to God, experience that convinced that God exists,God dwells within you, experiences die von Gods existence überzeugen –exp seiner energy presence, exp of great spir figure Jesus Mary Elia Buddha, exp of angels guiding spirits, Komm mit Toten, meet listen to spir master, overwhelming exp of love, inner peace, complete joy ecstasy miraculous event healing of own body mind, unity with earth NDE//
Medical Symptom checklist -25 symptoms, positive psy attitudes -30 Items, life purpose und sat, self confidence in stress sit,
INSPIRIT – pos zu längerer Medit, F; zu Intrinsic,
T 1/T2 ! INSP zu purpose and satisf pos , ns zu stress durch medical symptoms, ns zu self confidence in stress sit , in T2 bei Ko von Gesu T1,gender age edu, belief in God ns pos zu sat

5,5 Punkte (0,5 sample, 2 Messung, 1 mv, 0,5 stat, **1Panel**) **INSPIRIT T1 plus T2 –(dubios, AutoK) –pos zu T 2 purpose/sat, ns zu confidence im stress/stress durch medical symptoms, belief in God ns pos zu sat** R Gl

5,5 Punkte (0,5 sample, 1,5 Messung, 1 mv, 0,5 stat, **1,5 Panel) T 1 plus T2 INSPIRIT (dubios) zu T 2 Häufigkeit von medical symptoms neg, ns zu interference von symptoms in T2 bei Ko von Gesu T1,gender age edu, // belief in God ns neg zu frequency of symptoms;** R Gesu

(R Gesu,help) Kelley-Moore,J/Ferraro,K: Functional limitations and religious service attendance in later life: barrier and/or benefit mechanism ?, in: Journal of Gerontology, Social Sciences 56B, S 365-S 373, 2001

Americans' Changing Lives, subsample, 70 J, 67 % F, 30 % Ne, 1986-1989, how often do you usually attend rel services ? how impo are religious or spir beliefs in your day-to–day life, /how much are your daily activities limited in any way by your health or h-related problems, restricted to a bed/chair all day, amount of difficulty walking blocks, climbing stairs, /morbidity - had-arthritis, stroke, foot problems,heart attack/trouble,incontinence, diab lung problems hyp broken bones cancer/receive help from another person/agency to get around in community,
Kg –zu fu limit T1 pos (mv demogr, depr, krank, need help getting around, live alone, volu assoc meetings- Überko; andre rel Items nicht erhoben), zu fu limit T2 ns mv (Ko von T1 fu limit) , in T1: fu limit hat stärkeren Einfluss auf Kg als Kg auf fu limit(wer in Ki geht hat fu limit, wer aber fu limit hat geht nicht in Ki?)
fu limit –zu Kg T1 neg, zu Kg T2 nsneg (mv, Ko von Kg T1)
sample sehr viel Kg –ceiling?

7 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat, **2 Panel) T1-T1: Kg pos zu fu limit, aber fu limit neg zu Kg (kann das gleichzeitig sein ??; Autoren: fu limit ist Barriere für Kg, nicht:**

Kg senkt fu limit; aber grade Panel ist ns ! und wieso nicht Kg wegen fu limit ? auch: ÜberKo) Rätsel !
T1-T2: Kg ns zu fu limit, fu limit ns zu Kg//Kg ns zu morbidity T1 und T 2; R Gesu

6,5Punkte (2,5 sample, 1 Messung, 1,5 mv, 0,5 stat, **1 Panel) how often do you attend meetings or programs of groups , clubs,or orgs you belong to – pos zu Kg T1 und T2 mv demogr/depr,krank, live alone fu limit, bei T2 noch cP belief salience no denom read rel books, rel TVradio Kg T1)** R help

Kelly,J et.al.: Spirituality in recovery: a lagged meditational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change, in: Alcoholism: Clinical and Experimental Research 35, 454-463, 2011
Project MATCH outpatients/aftercare VP, 72/ 80 % M, current DSM-III-R diagnosis of alcohol abuse or dependence; actively drinking during the 3 months prior to entrance into the study; drei Gruppen - Cognitive Behavioral Therapy , Motivational Enhancement Therapy and AA, drei Monate Behandlung/follow up 3-9-15 Monate// Religious Background and Behavior instrument "I do not believe in God", atheist,"I believe we can't really know about God" [Agnostic] "I believe in God, but I'm not religious [Spiritual] "I believe in God and practice religion [religious] 6 additional questions: "For the past 90 days how often have you done the following?: 1. Thought about God, 2. Prayed, 3. Meditated, 4. Attended worship services, 5. Read or studied scriptures/ holy writings, 6. Had direct experiences of God" –in T1, 3,9,15 Monaten; rel, PDA - percent days abstinent, DDD –drinks per drinking day).

Attendance at AA 0-3 Monate zu 12-15 Monaten PDA pos, DDD neg (Controls: age, ethnicity, gender, marital status, employment status, number of prior alcohol-related treatments, treatment site, treatment assignment, T1 PDA/DDD),
Attendance at AA - 0-3 Monate zu 7-9 Monate rel –pos (bei Ko von rel in T1 usw); Intera: AA wirkt v.a. bei denen, die in T1 wenig rel haben
Spir nach 7-9 Monaten zu PDA nach 13-15 Monaten pos, zu DDD neg (mv)
Rel ist Mediator von Korrel AA zu PDA DDD**; rel steigt während treatment, bleibt dann stabil**;
8 Punkte (2,5 sample, 2 Messung, 1,5 mv, 0,5 stat,**1,5 Panel) AA attendance steigert rel und diese steigert percent days abstinent, senkt drinks per day, AA wirkt noch darüber hinaus (mv)**

(R Gl, Gesu, pos) Kendler,K/Gardner, C/Prescott,C: Religion, psychopathology, and substance use and abuse: a multimeasure, genetic-epidemiologic study, in: American Journal of Psychiatry 154, 322-329. 1997

Weibliche Zwillingspaare, Virginia Twin Registry, lifetime diagnoses, Vp erst 30,Messung von Items nicht zur selben Zeit z.T. /institutional cons –denom –FundiP, Baptist, catholic, mP, other/none, //personal devotion – impo of rel spir beliefs in daily life, Kg, consciousness of rel purpose, seeking spir comfort bei Problemen, privat prayer, neg: dissat with spir life; personal conservatism –belief in God, belief that God rewards and punishes, born again, literal belief in Bible; (Erblichkeit -29 bzw 12: pers devotion und institute cons, nicht pers cons; //

Korrel: depr –devot minus, pers und inst cons ns; alle ns bei panic phobia, somatiz insomnia (SCL, jetzt);
zu lifetime: major depr –instit cons neg, andere zwei ns; generalized anx disorder, panic ,phobia ns, (9 von 11 ns minus)/ bei Ko von age edu –mehr pers devot senkt neg Wirkung von neg life events auf Depr, (andre zwei nicht, dubios: rel jetzt predicts Wirkung von life events vor 5 Jahren !),
Alc use und Zig use (Menge) –devot pers insti cons neg;
bulimia ns, alcoholism –instit neg, 2 andre ns neg; problem drinking alle drei neg, nicotine dependence – pers devo neg, 2 andere ns neg; // T1-T2 Kg zu alc pos und T1 T2 alc zu Kg pos, aber Kg wirkung stärker als alc-Wirkung(5 Jahre),

3,5 Punkte (2 sample, 1 Messung, 0,5 stat)**Erblichkeit von Rel –personal devotion 29, family 24, pers conservatism (born again, literalism, God rewards and punishes) nicht, institu cons (Mitgl in cons denom) 12, family 51;** Rpos
7 Punkte (2 sample, 3,5 Messung, 1 mv, Intera, 0,5 stat) **rel zu panic phobia sleep somatiz ns, allg Angst panic phobia ns neg, depr z.T. neg, devot –senkt neg Wirkung von neg life events auf Depr (dubios)** R Gl
7,5 Punkte (2 sample, 2,5 Messung, 0,5 stat, 0,5 mv**, 2 Panel**) **zu devot/personal cons/belief, instit cons –denom Fu vs Rest - bulimia ns; alcohol drinking, problem drinking alle drei neg, alcoholism(instit neg, Rest nsneg) nicotine dependency devo neg, Rest nsneg; alc intake T1 nicht so stark zu Kg T2 wie Kg T1 zu alc intake T2;** R Gesu

(R Gl, Gesu,help)Kendler,K/Gardner,C/Prescott,C: Clarifying the relationship between religiosity and psychiatric illness: the impact of covariates and the specificity of buffering effects, in: Twin Research 2, 137-144, 1999

Sample, Messung Kendler 97, (Messung von Zielitems nicht zur selben Zeit wie Rel z.T)
Korrel devotion –N minus, E ns, LoC ns, mastery ns, dispositional optimism pos, altruism pos, self-esteem ns, interpers dependency pos, /pers cons – N E LoC ns, mastery neg, optim ns, altruism pos, Swg ns, interp dep neg, /instit cons- nur Swg minus, Rest ns;
Analyse umgekehrt: N etc mv z u rel ! /
drinks neg zu allen drei, Zig und depr nur zu devot, somatiz panic phobia sleep ns zu allem (wie oben)- Ko von N und anderen Items: keine Änderung, /lifetime –general anx, major depr panic phobia – 5 ns pos, 5 ns neg, 1 neg ,1 pos(anders als oben –aber selbes sample, selbe Items; Ko age ,edu) –Ko von N etc – 5 ns pos, 4 ns minus, 2 minus 1 pos (besser), Puffer von Rel bei Depr –nur bei einigen life events (criminal victim, Gesuproblems, death in network, job loss, -devot; Verschlimmerung der Depr durch Rel bei cons –crim, Eheprobl, Geld probl, ; instit cons –loss of confidant, Eheprobl, housing, (unklar: life events vor 5 Jahren oder vor 2 Monaten),

5,5 Punkte (2 sample, 2,5 Messung, 0,5 stat, 0,5 mv) **bulimia ns, alc nicotine –alles neg, 4 sign von 9 (oben 5); Ko von N, E, LoC, mastery optim altr selfesteem interpers dependence ändert nix/ umgekehrte Richtung: alle Items mv hin zu rel,** R Gesu
4,5 Punkte (2 sample, 1,5 Messung, 0,5 stat, 0,5 mv) **altru pos zu devot pers cons, ns inst cons** R help
7 Punkte (2 sample, 3,5 Messung, 0,5 stat,,1 mv) **bei depr Angst eher wie oben(neg), Angst somatic sleep ns, bei lifetime depr anx meist auch ns, mehr ns pos (anders als oben, aber selbes sample), ; (rel neg/ns zu N, zu E LoC ns, optim ns/pos, Swg ns/neg, --- devotion –N neg, optim pos, Swg ns/pers cons –N ns, optim ns, Swg ns; instit cons –Swg neg; evtl. Intera-bei einigen Items puffert rel, bei einigen verschlimmert sie Wirkung von neg life events(unklar wann die waren –viell vor 5 J !)** RGl

(R Gl Gesu Krim) Kendler,K/Liu, X-Q/Gardner,C/McCullough,M/Larson,D/ Prescott,C: Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders, in: American Journal of Psychiatry 160,496-503, 2003

Twin sample Virginia (F sample und ein anderes mit MF) 1999 wieder befragt–rr 36 !, phobia- irrat fear with objective behavioral impact –judged by interviewer; panic –spontane Attacken mit 2 und mehr Symptomen; thankful – 2 Dankitems, anger at God for letting terrible things happen, wonder whether he abandoned me;//allg Religiosität -30 Items !! –ohne Gott kein Sinn, Bitte um Hilfe bei wichtigen Entsch, Glaube trägt durch harte Zeiten, kann immer auf Gott zählen, spir exp wichtig, bin sehr spir person, will spir wachsen, zufr mit spir life, feel Gods presence, pray , bei Probl spir comfort suchen, strength and comfort in rel, andern bei rel Probl Fragen helfen, versuche so zu leben wie Gott es will,sehe Gott aktiv in Welt, Zeit für Gebet/Medit, seine Liebe umgibt mich, rel spir beliefs wichtig im Leben, rel Ziel gibt direction, -deep inner peace harmony spir touched by creation, work together with God as partners, self dir !!, try to find lesson, stress understanding dealing – mit rel , leben Teil von spir force, feel his love for me, auch durch andre, Sünden bekennen (etwas Autok, viel coping spir) //social rel – can count on people from my church, wichtig: bei Leuten sein, die share my rel beliefs, oft mit Freunden über rel reden, beste Fr sind rel, like to worship pray with others, Sunday school, Kg church activities –Bible group choir, marij drink smoke Zig is a sin !!(AutoK, weggelassen) //involved God –belief in God/universal spirit, he loves me wie ich bin, er antwortet auf Gebete, ist sehr interessiert an Alltagsleben, //judge- he has a lot of rules wie man leben soll, belohnt Gutes ,bestraft Böses, believe he is very strict, will punish me if I do something wrong, (universal spirit) stressful sit ist punishment, literalism//edu ns minus zu allg rel, ns zu social rel, neg zu involved God/God as judge, /Kontrolle unklar –evtl da für age, edu sex;
Allg rel: Depr, Angst, phobia, bulimia ns, panic pos, nicotin/alc/drug dependence neg, antisoz Verh neg; social rel: Depr Angst phobia neg, panic bulimia ns neg, dependence alle neg, antisoz neg, //involved God –depr anx phobia panic bulimia ns, dependence neg, antisoz neg, //judge –ns bis auf alc drug, antisoz ns neg; //

7,5 Punkte (2,5 sample, 4 Messung, 0,5 mv, 0,5 stat) **allg rel ns zu NAS, social rel neg, involved God und God as judge wahrsch mv ns** R Gl
7,5 Punkte (2,5 sample, 4 Messung, 0,5 stat, 0,5 mv) **allg rel/social rel/God involved und zT. God judge neg zu alc nicotine drug dependency, zu bulimia ns,wahrsch mv** R Gesu
6 Punkte (2,5 sample, 2,5 Messung, 0,5 mv, 0,5 stat) **allg rel, social rel, God involved neg zu antisoz Verh(Inhalt unklar), judge ns neg wahrsch mv** R Krim

(R Gl, Gesu, help) Kennedy,J/Kanthamani,H/Palmer,J: Psychic and spiritual experiences, health, well-being, and meaning in life, in: Journal of Parapsychology 58, 353-383, 1994

rr 21, Felt cheerful,lighthearted, very nervous, down in the dumps nothing could cheer you up,calm and peaceful, downhearted and blue,happy// have you ever had a transcendent or spiritual experience (overwhelming feeling of peace and unity with the entire creation, or profound inner sense of Divine presence) 42 %–effect –valuable, enhanced understanding, appreciation of life vs disruptive detrimental; have you ever had a psychic experience (ESP; precognition, telepathy, mind over matter) or out of body experience 41 % //

healthy lifestyle –exercise, watch diet,eat low fat food, smoke, overweight und: do people make you angry or very irritated on most days?//found purpose and meaning for your life, Wunsch dass man greater sense of meaning and purpose for your life hat und evtl: 10 Items, die dem Leben meaning und purpose geben//temporal lobe symptoms 32 %– auf Objekt starren und es wird größer, ruhig sitzen und unplifting sensations haben wie beim schnellen Fahren over rolling road, meine Erf in Zeit 0-4 Uhr sind manchmal sehr meaningful, Geruchshalluz, feel as if things are not real, feel as if I were somewhere else, dreams of floating flying through the air//absorption 51 %-Tellegen-involved in film-alles vergessen, Gedanken kommen von alleine, weiß oft schon was ein anderer sagt vorher, kann mir vorstellen mein Körper ist schwer und unbeweglich, Flammen inspirieren zu imagin,Farben haben Bedeutung, manchmal step outside of usual self and experience entirely different state of being, Dinge die andern sinnlos erscheinen make sense to me, Musik erinnert an bewegte Farben, Bilder; Sound von Stimme faszinierend, kann nicht aufhören zu lauschen,fühle manchmal presence von jemand der nicht da ist, Gerüche haben Farben, nach Schwimmen sich fühlen als ob man noch im Wasser ist, sunset moves deeply//

Transc Erf –NAS PAS srh healthy lifestyle ns, Sinn pos, psychic exp dto, außer: neg zu healthy lifestyle //Lebenssinn in observe spir or rel belief –transc pos ,psychic ns, temporal lobe ns, absor pos, mh ns srh ns, healthy lifestyle pos, Sinn in providing service to others pos, work on social or humanitarians causes pos, Sinn und Zufr mit Sinn pos, obtain status neg

(transc psychic abso temporal alle pos zueinander//war transc exp valuable –pos 91, psychic exp -46 (51 no effect) (temporal lobe: mehr NAS, weniger srh, healthy lifestyle; abso: dto, aber Sinn pos)

(unter 5) **transc exp ns zu NAS PAS, pos zu Sinn, psychic exp dto; Sinn in rel/spir –mh ns**, **Sinn pos** R Gl

(unter 5) **transc exp ns zu srh healthy lifestyle, psychic exp srh ns, healthy life style neg. Sinn in rel/spir –srh ns, healthy lifestyle pos** R Gesu

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Sinn durch observe spir/rel beliefs –pos zu providing service to others, work on social humanitarian causes**, R help

(R Gesu, help) Kerestes,M et.al.: Longitudinal patterns of religious perspective and civic integration,in: Applied Developmental Science 8, 39-46, 2004

High school Vp, mehr K, P no denom, no answer als no rel gewertet, 10 % Unitarier, 7 J, // - rel perspective : I believe that helping others is an important part of my rel beliefs, I have a close relship with God, it is impo for me to share my rel beliefs with others, promoting fairness and justice is a part of my rel beliefs, my faith/spir helps me to answer questions about myself and the world around me, my faith/spir is an important part of who I am; /working on a pol campaign, demonstrating publicly for a cause, boycotting a product/service, writing a letter to a newspaper, petitioning for a cause, /working on the school newspaper/yearbook, school music programs or performing arts, school clubs, school government, /likelihood to perform volu service after high school, /
/rel Entwicklung sophomore-junior-senior –impo ns, Kg minus, rel perspective ns, /civic engagement und extracurr activities –steigt, /unklar zu rel-(gemessen per perspective) low /T1 – low T2 - neg, high high am meisten, aber steigende u n d sinkende Rel pos zu steig c.e.; //volu – steigt, high high am meisten, steig rel- mehr, sinkende und no rel gleich; marijuana – high high am wenigsten, stabil, andere drei mehr (auch low-high) , (bei engagement steigende und sinkende rel pos, aber rel insges mehr) ; (steigende und sinkende rel gut, aber stabil hoch insges besser) ;(evtl: Messung halb lib,halb nicht) /high high am meisten Kg,

(unter 5) **<u>1 Panel)</u> rel perspective –pos zu civic pol engagement, low low neg, high high pos, steigende und sinkende rel auch pos; zu volu - high high am meisten, steig rel-mehr, sinkende und no rel gleich**; R help

(unter 5) **<u>1 Panel)</u> rel perspective – neg zu alc/marij, high high am wenigsten, andre Möglichkeiten mehr** R Gesu

Khavari,K/McCrayHarmon: The relationship between the degree of professed religious belief and use of drugs, in: International Journal of the Addictions 17, 847-857, 1982

27 J, 45 % K,16 none, beer wine distilled spirits – usual frequency of drinking, amount consumed on occasion, maximum amount consumed on occasion, frequency of consuming maximum amount, /past current drug use -19 types of substances, /nur bei alc (überhaupt und Quantität) marij hashish amphetamines tobacco relaxants (Librium valium) Diff zwischen very rel und not rel /ns neg bei barbiturate, LSD, psychedelics (mescalin peyote psilocybin usw), opiates methadone Schmerzkiller (Kodein morphin), antidepressiva, tranquilizers sedatives cocaine, diet pills Antibiotika ,

6,5 Punkte (2,5 sample, 3,5 Messung, 0,5 stat) **srr neg zu Alk (ja-nein, Menge) Tabak Marij hashish amphetamin –ns neg härtere Drogen, antidepressiva, tranquilizer sedatives diet pills**

Kim,E/ van derWeele,T: Mediators of the Association Between Religious Service Attendance and Mortality, in: American Journal of Epidemiology 188, 96-101,2019

Health and Retirement Study (HRS, Vp über 50 J, ca 68 J; 2006, a random 50% of HRS respondents was selected for an enhanced face-to-face interview. After the interview, respondents were given a self-report psychosocial questionnaire, which they completed and returned, rr 90, 7230 Vp, minus:1) died before the start of the primary mortality outcome in 2010 (n = 813) und missing information – ergibt 5200, T 1- religious service attendance in 2008, with attendance in 2006 controlled for as a covariate to examine the association between incident attendance and risk of mortality (assessed from 2010 to 2014). Mediators were assessed in 2010, with mediators (and all other covariates) controlled for in 2006. "About how often have you attended religious services during the past year?" not at all, weniger als einmal die Woche, einmal und mehr;
Potential mediators - positive psychological factors (life satisfaction, optimism, mastery, positive affect, purpose in life), dimensions of psychological distress (depressive symptoms, cynical hostility, hopelessness, loneliness, negative affect, anxiety, trait anger, state anger), health behaviors (exercise, alcohol consumption frequency, smoking, body mass index (BMI)), social factors (living with spouse, contact with children ≥1/week, contact with other family≥1/week, contact with friends ≥1/week; contact includes meetups, phone calls, and letters/ emails), other psychosocial factors (sense of control over health, sense of control over finances, financial strain), and physical functioning. HRS guides provide extensive documentation about each of these measures (23–26).
mv - assessed by selfreport in 2006 (the first available measurements before religious attendance exposure), age, sex, race/ethnicity, marital status educational attainment (health insurance total wealth, baseline health (assessed by major health conditions (yes/no): cancer, heart disease, stroke, lung disease, diabetes, hypertension), living with spouse, contact with children, contact with other family contact with friends social participation (8-item indicator of social participation), and social integration (frequency of attending nonreligious meetings/programs hosted by groups, clubs, or organizations), health behaviors - smoking status frequency of exercise frequency of alcohol consumption; und past Kg 2006;

2008 Kg – never smoke pos, exercise pos, alc frequency neg, chronic condition (diab, cancer, hypertension heart disease stroke lung disease) pos, BMI ns, physical functioning problems/ADL – nsneg,
religious service attendance (2008) on all-cause mortality (2010–2014; number of deaths = 675), logistic regression adjusting for all 2006 covariates odds ratio = 0.61, 95% confidence interval: 0.42, 0.87; Kg 2008 via Mediatoren 2010 zu mort 2010-2014
Mediatoren: Lz, exercise, physical functioning (schwach/etwas: alc, contact friends, depr, pos affect hopelessness anx. anger; loneliness BMI nspos), ns purpose in life, optim, neg affect smoking contact family/children; sense of control over finances/health;

11,5 Punkte (2,5 sample, 3,5 Messung, 3 mv,Mediat, 0,5 stat, **2 Panel) T 1 Kg neg zu mortality T2 bei Ko von T 0 Kg und anderem; Mediatoren: Lz exercise physical functioning (etwas: alc contact friends depr pos affect hopeless lonely BMI anx anger, keine Med: smoking purpose in life optim neg affect contact family children, sense of control over finances/health, mastery hostility live with spouse) // Kg –smoke alc neg exercise pos, chronic condition (diab cancer hyp heart dis stroke lung disease) nspos, BMI ns, phys functioning nspos**

Kim, J et.al.: Religious affiliation, religious service attendance, and mortality, in: Journal of Religion and Health 54, 2052-2072, 2015

(nicht sehr zuverlässig, s.u.. Stavrova, selbe Quelle) records from 18 waves of the GSS (1978–2002) were linked to the death certificate data from 1979 through 2008 of the National Death Index (NDI). The records were matched by the NDI using a probabilistic matching algorithm to link death certificate information to user provided information from the GSS. The 2008 GSS-NDI dataset contains 32,830 total records, of which 9,271 have been classified as deceased. The NDI uses a method that relies heavily on the provision of the Social Security number to evaluate the validity of matches. Many GSS cases, however, lack Social Security information,collected from 1993 on. 21 % of the NDI matches had a valid SSN. Therefore, we revised the matching algorithm –nun per first and last name, date of birth, and gender. To check our technique and ensure false positives were eliminated, a sub-sample of 927 GSS-NDI matches was tested using the revised algorithm. Of this sample, 860 had been designated a Class 2 by the NDI matching algorithm on a scale from Class 1, considered to be an exact match (a death), to Class 5, considered to be a false match(alive). Of the 927 records, our algorithm proved more conservative than the NDI's, identifying only 784 deaths out of the 927 sub-sample Beginn mit 1980 wegen Fehlens von Fragen vorher, versch rel Items werden nur in bestimmten Jahren gefragt –N verschieden; survival duration in years. Duration is calculated by subtracting age at the time of survey from age at death.
Would you call yourself a strong (PREFERENCE or a not very strong (PREFERENCE''
''How often do you attend religious services ''about how often do you pray?'' ''
Do you believe there is a life after death?''
''I don't believe in God,'' ''I don't know whether there is a God and I don't believe there is any way to find out.'' ''I don't believe in a personal God, but I do believe in a Higher Power of some kind,'' ''I find myself believing in God some of the time, but not at others,'' ''While I have doubts, I feel that I do believe in God,'' and ''I know God really exists and I have no doubts about it.''
mort – (mv demogr marital status alos retired Tzjob srh born in USA) –K J minus, mP/evP/bP ns ((andre Untersuchungen zu denom: mP besser oder alles ns)
//strength of affil ns//attend minus (N jeweils über 20000)//pray ns (N ca 11000) //LnT ns/(N ca 14000)/ belief in God ns (N ca 5900);
Gleichzeitig denom und Kg : gleich (auch bei Zugabe von pray, strength/LnT belief; These unique effects remain significant after controlling for additional religiosity variables in Table 2) bis auf: no nun neg (sign weniger als mP, Diff zu evP bP weiterhin ns) J mit weniger Kg mehr Vorteile (etwas unklar) (The lower mortalities of Jews compared to Mainline Protestants are much sharper at lower levels of attendance. Differential mortalities between those affiliations are negligible when respondents attend their religious services very often)
(other neg zu mort, strength of aff pos, Kg pos -wie evP, pray mehr als evP, LnT ns, no doubt God neg; edu Nr.2 !, inco mehr als no/evP; aber unklare Zusammensetzung: Other affiliations

include 873 religions that could not be specified to a specific denomination, such as Christian,Witchcraft, Bah'ai, and 874 other Protestant denominations, which consist of 47 % Mormon, 26 % Jehovah's Witnesses, 11 % Unitarian, 5 % Christian Scientists, and so on.

11 Punkte (3,5 sample, 3 Messung, 2 mv,Intera, 0,5 stat, **1,5 Panel) J, K (other) neg zu mort, Basis mP; no evP bP ns, //Kg neg, LnT, pray, strength of affil, belief in God ns, (Einzel-mv, aber ÜberKo srh) Kg plus denom: Kg wirkt gleich, nur Intera bei J/other: mehr Kg- Diff in mort zu Rest sinkt; Zugabe aller anderen –Kg stabil, no unabh von Kg besser als mP, ns zu bP evP**

5 Punkte (3,5 sample, 1,5 Messung) **Inc - J, mP/K, ev P/no, bP (no jünger); edu –J mP/no, K, ev P, bP;** R pos

Kim,K: Religion, weight perception, and weight control behavior, in:Eating Behaviors 8, 121-131, 2007
National Survey of Midlife Development in the United States (MIDUS), /no aff 12 M, 7 F, 45 J, rel application –how often asked oneself what their religious beliefs suggest they should do in making daily life decisions,/how often do you seek religious comfort; 4 Items –how important do you think it is for people of your religion to marry other people who are the same religion; rel commitment -4 Items –srr, srspir,how impo is rel/spir in your life
BMI (über 30 schon obese, 25-29 overweight, underweight erst bei 18// Durchschnitt 27, Selbsteinschätzung zu niedrig 21, zu hoch 16)), consider myself –very underweight …very overweight(umgeformt –underweight normal overweight obese) , Unterschätzung Überschätzung correspond –Vergleich BMI-Selbsteinschätzung; during last 12 months, did you lose 10 lb or more by diet, exercise or change in lifestyle,
weight perception (Ko von BMI und demogr) –Unterschätzung: F: denom Kg seek comfort rel application rel identity ns, rel commitment pos /M –nur rel applic pos,//Überschätzung –F Jew, rel applic pos, M Jew ns pos
weight loss per diet usw –ns zu allem
6,5 Punkte –wenig Gesu(3 sample, 2 Messung, 1 mv, 0,5 stat) **Unterschätzung /Überschätzung des eignen Gewichts in Bezug auf BMI –6 (bzw 11) rel Items ns außer: einmal rel commitment F, rel applic zweimal, J zweimal, alle ns zu absichtlicher Gewichtsreduzierung// unsicher, ob nicht die Leute recht haben statt die BMI-Deutung**
(nicht bewertbar)

Kim, K et.al.: Religion and body weight, in: International Journal of Obesity 27, 469-477, 2003

National Survey of Midlife Development in the USA (MIDUS), 25-74, rr 61, no aff –M 12, F 7, How often attend rel or spir services, rel application: asked themselves what their religious or spir beliefs suggest they should do in making daily life decisions, /how often do you seek rel comfort, /4 Items – rel identity: how impo do you think it is for people of your religion to marry other people who are the same rel; rel commitment -4 Items –how religious and spiritual Vp considered themselves, how impo they considered rel and spir to be in their lives;
alc –number of drinks per month, smoking now vs not smoking regularly now !,
BMI –(increased BMI in religious men did not affect obesity risk) M: Ko von demogr: K ns, no ns, cP/mP pos, Kg ns, comfort pos, rel commitment ns, rel application pos, rel identity pos, /alc smoke (Ursache für weniger rel Korrel) phys activity dazu –cP rel id pos, Rest ns, soc support (members of your family friends really care for you) stress (-work, family, finances -serious

ongoing problems, too many demands , difficult pay bills, number of stressors) dazu –alles ns außer cP, /bei F ns /unsicher bei Frage: testing whether people who report experiencing discrimination on the basis of their weight or height were religious –ns,(soll belegen: schwere Leute gehen nicht überprop zur Rel)
9,5 Punkte (3,5 sample, 3,5 Messung, 2 mv,bei, 0,5 stat**) bei F rel ns zu BMI, bei M: Ko von demogr: cP, mP pos, Kg ns, comfort /application/identity pos, commitment ns (Kannib) mehr mv –alle ns außer cP (ÜberKo) //rel steigert obesity nicht, Gewichtsdiskriminierte ns zu rel –gehen evtl nicht dorthin**

(auch in R Gl) Kim,Y/Seidlitz,L: Spirituality moderates the effect of stress on emotional and physical adjustment, in: Personality and Individual Differences 32, 1377-1390, 2002

T 2 nac h 4 Wochen, 48 % no aff, spir transcendence subjective experience of thesacred that affects one's self-perception, feelings, goals, and ability to transcend difficulties. it refers specifically to "God" in one subset of four items (e.g. "I experience a deep communion with God") and to "spirituality" or"spiritual" in another subset of four items (e.g. "My spirituality gives me a feeling of fulfillment") STI ns zu PAS NAS phys symptoms T1 und T2, /mv (daily stress T 1 und T 2/säk coping) STI –ns neg zu T 2 PAS, neg zu NAS,ns zu phys sy, rel affil pos zu NAS, ns pos zu PAS; Intera: mehr stress-mehr STI- NAS steigt schwächer (Puffer), vor allem bei denen mit rel aff; phys symptoms dto, unabh von affil,

5 Punkte (1 sample, 1,5 Messung, 0,5 stat, 1 mv/Intera**, 1 Panel) biv STI (Autok?) ns zu NAS/PAS, mv neg zu NAS, Puffer: senkt Wirkung von Stress auf NAS (bei Vp mit aff), auf phy symptoms (bei allen),**

(unter 5) **STI ns zu physical symptoms, senkt Wirkung von Stress auf phys symptoms**

(R Gesu,pos) Kim-Spoon,J/McCullough,M/ Bickel,W et.al.: Longitudinal associations among religiousness, delay discounting, and substance use initiation in early adolescence, in: Journal of Research on Adolescence 25, 36-43, 2014
Adol, 10-13 J, T 2 nach 2,4 J / attr ein Drittel, (boys/low inc) organiz rel und private rel 6 Items,(Kg, impo of believing in God),
Monetary Choice Questionnaire to measure discounting of future rewards as a function of time. Each question asked the respondent to choose between a smaller, immediate reward and a larger, delayed reward , all participants were given a 1-in-30 chance of receiving one of the rewards they chose over the 27 trials. /frequencies of alcohol (beer, wine, hard liquor, or mixed drinks), cigarette, and marijuana use
6 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat**, 1,5 Panel) orga/pers rel -alc/cig/marij neg, (in T1 kein subst use da, also Messung von Beginn von use) mv (age gender ethnicity) : pers rel neg zu delay neg zu substance use, orga rel ns; delay kompletter Mediator** R Gesu

5 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat, **1,5 Panel) Biv: T1 orga rel –T 2 delay discounting ns, Pers rel –delay disc neg; Table: pers rel pos zu delay disc, später neg; // Mv (age gender ethnicity) -pers rel neg zu delay neg zu substance use, orga rel ns; delay kompletter Mediator** R pos

(R Gesu, pos) Kim-Spoon,J /Farley,J/Holmes,C et.al.: Processes linking parents' and adolescents' religiousness and adolescent substance use: monitoring and self-control, in: Journal of Youth and Adolescence 43, 745-756, 2014
Adol T 1 mit 13 und parents; ca 70%P, 10 K, 8 no, 38 % attr, follow up 2,4 J
Organizational religiousness "religious services" and "other religious activities," Personal religiousness - four items importance of religious faith in their lives degree to which the respondent thinks religiousness matters in his/her life (e.g., how important they think it is "to believe in God"). Private Practice four items informal religious and spiritual practices of the respondent (e.g., pray privately other than at church; read religious literature).
T 2 -religious monitoring (three items,., "I sometimes feel as though I am being observed by a higher power")
Parental monitoring T2 –know about his/her adolescents' decisions about various aspects of the adolescent's life such as performance in school, where the adolescent is when not at home, dating behaviors. self-monitoring (three items, ., "I often stop at the end of the day to consider if I made progress in reaching my goals") five items on planning ahead five items on anticipation of future consequences. pick the statement most like them (e.g., "Some people like to plan things out one step at a time but other people like to jump into things without planning them out beforehand" for planning ahead and "Some people like to think about all of the possible good and bad things that can happen before making a decision but other people don't think it's necessary to think about every little possibility before making a decision" for anticipation of future consequences).
T 2 Brief Self-Control Scale 13 items asked how typical each statement (e.g., "I am good at resisting temptation), parents und adol antworten
typical frequencies of alcohol (beer, wine, hard liquor, or mixed drinks), cigarette, and marijuana use (e.g., which is the most true for you about smoking cigarettes?)
marij in T 1 never used, demogr ohne Wirkung
adol rel –rel monit, self monitoring T2 pos, parental monit T2 pos, planning T2 pos, self control T 2 pos,;
parental rel – rel monit, selfmonitoring T 2 pos, parental monit T 2 pos, planning T2 ns, self control T2 ns,
rel monitoring –parental und adol rel, self monitoring T 2 pos, parental monit T2 pos, planning T2 pos, self control T 2 pos,
(indir Wirkungen/Mediationen –keine Med-analyse, nur SEM: adol rel wirkt via rel monit/subst use T1/parental monit auf self-monit auf selfco auf subst use T2; parental rel –wirkt via adol rel/ parental monit/rel monit/subst use T1 auf self monitor auf self co auf subst use T 2//rel monitor via self mo/self co/parental moni auf subst use T 2//rel zu rel monitoring/parental/self monitoring pos zu selfcontrol)

6 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat, **1 Panel**) **adol rel/parental rel –pos zu rel monitoring, parental monit, self monit, planning, self-control, Panel** R pos

adol rel -cig T1 ns, T2 neg, alc neg/neg, marij T2 neg parental rel -cig T1 ns, T2 neg, alc neg/neg, marij T2 neg; rel monitoring -cig T1/T 2 neg, alc neg/neg, marij T 2 neg,
SEM –s.o.-Wirkung auf subst use in T2 bei Ko von T1 subst use;
7 Punkte (1 sample, 2,5 Messung, 1,5 mv, Med, 0,5 stat, **1,5 Panel)** **adol rel /parental rel/rel monitoring neg zu marij (T1 ns) cig alc , Mediator self control/monitoring (rel zu monit – self, parental, rel - zu self control ?) Panel** R Gesu

King,H: Health in the medical and other learned professions, in: Journal of Chronic Disease 23, 257-281, 1970
Vp 20-65, SMR –ratio of deaths expected to observed –Vergleich zu M; England Wales –(1860-1953)-clergy (bis 1912 all clergy, 1921 f CoE) besser als occupied/retired males, Ärzte lawyer,teacher 1930/32 und 1949/53 gleich/besser als clergy, vorher schlechter, drei Tables –drei verschiedene SMR's, auch: mal lawyer, mal lawyer/judges (1880-82 Ogle: clergy 9, teachers 11, lawyers 13 males 15, physicians 17), selbe Daten King/Bailar 69; vgl King/Locke 1980;
(staatl Statistiken) USA –college prof/presidents instructors –teachers- white clergy –Ärzte/lawyer/judge -occupied/retired white males;
(Todesurs –Diab Askl unklar(Engl anders) Hypert Lzirr Unfall Sm TB Lungenkrebs influenza weniger)
Auch: Scotland –Lehrer/ministers of rel –judges/solicitors/physicians (über Durchschnitt)
Neuseeland –dto, aber Diff zu males geringer,
6 Punkte (3 sample, 3Messung) **USA: college prof/presidents instructors –teachers- white clergy –Ärzte/lawyer/judge -occupied/retired white males; (England/Wales 1949 f dubios–cl/teacher besser als occupied/retired males/lawyers/Ärzte; Ogle –cl leicht besser als teacher), gleiche Reihenf in Askl, vascular lesions(evtl M besser ?) , Krebs (accidents TB,),//Sm/Lungenkrebs cl weniger, Arzt lawyer mehr als M//**
Schottland –ministers/teachers weniger mort als judges/solicitors/Ärzte; Neuseeland –teachers besser als cl besser als Ärzte besser als judges/solicitors; ((male physicians viel Sm))

King,H: Clerical mortality patterns of the Anglican Communion, in: Social Biology 18, 164-177, 1971
Prot Epi Church, 1951-1960, active und retired,viel edu , früher in andern denom (Me,Pres), 6925 -1387 Tote,
Vergleich zu white M ab 20 J- 72, (luth 73) CVD 72, cancer 61, all other 85, stark v.a. bei 20-44, CoE E,Wales -106 (viel intestines, sehr viel influenza, Prostata-Hyperplasie, Bronchitis, Pneumonia; Krebs 61 vs 81, Askl degenerative heart dis -75 -101, aber Askl coronary heart dis Epi mehr ! (Diab USA pos, Engl minus)
(suspekt, bei Kirchendaten aus England Epi gleich Anglik !(church und medical register –mort geringer als bei governmental register –aber auch 10 J später !!)
Epi –besser als physician, lawyer all white clergy, gleich zu teacher, (20-64 J-da ist Epi weit besser als 20 ff)
7,5 Punkte (3,5 sample, 2,5 Messung, 0,5 mv, **1 Panel) Epi besser als Anglicans in mort, besser als whiteM-Bev, Anglicans nur bei 20-64 J, nicht ab 20 J besser als Bev (Epi besser als Ärzte all white clergy-gezeigt; besser als lawyers ,nicht als Lehrer –nicht gezeigt); Statistiken dubios (bei Kirchenstatistik cl besser als bei Regierungsstatistik, aber auch: physicians bei Medical Register besser als bei Regierungsstatistik),Todesurs: CVD Krebs all other Epi besser als white M-Bev(etwas höher evtl Diab, Darm) ,Anglicans –Askl ns, Krebs Unfall Sm neg, (evtl Darm Influenza/Bronchitis pos)**

King,H/Bailar,J: Mortality among Lutheran Clergymen,in: Milbank Memorial Fund Quarterly 4, 527-548, 1968

3914 Vp active retired, 609 sterben, United Lutheran Church in America, Sept 1950-Aug 1960, Elterl occ –ns zu LCMS, edu 93/70, vorher andre denom 14 -5; 20f –SMR 73, Herz 80, Krebs 79, (N zu klein: Pankreas Prost Blasé ! ns, Leuk pos, wie sonst: Unfall Sm Lunge minus

20-64 Vergleich(s.o.) : Vp –college pres/prof/instructors –teachers – profess/admin/techn workers und white clergy –lawyer/physician,(white clergy: 83 –Herz 98 , Krebs 86, intestine 156, TB accidents Sm minus) (bei Todesursachen -20-64 -Vp und clergy allg –Herz eher pos, Krebs schwach pos, Rest neg;
7 Punkte (3 sample, 3 Messung**, <u>1 Panel</u>) Lutheraner sehr wenig mort, weniger als college prof, Lehrer, teachers, professionals/white clergy, Ärzte/Lawyer; (Todesurs –Pankr Prost Blase ns Leuk pos, Unfall Lunge Sm neg), Vp und clergy allg: Herz neg, Krebs schwächer neg, Rest neg;**

(R Gesu/Zusfass) King,H/Bailar,J: The health of the clergy: a review of demographic literature,in: Demography 6, 27-43, 1969
26 Quellen, 10 mal neg,/offiz Statistiken: 20-65 -England Wales -1860/61 clergy, CoE, Protestant ministers, Catholic alle neg, (K schwächer) Preußen 1801-1833 Prot ministers neg, Schweiz 1879-1890/1889-1900 –clergy besser als lawyer teacher Ärzte, /Paris -1885-89, 1890-1895 –cl besser als Bev, lawyer Ärzte unsicher; Schottland 20-64 - -1890-92, 1932, 1949-53 –cl besser als judge solicitor physician surgeon, nur 1890-92 besser als teacher, sonst gleich, /England Wales –1860/61/1870, 1880-82, 1890-92, 1900-1902, 1910-1912, 1921-23, 1930-32, 1949-1953 – cl besser als male, lawyer physician, Lehrer (Ausna 1949-53 dubios s.o., zu Anfang klarer), 1921-23 – Kath schlechter als Lehrer, CoE besser, 1949-53 –teacher besser, CoE besser als K; 1949-53 Kath England Wales -87, Krebs 112, Lung 105, stroke 176, acc 17 Sm 14; (aber evtl falsche Zählung: priest als teacher)
Patienten in hospital –prot ministers vs laymen kaum Diff bei Diagnosen;
Einzelnes: Me mehr mort-viel lay preachers, frequent transfers; pastoral priests, teaching priests – Madigan - missionaries mehr als monks,
6 studien- weniger mort als Lehrer,(King selber: 1949-53 –England Wales 20-64 -–Lehrer –CoE –lawyer barr solic /physicians, -kath !; USA 1950 –Lehrer, all clergy, lawyer Ärzte , Schottland – Lehrer –ministers –judges solic/physicians (über Durchschnitt))
Mehr Belege (Fr Schottland Schweiz Preußen Paris), dass clergy wenig mort hat, lay preachers missionaries schlechter dran als rel teachers, kath evtl schlechter

King,H/Locke,F: American white Protestant clergy as a low-risk population for mortality research, in: Journal of the National Cancer Institute 65, 1115-1124, 1980

Active,retired clergymen, Am Ba, Luth Church in America,Protestant Episcopal Church, United Presbyterian Church, LCMS, 16 % von US clergy 1950, vorher andre affil –Epi Pres Ba 40 % !, Lu 5-9, 1951-60, 5207 Tote,
(England Wales 1860-1972 –clergymen besser als active/retired males in 1860,61,70,80-82, 90-92, 1900-02, 1910-12, 1921-23, 1930-32, 1949-53, 1959-1963, 1970-72 Registrar General of England; 1921-1953 Differenz geringer, dann stärker/Todesursachen alle weniger als Bev –TB, Magen-,Lungenkrebs, Diab Pneumonia Sm Unfälle) /
Vergleich mit white males: SMR 72,(Lu, LCMS, Pres Epi alle gleich) Krebs 63, Lunge 35, intestine 86, Pancreas 79, Prostata 94, Leukämie 91, diab 93, Blase 56, influenza pneumonia 68/72, Unfall 52 Sm 32, Herz ca 74, rectum 51,
Alter – allg mort und Krebs Trog, /Vp (20-64) zu all clergy 56, (Krebs 61)
Vergleich vs all males Vp 48, teachers 61, college faculty members 52, physicians 90, lawyer 91, white clergy allg 83,

Cancer –Vp 50, lawyer judge 96, white clergy 86, physician surgeon 81, teacher 65, college prof 48,
Unklar: evtl in England clergy nur in Oberklasse besser (aber cl ja immer Oberklasse)
US kath Priester mort minus, England Wales ns,
Anglikanervergleich: USA Epi vs CoE 60er J gleich, CoE 49-53 mehr, Ärzte 59-61 etwas mehr als CoE, 49-53 gleich, da beide über Durchschnitt, Diff Arzt –Priester nicht immer da,
Daten bei church anders –weniger mort (England),

9,5 Punkte (3 sample, 4 Messung, 1,5 mv,bei, **1 Panel) England Wales clergy 1860 -1972 besser als males in mort, alle Todesursachen besser –TB Magen-,Lungenkrebs Diab Pneumo Sm Unfall) //Vp besser als teacher, college prof/faculty, die sind insgesamt viel besser als male gesamt (Krebs Lunge Blase influenza Unfall Sm Herz rectum besser, Leuk diab Prost Pancr intestine nsneg) //white clergy gesamt Arzt Anwalt Richter nur etwas besser als male gesamt, allg und bei Krebs; Lehrer college prof besser; Vp hier besser; Ländervergleich –K in England ns, in USA neg, Epi in USA und Anglik in England –besser als M in USA in 50/60er J, 49-53 Anglik gleich;**

King,H/Zafros,G/ Hass,R: Further inquiry into Protestant clerical mortality patterns,in: Journal of biosocial Science 7, 243-254, 1975
9160 Pres, 1932 Tote, 4689 LCMS, 625 Tote, 1951-Ende 1960, Pres vorher andere denom 40 %, LCMS 5, /SMR 20 f -72/71, (Todesursachen wie üblich: Lunge Blase TB Syphilis influenza pneumonia Unfall Sm minus, Prost intestine Leuk plus, z.T. N zu klein) 60 % von clergy: smoking not wrong, /20-64: Lu 52, Pres 41;
6,5 Punkte (3 sample, 2,5 Messung**, 1 Panel) Pres und LCMS sehr wenig mort, Todesursachen wie üblich (Prost intestine Leuk pos)**

(auch in RGl) King,M/Marston,L/ McManus, S et.al.: Religion, spirituality and mental health: results from a national study of English households, in: British Journal of Psychiatry 202, 68-73, 2013
National Psychiatric Morbidity survey, rr 56 rel und spir edu plus; By religion, we mean the actual practice of a faith, e.g. going to a temple, mosque, church or synagogue. Some people do not follow a religion but do have spiritual beliefs or experiences. Some people make sense of their lives without any religious or spiritual belief '. Would you say that you have a religious or spiritual understanding of your life?' If religious or spiritual, how strongly they held to their understanding of life and how important practice of their faith(for example private meditation, religious services) rel bei beiden mehr; /spir ist spir ohne rel;how often they attended services, prayer meetings or places of worship.Depr, generalized anx disorder, panic di, phobias(social, agora, simple) OCD, Alcohol Use Disorders Identification Test (AUDIT) questionnaire 10 questions about use of, and attitudes to,alcohol consumption, in this instanceover the preceding 12 months.Rel: drug use minus, cannabis dependence plus, harzardous drinker minus, eating disorders minus, /PTSD, panic, GAD,problem gambling, OCD, phobias in counseling/therapy receive psychotropic treatment und happy ns, psychosis ns pos, Depr ns minus, neurotic di ns minus, /spir mehr drugs,cannabis, neurotic di, bei harzardous drinker zwischen rel und säk// mvKo von ss und demogr – drug/hazard drink rel weniger, spir mehr als säk, gamble PTSD happy Depr OCD panic ns, eating GAD phobia neurotic psychotropic treatment spir mehr als Rest, /Stärke von rel gemessen, aber Korrel nicht gezeigt; unklar was practice heißt, spir immer vs rel ?

8 Punkte (3 sample, 3,5 Messung, 1 mv, 0,5 stat) **rel –dubios- ns zu NAS (viele Items)/happy, spir –dubios - eher pos (vs no), mv (mit ss)**

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **rel –s.o. –neg zu drugs, alc, eating disorder, ns problem gambling, mv(mit ss); spir –drugs und hazardous drinker pos, z.T. dubios;**

(R Gl, Gesu) King,M /Speck,P/Thomas,A: Spiritual and religious beliefs in acute illness –is this a feasible area for study ? –in:Social Science and Medicine 38, 611-636, 1994

Patients, T 2 nach 6 Monaten, General Health Questionnaire –psy distress, / strength of rel and or spir beliefs: I need to understand why things happen to me, my belief helps me during illness, illness is a result of lack of spir belief,(14 %, - 5 % predestin , 3 % punishment - ns zu rel/spir or philosophical belief) my belief is weaker than it used to be, recently my beliefs have strengthened, faith in a power outside of oneself is important in healing, recently I have beome less sure of what I believe, without God I would not have come through my last crisis,
Rel and spir –(Frage unklar, vs spir not rel, vs philosophical vs no belief), zwei Drittel Christen - 57 % CoE, 39 K //follow up unsicher – angeblich 70 % der rel spir contacted antworten, 162 Vp – aber es sind nur 172 Vp vorher **(auch andre Antwort-Zahlen usw passen überhaupt nicht**, attr evtl 25 %)
strength of rel and or ! spir, form of rel faith (rel spir ? unklar) –ns zu GHQ (mv demogr, MF,medical diagnosis,live alone) , strenght T1 auch ns zu GHQ T2

(unter 5) **rel ns zu GHQ (NAS), Panel** R Gl

Strength of rel and or ! spir –ns zu medical diagnosis, rel and spir ns zu life threatening conditions, follow up: health outcome ns zu diagnosis !, form of life view (rel spir ?) ns, aber strength of rel and or spir neg zu outcomes –illness result of lack of spir beliefs, recently my beliefs have strengthened, without God I would not have come through my last crisis neg !! /wer in T2 did well hat Anstieg von strength of beliefs ! (belief senkt Gesu, Anstieg von belief steigert sie-oder auch: Anstieg von belief und Anstieg von Gesu korrelieren –U-W -unklar)

(unter 5) **1,5 Panel, rel ns zu medical diagnosis, oder neg zu outcomes, aber steigender belief pos zu mehr Gesu in T2** R Gesu

Kinlen,L: Meat and fat consumption and cancer mortality: a study of strict religious orders in Britain, in: Lancet 319, 946-949, 1982
Enclosed rel orders (Cath und wenige Anglican) –gegen Fleischkonsum ca 1700, vs Orden mit etwas Fleisch(3mal die Woche, nicht an best Zeiten) ca 1000, ohne Tote über 85, 1911-78, Tote ca 1150,
Vergleich mit Bev (bei ovarian breast cancer Vergleich mit single women): Todesursachen -all causes minus (no meat mehr) ,all neoplasms –eher ns(meat ns mehr, no meat ns weniger) , bei keinem Krebs sign Diff meat-no meat; /alles sehr wenig Fälle –evtl: mehr ösophagus, lung uterus minus, meat: rectum plus; /time since entry und fat intake –ns zu breast colon/rectum ovary cancer,
6 Punkte (2,5 sample, 2 Messung, 0,5 stat**, 1Panel) nuns –weniger mort als Bev, Krebsmort ns (no meat nsmehr als some meat; fat intake ns) time since entry ns zu breast colon rectum ovary cancer, evtl mehr ösophagus, weniger lung uterus (sehr wenig Fälle)**

(R Gl/Gesu) Kirk,K et.al.: Self-transcendence as a measure of spirituality in a sample of older Australian twins, in: Twin Research 2, 81-87, 1999

Self-transcendence – flashes of insight while relaxing,(wenig) strong spir or emot connection with all people around me, part of the spir force on which all life depends,(viel), liebe blühende Blumen in Frühling so wie seeing an old friend again(wenig) , connected mit nature so dass alles Teil von living organism erscheint, have sechsten Sinn erlaubt zu wissen was passieren wird(wenig) , part of something ohne Grenzen inRaum und Zeit (viel) , spir conn to other people mit Worten unerklärbar (viel) , my life directed by spir force größer als Mensch(viel) flow, made personal sacrifice um Welt zu verbessern –gegen Krieg, Armut Ungerechtigk,(wenig) contact with divine and wonderful spir power, (viel) Momente großer Freude –eins mit allem(viel) , alles Leben hängt von spir order power ab, manchmal sehe ich was wie zum ersten Mal,- einige Items mit wenig Zusammenhang
Self tr –Kg pos, Gesu ns, Optim pos E pos, N ns F, pos M, P F pos, M ns, Lie F minus, fatigue pos, distress F pos, Angst pos, Depr pos, div pos F, evangelical pos, no neg,(spir bei ev anders als bei „spirituellen")
Erblichkeit bei self-tr stark, bei Kg nur bei F !

(unter 5) **self-transc –Gesu ns, fatigue pos**, R Gesu

(unter 5) **self-transc –Optim pos, E pos, N bei F ns, bei M pos, P bei F pos, bei M ns, distress F pos, Angst pos, Depr pos,** R Gl

Kiwanuka N et.al.: Religion, behaviours, and circumcision as determinants of HIV dynamics in rural Uganda. Int Conf AIDS. 1996 Jul 7-12; 11: 483 (abstract no. Pub.D.1294). Rakai Project, Entebbe, Uganda.

Objectives: To determine the association between religion and HIV infection, and to assess the behaviours and characteristics that might explain differentials in HIV between religious denominations in rural Uganda. Methods: As part of the baseline visit in a randomized community STD mass treatment for HIV prevention, we collected information on HIV prevalence, socio-demographic characteristics and behaviours including alcohol consumption, number of sexual partners and sexual abstinence from 6366 females and 5148 males.

Results: HIV infection was significantly higher among Catholics (19.9%) and Protestants (19.2%), than among **Muslims (14.5%) and Saved/Pentecostal sects** (14.6%). These differentials in HIV prevalence by religion appeared to be associated with differentials in risk behaviours/characteristics. **Alcohol consumption** in the last 30 days was higher among Catholics (64.3%) and Protestants (50.1%), than among Muslims (3.7%) and Saved/Pentecostal (3.4%). Saved/Pentecostals **were less likely to have two or more sexual partners (12.4% males, 1.0% females)** compared to other religions; Catholics (27.6% males, 4.3% females), Protestants (26.9% males, 3.2% females), Muslims (39.4% males,

3.0% females). **Abstinence** was higher among Saved (38.6%) when compared to other religions (22.7% in Catholics, 22.6% in Protestants, 19.1% in Muslims). **Male circumcision was highest among Muslims (98.0%), with less than 5.0% males in other sects being** circumcised. Muslims were more likely to have been circumcised during infancy (85.4%) whereas male circumcision in adherents of other religions was rare and tended to occur in adulthood**. Alcohol consumption was associated with increased HIV infection (RR 1.42; CI 1.31-1.53), current sexual abstinence** was associated with somewhat lower HIV risk (RR=0.91; CI 0.84-1.0), **circumcision at birth** was also associated with reduced HIV risk (RR=0.57; CI 0.45-0.73). Conclusions**: Lower rates of HIV infection among Pentecostals appear to be associated with less alcohol consumption, sexual abstinence and fewer sexual partners, whereas the low HIV prevalence in Muslims appears to be associated with low reported alcohol consumption and male circumcision.**

6 Punkte (3 sample, 2,5 Messung, 0,5 stat) **Pe Mu weniger HIV, Mediatoren: weniger alc/sex bei Pe, mehr Beschneidung bei Mu;**

Uganda- einige Pe verlangen vor Heirat AIDS test –Abschreckung ! /aber andre Pe anders, wenig Pe da, andre denom tun nix dergl.

Uganda erfolgreich bei AIDS eindämmung/ church of Uganda pro testing, vorehel sex etwas weniger, (Kondome werden abgelehnt von Bev) Ki sagt zu Kondom, das vom Staat propagiert wird nix – weder pos noch neg, /Ki können Trad der Polyg und der Anforderung an M,mit vielen Sex zu haben (und dem Ziel Kinder zu kriegen) nicht beseitigen,

Klein,T: Soziale Determinanten der Lebenserwartung, in: KZSS 45, 717-730, 1993
Geburts- und Sterbedaten der Eltern in SOEP 1986, West, ist ohne Kinderlose !, Konfession der Eltern nicht bekannt – aus der der Kinder erschlossen /SOEP anders –mehr Sterblichkeit –als amtliche Ergebnisse weil Eltern ja bis zur Kinderzeugung leben, aber viele real vorher sterben, unklar ob korrigiert oder nicht; ca 20000 Vp –Tote unklar,
mv (Geburtsjahr, 1./2.Weltkrieg, höhere Position des Mannes, mari stat) zu mort– M: ev und k‘los ns, sonstige Konf/Rel pos, F: klos neg, Lebenserwartung – M sonstige Konf/Rel minus 5,5 J , F K‘lose plus 3,2 Jahre (ohne Weltkrieg)

5,5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat, **0,5 panelartig) Eltern von K’losen werden k’los gewertet –bei F neg zu mort, bei M ns (dort sonstige Konf/Rel pos**)

Kleinman,A/Gale,J: Patients treated by physicians and folk healers: a comparative outcome study in Taiwan, in: Cultural Medicine and Psychiatry 6, 405-423, 1982

Vp gehen zu Schamanen-Schrein, als major source of care, 4 Krankh-typen: mild acute –upper respiratory, gastrointest, muscoskeletal, severe acute –severe abdom pain, acute asthma, serious infection, somatization –somatic complaints wegen psy Krankh –Depr oder marital conflict/chronic –keine akute Verschlechterung (Hyp, COPD), oder akute Verschlechterung von arthr, Lungenödem, chest pain bei Herzkr; /follow up 3-4 Wochen/controls –Arzt Klinik –matched

in age, sex, SES, sickness type/severity, /alle low(er middle)class,/severe acute –mehr bei controls, chronic stable bei Schamane,Beurteilung durch patient/research assistant -greatly improved all types of sickness –controls 48-36, no change/worse ns, somewhat better shrine pos; patient assessment of effect of practitioner on outcome –cured illness/greatly improved 41 controls, 26 shrine, -no effect: ns(30); minimal und improved weniger als 50 % -shrine pos// patients satisfaction with overall treatment –highly sat co 53 –shrine 26, not satisfied 9-20; mittel sat -36-52; /Zufr mit practitioners behavior, mit specific treatment durch pract, mit effect of practitioner auf outcome, mit overall treatment received, mit time spent by pract (shaman nimmt sich doppelt so viel Zeit –7 Min)- einige der shrine-Vp gehn zu anderem Schamanen auch noch):Pat highly sat –bei Mild acute -59-36, severe acute 65-23, somatiz -37-16, chronic stable -48-23,chronic acute -62-33/ bei moderately sat gleich, bei bloßem sat –shaman besser/not satisf –controls: Durchschnitt 8, shrine 16; // Diff self-rating und research team: bei chronic stable und somatiz –pat sieht mehr Besserung als team, (psycho und social sit nicht gebessert, aber symptoms)/somatiz – wenig Heilung: Depr, Angst, pain disorders;

6 Punkte (1 sample, 4 Messung**, <u>1 panelartig</u>) (allg: Krankheiten –bei shrine/shaman und controls über 80 % gebessert, shrine nur mittlere Besserung , highly und mod sat zusammen: 78 vs 52 %; sat 14 -32; Unzufr 8/16; keine Verschlechterungen // somewhat better und greatly improved -86/83; Fremdbeurt -85/76; outcome Beurteilung positiver als Zufr mit pract/treatment effect/treatment received/specific treatm/pract behavior/Zeit – versch Beurteilungskategorien, nicht gut vergleichbar/viel an Unzufr über einen best Schamanen, zu dem schwere Fälle kommen –Verzerrung, evtl noch andere pos Wirkungen von Scham da? Und s.u.: Krankh dubios –Heilung auch, acute severe –hier eher pos, unten neg/nicht behandelbar //viel Besserung, Scham schwächer als controls, Zufr eher hoch, mit Scham weniger; nicht so gravierende Krankheiten**

Kleinman,A/Sung,L: Why do indigenous practitioners successfully heal, in: Social Science and Medicine 13B, 7-26, 1979
Bericht: K interview 10 Schamanen, beobachtet 25 Scham, 500 patients: **ein halb Gesu-probleme(acute not severe upper respiratory gastrointest Rückenschmerzen arthritis, viel Körpersymptome von psy Kra _-Depr Angst hysteria Neurose) , ein Viertel personal family problems, einViertel business financial social problems (fate feststellen, ändern) ;** Scham macht crisis management, /drei Viertel F (kommen für M, Kind zT), lower class, edu minus,/**Kra: keine psychol symptoms, selflimiting oder minimal sickness, chronic disorders, somatiz , nix Lebensbedrohliches,** /Scham sagt er kann chron Schizo nicht behandeln, überweist sie an psychiatic hospitals, (Taiwan folk rel –Mischung Budd/Taoism) Scham –Trance, Götter reden durch ihn,seine Heilkunst ist abh von Göttern, von denen er possessed ist, hat Assistent, der sein Verh während Trance deutet, -manche reden mit pat viel, manche machen ritual, manche geben chines Pflanzenmedikamente, Kra von Göttern, Ahnen, fate verursacht/z.T. hohes Eink, Misstrauen- Scharlatane, Furcht –Zauberer, /eigentlich sollte er kein Geld verlangen – Götter wollen save world/people, müssen Krankh gehabt haben,die sonst nicht behandelbar ist und possession of God heilte sie, (China: Geisteskra stigmatis –man hat so was nicht, nur somat Symptome; diese werden behandelt –verkleidete Psychotherapie) Götter Geister sind Urs für Kra, pat glaubt, God and man(andre Behandlungen, Kräuter, Anweisungen) heilen beide, pat versteht Handlung/Verh von Scham oft nicht,Scham, den Autoren beobachten –anders als andere:hat cult, 100 Anhänger, die auch trance machen z.T. und heilen, er wirbt neue Mitgl an –Gesundsein am besten per Trance und Schreinbesuch, dessen Götter helfen, Mitgl: viele F die von psych Beschwerden geheilt sind, dafür aber oft im Schrein sind, dort schlafen z.T. (neurastehnia, hysteria)/jede Nacht 10-30 patienst, 20-30 cult members, 1 Std Heilung, dann Trance der Mitgl,

tanzen, pray, singen, jump, glossolalia, sehr emotional, sexuelles Verh, viel socializing, hören Kranken zu, deren Angehörige ermutigen, erzählen Heilungsgeschichten, Scham ist freundlich /Behandlung –pray Weihrauch anzünden werfen von divination blocks –ob Gott antworten wird, Scham geht in Trance, redet kaum was, gibt ashes to drink, charms to eat or wear, herbs food therapy Chinese medicines –sagt pat ist geheilt, entfernt Krankh aus dem Pat per Bewegungen,oder er soll wiederkommen und trancen, dann: pat bleibt, cult members massieren ihn, geben divine advice, animieren zur Trance, hören zu, fühlen mit, opfern Göttern,
12 pat(8 nach Behandlung nicht erreichbar –3 verweigern –wohl neg) -10 davon zumindest teilweise effective Behandlung**(Beurteilung durch K: 7 auch bei westl Doktor, zweimal Heilung von somatiz, einmal besseres Verh/familiar problem besser, einmal psy/family gains, einmal etwas weniger pain, einmal worsening of symptoms, aber happiness mehr, zweimal besser –gleichz Antibiotika, zweimal spontane remission/selflimiting Kra; //keine eindeutige körperl Heilung wegen Schamane – aber 4mal Kranhk weg (Antibiot/sowieso weg von Natur aus), 2mal somatiz weg, 3mal psychol besser, einmal vielleicht Schmerz besser; unsicher, ob überhaupt sickness da war –self limiting, somatiz, minimale Beschwerden/ no evidence that biol based disease was effectively treated) Nierenentz und Depr nicht geheilt – subj und K;**
Vp sagen: Vorsicht vor neg Beurteilung-das ärgert die Götter, die man braucht, rezidiv ist Test der Götter//**Scham denkt: alle geheilt –die, die er fragt im Schrein sagens, die die nicht mehr kommen – er denkt sie sind gesund, er hat Gott der Kra verursacht dazu gebracht,sie zu beenden –Symptome können noch da sein ein Weilchen/pat selber: 5 denken (partially) effective, 5 effective (nicht pat selber –weil infant/behindert)**
15 andere Fälle -4 chronic cardiac chest dis, 6 mild moderate viral like dis –self-limiting, 5 somatiz, 100 Fälle: non lifethreatening, chronic dis, psy und social problems management, self limiting, somatiz, -solche Fälle auch die Hälfte bei Western physicians, pat satisf dort geringer, Effizienzschätzung gleich, /**severe acute disorders –Scham nicht zuständig,nicht hilfreich(so pat, so Evidenz) (vgl oben anders)** ,
Kra –severe acute zu Western-arzt, chronic disorder West/Scham, self-limiting somatiz mehr bei Scham, allermeist: Vp oder Scham schicken Problematisches zu WesternArzt,/**Behinderte und austherapierte Krebskranke –bei Scham, active treatment, Angehörige/Vp fühlen sich besser, haben active social life,**
Schamanen heilen vieles, das aber nicht severe acute ist(Kleinman 1 anders)–aber Vergleich mit Westen schwer/keine eindeutige körperliche Heilung (von biol based disease), self-limiting disease, Parallelbehandlung/besser leben mit Kra, Stabilisierung, Seele geht's besser, wirkt so gut wie Psychiater, heilt somatiz, ziemlich hohe Effizienseinschätzung (K 1 und K 2)

R Gl Gesu) Klemmack,D et.al.: A cluster analysis typology of religiousness/spirituality among older adults, in: Research on Aging 29, 163-183, 2007

Viel Ne rural, NORA- spent time in prayer medit Bible study; I – In my life, I experience the presence of the Divine (i.e.God), my religious beliefs are really what lie behind my whole approach to life, I try hard to carry my rel over into all other dealings in life, /clusters – strongly rel: Kg pray att plus 529; moderat rel –etwas weniger Kg/pray/I 82 ; minimally rel (alle drei minus -26 VP), nur I -62, pray/I pos, Kgminus -123, pray I pos, Kg mittel 157;; ; (nicht Kg ohne I oder pray, nicht pray ohne Kg I usw) //Vergleich nach: how impo is your rel faith or spir to you –strong mehr als moderate/pray I mod und wenig Kg mehr als nur I mehr als minimal; // smoke, use alc neg, SF 12 health –kurvi Trog: viel und wenig identisch; srh –

pray I pos, strong ziemlich gleich minimal(inText anders: strong und minimal pos) ADL strong weniger, dann Buckel, minimal aber etwas mehr; IADL –kurvi Buckel; life space mobility strong klar pos, physical performance klar pos, Depr kurvi Buckel, strong gleich minimal; moderate rel wenig Diff zu strong und minimal; nicht gezeigt: pain 3mal, hospitaliz comorbidity ns

7 Punkte (1 sample, 5,5 Messung, 0,5 stat) **Graduierte Rel-messung (Kg pray I viel vs wenig davon) –smoke use alc minus, SF health kurvi Trog, viel gleich wenig; srh –kurvi Buckel (Text: strong gleich minimal, beide gut, also Trog), ADL –strong besser, Buckel, minimal negativer als strong; IADL –kurvi Buckel, minimal gleich strong; life space mobility und physical performance strong klar pos //z.T. strong rel gleich minimal rel, dazwischen negativer (3 mal), 5 mal strong besser; Zusammenhänge meist ns ! moderate kaum anders als strong; minimal 26 Vp, comorbidity,hospitaliz pain 3 mal ns** R Gesu

(unter 5) **graduierte Relmessung zu Depr (zu mh SF 12 analog) kurvi Buckel, strong und moderate rel (bei pray I Kg) gleich minimal rel, (wenig pray I Kg) minimal 26 Vp, andre (pray, I und wenig Kg, pray I und kaum Kg, pray Kg kaum, I pos) mehr Depr; -stark und schwach gleich, Mischverhalten neg,** R Gl

Knopik,V et.al.: Genetic effects on alcohol dependence risk: re-evaluating the importance of psychiatric and other heritable risk factors,in: Psychological Medicine 34, 1519-1530, 2004

Austral Twins, Messung nach DSM-IV alc dependence; 30 J, 11 % no aff,
Alc dep : K plus, no nsplus, other nsminus, Bapti Meth minus, (Anglican Presby Uniting ns ?), Kg minus, (evtl mv Cox regression: gender edu, depr, conduct disorder, panic disorder SmV soc anx childhood sexual abuse) Erblichkeit ca 53%, (bei Ko von obigenFaktoren und Pers 0,45)

6 ? Punkte (3 sample, 2 Messung, 0,5 mv ?, 0,5 stat**) Kg neg zu alc dependence, K pos, no nspos, other/Anglican/Pres/Uniting ns, Ba/Me/orthodox neg; (Erblichkeit ca 53 %)**

(R Gesu,Gl) Koenig,H: Use of acute hospital services and mortality among religious and non-religious copers with medical illness, in: Journal of Religious Gerontology 9,1-21, 1995a

Follow-up 14 Monate; M unter 40 und über 64, ss frequency of interaction, size of support network, sat with support Cr 57!,
open ended question how Vp coped with his illness; visual analogue scale –extent to which Vp found rel beliefs/activities helpful in coping with sit (most important thing that keeps me going) , interviewer rating –how much Vp appeared to use rel as a coping behavior (in Diskussion how rel is helpful bei coping, Erfahrungen mit ihr in this regard, in spontanen Aussagen zu Item 1 und 2), rel coper: spontane rel Antwort, 9,5 von 10 auf scale, 9 or 10 rater Beurteilung;
/health care utilize nach Aufnahme bis letztem Klinikbesuch-length of initial hospitaliz, number of days hospitalized in follow up, number of admissions in dieser Zeit;/outpatient clinic attendance -nur bei 52 Vp –appointments die nicht wahrgenommen und nicht abgesagt werden –no shows;

Survival time –first day of admission bis Tod; if survival status is unknown –last clinic visit (?)

Rel copers –alc use minus, diagnosis of cancer nspos, ADL ns, severe medical illness –ns, cognitive status ns, hospital days ns neg, admissions neg, hospital days neg (mv demogr,past psychiatry, alc, ss, ADL cognitive status,cancer, depr), lost to follow up neg, no show neg, mort ns, (24,7 –vs 23 % -ca 24 vs 27 Vp sterben, mv nur 238 Vp –von 1011 ?-ns; es wirken nur cancer und cogn status, edu verh occ inc live alone ss alc ADL depr alle ohne Wirkung !) evtl gehen die nonrel copers woanders hin zur Behandlung (vgl no show) und sterben dort

8 Punkte (1 sample, 3 Messung, 2 mv, 0,5 stat, **1,5 Panel) rel coping ns zu mort (dubios), zu alc minus, ADL, severe medical illness, cogn status ns, hospital days neg, admissions neg** R Gesu

(unter 5) **Rel copers –depr minus (unter 40, über 65),** R Gl

R Gl, Gesu, Krim) Koenig,H: Religion and older men in prison, in: International Journal of Geriatric Psychiatry 10,219-230, 1995b
57 J, (viel drug charges, 8 J Strafe, 70% white, 37 % psychiatric problem, jeder hat 3 chronical medical problems, 24 % depr, 3 % raised none, jetzt 8, rel very impo für mother 64, father 33, 82 % switch, mP plus, Ba minus) how often do you attend church or other rel meetings, spend time in private religious activities –pray/medit/Bible study, ever had a rel experience that changed your life ,/coping-Frage nach most impo factor that enables Vp to cope –wenn rel Antwort: 10 Punkte, rate extent to which rel has been helpful in coping, und Interviewer –rating extent to which inmate uses rel as a coping behavior
(78 % Jesus Gottes Sohn,entspricht Vergleichsgruppe alter Patienten, Intr/coping ist etwas geringer,E etwas mehr, 32 % rel Erf/Gebet jeden Tag; 76 %-exp helped to cope, 100 % pos Einfluss auf Leben; Kg entspricht M in surround, Gebet ist mehr; switching doppelt so viel wie Bev)

Korrel (kaum was sign, weil N zu klein,desh angegeben von mir) security level –belief in God neg, Kg neg, pray sign neg, I neg, rc ns, /more than one charges –belief pos sign, Kg ns, pray ns, I neg, coping neg, (rel Items pos zu robbery/theft, neg zu drug), prior prison terms –belief neg sign , Kg , pray , I , rc alle neg,/length of sentence –belief nspos, Kg pos, pray neg sign, I neg, rc neg; months previous imprisoned – alle außer rc(ns) neg, I sign, violation of parole –belief neg, Kg nsneg, pray pos, I nsneg, rc ns, disciplinary actions –belief ns, Kg neg, pray neg, I neg, rc neg;

4,5 Punkte (0,5 sample, 3,5 Messung, 0,5 stat) **rel Items meist passend neg (aber ns weil N zu klein, 2 pos, 3 ns pos, 5 ns, 21 nsneg, 4 neg) zu: security level, more than one charges, prior prison terms,length of sentence, months previously imprisoned, violation of parole, disciplinary actions** R Krim

(unter 5) **Number of physical symptoms –ns, außer: Kg neg, severity of chronical medical illness alle ns, severity of medical illness pray pos,** R Gesu

(unter 5) **Depr –no aff pos, raised by caretakers with no aff, Pe minus, raised by Pe caretakers minus, impo of rel for caretaker neg, belief neg, Kg neg, pray nsneg, I neg, rc nsneg**, R Gl

(R Gl, Gesu) Koenig,H/George,L/Blazer,D/Pritchett,J/Meador,K: The relationship between religion and anxiety in a sample of community-dwelling older adults, in: Journal of Geriatric Psychiatry 26, 65-93, 1993

Wave II,NIMH Epidemiologic Catchment Area survey Piedmont area NC, Alte über 60, 62 % cP, 69 born again, 88 % rel very impo, simple phobia, social phobia, OCD, panic disorder, agoraphobia, PTSD, generalized anx disorder, (summary ohne allg Angst und PTSD) /go to religious meetings or services, spend time in private rel activities –prayer, meditation, Bible study; watch rel services rel programs on TV listen to them on the radio, how impo is rel to you, are you a born again Christian/have you ever had any rel experience that changed your life;
Kg –ns zu parent home unstable; alc dependence neg, chronic health problems/impaired function(ADL) neg, (alc –pray neg, TV/impo/born again ns; Gesuprobleme –pray/TV/impo plus !, born again ns pos) /
Angst Summe –Kg neg, TV pos, pray ns, impo ns pos, born again ns pos, Pe ns pos, cP ns pos, /mv age sex race parental stab SES residence location–dasselbe, alle rel Items außer Kg stärker ns; //ss verh dazu –Kg ns neg, ; auch wenn nur chronic ill dazu ohne ss –Kg nun ns neg; /neg life events, alc, chron krank dazu alles komplett ns, //in Tabelle 4 anders (auch Text anders –born again pos, Pe cP pos) –TV ns neg , pray ns pos, impo, born again ns pos, cP mehr Angst als mP, Pe sogar sign mehr;//Korrel zu lifetime anx nicht anders //Summenindex Kg/pray/TV/impo –(4-24: low ist 4-15 !) ns zu anx,

6 Punkte(2,5 sample, 3 Messung, 0,5 stat) **Kg neg zu alc dependence , chronic health problems, ADL; pray TVradio rel impo pos, born again ns pos zu chronic health problems, pray neg zu Alk, impo born again rel Tv ns** R Gesu

7,5 Punkte (2,5 sample, 3 Messung, 1,5 mv, 0,5 stat,) **Kg neg zu anx mv (bei Ko von Gesu oder ss ns neg), TVradio rel pos(ns schon bei demogr), Rest pray impo born again, mv ns –auch Pe, cP, /andere Methode: Pe born again pos; relTV nsneg- einiges unklar), Summenindex rel -4 Items ns zu Summe von Angst (nicht mv untersucht; ceiling -88 % very impo) Kg anders als andere Items –auch ns zu SES, impo,rel TV, born again neg**

Koenig,H/George,L/Cohen,H/Hays,J/Larson,D/Blazer,D: The relationship between religious activities and cigarette smoking in older adults, in: Journal of Gerontology Medical Sciences 53A,M426-434, 1998

EPESE Duke site, halb rural, oversample black, T 1 73 J, 54 Ne, 59 % Ba, T1 1986 (4000), T 2 89(3152), T 3 1992 (2396)
(attr 40 %) Kg, pray meditate Bible study, rel Tvradio, /T 1 heart problems, hypertension, diab, stroke cancer, arztbeurteilt, /smoke cig regularly now, ever smoke cig regularly, how many cig per day usually smoked, how old when first began smoking, when last smoked cig regularly /number of years smoked multiplied by average number of packs of cig smoked per day (20 cig per pack) (mv demogr,alc use,phys health, T1 smoke/T 2 smoke)

T 1 Kg –neg zu T1,2,3 smoke, T2 Kg neg zu T2,3 smoke, T 3 Kg neg zu T3 smoke; pray identisch; rel TVradio – ns; (sign Korr T1-T1 T2-T2, T3-T3, Rest nsneg, auch klar)//Kg und pray zus –sehr große Diff T 1 /Korrel zu pack years von current und former smokers –Kg neg, pray neg (mv nsneg) rel Tv neg (mv ns) /bei Rauchern –Kg senkt Zahl der gerauchten Zig (s.o. T1 zu T2 etc - 6 mal, mv 1mal, 5 mal nsneg) /pray -4 von 6mal neg, mv 1mal neg; rel TVradio – 6mal neg, mv 2mal neg;
Kg –never smoked plus, quit smoking ns, currently smoking minus (mv), pray dto, außer: weniger quit, rel TVradio –never smoke plus, quit neg, currently smoking ns, (also: eher never smoke als quit-aber quit-Möglichkeit auch geringer) T1-T2/3 smoke change –Kg relTvradio ns, T 1 pray – kein smoke in T2 (stop, continue not to) ,

8,5 Punkte (3 sample, 3 Messung, 1 mv, 0,5 stat, **1 Panel) Kg prayBiblemedit und rel TVradio vs smoke –jetzt, früher, Menge (auch bei Rauchern) , Panel: T1/T2 zu T2/T3 –Kg pray neg zu regular smoke; rel TV ns; quit: Kg ns, pray/rel TV neg,**
Kg rel TV ns zu change zu smoke in Panel, pray neg,

Koenig,H/George,L/Larson,D/Cohen,H/Blazer,D: The relationship between religious activities and blood pressure in older adults, in: International Journal of psychiatry in medicine 28, 189-213, 1998

Establishment of Populations for epidemiologic studies of the elderly (EPESE) Duke Univ site, halb urban, halb rural mehr Blacks, 59 % Bapt; T1 -86, T 2 -89/90 –attr ca 20 %, T 3 -92/93 –attr ca 25 % , Alte, /rel activity –att at rel meetings/services, pray,meditate,Bible study, watch TV listen rel radio, /doctor ever told you you have high blood pressure/ currently taking blood pressure medication, danach 2 Bd-messungen, nur die zweite verwendet,
Korrelationen sehr schwach, aber auch ns-Korr meist in richtige Richtung (alle Korrel bei Gesamtsample: 10 neg, 15 nsneg,14 nspos, 9 pos), bei diast stärker, syst oft ns,
Told hyp –Kg in T3 neg, sonst ns, pray etc –T1,T2, T3 pos (Ko von gender :ns) , rel TV/radio dto,(Ko von demogr, smoke ADL BMI alles ns außer Kg T1 und rel Tvradio T 1),
Ne: Messung –Kg neg (2 von 3), pray neg(2 von 3), rel TVradio ns; Panel –Kg neg, ; pray neg, rel TVradio ns(zus: Kg -7 von 12 neg, pray 5) ; jüngere –Kg neg (5 von 12 sign), pray neg(4 von 12 sign) rel Tvradio nspos,
T1/T 2 rel zu T3 Bd –told hyp –Kg zu T 2 neg, T3 ns, Kg T2 –T 3 ns, pray –zu T2 pos, T 3 ns, T 2 zu T3 nspos, rel Tvradio –zu T 2 pos, zu T3 pos, T2 zu T3 pos,
Messung: Kg zu T2/3 ns, T2 zu T3 ns, pray –zu T2 neg/ns, zu T3 ns, T2 zu T3 neg/ns; rel Tv radio –ns
T1-T1: low Kg/low pray vs high/high –größere Diff bei diastolic (40 %), mv
Kg –been told hyp –nehmen Bd-Medikament eher (T 1 –T1), pray T1 mehr Medikament in T3, pray T2 mehr Medik in T3 (Ko von Medik T1 ns)

9 Punkte (3 sample, 2,5 Messung, 1,5 mv,bei, 0,5 stat**, 1,5 Panel) Kg eher ns/neg, pray bei told hyp pos (Ko von gender: ns), bei Messung diast neg, rel TV- told pos, Messung nsneg, (Gesamtsample: 10 neg, 15 nsneg, 14 nspos, 9 pos) mv weniger sign, fast alle ns, aber Überko; Diff bei Ne Jüngeren v.a., white Ältere kaum/bei Panel etwas schwächerer Zusammenhang (Sign 19:5 vs 7:11); Kg und pray zus – stärker wirkend (mv, bei Ne, Jüngeren), Kg nehmen in T1 eher Medik bei Hyp, pray T1 dto in T2/T3 (bei Ko von T1 Medik ns), aber Kg-wirkung bei denen mit und ohne Medik da, /kein Wandel in syst Bd da, bei diast schon –desh dort auch Korrel eher da,**

Koenig,H/George,L/Meador,K/Blazer,D/Ford,S: Religious practices and alcoholism in a Southern adult population, in: Hospital and Community Psychiatry 45, 225-231, 1994

Piedmont Epidemiologic Catchment Area Survey,
alc abuse/dependence , DSM –III, prayer/meditation/Bible study, watch religious services or religious programs on television or listen to them on the radio, Kg, impo of rel, born again, mv demogr/health status (one or more chronic illnesses)
(mv) Vp mit alc disorders (past six months 88, lifetime 280) -born again Kg neg, impo ns, prayer plus bei last 6 months neg, lifetime nsneg; rel TV pos//unabh vom Alter –bei 18-39 Diff stärker/alc höher,/denom incl no bei 6 months ns, bei lifetime Pe mehr als no, (born again nicht: lifetime mehr alc –also keine converts, die trocken werden, bei Pe schon)
6 Punkte (2 sample, 2,5 Messung, 1 mv, 0,5 stat) mv**) Vp mit alc disorders -born again Kg neg, impo ns, prayer/medit/Bible study bei last 6 months neg, lifetime nsneg; rel TV pos//unabh vom Alter –bei 18-39 Diff stärker/alc höher,/denom incl no bei 6 months ns, bei lifetime Pe mehr als no**

(R help, Gesu, Gl) Koenig,H/George,L/Titus,: Religion, spirituality, and health in medically ill hospitalized older patients, in: Journal of the American Geriatrics Society 52, 554-562, 2004

rr 67(aber vorher schon viele nicht dabei, zu krank oder nicht mehr aufgetaucht) ; Level of cooperativeness –von research nurse beurteilt, ADL- personal care, ambulation,household tasks recreational activities, observers rating of severity of illness, cumulative illness rating-severity of impairment of 12 major organsystems observer, /
ORA-Kg und particip an rel group activities –Sunday school, Bible study groups, prayer groups, /NORA-pray, read Bible or other rel lit, /spir –self-rated, self rated rel not spir/spir not rel/rel und spir (88%) , keines von beiden//observer rated spir –reliab 0,39, rel -0,47; mv demogr//ss – rel aff ORA NORA I self rated spir/rel spir und rel,observer spir/rel DSE pos, rel TV, rel not spir ns, spir not rel neg, weder spir noch rel neg, //
Depr –ORA NORA I self rated spir, observer rel DSE neg, Rest ns und: weder sp noch rel pos,//cogn function –NORA observer spir/rel DSE pos, Rest ns,selfrated rel neg, //cooperation –rel aff,ORA,NORA,rel TV I observer spir/relDSE pos, Rest ns//(öfters wirkend: DSE observer rel/spir, ORA NORA (I), wenig: rel TV, self rated rel, rel not spir, spir not rel,spir and rel, neg: weder noch;
ADL –Kg , relnot spir pos,I TV spir und rel neg,//srh –rel not spir pos, weder noch neg; //observer rated illness- Kg relnot spir observer spir/rel pos, weder nochneg; cumulative illness –Kg pos; comorbidity –TV weder noch pos, observer relspir neg; //Wirkung hier: ORA rel not spir, Rest kaum, weder noch neg; (Gesamtwirkung: **ORA, observer rel spir DSE NORA ; weder noch neg;**

8 Punkte (1 sample, 5 Messung, 1 mv, 1 stat) **rel Items zu cogn fu pos 6 ns, 4 pos, 1 neg), ADL (7 ns, 2 pos, 2 neg), srh -10 ns, 1 pos; observer rated health – 7 ns, 4neg;**

cumulative illness-10 ns, 1 neg; comorbidity –ns; **(Korrel zu bekannten guten Items: ORA NORA I spir und rel vs weder noch, DSE – cogn fu: 2 von 5; ADL -1 pos, 2 minus; srh -1; observer rated health -2 pos; cumulative ill -1 pos, comorbidity 1 pos)(zus: 40 ns, 7 pos, 7 neg) –Kannib** R Gesu

6 Punkte (1 sample, 3 Messung, 1 mv, 1 stat) **rel Items zu Depr: aff ns, weder spir noch rel pos, /Kg nonorg I srspir observer rel DSE neg, observer spir nsneg, srr nsneg (7 Items, alle 5 bekannten) (1 ns, 2 nsneg, 6 neg) (trotz Kannib)** R Gl

7 Punkte (1 sample, 4 Messung, 1 mv, 1 stat) **viele rel Items pos zu ss (10, rel TV ns) und cooperation mit Interviewer(8)** R help

Koenig,H/George,L/Titus,P/Meador,K: Religion, spirituality, and acute care hospitalization and long-term care use by older patients, in. Archives of Internal Medicine 164, 1579-1585, 2004

T 1 -Patients über 50, 40 % Ne, (ohne severe illness, cogn impairment, hearing loss –aber 19 % proxy –also von andern beantwortet) , rr67 (auch für follow up) , admitted in Duke Univ Medical center Aug 98-April 02, nach 3-6-9-12 Monaten nochmal Interviews, T1 –rel affil, T 1 und rest: org rel –attend at church or rel meetings, partic in other rel group activities-Bible study prayer group; pray ohne mealtimes, read Bible/other rel lit, /rel Tvradio, srr –not rel at all –very rel, /spir –I am not spir at all –very spir; spir –not rel usw, DSE (T1)/
how many days spent in a hospital/how many times hospitalized 1 J vor T1, und in T2-T 5, length of stay at Duke –zusammen: 24 Monate um T1 rum, /LTC -days spent in nursing reha home, 3 Monate vor Duke und 12 danach,
Length of stay in hospital –Kg neg, bei Ko von fu health,phys illness ns (auch prospektiv : Kg T1 zu follow up stay bei Ko von vorherigem hospital stay ns bei controls) alle andern rel Items ns (nicht gezeigt) self rated rel/spir but not rel usw ns;

Number of days per month spent in long-term care /LTC-–mv demogr: affil neg, org rel neg, nonorg neg, rel Tvradio neg, I ns, srr ns, srspir neg, spir and/or rel ns, DSE neg,(gilt nur für Ne und F, nicht für M und whites, aber gilt bei Ko von MF race !) , ss/depr/mari stat dazu – nonorg/rel Tv wirkt noch, phys health dazu –dto; prospektiv –nonorg, rel Tv DSE neg zu LTC bei Ko von LTC in T1, bei Ko von phys health und ss(bei F und Ne)

10 Punkte (1 sample, 3,5 Messung, 3 mv,bei, 1 stat, **1,5 Panel) length of stay in hospital neg zu Kg, viele andre Items ns, nicht gezeigt; Ko von Gesu-dann ns; prospektiv mv ns bei Ko von T1 stay; days in longterm care –affil/org/nonorg/relTV DSE neg, I srr spir 2 Items ns (nur F und Ne, aber bei Ko von MF race !?//Kannib) mv nur nonorg/rel TV!(ÜberKo), prospektiv – nonorg rel TV DSE neg (Ne F) bei Ko von T1 LTC;**

(R Gesu,Gl) Koenig,H/Hays,J/George,L/Blazer,D/Larson,D/Landerman,L: Modeling the cross-sectional relationships between religion, physical health, social support, and depressive symptoms, in: American Journal of Geriatric Psychiatry 5, 131-144, 1997

Duke EPESE

Gebet, meditation, Bible study (ein Item), watching rel TV/listening to rel radio,

Subj health, ADL, Krankheiten (Herzprobl, Hypertonie, Diab stroke Krebs;

Social network –Friends, contacts; instrum support (practical help received von family friends), subj ss-support is satisfying adequate,

CESD - 4 Teile somatic, wellbeing/PAS, depr, interpers sensitivity,

rel TV zu Kg ns, zu Gebet 0.19, Rel – good health (3 Items) pos, Depr ns,ss pos, Kg – good health pos, Depr minus, ss ns , Gebet bible –Gesu minus, Depr ns ss pos, Rel TV –Gesu minus Depr plus, ss ns (alles mv age sex race), Kg zu Depr –mv obiges und Gesu ss – Wirkung bleibt; selbe controls: Gebet ns minus, rel Tv ns plus,

7 Punkte **(**3 sample, 2 Messung, 1,5 mv, 0,5 stat)**Depr –Kg neg, Gebet/Bible ns, rel TV pos (mv Kg pos, Gebet nsneg, rel TV nspos** R Gl

6,5 Punkte **(**3 sample, 2 Messung, 1 mv, 0,5 stat**) Gesu –Kg pos, Gebet neg, rel TV neg** R Gesu

(Rpos,Gesu,Gl)Koenig,H/Hays,J/Larson,D/George,L/Cohen,H/McCullough,M/Meador,K/Blazer,D:Does religious attendance prolong survival ? A six-year follow-up study of 3968 older adults, in: Journal of Gerontology Medical Sciences 54A, M 370-376, 1999

Vp über 65, EPESE Duke site, T2 nach 6 J, 3968 Vp, 1177 sterben; zwei Drittel cP, about how often do you go to religious meetings or services, physical ADL –bathing dressing eating getting from bed to chair toilet use; instrumental ADL –traveling shopping preparing meals, doing housework managing finances; strength/endurance ADL – able to do heavy work around house, walk up and down a fligt of stairs, walk half a mile, chronic conditions –broken hip, cancer diab hearing problem vision problem Hyp, shortness of breath stroke) /alc –how often beer or ale ,wine, liquor; -20 drinking occasions vs weniger;

6 Punkte (3,5 sample, 2 Messung, 0,5 stat**) Kg – edu pos, social network pos, supportive confidants pos, satisfaction with support ns, help received nsneg**, R pos

13 Punkte (3,5 sample, 3,5 Messung, 4 mv,bei, 0,5 stat, **1,5 Panel**) **Kg – impaired function ADLs neg, chronic conditions neg, srh –pos, smoking neg, alc neg,weight ns, mort minus (mv age edu ethnicity gender, health conditions –incl depr; social connections verh, health practices) bei F stärker, M auch sign** R Gesu

5 Punkte (3,5 sample, 1 Messung, 0,5 stat) **Kg –depr neg** R Gl

Koenig,H/Larson,D/Hays,J/McCullough,M et.al.: Religion and the survival of 1010 hospitalized veterans, in: Journal of Religion and Health 37, 15-30, 1998

1987-89 T1, 1996/97 T2, M unter 40 und über 65, 323 black, admitted to general medicine or neurology inpatient services at VA Medical Center (nicht intensive care, cogn impaired, severe medical illness, communication problems preventing evaluaion),
rc –what enables you to cope with the stresses in your life, such as physical illness and other stresses, /rate on a visual analog scale-extent to which Vp used or found rel beliefs or activities (pray, Kg) helpful in coping, interviewer rating how much Vp used rel to cope (viel rc – rel Antwort bei 1, visual analog 9,5-10, interviewer rating 9 or 10) /673 sterben

8,5 Punkte (2 sample, 1,5 Messung, 3 mv, 0,5 stat, **1,5 Panel) Mort –lib P ns, mod Pns pos, cP pos, bP K nsneg, Fundam/evangelical nsneg, no aff nsneg, rc ns**
mv (demogr, ss, depr, psychiatric history, physical functioning, medical diagnoses, alc) rc und aff ns (mv haben alle rel aff weniger mort als no aff, aber ns; ss inc edu depr wirken auch nicht)

(R Gl, Gesu) Koenig,H/Moberg,D/Kvale,J: Religious activities and attitudes of older adults in a geriatric assessment clinic,in: Journal of the American Geriatrics Society 36, 362-374, 1988

Adults seen by physicians in geriatric assessment clinic, 5 % no aff, F 72, age 74, (mehr obj als subj health excellent) (org rel – Kg, adult Sunday school, Bible study, prayer group, /nonorg – pray, read rel lit, rel TVradio /health – physician assessment, medical chart of Vp, medications, /illnesses- hypert (160/90 plus oder Arznei), cancer (letzte 10 J oder jetzt) dementia, history of psychiatric illness –letzte 2 J mit psy diagnosis,/
recognition of old testament prophets no errors on 3 of 6 names - 34 % (wenig) (nichts ist so wichtig wie serving God as best as I know now, try hard to carry my rel over into all my other dealings in life, -aber auch: obwohl ich rel person bin, I refuse to let rel considerations influence my everyday affairs 42 % !, it doesn't matter so much what I believe as long as I lead a moral life 48) (N unter 100, nur 7 Demente 8 Krebs - desh Sign gering) viel coping Glaube – rely on rel bei dealing with stress, pray helps bei coping mit stress, God source of strength support (70 %)

5,5 Punkte (0,5 sample, 4,5 Messung, 0,5 stat) **Org rel –srh nspos, obj health ns, cancer minus, hypert ns minus, dementia nspos, smoke alc neg;**
Nonorg – srh ns neg, obj health neg, cancer neg, hypert ns, dementia nspos, smoke alc neg,
I – srh nsneg, obj health nsneg, cancer nsneg, hypert nsneg, dementia ns pos, smoke alc neg
R Gesu

3,5 Punkte (0,5 sample, 2,5 Messung,0,5 stat) **Relationship with God helps prevent loneliness - 81 %, feel most fulfilled when in close communion with God 85 % Org rel/nonorg rel/I – chronic anx nsneg, depr ns neg** R Gl

R Gl Gesu help) Koenig,H/Pargament,K/Nielsen,J: Religious coping and health status in medically ill hospitalized older adults, in: Journal of Nervous and Mental Disease 186, 513-521, 1998

Patients ,rr73, 38 % Ne, how often do you attend church or other religious meetings, how often do you spend time in private rel activities such as prayer, meditation or Bible study, other than going to religious meetings, how important is religion to you ? pos rc –u.a. incl collab, rel helping active rel surrender,rel purification seeking rel direction rel conversion rel distraction (unklare Inhalte), neg rc –u.a. self directing, passive rel deferral, marking rel boundaries//quality of life –general activity, functioning, ss, health, psychological functioning/spir growth- I have grown closer to God, I have grown closer to my church, I have grown spiritually;
Pos rc -4,6-7,9 (O-9), neg rc 0,7-2,5 außer marking rel boundaries 3,6 plead 4,9) / mv demogr -pos rc kaum zu illness severity, subject health, ADL, cogn function, 4 pos zu medical diagnoses;(6 von 60 sign) neg rc -15 von 45 neg, Rest ns;punishing –decide God was punishing me for my sins, wondered what I did for god to punish me, felt punished by God for my lack of devotion /spir disco –abandon, question Gods love anger atGod und prayed for miracle, bargained, pleaded/ /Kg –medical diagnoses, illness severity neg, subj health pos, ADL neg, cogn fu ns,(Gebet und impo ns)(auch weltl coping ns- active ss planning growth !!),
mh (mv demog und medical illness severity) –Depr –benev reap ;collab; seek support from clergy church members; rel helping (Fürbitte spir help for others) neg; rel forgiveness seeking rel direction pos (Inhalt?) ,neg rc 8 von 9 pos; Kg minus; Gebet und impo ns//Lqual-seek support, rel helping seek spir connection pos, 6 andere ns; neg rc 6 von 9 neg, Kg pos, impo/private ns; stressrelated growth (Park) pos rc alle pos, demonic deferral marking rel boundaries plead pos, reappr of Godspower, self directing neg, Kg impo private pos//spir growth –alle pos rc pos, neg: demonic deferral marking plead pos, interpersrel disco(church abandoned me..) ,self dir,reappr power of God neg; Kg impo private pos; (neg rc mit pos Wirkung hier häufiger) Interviewer rated cooperativeness –Kg impo privat pos, pos rc alle ps, neg rc: demonic marking plead pos, selfdir neg;
wohl kein Kannib , pos rc -4,6-7,9 von 9, neg rc 0,7-4,9; punish 1,5 demonic ns 2,5, reappr Gods power 1,1, passive rel deferral 2,1, self dir 1,6, spir disco 0,7, marking rel boundary 3,6, interpers rel disco 1,1, plead for direct interce 4,9

7,5 Punkte (1 sample, 5 Messung, 1 mv, 0,5 stat) **medical diagnoses, illness severity subj health ADL, cogn fu – pos rc bei Gesu 7 von 60 neg (active rel surrender, rel distraction, schwächer: rel purific, forgiveness; Rest ns; neg rc bei Gesu -15 von 45 neg, Rest ns; Kg 4 pos, 1 ns (co fu), impo of rel/private rel activities je 5 ns; spir disco, punishing reappr plead for direct intercession stärker neg,** R Gesu

7 Punkte (1 sample, 4 Messung, 1,5 mv, 0,5 stat) **zu Depr: 4 von 12 pos rc neg; 2 pos !, 8 von 9 neg rc pos, Kg neg, impo/private rel ns; Lqualität -3 von 9 pos rc pos, neg rc 6 von 9 neg, private rel und impo ns, Kg pos; stress-related growth –pos rc alle pos, neg rc 4 pos, 2 neg; spir growth –pos rc alle pos, neg rc 4 pos, 3 neg, (Selbsttäuschung –pos rc Items wenig neg zu Depr/wenig pos zu Lqu-aber alle pos zu growth; nur Kg ist realistisch//pos rc -7 von 24 richtig (benev, coll, seek support bei clergy/church member, seek spir connection, rel helping//seek spir support ns, seek rel direction falsch), Rest**

ns/2 falsch; (punish demonic interpers disco klar neg, plead schwach, spir disco self dir klar neg; mv demogr, illness severity R Gl

5,5 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat) **cooperativeness pos zu pos rc,alle, zu neg rc z.T., impo Kg private rel** R help

(R Gesu,Gl,pos) Koenig,L/Vaillant,G: A prospective study of church attendance and health over the lifespan, in: Health Psychology 28, 117-124, 2009
456 M aus Glueck-Studie, mit 14 zum ersten Mal befragt, most recent assessment mit 79, 59 % K, 8 % no, /Kg mit 47 –never occas monthly weekly/plays an important role; Tod mit 70; Arzbeurteilte Gesu-im Bett/Heim/needs help with self-care, chronic illness/disability, chronic ill ohne dis(hyp), minor problems (glaucoma obesity) excellent health – plus ADL plus years of disability zusammen ein Faktor, /
sat with work, children, friends,marriage und best score von community service,hobby or sport satisf; /controls für 1945 –edu class physical health ! (disability, chronic illness, minor illness. excellent health) mood –Befrager-rating very content/no complaint, good basically content/occas compl; fair moody ups and downs, poor depressed blocked;
Gesu-korrel ohne die, die gestorben sind, unklar wie viele (vielleicht 175, N in Analysen 131-417) Korrel zu Items im Alter von 70 - Kg 47: ADL neg, years of disab neg, physical health neg/Kg 32 –ADL minus, subj health minus, Kg 14 –ADL minus; (Polung unsicher, mal phys health, mal subj health da, phys health hier neg, in Table pos)//
Kg –smoke ns, alc abuse/dependence minus(Ausn 14), phys health mit 45 –ns, //obj phys health nspos/47 pos,subj phy health 14 ns, 32/47 pos;//mort ns (obwohl alc, edu class Gesu pos zu rel und neg zu mort sind), mv (health age 45, class edu depr mood alc smoke) –Kg 47 zu obj health mit 70 pos, bei Ko von 45 health pos, bei allen controls ns //Kg 47 zu subj health mit 70 –bei Ko von health 45 pos, bei allen controls ns
8,5 Punkte (1 sample, 3 Messung, 2 mv, 0,5 stat, **2 Panel)**
Kg mit 47: ADL neg, disab neg, phys health neg ?(evtl Irrtum) mit 32: ADLneg, subj health neg ?(evlt Irrtum) , mit 14 ADL neg, dann Summenindex daraus -nun obj phys health mit 70: –ns pos zu Kg 14/32, pos 47, subj health 70–mit 14 ns, 32 und 47 pos; phys health ns; zu alc abuse neg, smoke nsneg;
zu mort ns (obwohl: alc neg, Gesu pos, edu class pos) , mv Panel Kg pos zu obj und subj health, bei Ko von Gesu 45, nspos bei Ko von Gesu, class,edu mood alc smoke (ÜberKo) R Gesu

8 Punkte (1 sample, 2 Messung, 2,5 mv, 0,5 stat, **2 Panel) Depr mood –Kg minus (14,32,47), Zufr mit 70- zu Kg 14,32 ns ,zu Kg 47 pos //mv (s.o.) dto**, R Gl

2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **Kg –social class und edu pos** R pos

Kortt,M/Dollery,B: Religion and BMI in Australia, in: Journal of Religion and Health 53, 217-228, 2014
Household Income and Labour Dynamics in Australia (HILDA)
Catholic, Protestant (incorporating Anglican, Lutheran, Presbyterian/Reformed and Other Protestant), Non-Christian (includes Buddhism, Hinduism and Islam),Baptist, Jewish and Other Christian (includes Brethren, Jehovah's Witnesses and Morons).'How often do you attend

religious services? Please do not include ceremonies like weddings or funerals', religious importance, rel the least important thing (0) to the most important thing (10)
'In general, how often do you participate in moderate or intensive physical activity for at least 30 min?''Do you drink alcohol?' 'How often do you feel rushed or pressed for time?'.
M (mv age inc edu mar stat born overseas indigenous phys act drink smoke feel rushed, stress scale) –K pos, P ns, Ba pos J nspos oC ns pos impo und Kg ns; no ns
F: mv dto, K nspos, P ns, Ba ns, J nsneg, oC pos, impo neg, Kg ns, no ns

8,5 Punkte (3,5 sample, 2 Messung, 2,5 mv,bei, 0,5 stat) **BMI –(no reference) P ns, other Christian bei F pos, K bei M pos, Ba bei M pos J ns; Kg ns; impo bei F neg**

(auch R Gl) Kortt,M/Dollery,B/Grant,B: Religion and life satisfaction down under, in :Journal of Happiness Studies 16, 1-17, 2014

Household, Income and Labour Dynamics in Australia (HILDA) survey, 2004, 2007, 2010, ca 29 000 VP ,Panel ca 5900/All things considered, how satisfied are you with your life?'' ''Pick a number between 0 and 10 to indicate how satisfied you are'' -''the more satisfied you are, the higher the number you should pick''.// ''How often do you attend religious services? Please do not include ceremonies like weddings or funerals.'/''I seem to have a lot of friends''. ''How often do you get together socially with friends/relatives not living with you?'/controls –demogr, neg life events, srh, alos; /no aff 30,
mv – K Anglican other Chr pos, nonChr ns, demogr neg life events srh alos dazu –nur noch Anglican pos, K oC ns pos(in Dld K und P pos hier noch) ; Kg (pos) dazu –aff ns, friends/gatherings dazu –Kg wirkt noch; (edu inc neg !, in Dld nicht), „Panel" mit fixed effects –man nimmt dieselben Leute 2004, 2007, 2010 -5900 Vp –mit und ohne andre controls(friends gatherings sowieso dabei) Kg wirkt; (bei random wirkt Anglican auch sign), hier auch Hausman-Test pro FE; Kg pos zu srh –aber nicht in Panel-Analysis (anders als Dld),

7 Punkte (3,5 sample, 1,5 Messung, 1,5 mv,bei, 0,5 stat) **Kg pos zu Lz mv (auch friends gatherings), Anglican schwach pos; auch bei fixed effects Kg pos (trotz vieler controls), N entspricht Ost-Dld; bei random wirkt Kg auch;**
6,5 Punkte (3,5 sample, 1 Messung, 1,5 mv, bei, 0,5 stat) **Kg pos zu srh –aber nicht in Panel-Anaylsis, anders als Dld (Sinnewe)**

(R Krim, Gesu,Gl) Kraus,D: Mystische Erfahrungen und Psychoanalyse, in: Wege zum Menschen 54, 254-257, 2002
Hood Mysticism auf deutsch übersetzt, Korrel mit Freiburger Pers-inventar ns (Lebenszufr, Aggressivität, körperliche Beschwerden, Gesundheitssorgen, Emotionalität)
(unter 5) **Hood Mysticism ns zu Gesu-sorgen, körperl Beschwerden** R Gesu
3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Hood Mysticism ns zu Lz, Emotionalität** R Gl
2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **Hood Mysticism ns zu Aggressivität** R Krim

Krause,N: Neighborhood deterioration, religious coping, and changes in health during late life,in: Gerontologist 38, 653-664, 1998a

T 1 1992/93, T 2 96/97, attr 33 (Kg minus, male old not married Ne krank), srh –rate overall health, satisfied with health, health better than most people your age //fu disab –shopping, telefon, bathing, climbing stairs walking alone quarter mile, reach overhead, feed self, dress self usw) /neighborhood deterioration nur T2 Messung verwendet – Interviewer rating: Hausinneres physical condition, condition außerh, condition of home,other houses streets roads yards sidewalks,/
coping –when dealing with difficult times in my life, I get much personal strength and support from God, prayer helps me cope with difficulties and stress in my life, it is important to seek Gods guidance when making every important decision in life,/org rel –Mitglied, Kg, other rel activities –Sunday school, Bible study prayer group// nonorg -read Bible, listen watch rel programs,//
srh inT2 (mv srh T1, demogr, 3 rel Items, financial strain,neighborhood deter): Kg pos, nonorg und coping ns; Intera: bei wenig rc –deter neg zu srh, bei viel coping ns; /fu dis in T2 (mv s.o.)- Kg neg, nonorg und coping ns,

6,5 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 mv, **1,5 Panel) T 1 Kg pos zu T2 srh, ns zu fu disab mv, coping und nonorg ns (Kannib), Intera: rc puffert neg Wirkung von neighborhood deterioriation auf srh,**

Krause, N: Stressors in highly valued roles, religious coping, and mortality, in: Psychology and Aging 13, 242-255, 1998b

74 J, retired, rr69, T 1 92/93, T 2 96/97, 41 % M; 173 Vp sterben, 41 % M,/member of church/other place of worship, attend,participate in rel activities other than rel services, -like Sunday school classes Bible study group, prayer groups; //read Bible other rel lit, rel Tv/radio,// when dealing with difficult times in life, I get much personal strength and support from God, prayer helps me cope with the difficulties and stress in my life, impo to seek Gods guidance when making every important decision in life, /undesirable stressful life events in drei salient social roles, in nonsalient roles,
Mort –(mv –demogr, srh, ADL,stress in (non)salient roles) –org rel neg, nonorg ns, rel coping pos !, aber: drei-Wege-Intera da: bei viel und wenig edu –rel Items ns (org ns neg, nonorg nsneg/pos, rc nspos/pos); bei wenig edu: Intera mit salient role stress –neg Wirkung von salient role stressors auf mort sinkt bei Vp mit wenig edu mit stärkerem rc – wenig rc: 70 % mehr mort bei stress; mittel rc: ns mort, viel rc: weniger mort -28 %, (heißt auch: bei wenig stress keine Relwirkung, bei viel edu Rel schwach, ns minus), in Gesamtgleichung: org rel neg, nonorg ns, rc pos, aber Intera rc mit salient stress neg, sal stress mit rc mit edu pos

8 Punkte (1,5 sample, 2 Messung, 2,5 mv,Intera, 0,5 stat, **1,5 Panel) org rel neg zu mort, nonorg ns, rel coping pos, aber bei Intera: bei wenig edu –rc ändert pos Wirkung von stress in salient roles in negativ auf mort (bei nonsalient rc ns, bei viel edu auch), dann org/nonorg ns (bei viel und wenig edu) –rätselhaft/Kannib**

(R Gl Gesu) Krause,N: Church-based social support and health in old age: exploring variations by race, in: Journal of Gerontology Social Sciences 57B, S 332-347, 2002

Krause sample, 54 % Ne, 74 J, 62 F, congr cohesiveness- I feel my beliefs and values are shared by most of the people in my congregation, most of the p. in my congr have similar ideas about where our church should be headed in future, most..tend to have the same outlook on life, /spir support – unabh von Bible study group/prayer gr/church services, how often does someone in your co share their own rel experiences with you ? ..help you find solutions to your problems in the Bible, ..help you to lead a better rel life ?, //emot supp –other than your minister /pastor priest – how often does someone in your co let you know they love and care for you ?, how often does someone.. talk with you about your private problems and concerns , express interest and concern in your well-being, /close pers relship with God, feel that God is right here with me in everyday life, when I talk to God I know he listens to me,/optim –I feel confident the rest of my life will turn out well,I m optimistic about my future, In uncertain times, I usually expect the best,
Rel Items hängen alle zus,
nur 3 von 20 Korrel bei whites anders als bei Ne, Kg zu close to God bei Ne ns,

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **mv demogr und rel Items: Optimism –Kg ns, cohesiveness pos, spir support ns, emot support ns, close to God pos(und Kg pos zu cohesive, spir emot supp close to God, wirkt durch andre Items; Krause-Methode) Kg bei Ne pos zu opti, bei whites nsneg**, R Gl

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat)**mv demogr, optim, rel Items –srh: Kg pos, cohesive pos, spir/emot supp connect ns, optim pos (Kg wirkt durch andre Items s.o, Krause-Methode)** R Gesu

Krause,N: Praying for others, financial strain, and physical health status in late life, in: JfSSR 43, 377-391, 2003

Krause-sample, pray for other people, pray for material things, like a job money a car; How much difficulty do you have meeting the monthly payments on bills, in general how do your finances work out at the end of the month; srh, health better, same, worse than most other people your age, //pray for others –white minus; Kg plus; pray for material things –white minus, Kg pos; /srh – Kg pos, pray for others ns,pray for mat things ns, Intera: Wirkung von financial strain auf srh bei wenig pray for others stark, bei viel schwach (-0,32 vs -0,16), pray for mat things keine Intera

6,5 Punkte (2 sample, 2,5 Messung, 1,5 mv,bei, 0,5 stat) **Kg pos zu srh, Gebet für andere ns/für mat things ns; Intera: bei wenig pray for others korreliert financial strain stärker neg zu srh als bei viel pray(dort aber auch noch neg)**

Krause,N: Church-based social support and mortality, in: Journal of Gerontology Social Sciences 61B, S 140-146, 2006a
Krause-sample, T1 2001, T 2 2004, 1500 Vp, 20 % attr, 208 sterben, in T1 74 J,bei T1 /nur Vp mit mindestens zweimaligem Kg pro Jahr/
Church-based support z.T. nicht erfragt, desh diese Vp in T 2 weggelassen, statt 1024 nun 976 Vp ?, church-based emot supp - other than your minister /pastor priest –how often does someone in your co let you know they love and care for you ?, how often does someone.. talk with you about your private problems and concerns , express interest and concern in your well-being,//emot supp provided –how often do you show someone in your co that you love and care for them, talked with someone in your co about their private feelings/concerns, expressed interest and concern in the wellbeing of someone in your co;
attend rel services, adult Sunday school or Bible study groups, participate in prayer groups that are not part of regular worship services or Bible study groups,/private –pray, read Bible, /
rate own overall health in present time, health is better than a year ago,
how much difficulty do you have in meeting the monthly payments on your bills, how do your finances work out at the end of the month, /

8,5 Punkte (2 sample, 3 Messung, 1,5 mv, bei, 0,5 stat**, 1,5 Panel) Mort: Kg neg (Ko von srh, demogr),plus Bible study (ns), prayer group(ns) pray (nsneg), read bible at home(ns) support received (pos) support provided (ns) –Kg stärker neg; financial strain und Intera support received oder provided und strain –Kg ns neg,- Bedeutung: Anstieg von support received/provided –Wirkung von fin strain auf mort sinkt (Puffer), supp provided wirkt stärker (aber allg Wirkung von provided ns)**

Krause,N: Gratitude toward God, stress, and health in late life, in: Research on Aging 28, 163-183, 2006b

Krause-sample, 78 J, I am grateful to God for all He has done for me, If I were to make a list of all the things God has done for me, it would be a very long list, as I look back on my life, I feel I have been richly blessed by God,I am grateful to God for all He has done for my family members and close friends, /neighborhood deterioration(interviewer rating) –condition of other houses/buildings in the n., amount of noise from traffic trains airplanes industry, quality of air,amount of pollution dirt fumes in the air, condition of the streets roads, yards sidewalks /
How would you rate your health at the present time ?
Srh –Kg pos, gratitude tow God ns, Intera: bei wenig grat –neigborhood det stark neg zu srh, bei sehr viel grat ns –bei F, bei M keine Intera da;
6 Punkte (2 sample, 1,5 sample, 2 mv,bei, 0,5stat) **Kg pos zu srh, gratitude tow God puffert – bei viel grat wirkt neigbhorhood deterioration bei F ns zu srh, sonst neg;**

Krause,N: Church-based social support and change in health over time, in: RRR 48, 125-140, 2006c

Krause-sample, aber wenig Vp -558-625,T 2 nach 3 J, 74 J, 60 % F, attr nonrandom –Kg und health minus;

how would you rate your overall health at the present time, do you think your health is better.. than it was a year ago ?/ how long have you been going to worship services or activities in this congregation, how often have others in this co made you feel loved and cared for, listended to you talk about your private problems and concerns, //how often does s.o. in your co express interest and concern in your wb, give you a ride to church services, provide you with transportation to other places(grocery, doctor) ,help you with things that need to be done around your home – household chores yard work; help you when either you or a family member are ill ? //If you were ill, how much would someone in your co be willing to help you out, if you needed to talk to someone about your problems and private feelings, how much..willing to listen, if you needed to know where to go to get help with a problem,..willing to help you find it, //personal control –I have a lot of influence over most things that happen in my life, I can do just about anything I really set my mind to, when I make plans, I am almost certain to make them work, when I encounter problems, I don't give up until I solve them
health in T2 bei Ko von health in T1: Kg ns, pray pos, enacted support neg !, anticipated support pos, (T1 health dto: neg zu enacted, pos zu anticip) //personal control T 2 (Ko von T1 co)–Kg pray enacted ns, anticip pos, //teilweise Mediation: anticip zu control zu health//Korrel zu anticip support –Kg pos, pray ns, enacted support pos stark, /T1 enacted zu T 2 anticip support pos
Logik: enacted support pos zu anticip support pos zu control-Glaube pos zu health (verdeckt durch mv enacted und anticip support in einer Gleichung)
6,5 Punkte (1 sample, 2,5 Messung, 1 mv, Med, 0,5 stat, **1,5 Panel) Health in T2 bei Ko von T 1 health–Kg ns, pray pos, enacted support neg (andre Gleichung: nsneg) , anticip support pos; control in T2 bei Ko von control in T1: nur anticip support pos; health in T2 zu rel Items bei Ko von T1 health/T 2 control –Kg ns, pray pos, enacted ns, anticip pos; (Korrel zu antic support –enacted stark pos, Kg pos, pray ns; auch Panel, enacted führt zu anticip !) d.h. obige neg Korrel von enacted ist Beleg für Kannib- Logik: enacted support pos zu anticip support pos zu control-Glaube pos zu health (verdeckt durch mv enacted und anticip support in einer Gleichung)**

Krause,N: Church-based social relationships and change in self-esteem over time, in: JfSSR 48, 756-773, 2009
Krause-sample, T 1 2001, T 2 2004, T 3 2007; hier T 2 und 3; ohne low Kg
Emot supp von fellow church members – let you know they love and care for you, talk with you about private problems/concerns, express interest and concern in your well being//dasselbe von sec –friends, family members, Swg –Krause Messung (person of worth, good qualities, pos attitude vs myself), close pers relship with God, feel God is right here with me in everyday life, when I talk to God I know he listens to me;
Attrition durch Tod –auch: wer weniger betet, // Korrel zu close – Kg , Gebet stark (rel mv),/ zu church support: Kg pos, Gebet stärker pos (rel mv), /zu sec support – Kg ns, Gebet pos (rel mv)// self esteem T 2: Kg ns, Gebet ns minus, close with God pos, church support ns, sec support pos,(mv), self-esteem T 3 : Kg ns, Gebet ns, close pos, church support ns, sec support ns, Swg T 2 pos schwach,
sec support pos zu rel support, beide ns zu Swg, also rel supp nicht besser(aber rel mv)
6 Punkte(1 sample, 2,5 Messung, 0,5 stat, 1 Panel, 1 mv**) rel mv, Panel, close to God pos**, **sec support ebenso gut wie rel support, ns**
(unter 5) **Panel attrition durch Tod neg zu pray (155 VP)**

(R pos, Gesu)Krause,N: Religious involvement, humility, and self-rated health, in: Social lndicators Research 98, 23-39, 2010
Krause-sample, 2007 –T3, 51 % Ne, 78 J, Ko von age sex race edu
Spiritual Support Not counting Bible study groups, prayer groups, or religious services, how often does someone in your congregation share their own religious experiences with you? Not counting - how often do the examples set by others in your congregation help you lead a better religious life? Not counting how often does someone in your congregation help you to know God better?// Humility I always admit when I am wrong. I am always humble about the good things that happen to me.I never brag about my accomplishments. I am honest with myself when I assess my own faults and limitations.Self-Rated Health How would you rate your overall health at the present time? Do you think your health is better, about the same, or worse than it was a year ago In general, how satisfied are you with your health?
Attr T1-T3 (6 J) durch Tod –(mv age, sex, education, race, frequency of church attendance, spiritual support, and self-rated health) Kg neg; (evtl: 363 von 1500 gestorben)
5,5 Punkte (1 sample, 1,5 Messung, 1 mv, 0,5 stat, **1,5 Panel) (mv –age sex edu race) spir support –Kg pos; humility –Kg ns, spir support pos; srh –Kg pos, spir supp neg(biv ns), humility pos; (Kannib –sp supp pos zu humility), Kg mv neg zu mort –attrition-VP** R Gesu

4 Punkte (1 sample, 1,5 Messung, 1 mv, 0,5 stat) **mv age, sex, edu,race -Humility –Kg ns, spir support pos (Kannib, Kg pos zu sp supp; biv pos zu humility)** R pos

(R Gesu, Gl) Krause,N/Bastida,E: Church-based social relationships, belonging, and health among olderMexican Americans, in: JfSSR 50, 397-409,2011
MexAm 73 J, Kg mehr als zweimal im Jahr, 61 % F, 77 K, Texas Col Ariz NMex Kalif
Church-Based Emotional Support
A. Other than your minister, pastor, or priest, how often has someone in your congregation let you know they love and care for you
B. How often does someone in your congregation talk with you about your private problems and concerns
C. How often does someone in your congregation express interest and concern in your well-being?
*3. Sense of Belonging in the Congregation*c
A. I feel like I really belong in my congregation.
B. Being a member of my congregation is an important part of who I am.
C. I feel welcomed in my congregation.
D. I feel I am accepted by the people in my congregation.
*4. Feelings of Personal Control*c
A. I can do just about anything I really set my mind to.
B. When I make plans, I am almost certain to make them work.
C. When I encounter problems, I don't give up until I solve them.
5. Self-Rated Health
A. How would you rate your overall health at the present time?
B. Would you say your health is better, about the same, or worse than most people your age?
C. In general, how satisfied are you with your health?
Kg – Kath neg !, emot supp pos (Kath neg dazu) belonging pos(emot supp pos) , pers co pos(belong pos, emot supp ns), srh ns(pers co pos, Kath neg)//direkte und indirekte Effekte: srh –Kg nspos, emot supp ns, belong pos, /und Kg auf pers co , belong to pers co,

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat**) Kg nspos zu srh, emot support ns, belonging ns, Kath neg, mv Kannib** R Gesu
5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat**) Kg und belong pos zu pers control (Swg) mv**, **trotz Kannib** R Gl

R Gl, Gesu, help) Krause,N/Bruce,D/Hayward,D/Woolever,C: Gratitude to God, Self-Rated Health, and Depressive Symptoms, in: JfSSR 53, 341-355, 2014
U.S. Congregational Life Survey, über 50000 Vps, daraus aber nur 833 genommen; regularly participate in community service, social justice, or advocacy activities through their congregation How often do you go to worship services at this congregation Do you currently take part in any activities of this congregation that reach out to the wider community? Yes, in community service, social justice, or advocacy for this congregation.
Congr ss Do you have any close friends in this congregation? Please think about the people in your congregation other than you minister, pastor,priest, or rabbi. Over the past year, how often have people in this congregation let you know they love and care for you? How often have people in this congregation talked with you about your private problems and concerns? How often have the people in this congregation expressed interest and concern in your well-being? Gratitude to God I am grateful for all God has done for me.. If I were to make a list of all the things that God has done for me, it would be a very long list. As I look back on my life, I feel I have been richly blessed by God
.How would you rate your overall health at the present time? Depr I could not shake off the blues, even with the help of family and friends. I felt depressed. I had crying spells. I felt sad.//Krause-Methode (Überko) –immer Ko von demogr; Kg –volu pos; friends at church (Ko: volu) pos, emot support (Ko volu friends) pos, grateful to God –Kg ns, emot supp pos(volu friends ns) , srh – grateful to God (Kg emot supp volu friends ns), Depr grateful neg (Ko dto),
5 Punkte (1 sample, 2,5Messung, 1 mv, 0,5 stat) **volu: Kg friends at church emot supp pos; emot support –Kg volu friends gratitude to God pos** R help
(unter 5) **grat to God pos zu srh** R Gesu
(unter 5) **grat to God neg zu depr,** R Gl

Krause,N/Ellison,C: The doubting process, in: JfSSR 48,293-312, 2009
Krause-sample, T1 2001, T2 2004, T3 2007, nur Vp die mehr als ein oder zweimal im Jahr in Ki gehen, T1 74 J,
how often doubts about your rel or spir beliefs, about the things you've been taught in church, how often do you doubt that God is directly involved in your life, doubt whether your prayers make a difference in your life//
attend Sunday school or bible study groups, participate in prayer groups that are not part of your regular worship services or Bible study groups,
informal spir support - not counting Bible study groups,prayer groups,church services –how often does someone in your congreg share their own rel experiences with you, not counting-how often do the examples set by others in your co help you lead a better rel life; not counting - someone in your co help you to know God better//
neg intera – how often does someone in your co make too many demands on you, how often are people in your co critical of you and the things you do, how often are you bothered by cliques in your co, how often are the people in your co unwelcoming to you,/
Reaktion auf doubt: suppression of doubts – whenever I have doubts about rel, I try to put them out of my head, I feel it is wrong to question my rel beliefs, /seek sp growth – doubt is necessary

for rel and spir growth, working through rel doubt helps me to better understand my faith, doubt is a necessary part of leading a rel life//srh – rate overall health at the present time, health better about the same worse than most people your age, health better etc than it was a year ago,

(Korrel zu doubt T2: T 1 white pos, Kg minus, verh ns, pray ns, Bible study ns, prayer group neg, spir support ns, negative intera pos, doubt T1 pos, spir supp T2 neg, neg intera T 2 ns; Korrel zu suppression of doubt bei doubters –nur neg intera pos, Kg pray bible study prayer group spir support ns; (cross-section), zu seek spir growth – Kg minus, bible study pos //starker Kannib;

7 Punkte (1 sample, 3,5 Messung, 0,5 mv, 0,5 stat, **1,5 Panel) Bei Vp mit rel doubt T 2 zu srh T3: (Ko von srh T2): suppress of doubt neg (neg intera pos dazu), Rest –pray, prayer group, spir support, negative interaction, seeking spir growth (doubt eher pos –Kg dazu neg, bible study pos) ns (Kg bible study ns pos), viel Kannib,**

Krause,N/Ellison,C/Marcum,J: The effects of church-based emotional support on health: do they vary by gender ? in: Sociology of Religion 63, 21-47, 2002

Presby sample, hier nur rank and file members, Mai 97 und Nov 99, (sehr viel attr -1996: 1376, 1999 -559, hier nur 429, nonrandom – lost Vp pray minus, Gesu minus) 62 F, 58 J,
How often have people in your congreg made you feel loved and cared for ? listened to you talk about your private problems and concerns /srh, I am as healthy as anybody I know, my health is excellent,
6 Punkte (1 sample, 2 Messung, 1 mv, Intera, 0,5 stat, **2 Panel) Health T2 –zu T2 Kg pos, pray, emot support ns; change in emot supp von T1 zu T2 ns zu T2 Gesu, /Kg T1 pos zu change in srh, pray/emot supp ns, Ko von T1 srh (Kannib), Intera: bei M stärkt emot supp Gesu, bei F schwächt er sie (schwach) (mv Gesu T1, demogr)**

(R pos/ Gesu,help) Krause,N/Hayward,R: Religion, meaning in life, and change in physical functioning during late adulthood, in: Journal of Adult Development 19, 158-169, 2012

T 2 nach 2 J, Vp 79 J, 1. Functional disability - Wave 5 and Wave 6
Difficulty shopping for personal items, such as toilet items and medicine Using the telephone Bathing yourself Climbing 2–3 flights of stairs Walking about 1/4 mile. Doing heavy work around the house, such as shoveling snow or washing walls Taking a bus or train by yourselfStanding or being on your feet for about 2 Stooping, crouching, or kneeling Reaching over your head. Using your fingers to grasp or handle. Lifting or carrying something as heavy as 25 pounds Dressing or undressing yourself. Feeding yourself. Getting in or out of bed
Wave 5 I have a close personal relationship with God I feel that God is right here with me in everyday life When I talk to God, I know He listens to me
Emotional support provided to others— How often have you comforted someone by showing them physical affection How often have you listened to someone talk about their private feelings and concerns? How often have you expressed interest and concern in someone's well-being?. How often have you been right there with someone (physically) in a stressful situation
Meaning in life - Wave 5 and Wave 6 - Values. I have a system of values and beliefs that guide my daily activities. I have a philosophy of life that helps me understand who I am. Purpose- I feel like I am living fully I feel like I have found a really significant meaning in my life Goals In my

life, I have goals and aims I have a sense of direction and purpose in life.. Reflections on the past - I feel good when I think about what I have accomplished in life I am at peace with my past

Krause-Methode – mv demogr; Kg und close to God – emot supp pos; Kg/close/e-ss pos zu Sinn T1 // zu phys fu T1 –Kg pos, close neg, emot ss ns, Sinn T1 pos; //Sinn T2: Sinn T1, Kg pos, close ns, e-ss pos; phys fu T2: phy fu T1, Sinn T2 pos, Kg close e-ss SinnT1 ns (Überko)//

7,5 Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat**, 1,5 Panel) T1 Kg pos zu Sinn T1 und T2 (Ko von Sinn T1), close to God /emot ss -T1 pos, T2 ns mv zu Sinn, Überko (indirekte und direkte Wirkung –wurde wegkontrolliert und dann wieder ausgerechnet: pos)**; **(drei von 8 Items bei Sinn AutoK- peace, feel good, living fully)** R pos/Gl

7,5Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat, **1,5 Panel) T 1 Kg zu phys fu T1 pos, close neg (Überko/Kannib); zu phys fu T2 ns (Überko/Kannib)** R Gesu

5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat) **T1 Kg und close to God pos zu T1 emot ss;** R help

Krause,N/Hayward,R: Self-forgiveness and mortality in late life, in: Social Indicators Research 111, 361-373, 2013
Krause-sample, 74 J, Follow up 7 J, 403 sterben, (668 attr !! –von 1500; sample für mort-Analyse angeblich 1246 Vp) Self-Forgiveness (I forgive myself for things I have done wrong.
How often do you attend religious services? Bible Study Groups How often do you attend Sunday School or Bible study groups? Prayer Groups How often do you participate in prayer groups that are not part of regular worship services or Bible study groups? Private Prayer How often do you pray when you are by yourself?
How would you rate your overall health at the present time? Do you think your health is better, about the same, or worse than it was a year ago
Depr - I felt like I could not shake off the blues even with the help of my family and friends. I felt depressed.. I had crying spells I felt sad.
Alcohol use Computed number of drinks in the previous month Smoking Do you smoke cigarettes now? (Intera: self forgiveness senkt mort –aber nur bei hoher edu)

9 Punkte (2,5 sample, 2 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Mort mv(demogr, srh, Depr,alc smoke self- forgiveness) –Kg minus, Bible study group ns, prayer group ns, prayer ns (Kannib; Überko)**

Krause,N/Hayward,R: Anxious attachment to God, spiritual support, and obesity: findings from a recent nationwide survey, in: JfSSR 55, 485-497, 2016
Landmark Spirituality and Health Survey, rr50, 48 J, 60 F, anx att to God -3 Items - "I often worry about whether God is pleased with me//obese –BMI über 30// spir supp –vgl Krause 2010; emot supp -3 Items -"Other than your minister, pastor, or priest, how often does someone in your congregation let you know they love and care for you?"

6,5 Punkte (2 sample, 1,5 Messung, 1,5 mv, Intera, 0,5 stat) **Obesity(mv demogr) –evangelical (Summe aus black P und evangelical) pos, Kg ns, pray ns, anx att ns, spir supp emot supp ns (Kannib) Intera –wenn spir/emot supp steigt, dann korreliert mehr anx att neg mit obesity (aber weniger anx att dann pos !)(viel supp –wenig att –also viel Rel–obese pos, wenig supp –**

viel att –wenig Rel -obese pos; viel supp –viel att –obese neg, wenig supp –wenig att –obese neg –beide mittelviel Rel -gibt keinen Sinn) , anx att ns zu spir support, neg zu emot support,

((R Gl help, Gesu) Krause, N/Ingersoll-Dayton,B/Liang,J/ Sugisawa,H: Religion, social support, and health among the Japanese elderly, in: Journal of health and social behavior 40, 405-421, 1999
At my home, I pray and offer prayers for my ancestors, read Buddhist scriptures or the Bible in your home, watch or listen to rel programs in TV radio, /how is your health at present time, health better als die der people of your age ? present state of health better als vor einem Jahr? -wenn people close to you wish to talk to you about some worry trouble, listen to them? Selbe people undergo some hardship encourage and comfort them? //Korrel – rel: provides support pos M, F ns pos; health pos,

5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat) **Rel pos zu emot ss mv, F schwächer** R help

5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat) **Rel pos zu Gesu mv** R Gesu))

((Krause,N/Liang,J/Shaw,B et.al.: Religion, death of a loved one, and hypertension among older adults in Japan, in: Journal of Gerontology, Social Sciences 57 B, S96-S107, 2002
National Survey of Japanese Elderly, T2 nach 3 J, 69 J, do you have high blood pressure(nicht gemessen), private rel –pray offer prayers for ancestors,read Bu scriptures or Bible, rel TVradio; rc:bei difficulties I calm myself by praying to God or Buddha,bei important decision –consult God or Buddha. Praying to God or Buddha helps me overcome my stress and worries.

Bu, LnT will be a much better place,Tod ist ein Punkt auf dem Weg zu eternal happiness
Change in Hyp –hyp T1 pos,(demogr)smoke alc BMI exercise) rc ns neg,private rel (Cr 57)pos, LnT ns,
Intera: je mehr LnT-desto stärker sinkt bei Verlust von loved one der Bd, cross-sectional keine solche Intera,
9 Punkte (3 sample, 2 Messung, 2 mv, Intera, 0,5 stat, **1,5 Panel) rc ns, LnT ns private rel (Cr 57)pos zu change in hypertension, Kannib; Intera: je mehr LnT- desto stärker sinkt Bd bei Tod von loved one, cross-section nicht so))**

Krause,N/Wulff,K: Church-based social ties, a sense of belonging in a congregation, and physical health status, in: International Journal for the psychology of religion 15, 73-93, 2005

Congregational Life Survey, aus GSS KgVp befragt nach ihrer denom- diese angefragt, verteilen an Kg'er der letzten Woche Fragebogen ca 122000 Vp aus 434 congreg, (rr36) –daraus 1249 Vp übrig –minus missing values -824,48 J, 60 % F, how long have you been going to worship services or activities in this congregation, how often have others in this co made you feel loved and cared for, listended to you talk about your private problems and concerns, how often have people in this co made too many demands on you, been critical of you and the things you have done, /do you have a strong sense of belonging in this co,

Length of time in co –Kg pos, emot ss ns, neg intera pos, belonging pos, /Kg –emot supp pos, neg intera pos, belonging pos, / emot supp –belonging pos, (belonging –length, Kg, emot ss pos, neg intera ns//neg intera –Kg pos, length of time pos, belonging ns//emot ss-belonging pos, Kg pos, length ns)//
How satisfied are you with your health –length of time ns (indirect via: Kg belonging pos), Kg –pos (und indir via emot ss/belonging pos, neg intera neg), emot ss –ns (indirect via Kg belonging pos), neg intera neg, belonging pos(indir via Kg length emot ss pos),
5,5 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat) **Kg, belonging pos zu sat with health, neg interac neg (length of time in co, emot ss indirect pos, Kannib; Krause-Methode)**

((Kraut,A et.al.: Association of self-reported religiosity and mortality in industrial employees: the CORDIS-study, in: Social Science and Medicine 58, 595-602, 2004
Nur Aufschrieb: 3638 Israeli-M, 12 Jahre follow up, 253 Tote, religious –edu minus, non-European origin, heavy physical work blue collar job adverse job/environmental conditions pos,
6 Punkte (2 sample, 1 Messung, 1,5 mv,bei, 0,5 stat, **1 Panel)**
Unter 55 J: religious und traditional neg zu mort; über 55: rel pos, trad ns pos; mv obige Faktoren))

(auch in R pos) Krentzmann,A et.al.: Multiple dimensions of spirituality in recovery: A Lagged Mediational Analysis of Alcoholics Anonymous Principal Theoretical Mechanism of Behavior Change, in: Substance Abuse 34, 20-32, 2013
Alk-abhängige,/ Gebet, Meditation, Bibellesen, say grace, watch rel television programming; DSE 16 Items –sense of connection, receive love, strength comfort , exp peacefulness awe longing for closeness; 8 Items neg rc –punisher judge, insecure untrusting relationship,
Rel –AA Teiln/involvem pos, PIL ns, forg others ns, days abstinent pos, drinks per day neg; DSE –AA pos, PIL pos, forg others pos, days abst pos, drinks neg//negrc ns zu AA, forgive others neg, abstinent pos, drinks ns; //rel wirkt unabh von AA auf Alk, rel ist mediator von AA zu Alk,//AA in T 1 –zu DSE rel in T 2 –nach 6 Monaten –pos, zu neg rc ns; (Ko von T1 rel), mv (demogr, baseline drinking) und rel in T 3 -6 Mon –neg zu Alk und AA auch; (das hat Kelly etal. auch gefunden in Project MATCH, und Zemore, und Tonigan ähnlich)

(unter 5) –**rel ns zu PIL, DSE pos, ns zu forgive others, DSE pos** R pos

8 Punkte (1 sample, 2,5 Messung, 1,5 mv Mediat, 1 stat, **2 Panel)** / **private rel/DSE (T2) pos zu AATeiln/involvem in T1, pos zu days abstinent, neg zu drinks per day in T3 , neg rc –AA ns, abstinent pos, drinks ns, //rel wirkt unabh von AA auf Alk, ist mediator von AA zu Alk, //AA in T1 –pos zu DSE/rel T2, ns zu neg rc (Ko von T1 rel) und neg zu alc T3, Rel T 2 neg zu alc T3, DSE ns**

((Krucoff,M et.al.: Music, imagery, touch and prayer as adjuncts to interventional cardiac care: The Monitoring and Actualisation of Noetic Trainings (MANTRA) II randomised study, in: Lancet 366, 211-217, 2005

Patienten, die durch Haut hindurch eine Koronarbehandlung bekommen (percutane coronary intervention) (Herzkranzgefäßerweiterung per Ballonkatheter), 65 J, 71 % M,-4 Gruppen: MIT, MIT und Gebet, Nur Gebet, nix;
MIT- 40 Min bedside session von practitioner mit healing touch Ausbildung, Vp lernt relaxed abdominal breathing,wählt place image (most beautiful peaceful place he had ever been) und Musikpräferenz –easy listening, Klassik, country), dann macht practi 21 Healing Touch hand positions je 45 Sekunden, während Katheterisierung hört Vp Musik,/prayer groups bekommen Namen, Alter illness von Vp, prayer groups were all established congregations (?),Chr-Mu-Jew-Budd; im letzten Jahr –prayer group erfährt keinen Namen, age, illness/64 % derer für die nicht gebetet wird denken es wird, 35 % derer, für die gebetet wird, denken es wird nicht,
Follow up 6 Monate, Messung: major adverse cardiovasc events oder Tod oder Tod plus readmission –Vergleich MIT-no MIT, pray –no pray ns (Zahlen suspekt, 31 Vp fehlen, werden aber eingerechnet) und pray only, MIT only, pray plus MIT, standard care ns (bei Tod MIT plus pray neg, MIT selber neg; pray selber ns)
Gebet in letzten 7 Monaten der Studie – two tiered statt single-tiered prayer, pray for the prayers der primary-tier congregations –Table 3:Tod und remission zusammen nsneg, Rest ns (Autoren: ns)
(unter 5) 1 Interve **Fürbitte senkt Tod/Komplik/readmission bei Katheter-Behandlung nicht (evtl Tod plus Remission nsneg, zusammen mit MIT neg ? weil MIT neg ?), healing touch/imagery/Lieblingsmusik auch ns (Bewertung ein Achtel)**

(R Gl, Gesu) Krupski,T et.al.: Spirituality influences health related quality of life in men with prostate cancer, in: Psycho-Oncology 15, 121-131, 2006

SF 12 physical mental health, prostate cancer Lqu –urinary sexual bowel function, incontinence proctitis erectile dysfu, troubled wegen symptoms, /fear of recurrence of cancer/Depr, affective disorders, anx disorders/symptom distress from 10 cancer symptoms, FACIT SP -4 Items faith, 8 peace meaning; mv bei Ko von peace meaning(demogr, Behandlungsitems) –faith ns zu allem

5,5 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat) **bei Ko von peace meaning faith aus SF 12 ns zu mh, trouble wegen symptoms, Angst vor Wiederkehr, NAS, symptom distress** R Gl

(unter 5) **bei Ko von peace meaning faith aus SF 12 ns zu physical symptoms/phys functioning** R Gesu (**Bewertung ein Achtel)**

R Zusfass, Gesu) Prof. Kruse: Die Gesundheitsverhältnisse der Aerzte, Geistlichen und Oberlehrer im Vergleich mit denen anderer Berufe, in: Zentralblatt für allgemeine Gesundheitspflege 19, 228-252, 1900
Karup/Gollmer –Lebensversicherungsbank Gotha, Dld 1828-1885, erst die nach 5 Jahren Zugehörigkeit genommen –vs Selektion, //nicht alle versichern sich
Gymn-lehrer entsprechen prot Geistlichen, Elementarlehrer etwas schlechter, Ärzte/Medizindozenten und kath Geistliche schlechter (über Durchschnitt), (Vergleich:

Durchschnitt der Versicherten) Gotha Elementarlehrer ähnli Gotha-Geistliche, Gotha Forstleute ns minus
Versicherte Geistliche vs preuß Männer –mort minus,versich Ärzte ns(Sachsen plus, Württ minus) Elementarlehrer, versich und preuß Oberlehrer wie Geistliche,
vs württ M: württ prot Geistliche minus, Ärzte ns, württ kath Geistliche ns pos;
vs englische M: englische prot Geistliche –minus, engl kath G ns(Mini-N) engl Ärzte ns, engl Landleute aus ländl Bezirk minus, barrister solicitor nsminus,
vs Pariser M – Ärzte Advokaten Architekten Geistliche minus,
Holländer –vs alle Berufe: Geistliche Lehrer Bea Banken minus, Archit Advok Künstler Schriftsteller pos, Landleute minus;
Schweiz – alle Erwerbsfähigen vs: Lehrer ns, Ärzte Advokaten/Notare pos, Geistliche minus, öff Beamte ns pos, Baumeister Ingenieure pos, Künstler Musiker pos, ländliche und Fabrikarbeiter minus !! (auch Preußen: Landbev minus)
Nancy-Trierer Borromäerinnen -1869-98: Vergleich zu F in Bev plus, aber viel weniger als bei Cornet, v.a.Diff bei TB-toten,
//**Land besser als Stadt, Lehrer und Geistliche gleich, besser als BevM//Ärzte (Advok Künstler Schriftst Notare Baumeister Ingenieure) Kath Geistliche gleich/schlechter als BevM;**

Künzler,G/Knöpfel,C: Arme sterben früher. Luzern 2002

Sterblichkeit, Schweiz, 35-74, alle männlichen Sterbefälle 1979/83: Geistliche 60, Buchhalter 62, Ärzte Unterricht Erziehung 63, Architekten Ingenieure76, Techniker 75-77, Baugewerbe/Forstwi Erdarb Handlanger 148-151,
(Quelle: **Gass,R/Bopp,M:** Berufsspezifische Mortalitätsrisiken der Männer in der Schweiz 1979/1983, Bern 1997

(R help, Gl, Gesu, pos) Kuh,G/Gonyea,R: Spirituality, liberal learning, and college student engagement, in: Liberal Education 92, 40-47, 2006
NSSE survey, ca 149000 students, In your experience at this institution, how often have you participated in activities to enhance your spirituality (worship, meditation, prayer, etc.)? In your experience at this institution, how often have you had serious conversations with students who are very different from you in terms oftheir religious beliefs, political opinions, or personal values? **Deep learning** How often have you:Worked on a paper or project that required integrating ideas or information from varioussources, or included diverse perspectives (different races, religions, genders, political beliefs,etc.) in class discussions or writing assignments? Put together ideas or concepts from different courses when completing assignments or during class discussions? Discussed ideas from your readings or classes with faculty members outside of class? Discussed ideas from your readings or classes with others outside of class (students, familymembers, co-workers, etc.)?Synthesized and organized ideas, information, or experiences into new, more complexinterpretations and relationships?Analyzed the basic elements of an idea, experience, or theory, such as examining a particularcase or situation in depth and considering its components?Made judgments about the value of information, arguments, or methods, such as examininghow others gathered and interpreted data and assessing the soundness of their conclusions?Applied theories or concepts to practical problems or in new situations? overall satisfaction with the college experience (two items).progress since starting college in: deepened

sense of spirituality// general education (—thinking, writing and speaking clearly, and acquiring a broad general education); personal social development (eight items such as self understanding, developing a personal code ofethics, and understanding people from other backgrounds); practical competence (acquiring job or work-related knowledge and skills, using computing and informationtechnology, and analyzing quantitative problems)
6,5 Punkte (3 sample, 3 Messung, 0,5 stat) **Spir practices – deep learning, pers social development ns, deepened spir – deep learning pos; faith based uni (5 %, Fundi) –pers devel pos, pract competence neg, general edu neg, deep learning neg** R pos

5 Punkte (3 sample, 1,5 Messung, 0,5 stat) **Spir practices –community service/volunteerism pos, deepened sense zu commun ns,** R help

5 Punkte (3 sample, 1,5 Messung, 0,5stat) **Spir practices –exercising pos , deepened sense - ns**; R Gesu

5 Punkte (3 sample, 1,5 Messung, 0,5 stat**) Spir practices/deepened spir –sat with college exp pos,** R Gl

Kune,G et.al.: Perceived religiousness is protective for colorectal cancer: data from the Melbourne Colorectal study, in: Journal of the Royal Society of Medicine 86, 645-647, 1993

715 colorectal cancer cases vs 727 controls (age sex, beide 65 J), Turning now to how religious you are, people may be described as not at all rel..very rel, which of these best describes you during your adult life ? –T 2 nach 5 J,
Von den cases sind 53 % rel, von den controls 62, von sehr rel 46 % cases, von unrel 54 %; -risk 0,7, mv dietary risks(low fibre vegetables,Vitamin C, pork, fish other meats viel fat, beef, beer usw), family history of colo cancer, number of children, earlier age of first birth;
Überleben –rel 62 Monate, arel 52 –ns;
6,5 Punkte (1 sample, 1,5 Messung, 2,5 mv, 0,5 stat, **1 Panel**) **srr neg zu colorectal cancer und ns neg zu mort dieser Vp,**

Kutner,N et.al.:Continued survival of older hemodialysis patients: investigation of psychosocial predictors,in: American Journal of Kidney Diseases 24, 42-49, 1994

Dialysepat, ca 287 Vp, über 60, T 2 nach 2 Jahren, 59 % Ne, 51 % sterben,
5 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat**, 1,5 Panel) patients at higher risk for death – score lower on public religiosity (private ns) -mv (age race, edu, gender, CVD-comorbidity, cause of renal failure, number of months on dialysis) ; Ko von fu status –public rel ns, (seltsam: weiße M viel mehr mort als whiteF/blackM und F;**

R Gesu, help, pos, Gl) LaCour,P et.al.: Religion and survival in a secular region. A twenty year follow-up of 734 Danish adults born in 1914, in: Social Science and Medicine 62, 157-164, 2006

1984 –als 70jährige –T 2 2004, impo of rel affil –does this mean something for you, do you attend services at church, listen to rel services on the radio or TV, Kg never vs rare often; / fu disab –

tired wenn transfer, walk outdoors in poor/nice weather, go outdoors, climb stairs,arztuntersucht: stroke epilepsy arteriostenosis in lower limbs, Herzinf bronchitis hyp diab osteoarthritis, /depr anx,/social contact –with child grandchild friends, /taken care of others sewed for others made repair for others helped others with house work /receive help from friends children, from public system /more than 14 units of alc a week vs rest, /
Korrel –rel affil impo –ADL ns minus, srh ns, chronic condi ns neg, smoke neg, alc neg, BMI ns neg; Kg –AdL nsneg, srh ns pos, chronic cond ns neg, smoke ns neg, alc ns , BMI neg;
Rel radio/TV – ADL ns pos, srh nsneg, chronic cond ns pos, smoke nsneg, alc neg BMI ns pos;
Mort –bei Ko von gender edu: impo of affil neg, (F , M nsneg) Kg neg (dto) , rel Tv ns; bei Ko von phys health und mh –Kg F neg, Kg M/rel impo MF und rel TV F ns neg; Ko von gender/edu, Gesu, mh, soc support und Gesu V –Kg F neg, Kg M rel impo MF rel Tv F -alle ns neg;

10,5 Punkte (1 sample, 4,5 Messung, 3 mv,bei, 0,5 stat, **1,5 Panel) rel affil impo/Kg/rel TV zu impaired/srh/chronic cond/smoke/alc/BMI -3 pos, 7 nspos, 6 ns, 2 nsneg, Kg –rel impo – Telev in Stärke**
mort: impo –biv F neg, M nsneg; gender edu dazu –F neg, phys/mental health dazu/ss dazu/Gesu V dazu –nsneg; Kg –F immer neg; M biv neg, sonst nsneg; Telev –F nsneg, M nspos, immer; R Gesu

(unter 5) **Depr (feel content cheerful, tired in morning, all through the day,content with your life) –rel affil impo nspos, Kg neg, rel TVradio ns pos; anx (suffer from anx attacks, afraid to be alone during daytime)– rel aff impo ns pos, Kg ns pos, rel TV radio nspos** R Gl

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Given help to others – rel affil ns pos, Kg pos, rel Tv ns pos** R help

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Social contact –alle drei mehr** R pos

(R Gesu Gl) Laird,S et.al.: Measuring private prayer: development, validation, and clinical application oft he multidimensional prayer inventory, in: International Journal for the psychology of religion 14, 251-272, 2004
2 samples, undergrad, 61 % M, arthritis patients -22% M, Now, using the scale provided below, please answer the following questions according to how often **during the past month** your prayers included each of the activities described below. For example, if you circle the number “4”, this indicates that “About half the time” your prayers **during the past month** included the described activity 4. I made specific requests.5. I offered thanks for specific things.6. I tried to be open to receiving new understanding of my problems.7. I worshiped God.8. I admitted inappropriate thoughts, feelings, and behaviors.9. I expressed my appreciation for my circumstances.10. I tried to be receptive to wisdom and guidance.11. I made various requests of God.12. I confessed things that I had done wrong.13. I praised God.14. I opened myself up to God for insight into my problems.15. I thanked God for things occurring in my life.16. I asked for assistance with my daily problems.17. I acknowledged faults and misbehavior.18. I devoted time to honoring the positive qualities of God.5 Teile –adoration, confession, thanksgiving, supplication, reception,
Faith: Please rate the degree to which prayers have an effect I believe that my prayers have an effect on my life.I believe that my prayers have an effect on other people’s lives.
Arthritis Impact Measurement Scales (AIMS) -measures functional status: lower extremity function, upper extremity function, affect (including depression and anxiety items), symptom (i.e.,

pain), social interaction 45 questions, und four-item experimental health perception scale and a single item to measure how well people are doing relative to the way their arthritis affects them (Subjective Impact).
hope- ns zu Gebetshäufigk, Arten des G. (confess ns pos,adoration und reception nspos/pos; Dank dto), Wirkungsglaube nspos; /I –pos zu allen Gebetsitems außer supplication ; E ns; mv ? zu AIMS –inc, Heart disease, diabetes, Blutdruck – (viele Korrel, bei undergrad und zwei Krankheitsgruppen -, Prädiktoren: frequency per week, frequency per day, duration, faith, the five qualitative prayer types, and the Qualitative Prayer Scale total. Income / zu 5 AIMS Items, health perception, subj impact, dreimal , unklar ob MPI als Gesamtindex dabei ist ! –und wenn, dann immer ns; dann auch noch mv MPI bei Ko von I und hope –pos zu upper extremity function, subj impact, zu Rest –d.h. bei fünf Items, 4 aus AIMS und health perceptions - ns) –Wirkung von Gebet –interaction/affect pos; reception –impact pos, interaction pos; frequency –health concern minus, affect pos, intera pos; confession –health concern minus; thanksgiving –impact minus

Supplication hat schwächere Korrel mit Häufigk von Gebet und Arten von Gebet, ns zu I, restliche Gebetsitems pos zu I, ns zu E,
sehr starker Kannib,

5 Punkte (1 sample, 3,5 Messung, 0,5 mv**) pray-Messungen - bei vielleicht über Hundert Korrel (nicht gezeigt) 9 mal sign zu Gesundheit (Bedeutung der Messungen unklar) bei Arthritis pos; Wirkung von Gebet, reception confession Dank wirken noch am ehesten, supplic nicht; Gesamtindex mv bei 2 von 7 wirksam,** R Gesu

(unter 5) **pray zu hope ns (confess, reception, Dank und Glaube an Wirkung von Gebet z.T. ns pos/ pos)**; **Wirkungsglaube bei Gebet, Häufigkeit von Gebet pos zu affect bei Krankheit; Dank reception Häufigk von Gebet wirken auf intera, concerns zu Gesundheit, well-being bei Krankh – aber selten (ca 8 von 48 mal)** R Gl

(eher zur Info - R Gl, Gesu) Lalive D'Epinay,C/Spini,D: Commentary: Religion and Health: a European perspective, in: Schaie,K et.al.: Religious influences on health and well-being in the elderly. NY 2004, 44-59

Alte –alpine, semirural, very rel canton Valais vs modern urban cosmopolitan Geneva, **Bauersfrauen am meisten depressiv**, qualitative Analyse, hartes Leben und rel Druck/control, Männerherrschaft, gestützt von Kirche; M trinkt, schlägt F, Kirche gegen beides, aber pro M, F muss gehorchen; Tochter in Genf –lässt sich scheiden, eine Sünde, Höllengefahr (auch bei Ideen, Mann gerne loszuhaben) aber sie hat bessres Leben (falsche Ableitung; Trost aus Rel /LnT wäre möglich; Korrel usw nicht gezeigt) R Gl (vgl alte These: Rel hält Leute in Unglücksehe fest)

6 Punkte (1 sample, 2 Messung, 1,5 mv, 0,5 stat, **1 Panel)** Schweizer Alte –T 2 fünf Jahre –Korrel pray/Teiln an church service persönlich/per mass media –pos zu **Lebenserwartung** unabh von K/P und Kanton (Valais vs Genf) ; bei zweiter Kohorte ns(andre Messung von Tod, nur 3 Jahre Abstand) , N nur 340 (Aufschrieb: 180 Tote; mort –K nsminus, P ns pos, Kg minus, Gebet ns minus,) Ko von fu health, Depr; 376 R Gesu

Lambert,N et.al.: Invocations and intoxication: does prayer decrease alcohol consumption ?, in: Psychology of Addictive Behaviors 24, 209-219, 2010

Study 1: Undergrad, 81 % F, I pray daily," "I pray before I go to sleep," "I usually say a prayer before each meal "Within the last 30 days, on how many days did you have a drink containing alcohol?", "How many drinks containing alcohol did you have on a typical day when you were drinking?" Problematic drinking, 8 Items indicated how often over the previous 4 months they had, for example, driven a vehicle under the influence or had problems with appetite or sleeping as a result of alcohol use //sE Marlowe Crowne 10 Items
4,5 Punkte (1 sample, 1,5 Messung, 1,5 mv, 0,5 stat) **mv sex age sE –pray –drinking frequency neg, problem drinking neg,**

Study 2: undergrad, 78 % F, Items s.o., follow up 3 Monate
6,5 Punkte (1 sample, 1,5 Messung, 1,5 mv, 0,5 stat, **2 Panel) T 1 pray (Ko von sex age sE T1 alc frequ) neg zu T 2 alc frequ und problem drinking; keine Umkehrung alc T1 zu pray T2**;

Study 3: undergrad, 86 % F, in a romantic relship, Vp beten allg; 20 % dropouts, alc frequ last 7 days, I pray daily, /pray for relationship (For the next four weeks, you have been assigned to pray for the well-being of your romantic relationship. Every Monday and Thursday you will receive a new relationship theme on which you will focus your prayers for the duration of 3–4 days until you receive the next theme. The prayer theme from now until Monday afternoon will be on love.") und allg Gebet, Aufschreiben wie oft man betet, vs Gruppe die über Beziehung nachdenkt/über allg Erlebtes nachdenkt, Aufschreiben wie oft**,**
5 Punkte (1 sample, 1 Messung, 1 mv, bei, 0,5 stat, **1,5 Interve) bei Ko von pray/alc frequ (sex,engagement in study activities) in T1: pray für Beziehung/allg (vs Nachdenken darüber) plus Aufschreiben neg zu alc nach 4 Wochen; allg Gebet mit gleicher Wirkung wie das für Beziehun**g

Study 4: undergrad, 81 % F, 25 % attr, 7 % ausgeschlossen: nehmen Aufgabe nicht ernst, select five friends or family members to pray for every day for 4 weeks and to report about what they prayed about for each of these individuals in an online journal twice a week,whereas those assigned to the undirected prayer condition were simply instructed to pray every day and report what they prayed for//control condition - think daily about positive aspects of five friends or family members and write about their thoughts twice a week in an online journal. neutral control pay close attention to their daily activities each day and then write about what happened to them.

5 Punkte (1 sample, 1 Messung, 1 mv, bei, 0,5 stat**, <u>1,5 Interve)</u> bei Ko von pray T1, alc frequ T 1, sex, degree of particip in acitivity: pray für andre/allg (vs Nachdenken über Positives in Bezug auf andre/Tag) plus Aufschreiben neg zu alc in T2 (4 Wochen) allg Gebet mit gleicher Wirkung wie das für andre**

Lansky,D/Pihl,R: Personality correlates of placebo responsivity and religiosity, in: Psychological Reports 39, 975-982, 1976

HK, Divine Light Mission, placebo group , Kogruppe, Leute rauchen angeblich Marij- ist aber nix drin –wie high ist man ?
Starke Reaktion auf Placebo – age edu ns, LoCI ns, ambiguity ns, evtl: embedded figures – die mit low placebo mit mehr field dependence (schwache Identität, Abh von äußerem) viel placebo Wirkung autonomic perception negativ, heißt weniger physiolog reactivity // rel groups ähneln high placebo in diesen Items nicht (eigtl sollten rel und placebo gleich sein, sollten mehr field dependent und außenabhängig sein und autonom mehr reagieren und weniger tol of ambig haben –rel hat das letztere, placebo nicht)

(unter 5) **Placebo-Geneigte nicht wie rel, aber Messungen seltsam**

Lapane,K et.al.: Religion and cardiovascular disease risk, in: Journal of Religion and Health 36, 155-163, 1997
Pawtucket Heart Health Program, 1981/82/83/84, 18-64, are you a member of any type of church, club, association society or union in Pawtucket –wer nur rel-affiliated social org nennt und wer did not list a church ist ein non-church member (church member 35 foreign born, 40 Portuguese heritage,
5,5 Punkte (2,5 sample, 2 Messung, 0,5 mv, 0,5 stat) **Church member: smoke minus, hypert ns (syst plus, mv ns, diastolic ns –mv plus –Minidiff), overweight plus (über 26 !!), Chole plus, exercise ns, diabetic ns, Ko von age sex Portug –Chole ns (und anderes abgeschwächt –nicht gezeigt welches)**

Larson,D/Wilson,W: Religious life of alcoholics, in: Southern Medical Journal 73, 723-727, 1980

Alc-Patienten, nur M vs Kogruppe aus derselben Gegend, Alk: sep/div plus, from broken homes, wenig SES, baptists, no pref, wenig cons rel (born again, Kg, pray, read bible nötig to live out a successful life), stattdessen be good and do good; Mutter mehr Kg, Väter weniger als normal (Streit ?), lost interest in rel as teens 89 :20; salvation experience neg, salvation hält nicht lange, nüchtern sein danach auch nicht, bible reading kaum, pray minus, pray before meals minus, public confession of faith 3 vs 56, Glaube an trinity/ew Leben –ns !, (Mutter Kg, bei Bapt, aber lib Inhalte und Vater kein Kg eher; Alk selber schwache Rel, wenig Praxis, eher viel Glauben),

5 Punkte (1 sample, 4 Messung) **Eltern heterogam in Rel –Vater wenig Kg, bei Ba - mit lib Ideen, Kind driftet weg als teen, hat etwas Glauben aber kaum Praxis, no denom plus**,

Lasagna,L et.al.: A study of the Placebo Response, in: American Journal of Medicine 16, 770-779, 1954

OP-Patienten nach OP, 18-74, -11 immer Besserung durch Pl, 16 (3 fast) immer ohne Besserung (oder 10 vs 21) , oft Vp mal mit mal ohne Wirkung von Pl/ auch Morphin wirkt bei reactors besser, auch Vp da, bei denen gar nix wirkt, //Pl reduziert wahren Schmerz – der ist nicht eingebildet (Pl heilt Organisches als Urs für Schmerz oder psych Begleit-urs für Schmerz bei organ Krankh)
Reactors: empfinden weniger Schmerz (subj, nurse-Bewertung), care in hospital wonderful, weniger Nachfrage nach medication, mehr compliance, likes everyone, und ! -somatic symptoms under stress, bad menstrual pain, concerned about self, aspirin Abführmittel plus, weepy, talkers – expressiv, reden frei, oft über sich/Probleme, edu minus, regular Kg/interested in church affairs plus, IQ ns, (Rorschach: anx selfcentered preoccupied with internal body processes, emot labil, less mature, instinctual needs greater, control over social expression of needs geringer, dependent, outwardly oriented, ((E A N –und rel ?? und weniger Schmerz ??) MF ns, age ns
nonreactors: rigid emotionally controlled, critical bei Wirkungen// kriegen mehr Morphin, wenig Wirkung
reactors: immature, dependent, outwardly responsive –kriegen relief durch comfort von nurses und von confidence in effectiveness of drugs, auch Morphin hilft

(N, hypocho mit pos Denken ? A ? ängstlich und gehorsam ?/uneinheitlich Reagierende –Situation stärker ?)
(unter 5) **konsistente Pl-reactors –N mit pos Denken, A ? E ? Gehorsam, submissiv unkritisch, unreif, outwardly responsive, wenig rigid/controlled, Kg pos**

((Laub,J/Vaillant,G: Delinquency and mortality: a 50-year follow-up study of 1000 delinquent and nondelinquent boys, in: American Journal of Psychiatry 157, 96-102, 2000

500 Jungs aus Glueck-Studie, mit 11-16 delinquent, 3,5 convictions, vs 500 controls matched in age ethnicity IQ high crime low income neighborhoods, 42 % der Deli mit 65 tot, 27 % der nondeli,Tod durch: Homicide Alk Unfälle Infektionen Herz; Krebs Sm ns, mehr unentdeckte unofficial deli –mehr Tote; IQ als Kind ns, aber edu neg zu mort, /Ursachen: unoff deli, dysfunct upbringing, edu minus, alc plus, adult crime plus,))

(auch in R Gl) Laudet,A et.al.: The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step-fellowships in quality of life satisfaction among individuals in recovery from Alcohol and Drug Problems, in: Alcohol Treatment Quarterly 24, 33-73, 2006
62 % Ne, fulfilling for a year or longer the DSM-IVR criteria for substance abuse or dependence of any illicit drug, (2) self-reported abstinence for at least one month, and (3) not being enrolled in residential treatment/Dependence severity - Lifetime Non-alcohol Psychoactive Substance Use Disorders subscale of the The Mini International Neuropsychiatric Interview (M.I.N.I.), thinking about God; prayer or meditation; attending worship services; reading/studying scriptures or holy writings; having a direct experience with God/ Overall, how satisfied are you with your life right now?"
Rel wb ("I don't get much personal strength and support from God/my Higher Power" and "I have a personally meaningful relationship with God/my Higher Power.)- clean time pos, dependency ns, stress neg, recovery ss/ss pos, exi wb pos, 12 step involvem pos//rel act pos, Lz pos//rel activities: clean time pos, dep pos, stress minus, recov ss/ss pos, exi wb pos 12 step involvem pos

4 Punkte (1 sample, 2,5 Messung, 0,5 stat) **rel activities und rel wb pos zu Lz, exi wb, neg zu stress**

(unter 5**) rel activities und rel wb pos zu clean time, 12 step Teiln, recovery ss/dependency ns**

(R Gl, Gesu, fert, div, pos) Laumann,E et.al.: The social organization of sexuality. Chicago/London 1994

National Health and Social Life survey, ca 3400 Vp/Masturb not at all –no weniger als mP cP K(MF) Schuldgefühle danach –bei F no ns, bei M no weniger, Rest gleich; Häufigk von Sex – ns; had always orgasm VP/partner –no ns minus bei F,M ns; extremely physically satisfied with partner –no ns neg, extremely emot sat with partner –no ns neg, Dauer von sex –no etwas mehr, find practice very appealing – oral sex/, watch other people do sexual things/ Gruppensex vibrator/dildo/ sex with stranger/same sex – alles no plus, (oft sehr wenig da – kleiner 10, nicht immer linear zu cP), number of sex partners in einem Jahr /fünf Jahren/seit 18 - no plus; (Asian 8- Ne 27, aber Ne nicht mehr sex im Jahr)/ partners letztes Jahr/seit 18 – sexual activity guided by religion minus (Hälfte) (mv demogr, coh, ever in jail, virgin mit 18)/same gender sex partners –last year/past 5 years/seit 18 neg zu Kg; (1-4 % allg)/ Homo-identity attraction appeal desire –Kg neg, (forced to sex –Hälfte von jemand den man liebt) forced F –viele Partner, oral anal group sex/touched in Kindheit – mehr sex partner, homo, oral sex, group sex, force F to sex; use of contraception no ns;
outcomes of conception – no live birth weniger, miscarriage abortion mehr, cP umgek (F), M dto, aber abortion mehr als no, K mP weniger,

(happy –number of sex partners neg und no partner neg; mehr sex besser, ab zwei bis dreimal Monat besser, mehr bringt nix mehr dazu, oral ns neg, Länge von sex ns, orgasmus Häufigkeit ns pos M, pos F, viel Denken an Sex ns pos; masturb neg, Homo neg, sex toys sex aids (movies magazines) ns; ein Partner verh bringt am meisten physical und emot pleasure, mehr pos feelings, weniger negative, coh weniger, mehrere Partner weniger,
pain bei sex no ns minus, F plus; sex not pleasurable M cP ns pos, F no ns pos, unable to orgasm ns, lacked interest in sex M no ns pos, F cP ns pos; anx bei performance M cP ns plus, F no ns plus; climax too early M cP ns pos, F‘ no ns pos; unable to keep an erection ns, all diese Items neg zu happy;
9,5 Punkte (3 sample, 6 Messung , 0,5 mv**) ungewöhnl sex practices rel neg, Häufigk/Orgasmus ns(pos), weniger Partner, weniger Homo, use of contraception ns, Abtr nur bei F besser** R pos

6 Punkte (3 sample, 3 Messung) **Happy –no weniger, no rel Schuldgef bei Mast ns, emot/phys zufr mit Partner no ns neg, sex not pleasurable/Angst bei performance: M cP, F no nspos** R Gl

(unter 5) **srh –cP neg, Rest ns;** R Gesu

4,5 Punkte (3 sample, 1 Messung, 0,5 bei) **children ever born – Null vs mehr als drei: no 45 -19, mP 29-26; cP 18-40, K 32 -27 (F); M –no 51-17, mP 41-19, cP 40 -21, K 41- 22, no merh miscarriage, cP weniger** R fert

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **marital dissolution –M: K cP ns, Kg minus, differ in rel preference plus/F –dto (mv demogr, cohort, div parents, different ethnicity coh vorehel sex) rel guides sex behavior neg**, R div

(R Gl, Gesu, help, pos) Lawler,K/Younger,J: Theobiology: an analysis of spiritutality, cardiovascular responses, stress, mood, and physical health, in: Journal of Religion and Health 41, 347-368, 2002

75 % F, 8 K, 13 no/ath, 15 new age, 12 step, agno, course in miracles; //RestQ -general stress, emotional stress, social stress, conflict/pressure, fatigue and time pressure, lack of energy or inability to concentrate, and somatic complaints.und five restorative scales - success such as pleasure at work, social relaxation, somatic recovery such as fitness, general well-being and sleep quality/POMS-anxiety, depression, anger, vigor, fatigue-inertia and confusion bewilderment. Items: "sad," "forgetful," and "angry"/" give ss -I am one of the first people to lend an ear when someone I know needs to talk, " and "I offer to pick up mail, water plants, and feed pets for others when they go on vacation."30 items, - giving to others, support through stress relief, emotional support, practical assistance and tangible assistance. Stanford Spir experiences -16 questions, such as "I find strength and comfort in my religion or my spirituality" and "I feel God's presence."//spir exp ohne Inhaltsklärung SEI
after an initial blood pressure measurement, a 10 minute rest period was begun.
asked to recall a time when he or she had been hurt or betrayed by a relationship partner, questions about the event itself: how long ago and who involved, describe the event, severity, response to event, what hurt the most, and justice or revenge taken. 10 questions about the offender: brief description, quality of relationship, importance of relationship now, reason for betrayal, contact now, forgiveness and rationale, apology/restitution, remaining negative feelings and requirements for healing. state forgiveness regarding the event described. what does forgiveness mean to you, why do you forgive, are there any unforgiveable acts?
diastolic blood pressure (DBP), systolic blood pressure (SBP) and heart rate (HR). Readings were obtained during minutes 5, 7, and 9 of the baseline period, every minute of the interview sections, and every minute of the recovery period; mean arterial pressure (MAP), an average which more accurately reflects total average pressure, and rate pressure product (RPP; SBP * HR) which reflects sympathetic drive to the heart.
(Q –Swb rel pos !, E pos, I ns; E –Swb E pos !, Q pos, I ns;)

6 Punkte (0,5 sample, 4 Messung, 0,5 mv, 1 stat) **SBP, DBP, MAP, HR and RPP zu SEI, Stanford, I E Q rel spir wb/exi wb (absoluter Kannib) –nur: DBP und MAP –neg zu rel spir wb; Stanford neg; I neg, (mv F) chronic illness/symptoms/medications ns zu I EQ, nsneg (außer illness) zu Stanf SEI; no aff –MAP pos, Kg MAP minus, SBP neg, symptoms ns//** R Gesu

6 Punkte (0,5 sample, 4,5 Messung, 1 stat) **POMS – Stanford neg, SEI rel spir wb I -ns/neg, E Q ns; (Stanf,SEI rel wb I -10 neg, 10 nsneg, 3 nspos, 1 pos)perceived stress –Stanf minus, SEI rel spir wb nsneg I nspos; E Q ns; zu Rest Q : bei neg Teilen/stress -Stanford neg, SEI ,rel spir wb neg meist; I ns/nspos/pos !, bei pos Teilen umgekehrt**; **(ca 20 pos, 11 nspos, 8 ns, 6 nsneg, 3 neg)** R Gl

3 Punkte (0,5 sample, 2 Messung, 0,5 stat) **Forgiveness –Stanford, SEI pos, subj rel wb und I ns pos, E Q ns** R pos
3 Punkte (0,5 sample, 2 Messung, 0,5 stat), **Give to others -stress relief emot supp (practical, tangible ns) –pos zu SEI Stanford, rel spir wb I , E Q ns;** R help

(R pos, Gl, Gesu) Lawler-Row,K/Piferi,R.: The forgiving personality: describing a life well lived ?, in: Personality and Individual Differences 41, 1009-1020, 2006

Vp 60 J, Forgiving Personality Inventory -33 Items, I tend to be a forgiving person, I tend to hold grudges; Health -40 ailments, symptoms /stress – general, emot, social, conflicts/pressure, fatigue, sleep; Ryff-environmental mastery,selfacceptance, purpose in life, autonomy, pers growth pos relations with others; /health behavior – maintaining enhancing wellbeing, avoid minimize effects of accidents, risktaking avoid substances die ungesund sind,//Kg pos zu forgiveness, neg zu depr, zu Rest ns;//forgiveness –Lz Diener pos, ailments ns, Depr neg, stress neg, Ryff pos (alle Einzelskalen auch), healthy behaviors pos, ss pos, rel wellbeing pos, //rel wellbeing –forg health behavior ss pos, phys symptoms ns, Depr neg Lz pos, Ryff pos, stress minus;

(unter 5) **Rel wellbeing ns zu physical symptoms/ailments, pos zu health behavior** R Gesu
3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Kg rel wellbeing pos zu forgiveness , forg pos zu GesuV und Gl** R pos
(unter 5) **rel wellbeing pos zu Lz, Ryff, neg zu stress, depr; Kg neg zu depr,** R Gl

(R Gl, Gesu, help) Lee,K/Ishii-Kuntz, M: Social interaction, loneliness, and emotional well-being among the elderly, in: Research on Aging 9,459-482, 1987

Gesu – 2 subj Items

Morale – nothing ever turns out for me the way I want it to, this is the dreariest time of my life, das meiste was ich tue is boring monotonous, things just keep getting worse for me as I get older, on the whole,life gives me a lot of pleasure, compared to other people, I get down on the dumps too often, I have a lot to be sad about,

Lonely – werde nicht so oft eingeladen wie ich will, Leute sollten mir mehr schreiben anrufen Freunde finden serious problem, feeling lonely serious pr –Cr 66

Kg zu: (edu pos) Gesu ns posF, pos M; Bez zu family, Nachbarn friends pos, (häufig), number of volu orgs belonging to pos, confidants M ns pos, F pos, lonely M ns minus, F minus, morale pos,

mv Kg ns zu lonely, morale (Überko stark, Ergebnis wertlos)

(unter 5) **Kg – Gesu nsposF, pos M;** R Gesu

5 Punkte (2,5 sample, 1,5 Messung, 0,5 mv, 0,5 stat) **Kg – lonely M nsneg, F neg, morale pos** R Gl

(unter 5) **number of volu orgs belonging to pos zu Kg** R help

Lehr,U et.al.: Vergleiche von Überlebenden und Verstorbenen in der Bonner Gerontologischen Längsschnittstudie (BOLSA), in: **dies.(**Hg) Formen seelischen Alterns: Ergebnisse der Bonner gerontologischen Längsschnittstudie (BOLSA). Stuttgart 1987, 228-250

Beginn 1960/66 -222 Vp, T2 1972/73, T3 1976/77, T 4 1980/81 –da 123 Tote gegen 52 untersuchte Überlebende;
Konfession ns, religiöse Inhalte/Kirchenbesuch (Tageslauf) ns
(aber auch: sozialer Status ns, Berufns, finanz Belastung ns, Eink nur bei M, verh M und alleinstehende F pos !, gesundheitl Belastung ns Blutdruck ns, Hausarbeit bei M pos, bei F neg, Erhaltung Ausweitung von Interessen ns, Aktivität (eigne, als Partner, Eltern, -nicht bei F, außerfamiliär –wenig bei M; Belastungen –Eltern Partner Verwa Familie, Stimmung Anregbarkeit ns //ärztl Behandlung, phys Abhä Medikamenteneinnahme Gebrauchtwerden IQwirkt

(unter 5) **1 Panel) Konfession, rel Inhalte Kirchenbesuch im Tageslauf ns zu mort (andres sonst Relevantes auch ns)**

Lemon,F/Walden,R: Death from respiratory system disease among seventh-day Adventist men, in: JAMA 198, 117-126, 1966

(SDA –vs smoke, alc, Tee Kaffee, Fleisch, pro rest exercise avoidance of worry tension good hygiene compliance) California SDA, M über 30, 11071 –davon sterben 850, T 2 nach 5 J, 4% Ne (Bev auch) ,nicht ganz so urban wie Bev, mehr profess managerial, ownership//unskilled laborers ns, /nur 2% rauchen(Bev 59) , 33 rauchten mal, aber weniger als Bev, //recent converts- within past 15 years, lifetime member –mit 20 ff
All cause –beobachtete vs erwartete Todesfälle 0,49, ähnl cancer, respir dis, stroke,arteriosklerotic heart dis,other heart dis, accidents, mehr hypertensive heart dis(0,8), kaum Lzirr Lungenkrebs larynx esophagus mouth TB Lungenentz bronchitis (unter 20)/eher Durchschnitt: Leber/Hirnkrebs, Leuk, asthma diab, /keine occ-Diff; rural mehr death ns–anders als Calif, lifetime member um ca 25 % besser, (heißt: auch converts besser als Bev)

9 Punkte (3 sample, 3,5 Messung, 1 mv, 0,5 stat, **1 Panel) SDA mit halbem mort-risk, CVD, cancer, accidents violence respir dis neg, mv occ/urban, ns diab asthma Leber /Hirnkrebs Leuk, fast keine Lzirr Lungenkrebs**

Lemon,F/Walden,R/Woods,R: Cancer of the lung and mouth in Seventh-Day Adventists, in: Cancer 17, 486-497, 1964
47866 Vp, drei Viertel der Mitgl (Rest inactive unknown members)/Gestorbene 1955-59,/Daten aus Interview 1958, 3481 Tote, SDA mehr F/älter -rausgerechnet

SES –SDA mehr professionals, weniger managers/clerical sales domestic personnel craftsmen, farm, laborer gleich,/urban nsneg,

Smoke minus stark, alle lung cancers bei Vp die erst als adults SDA wurden, have recently given up smoking nach langem Rauchen
Mort: all causes M 65, F 74,/ Lzirr ganz wenig, Rest –arteriosc/heart dis/cancer/pneumonia influenza accidents –ca 63-77M, 74-80? F
Krebstodesursachen (alles ns) –alle unter 100 –außer Pankreas/Liver bei F(bei M auch hoch), /niedrig –buccal pharynx lung, bei F cervix urinary; stomach(F minus) intestine rectum prostate breast Durchschnitt, lymph hematic pos,/Lungenkrebs M 13, F 6
8 Punkte (3,5 sample,3,5 Messung, 0,5 bei, 0,5 stat) **SDA weniger mort Krebs und CVD/Rest, MF, sign; stark bei Lzirrh/Lungenkrebs, cervix urinary stomach F, intestine prostate breast Durchschnitt, lymph Pankreas liver pos (Todesurs alles ns); smoke minus**

Lerch,M et.al.: Religious Affiliation and Mortality in Switzerland, 1991-2004, in: Population-E, 65, 217-250, 2010
Population-census 1990 und 2000, death records, Diff bei rel in 90 vs bei Tod –feststellbar: F jung single occ/edu plus other Christians (Evangelical Methodist Church, New Apostolic Church, Jehovah's Witnesses, Christian Catholic Church, Orthodox Church and other Christian churches and communities) und no sehr stark anders (falsche Einordnung bei Tod ?)// we chose to use the affiliation recorded in the census, which is less biased because generally reported by the individual him/herself or by the household reference person, and not by a potentially distant third party. The life tables by five-year age groups are based on the mean numbers of deaths registered between 1991 and 2004. The mean numbers by religious affiliation are redistributed by applying "mobility" coefficients estimated by broad age group on the basis of death certificates matched to the1990 census. In this way, we aim to correct the numerator of the mortality rates so that it can be expressed in terms of the population exposed to risk,estimated as the mean of the population sizes in the two most recent censuses 1990 and of 2000 (unklar, was das heißt, aber wichtig: vor Korrektur haben no und other Chr weit höhere L-erw) –
other Chr vs K/P no -plus 1,1, 1,9, 4,2 F/0,3, 1,2, 1,1 M (no nur gleich P-M, sonst neg) // mv –sex, mar status, occ nationality, age; Vp ab 25 -25-44: oC bei CVD cancer lung cancer digestive Lzirr nsminus, ext cause/Sm minus (P no hier plus), 45-64 –oC bei CVD cancer Lz minus, Rest ns minus; no P plus bei allem; 65f – oC lung cancer, Sm minus, Rest ns minus, P/no alle plus(bis auf no-CVD) /mv in drei Altersgruppen(age, sex, mar status occ nationality) –oC minus, P plus, K ns, J ab 44 minus, no ab 65 minus ! (obwohl in Tabelle A3 klar plus)

8 Punkte (3,5 sample, 2 Messung, 1 mv, 0,5 stat**, 1 Panel) mv other Christians bessere Lebenserw als K, als P, als no; P und no sehr ähnlich; Todesursachendiff: eher external causes, Sm, Lz, /(lung)cancer und CVD nur z.T. Diff, in Altersgruppen dubios**

Le Riche,WH: Age at death: physicians and ministers of religion, in: Canadian Medical Association Journal 133, 107, 1985
(unter 5) **Todesanzeigen von CMAJ –Jan 83 –April 84 –Alter der Ärzte 69 J (289 VP) ; ministers in United Church Observer -77 (74 VP), Jan 81-Dez 83: age at death bei graduates of Canadian medical schools 70, Toronto department of Public Health –Todesfälle -1980-83-61 ministers -79 J, 74 physicians 73; (keine Diff bei CVD oder Krebs)**

Levin,J: God, love, and health: findings from a clinical study, in: RRR 42, 277-293, 2001

Vgl Levin 2002; srh –rel love pos, Kg pray srr ns pos, /mv srh –rel love pos, dann: Kg pos, pray srel ns; ss dazu dto, Swg mastery dazu –rel love pos, Kg ns pos, activity disease enerv dazu –dto, demogr dazu: rel love und Kg pos, pray srr ns;
6,5 Punkte (1 sample, 2,5 Messung, 2,5 mv, 0,5 stat**) Kg und rel love pos zu srh mv, pray srr ns (biv ns pos), (Kannib) /activity limit –rel love neg, Rest ns, chronic disease –alle ns;**
(unter 5) **Kg rel love pos zu Swg, srr pray nspos;**

(R Gl Gesu) Levin,J: Is depressed affect a function of one's relationship with God?: findings from a study of primary care patients, in: International Journal of Psychiatry in Medicine 323, 379-393, 2002

Outpatients of academic medical-center-based family practice clinic, 79 F, 44 Ne,// I love God, God loves all living beings, I feel loved byGod(or a higher power), when I experience Gods love, I feel perfect contentment(?) Gods love never fails, Gods love helps me feel part of something bigger than myself,God always helps me when I help myself , (?)Gods love is eternal; /felt so sad hopeless discouraged had so many problems that you wondered if anything was worthwhile, have you been under or felt you were under any strain stress pressure, been anxious worried upset , downhearted blue, /does bad health sickness pain stop you from doing the things you would have liked to be doing, /enervation –been waking up fresh and rested , felt tired worn out used up exhausted, how much energy pep vitality you felt; //Depr – rel love Kg minus, selfrated rel pray ns minus,(sat with support from family friends ns) Swg –rel love Kg pos, self-rated pray ns pos, mastery , rel love pos; activity limit – rel love minus, chronic disease alle ns, enervation Kg pos//Depr mv –biv: rel love neg; dann: alle rel Items: rel love Kg minus, pray srel ns; ss dazu –dto, Swg mastery dazu dto, aber ns; health items/demogr dazu –rel love neg,

6,5 Punkte (1 sample, 3 Messung, 2 mv, 0,5 stat) **God's love –neg zu Depr mv, pos zu Swg, mastery vitality, biv auch Kg so , self-rated rel, pray ns pos zu Swg, nsneg zu Depr;** R Gl

(unter 5) **rel love neg zu actitivy limitation, ns zu chronic disease, Kg pray srel ns zu beidem** R Gesu

(R Gl Gesu)Levin,J/Chatters,L: Religion, health and psychological well-being in older adults,in: Journal of Aging and Health 10, 504-531, 1998

Myth and Reality of aging survey,Quality of American Life survey, Americans'changing lives, /Defin : org rel –Kg oder Kg plus having rel aff, plus received rel instruction when growing up; oder Kg ,having rel aff, rel volu work; subj rel – impo, religiousness, receiving

spir comfort from rel, /nonorg –read rel books, watch rel programs, / health –how much of a problem presents health, subj srh, health satisfy presence of health problem und activity limitation, fu health chronic diseases; psy wb – ABS Life sat index, PAS/NAS aus ABS,

Gesu – org rel 2pos, 1 ns; nonorg rel -1 pos (mv ns) ; subj rel -1 minus, 1 ns, 1 ns minus (mv: 1 pos,1 ns pos, 1 ns) –biv: 3 pos, 2 ns, 1 minus, 1 ns minus; mv: 3 pos,3 ns, 1 ns pos

Psy wb: org rel -2 ns pos, 1 ns (mv 1ns pos , 1 pos, 1 ns); nonorg rel –ns minus(ns), subj rel -1 ns pos, 2 ns (1 pos, 1 ns pos, 1 ns) biv: 3 ns pos, 3 ns, 1 ns minus; mv: 2 pos, 3 ns, 2 ns pos// org -5 pos, 3 ns pos, 4 ns; nonorg -1 pos, 1ns pos, 1 ns minus, 1 ns; subj rel – 2 pos, 1 neg, 3 ns pos ,1 ns neg, 5 ns (nur mv: org -3 pos, 1 ns pos, 2 ns; nonorg 1 ns, 1 ns pos; subj rel -2 pos, 2 ns pos, 2 ns; alle zus: 5 pos, 4 ns pos, 5 ns)

8 Punkte (4 sample, 2,5 Messung, 0,5 stat, 1 mv) **Gesu-summenitem zu org rel/subj rel (in drei samples), nonorg rel in einem – biv: 3 pos, 2 ns, 1 minus, 1 ns minus; mv: 3 pos, 1 nspos, 3ns,** R Gesu

8 Punkte (4 sample, 2,5 Messung, 0,5stat, 1 mv**) psy wb zu org rel, subj rel, nonorg rel; -3 nspos, 3 ns, 1 nsneg; mv 2 pos, 2 nspos, 3 ns;** R Gl

Bei Gesu und psy wb ziemlich gleich (biv schlechter als mv) –pos und ns pos zusammen mehr als ns (Gesu), gleich (psy wb), kein neg (mv: 5 pos, 3 nspos, 6 ns); org (6 pos, 3 nspos, 3 ns) insgesamt besser als nonorg (1 pos,1 nspos, 1ns, 1 nsneg) /subj rel (2 pos, 3 nspos, 5 ns, 1 nsneg) –zus (biv und mv)- 9 pos, 7 nspos, 9 ns, 2 nsneg ; mv demogr, Kannib;

Levin,J/Chatters,L/Taylor,R: Religious effects on health status and life satisfaction among black Americans, in: Journal of Gerontology 50, 154-163, 1995

NSBA , Org rel: Kg, member of church, belong to church clubs/orgs, other activities at place of worship, hold positions offices in your church

Nonorg rel: read rel books.., listen to rel programs TVradio, pray, ask s.o. to pray for you, Subj rel – srr, impo or rel in home when growing up, impo for Black parents to send children to rel services Lz- life as a whole, how would you say things are these days, have you gotten mostly what you hoped for out of life,

Org rel zu Gesu biv pos, mv ns, nonorg zu Gesu neg/ns neg, subj rel –zu Gesu ns minus/ns

org rel zu Lz –biv und mv pos, nonorg rel zu Lz ns minus/ns plus, subj rel zu Lz pos/ns pos,

(ziemliche Diff biv mv – age gender edu employed region rural mar stat und health ?-unklar)

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Lz –org rel pos, nonorg rel nspos/nsneg; subj rel –pos/nspos;** R Gl

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Gesu –org rel pos, nonorg neg, subj rel ns, mv alle ns** R Gesu

(R Gl, Gesu)Levin,J/Jenkins,C/Rose,R: Religion, Type A Behavior, and Health, in: Journal of Religion and Health 27, 267-278, 1988
Air Traffic Controller Health Change Study, white, males, T 2 nach 3 J, /Jenkins Activity Survey –zur Typ A Messung, /physical illness incidence -14 Krankheiten, monatlich gemessen, health-promotive behave-Kaffee, eating breakfast,regular meals,snacking,cola,vitamins, milk, sleep smoke; /subj distress (Inhalt unklar)
(unter 5) **Typ A-Kg nsminus, ath/agno nspos,Kg/rel –physical illness/Bd ns, Gesu-Verh- Kg ns, P mehr als K/ath/agno; alc Kg minus(bei P und K), ath plus**, R Gesu

(R Gl, Gesu) Levin,J/Markides,K: Religion and Health in Mexican Americans, in: Journal of Religion and Health 24, 60-69, 1985

Mex Am mit Kind, das Kind hat, das verh ist, 74 -49-26 J, /activity restriction wegen bad health,sickness, pain, /days spent in bed in previous year wegen sickness/injury/physician visits, worry over health,/Phys symptoms – headache, colds, asthma, breathing difficulties, stomach problems,diarr, muscle ache backache shakiness trembling eyesight problems usw /chronic dis – hypertension, heart dis, diab, arthritis kidney dis cancer liver disease,
(3 Generationen, MF) Kg – srh pos Generation 1 MF, G2/3 ns; activity restriction – ns (Ausn: M Gen 3 neg), bed disability –G1 neg (nur F), Rest 3 ns, 4 nsneg, 1nspos; physician visits/worry about health ns, physical symptoms – G3 neg, Rest ns
srr –srh, worry, phys symptoms ns, activity restriction –G 1 pos(M), G 3 M minus; bed disability – G 2 M pos, physician visits –G3 pos, (72 Items -8 mal sign) 7 chronic diseases –nur G1 genug Vp –kidney dis neg zu Kg, hypertension pos zu srr (von mindestens 14 Möglichkeiten)

5,5 Punkte (1 sample, 4 Messung, 0,5 bei) **Kg srr meist ns zu Gesu (ca 76 von 86 Möglichkeiten), kein Bonferroni** R Gesu

(unter 5) **(3 Generationen, MF) Kg und srr –Depr ns (12 mal), kein Bonferroni** R Gl

(R Gesu,help) Levin,J/Markides,K: Religious attendance and subjective health, in: JfSSR 25, 31-39, 1986
sample wie 85, aber nur Kath, M ca 90 je Generation, F 200,
Not counting church groups, how many organizations or groups do you belong to ?
About how much of the time does bad health, sickness or pain stop you from doing things you'd like to be doing ?

5 Punkte (1 sample, 2 Messung, 1,5 mv,bei, 0,5 stat) **Kg – srh pos in G1 und G3 bei F (85 bei M und F in G 1 sign !), bei Ko von org member pos, bei physical capacity ns pos, bei edu/inc –**

pos/(Rest (Kg und srr) 6 nspos, 1 ns, 3 nsneg (also eher pos), phys capacity -2 pos, 3 nspos, 4 nsneg, 2 ns, 1 neg (eher ns), , R Gesu

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Sec orgs –Kg/srr -5 pos, 6 ns pos, 1 nsneg**, R help

(unter 5) **subj distress (Inhalt unklar) –keine Diff ath/agno –PK Kg,** R Gl

((R Gl, Gesu,pos) Levin,J: Religious observance and well-being among Israeli Jewish adults. Findings from the Israel Social Survey, Religions 4, 469-484, 2015

Isr Social Survey, ca 6000 Juden,
self-rated health ("How is your health, overall?"; functional health "Do you have any physical or health problem [that has lasted six months or more]"Does this problem interfere with your day-to-day functioning?";, and life satisfaction ("Overall,how satisfied are you with your life
Jewish religious knowledge ("How do you assess your level of knowledge on religion and tradition?"; preserving Jewish religious tradition ("To what extent do you preserve your (Jewish) religious tradition?"; synagogue attendance (combination of responses to "In the past year, did you go to synagogue?" "How often do you go to synagogue?";Importance of Jewish Observance Scale ($\alpha = 0.92$ "Is it important that you or your family do the following things?"; circumcision, aliyah laTorah [reading the Torah] at your bar mitzvah ceremony, a wedding ceremony performed by a rabbi, a religious burial ceremony, and following shiv'ah [mourning] ritual, "Do you consider yourself as being:" 1 = non-religious, secular (lo dati, hiloni), 2 = traditional but not so religious (masortilo kol kach dati), 3 = traditional but religious (masorti dati), 4 = religious (dati), 5 = ultra – Orthodox (haredi)
8 Punkte (3,5 sample, 3 Messung, 1 mv, 0,5 stat) **Rel Wissen/trad/syn att/ impo of Jewish observance –pos zu srh, fu health; srh –nur haredi mehr, fu health –kurvi Trog; mv (demogr) –srh 4 rel Items: Wissen pos att pos, trad (denom), obs ns, Jewish id neg; fu health dto/Kannib** R Gesu
8 Punkte (3,5 sample, 3 Messung, 1 mv, 0,5 stat) **Rel Wissen/trad/syn att/ impo of Jewish observance – pos zu Lz; dati und haredi pos; mv –Wissen, trad, att pos (bei demogr Ko ns), id obs ns, Kannib** R Gl

4,5 Punkte (3,5 sample, 1 Messung) **Rel identity kurvi Trog zu edu** R pos))

(R Gesu, pos) Levin,J/Lyons,J/Larson,D: Prayer and health during pregnancy: findings from the Galveston low birthweight survey, in: Southern Medical Journal 86, 1022-1027, 1993

Geburten an Klinik an Univ von Texas, logbook data 1 Jahr, 3922 Vp, erste 4 Monate: Ne und Hi interviewt 266 /retrospective Frage: while you were pregnant, how often did you pray about your baby ? /right before you became pregnant,/during your pregancy would you say your health was.. -/before/während pregn –did you tend to worry about your health, /before während –how much of the time did bad health sickness pain stop you from doing the things you would have liked to be doing ?
Pray –global health neg vor/bei; worry over health pos vor/bei, functional health ns vor/bei,
Andre Messung: pray neg zu prepregnancy-Gesu, nsneg zu Gesu während pregn ! (pray Korrel - mv age mari stat gravidity edu srr)
srr- global health ns pos, worry ns neg, fu health ns

5,5 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat) **pray for baby –neg zu global health vor pregn, während ns, pos zu worry over health vor/bei; functional health ns; srr ns zu allem**

2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **Edu –pray for baby ns minus, srr pos** R pos

R Gesu,Gl, pos) Levine,E et.al.: The benefits of prayer on mood and well-being of breast-cancer survivors, in: Supportive Care Cancer 17, 295-306, 2009
F 18% no rel, edu plus, –diagnosed and treated not more than 4 years previously;Quality of life was measured using the FunctionalAssessment of Chronic Illness Therapy-Breast - 28 items physical well-being, social/family well-being, emotional well-being, and functional well-being, with separate additional subscales for different cancers that pertain to specific symptoms of each type of cancer. Spirituality - Functional Assessment of Chronic Illness Therapy-Spiritual (FACIT-Sp) 22 items meaning and purpose, a sense of harmony and peace, and closeness to God or a higher being. three subscales: faith/spiritual beliefs,meaning and peace, and additional spiritual concerns -e.g., love, hope, etc.). Profile of Mood States 65 items six subscales: tension-anxiety, depression-dejection, anger-hostility, fatigue-inertia, confusion-bewilderment,and vigor, with a combined total mood score.the Benefit FindingScale.17-item perceived benefits as a result of having an illness (e.g., cancer)// bei not pray die Hälfte mit spir practice; bei no rel beten einViertel, Asian/Pacific mehr Gebet als Latina/white /Zielitems oft hoch/ceiling

(unter 5) **pray zu srh nsneg, phys wellbeing ns //faith/assurance –phys wb ns** R Gesu

5 Punkte (1 sample, 3,5 Messung, 0,5 stat**) Pray weniger NAS bei POMS außer vigor/fatigue – klare Diff, aber ns, emot wellbeing ns,(social family ns) /benefit finding pos, meaning peace ns**, **faith/assurance –Inhalt unklar –emot wb pos, benefit pos, anx depr confusion nsneg, vigor/fatigue ns** R Gl

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Pray –ss und viele soz Kontakte haben ns**; R pos

(R Gesu,Gl) Li, S: Religious service attendance and lower depression among women - a prospective cohort study, in: Annals of Behavioral Medicine 50, 876-884, 2016

Nurses Health Study, biannual, 48,984 Vp, 53 % P, 41 K; 58 years in 1996 (baseline) and followed up to 2008.
religious services attendance was self-reported in the 1992, 1996, 2000, 2004, and 2008 "How often in the past year do you attend religious services?"
For the service attendance outcome in these analyses, we used the information reported in 2004 and 2008 questionnaires
2000, 2004, and 2008 self-reported physician-diagnosed depression. Beginning in 1996 they reported biennially whether they had regular use of antidepressants. 2004, participants were given the 10-item version of the Center for Epidemiologic Studies Depression scale (CESD-10 As a secondary analysis, depression in 2008 was measured using the Geriatric Depression scale (GDS-15)
association between depression and subsequent religious service attendance, the depression exposure was defined as self-reported physician or clinician-diagnosed depression or Mental Health Index ≥52, which was available in the Nurses' Health Study in 1996 and 2000.
From 1996 to 2004, 6,432 women developed incident depression; ohne Vp mit Depr at baseline,

Women who attended religious services often had higher mental health index scores (i.e., fewer depressive symptoms) and lower prevalence of self-reported physician or clinician-diagnosed depression
mv age, baseline depressive symptom in 1992, baseline religious service attendance in 1992 live alone , not employed in the past 2 years marital status , nurses' education level, husband education level, postmenopausal hormone use , race/ethnic groups, geographic region, census track level, median family income, height , family history of myocardial infarction, family history of cancer, family history of diabetes, body mass index , weight change since age 18, physical activity hypertension, hypercholesterolemia , diabetes, diet quality (Alternative Healthy Eating Index 2010), alcohol consumption number of close friends , have someone close to talk to, smoking status physical/functional limitations
Kg 1996 zu Depr 2000/2004, Kg 2000 zu 2004 (Ko von Kg 1992, mv für 96 aus 92, für 2000 aus 1996) neg (3 Depr-messungen –self reported physician clinician diagnosed depr/use of antidepressants, CES-D binär/continuous) –unklar: in einer Tabelle Kg 1996 ns, nur 2000 sign, ist das mv Kannib ?; Veränderung –Kg weniger als weekly 96 und dann Kg weniger als weekly/weekly 2000 – depr neg, Kg weniger als weekly 96 und Kg weekly plus 2000 ns, Kg weekly/mehr 1996 und weekly/mehr 2000 neg- (auch wenig Kg neg !)(Kg-steigerung 2000 bei wenig Kg 1996 –mehr Depr, Kg-steigerung 2000 bei viel Kg –Depr neg)
Depr 96 ns zu Kg 2004/2008, Depr 2000 zu Kg 2004/2008 neg (auch hier: Kannib Depr 1996/2000 gleichzeitig in Gleichung?)

11,5 Punkte (3 sample, 2,5 Messung, 3 mv, bei, 0,5 stat**, 2,5 Panel) Kg T1 neg zu Depr T1, pos zu mental health; Kg T1 neg zu Depr T2/T3 (drei Messungen) auch ohne Depressive in T1, Kg T2 neg zu Depr T3, bei P und K//Depr T1 (schwach)/T 2 neg zu Kg T2/T3, stabil wenig und viel Kg 96/2000 –Depr neg; Kg stark sinkend pos, mittel sinkend ns; Anstieg ns/neg** R Gl

6 Punkte (3 sample, 3 Messung**) Kg - physical activity neg, healthy eating index ns, hypertension, diabetes BMI fu limit Cholesterin ns, alc smoke neg;** R Gesu

R Gl, Gesu, pos) Li,S/Stampfer,M/Williams,D/van der Weele,T: Association of religious service attendance with mortality among women, in: JAMA Intern Med 176, 777-785, 2016

Nurse's Health Study, 1996 T1, T 2 -2012, ohne Vp mit CVD oder Krebs vor 1996, 61 J, 74 534 Vp, alle 2 J, how often do you go to rel meetings or services,13537 sterben, no aff keine da ? Kg (more than) once a week ca 60 %!, white, gesundh-bewusst,
Kg zu: diab ns, hypertension minus, Chole ns pos, physical examination letzte 2 J pos, BMI ns,physical activity ns, smokers neg, no physical function limitation pos, multivitamin use pos,alc use neg, healthy eating pos,/diese gelten als Faktoren; Mediatoren –später gemessen – smoking 98 minus, alc 98 minus, (depr, soc integr 2000, public anx, verh),
Kg zu mort: more than once a week 0,67, weekly 0,74, less than weekly 0.87, Kg 96 at least once a week und 2000 more than once a week 0,55, and once per week 0,61 (Steigerung und Sinken nicht sehr klar, Stabilität stärker wirkend), (Cox Messung und marginal structural model to address potential feedback and reverse causation, mit updated confounders -unklar), gilt auch bei Vp die nicht in nursing home leben, never smokers, with no physical/fu limit, no medical comorbidities (depr), gilt mv mit obigen Faktoren plus demogr und Kg 92
Mort less than once a week –ns neg zu CVD, cancer, weekly 0,80/86, more than weekly 0,73/0,79 mv; (ns bei ischeamic heart dis,sign bei colorectal und breast, sonst nicht; Kg aber ns zu incidence of breast cancer und CVD), bei white und Ne, P und K,

Mediators: depr, smoke, soc integr optimism –alc anx diet irrelev/ohne death events in ersten 4 J dasselbe Ergebnis,
14,5 Punkte (2,5 sample, 5,5 Messung, 4 mv,bei, 0,5 stat, **2 Panel) Kg (stabil noch stärker) neg zu mort, mv, zu hyp smoke fu limit alc neg, Chole, diab phys act BMI ns, healthy eating pos,/bei Ne wh P K nonsmoker, ohne Tote in ersten 4 J (Selektion), Todesurs - CVD und cancer gleich neg, Mediatoren depr smoke soc integr optim; alc diet nicht; sample F, religiös, nurses //ÜberKo** R Gesu

5,5 Punkte (2,5 sample, 2 Messung, **1 Panel) Kg 96 –depr 96 neg, 2000 neg (?), optimism 2004 pos, public anxiety 2004 ns** R Gl

5,5 Punkte (2,5 sample, 2 Messung, **1 Panel) Kg 96 –edu minus, soc integr 2000 (mari stat, other group partic, close friends, close relatives –have/seen, live alone) ns , verh 2000 pos** R pos

(R Krim, pos, Gesu) Litchfield,A et.al.: Dimensions of religiosity as mediators of the relations between parenting and adolescent deviant behavior,in: Journal of Adolescent Research 12, 199-226, 1997

Study 1: LDS M, T1 12-18, T2 nach 9 J, attr 40 %, sehr rel –ceiling; /attendance at sacrament meeting, at priesthood meeting,// study scriptures by yourself, pray privately, try to live a Christian life,// will you go on a mission, will you get married in the temple, will you be active in church //ever drink beer, smoke cig, read pornographic books/magazines (auch hier kaum Varianz, Vp tun das kaum) –alle drei rel Skalen neg zu deviance (T1 –T1, T 2 –T2 und T1 –T 2, /bei denen, die in Mission gehen sinkt deviance, bei andern steigt sie,

4,5 Punkte (1 sample,2 Messung, 0,5 stat**,1 Panel**) **rel Skalen (public, private, rel plans) neg zu deviance (drink, smoke, read porno) Panel** R Gesu/pos

Study 2: LDS 11-15, spring 1989, Fall 1990, spring 1992, Fall 1993; in T2 wird sample vergrößert, attr unklar-aber wohl ca 50 %, /behavioral regulation –go to mall without adult, go to movie without permission, leave after dark,/autonomy –mother respects feelings, accepts me, considers my point,//connection with mother
/family rel – family prayer, read scriptures together, family council; public rel –attend sacrament meeting, attend young men/women meeting, attend weekly activity night; private rel –read scripture, pray think about rel; plans –to be active in church, go to temple,graduate seminary /predeviant behavior –hit someone, take little things, skip school, lie to parents; deviance – tobacco, alc, pot, sex fight steal vandalism vulgar talk jokes film//
Korrel: T 1 family rel –predeviance T1/deviance T4 neg, public rel/private rel T2 und rel plans T 3(s.o.)neg zu dev T4, family rel –pos zu connection with mother; mv-Modell (regulation, connection, predev, autonomy, rel Items) -:family rel neg zu predev,private rel T2 und rel plans T 3 neg zu deviance T4 //connection/regulation pos zu family rel T1; regul T1 pos zu public rel T2, zu plans T3, connection T1 pos zu public/private rel T2 und plans T3, deviant T1 neg zu family rel T1 und zu private rel T2, predev T1 pos zu dev T4;

6,5 Punkte (1,5 sample, 3 Messung, **2 Panel) family rel T 1 neg zu T 1 predeviance (hit, lie, skip, take little things), neg zu deviance(tobacco, alc, pot, sex fight steal vandalism vulgar talk jokes film) T4, pos zu connection to mother/regulation , //public und private rel T2 und rel plans T 3 neg zu deviance T4 /Umkehrungen: behavioral regul/connection T1 pos zu**

public rel T2, zu plans T3, //predeviant beh T1 neg zu public/private rel/plans T 2/3; deviation T1 (anders) pos zu dev T4 R Krim/Gesu (nicht bewertbar)

((keine Christen) Litwin,H: What really matters in the social network-mortality association ? A multivariate examination among older Jewish-Israelis, in: European Journal of Ageing 4,71-82, 2007
Veteran Jewish-Israelis über 70, nach 7 J 684 sterben -38 %, //Kontakt mit Kindern, friends ,neighbors, ss –instrumental financial assistance an Kinder/von denen, /synagogue att –low: events holidays, high –once a week/more,/physical activity –walk, jog,exercise,swim,bicycling, /GHQ -12-four or more depr symptoms gelten als depr case, // ever diagnosed with cancer, heart attack, stroke,diab, Alzheimer,
Mort –no syn att pos, low und high gleich !,
Mv –dto bei Ko von: demogr, Kontakt mit Kindern/friends/neighbors, instrum/financial support club att physical activity smoke depr Krankh work status–no syn att pos,low att pos, high neg;

8,5 Punkte (2,5 sample, 1 Messung, 3,5 mv, 0,5 stat, **1,5 Panel) syn att neg zu mort))**

Locke,F/King,H: Mortality among Baptist Clergymen, in: Journal of Chronic Disease 33, 581-590, 1980
6 Punkte (2,5 sample, 2,5 Messung, **1 Panel) 3446 Ba, 1950-1959Ende, 654 sterben, SMR 20Jf -69, (LCMS 71) 20-64: 49, (vs males, working males) vs all white clergy 49, Todesursachen – zu wenig N, Krebs 62, Herz 76; (Prost Pancreas Lymphom ns/pos, Lunge Blase Unfall Sm neg) Vorteile bei Jungen**

Loprinzi,C et.al.: Prospective evaluation of prognostic variables from patient –completed questionnaires, in: Journal of Clinical Oncology 12, 601-607, 1994
Patients befragt vor Chemotherapie für metastasierten Lungen/colorectal Krebs,1077 Vp -1008 sterben,(follow up-Zeit unklar) ,36 variablen korrel mit mort (Sign .05), genommen 25 (Sign .0001) (Krebseinschätzung/Zustandseinschätzung, food intake appetite pain physical activity, Kalorien, weight loss,vomiting, hours in bed, hours of rest,) mv –nur 5 wirken, 534 Vp missing values, 3 Faktoren –ärztliche und Selbst-einschätzung und Ernährung,//

5,5 Punkte (2,5 sample, 1 Messung,0,5 stat, **1,5 Panel) Faith religion biv ns zu mort bei Krebskranken mit Metastasen, (auch mood, depr, optim perceived stress ns**)

Lorch, B/Hughes, R: Religion and youth substance use, in: Journal of Religion and Health 24, 197-208, 1985
7.-12.Klasse, Colorado Springs, ca 13800 Vp, use of beer, marij tobacco –never tried vs over 15 times last month; (heavy user mehr als 6 mal)poly-alc-number of kinds of alc last month O-3, polydrug –dto; heavy alc use –poly use und use over last month, /heavy drug (ohne Marij) –dto; / beer tobacco marij amphetamine barbiturate nonmember ever used etwas mehr (6-9 %), cocaine 3,/heavy use –tobacco marij 6/7, beer/amph/Koks ns; /Denom –beer ever ns (LDS minus), heavy –K J no etwas mehr; tobacco –ever ns, evtl Me/Lu minus, no plus(LDS

minus) ,heavy –MeLuDisciples minus, J no plus, Marij –ever: LDS minus, K J no plus; heavy –Epi minus, no plus; Amphet/Barb – ever LDSminus, J no pos, heavy: Epi/Pres minus, J plus; Cocaine- ever LDS minus, J plus, heavy –LDS plus ! Disc plus, Ba minus EpiPres minus(LDS -6 mal am wenigsten,meist ever, wenig heavy/ J und no immer viel/Epi Pres eher wenig, Baptist –gegen Alk –wenig Diff zu Epi Pres, nicht gegen Alk) /Korrel biv: church member 35, Fundam-lib 53, Kg 103, impo of rel 88, Kombin Fu-impo 60, Kombin Kg impo 100,/alle 48 Korrel neg sign ! (zu frequ beer,marij, tobacco, polyalc, polydrug heavy alc heavy drug ohne Marij, need help alc or drug problem; am schwächsten wirkt rel bei poly drug und heavy drug ohne Marij, am stärksten bei need help frequ beer/marij//mv mit allen rel Items , grade ,sex –impo 7 von 8 am stärksten,
9 Punkte (2,5 sample, 5 Messung, 1 mv, 0,5 stat)**, LDS v.a. zu ever use neg, aber auch zu heavy; J und no immer pos, K etwas pos, Lu Me etwas neg; alkverbietende Denom Bapt keine Diff zu EpiPres//Kg impo stark –; mv alle rel Items –Kannib - age sex –impo 7 von 8 (Adol bei Kg/Denom nicht frei) heavy use –beer –J, K/no, tobacco –J/no, Ba; marij ever J no K,- heavy no, J/K, Amphet ever –J no K, heavy J/no; Koks ever –J no Disci; heavy –LDS Disci; Korrel: church member Fu-lib (LDS…no) Kg impo neg zu marij use, tobacco, poly alc, poly drug, heavy alc, heavy drug ohne marij, need help bei alc drug problem –alle sign neg (28 von 28), Stärke: church member 35, Fundam-lib 53, Kg 103, impo of rel 88, bei heavy drug schwach, //born again schwach;**

R pos, Gl, Gesu) Lutgendorf,S et.al.: Religious participation, Interleukin-6, and mortality in older adults, in: Health Psychology 23, 465-475, 2004

EPESE Iowa, über 65, rural, 1982-1992, 557 Vp , 111 sterben, in T1 –ADL, chronic illness (diab cancer heart attack stroke hip fracture) , Medikamente, /smoke in T1 und nach 6 J, alc nach 5 J, BMI sleep nach 6 J,/how often do you attend rel services or other rel meetings,

Social club partic –number belong to, number group meetings attended, number offices held, lebende Kinder, close relatives, close friends can count on children close relatives friends in emergency,
10 Punkte (1 sample, 4 Messung, 3 mv, 0,5 stat, **1,5 Panel) Kg never vs 1-2mal year vs every few month -1-2mal month - weekly - more than weekly linear neg zu mort, alc ns, BMI ns,cancer ns, CVD neg, Diab ns, cogn impairment neg, phys illness neg, sleep problems ns, smoke neg, /Kg 1982 neg zu Interleukin 88 pos zu mort 94 (mv –demogr, C-reactive protein, BMI phys illness depr network size CVD) –völlige Mediation** R Gesu

(unter 5) **Kg –Depr nsminus T1, minusT2 , loneliness neg**, R Gl

3,5 Punkte (1 sample, 2 Messung, 0,5 stat) **Kg –club involvement pos, network size ns, soc support pos, edu inc pos,** R pos

Luy,M: Warum Frauen länger leben –wird ein Vergleich der Sterblichkeit von Kloster- und Allgemeinbevölkerung durch Bildungsgrad und Missionstätigkeit der Ordensmitglieder beeinflusst ?, in: Zeitschrift für Bevölkerungswissenschaft 28, 5-35, 2003

Ein Drittel der Mönche, 10 % der Nonnen sind –zeitweilig- Missionare,

6,5 Punkte (3 sample, 1 Messung, 1 bei, 0,5 stat, **1 panelartig**) **Missionarinnen Koh 1 mort minus (es werden gesündere weggeschickt, oder Miss entgehen der TB) Koh 2- Jüngere Miss mehr mort, ältere weniger, Missionare –Koh 1 ns plus, Koh 2 ns, Nonnen mit mehr edu –Koh 1 neg schwach, Koh 2 ns; Mönche mit edu –Koh 1 pos schwach, Koh 2 ns**

Lyon,J/Gardner,K/Gress,R: Cancer incidence among Mormons and non-Mormons in Utah(United States) 1971-1985, in: Cancer Causes and Control 5, 149-156, 1994

Utah Cancer Registry,1971-1985, 49182 new cancer cases , 36935 gestorben an cancer, Anstieg von Bev 66-85: 711525 -1161601, /8 % von LDS mit social security number passen nicht zu Staatszahlen – desh LDS den non-LDS zugeschlagen -10% M, 25 % F
Mit smoking associated cancers: oral cavity, Zunge, pharynx, larynx, trachea,bronchus lung esophagus pancreas bladder;
Age-adjusted –all cancer (ohne non-melanotic skin cancers) LDS minus, nonLDS plus, US M Basis, Diff nur durch smoking related cancers, (Magen colon rectum kidney neg, prostate melanoma nspos, brainZNS Leuk pos, lymphoma neg
F: LDS minus, nonLDS plus, USA Basis, Diff bei smoking related und bei andern –stomach nsminus, colon rectum minus, melanoma brain ZNS Leuk plus, breast, cervix ,corpus uteri minus ovary nsminus, kidney lymphoma minus, /never smoked -LDS MF weniger als non LDS(andere Studie)
7,5 Punkte (3,5 sample, 3 Messung, 0,5 bei, 0,5 stat) **LDS weniger Krebserkrankung als US-Bev und nonLDS, diese mehr als US-Bev (anders als Lyon 76) , M nur bei smoke-related sites, F auch bei andern/frauenbezogenen**

Lyon,J/Klauber,M/Gardner,J/Smart,C: Cancer incidence in Mormons and Non-Mormons in Utah, 1966-1970, in: New England Journal of Medicine 294, 129-133, 1976

Register aller Krebserkrankungen (außer Hautkrebs, der kein Melanom ist) für Utah seit 1966, 10605 Fälle 1966-70, abgeglichen mit church files,LDS Bevölkerung –berechnet per Interpolation von Utah Zensus und Kirchenzensus 1971, Vergleich mit expected cases bei whites/entsprechendem Alter /Geschlecht USA,
LDS weniger cancer incidence(Erkrankung) als Rest-Bev (die hat etwas weniger als USA),
LDS weniger bei smoking-sites(mouth tongue pharynx larynx lung esophagus bladder), female-sites, esophagus, stomach M, colon F, larynx, lung, breast,cervix,ovary bladder, kidney und liver M//ns bei lip, colon M,pancreas, corpus uteri F, //mehr: brain and nervous system M pos,F nspos, prostate M pos//nonLDS auch z.T. besser als USA –klar: smoking related,colon M,pancreas,lung,//
7 Punkte (3 sample, 3 Messung, 0,5 bei,0,5 stat) **LDS weniger Krebserkrankung als nonLDS weniger als USA, bei smoke/alc-related sites und bei andern,**

Madigan,F: Are sex mortality differentials biologically caused ?, in: Milbank Memorial Fund Quarterly 35, 202-223, 1957

Teachers personnel of administrative staff bei kath brotherhoods and sisterhoods engaged in educational work, (nicht: hospital, household manual duty infirmarians nurses missionars foreign born nonwhite, nach 27 Eintretende)/Erlaubnis to smoke –erst kürzlich für sisters, /medizin Untersuchung vor Eintritt –seit 1930 9813 brothers, 788 Tote, 32041 sisters -6144 Tote; age specific death rates 1900-1954, Verhältnis zu US native white male/female,
In 36 von 40 Fällen haben sisters höhere Lebenserwartung als US-F (2 ns?)(Zählung ergibt: 40 von 42) , brothers 35 von 42 (Fälle: Lebenserwartung im Alter von 15, 25 usw -75 in 1900/10/20 ff) (Vergleich zu Bev z.T. unsicher –zu Anfang brothers und sisters zu ganzer Bev)
Lebenserw –mit 15 bis mit 75 und zusammengefasst 1900-1954 –(Vergleich zu USA –weighted for each decade and age group, by sex, according to proportion of number of person-years lived by each experimental sex group in each decade and age group to the total person-years lived by that sex in that age group ??) – brothers mit 65 ns, 75 nsminus; sonst pos, sisters –immer pos, Abschwächung mit Alter,/sisters zu Anfang von Jahrhundert/jung –relativ viel Sterblichk vs brothers–TB ?) /in 6 Dekaden – brothers 6 mal besser als MF Bev, insgesamt 1900-54 –15-44: br 61, sisters 96, 45f – 92 -84; 15 ff -66-92; //

7 Punkte (3 sample, 2,5 Messung, 0,5 bei, **1 Panel) Brothers und sisters in edu-Orden höhere Lebenserwartung als US-M/F, br im Alter schwächer, sisters jung und 1900 f schwächer – TB ?, Diff zu Bev steigt mit der Zeit**

Madigan,F: Role satisfaction and length of life in a closed population, in: American Journal of Sociology 67, 640-649, 1961
Order of Catholic priests/seminarians, ca 1200 Vp, 10 % Militärseelsorger, -verwundet, in Gefangensch, bei Guerilla,/viele Missionare, fettes Essen, wenig exercise, Übergewicht, rauchen (mehr als Bev) T 1 1953, T 2 1957, priests mit weniger mort als white males und als verh white males, (-28/21 %) , Vorteile bei jüngeren, sinkend mit Alter, /mit 15 3,2 J höhere Lebenserwartung, 60-69 ns, dann wieder besser

4,5 Punkte (2,5 sample, 1 Messung, **1 Panel**) **Ordenspriester (teacher, Seelsorger) mit mehr Lebenserwartung, rauchen, wenig exercise, fettes Essen**

((Maes,H/Neale,M/Eaves,L: Genetic and environmental factors in relative body weight and human adiposity, in: Behavior Genetics 27, 325-351, 1997

Twin studies -50-90 % von BMI-Varianz genetisch, family studies 20-80 %,adoption 20-60 % ,Virginia 30000 -66 %, die Hälfte wegen dominance, asso mating 2 %, ,Umwelt nonshared 27, shared 7,))

(R Gl, Gesu) Maes,H/Neale,M/Kendler,K et.al.: Assortative mating for major psychiatric diagnoses in two population-based samples, in: Psychological Medicine 28, 1389-1401,1998

Eltern von twin-Analysen Virginia, Partner ähneln sich in Diagnosen- asso mating ?

Kg zu: (jeweils lifetime) Alcoholism neg, generalized anx ns minus,(M und F), major depr M minus, F ns minus (Sample 1), M ns minus, F minus (sample 2), panic ähnlich: Sample 1 M minus, F ns minus, sample 2 umgek; phobias -3 von 4 minus, einmal ns minus;

7,5 Punkte(3,5 sample, 3 Messung, 0,5 bei, 0,5 stat) **Kg -7 mal nsneg, 7 mal neg zu NAS**

(unter 5) **Kg neg zu alcoholism** R Gesu

Maes,H/Neale,M/Martin,N et.al.: Religious attendance and frequency of alcohol use: same genes or same environments: a bivariate extended twin kinship model, in: Twin Research 2, 169-179, 1999

Ca 28000 Vp, twins und Verwandte Kg neg zu frequency of alc use (more than once a day – never)//kulturelle Übertragung Eltern –Kind: Kg –Kg neg, Kg Alk –pos/neg; Alk zu Alk 4 pos; Alk zu Kg 4 neg;(Erblichkeit: Alk ca 25, Kg 50, shared env wenig !) Kovarianz Kg-Alk bei M zu 68 % genetisch, bei F zu 17 %;

6,5 Punkte (3 sample, 2 Messung, 0,5 stat, 1 U-W) **Kg neg zu frequency of alc use; Kulturelle Transmission: Elterlicher Alk senkt Kg bei Kind, elterl Kg neg zu Kind-Kg !, elterl Alk pos zu Kind-Alk; elterl Kg pos M/neg F zu Kind-Alk//Korrel Alk –Kg: bei M zu 68 % genetisch (d.h. Kg und Alk hängen genetisch zusammen, 30 % nonshared) , bei F 17% Umwelteinfluss: Eltern-Kg/Alk –cultural transmission, genotype-environment-Zusammenhang; -U-W –kann bei F Kg besser kulturell wirken als bei M ?**

(R Krim, Gesu,Gl) Mahoney,A/Pargament,K/Ano,G/Lynn,Q et.al.: The devil made them do it ? Desecration and demonization ant the 9/11-attacks, Working paper 02-10, Bowling Green State Univ, Center for Family and Demographic Research
(This research is based on a symposium presentation delivered at the American Psychological Association's Annual Convention, Chicago, August 24, 2002.)
2 stud samples NovDez 01, AprMai 02, 14 Items desecr -attacks as having violated or desecrated an aspect of their life that they viewed sacred or connected to God. This event was an immoral act against something I value" (83% OH, 70% NY); "This event was a sinful act involving something meaningful in my life" (55% OH, 32% NY); "This event was both an offense against me & against God" (57% OH, 49% NY); "Something sacred that came from God was dishonored" (34% OH, 30% NY). –insges low to moderate Zustimmung, //eight questions - terrorists had intentionally done the devil's work, devil had manipulated the terrorists.: "The devil is at work in these people's actions" (64% OH, 49% NY); "These people are confusing God's work with the devil's work" (60% OH, 56% NY); "These people are on the devil's side" (55%, OH; 42%, NY); "The devil is using these people for his purposes." (52% OH; 35% NY).
Mod to high Zustimmung//desecr ns zu demo !! in sample 2 z.T. mehr demoniz-Äußerung als Glaube an Teufel !,

(unter 5) **Desecr –posttraumatic sympt –IES pos, depr pos, psy growth (PTGI) pos, spir growth pos, demoniz dto –außer: depr ns, //desecr etwas stärker als dem, zweites sample** R Gl

(unter 5) **Desecr pos zu phys symptoms, visit Arzt ns, miss work pos, zweites sample ns, demoniz –phys symptoms ns, visit und miss pos, zweites sample ns** R Gesu

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **extreme retaliation pos (no punishment too extreme for these people, these people should suffer for all eternity; "these people should be tracked down and assassinated),/demoniz dto** R Krim

R Gesu,Gl) Maltby,J/Lewis,C/Freeman,A/Day,L/Cruise,S/Breslin,M: Religion and health: the application of a cognitive-behavioral framework, in: MHR+C 13, 749-759, 2010
Mitgl der anglik Kirche,
Colloquial Prayer (6 items): Talking to God in own words, asking for guidance, blessings, forgiveness, lessening world suffering, and telling God how much he is loved. Petitional Prayer (2 items): Asking for material things for oneself and for friends or relatives. .Ritual Prayer (2 items): Frequency of reading a book of prayer and reciting prayers that the individual has memorized Meditative Prayer (5 items): ‘‘Feeling’’ God, thinking quietly about God, spending time worshipping God, reflecting on the Bible, and listening to God for his answer to prayers. Prayer Experience (5 items): Being inspired or led by God, receiving a deeper insight into spiritual or biblical truth, receiving a definitive answer to a prayer request, feeling a strong presence of God, experiencing a deep sense of peace and well-being. Frequency of Prayer (1 item): On average how often do you pray? Pray with others (1 item): On average how often do you meet others to pray?/rc –Brief RCOPE/I -12 Item-version von Gorsuch/Venables,
SF-36 -36 items eight multi-item scales -Factor 1 role limitations due to physical health problems, Bodily Pain, Physical Functioning, and General Health //Factor 2 – Mental Health (psy distress, wellbeing), role limitations due to emotional problems, - nicht so ganz passend: Vitality (energy fatigue), and Social Functioning
Wichtig:
Pos rc 18,5, neg rc 8; M mehr pray (with others) !,
pos rc: I pos, E pers pos, alle pray Items pos, neg rc ns
neg rc –I minus, E ns, pos rc ns; colloqu neg, petit pos, ritual ns, medit neg, frequency neg, pray with others ns, pray exp neg;
I – neg rc minus, pos rc pos; petit pray ns, Rest pos;
neg rc –I neg, pos rc ns, colloquial, medit, frequency, pray exp neg, ritual ns, with others ns, petit pos (neg rc wenig orth)

6,5 Punkte (1 sample, 4,5 Messung, 0,5 mv, 0,5 stat) **phys health: I pos, E minus, pos rc ns, neg rc minus, petit und ritual ns, sonst pos (collo, medit, frequ, with others, pray exp) /mv alle rel Items: I pos, medit pray pos, pray exp pos** R Gesu

5,5 Punkte (1 sample, 3,5 Messung, 0,5mv, 0,5 stat) **mental health: I pos, E ns, pos rc plus, neg rc minus, alle Gebetsitems pos/mv alle rel Items –I pos, medit pos;** R Gl

(Marmot,M et.al.: Alcohol and mortality: a u-shaped curve, in: Lancet 317, 580-583,1981

1422 civil servants London, ca 113 sterben, 40-64, 10 J, -bei 40-49 hat Null-alc Vorteile, bei 50-59 und 60-64 kurvi: Null soviel wie heavy; bei Nulldrink –CVD höher, bei heavy drink –andre Todesursachen, /smoke auch kurvi zu alc !,(aber alc-kurvi bleibt bei Ko von smoke, Bd, chole, employment) Chole ns, Bd bei heavy alc mehr,
7,5 Punkte (1,5 sample, 2,5 Messung, 1,5 mv, 0,5 stat, **1,5 Panel) Alc zu mort kurvi; non-alc Vp –rauchen mehr, Bd weniger, chole ns, CVD-Tod mehr (passt nicht zu Rel) heavy drink – mehr andre Ursachen: Lungenentz Unfall Sm bronchitis larynx/auch nicht: no alc schon krank –Sterblichkeit zeitlich gleich, nicht anfangs höher; bei Ko von smoke Bd chole employment immer noch kurvi ,Nullalc hier wohl nicht religiöser**

(R Sm, Gl, Gesu, pos) Martin,T et.al.: Antecedents of adult well-being: adolescent religiosity and health, in: Journal of Managerial Psychology 18, 453-470, 2003

Marl, 16 J, technical secondary comprehensive grammar schools, no aff 6,5 (Kg no 87); 51 K; 9 Muslim; // physical ailments, exhaustion, gastric complaints, pains in limbs, circulatory problems, cold symptoms; social problems - 8 anx depr Items, 16 Items introversion, perfectionism, guilt proneness, anx emotionality), self-image – self-satisfaction, number of friends, self–rejection, self-importance),educ threat –number of times school changed, having to repeat a school year; //**bei Kg auch Muslim dabei**

3 Punkte (1,5 sample, 1 Messung, 0,5 stat) **have you ever wished to be dead – ns,** R Sm

(unter 5) **physical exercise –Kg ns pos; smoking –Kg neg; addiction –ns; physical ailments pos;** R Gesu
3,5 Punkte (1,5 sample, 1,5 Messung, 0,5 stat) **Kg - selfimage –ns; anx depr ns, social problems pos (Cr 69)** R Gl

4 Punkte (1,5 sample, 2 Messung, 0,5 stat) **paternal acceptance ns pos, maternal rejection neg; mathematical competence pos, linguistic competence pos, educ threat neg**; R pos

R Gl, Gesu) Maselko,J/Buka,S: Religious activity and lifetime prevalence of psychiatric disorder, in: Social Psychiatry and Psychiatric Epidemiology 43, 18-24, 2008

61 % M, 63% K, Providence, Rhode Island, study site of the National Collaborative Perinatal Project (NCPP), major depressive episode - depressed mood, loss of interest or pleasure, weight or appetite changes, fatigue, guilt, trouble concentrating, and suicidality.//generalized anxiety disorder - excessive anxiety and worry, restlessness or feeling on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbance. alcohol abuse -alcohol use resulting in failure to meet major role obligations, use in physically hazardous ways, alcohol related legal problems, and use despite social/interpersonal problems, abuse, increased alcohol tolerance, withdrawal, unsuccessful efforts to cut down use, and continued use despite awareness of problem
How often do you go to church or temple, or other place of worship, once in a while or regularly// **immer attend 5 minus, changed (vor allem Sinken von Rel) 4 plus//no 6 besser vs immer attend//never attend F 19, M 37 Vp // srr –keine sign Korrelationen mit NAS alc / bei mv vieles schwächer/ns;**

5,5 Punkte (1 sample, 2,5 Messung, 1,5 mv, bei, 0,5 stat) **Currently attend –anx neg (mv demogr, learning disability, SES family of origin) nur bei F// depr ns, mv F ns neg, M pos ! /anx –MF immer attend - minus, changed plus, never attend schwächer plus; mv M ns, F minus; Depr: M immer attend und no -mehr, changed weniger; F: immer att weniger, no mehr, changed noch mehr,/mv M dto, F ns;** R Gl

4,5 Punkte (1 sample, 1,5 Messung, 1,5 mv, bei,0,5stat) **Currently attend –alc neg, mv dto, nur bei F//M - immer attend - changed –never; F : immer –never –changed; F immer/no minus, changed plus; mv M ns,** R Gesu

Maselko,J/Kubzansky,L: Gender differences in religious practices, spiritual experiences and health: results from the US General Social Survey,in: Social Science and Medicine 62, 2848-2860, 2006

GSS 1998, no aff F 11, M 17, public religiosity: Kg plus other activities –rel events prayer meetings Bible study choir practice adult fellowship meetings (weekly vs Rest) ;/pray privately in places other than at church; how often have you read the Bible last year, within your religious or spiritual tradition, how often do you meditate ? '(doing any of this once a day vs Rest) /experience –feel Gods love directly or through others, feel inner peace, feel Gods presence, feel touched by the beauty of creation,
/If you were to consider your life in general these days, how happy or unhappy would you say you are/psy distress- feel nothing could cheer you up, fidgety, nervous, hopeless, worthless, everything an effort; // my health is in general excellent/good/fair/poor;
(mv demogr 5 Items) public rel –srh happy pos, distress neg; private rel und exp –happy pos, Rest ns(außer: M srh privat ns pos, F srh exp ns pos) jeweils M und F; public rel –bei K M dreimal richtig, bei F 2 ns, psy distress pos !, bei ev P –M dreimal richtig, F ns richtig; mP –srh F ns pos, M ns, distress minus, happy ns pos;

6,5 Punkte (2,5 sample, 2 Messung, 1,5 mv,bei, 0,5 stat) **public rel pos zu srh M und F (bei K F ns, M pos, bei ev mP F ns pos, M pos), private rel F ns, M pos, rel exp nspos M, F pos (mv) (4 pos, 1 nspos, 1 ns)** R Gesu

7,5 Punkte (2,5 sample, 2,5 Messung, 2 mv,bei, 0,5 stat) **public rel pos zu happy, neg zu distress MF; private rel und rel exp pos zu happy, ns zu distress, mv (12 pos, 2 nspos, 4 ns) ; public rel: bei K –M distress neg, happy pos, F –distress pos, happy ns/bei evP –M distress neg, happy pos, F distress nsneg, happy nspos// bei mP –M distress neg, happy pos; F –distress neg, happy nspos; (7 pos, 3 nspos, 1 ns, 1 neg)** R Gl

Mason,A/Windle,M: A longitudinal study of the effects of religiosity on adolescent alcohol use and alcohol-related problems, in:Journal of Adolescent Research 17, 346-363, 2002

White , 74 % K, T 2 nach 1 Jahr
how important is your rel , /alc use überhaupt; wieviel trinken die Trinker; alc related problems –with friends, family teachers legal authorities wegen Trinken, missing school, passing out, having regrets the day after drinking, -13 Items, //T1 zu T1 und T2-T2: Kg impo neg zu alc use// (mv age,gender)T1-T2- impo neg, Kg ns neg ; bei Ko von family social support, peer attachment, school commitment, peer alc use impo ns neg; (Ko von Alc in T1 und family support usw – rel ns), /T1-T1 und T2-T2: Trinkmenge –Kg minus, impo ns minus;Kg bleibt sign bei Zugabe von family support usw; //T1-T2 alc Menge –Kg minus,immer sign, impo ns neg; Kg auch sign wenn T1 alc kontroll wird; Alc use T1 zu impo Kg T2 –neg mv,//alc problems –T1-T1 undT2-T2: impo inT2 ns neg, sonst Kg/impo neg(mv ns), T1-T2: Kg minus, impo ns minus (mv Kg ns minus), Ko von T1 alc problems –rel ns;

8,5 Punkte (2 sample, 2,5 Messung, 0,5 stat, 1 mv**, 2,5 Panel**) **Bei Kath –cross-section: Kg und impo neg zu alc use, alc Menge, alc problems (Ko von age gender; weitere Ko- rel ns meist, aber starke Überko und Kannib) ; Panel (bei Ko von gender age): alc use impo neg, Kg nsneg; alc Menge- Kg minus (auch mv), impo ns neg; alc problems –Kg minus, impo ns minus /Umkehrung: alc Menge zu T2 impo Kg neg (nur einmal gezeigt),/ Ko von alc Menge in T1 –Kg sign neg (mv alle Items), bei alc problems und alc use selbe Methode (ÜberKO,Kannib) rel ns,/bei Ko von age gender wirkt Kg und/oder impo – auch im Panel;**

Mason, W/Spoth,R: Thrill seeking and religiosity in relation to adolescent substance use: test of joint, interactive, and indirect influences, in:Psychology of Addictive Behaviours 25, 683-696, 2011
33 rural schools in Midwestern state, 3 conditions: minimal-contact control condition, a Preparing for theDrug Free Years condition, Iowa Strengthening Families Program condition; Beginn mit 6.Klasse –bis 12.Klasse, Thrill mit 11 gemessen: how likely if they had the opportunity and resources: -"Parachute jumping or sky diving," "Hang-gliding," "Bungee jumping," or "Riding down a steep hill on a skate board.*Religious salience* measured at ages 11, 12, 13, 14, 16, and 18 "In general, how important are religious or spiritual beliefs in your day to-day life /religious *attendance* was measured at ages 11, 12, 13, 14, 16, and 18 "How often do you attend church or religious services?
Substance use at age 18. Wie oft used marijuana in the past year; smoked cigarettes in the past drank alcohol without their parent's permission in the past month *Early substance use* use nonuse of any substance (e.g., alcohol, cigarettes, marijuana) at age 11. *Early conduct problems* 6 items (e.g., mean/cruel, got into fights).Seven items - *parent problem drinking*. experienced several consequences (e.g., family problems) from drinking alcohol *Peer substance use* Presence or absence of any close friends who had used either alcohol, cigarettes, or marijuana in the past year at age 11
Rel salience –early substance use minus, parent problem drinking nsneg, peer substance use ns, thrill ns(außer mit 11 neg, und thrill neg zu Kg entwicklung),marij mit 11 und 16/18 neg,alc –mit Alter(16/18) neg, cig immer neg,

Kg: early substance use nsminus/ns, parent problem drink neg, peer subst use ns, thrill ns, zu marijuana cig alc ab 16 neg,// thrill –neg zu rel salience intercept(Anfangswert), ns slope (Wandel),/
rel sal intercept und slope neg zu subst use, ,subst use neg zu rel sal slope, Kg neg zu slope subst use/ ns zu intercept von subst use; (mv parent problem drinking, parent educational attainment, early substance use, early conduct problems, peer substance use, intervention status,gender, thrill) Einiges unklar -(es gäbe 16 Möglichkeiten von subst use T1 und Wandel zu Kg T1Wandel/impo T1 Wandel und Umkehrung –es fehlen hier welche)//und dann noch thrill…

8,5Punkte (1 sample, 3 Messung, 2 mv, 0,5 stat, **2 Panel) rel impo neg zu subst use (alc cig marij) mit 11 und Panel , v.a. ab 16 (peers parents problem drinking ns), Kg neg zu substance v.a. ab 16; neg zu parental problem drinking; unabh von thrill; Kg neg zu Wandel hin zu drugs (Panel), ns zu Anfangswert; Umkehrung: früher drug use –neg zu rel impo Wandel, // thrill neg zu Kg-Wandel, zu Kg mit 11 ns , thrill neg zu impo T1, ns zu impo-Rest/Wandel, thrill –pos zu marij/smoke,ns alc**

3,5 Punkte (1 sample, 1,5 Messung, 0,5 stat, **0,5 panelartig) early conduct problems mit 11 –– rel salience neg(11-18 J) , Kg ns**, R Krim

Masters,Hill etc 2004, evtl sonst irgendwo? –Quelle: Hefti,R: Unterschiede in der Lebenserwartung von Frauen und Männern –welche Rolle spielt die Religiosität ?, in: Spiritual Care 2, 35-49, 2012

75 ältere (bei Jüngeren ns): bei Stress durch Rechenaufgabe Rollenspiel –Intrinsic rel puffert Blutdruckreaktivität, Ext hatten höheren Bd-anstieg unter Stress; **auch Hefti findet das (Hefti 2009a**) bei 40 mittelschwer Depressiven –Huber Zentralität –puffert bei Stress(Stroop-Test)
4 Punkte (0,5 sample, 1,5 Messung, 0,5 stat, 0,5 bei**, 1 Interve) I/Zentralität puffert Blutdruckanstieg bei Stress, bei Älteren/Depr**

(R pos, Krim,help, Gl, Gesu) Masters,K/Knestel,A: Religious motivation and cardiovascular reactivity among middle aged adults: is being proreligious really that good for you ?, in: Journal of Behavioral Medicine 34, 449-461, 2011
70 % F, 34 % nonrel, 24 no aff, keine extrinsics dabei !, I mehr I als E, prorel: mehr I und mehr E, nonrel –wenig I und E; 27 Items,hostility –cynicism, hostile attributions ,hostile affect aggressive responding social avoidance, //Aggr – 29 Items, -physical A, hostility verbal A anger,//I feel compassion for others in the difficulties they are facing, I feel love for others, I feel loved, I feel connected to other people, //Sense of coherence – 29 Items –life is under control, has meaning, part of a great plan, comprehensible, manageable, /Subtraktionsaufgabe ,schnell arbeiten, performance wird aufgenommen und mit andern verglichen, dann role play confrontation mit insurance adjustor, der Bezahlung für Knochemarkstranspl abgelehnt hat mit Vorwand eher für wichtige Bezugsperson,
Keine Blutdruckdiff I-prorel(E plus I) - nonrel,/stress –prorel weniger reactivity bei Bd und heart rate, kaum sign// mv Pers, hostility, aggr, compassion,SoC

3,5 Punkte (1 sample, 2 Messung, 0,5stat) **I –N minus, E plus, O ns, A plus, C nspos, nonrel –N plus (prorel gleich), E minus (prorel gleich), A minus, C nsneg** R pos

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **I - hostile minus, aggr minus, nonrel -hostile plus (pro rel dto) aggr –plus,** R Krim
2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **I - compassion –plus, nonrel -compassion minus (prorel gleich)** R help
(unter 5) **I - sense of coherence plus, nonrel sense of coherence minus (prorel gleich), I –N neg, nonrel –N pos, prorel ns,** R Gl
(unter 5) **Interve - health last month –I/nonrel besser als prorel; Blutdruck und Herzratensteigerung als Reaktion auf Stress –prorel besser (auch mv ÜberKo), I prorel nonrel bei Basismessung von Bd gleich, evtl prorel nehmen Aufgabe nicht ernst, kommen nicht zu Terminen, sind nie erreichbar –Wurstigkeit, desh weniger Stress (nicht belegt in Untersuchung),** R Gesu (**bewertet mit ein Achtel ns, ein Achtel pos)**

McCaffrey,A et.al.:Prayer for health concerns, in: Archives of Internal Medicine 164, 858-862, 2004

Have you ever used prayer or spiritual practice for your own health concerns ? last year
Alle 35, no aff 10, J 9, edu pos, inc minus,
Use of prayer for depr anx psychiatric, cancer, neurol problems diab, sehr viel for wellness –use of a therapy not to treat an illness but to prevent future illness and to maintain health and vitality/-, weniger für: allergies arthritis back neck pain, kidney digestive lung problems,

Prayer very helpful: cancer, anx, kidney problems; weniger helpful: neurological problems, lung heart digestive problems headache chronic pain
Prayer more helpful als physician: depr, anx, arthritis, backneck pain, chronic pain, /weniger helpful – heart lung neurol problems, Rest gleichviel,
72 % derer,die für Gesu beten nutzen auch conv medicine/wer für psychiatric cond betet –nur 10 % Besuch bei Psychiater, andre Zahlen in Tab anders als in Text –Gebet für arthr/pain allergies digestive –unter 50 bei physician, diab Krebs 89/91,
wer für Gesu betet –nutzt mehr: herbal medicines, relaxation techniques, guided imagery, self-help techniques, folk remedies, energy therapy chiropractic, (mv age, sex, denom)
? 7,5 Punkte (3 sample, 3 Messung –keine Gesu-messung, 1 mv, 0,5 stat) **use of prayer für depr anx cancer diab, weniger für allergies pain kidney lung digestive, very helpful –cancer anx kidney, nicht so: lung heart digestive pain neurol, pray more helpful als physician –depr anx arthr pain, weniger heart lung neurol, Rest gleich, Nutzung auch von conv medicine und altern Medizin, Gebet für arth pain allergies digestive –wenig Arztbesuch, für diab Krebs sehr viel,**

(R pos, R Gesu) McCleary,R/Barro,R: Religion and Political Economy in an international panel, in: JfSSR 45, 149-175, 2006

WVS s.o.(außer 00/03), ISSP Gallup s.o., bis zu 68 Länder, zwischen 21 und 48 Länder je nach Jahr, nur 6 Muslimländer; Do you believe in Heaven?"“Do you believe in Hell?” Do you believe in life after death?” “Do you believe in God?” oder Glaube gleich any of the following: “I know God really exists and I have no doubts aboutit;” “While I have doubts, I feel that I do believe in God;” “I find myself believing in God some of the time, but notat others;” “I don’t believe in a personal God, but I do believe in a Higher Power of some kind./” whether “there is a personal God” or whether“there is some sort of spirit or life force/Independently of whether you go to

church or not, would you say you area religious person?" "Would you describe yourself as (1) extremely religious, (2) very religious, or (3) somewhat religious?"/alle surveys zusammengeworfen, auch ein Land oft mehrere Male drin

7 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat)**Aggr log of per capita GDP –neg zu allem: Kg, LnT Glaube an heaven hell God, rel person; (mv state rel, regul of rel, (ex)communist, rel plur, Religionen); bei Ko von edu urb L-erwartung, age, -alle ns bis auf hell-neg zu GDP, edu –alle rel Items pos** R pos

6 Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat)**Aggr Lebenserwartung –bei Ko von edu, urb age GDP –Kg neg, heaven ns, hell ns, LnT nspos, God neg, rel person neg,** R Gesu

(Rpos, fert, Gl, Gesu, help) McCullough,M/Friedman,H/Enders,C/Martin,L: Does devoutness delay death ? Psychological investment in religion and its association with longevity in the Terman sample, in: JPSP 97, 866-882, 2009

Sample von 1940 (30 J alt), 1343, 56 % M, 45 % P, 3 K, 5 J, 45 no, rater-Defin von Rel –alle Aussagen der Vp aus versch Zeiten beurteilt -1940,1950, 1960, 1977, 1986, 1991,
O actively antireligious, lack of personal religious interest/ inclination, total lack of life satisfaction gained from religion,some degree of hostility/suspicion regarding religion or religious beliefs und religion has no importance in subject's life, no religious interest, no religious inclinations, total lack of life satisfaction gained from religion; 1 religion has slight importance in subject's life, slight interest in religion,slight religious inclination, or slight degree of life satisfaction gained from religion; 2 religion has moderate importance in subject's life, average interest in religion, moderatereligious inclination, or moderate degree of life satisfactiongained from religion; 3 religion has above-average importancein subject's life, above-average interest in religion,above average religious inclination, or high degree of life satisfaction gained from religion; 4 religion has very high importance in subject's life, very high interest inreligion, very high religious inclination, or very high degree of life satisfaction gained from religion. T 4-6 –nur noch values von 54, 51,34 %; 2005, 1,271 of the 1,528 Vp dead, leaving 257 potentially alive, 136 had responded at all since 1991./Pers –C 7 Items, E 7,(je Cr 65) A 11, N 17,// married in 1940 ,number of professional/business organizations involved in 1940, the number of offices held in organizations in 1940, number of avocational activities participated in 1940, number of service activities participated in 1940, lived with someone in 1940, psychological adjustment "general adjustment" (0 satisfactory, 1 some difficulty, and 2 considerable difficulty. 4-point rating of seriousnessof any stressful life events having recently experienced . 4-point rating extent of nervous symptoms suffered as a result of the recent life event (none to 3 nervous breakdown).
3 rel trajectories –flach, arel 39 %,; highly rel, Anstieg und Abflachung 16 %, und mittelrel kurvi, Buckel,45 %, **(Unpassendes: E mehr rel, N mehr rel, rel mehr maladj, srh ns, verh neg, N neg zu mort, srh kaum neg// bei rel Gruppen: N zweimal neg zu mort, C einmal, Kinder zweimal, alc zweimal, srh einmal, maladj nix**,

4 Punkte (1,5 sample, 2 Messung, 0,5 stat) **C ns, E A N pos, verh minus zu highly rel traj, Umkehrung** R pos

(unter 5) **psy maladjustment 1940 und 1945/60 pos, N ns/nspos zu highly rel traj (Text pos, Zahlen dubios) (Umkehrung)** R Gl

8,5 Punkte (1,5 sample, 2 Messung, 3 mv, bei, 0,5 stat, **1,5 Panel), highly rel – BMI ns (Umkehrung), alc minus srh ns (Umkehrung und parallel), //mort minus bei F (highly und mittel vs low rel, bei mv personality, srh, member BMI psy maladj verh alc 1940 –mittel neg, highly ns neg, /dazu noch: verh, Kinder, alc, srh psy maladj später –beide nsneg (Überko)** R Gesu

3 Punkte (1,5 sample, 1 Messung, 0,5 stat.) **highly rel –Kinder lifetime pos,** R fert

2,5 Punkte (1,5sample, 1 Messung, 0,5 stat) **service activities pos, offices held, avocational activity ns zu highly rel traj, Umkehrung** R help

((**Zwei Bewertungen –in 1 fehlt R help//R Gl fert Gesu pos) McCullough,M et.al**.: Does devoutness delay death ? Psychological investment in religion and its association with longevity in the Terman sample, in: JPSP 97, 866-882, 2009

Terman, Daten von 1940,born 1910, Tod 2005, white edu IQ plus, 45 P, 45 no aff, rel von rater beurteilt nach Angaben in 6 waves -1940-1991,actively antirel – kein personal rel interest, keine rel inclination, keine life sat gained from rel, hostility suspicion vs rel/rel beliefs und dasselbe ohne suspicion, dann slight interest,inclin,sat, dann average moderate , dann above average und high sat, dann very high interest inclin sat; 1977 54 % ,86 -51, 91 -34 % Angaben zur rel; //2005 leben noch 257 evtl –nur 136 antworten, /psycho maladj – Beurteilung ob Vp generally adjusted ist plus seriousness of any recent stressful life event und extent of nervous symptoms Vp suffered as a result of recent life event//3 trajectories –highly rel,(16 %) steigt, erst spät kein Anstieg mehr; kurvi Buckel(45), low minimal sinkend (39) ; zu 1: C ns, A E pos,N ns pos, verh ns, BMI ns, alc abuse minus, srh ns, maladj ns 1940, mehr Kinder lifetime pos, service activities pos//Kurvi-rel: E ns, A pos, N ns, verh plus, service plus, BMI ns, alc minus, srh ns, maladj ns, Kinder plus;/mortality –high (59)und Buckel(70) besser als low rel bei F, bei M ns; zu mort -mv 14 Items (Pers, verh, profess memberships, offices held, avocational activities, service active(volu), live with someone, srh, alc abuse, BMI, psy maladj) –high rel ns neg, kurvi sign neg !; dazu noch ever married, Kinder, alc psy maladj srh später gemessen – high und kurvi ns neg; //
Wirkung innerhalb von rel –Pers ns (evtl N neg); Kinderzahl neg, innerh von low rel – M ns! (kann kaum stimmen), suspekt /highly rel weniger N, desh evtl mort nur ns neg bei mv/trotz AutoK ist rel eher pos zu maladj !

7 Punkte (1,5 sample, 1 Messung ,**3 mvPers, 1 panelartig,** 0,5 stat**) Zwei rel trajectories vs unrel traj – T 1 A pos, E/N ns/pos, C ns zu rel, mv; nur Einfluss von A auf Rel, Rest nicht** R pos
8,5 Punkte (1,5 sample, 2,5 Messung, **3 mv Pers, 1 panelartig** , 0,5 stat) **Zwei rel trajectories vs unrel traj – T 1 BMI ns, alc minus, srh ns ; (kein Einfluss von Gesu auf Rel, außer alc) rel – beide traj -zu mortality minus, auch mv, nur bei F** R Gesu
7 Punkte (1,5 sample, 1 Messung **, 3 mv Pers, 1 panelartig ,**0,5 stat) **Zwei rel trajectories vs unrel traj – Kinder lifetime pos zu rel, mv** R fert

7 Punkte (1,5 sample, 1 Messung **,3 mv Pers,** 0,5 stat **1 panelartig**) **Zwei rel trajectories vs unrel traj – T 1 maladj/NAS 1940 ns, maladj 1945-1960 pos zu rel, N ns/nspos (Text pos, Zahlen dubios)** R Gl

(R Zusfass, Gesu) McCullough,M/Hoyt,W/Larson,D/Koenig,H/Thoresen,C: Religious involvement and mortality: a meta-analytic review, in: Health Psychology 19, 211-222, 2000

42 effect sizes,125 826 Vp, (viele davon hab ich, bei einigen stehen andere Zahlen als hier), rel – 29 % geringere Sterblichkeit, entspricht Korrel von 0.10 /Ko von male race inc edu -1,3, plus functional biomedical measures -1,26, plus smoke alc BMI -1,21, plus social support, social activities, mari stat -1.23,
relevant fürs Ergebnis: längeres follow up ns, mehr controls neg, M neg, age at baseline ns, community vs clinical ns, Messung per public rel vs alles andere (mixed private missing) besser,/aber private vs others ns, mixed vs others schlechter ,//kein publication bias, fail safe: 1418 effect sizes mit 1.0 wären nötig zur Widerlegung
Schlechte Messung ist unreliability –die verringert die Korrel ! ?
Korrel schwächer wenn M, nonpublic rel, wenige controls da sind,

(R help,Gesu) McCullough,M/Laurenceau,J-P: Religiousness and the trajectory of self-rated health across adulthood, in: Personality and Social Psychology Bulletin 31, 560-573, 2005

Terman, Vp die 1940 mindestens 20 J alt sind, Befragung 1940,45,50,60,72,77,82,86,91,96,99, Rel 1940 (P 45, K 3, no 45) ,rel: interest in rel, like reading the Bible, giving children religious instruction is essential for the successful marriage , number of rel activities Vp is involved, /Messung von N E C A –korrel hoch mit modernen Messungen, alc: never used –alc is a problem, drink periodically steadily, am drunk fairly often attempts to stop unsuccessful; global adjustment difficulties, seriousness of recent life events, nervous symptoms Vp suffers as result of recent stressful life event// profess/business orgs involved in, offices held in orgs, avocational activities, service act, mari stat,live alone;
10,5 Punkte (2,5 sample, 2,5 Messung, 3,5 mv,bei, 0,5 stat**, 1,5 Panel) Religiousness –A E C pos, N ns, BMI ns, alc minus, /mv (sex, Pers, adjustment diff, BMI alc ss/social activity) –rel pos zu srh allg, F mehr(M mv ns, biv evtl pos) Veränderung von srh: mit Alter sinkend(linear und am Ende stärker)–rel mildert das (nur bei F,mv)** R Gesu

4,5 Punkte (2,5 sample, 1,5 Messung, 0,5 stat) **Religiousness –profess org ns, offices ns, service activities pos** R help

R help, Gl, Gesu) McDougle,L et.al.: Health outcomes and volunteering: the moderating role of religiosity, in: Social Indicators Research 117, 337-351, 2014
National Survey of Midlife Development in the United States (MIDUS II). Ca 1800, 57 J!, In general, would you say your physical health is excellent etc, In general, would you say your mental or emotional health is excellent, how many hours in the past year they spent volunteering each month in four different areas (a) hospital, nursing home, orother health care oriented volunteer work; (b) school or youth-related volunteer work;(c) volunteer work for political

organizations or causes; and, (d) volunteer work for any other organization, cause or charity. – mehr als eine Stunde pro Monat ist volu; Public religiosity- frequency of religious or spiritual service attendance, frequency of participation in religious or spiritual activities. the importance of religion in life, degree to which felt religious /Private religiosity prayed in private, meditated or chanted, read the Bible or other religious literature, importance of spirituality in life and the extent felt spiritual.
Biv: public rel –srh ns, srmh ns, volu pos; private rel –srh neg, srmh neg, volu pos
Srh –mv, volu pos, dann demogr/fu limit, dazu public rel pos , private rel neg, Intera: bei volu – public rel pos zu srh und srmh, bei nonvolu ns pos; private rel neg zu srh nicht so stark wie bei nonvolu; bei srmh nicht gezeigt; (dann Behauptung; ns –aber in Table vorher neg; private rel –mal pos Intera bei srh –also srh besser bei volu mit private rel –zweimal gesagt, dann in Table aber neg, nur eben schwächer)

3,5 Punkte (1,5 sample, 1,5 Messung, 0,5 stat) **public und private rel pos zu säk (?) volu,** R help
4,5 Punkte (1,5 sample, 1,5 Messung, 0,5 stat, 1 mv,bei) **biv public rel ns zu srh, private neg; mv Intera –public rel bei voluVp pos, bei nonvolu ns pos; private unsicher, evtl weniger neg, evtl pos** R Gesu
4,5 Punkte (1,5 sample, 1,5 Messung, 0,5 stat, 1 mv,bei) **biv public rel ns zu srmh, private neg; mv public pos, private neg, Intera public –bei volu pos, bei nonvolu ns pos zu srmh; unklar bei private –evtl pos, evtl weniger neg schwach,** R Gl

McEvoy,L/Land,G: Life-style and death patterns of the Missouri RLDS church members, in: American Journal of Public Health 71, 1350-1357, 1981

Todesfälle in Missouri (369 273)und bei RLDS(reorganized) (2081 über 25) 1972-1978,
Vergleich: Missouri RLDS –vs Missouri nonLDS/vs Independence (da leben 40 % der RLDS) nonRLDS vs Utah residents (schwächer) –Lebenserwartung höher, vor allem bei Jungen, MF, bei M stärker,
bei allen Todesursachen sind RLDS besser vs Missouri nonLDS/Independence– Krebs, Bronchien/Lunge, digestive/peritoneum, ischemic heart disease CVD pneumonia/influenza violent deaths, (Lung violent pneumo stärker),Vergleich zu Utah residents allg/CVD ns neg, pneumo und violent neg, Krebs/Lunge digestive ischemic heart dis ns;

8 Punkte (3,5 sample, 3 Messung, 0,5 stat, **1 Panel) reorganized LDS weniger mort, in allen Todesursachen vs Bev in Missouri/region, vs Utah eher ns**

R Gl, Gesu) McIntosh,D /Poulin,M/Silver,R/Holman,E: The distinct roles of spirituality and religiosity in physical and mental health after collective trauma: a national longitudinal study of responses to the 9/11 attacks, in: Journal of Behavioral Medicine 334,497-507, 2011
Survey 2000 -9.9.2001 -Has a medical doctor ever diagnosed you as suffering from any of the following ailments?- 35 physical and mental health ailments//
In November and December of 2001, survey 1,643 adults from the KN panel; 1,382 completed it (84% participation rate). This sample consisted of a random subsample of the national KN sample (n = 933), as well as an oversample of respondents from cities that had experienced recent community traumas (n = 449),In March and April 2002 (Wave 2), in September and November of 2002 (Wave 3), this sample was re-surveyed. A total of 1,141 (90% participation rate) completed Wave 2 and 1,098 (79% participation rate) completed Wave 3. Three more surveys were

administered to this subsample in March and April of 2003 (Wave 4, N = 667, 79% participation rate), September and October of 2003(Wave 5, N = 639, 76% participation rate), and September to November of 2004 (Wave 6, N = 695, 84% participation rate; approximately 50% of the Wave 1 sample). //Annual health surveys, patterned after the pre-9/11 health assessment, were administered. The first was fielded October-December, 2002 (N = 711, 77% participation rate), the second October, 2003-March, 2004 (N = 646 70% participation rate), and the final one during September– November, 2004 (N = 843, 81% participation rate).((1 survey, dann 6 Folgesurveys plus 3 andere ? Vp zahlen in Table höher als oben erwähnt bei mh, bei Gesu unklar) PAS - (affection, joy, love, happiness, contentment, caring, pride,and fondness) within the past week, ICD-9-based categories of infectious (e.g., physician-diagnosed hepatitis or herpes), musculoskeletal (e.g.,physician-diagnosed arthritis or back pain), and cardiovascular(e.g., physician-diagnosed hypertension or heart problems) ailments were created.
‘‘Before the events of September 11th, how often did you attend services or meetings of a spiritual or religious organization?’’ spir : My whole approach to life is shaped by my spiritual or religious beliefs’’and ‘‘I try hard to live all my life according to my religious or spiritual beliefs’’ sample 1 –no aff 14;
8 Punkte (2 sample, 2,5 Messung, 1,5 mv, 0,5 stat, **1,5 Panel) over 36 months nach 9/11 –mv (demogr, mental ailments vor 9/11) rel T1 zu new onset mental ailments (Depr Angst) neg, PAS pos, cogn intrusions (IES oder PTSD-Messung, control 9/11 exposure) neg, spir zu new onset ns, PAS pos, intrusions T 2 pos, aber decline stärker !! (Kannib -0,6 zu Kg),** R Gl

8 Punkte (2 sample, 2,5 Messung, 1,5 mv, 0,5 stat, **1,5 Panel) Over 36 months physical ailments infectious T 1 rel ns, spir neg; cardiovascular ns, musculoskeletal rel neg, spir ns (bei Ko von!: vor 9/11 3 phys ailments, demogr, new onset mental ailm, smoking, BMI total past year phys diagnoses somatization)** R Gesu

McIntosh,A/Shifflett,P: Dietary behavior, dietary adequacy, and religious social support: an exploratory study,in: RRR 26, 158-175, 1984

Ländliches Virginia, T 1 nach 1 Jahr, nutrition site participants, 83 % F, Alte, /lib-mod –Epi Pres Quaker Jew, cons –Ba Lu K Church of Christ Chr Scientist Church of God, Fu –SDA Menno Pe Evangelist Free Meth Naz (19), /partic –belong to church groups, attend church group meetings hold office in church group, partic in rel mass media (listen to radio, watch Tv, read rel books magazines), Kg//disagreements and arguments with friends about rel matters //salience of rel for everyday life, relative importance of rel edu family friends (ohne Bezug zu part !) seltsam: particip bei Fu gleich Me, cP minus !, salience brethren minus; allg part zu sal ns)
meal regularity, caloric protein fat intake /allg dietary adequacy – Frage was man in letzten 24 St gegessen hat – Beurteilung nach Recommended Dietary Allowances für 24 Std und age group
Part –inc edu pos, sal –inc ns, edu neg (vgl aber: part zu sal ns, Fu wenig part, cP minus)

Part – dietary adequ pos, caloric protein fat intake ns pos, regularity of meals pos;
Disagr –alles ns pos, regularity pos, salience –adequ ns pos, caloric/protein/fat pos, regularity ns, (Polung unsicher-pos Korrel mit fat gleich: zu viel fat oder grade richtig ? –ist viel protein neg ? – rel bei caloric fat pos, aber auch bei adequacy/Erklärungen verwirren noch mehr , passen z.T. nicht zu Tables)
mv –(incl demogr, localism denom rel Items) /caloric –Me pos disagr pos,/fat –Me brethren neg, disagr pos, protein –brethren pos partic pos; meal regularity –sal pos partic neg; dietary adequ –cP minus, partic pos, brethren mit part neg,

(unter 5) **Ergebnis unklar –Polung der Items unsicher, mv Kannib, widersprüchlich/evtl: dietary adequacy –partic pos, salience ns pos; disagreement nspos; cP/brethren neg (mv, anders als biv), regularity of meals –part und disagr pos, salience ns, /disagreement –alles nspos,(jedenfalls: nicht rel mit falscher Ernährung) (nicht bewertbar)**

McIntosh,D/Spilka,B: Religion and physical health: the role of personal faith and control beliefs, in: Research in the social scientific study of religion 2, 167-194, 1990

53 F, 19 M, students,/meaning from religion – even though things seem to change so easily in the world, my faith offers me a stable set of meanings, 6 Items, /AGAP -12 Items, work collaboratively with God in coping with life events –When it comes to deciding how to solve a problem, God and I work together as partners, /health status -57 Items, health habits 17 Items, /pure intrinsic –viel I und Q, wenig E, pure E –viel E, wenig I und Q, pure Q –Q, wenig I/E, (I pos zu rel meaning, God control, collab coping - Q E neg)
God control allg, collab coping, health control by God, I E Q pray rel meaning –exercise ns (I minus, E pos, rel meaning neg), awake rested ns, sleep well pos (I pray meaning ns), reg bowel move (I pos) laxative ns, take vitamins pos (Q minus), sedatives/sleeping pills ns, aspirin ns, alc neg (coll ns), smoke ns (I minus, E pos, pray minus) !, chew tobacco nspos ! (I pray pos) thyroid ns,
Sickness (alles zusammen) coll neg, 2 andre control nsneg, I neg, pray neg, meaning neg, E pos – Teilskalen: somatic (faint, dizzy,Migräne,Konzprobleme Muskelspannung) –3 control Items nsneg,I neg, pray neg, E Q pos, meaning neg,//visceral – (ulcer, diarrhea,shortness of breath) –I minus, meaning neg rest ns; respiratory – (runny nose, dry cough productive cough) –I minus, E pos, pray minus,//
Kopfweh, Ohrweh, runny nose, dizzy, short breath, Fieber, energielos,mouth gum disease (Gingivitis), mononucleosis vaginal infect pain swollen joint difficulty swallow faint allergy attack twitching chest pain severe gas menstrual cramps –coll 9 neg, 4 ns neg, 6 ns, 1 ns pos, 1 pos; God control /God health control -3 pos, 38 ns,
Digestive nausea vomit Kopfweh Ohrweh, runny nose, dry cough dizzy chest pain short breath mouth gum, mononucleosis, no energy, skin rash, bladder infect asthma attack allergy attack twitching ulcer hemorrh –I : 14 minus, 4 nsminus, 4 nspos, 1 ns, (E 4 pos, 2 minus..Q 2 pos, 1 minus; pray 4 minus, 13 nsminus, 3 ns, 2 ns pos, 1 pos), rel meaning - 6 neg, 12 ns neg, 1 ns, 4 nspos

6 Punkte (0,5 sample, 5 Messung, 0,5 stat) **GesuV –exercise ns/minus, take vitamins pos, alc minus, smoke ns/minus, chew tobacco pos ! sleep ns/pos; regelm Verdauung I pos; Eher leichte Krankheiten –Krankh-zeichen: Abführ-Schlafmittel thyroid ns/ Krankh/symptome –collab neg, I neg, E, God control/God health control Q meist ns, pray neg, Krankhskalen (gesamt, psychosomatic visceral respiratory) –I neg, coll neg, pray neg, E pos, rel meaning neg/allg: I klar, coll pray meaning mittel, E Q God control, God health control ns**

(R Gl, Gesu) Meisenhelder,J: Gender differences in religiosity and functional health in the elderly, in: Geriatric Nursing 24, 344-347, 2003

Viel edu, viel health (ceiling) SF 36 –mh: pray pos M, ns pos F; impo of faith M ns pos, F pos, Häufigkeit von rel coping M ns pos, F pos; (mv age edu und rel Items) 7 health outcomes zu 3

rel Items –bei M nur : schlechteres phys functioning –mehr rc, bei F: emot limitations to role functioning minus; mehr pain-mehr rc, völlig ns:, general health, vitality, social functioning,

5 Punkte (1 sample, 3,5 Messung, 0,5 stat) **pray, rc, impo ns zu Gesu (phys fu, general health, social functioning, vitality, role funct), rc pos zu pain(F) neg zu phys fu (M)** R Gesu
4,5 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat) **pray (M) impo (F) rc (F) pos zu mh, alle drei ns pos sonst, mv** R Gl

(R Gl, Gesu) Meisenhelder,J/Chandler,E: Frequency of prayer and functional health in Presbyterian pastors,in: JfSSR 40,323-330,2002
80 % M, 17% beten einmal am Tag, 10 2-3 mal Woche, 95 % health good/very good/excellent; SF –short form medical outcomes study (Ware)-phys funct- able to engage in walking climbing stairs,lifting exercise,/ role functioning physical –eng in desired work or leisure activities ohne Gesu-begrenzung, /bodily pain –pain limits normal work,degree of pain; /general health – srh, /vitality-feels energetic versus fatigued, /social functioning –eng in normal social activities ohne Begrenzung durch Gesu/emot probleme, /role funct –emot –eng in desired work leisure ohne Begr durch emot problems ,/mh –general –lack of depr, anx, general feeling of well-being,

7 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat) **Gebet zu phys funct, role funct phys, pain, social functioning ns, zu self rated general health pos (auch mv gender age)ceiling** /R Gesu

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Gebet pos zu vitality, mh /social functioning und role funct emot ns, (auch mv gender age)/ceiling** R Gl

(R Gl, Gesu) Menec,V:The Relation Between Everyday Activities and Successful Aging: A 6-Year Longitudinal Study, in: Journal of Gerontology, Social Sciences , 58B, No. 2, S74–S82, 2003

Aging in Manitoba 1990, 1996, morbidity - heart and circulation problems, high blood pressure,heart attack, stroke, arthritis or rheumatism, palsy, eye trouble not relieved by glasses, ear trouble, dental problems, chest problems (e.g., asthma), stomach trouble, kidney trouble, diabetes, foot trouble, nerve trouble, or cancer. //Have you participated in this activity within the past week?''1 von 18 :church related activities, /Lz Neugarten, Would you describe yourself as being usually . . .'' happy and interested in life?// functional limit- ADL IADL cogn impairment physical difficulty (interviewer rating)
8,5 Punkte (2,5 sample, 1,5 Messung, 2,5 mv, 0,5 stat**, 1,5 Panel) church related activities (mv demogr, IADL ADL cogn imp phys diff, srh, morbidity, Lz) –fu limit neg, mort neg,** R Gesu

8,5 Punkte (2,5 sample, 1,5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) church related activities (mv demogr, IADL ADL cogn imp phys diff, srh, morbidity, Lz) –happiness Lz ns,** R Gl

R Gl Gesu div) Merrill,R/Thygerson,A: Religious preference, church activity, and physical exercise, in: Preventive Medicine 33, 38-45, 2001

Utah Health Status Survey, rr66/mh –during past 12 months, did you seek help from a therapist, counselor, or other mh-professional for any personal or emotional problems,

do you vigorously exercise for 20 minutes at least three times a week /no aff 10, /div sep – active LDS und active others (P/K, andere rel) weniger als inactive und none, //

nondrinker vs mehr als 60 drinks per month dto, smoking –dto,seek prof help dto, srh –active LDS besser, inactive/active other/inactive other und no alle gleich und schlechter;//exercising – mehr als 5 Jahre das gemacht –Kg/deno ns; jetzt (in Utah doppelt so viel wie in USA) - active others, inactive others, no rel, active LDS , inactive LDS , -sign nur LDS inactive weniger; mv age, edu, verh, srh, smoking (jeweils einzeln), mv alle miteinander –others mehr,

7,5 Punkte (3 sample, 2,5 Messung, 1,5 mv, bei, 0,5 stat)**exercise-active(Kg) other, inactive other, no aff, active LDS, inactive LDS,-nur inactive LDS sign minus, Rest gleich; mv;// drink, smoke –active LDS/active others besser als inactive LDS, other/none, srh –nur active LDS besser, Rest gleich**

6 Punkte (3 sample, 1,5 Messung, 1 mv, 0,5 stat**) Seek profess help wegen personal emot problems –active LDS/others vs inactive LDS/others/none,** R Gl

6 Punkte (3 sample, 1,5 Messung, 1 mv, 0,5 stat) **div –active LDS/others vs inactive/no** R div

(R Sm, Abtr,Gesu,Krim) Meulemann,H: Moralische Striktheit und Religiosität in Ost –und Westdeutschland 1990-1994, in: **Pollack,D/Pickel,G (Hg) :** Religiöser und kirchlicher Wandel in Ostdeutschland: 1989-1999. Opladen 2000, 105-139

4 Stichproben, 1990/1994 West/Ost, WVS/Allensbach,
mv (unklar: edu, fünf ?Variablen der soz Bindung –Alter, Famstand, Kinderzahl Beruf Ortsgröße MF, -drei der rel Bindung) – unter keinen Umständen in Ordnung –auf jeden Fall in Ordnung

6 Punkte (3,5 sample, 1 Messung, 1 mv, 0,5 stat) **Kg zu Selbstmord –alle vier pos,** R Sm

6 Punkte (3,5 sample, 1 Messung, 1 mv, 0,5 stat) **Kg zu Abtreibung –alle vier pos,** R Abtr

6,5 Punkte (3,5 sample, 1,5 Messung, 1 mv, 0,5 stat) **Kg zu Euthanasie –alle vier pos, Kg zu Drogen –W pos, O 90 neg, 94 ns;** R Gesu

6,5 Punkte (3,5 sample, 1,5 Messung, 1 mv, 0,5 stat**) Kg zu Eigentum (Spritztour, Fahrerflucht, Behalten von gefundenem Geld ,Gestohlenes kaufen) –W pos, O ns; Gemeineigentum (passive Bestechung, Schwarzfahren, Sozialleistungsmissbrauch, Steuerhinterziehung, Lügen) –W pos, O ns,** R Krim

Michalak,L et.al.: Religion and alcohol in the U.S. national alcohol survey: how important is religion for abstention and drinking ? , in: Drug and Alcohol Dependence 87, 268-280, 2007

Ca 7300 Vp, –how impo is rel in your life -59 % very !,(no rel 19 very !; no: ath agno don't have a rel),does your rel discourage drinking alc beverages (proscription) /moderate drinkers –drink but not had five or more drinks on any occasion last year, occas heavy drinkers –five or more drinks on occasion not as often as once a week; frequent heavy drinkers, five or more drinks per occasion at least once a week or more;/
alc forbidden - pos zu impo, mehr abstainers, wenn trinkend: kaum weniger heavy drinkers, impo –mehr abstainers, wenn trinkend: weniger heavy drinkers (occas und frequent zusammengezählt) klar; //denom –proscriptive den haben mehr abstainers (Lu, no rel, K wenig abst), bei occ/frequ heavy drinkers – no LDS Pe CoG Chrnodenom K Ba mehr als Durchschnitt, AoG SDACoC UCC Pres J weniger –aber N oft sehr klein (grade bei LDS Pe CoG; nur no Ba K viel N), Pe Ba CoG LDS chr nodenom–mehr abstainers und mehr heavy, /mehr abst –weniger heavy –SDA AOG CoC Europ Free Church UCC Pnodenom/Kleindenom; //Lu J –wenig proscr, wenig abstainers, wenig heavy drinkers –Kath wenig pr, abst, viel heavy dr; (38 abst, -1984 30%; 36 moderate, 20 occas heavy, 5 frequ heavy –no 10, K 6, keine: AoG SDA; CoG Epi ZJ J wenig; //drink vs abstain mv(demogr) –no mehr (außer: UCC,Chrnodenom Me J Epi Pres ns, ZJ K Lu pos); forbidden rel impo neg Heavy vs moderate: forbidden, impo neg, denom complex: N zu klein, meist ns vs no –Ba Chrnodenom K pos (Kannib)((edu mehr Trinken, weniger heavy; inc mehr Trinken, ns heavy) Intera: bei viel religiosity wirkt prosc stärker pro abstain, bei heavy dr keine Intera; Berechnung heavy drinker per denom: no 37 %, rel not impo 38, Kath 31, Chr noden 28, alc not forbidden 28 Lu 27, ZJ 24, Ba 22, Me 20,Epi 19, alc forbidden 18, Pres 17, rel very impo 16, Pe 15, CoC 13, UCC/J/ CoG/AoG/SDA/LDS unter 10

9 Punkte (3,5 sample, 3,5 Messung, 0,5 stat, 1,5 mv,bei) **paradoxes Trinken –mehr abstainers, mehr heavy wenn Trinker: evtl bei LDS Pe CoG (N klein), Ba Chr nodenom; mehr abst –weniger heavy SDA AoG, CoC, Europ Free Church, UCC, P nodenom/Kleindenom, (weniger abstain –weniger heavy : Lu J Pres ZJ; weniger abstain mehr heavy –K) auch: ohne Verbot wenig heavy drink – Pres J ; K Lu kein Verbot, aber viel drink//heavy drinker per denom (berechnet aus abstain und heavy drink bei Trinkern): no, rel not impo, K, chrnodenom, Lu, ZJ,Ba …UCC/CoG/J/AoG SDA LDS – passend zu rel bis auf J Ba ZJ (Pres/K)// no viel (heavy)drink, K Chr nodenom auch, /alc forbidden neg zu (heavy)drink, impo stärker neg, /frequ heavy –no doppelt , AoG SDA Null, J Epi ZJ wenig; Intera: bei viel impo wirkt proscr stärker pro abstain, bei heavy drink keine Intera***;***

Midanik,L/Clark,W: The demographic distribution of US drinking patterns in 1990: Description and trends from 1984, in: American Journal of Public Health 84, 1218-1222, 1994

6,5 Punkte (3,5 sample, 2,5 Messung,0,5 stat) **1984 und 1990 –drinker: cP minus, J plus, very impo minus (somewhat, not really not at all gleich) ; weekly drinker –cP minus, J pos, very impo s.o.; having 5+ drinks on one occasion at least weekly –J minus, cP minus, K plus, very impo linear minus;**

(R Krim, Gesu, pos) Middleton,R/Putney,S: Religion, normative standards, and behavior, in: Sociometry 25, 141-152, 1962

Students , P v.a, wenn man best Verh praktiz –feel being violating own ethical principles –(believe actions are morally wrong –Fragewortlaut unklar)/belief in a personal God vs atheist agno deists; Kg –at least once in two weeks vs occas/never; religion is one of the most important things in my life; /believers – gambling on sports /at cards –rel M weniger, rel F mehr, smoking –rel M ns, rel F weniger, heavy petting –beide weniger, (alles ns) nonmarital sex intercourse –beide weniger sign, looking at pornographic pictures –rel M weniger, rel F mehr, ns; drinking relM weniger, rel F weniger sign, /shoplifting –rel M mehr, rel F weniger ns; stealing towels etcfrom hotels –rel Mns, rel F mehr (ns) striking a person in anger –rel M mehr, rel F ns; lying to teacher –beide mehr; theft from an individual rel M mehr, rel F weniger(sign) cheat on exams rel mehr, blame another unjustly –M ns, F weniger,(5 von 28 sign)/dasselbe believers vs nonbelievers -ethically wrong -24 von 28 (sign 13) mehr; nicht wrong: blaming, cheating striking stealing -! (eth wrong 4 schlechter als arel- alle ns, im Verhalten -11 schlechter als arel, sign nur 1) /Vp die action für falsch halten und sie doch tun-13 rel, 10 arel,5 ns; bei antisoz: rel 8, antirel 3 –nur 2 Vergleiche sign; einer pro, einer vs rel;

Kg –antiascetic: 8 pos , 4 ns pos, 2 ns; belief – 3 pos, 7 ns pos, 3 ns neg; 1 ns; impo -7 pos , 4 ns pos, 2 ns neg ,1 ns//antisozial Kg: 2 pos, 7 ns pos, 1 ns neg, 4 ns; belief – 1 neg, 1 pos, 7 ns neg, 4 ns; impo – 1 neg, 6 ns pos, 4 ns neg, 3 ns –dh.Kg und impo sind besser als belief;

F die an pers Gott glauben vs ath agno deist– mehr gambling at dice/cards/sports ! , mehr Pornobilder anschauend; (smoke F minus, Mns, drink M ns, F minus) rel M mehr shoplifting, striking a person in anger,! rel F mehr Stehlen von Handtüchern,alle ns, lying to teacher beide mehr , theft from an individual rel M mehr ns, rel F weniger , cheat on exams rel mehr, blaming another unjustly –M ns, F weniger (5 von 28 sign – nonmarital sex, drink, theft gut, cheat schlecht), //nicht ethically wrong bei rel (aber bei arel): blaming, cheating, striking in anger, stealing towels; aber: all das negative der Rel ist bis auf ein Item (cheat rel M) ns, 4 positive sign (im Verh 14 besser, 4 sign, 11 schlechter, in Werten: 24 besser, 13 sign, 4 schlechter ns)//antisoziales: ethic -9 besser,davon 2 sign, 3 schlechter ns,2 ns//Taten- 3 besser, davon1 sign, 8 schlechter, davon 1 sign, 3 ns) was tun das man für eth falsch hält: rel 13, arel 10, bei antisoz rel 8, arel 3; nur 2 Vergleiche sign –einer pro, einer vs rel; /Zusammenhänge bei Kg und impo besser als bei belief !,

5 Punkte (1 sample, 3 Messung, 0,5 bei, 0,5 stat) **Pornobilder schauen –rel(belief)/Kg F ns pos, rel M ns neg; Pornobilder schauen ethically wrong pos zu belief; für falsch halten und doch tun –rel M ns neg, F ns** R pos

5 Punkte (1 sample, 3 Messung, 0,5 bei, 0,5 stat) **smoke/drink –Kg (nur M) belief impo neg; Wertung neg, MF; für falsch halten und doch tun –belief bei M ns pos, bei F neg ns** R Gesu

6,5 Punkte (1 sample, 4,5 Messung, 0,5 bei, 0,5 stat) **shoplifting, steal, strike in anger, lying to teacher, cheat, theft, blame another unjustly –alle drei rel Items zus –eher ns; Kg eher pos bei Taten, /bei Werten große Zustimmung, bei Taten wenig positiv, für falsch halten und doch tun –belief mehr als nonbelief;** R Krim

(R Krim, Gesu, Sm) Mocan,N/Tekin,E: Catholic schools and bad behavior: a propensity score matching analysis, in: Contributions to Economic Analysis and Policy 5, 1-36, 2006
Add Health, adol 7.-12.Klasse, in cath and public schools,(460 K vs 11000 public school VP) urban, //damaging property, robbery, burglary, participating in a gang fight, running away from home, selling drugs, or stealing something worth more than fifty dollars. ever used illicit drugs such as marijuana, cocaine, hard drugs (heroin, LSD, ecstasy, mushrooms, etc.), or ever injected illegal drugs with a needle.//

5,5 Punkte (2 sample, 1,5 Messung, 1,5 mv, bei, 0,5 stat)**Vp an kath Schulen: Kokain, Marij, hard drugs, injected drugs pos, mv (demogr,parent on welfare, kath parent edu parents) M dto, F ns (Kokain neg)** R Gesu

7,5 Punkte (2 sample, 3,5 Messung, 1,5mv, bei, 0,5 stat) **Vp an kath Schulen: damaged property, sold drugs, burglary pos,// gang fight, ran away from home, theft, robbery ns//mv M (außer burglary, sold drugs - pos) und F ns** R Krim

5 Punkte (2 sample, 1 Messung, 1,5mv bei, 0,5 stat)**Vp an kath Schulen- SmV ns , mv auch, M und F** R Sm

Moertel,C et.al.: Who responds to sugar pills, in: Mayo Clinic Proceedings 51, 96-100, 1976
4 studies , aspirin for relief of chronic pain wegen cancer und placebo, Vp werden nach Schmerzwirkung und Nebenwirkung gefragt, 50 % pain relief durch placebo gilt als placebo responder
(unklar: weiß Vp und Arzt von Pl ?) (Pl zuerst –weniger Wirkung; wer auf Pl anspricht, spricht auch auf Asp besser an; Pl-ansprechende haben mehr ZNSNebenwirkung-sedation, dizziness, impaired thinking; Gastrointestinal NW-mehr bei Pl-nonresponders)
Plresponders: MF ns, age ns, widow sep div pos, siblings ns, Kinder bei M ns,bei F pos,edu pos, occ-profess, farmer, alc ns, nonsmoke pos, severity of pain ns housewife neg physical emot illness ns, / (ein Drittel der Pl-responders sprechen auf Aspirin nicht an) (These: Belastete, müssen independent performance bringen, viel Verantwo –wollen nicht von Schmerz abh sein) /Lasagna

anders –edu minus, dependent, anx selfcentered emot labile, E, sociable, self confidence dom neg, körperbewusst, mehr symptoms bei stress, mehr Beruhigungsmittel
(unter 5) **Korrel zu Placebo: specific religion or any grouping of religions according to liberalism or conservatism of practice ns /Widersprüchliches zu Korrelaten**

R Gesu, pos, Krim) Moon,H: Prevalence of adolescent behavior problems, smoking and delinquency, in: Journal of Korean Home Economics Association, English Edition 1, 37-58, 2000

National Longitudinal Survey of Youth, Mütter und adol Kinder, 28 items -problem such as antisocial, anxious/depressed,headstrong, hyperactive, dependent, and peer conflict/withdrawal behavior // Deli: (a) stayed out later than your parent(s)said you should, (b) hurt someone badly enough to need bandaged or a doctor, (c) lied toyour parent(s) about something important, (d) taken something from a store without payingfor it, (e) damaged school property on purpose, (f) gotten drunk, (g) had to bring yourparent(s) to school because of something you did wrong, (h) skipped a day of school without permission, (I) stayed out at least one night without permission //child mother interaction - gone out to dinner last month, (b) gone shopping to get something for you last month? (c) gone out an outing together, like to a museum or sporting event lastmonth?, (d) gone to church or religious services together last week?, (e) worked on schoolwork together last week?, (f) played game or sport last week //How close do you feel to your mother?father // peer pressure -(a) try a cigarette, (b) try marijuana or other drugs, (c) drink beer, wine or liquor, (d) skip school, (e)commit crime, or do something violent.//pos attitudes vs school - most of the teachers are willing to help with personal problems, (b)most of my classes are not boring, (c) I feel safe at this school, (d) most of my teachers know their subjects well, (e) you can not get away almost anything at this school, (f) my schoolwork requires me to think to the best of my abilities

3,5 Punkte (1 sample, 2 Messung, 0,5 stat)**Kg –child-parent interaction neg, father/mother-child closeness, peer pressure, childs cogn competence, pos attitude vs school alle ns**; R pos

(unter 5) **smoking Kg gesamt neg, Kg bei wh/Ne ns !** R Gesu

(unter 5) **behavior problems und Deli - Kg neg bei Ne, bei wh nur Deli neg, mv ÜberKo ns** R Krim

Moore,R et.al.: Youthful precursors of alcohol abuse in physicians, in: American Journal of Medicine 88, 332-336, 1990
1014 M - medical students ,classes 1948-64, 1986 befragt, 131 davon alc abuse (four or more alc equivalents per day, zwei oder mehr Bejahungen von CAGE –Fragebogen, self definition of alcoholism bei Befragungen nach Uni,
6,5 Punkte (2,5 sample, 1 Messung, 1 mv, 0,5 stat**, 1,5 Panel) alcoholism - J weniger als P/K weniger als none (im Vergleich zu controls –Ärzten ohne abuse) mv Überko: denom ns, aber non-Jewish ancestry pos (kannibalisiert Item mit J-KP-no) , problems with drinking früher, smoking, maternal mental illness Angst als Reaktion auf Stress, nonsocial use of alc, (subst use, close to parents)**

(Morgan,J et.al.: Spiritual "starvation?": a case series concerning Christianity and eating disorders, in: International Journal of Eating Disorders 28, 476-480, 2000

Fall 1 –Hörbehinderung als Strafe Gottes als Kind gedacht –solace in prayer, punitive rel –self starvation, ingestion of rotting food, AN, Gewicht rauf –existential despair questioning faith – dann Gewicht ok, beliefs eher sustaining than punitive
Fall 2: social anx,low Swg,nonpracticing background, not really rel,nach hospital admission –rel mehr, weight gain ist evil, low weight near God, sieht sich als personifiz evil, pastoral counseling mit rel Items die vs AN sind hilft etwas
Fall 3: bulimia –self harm, substance abuse shoplifting, -convert zu ZJ –Besserung, Rel hilft, gibt restraint, ist gegen psychiatr Behandlung, braucht die auch nicht,
Fall4 :Nonne, Vater stirbt in Pub, Mutter depr, sie und ihr Bruder übernehmen Elternrolle, haben Beziehung –guilt –Selbstbestrafung per Hungern,-geht in Kloster, etwas Gewicht rauf –hat was mit village priest –glaubt, ihre sexuality destroys priest –also zurück zu AN –Behandlung hilft, Gewicht steigt, Glaube weg
(Rel hilft, falsche Rel ändert sich in richtige,AN und Rel als Rechtf, Rel als Mittel zur Rettung –funkt nicht, ist nicht echt, AN weg –(falsche) Rel auch weg/ N führt zu falscher Ableitung: punishing God, Körper böse, Seele/Geist gut –also Körper degradieren/kontrollieren führt näher zu Gott, Fasten Buße (Angst Schuld OCD)

(R Gl, Gesu, help) Morrow-Howell,N et.al.: Effects of Volunteering on the Well-Being of Older Adults, in: Journal of Gerontology, Social Sciences, 58B, S137–S145, 2003

Americans' Changing Lives, 1986,1989, 1994, ca 45 % attr !,
7,5 Punkte (1 sample, 1,5 Messung, 3 mv, 0,5 stat, **1,5 Panel) Ko von demogr, ss, fu limit Depr srh T1, volu hours, volu for pol org, edu, senior group other –rel volu neg zu fu limit, ns zu srh (Überko)** R Gesu
7 Punkte (1 sample, 1 Messung, 3 mv, 0,5 stat**, 1,5 Panel) Ko von demogr, ss, fu limit Depr srh T1, volu hours, volu for pol org, edu, senior group other –rel volu ns neg zu Depr T2 (Überko)** R Gl

Mulford,H: Drinking and deviant drinking, U.S.A., 1963, in: Quarterly Journal of Studies on Alcohol 25, 634-650,1964

1963 Trinken: J K Lu Co/Epi/Pres P unspecified Me sects Ba,
Drink medium large amounts of alc more than once a week oder 3 or more drinks zwei oder mehr die Woche (nur Trinker) –edu inc single plus,F rural mountain minus, /viel trinken (ca 115 VP) : P unspec(nur 35 VP !) K Lu ,EpiPresCo, dann small P Ba J Me; /
/troubles (ca 100 Vp insgesamt) –with wife,police, employee,in health (fired,threatened with firing,spouse left will leave, spouse family member complains wegen money das alc kostet,arrest wegen intox/alc, Arzt sagt drinking injures health –aber: nur 3 Vp fire, 9 Vp spouse..) -: Ba small P , P unspec K J EpiPresCo Lu; (passt nicht zus –bei viel Trinken – trouble nur 26 %; bei trouble -28 viel trinkend)/Lu Epi/Pres/Co trinken viel –haben wenig

troubles, P unspec beides viel, small P Ba trinken wenig haben viel trouble; //unter anti alc denom –die die trinken mit mehr Trinken/Problemen (small P Ba –nicht Me; ; aber insgesamt Trinker mal Probleme : P unspec K Lu EpiPresCo J small P Ba Me; //Zahlen viel zu klein bei viel Trinken, problems;

6 Punkte (3,5 sample, 2,5 Messung) **antialc denom small P, Ba(evtl), nicht bei Me - weniger Trinken überhaupt, wenn trinkend eher weniger, aber troubles mehr / bei small P Ba mehr ex-drinker; Trinker mal Probleme –eher K Lu EpiPresCo J als small P Ba Me; viel Trinken korrel wenig mit problems, Denomreihenfolge anders –K Lu EpiPresCo vs small P Ba J Me; problems: Ba small P K vs JEpiPresCo Lu, // Lu EpiPresCo trinken viel, haben wenig trouble, small P Ba umgek, Me beides wenig; Trinker mal Probleme –lib P –J –small P Ba Me**

(R Gl,Gesu) Mull,C et.al.: Religion's role in the health and well-being of well elders, in: Public Health Nursing 4, 151-159, 1987

Residents in units for senior citizens, über 60,76 % F, rr 62, 34 Ne/
srh, do you think your health is better or worse than that of most people your own age, self-management-manage routine activities –bathing, grocery shopping, banking)
symptom index –tired upset,insomnia incontinence depr loss of appetite usw; /general wellbeing schedule -33 Items Fazio; Summenindex:Kg, pray or meditation, reading of rel literature, watching or listening to rel programs, LnT impo of rel beliefs;
Kg –srh pos, health comparison neg, health status (Kombin von 1 und 2)-pos, wellbeing pos, selfmanagement pos, symptom index neg, health problems neg; Gebet –srh, health status,self manag neg, problems/symptoms pos; wb/health comparison ns; rel TVradio –srh neg, self manag neg, symptom pos; health comparison/status wb self manag problems ns; impo of rel beliefs –srh neg, health status neg, well being neg, symptom pos, problems selfmanag health comparison ns; LnT –health comparison pos, symptoms pos problems pos, Rest ns; reading of lit ns zu allem; symptoms zu allen rel Items pos außer Kg; wellbeing nur impo neg, Kg pos; Summenskala rel ns zu allem außer symptoms plus; mv Korrel (pos Zielitems erklären rel Items, umgekehrt wie sonst- religiosity ns, LnT-symptoms; Gebet ns, Kg –selfmanag, rel TV symptoms, rel lit –self manag; zu wellbeing alle ns;

5,5 Punkte (1 sample, 3 Messung, 1 mv , 0,5 stat) **Kg pos zu wellbeing, Gebet, TVradiorel,LnT,reading of lit ns, impo neg, Summenindex ns, mv alle ns;Umkehrung von Richtung bei Erklärung, z.T. bei rel Items ceiling**

6,5 Punkte (1 sample, 4 Messung, 1 mv, 0,5 stat) **Summenindex religiosity –srh ns, health comparison ns, Summe aus beiden ns, fu capacity ns, symptoms pos, problems ns; pray –srh neg, Summe neg, fu cap neg, symptoms/problems pos, Rest ns;rel programs –srh neg, fu cap neg, symptoms/problems pos, Rest ns; impo –srh neg, Summe neg,**

symptoms/problems pos, Rest ns; LnT –srh pos, Summe pos, symptoms/problems pos; Kg –srh pos, comparison neg, Summe pos, fu cap pos, symptoms/problems neg – d.h.Summe von rel eher ns, Kg pos, pray rel programs impo eher neg, LnT nicht so neg; (5 pos, 10 ns, 15 neg ! –trotzdem religiosity als Summe nur 1 neg, 5 ns –dh Kg ist stark) Umkehrung: Korrel Gesu zu Rel (mv demogr) –bei religiosity und Gebet ns, bei LnT programs impo –symptoms pos, bei Kg –fu cap pos,

R Gl,Gesu) Murken,S et.al.: Geschlechtsspezifische Unterschiede in der Bewältigung einer Darmkrebserkrankung – empirische Befunde unter besonderer Berücksichtigung religiösen copings, in: Rehabilitation 49, 95-104, 2010
Aufschrieb: no aff 12 F 17 M; 56 % M; eher Anstieg der Rel durch Krankheit (21 % F, 13 M) Mein Glaube gibt mir Sicherheit, wenn ich mich entscheiden muss, wie ich mich verhalten soll – pos rc (F 18, M 16); neg rc (F 11, M 9// hochreligiöse F weniger neg rc als mittel, mehr als wenig religiöse; M linear): Ich frage Gott immer wieder, warum gerade mir soviel Leid geschieht –bei Frage nach Umgang mit der Krankheit; (6 Items ?) Zentralität – kogn Interesse an rel Fragen, rel Ideol, Gebet, rel Erf, Godi (wie hoch ist Ihrer Ansicht nach die Wahrscheinlichkeit dass Gott wirklich existiert und nicht nur eine menschliche Idee ist ? wie wichtig ist Ihnen die Teilnahme am Gottesdienst ?) /Functional Assessment of cancer –colorectal –Krankh-spezifisches Wohlbefinden –körperlich seelisch funktionell, auf D-krebs bezogenes Wohlergehen, Verhältnis zu Freunden Bekannten Familie// wie würden sie insgesamt ihren Gesuzustand/Lqual während der letzten Woche einschätzen//(aktiv problemorientiertes coping bei F ns zu Gesu, Lqual, Angst Depr FACT-C !, bei M eher richtig)

4,5 Punkte (1 sample, 2,5 Messung, 0,5 bei, 0,5 stat) **Pos rc –F Lqu pos, FACT-C pos, Depr nsminus, Angst minus/M –Lqu pos, FACT-C nspos, Depr minus, Angst ns; neg rc-F alles neg; M –Lqu ns**, R Gl

3,5 Punkte (1 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **pos rc MF : Gesu nspos , neg rc: Gesu neg bei F, ns bei M** R Gesu

Musick,M: Religion and subjective health among black and white elders, in: Journal of Health and Social Behavior 37, 221-237, 1996

Duke EPESE, T 1 86, T 2 89, 37 % attr /missing cases,
Chronic condition – physician ratings –heart problems, hypertension stroke diab cancer; fu impairment – do heavy work, walk up stairs, walk half a mile, /consume alc –abstain; child relatives friends –see once a month, talks on phone, satisf with amount of interaction with children relatives
how much attend rel meetings or services, pray Bible study medit, cP –Ba,Churches of God, Pe, Churches of Christ, Salv Army SDA other Fu,

10 Punkte (3,5 sample, 2 Messung, 2,5 mv,bei,Intera, 0,5 stat, **1,5 Panel**) **srh –Kg pos, devotion ns, cP ns (Ne, bei wh: cP neg; Kannib), mv demogr, smoke alc, soc intera dto, chronic cond/fu impairment dazu –bei Ne devot pos, bei wh erst bei Intera devot pos (viel fu imp – Kg devot stärker pos zu srh)**

(R Gl, Gesu) Musick,M/Blazer,D/Hays,J: Religious activity, alcohol use, and depression in a sample of elderly Baptists, in; Research on Aging 22,91-116, 2000

EPESE, North Carolina, rr 80, attr ca 27 %, 86-89, repräs für 5countyGebiet,/alc use bei Baptisten, -Denom ist gegen alc use//watch rel services or rel programs on TV or listen to them on the radio, spend time in private rel activities, -prayer medit Bible study; Vp nur Baptisten, alt,

Kg und devotion neg zu alc use T 1 und T2, TV ns (mv demogr, ss, social intera functional impairment) //Korrel T1 rel zu T2 Depr (mv Depr T1, alc und demogr/ss/social intera/fu imp, alle drei rel Items) – Kg urban neg, rural ns; TV pos !, devot ns; (alc ns !), /Intera – alc wirkt auf Depr bei Vp rural bei wenig Kg, bei viel Kg nicht; und: bei abstainers wirkt Kg nicht auf Depr

8 Punkte (2,5 sample, 2 Messung, 2 mv, 0,5 stat, **1 Panel) Kg devotion neg zu alc use bei alten Ba, TVradiorel ns, auch Panel, mv (Überko))** R Gesu

8,5 Punkte (2,5 sample, 2 Messung, 2 mv, bei, 0,5 stat**, 1,5 Panel) Kg T1 urban neg zu Depr in T2, rural nicht, devot ns, TVradiorel pos, mv Überko/Kannib, Intera: alc wirkt pos auf Depr bei rural Vp bei wenig Kg, bei viel Kg nicht, /bei abstainers –Kg ns zu Depr , auch urban, passt nicht zu obigem)** R Gl

Musick,M/Herzog,A/House,J: Volunteering and mortality among older adults: Findings from a national sample, in: Journal of Gerontology, Social Sciences 54B, S 173-S180, 1999

Americans Changing Lives ,1986-94,ca 7,5 J; über 65, 1211 Vp -403 Tote,

8,5 Punkte unsicher (3 sample, 1 Messung ?, 2,5 mv, 0,5 stat, **1,5 Panel) Volu (church, school, pol, Gew, senior citizen, other, 69 % für rel; org type aber ist egal –alle wirken neg zu mort, Ko von Kg ändert nix an volu-Wirkung) for one org neg zu mort, für zwei plus ns, amount unter 40 Std neg, über 40 ns, mv demogr, phys activity, potentially fatal conditions fu impairment live alone informal social interaction**

Musick,M/House,J/Williams,D: Attendance at religious services and mortality in a national sample, in: Journal of Health and Social Behavior 45, 198-213, 2004

Selbes Sample wie Musick/Worthen

Americans' changing lives, ab 25 J,T 1 1986, T 2 1994, 3617 Vp, 542 sterben, Kg one to three times a month, once a week, more than once a week, less than once a month/never,

volu for church, subj rel/comfort -seek spir comfort/support when faced with personal difficulties, how impo sind rel spir beliefs in day to day life, //private rel -read rel books or other material, rel TVradio/
(negative justice -people who meet with misfortune have often brought it on themselves, by and large, people deserve what they get;)
fatalism -When bad things happen, we are not supposed to know why, we are just supposed to accept them, people die when it is their time to die, and nothing can change that, everything that happens is a part of Gods plan, If bad things happen, it is because they were meant to be,

fu impairment –confined to bed or chair all day, life threatening conditions –lung disease, heart attack, diab, cancer stroke/phy activity –work in garden,/yard, active sports/exercise, take walks, /soc integr –talk on phone/visit friends relatives, /subj ss-feel loved and cared for, willing to listen to problems/worries, make too many demands critical of VP, /

14 Punkte (3,5 sample, 4 Messung, 4,5 mv, Intera, 0,5 stat, **1,5 Panel) Kg zu: health status ns, life threat ns, BMI –underweight neg, overweight ns, phys activity pos (soc integr, confidants subj ss pos), smoke drink neg (hier ns zu mort !!, subj social support pos zu mort) Biv zu mort: Kg ns neg, rel volu neg, private rel pos, subj rel/comfort pos, (fatalism pos) mv zu mort: Kg und demogr: Kg neg, plus fu impair/life threatening cond –Kg neg, plus GesuV(BMI,phys act) Kg nsneg, plus soc integr Kg ns neg, plus: volu for church, private rel, subj rel comfort neg justice fatalism (alle ns) –Kg neg sign ! (bei Ko von rel Items Kg stärker) Kg mehr als einmal in Monat wirkt, mehr davon wirkt nur noch ein bisschen stärker**

Private rel –pos zu Kg und zu mort, bei Ko von private rel –je mehr Kg, desto bessere Wirkung(vorher in andren Modellen ist mehr Kg –eine Woche/mehr –nicht so gut wie 1-3x pro Monat) ,
Intera: gender race nix, bei 20-59 wirkt Kg neg, bei über 60 ns ! (bei Ko von allen obigen Items, gestorbene Junge nur 85 Vp, trotzdem bei allg Korrel sign noch in letztem Modell, Intera ist laut für 1-3mal Monat ns, für mehr sign)
Ko von N E self esteem self efficacy depression –im letzten Modell drin, Kg bleibt sign,(E N depr korrel mit Kg, aber nicht mit mort) (auch ohne Wirkung auf Korrel Kg-mort, weil ohne Korrel zu Kg: employment srh smoke alc network size rel affil att at meetings additional health conditions, LnT-Glaube)

(R pos, Gesu,help) Musick,M/Worthen, M: Religion and physical health among US adults, in: **Ellison,C/Hummer,R**: Religion, Families, and Health. New Brunswick/London 2010, 248-272

Selbes Sample wie Musick et. al s.o.

Americans‘ Changing Lives, älter als 25, T 3 nach 8 Jahren, attr 15;
impo of rel or spir beliefs in day to day life, //seek spir comfort and support when facing problems in life, //rel programs –Vp watch listen to rel programs,
fatal conditions –lung disease heart attack diab cancer stroke disability cond –arthritis,foot problems broken bones urinary incontinence; cogn impaired- know current date/day, Name jetziger vergangener Präsid, Rückwärtszählen in Dreierschritten, /fatalism –wenn bad things happen we are not supposed to know why sondern supposed to accept them; Leute sterben wenn es ihre Zeit zu sterben ist, das kann nicht geändert werden, alles was passiert ist Gottes Plan, wenn

bad things happen it is because they were meant to be, /sec volu –für edu pol labor union senior citizen groups, other;
(impo of rel or spir, –nicht mal neg zu smoke, ns zu confidants, ss quality, volu ns; cP smoke pos, F nsminus; verh ns; ss ns; volu sec/rel neg, //programs F neg, -eigenartige Korrel)
Das Folgende: mv mit allen rel Items (Kannib, desh wohl erratisch)

8,5 Punkte (3 sample, 5 Messung, 0,5 stat) **Kg inc edu pos, impo und cP neg, comfort edu pos, inc ns, programs inc edu neg, Kg -confidants ns, ss quality ns, fatalism pos/ Impo -confidants ns,ss quality pos, fatalism ns//, cP confidant/ss quality ns, fatalism ns; //comfort und programs ns (fatalism pos)** R pos

13 Punkte (3 sample, 6,5 Messung, 1 mv, 0,5 stat, **2 Panel) Kg: srh T1 und T3 pos, T 3 mort neg, zu T 1 -fu impairment neg, (F minus, Ne ns !) fatal conditions nsneg, disabling cond ns, cogn impairment nspos,sight problems ns, over /underweight minus, physical activity pos, sleep hours ns, smoke neg,**
//impo – srh minus/ns, mort pos, fu impair ns, fatal, disabling conditions ns, cogn impair pos, sight problems ns; Gewicht ns, phys activity neg, hours of sleep pos, smoke ns,
cP – srh minus, mort ns, fu impair ns, fatal disabling sight problems ns, cogn impair nspos, Gewicht ns, phys act ns, sleep ns, smoke pos ! //
Comfort –alles ns außer: phys act pos,//
programs – srh neg, mort pos, fu impairm pos, fatal disabling condi cogn impairment sight problems Übergewicht pos, Untergew ns, phys act ns, sleep smoke ns
mv demogr, T1 poor health(impair, fatal cond, disabling conds) neg zu T2 Kg; zu impo, comfort programs ns; T1 Kg neg zu T2 poor health//Kg T1 neg zu fu impairment T2, bei Ko von T1 fu impairment, Umkehrung ns; T1 Kg comfort zu T2 srh ns (Ko von T1 srh), T1 impo pos, cP neg/programs neg/ns neg;(mv demogr, Gesuitems-fu imp,conditions cogn imp, sight, weight,smoke, ss,fatalism, volu sat from rel), //T1 Kg zu T2 mort neg, impo ns, cP nspos, comfort, programs ns; (selbe controls),
Kg pos, impo Telradio neg, comfort ns, cP teils neg; eher Rel-wirkung als Gesu-wirkung(diese gibts auch) R Gesu

6 Punkte (3 sample, 2,5 Messung, 0,5 stat) **Kg volu church only pos, volu church und sec pos, volu sec only neg,// impo -volu church only ns, volu secd/rel ns, volu sec ns neg, //cP –volu church pos, church und sec neg,sec only ns; //comfort –volu church/sec pos, beide andere ns; //programs –volu sec neg, Rest ns**; R help

(R Gesu, pos) Najman,J et.al.: Religious values, practices and pregnancy outcomes: a comparison of the impact of sect and mainstream Christian affiliaton, in: Social Science and Medicine 26, 401-407, 1988

Mater-University Study of Pregancy, Frauen in first antenatal clinic visit, dann 3-4 Tage nach Geburt, dann 6 Monate später, edu inc minus, Vp: sect mit Kg weekly/monthly –AoG, Brethren, Christian Charismatic Naz ZJ LDS Pe Christian Revival SDA Reform Church Ananda Marga! World Church of God Christadelphian, vs: K/P mit Kg monthly/weekly vs K/P weniger Kg, /ohne no rel, sect Kg weniger als monthly

6,5 Punkte (3,5 sample, 2,5 Messung, 0,5 stat**) Sect mit Kg vs KP mit Kg vs KP mit wenig Kg – inc edu occ pos !–(possibly) planned pregn –nsneg, mv demogr / - large number in social network pos, mv demogr** R pos

8,5 Punkte (3,5 sample, 3 Messung, 1,5 mv, 0,5 stat) **Sect mit Kg vs KP mit Kg vs KP mit wenig Kg - breakfast almost every day –pos, Zig minus, alc since pregnant minus, kein Kaffee seit pr pos, kein Tee –pos, kein Marij ns, (mv age, previous pregn mar status inc) gestation bei delivery (Reife ?) pos, mv mothers age, previous pregnancies, marital status, income,smoke, alc; birthweight –pos, bei Ko von smoke alc ns pos, perinatal mort disability admission to intensive care ns** R Gesu

(R Gl, Gesu,pos) Neigbhbors,H et.al.: The African Minister as a Source of Help for Serious Personal Crises: Bridge or Barrier to mental health care ?, in: Health Education and Behavior 25, 759-777, 1998

National Survey of Black Americans,rr 67,when problems have come up, has there ever been a time when you were about at the point of a nervous breakdown ? –no –dann: has there ever been a time when you had a personal problem where you felt so nervous that you couldn't do much of anything, no –has there…when you felt down and depressed so low that you felt you just couldn't get going – no –ever had a personal problem you couldn't handle yourself – no –ever hat what you thought was a serious personal problem that you tried to handle by yourself ? /wer problem hat – was war es für eines –physical health, interpersonal, emot adjustment, death of loved one , economic diff, dann: list of places a person might go to get help with a problem like the one you had –hospital emergency room, medical clinic, social service/welfare agency, mental health center, private therapist, doctors office, minister lawyer police school employment agency, /What did the person you saw do to try to help you with your problem, Would you go back again if you needed help ?
Seek help bei clergy –F mehr, age verh employed edu inc ns; weniger bei economic, mehr bei death of loved one, ns bei Gesu, emotional interpersonal, bei breakdown mehr, Rest (schwächere Probleme) ns (auch mv demogr, Art und Schwere des Problems, außer: F ns, interpersonal pos zu clergy
Wer help from clergy sucht, sucht mehr help from other org/oder eher nur von clergy; gleichz aber: wer zuerst zu cl geht, geht nicht so oft zu anderen –v.a. bei death, health, emotional, nicht econ/interpers; stark bei breakdown, felt nervous depressed/couldnt handle could handle ns;
Clergy help: pray read Bible told to pray, listened/let me talk, general advice, gibt medicine treatment, comfort sympathy consolation;
Zufr mit clergy help und would refer others mit ähnlichem Problem to clergy –wer nur bei cl war –mehr davon als wer nur woanders war, wer bei cl und anderswo war: satisfaction mit cl besser, refer ns,//50 % suchen Hilfe, davon gehen 21 % zuerst zu cl,

6,5 Punkte (3 sample, 2 Messung, 0,5 stat, 1 mv) **Ne gehen bei Problemen (mh, death of loved one, ns ökonomisch, interpers,) mehr zu clergy, (bei Gesu ns) danach nicht mehr so viel zu andern (auch bei Gesu) , sind zufriedener mit cl als andere mit ihren Helfern, 21 % der Hilfesuchenden gehen zu cl zuerst,**

(R Gesu,Gl pos) Nelson,L/Padilla-Walker,L/Carroll,J: "I believe it is wrong but I still do it": A comparison of religious young men who do versus do not use pornography, in: Psychology of Religion and Spirituality 2, 136-147,2010
M 21 J, rel univ, Viewing pornographic material(such as magazines, movies, and/or Internet sites) is an acceptable way to express one's sexuality. "During the past 12 months, on how many days did you view pornographic materials (such as magazines, movies, and/or Internet sites), use ist: mind einmal im Monat,
religious faith 10 Items (e.g., "My religious faith is extremely important to me," "I look to my faith as providing meaning and purpose in my life") personal religious practices while growing up(e.g., "While growing up, how often did you offer personal prayers?" "While growing up, how often did you personally study the scriptures ?") recent personal religious practices (e.g., "During the past 12 months, how often have you offered personal prayers?" and"During the past 12 months, how often have you studied the scriptures?"); family religious practices while growing up(e.g., "While growing up, how often did you have family prayer?" and "While growing up,how often did your family study the scriptures together ?")
Identity 20 statements commitment and exploration on various aspects of identity, including religion, values, family,and dating. , "I have considered adopting different kinds of religious beliefs,""There has never been a need to question my values," "I have evaluated many ways in which I fit into my family structure," and "I am not quite sure about what type of dating relationship is best for me."drug use - Drank alcohol, engaged in binge drinking, used marijuana, used other illegal drugs (e.g., cocaine, heroin, crystal meth, and mushrooms).

5,5 Punkte (1 sample, 3,5 Messung, 0,5 stat, 0,5 retrosp**) Alle: Porno inakzeptabel, 35 % trotzdem use,bei use keine Diff in beliefs –in Text zweimal so, einmal anders, nicht in Table ! //family rel/past und recent rel neg zu use/acceptance; pos zu relship quality zu Eltern, close to father /mother; //rel identity(sicher über eigne Rel) ns zu Porno acc/use, pos zu family relship,close toV/M, rel id nur pos zu recent rel !** R pos

5 Punkte (1 sample, 3,5 Messung, 0,5 stat) **Past/family rel zu identity ns, recent rel: rel id, value id pos, dating family id ns,/past family rel zu Swg ns, Depr ns, //recent rel Swg pos, Depr neg//rel identity –pos zu dating family value id, neg zu Depr, pos zu Swg** R Gl

(unter 5) **Past/family/recent rel/rel id –ns zu drug !** R Gesu

Netter,P et.al.: Das Placeboproblem, in: **Dölle,W et**.al.: Grundlagen der Arzneimitteltherapie. Zürich 1986, 355-366
Defin von Pl sehr schwer, v.a.: was ist nachgewiesene obj Wirkung ?(geht Pl auch mit wirkenden Dingen parallel einher ?) –mit Wirkmechanismus(ist oft unbekannt), ist auch Einsatz von Mittel, von dem der Arzt/Zeitgeist glaubt, es wirke, vielleicht Pl ?
Wirkung auf: Stimmung, Antrieb, Schmerz Symptome, Herzfrequenz Magensäure Bd psychogalvan Hautreaktion EEG Tiefschlaf ; sogar Blutbestandteilveränderungen (Leukozyten..)Harnsäure, Kreatinin, Lipoproteine/bei Entzug wirkt Pl nicht/Nebenw: Kopfweh, Schwindel müde Angst appetitlos übel ,Erbrechen Durchfall(bei Pl mehr als bei Indometacin) Ödeme Sehstörung//viel bei: Kopfweh, Migräne, Schmerzen, Neurosen Erkältung MagenDarm störung Rheuma MS, wenig bei: Schlafstörung, zerebrale Infekte, Psychose Alk /akute Schizo gute Wirkung –chron ns,
Unklar: Pl wirkung bei Vp bei Krankh eins –dann auch bei selber Vp Krankh zwei –nicht belegt; **Pl pos: Ja-Sager in Fragebogen, anx depr wenig durchsetzungsfähig N plus I (E plus N eher nocebo) Suggestibilität**

(R pos, Gesu, Krim, Sm) Neumark-Sztainer,D et.al.: Psychosocial correlates of health compromising behaviors among adolescents, in: Health Education Research 12, 37-52, 1997

Minnesota Student Survey, ca 123000 VP, 6.9.12.Klasse, unhealthy weight loss behavior – laxative use, water pills, diet pills vomiting; cig, alc, marij frequency;
deli-damaged or destroy property, hit or beat up another person, taken something form a store without paying,
sex: ever intercourse, number of partners, birth control;//
Kg impo of rel in life zusammen: Korrel zu Smideat/SmV neg, substance use neg, deli neg, unhealthy weight loss schwach neg, sexual activity neg; M und F; (drug am stärksten, dann deli/Sm) (mv mit sehr viel Überko –wellbeing, selfesteem risk taking, sexual abuse, school connection physical abuse, family connection, family structure,) : Sm neg, substance use, deli sexual activity –in 6.9. und 12 Klasse jeweils//

7 Punkte (3 sample, 1,5 Messung, 2 mv, 0,5 stat) **Kg/impo zus neg zu SmV/Smideation,mv** R Sm
7 Punkte(3 sample, 2 Messung, 1,5 mv, 0,5 stat) **Kg/impo neg zu alc/cig/marij und zu unhealthy weight loss behavior (schwach) mv**
7 Punkte (3 sample, 1,5 Messung, 2 mv, 0,5 stat) **Kg/impo neg zu frühem sex/vielen Partnern/birthcontrol,mv** R pos
7 Punkte (3 sample, 1,5 Messung, 2 mv, 0,5 stat) **Kg/impo neg zu delinquency, mv** R Krim
(R help, Krim, Gl, Gesu, pos)

(R Krim, Gesu, pos, allg) Newcomb,M/McGee,L: Influence of sensation seeking on general deviance and specific problem behaviors from adolescence to young adulthood, in: JPSP 61, 614-628, 1991

1979 -10.-12 Klasse, 1980, 1984, licit drugs –alc cig, illicit -cannabis, hard drugs, /which describes you most of the time –rel person, believe in rel/Bible –vs in science, feel prayers are answered vs are a waste, rel outdated; Law abidance –return incorrect change, might use a false ID, might shoplift, goodie-goodie honest type; deviance T1: got in trouble with law, stole something valuable, got into trouble in school, /criminal activities –confrontational acts, - serious fights, got into gang fights, caused serious injury, used deadly weapon, ; stealing – shoplift, stole unter 50 ,über 50; property damage- vandalism in school, work, arson trespassed; /
T 1: rel zu: law abidance pos, licit illicit drug neg, deviance F minus,M ns, ((SS pos zu deviance, drugs, neg zu law abidance)/T 2 –dto, rel ns neg zu deviance bei M/F; ns neg zu confront acts, stole, property M, F ganz ns, /T 3: dto, rel ns neg zu confro, stole, property M und F, //SSS –neg zu rel (disinhib stärker, boredom, TAS, exp seeking), pos zu licit illicit drugs, deviance, neg zu law abidance, //Rel Teil von Faktor general deviance (drug, law,deviance/Krim, sex Verh)

SSS evtl Faktor –neg zu Rel, pos zu drugs, deli/Krim R pos
(unter 5) **rel neg zu alc cig und hard drugs/cannabis** R Gesu

4 Punkte (1 sample, 2,5 Messung, 0,5stat) **rel pos zu law abidance, ns neg zu deviance/Krim** RKrim

R Gl pos Gesu) Newport, F et.al.: Religious Americans enjoy higher well-being.Gallup Internet 16.2. 2012 //https://news.gallup.com/poll/152723/religious-americans-enjoy-higher-wellbeing.aspx

676,000 Gallup-Healthways Well-Being Index interviews conducted in 2011 and 2010, mv demogr, childbearing status, Very religious -- Religion is an important part of daily life, church/synagogue/mosque attendance occurs at least every week or almost every week. 41% of the adult population. Moderately religious -- All others who do not fall into the very religious or nonreligious groups but who gave valid responses on both religion questions. This group comprises 28.3% of the adult population.Nonreligious -- Religion is **not** an important part of daily life and church/synagogue/mosque attendance occurs seldom or never. 30.7% of the adult population. –wellbeing 69,2 -63,7 -65,3//besteht aus 6 Teilindices, life evaluation –Trog; emotional health/work environment very besser als moderate/non; physical health –Trog, asymmetrisch, Vorteil non (sign?) healthy behavior –smoking, gesund essen- rel ganz pos; basic access Trog (Inhalt ?)

7,5 Punkte (3,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Kg/impo pos zu life evaluation (asy Trog), emotional health –very besser als Rest (dort auch rel drin wohl, desh Trog)** R Gl

7,5 Punkte (3,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Kg/impo –physical health ns Trog, health behavior (smoke, Ernährung) linear pos;** R Gesu

Gallup-Healthways Well-Being Index Domain Scores, by Religiosity

Controlling for age, gender, race and ethnicity, region and state of the country, socio-economic status, marital status, and child-bearing status

	Very religious	Moderately religious	Nonreligious	Difference between very religious and nonreligious	Difference between very religious and moderately religious
Life Evaluation Index	53.3	44.8	48.6	4.7	8.5
Emotional Health Index	81.9	76.3	77.6	4.3	5.6
Physical Health Index	77.5	74.2	78.1	-0.6	3.3
Healthy Behaviors Index	68.3	61.5	59.1	9.2	6.8
Work Environment Index	50.6	45.8	45.8	4.8	4.8
Basic Access Index	83.5	79.6	82.7	0.8	3.9

Gallup-Healthways Well-Being Index
Jan. 2, 2010-Dec. 30, 2011

GALLUP

Nicholson,A et.al.: Association between attendance at religious services and self-reported health in 22 European countries, in: Social Science and Medicine 69, 519-528, 2009

European Social Survey, über 15 J, rr 44-70 !, ca 18000 Vp, Apart from special occasions such as weddings and funerals, about how often do you attend religious services nowadays, evtl: jeden Tag 1%, mehr als einmal die Woche 3, einmal die Woche 13 vs infrequent –at least once a month (10) sporadic –only on holy days -20, less often 20, never 32/ /social contact -take part in social activities, have someone to discuss personal matters, /social isolation –nicht verh/coh und no one to discuss; Land-Aggregat –Kg, pray,self assessed religiousness –Umkehrung ist secularity-Index,

21 Länder (ohne Türkei)–Kg zu srh (wenig Kg zu poor health): bei M 6mal sign pos, 10 mal ns pos, 5 mal ns (Ungarn Schweden Slowenien Belgien Spanien), bei F: 7 pos, 1 neg (Estland) sign, 5 ns pos, 8 ns (Tschechien, Fr, Dld, Ungarn, Luxemburg, Norw, Portugal, Slowakei) (nur ein Land konstant ns Ungarn)
mv –age edu: bei M wirkt Kg -2 Arten von Messung: Kategorien: regular, infrequent, sporadic never –und linear stärker als bei F; linear bleibt bei allen controls sign bei M und F; Kategorie immer sign bei M, bei F sign bei Ko von mari stat usw, secularity usw, nicht bei Ko von longstanding illness //Ko von no longstanding illness, oder mari stat/close discussion/little social contact oder secularity index (ns pos), BSP/Kopf/Gini/corruption oder alle (ohne sec/BSP/Gini-weil die ns sind); Interaktionen- bei university edu (auch: wer unter 30 in full-time edu ist wird als university definiert !) Kg ns zu poor health (Autoren: nur ns-Trend zu Intera), bei socially isolated F –Kg ns, bei high secularity –low Kg ns/schwächer pro poor health (heißt: Kg schwächer pos zu

srh) (Autoren: Intera ns), bei high BSP –low Kg mehr pro poor health, Land mit weniger poor health (viel Gesu) -dto, (heißt: Kg mehr pos zu srh) bei longstanding illness stärker

9 Punkte (3,5 sample, 1,5 Messung, 3,5 mv,bei, 0,5 stat) **Kg pos zu srh, bei M stärker, mv, 21 Länder (M 6 pos, 10 nspos,5 ns, bei F: 7 pos, 5 nspos, 8 ns, 1 neg –Estland; Schweden Slowenien/Tschech/Dän/No/Dld- nspos/ns, Finn pos), secularity –Aggregat - nspos (Kannib), Intera: Kg bei viel edu ns (Intera aber ns), bei viel longstanding illness Kg stärker, bei socially isolated M stärker, bei F ns (Intera ns) bei high secularity schwächer M , ns F; (ns laut Autoren), bei high corruption bei F schwächer, bei low BSP F ns, sonst pos; Aggregat mehr srh –Kg stärker pos zu indiv srh,**

(R Gl, Gesu, Krim, pos, Sm)Nonnemaker,J et.al.: Public and private domains of religiosity and adolescent health risk behaviors: evidence from the National Longitudinal Study of adolescent health, in: Social Science and Medicine 57, 2049-2054, 2003

Ca 16000, 7.-12. Klasse, Add Health , ohne no aff, /Kg und : attend special activities for teens –youth groups, Bible classes, choir /private rel –impo und pray/Alk any –ever got drunk or very high on alc 2-3mal/Monat; /distress –depr, lonely,sad fearful, moody, cried ,poor appetite-17 Items; /threatened to use a weapon to get something from someone, pulled a knife or gun to someone, shot or stabbed someone, used a weapon in a fight, hurt someone badly enough to need bandages or medical care; /Kg und private gleich stark –Zig Alc minus(any use und problem use bei usern, nicht allg), marij –nur any use neg, regular/more than 3 times ns neg, //ever had sex –neg, effective birth control at first sex Kg ns, privat pos, dasselbe last sex –beide ns, ever pregnant – Kg minus, privat ns; //distress – Kg minus, privat ns minus; Sm ideation –Kg ns, private neg, SmV –dto, violence – Kg ns , private neg; mv demogr,
Private rel eher mehr Korrel als Kg

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **Kg neg zu distress, impo/pray ns neg** R Gl
6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **Kg ns zu SmV/ideation, private rel neg** R Sm
6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat**) Kg ns neg, private rel neg zu weapon-related violence** R Krim
7,5 Punkte (3 sample, 3 Messung, 1 mv, 0,5 stat) **Kg und private rel neg zu Zig, Alk, Marij any use/problem use (bei marij nsneg) Kg stärker vs regular use (Zig)** R Gesu
7 Punkte (3 sample, 2,5 Messung, 1 mv, 0,5 stat) **Kg private neg zu ever had sex, ns zu birth control jetzt/beim ersten Mal(private da neg), ever pregnant –Kg neg**; R pos

(R Gl, Gesu) Nooney,J/Woodrum, E: Religious coping and church-based social support as predictors of mental health outcomes: testing a conceptual model, in: JfSSR 41, 359-368,2002

GSS 98,pos church support – congr would help out in pers illness give comfort bei problem, make too many demands und criticize , Cr50, how understand and deal with major problems –life as part of a larger spir force, work together with God as partners look to God for strength and support, //feel like God is punishing me for my sins, wondering whether God has abandoned me, try to make sense of problem without relying on God, (drei letzte neg gepolt) nur affiliates,

Depr: Gebet ns support neg coping neg, Fu pos, Kg ns minus,

Subj health – Gebet ns, support pos, coping ns, Fu minus Kg ns

Pos und neg Teile von support und coping ca 2:1 – lib etwas mehr neg, Fu etwas mehr pos (also nicht mehr neg rc)

pos ss – neg zu Depr, neg ss pos; pos rc ns zu Depr, neg rc pos (neg coping ist zweimal arel),

Fu pos zu Gebet, Kg, coping, rel ss ns – trotzdem pos zu Depr;

3,5 Punkte (1 sample, 2 Messung, 0,5 stat) **Depr – pray ns, church based support neg, coping neg, Fu (denomin) pos, Kg ns (Fu schwach pos zu Gebet, church based support)** R Gl

3,5 Punkte (1 sample, 2 Messung, 0,5 stat) **srh –Gebet ns, church based support pos, coping ns, Fu neg, Kg ns** R Gesu

(R help, pos, Gesu, fert) Norris,P/Inglehart,R: Sacred and secular: Religion and Politics worldwide. Cambridge 2004
WVS 80,90, 95,00
aus Aufschrieben –
6 Punkte (2,5 sample, 2,5 Messung, 0,5 stat, 0,5 mv) **73 Länder impo of God viel: 1970/75 fert 5,4 – wenig 2,8 (Kinder von 16-44 J Frau); 2000 -2,8/1,8 (Diff sinkt), Bev wachstum 1900-2002 rel plus 479 %, sec 154; 1970-02: 82-41; Bev anteil 1970 sec 40 rel 29, 2002 40-33 (und 31/27 weder noch ?) /WVS 81-2001 –Ko von human development index, 73 Länder, fertility rate –pos zu how impo is rel in your life; pos zu: trad-sec/rat values – God very impo/more impo for child to learn obedience and rel faith vs independence and determination, autonomy, abortion never justifiable, national pride, respect for authority**; R fert

4 Punkte (2,5 sample, 1 Messung, 0,5 stat) **Lebenserwartung -73 Länder impo of God - 1970/75 58 Jahre vs 69, 2000 -68 vs 74 (Rel holt auf);** R Gesu

10 Punkte (3,5 sample, 5 Messung, 1 mv, 0,5 stat) **Indiv Korrel, WVS 99-01, belong to volu orgs and activities – (mv human, political development, demogr) – Kg weekly vs nonweekly: peace movement, women's groups, youth work, local community action on poverty, employment, housing, racial equality; social welfare services for elderly, handicapped, deprived; third world development or human rights, edu/arts/music/cultural activities, profess orgs, pol parties/groups, conservation/environment/animal rights groups, health related, sports/recreation alle pos, labour unions neg; (schwach wohl: sport, Umwelt, profess**

political 3.Welt;) Korrel zu all diesen ohne rel groups – Kg pos, P pos, K O Mu minus; J Hi Bu pos no minus;
mv s.o. –WVS/EVS 1981-2001; Kg –social trust (most people can be trusted vs cant be too careful..) ns, Vertr in Parlament/ national government/parties/civil service pos, belong to rel or church related org –trust/institute trust pos; R help

8,5 Punkte (3,5 sample, 3 Messung, 1 mv, 0,5 stat) mv (s.o.) **Kg zu approve of democracy as an ideal /approve of performance of democracy pos (Kg - vote, signed petition pos, joined boycott, attend lawful demo, joined unofficial strike neg) /belong to rel or churchrelated org – democracy (vote, petition, boycott, demo, strike !) alles pos,** R pos

(auch in R Gl)Norton,M et.al.: Gender differences in the association between religious involvement and depression: The Cache County (Utah) study, in: Journal of Gerontology B 61, 129-136, 2006

92 % LDS,
No aff weggelassen, attr 26 (wenig edu, Kg, krank, Depr ns)
in your lifetime, have you ever had a period of 2 weeks or more when, nearly every day you…," "felt sad, blue, or depressed," "lost all interest and pleasure in the things that you usually cared about or enjoyed," and "felt unusually cross or irritable"Participants endorsing at least one of these were also asked about appetite or weight change, sleep or concentration difficulties, restlessness, diminished energy level, guilt, or suicidal ideation.
rel compliance – Kg weekly, nonsmoker, nonalc, ss social gatherings with family and friends and participation in social clubs and volunteering / church attendance - weekly or more often - were more likely to be married (70% vs 61%), more frequent social network contact (56% vs 49%), higher education (13.5 vs 12.7 years) fewer ADL problems (1.6 vs 2.1) fewer vascular health problems (1.2 vs 1.4), but a comparable number of medications (5.0 vs 5.1), Kg LDS weekly plus 76 vs 34
biv M: 2 % Depr vs 6, F 3-13; compliant -3/4 M, 3,5/9 F,
Kg zu Depr 1-2 monthly, weekly, mehr als weekly neg (sample größer –breitere Wirkung von Kg vs oben) aber: F sehr sign, M mehr Depr bei Kg !; LDS pos; compliance –bei F ns neg, bei M ns//smoker 2,5, drinker 4 % -zu wenig da für Varianz, bei Kg zuviel; bei Depr zu wenig; (mv s.o., bei Ko von ss –ns minus/plus)

7,5 Punkte (3 sample, 1,5 Messung, 2,5 mv,bei, 0,5 stat) **Kg – edu plus, Kg neg zu Depr bei F, pos bei M; (mv denom, Gesu, demogr, ss; Ko von ss –ns minus/plus) rel compliance – Kg viel, kein Alk, nonsmoker –neg ns zu Depr bei F, M ns pos; LDS pos; Varianzproblem bei compl, Kg, Depr –ceiling/bottom, ÜberKo, Kannib; vgl. Norton 08: M gleich F**
5 Punkte (3 sample, 1,5 Messung, 0,5 stat) **ADL minus, vascular health problems minus, medications ns** R Gesu

(R Gesu,Gl) Oates,G: Enhanced religiosity following illness ? Assessing Evidence of Religious Consolation Among Black and White Americans, in: RRR 55, 597-613, 2013

874 Black 1,906 White participants in both the first (1986) and second (1989) waves of the Americans' Changing Lives (ACL) . Public religiosity- attendance at religious services Volunteering during past year for a church, synagogue or other religious organization// subjective religiosity - importance of religious beliefs in day-to-day life, seeking spiritual support and comfort when faced with work-/family-/personal life-related problems // Chronic illnesses Arthritis or rheumatism, lung disease, hypertension, heart trouble,diabetes or high blood sugar or medication for such, cancer or any malignant tumor,foot problems (e.g., circulation-, corn- or callous-related), stroke, broken or fractured bones, and urine-control problems.// Impaired functioning- current health, health issues impede daily activities und functional health measure //,//unhealthy behaviors -the actual number of alcoholic drinks over the past month and cigarettes consumed daily
mastery -I can do just about anything I really set my mind to do'' ''Sometimes I feel that I am being pushed around in life;'' and ''There is no way I can solve the problems I have''//psychological distress eleven items from CES-D -felt depressed, felt that everything was an effort, endured sleep that was restless.
Zu T2 public und subj rel (Ko von rel Items T1, mastery ns, ss ns, financial stress –white public rel neg; ungesundes Verh ns, white F rel plus, age ns, employed Ne plus, SESns-außer Ne subj rel minus) –T1 chronic illness ns (auch change von chr ill ns) , impaired functioning ns(außer public rel bei white minus, change: bei Ne public minus, bei white subj plus) psycho distress ns (außer Ne subj rel plus) (vier von 20 sign; evtl etwas neg Wirkung von impairment auf Kg; bei 32 Intera nur 4 sign –subj rel in T1 –impairment/chronic ill dazu –subj rel sinkt;

9 Punkte (3 sample, 2 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) T 1 Krankheit, fu limit – senken public/subj rel in T 2 kaum (3 von 16 Möglichkeiten, auch pos Wirkungen da –F, employed Ne, functioning white, Intera 4 von 32 Möglichkeiten –subj rel in T1 – impairment/chronic ill dazu –subj rel sinkt; evtl public rel sinkt bei impaired functioning –zwei von vier)** R Gesu

8,5 Punkte (3 sample, 1,5 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) T 1 psy distress ns zu T2 public rel/subj rel (bei Ne change in psy distress –subj rel steigt; Rest –dreimal –ns)** R Gl

(R Gl,Gesu) O'Connell,K/Skevington,S.: Spiritual, religious and personal beliefs are important and distinctive when assessing quality of life in health: a comparison of theoretical models, in: British Journal of Health Psychology 15, 729-748, 2010
Sample 50 % Kranke, rr37, Forty-one per cent reported being spiritual (but not religious-gibts als Fragekategorie nicht), 39% religious,, and 20% atheist (oder : ath 20, rel 39, agno 41). Christianity was the largest religious sub-group (76% von den religious). Buddhists 9, other 15 -, Jehovah's witnesses, shamans, pagans, Children of God./moderately strong und mehr beliefs 92 !, practice beliefs 58, mod-strong rel person 52, belong to rel community moderately und mehr 34, spir beliefs ca 70 % (unklare Zahlen, % von allen oder von Religiösen) rural environmental design association, a 'positive living' support group for chronic pain patients, former psychiatric patients living in the community, neurological patients with epilepsy,Parkinson's disease, and multiple sclerosis.Members of 'alternative' religious movements. A cross-section of health and social care professionals from formal settings and alternative practices; doctors, nurses, pharmacists,

counselling psychologists,psychotherapists, aromatherapists, acupuncturists, shiatsu practitioners, herbalists,kinesiologists, reflexologists, and social workers.Spiritual occupations included the clergy. We approached an organization for the lay scientific community, and community members –Messungen unklar; Wichtigkeit: Sinn, hope/optim, awe, wholeness/integr inner peace für ath/agno weniger wichtig ; //ath agno vs rel – pain discomfort ns, energy fatigue ns minus, sleep rest ns pos, pos feelings nsminus, self esteem ns, neg feelings nsminus(Text umgek) Body image nsneg,
ADL ns, dependence on medication ns, working capacity ns, mobility ath mehr, personal relations ns neg, ss ns neg, safety/security ns minus, health soc care ns, financial resources agno minus, meaning of life minus, awe/wonder minus, wholeness/integr minus, inner peace minus hope optim minus;
5 Punkte (1 sample, 3,5 Messung, 0,5 stat) **rel (nicht alle Christen) vs ath/agno pos/z.T. ns zu PAS, ns/ns neg zu NAS, pos zu ss/personal relations, Sinn pos, wholeness inner peace hope optim pos, den arel ist inner peace, Sinn hope/optimism/inner peace wholeness nicht so wichtig,** R Gl
(unter 5) **rel (nicht alle Christen) vs ath/agno –ns zu health (pain energy fatigue sleep rest ADL dependence on medication, working capacity)** R Gesu

((Ogata,M et.al.: Mortality among Japanese Zen priests, in: Journal of Epidemiology and Community Health 38, 161-166,1984

4352 priests ab 1955 –followed bis 1978; 1396 sterben, Vergleich zu jap Männern im gleichen Alter, und Fragebogen an 1981er Zen-priests,
SMR 82; Todesursachen –CVD minus, heart dis ns, Krebs ns, lung/respir organs neg, external causes nsminus
N zu wenig: Diab hypertensive pneumonia/bronchitis TB Magengeschw Lzirr Oesoph respir organs minus; rectum/pancreas pos, stomach Leuk ns,
Umfrage-VP: sie essen kaum Brot, viel miso(fermented soybean) soup, evtl wenig Fleisch Fisch,viel Gemüse, (Vergleichsbasis fehlt) ,kaum Kaffee, Alk ns, smoke etwas weniger/(Spekul: strenges Training –Selektion, gebildet, moderate in vielem, wenig pollution in Umgebung, mental stabil
6,5 Punkte (2,5 sample, 2,5 Messung, 0,5 stat, 1 Panel) **Zen-Mönche leben länger, CVD eher als Krebs neg; lung/respir neg, Alk ns, smoke etwas weniger, viel Soja-suppe, Gemüse, gebildet, moderat ?))**

(R Gl, Gesu) Oleckno,W/Blacconiere,M: Relationship of religiosity to wellness and other health-related behaviors and outcomes, in: Psychological Reports 68, 819-826, 1991

Studenten, 55 K, 17 P, Health-promoting lifestyle profile – Svw, health responsibility, exercise, nutrition, interpersonal support, stress management ; alc –number of drinks comsumed per week, frequency of intoxication, how often do you use drugs or medication to alter your mood or to help you relax or gain energy, sought medical attention for illness, injuries, rel: Kg –never, sometimes - often -routinely ! und : very –somewhat –not religious,

7 Punkte (2,5 sample, 4 Messung, 0,5 stat)**Religiosity –smoke minus, drink minus, seat belt use pos, injuries ns, illnesses ns (Autoren: pos) drug use neg, health responsibility M pos, F**

ns,(Autoren: ges pos, schwach) exercise pos, nutrition pos (bei GesuV besser als bei Gesu) R Gesu
(unter 5) **Religiosity –Svw pos, stress management (Inhalt?) M pos, (Autoren: ges pos, schwach**) R Gl

(**R Gesu, Gl) Oman,D/Bormann,J**: Mantram repetition fosters self-efficacy in veterans for managing PTSD: a randomized trial, in: Psychology of Religion and Spirituality 7,34-45, 2015

Veterans mit militärischem Trauma,(Kogruppe bekommt nur case management wie Vp, trifft sich aber nicht regelm) sessions taught the foundational practice of mantram repetition, additional attention regulation tools – Slowing down, thinking or acting deliberately, intentionally, and carefully; One-pointed attention, viewed as the opposite of multitasking, and involving the awareness of having a choice to purposefully concentrate on one thing or do one thing at a time choose a mantram from a spiritual tradition. clinician-based measure of PTSD symptoms, self-reported measures of PTSD symptoms, depression -6-item subscale of the 18-item Brief Symptom Inventory(BSI-18), Overall mental health functioning -Mental Health Component Summary from the 12-item Health SurveyShort Form (SF-12, version 2) (Spiritual well-being was measured with the 12-item FACIT-Sp, Satisfaction with physical health was measured with a single 5-point response item from the Quality of Life Enjoyment and Satisfaction Questionnaire Self efficacy ("Rate your ability to manage PTSD symptoms on a scale of 1–10," jede Woche und nach 12 Wochen gemessen, wb nur nach der Interve (6 Wochen) //
6 Punkte (1 sample, 3 Messung, 0,5 stat, 0,5 Mediat, **1 Interve**) **self-eff nach 6 und 12 Wochen sign besser, mediiert Korrel Interve –PTSD, depr-jeweils neg, mh spir wb pos,// spir wb mediiert auch –bei PTSD depr mh (also wirkt Mantra auch darauf)** R Gl

(unter 5) 1 Interve **self-eff mediiert Korrel Interve - phys health sat (also wirkt Mantra auch darauf**) R Gesu

(R pos, Gesu,Gl) Oman,D/Kurata,J/Strawbridge,W/Cohen,R: Religious attendance and cause of death over 31 years, in: International Journal of psychiatry in medicine 32, 69-89, 2002

Alameda, 1965 (über 21 J) , 74, 83, 96 ; 6335 T1 -2485 T4, 1532 sterben; Kg less than weekly vs weekly, Lib reformed P 52, Fu 3, K 27, no 11, /diab cancer stroke heart trouble liver disease asthma chronic bronchitis shortness of breath –during past year ; number of days sick in bed past year, /phys act, swim,take long walk, do phys exercise, take part in active sports(eines davon oft – vs sometimes never,/heavy drinking –über 45 drinks in month,/number of close friends/relatives, nonrel group activities (work related children community service sociability recreation) eating breakfast everyday als Messung von habit regularity(C?),/Messung von predictors: in 65 –gilt bis 72, dann neue Messung gilt bis…;
Korrel T1-T1: Kg (mv age gender ethn birthplace edu inc nonwestern rel) –diab nspos, cancer nsneg, stroke heart trouble hyp ns, bronchitis nsneg, asthma ns, short breath neg, mobility ns, bed days neg, srh pos, breakfast pos, exercise pos, smoke neg, alc neg,
Kg (mv demogr, health, soc connections health behavior) neg zu mort all causes, circulatory, digestive respiratory/ external und other causes ns neg, cancer –nur bei Ko von demogr sign, /ischemic heart dis ns neg, cerebrovascular neg, other circulatory neg(außer letztes mv) /digestive cancer neg, respire und other ns, Ko von regularity ändert nix, Intera: bei mv mit a l l e n Items: M über 70 ns, M unter 70 besser als F unter 70, F über 70 am besten, (Überko)
14 Punkte (3 sample, 6 Messung, 3 mv, Intera, 0,5 stat, **1,5 Panel) Kg neg zu mort all causes CVD digestive respiratory -mv, pos zu GesuV, z.T. pos zu Gesu** R Gesu

6 Punkte (3 sample, 1 Messung, 1,5 mv, 0,5stat)**Korrel T1-T1: Kg-(mv age gender ethn birthplace edu inc nonwestern rel)depr neg**, R Gl

6,5 Punkte (3 sample, 1,5 Messung, 1,5 mv, 0,5 stat) **Korrel T1-T1: Kg (mv age gender ethn birthplace edu inc nonwestern rel) –close relatives friends group member pos**, R pos

(R Gl,help,Gesu) Oman,D/Reed,D: Religion and mortality among the community-dwelling elderly, in: American Journal of Public Health 88, 1469-1475, 1998

Marin county,über 55, affluent,white T2 nach 5 J, 454 Tote, mv /health status –stroke,hypert diab Herzinf cancer arthr kurzatmig tiring easily recent hospitaliz ever surgery srh worried about health, physical functioning-laufen,balancieren, fähig zu housework leg problems , gestürzt, vision difficulty,hearing diff,incontinence/ exercise, sleep hours, take central nervous system medic, alc, BMI, health insurance availability of medical care, living alone, part in social activities (concert play sport event, museum movie dance card bingo club auction, social isolation, part in rel group activities,having confidant, sat with marriage, doing volu work, give ss, having a rel or charitable group, do grocery shopping or housekeeping for respondent, driving status, lack of access to public transpo, Gesu von spouse, days out of house per week, nights out.. depr, fearfulness memory test !!, -alle getestet auf Zusammenhang mit rel und dann verwendet –s.u. //also: Kg wirkt auch unabh von soc isol/activities –die sind ns zu Kg, desh unten nicht kontroll
Korrel Kg –mort neg (MF,age), wenig Diff weekly-occas, mehr vs never;
Kg zu chronic disease bei M pos, balance diffic M neg, exercise ns, smoke minus, alc minus, overweight pos,

Kg (attend vs nonattend) mv neg zu mort, Ko von age sex unmarried chronic diseases lower body disability balance difficulties exercise currently smokes drinks alc underweight,days not out of house volunteering depr; (Intera mit ss und M ns, eher noch: bei viel ss wirkt rel stärker,

10,5 Punkte (2,5 sample, 2 Messung, 4 mv,bei, 0,5 stat**, 1,5 Panel) Kg neg zu mort, sehr viele controls, Intera MF/ss ns, eher: bei viel ss wirkt rel stärker; Kg –exercise ns smoke minus alc minus overweight plus, bei M zu chronic disease pos, balance diffic neg;** R Gesu

4,5 Punkte (2,5 sample, 1 Messung, 0,5 bei, 0,5 stat) **Kg bei M neg zu Depr, bei F nspos,** R Gl

4,5 Punkte (2,5 sample, 1 Messung, 0,5 bei, 0,5 stat) **Kg pos zu volu work MF** R help

(R Gesu, help) Oman,D/Thoresen,C/McMahon,K: Volunteerism and mortality among the community-dwelling elderly, in: Journal of Health Psychology 4, 301-316, 1999
Marin County, über 55, T 1 90/91, -T2 Nov 95, 2021 Vp -450 sterben, did any volu work at present time –how many volu organizations are you involved with/Kg, frequency of other religious group activities,
(volu neg zu mort, MF; volu hours nsneg)
(unter 5) **Kg/other act –pos zu volu MF, (Diff zwischen no org und Rest, keine Diff 1 vs 2plus orgs)** R help

10 Punkte (3 sample, 1,5 Messung, 3,5 mv, Intera, 0,5 stat**, 1,5 Panel) mv Kg –neg zu mort (mv : volu, demogr, chronic condition mobility exercise smoke days not out of house depr srh) Intera volu 2plus-Kg –risk: volu 56, volu plus Kg weekly 40, volu plus any Kg -66; volu plus groups 37,** R Gesu

(R help, Gl, Gesu) Omoto,A/Schlehofer,M: Volunteerism, religiousness, spirituality and the health outcomes of older adults, in: **Post,S**: Altruism and Health. Oxford 2007, 394-409

Residents from retirement communities, 70 % F, 80 J, viel edu, T2 nach 6 Mon, rel identity -3 Items --my rel faith defines who I am as a person, spir id 3 Items –I consider spir a driving force in my life /nonorg rel 4 Items;/numbers of hours a week volunteering, /how active in 10 orgs –dann church or faith based orgs vs rest, LzD, age-related anx –concerns problems associated with aging, /health problems -15 Items und functional problems 9 Items; /comparison -volu hours dichotomisch -org rel, rel spir id pos, nonorg ns pos; linear –schwächer, nur spir sign, dichotomisch bei volunteers – org rel spir id nonorg pos, rel id ns, correl analysis alle 4 rel Items pos ! /Korrel gilt nur für volu in rel, nicht in other orgs – dort rel ns;
Rel id T 1 pos zu LzD, depr anx neg T2, spir id dto plus Swg pos;org rel LzD pos, anx neg; nonorg –LzD pos, depr neg, Korrel zu phys health alle ns bis auf: spir id pos zu health; volu in church –Lz pos, Depr minus;

5 Punkte (1 sample, 3,5 Messung, 0,5 stat)**Org nonorg rel, rel id, spir id pos (kleine Ausnahmen) zu rel volunteering, ns zu other volu** R help
6,5 Punkte (1 sample, 4 Messung, 0,5 stat, **1 Panel), Rel id T 1 pos zu LzD, depr anx neg T2, spir id dto plus Swg pos;org rel LzD pos, anx neg; nonorg –LzD pos, depr neg// church volu –Depr neg, Lz pos; sec volu ns;** R Gl
5 Punkte (1 sample, 2,5 Messung, 0,5 stat, **1 Panel) Rel id (srr) org /nonorg rel/ church volu ns zu phys health, spir id pos** R Gesu

(R Gesu, Sm, pos) O'Reilly,D/Rosato,M: Religious affiliation and mortality in Northern Ireland: beyond Catholic and Protestant, in;: Social Science and Medicine 66, 1637-1645, 2008

Zensus Nordirland – current adherence und bei 14 % die darauf nicht antworten: denom in which brought up, other **Christian –meist Fundi-P –Free Presbyterian (39 % davon), Baptists, Brethren**; other or none: nonChristians/no rel; Church of Ireland –entspricht CoE/Anglikaner,

Mort 2001-2006 bei 25-74 jährigen -29 271 sterben, biv: Pres minus, other/none/Me (bei F minus), Church of Ireland K alle gleich, other Christian minus; mv(age mari stat edu class car available tenure popul density) : M –other Chr minus, Church of Ireland pos,(K Pres Me other/none ns) bei F: other Chr minus Pres minus;(K Church of Ireland Me other none ns); Todesursachen(mv) –M: circulatory other Chr minus, CofI pos; Krebs –other Chr minus (Lunge Magen; Prost ns),(Lunge auch: Pres Me neg; Magen Pres CofI),accidents Me minus, Sm alle ns F: circulatory –CofI pos, Rest ns !, (Pres other Chr respiratory neg), Krebs –Pres other Chr, other/none neg (jeweils Lunge, bei othernone auch breast),accidents other Chr neg, Sm other Chr pos ! mort wegen Alk-konsum –other Chr minus, Pres M Method F other/none F pos, K CofI ns,

10 Punkte (4 sample, 3 Messung, 1,5 mv, 0,5 stat**, 1 Panel) Other Christian neg zu mort, Pres (F)Me schwach neg, Church of Ireland schwach pos(M), other/none und K**

ns//Todesursachen –other Chr bei M CVD und Krebs (Lunge, Magen; Lunge auch Pres Me neg) weniger, CofI pos, Sm alle ns; accidents other Chr/ Me neg; bei F other Chr bei Krebs und accidents neg,(nur respire neg) bei Sm pos; no bei Krebs auch neg; CofI CVD pos,/alc-mortality-other Chr minus,Pres M, Me F, other/none F pos, R Gesu

6 Punkte (4 sample, 2 Messung) **Ca 8 %, other Christian –edu occ plus, car availability pos, Sozialwohnung minus, verh plus** R pos

6,5 Punkte (4 sample, 1 Messung, 0,5 stat**, 1 Panel) Todesursachen –bei M alle ns, bei F other Chr plus zu Sm** R Sm

Ostbye,T et.al.: Ten dimensions of health and their relationship with overall self-reported health and survival in a predominantly religiously active elderly population: the Cache County Memory Study, in. Journal of the American Geriatrics Society 54, 199-209, 2006

Cache County Utah, höchste Lebenserwartung mit 65 in USA, T 1 95/96, T2 98/99, T 3 02/03,/für mort: T1 98/99 –Anf 2005, 2768 Vp, 77J, independent living –at home statt in institution, ADL – eat, dress/undress, care for appearance, walk get in out of bed, take a bath/shower/IADL – use telephone without help, get to places within walking distance, shop for groceries/clothes, prepare meals, do housework take own medicine handle money /Arzt sagt nicht dass man: Parkinson,stroke,CVD/Herzinf, diab, other phys illness that seriously affects health, /mood – period of mehr als 2 Wochen fast jeden Tag –felt sad, blue, depressed, lost interest and pleasure in things you usually cared about or enjoyed, felt unusually cross or irritable, /ss –live with someone else, have someone to trust confide in, able to see relatives friends as often as wanted, employed, //once a week or more: volu in a rel org, attend worship scripture study group, had visits from people from the church, read scripture/holy writings, meditated had direct exp of God,

11,5 Punkte (3 sample, 4 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Korrel zu srh: meditate ns, volu in rel org pos, read scripture/holy writings nspos, Kg pos, direct exp of God ns, visits from people of the church ns, mv (demogr, live at home, vision, hearing, ADL IADL free of diseases cognition healthy mood, ss, alle rel Items) –rel Items ns (ÜberKo, Kannib) Korrel zu mort: medit ns neg, volu in rel org neg, read scriptures/holywritings neg, Kg neg, direct exp of God neg, visits from people from church pos; mv (s.o.)– alle rel Items ns, (jeweils mv: Kannib und Überko)**

(R allg, Gesu) Ostir,G et.al.: Emotional well-being predicts subsequent functional independence and survival, in: Journal of the American Geriatrics Society 48, 473-479, 2000
Hispanic-EPESE –Texas Calif New Mex Colorado Arizona,
Mexican Americans, die 8 foot walk können und keine ADL-Probl haben, 2282, 72 J, 108 sterben, T 2 nach 2 J, I felt that I was just as good as other people, I felt hopeful about the future I was happy I enjoyed life,
ADL-Probleme in T2 und mort –neg zu PAS, mv BMI demogr presence of chronic medical condition NAS/depr smoke alc –und ohne die mit heart disease stroke cancer at T1,/die besten 30 % bei PAS sind besser als die restlichen 70 %,
9 Punkte (3 sample, 1,5 Messung, 2,5 mv, 0,5 stat**, 1,5 Panel) PAS neg zu ADL-Verschlechterung/mort, unabh von depr/NAS, chronic conditon, smoke/alc; linear, aber auch: beste 30 % besser als Rest; (vgl Rel pos zu PAS und zu srh)**

Oxman,R et.al.: Lack of social participation or religious strength and comfort as risk factors for death after cardiac surgery in the elderly, in: Psychosomatic Medicine 57, 5-15, 1995

Keine Notfälle, kognitiv klar, 232 Vp, 21 sterben innerhalb von 6 Monaten (4 während OP, 5 ein Tag danach), (mv ejection fraction, Herzinfarkt gehabt, functional impairment- ambulation, body care, movement, psy disorders – depr, dysthymia, generalized anx, adjustment diso, panic phobic diso alc abuse; demogr, N E, social network –Ehe, Kinder, confidant relatives friends partic in social community groups, support durch network –emot, tangible, informational; adequacy of support,), denom, attendance at religious functions, number of people known in congr, strength and comfort from rel, sense of religiousness)
Biv – no rel ns pos, Kg neg, rel strenght/comfort neg, number of people known in congr ns neg, srr neg; mv –cardiac surgery vorher, ADL, age, partic in groups, strength and comfort neg (4 rel Items als Index –schwächer neg) group part ns zu strength,
9 Punkte (1 sample, 2,5 Messung, 3,5 mv, 0,5 stat, **1,5 Panel) Kg people known in congr srr strength and comfort from rel neg zu mort, mv Gesu, Pers, ss, group partic und rel Items – strength neg,**

Palmore,E: Physical, mental, and social factors in predicting longevity, in: Gerontologist 9, 103-108, 1969

268 Vp T1 1955-59,70 J, für in T2(nach 13 J) noch Lebende -147 –estimate of number of years he will have lived after initial testing –adding the present number of years (T2) to the estimated number of years now remaining according to actuarial life expectancy tables,(Cholesterin Rauchen pos !
(unter 5) **Korrel zu longevity –religious activities ns pos ?(wird nicht erklärt), rel attitude pos (auch keine Erkl)**

Palmore,E: Predictors of the longevity difference: a 25-year follow up, in: Gerontologist 22, 513-518, 1982

252 Vp, 26 leben 1981 noch; 70 J, 1955-59 examined, 33 Ne, 60 manual worker, /LD –longevity difference –controls for age,sex,race –Diff zwischen number of years Vp lived after initial testing und actuarily expected number of years remaining based on age sex race, /
Rel satisfaction –rel is fairly important in my life, I have no use for rel, - neg zu LD bei M , bei F ns, /rel sat strong neg zu physical function, Intelligenz, edu, SES, mv rel ns; (angeblich: health satisfaction bei F verlängert Leben um 12 J !, zus mit past enjoyment of sex interc und physical function rating -23 J; bei M work satisf 5 J-bei Vp über 70 !; mari stat, BMI contacts mit family friends ns,
4,5 Punkte (1 sample, 0,5 Messung, 1 mv, bei, 0,5 stat, **1,5 Panel) Rel sat neg zu Lebenserwartung bei M, mv ns; (neg zu physical function, mv ns), dubiose Zusammenhänge**

Pargament, K/Koenig,H/Tarakeshwar,N/Hahn,J: Religious struggle as a predictor of mortality among medically ill elderly patients, in: Archives of Internal Medicine 161, 1881-1885, 2001

596 Vp, Ba Me v.a. hospitalized, (ca 33 Ne) 268 überleben, 176 sterben, 152 können nicht interviewt werden, T2 nach 2 J, RCOPE 14,-seek spir support, spir connection collab with God in problem solving, rel forgiveness benevolent rel appraisals of illness, /struggle: punishing God, interpers rel discontent demonic appr spiritual disco, questioning Gods powers, /attend church or other rel meetings,prayer medit Bible study, rel impo,/medical diagnoses, severity of med illness, cognitive status, ADL,srh, Depr, Lqual-general activity,functioning,ss, health, psy functioning/

Korrel T1-T2 pos rc 0,75, neg rc 0,43 geringer; pos rc ca 15, neg rc ca 3//biv : Korrel mort: pos rc ns, neg rc pos, Kg neg, private rel und impo ns, /mv (age,race sex edu diagnoses srh ADL severity of illness,cogn funct,depr Lqual)- pos rc ns, neg rc pos, -Items: wondered whether God had abandoned me, questioned Gods love for me, decided devil made this happen, Kg neg
neg rc –weniger ADL, aber srh severity cogn fu ns; neg zu Kg
8,5 Punkte (1 sample, 3 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Kg neg zu mort, pos rc /impo/private rel ns, neg rc pos, biv und mv; wenig neg rc da, instabil, neg zu Kg, ADL (nicht zu illness severity, srh, diagnoses) Einzelitems: abandon, question Gods love, devil wirken bei neg rc,**

(R Gl, Gesu) Pargament,K/Koenig,H/Tarakeshwar,N/Hahn,J: Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: a two-year longitudinal study, in: Journal of Health Psychology 9, 713-730, 2004

cP Bapt mP, hospitalized, attr 55 % ! RCOPE 63 Items, 23 scales, pos: benevol reappr, (lesson), collab (partners) seek spir supp (sought Gods love and care) seek supp from clergy/church members, (asked others to pray for me) rel helping (try to give spir strength to others) active rel surrender (Did what I could put the rest in Gods hands) rel purific –confessed my sins, seek spir connection –my life part of a larger spir force, rel forgiveness-asked God to help me overcome my bitterness, seek rel direction –prayed to find a new reason to live, rel conversion –looked for a total spir reawakening, rel distraction – focus on rel to stop worrying;
neg rc –punish-wondered what I did for God to punish me; demonic reappr- believed the devil was responsible, reappr of God's power – some things are beyond God's control, passive rel deferral - tat nicht viel, warte dass Gott Problem löst, selfdirecting, deal with feelings ohne Gott, spir disco – questioned God's love for me, marking rel boundaries – avoid advice that was inconsistent with my faith, interpers rel disco –wonder church abandoned me, plead – pleaded with God to make things turn out ok, //Lqual- general activity, functioning, ss, health, psycho functioning, spir outcome: change in close to God, to church, spir growth/
brief RCOPE pos rc 15,5 neg rc 2,1/T 1 coping zu T2: pos rc zu spir outcome pos, punish spir disco ns, demonic deferral marking plead pos, interpers self dir reappr neg, (religiösere Items pos), zu stress related growth – pos rc pos, demonic passive ns pos, plead boundary pos, self dir reappr neg; Lqualität – pos rc ns (neg: forgive, conversion), neg: punish reappr demon spir disco interpers neg, passive plead self dir marking ns, /depr – conversion pos, spir disco/interp disco pos, Rest ns, /ADL –forgive seek conversion pos, punish demonic spir disco marking plead pos, /cogn functioning – pos rc ns, punish reappr passive plead neg; Summe: pos rc pos zu spir outcome, stress growth pos, Lqual Depr ADL cogn ns; neg rc - : neg zu spir gr/stress gr,Lz, ADL pos, Rest ns; (Brief RCOPE T 2-T2: neg klarer neg) /mv Ko auch von T1 mh/Gesu – Lqual- 3 minus-vorher 7(conv, demonic, spir disco), Depr -5 pos (vorher 3) – conv purific spir disco interp disco plead pos) ,ADL 8 pos; cogn 2 pos (vorher 4 neg) /
4 Gruppen – neg rc T1, nicht T2, neg rc T2, nicht T1, neg rc beide Male, kein neg rc – mv demogr, T1 Depr Lqu ADL, nur **chronic** neg rc neg zu Lqu, pos zu Depr ADL,
pos rc siebenmal so viel da wie neg rc,

7,5 Punkte (1 sample, 3,5 Messung, 0,5 stat, 1 mv**, 1,5 Panel) T1 zu T2: zu Lqualität pos rc 10 ns, 2 neg; neg rc 5 von 9 neg; Depr –18 von 21 ns, pos rc 1 pos, neg rc 2 pos; , spir outcome/stress related growth pos zu pos rc, neg rc: spir outcome -4 pos, 3 neg; growth 2 pos, 2 neg; //zu Lqu/Depr –insgesamt pos rc 3 neg, neg rc 7 neg –von 42!//Summenindizes: T 1 (Ko von T1 –Items, demogr) pos rc/neg rc –spir -pos/neg; stress pos/neg, Lqu ns; Depr ns, //nur chronisches neg rc wirkt neg auf Depr Lqu, neg rc nur in T 1 oder T2 ns**, R Gl

5,5 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1,5 Panel) **ADL –pos rc -3 mal pos(von 12) , neg rc 5 von 9 pos, cogn functioning pos rc ns, neg 4 von 9 neg;/**
Summe: T1 (Ko von T1-Item, demogr) –pos rc ns zu ADL, neg rc pos, zu cogn fu ns;
nur chronisches neg rc wirkt neg auf ADL, neg rc nur in T 1 oder T2 ns, R Gesu

(R Gl Gesu)Pargament,K/Magyar,G/Benore,E/Mahoney,A: Sacrilege: a study of sacred loss and desecration and their implications for health and well-being in a community sample, in: JfSSR 44, 59-78, 2005
Edu plus, relness/spirituality –Kg, Gebet, selfrated:religious, selfrated: spiritual/ rr 23/most significant negative life event in past two years/
sacred loss -11 Items klar, 2 laden auch auf desecr (something central to my spir was lost, something that contained God is now empty) – something from God was torn out of my life, s.th. that gave sacred meaning to my life is now missing, s.th. of sacred importance in my life disappeared when this event took place, part of my life in which I experienced Gods love is now absent, lost: s.th. that gave me a sense of spir fulfillment, loss of s.th. that was given to me by God, lost a gift from God, s.th that connected me to God is gone, source of spirituality became absent//
desecration –event was immoral act gegen was das ich für wertvoll halte, was sinful act betreffend was, was meaningful in my life war, offense against me/God, something evil ruined a blessing in my life, a blessing from God, something sacred from God was dishonored (7 Items, 3 auf beiden Skalen –trotzdem alle genommen, auch: mehrere F-analysen bis 2 Faktoren rauskommen)//
anx-Messung: nervous, tense, worried, upset, strained; /Gesu- physical symptoms, Arznei , Doktorbesuche, missed days in school, work, /spir change since event –I have grown closer to God, to my church, spiritually, /pos rc 26 Items, 15 neg; how frequently Vp engages in rel methods of coping after the experience of event, //pos rc 27 von 68, neg rc 4 von 25 -40 % vs ca 16) pos zu neg stärker pos /event als loss -50, als sacred loss to some degree 38;
Global rel –sacred loss ns pos, desecr pos, neg rc pos, intrusive thoughts pos, avoidant behave ns pos, anger anx depr ns pos, neg health ns, medication ns, doctor visit pos, days absent ns pos, PTG pos spir change pos, //sacred loss –pos und neg rc pos, intrusive avoid anger anx depr pos, Gesu ns, PTG pos, spir growth pos,//pos rc – intrusive, depr pos, avoid anger anx ns, Gesu ns neg; PTG spir change pos//neg rc als Mediator –loss Idee führt zu neg rc führt zu neg Folgen ? (oder : neg rc –Neigung führt zu loss-Idee)

6 Punkte (1 sample, 4,5 Punkte, 0,5 stat) **Global rel und pos rc –zu NAS (anger anx depr) ns pos, intrusive pos, avoid nspos, aber gleichz PTG/spir growth pos**
sacred loss und desecr – intrusive/avoid pos, NAS pos, loss zu PTG pos
neg rc (wenig da, pos zu global rel/pos rc) - avoid intrusion NAS pos, PTG pos ! /
desecr und sacred loss –pos zu rel, pos rc, PTG/spir growth, neg rc stark (die neg rel Items korrelieren miteinander, viel stärker mit NAS als mit pos rc/rel, da z.T. ns pos, aber nicht neg !) /
PTG eher kein Zeichen für pos (ebenso: pos spir change pos zu neg rc sacred loss !) R Gl
5,5 Punkte (1 sample, 4 Punkte, 0,5 stat) **Global rel, pos und neg rc, descr, sacred loss –alle ns zu health symptoms (neg rc mehr), medication use, doctor visits (global rel pos) , Tage krank in Beruf Schule** R Gesu

(R Gl, Gesu) Park,C: Exploring relations among religiousness, meaning and adjustment to lifetime and current stressful encounters in later life, in: Anxiety, stress and coping 19, 33-45, 2006
Viel P, drei Viertel F, I –Gorsuch; How involved are you in your church, synagogue, or other place of worship and its activities?'' rc -extent to which they typically use religious methods of coping with life problems (e.g., '' I try to find comfort in my religious or spiritual beliefs// a stressful event or situation you are currently dealing with or challenged by, or something you are concerned with.''
Appraised meaning of a current life stressor was assessed with threat, challenge, and controllability subscales of the Stress Appraisal Measure along with a number of single appraisal items. SAM - three subscales jeweils four items -threat, challenge, and controllability are ''Will the outcome of this situation be negative?'', ''To what extent could I become a stronger person because of this problem?'', ''Was this problem unresolvable?'' (reverse scored), The single appraisal items asked participants,''How stressful is your current stressful situation for you?'', ''How much does this get in theway of things that are important to you?'', ''How much has this affected your life in negative ways?'', ''How much has this affected your life in positive ways?'', and ''How helpful or influential has coping with [most stressful life event] been in coping with your present stressful situation of [current stressor]?''//stress-related growth-50 Items, SF 36 srh,
T 2 nach 1 Monat, ein Sechstel attr,
jetziges stressful event: I, Kg, rc –stressfulness of stressor ns, coping effic ns pos, threat, control ns, challenge pos, coping mit schlimmstem event nutzt - jetzt pos, /schlimmstes str event im Leben (3 rel Items)– resolution neg/ns neg; learned something pos - pos, meaning made pos, view of event changed over time pos;
T 1 3 rel Items zu T2 growth durch most stressful event pos, Depr minus, growth bei current stress pos, srh ns pos/pos (bei Ko von T1 Depr srh) /rel neg zu: event resolved;

5,5 Punkte (1 sample, 2,5 Messung, 0,5 stat**, 1,5 Panel) Rel wichtiger bei pos appraisal (Sinnfindung) von most stressful event als von jetzigem stress; T1 rel Items neg zu T2 Depr, pos zu growth T2 durch current/most stressful event; rel neg zu event resolved** R Gl

5 Punkte (1 sample, 2 Messung, 0,5 stat, **1,5 Panel) T 1 I Kg rc zu T2 srh pos/ns pos bei Ko von T1 srh** R Gesu

(auch in Rpos, R Gesu) Park,C/Lim,H/Newlon,M/Suresh,D/Bliss,D: Dimensions of religiousness and spirituality as predictors of well-being in advanced chronic heart failure patients, in: Journal of Religion and Health 53, 579-590,2014

T 2 nach 3 Monaten,39 % Ne, 9 % no aff, CHF patients,phys impairment –CHF kept Vp from living as you wanted during last month- making you tired,fatigued,low on energy, /SF 12 - physical health (pain fatigue fu limit wegen phys problem) und mh – vitality mood fu limit wegen mental problem, /Death and dying –worry about death, about the thought of not being able to die the way you would want to, about how and where you will die,/spir strain –angry at God, abandoned by God, Gods actions unfair, he has let you down, is unkind, disapproves of you, /DSE 8 Items –felt presence of God, found strength comfort in rel; there is a life after death, consider self a rel person, congreg would help bei illness, andern Problemen, /Kg other activities at place of worship, pos rc –work with God as partners,

(forgiveness – by God, forg others, forg self –DSE rel person pos rc pos, rel supp/Kg ns pos) /Korrel zu T 2:

DSE –fu limit neg, Gesu ns, SF mh ns neg (Polung unklar, Text widersprüchlich, evtl depr-artig), depr ns neg, Lz Diener pos, T angst neg, spir strain neg; LnT –SF mh neg, Lz Tangst ns, spir str neg, /rel person – Depr ns neg, Lz pos, sp str neg, rel ss –depr ns neg, Lz pos, sp str neg, Kg –Depr und T angst nsneg, Lz ns pos, sp str neg, pos rc –Lz ns pos, T-angst ns neg, sp str neg, (Lz: DSE, rel person, rel ss pos, Kg und pos rc ns pos, nur LnT ns; T angst – DSE minus, pos rc, rel ss, Kg ns neg; alle neg zu sp strain, alle ns neg zu Depr –LnT pos rc ns; zu Gesu ns alle außer DSE fu limit) //mv (demogr) und alle rel Items zusammen und pos Items T1 kontrolliert – zu T 2 Gesu-items ns; LnT neg zu SF mh; DSE neg zu Tangst, spir strain neg, (Rest alles ns –viele rel Items zu T angst, sp str, Lz Depr) (age gender ns zu allen rel Items), (Vp sehr krank-da wirken nur noch körperl Items ?)

8,5 Punkte(1 sample, 4.5 Messung, 1 mv, 0,5 stat**, 1,5 Panel) im Panel: rel Items zu T2 Lz -3 pos, 2 nspos, 1 ns; zu Tangst -1 neg, 2 ns, 3 nsneg; zu Depr -4 nsneg,2 ns (zu spir strain alle rel Items neg), Ko von allen rel Items und T1 pos Items und demogr –nix mehr an Korrel übrig außer:DSE zu sp str,T angst, LnT zu SF mh;** R Gl

7 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat**, 1,5 Panel) viele rel Items ns zu fu limit (DSE neg) und Gesu zustand, auch spir strain ((Urs: Leute sind schon sehr krank ?)** R Gesu

3,5 Punkte (1 sample, 2 Messung, 0,5stat) **forgive self, other, by God –pos zu rel: DSE,rel person, pos rc, LnT, rel ss Kg ns pos** R pos

(R Gl,Gesu) Park, C/Malone,M/Suresh,D/Bliss,D/Rosen,R: Coping, meaning in life, and quality of life in congestive heart failure patients, in: Quality of Life Research 17, 21-26, 2008

95 % M, having had a hospital admission with a diagnosis of left-sided, systolic CHF past year/T 2 nach 6 Monaten, rc COPE, attr 19, 36 item Medical Outcomes Study Short Form –health status questionnaire mental health vitality, social functioning, mental health,and role-emotional physical health physical functioning, bodily pain, role-physical, general health).

5 Punkte (1 sample, 1 Messung, 1 mv, 0,5 stat**, 1,5 Panel) rc T1 (bei Ko von meaning, illness severity andre coping-Arten T1) –T 2 Sinn pos, T2 mental health ns, (mh verändert sich nicht T1-T2)** R Gl
(unter 5) **Panel) rc T1 mv s.o. –T 2 physical health ns; (phys health verändert sich nicht T1-T2)** R Gesu

R Gesu, Gl) Park,C/Wortman,J/Edmondson,D: Religious struggle as a predictor of subsequent mental and physical well-being in advanced heart failure patients, in: Journal of Behavioral Medicine 34, 426-436, 2011

39 %Ne, 9 no aff, T 2 nach 3 Monaten, feel angry at God, feel abandoned by God,see Gods actions as unfair, feel God has let you down, view God as unkind, believe that God disapproves of you, /rel comfort –felt the presence of God, found strength and comfort in rel/spir, felt Gods love directly or through other people, SF 12 –physical: pain, fatigue, funct limitations, mental: vitality, mood, funct limit due to mental problems, //
rel struggle – age minus, edu inc race gender ns, comorbidities pos, Lz minus, depr plus, SF mental ns, SF physical ns, phys impairment wegen Herz ns, nights hospitalized nspos(T2 pos) / rel struggle T1 -mv age edu comorb) –zu T2 Lz neg, Depr pos, SF mh ns (bei Ko von T1 Lz Depr mh –rel str ns), SF physical –ns, phys impairment ns, nights hospit pos (bei Ko von T1 wellbeing: nights hosp noch pos) /rel str rel comfort srr und wellbeing T1 zu impairment T2 –nur str wirkt, bei nights hospitalized –srr pos, str und comfort ns(Kannib und Überko) Intera: bei denen mit viel srr: struggle steigert nights hospitalized;

7,5 Punkte (1 sample, 3 Messung, 1,5 mv,bei, 0,5 stat, **1,5 Panel) rel struggle ns zu SF physical, nights hospitalized, phys impairment wegen Herz, comorbidities pos, biv, T1-T2, T1-T2 mit Ko von T1 Item (dann zu nights hosp pos, //Kannib/ÜberKo –rel str pos zu impairment, srr rel comfort ns; nights –srr pos, str/comfort ns; Intera: bei denen mit viel srr steigert struggle nights mehr //** R Gesu

6 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat, **1,5 Panel) rel struggle (eher antirel) pos zu comorbidities, neg zu Lz, pos zu Depr, ns zu SF mh, biv, T1-T2, bei Ko von T1 Item rel str ns** R Gl

Park,N et.al.: Religiousness and longitudinal trajectories in elders‘ functional status, in: Research on Aging 30, 279-298, 2008

University of Alabama at Birmingham Study of Aging, 52 % white, alle halbe Jahre zwischen Dez 1999 und Feb 2004 (fraglich –follow up nur 3 J) , 75 J, stark rel, viel rural,//ADL –turning from side to side in bed,going up and down stairs, getting out of bed or a chair,bathing or showering, (un)dressing, eat,walk,get outside, get to/use toilet; / IADL –use telephone, do light or heavy housework, prepare meals, shop, manage money//
Kg, pray meditate Bible study, Intrinsic: In my life I experience the presence of the Divine, my rel beliefs are really what lie behind my whole approach to life , I try hard to carry my religion over into all other dealings in life, /
ss-perceived availability of, sensitivity to, interest in, understanding of family,friends in providing assistance, /received help from anyone/ Gesu –comorbiditiy-diseases;
Mv (demogr, ss, receive help, comorbidity, cogn impairment) –Kg neg zu ADL in T1-T2(bei 7 Messungen immer neg), I pray ns,/keine Korrel zur Entwicklung von ADL,
Bei IADL dasselbe und Kg bleibt stabil niedrig,no Kg steigt an (Diff erhöht sich),(visuell bei Figure 2 auch bei ADL so)
8 Punkte (1 sample, 2,5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Kg senkt difficulties mit ADL in T1/IADL auch im Panel (stabiler Kg –diff steigen nicht an) mv; I pray ns; Kannib**

(R Gl, fert, pos, Abtr, Gesu,Sm, Krim, div) Paul,G: The chronic dependence of popular religiosity upon dysfunctional psycho-sociological conditions, in: Evolutionary Psychology 7, 398-441, 2009
ISSP 98,
Sweden Japan Denmark France Germany Great Britain Norway Holland Australia New Zealand Canada Spain Switzerland Austria Italy Ireland United States
Rel vs sec – absolutely believe in God, afterlife (unsicher: in Appendix ja, in Text nein: heaven, hell) /lit, Kg, pray, agno ath, acc of human descent from animals;
Bei Krim nur Mord genommen, andere Items – auch von Interpol - angeblich ungenau (dort Schweden negativ !), illegal drug use angeblich auch so (da hätte rel auch Vorteile), Sm auch unzuverlässig, aber doch einbezogen; alc zuverlässig, causes of death auch nicht erhoben (Begründung unverständlich: leads to an arbitrary competition between the myriad lethal mistakes humans are err to) /gonorr syphilis –nur 7/6 von 17 Ländern mit Daten, Abtr 8; Ehe bringt keine Vorteile; Daten meist aus WHO, OECD, Büchern mit Statistiken, Messung unsicher, Rel messung evtl noch am besten
Erste Zahl: mit USA, zweite ohne; Korrel zu sec:

(unter 5) **Homicides -0.611, -0.262 (ns) Incarceration -0.606, -0.273 (ns) (homicide anders)** R Krim

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Suicides 15-24 year old neg, Suicides all age pos/nspos (anders)** R Sm

4,5 Punkte (1 sample, 3 Messung, 0,5 stat) **Under 5 mortality -0.835 -0.746 Life expectancy pos/ns;(anders) Gonorrhea infections 15-19 year old -0.937 -0.676, Gonorrhea infections all age - 0.938 -0.643 Syphilis infections 15-19 year old neg/ ns , Syphilis infections all age - 0.856, pos; alcohol consumption ns, -0.345 (alc und mort anders)** R Gesu

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Abortions 15-19 year old -0.938 -0.825 (Abtr anders)** R Abtr

5,5 Punkte (1 sample, 4 Messung, 0,5 stat) **Births 15-17 year old -0.716 -0.443 Corruption indices ns/neg; adjusted per capita income neg/ns, GINI income inequality -0.813 -0.707 Human poverty index -0.682 -0.572 Employment levels ns/pos; average hours worked neg/ns; Resource exploitation base ns/ns (teen births anders, employment statt Alok gemessen, resource exploit- ecol footprint-Messung unklar, Italien am besten !) //mehr inc und viel mehr poverty !** R pos

3 Punkte (1 sample, 1,5 Messung,0,5 stat) **Fertility beide ns (fert ohne USA höher !) (anders)** R fert

4 Punkte (1 sample, 2,5 Messung, 0,5 stat) **Marriages -0.310, ns; Marriage duration at divorce ns/neg; divorces among married couples ns/pos,** R div

3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Life satisfaction -0.202, -0.233 ns (anders)** R Gl

USA bei 14 von 25 Faktoren letzter Platz, v.a. homicide, incarc, juv mort, gono syph, Abtr adol pregn, Ehedauer, Gini, Armut, resource exploit; Dän Schw No Ndl am besten; fractionaliz und foreign borns neg zu Rangfolge successful nations , von Autor weggedeutet (mehr Multikulti – mehr neg Folgen) /Urs angeblich (meist unempirisch): fehlende reduction of socioeconomic disparity and competition via targeted tax and welfare strategies, handgun control, anti-corporal punishment and anti-bullying policies, protection for women in abusive relationships, intensive sex education that emphasizes condom use, rehabilitative incarceration, increased leisure time that can be dedicated to family needs, and perhaps most importantly job security and universal health care that make it difficult for ordinary citizens to suffer catastrophic financial failure./Amis haben Rel weils ihnen so schlecht geht, und Rel sorgt fürs Schlechtgehen weil sie für Kap ist, und private Hilfe funkt nicht so gut wie Staat, verhindert medizin Versorgung, macht mehr homicide, Körperstrafe für Jugendliche produz Erwachsenen-Gewalt, Bibel fördert Gewaltlösungen, the testaments justify the use of extreme personal and mass violence to address various problems, and can produce "honor cultures" that demand extreme retribution for even trivial slights/prej, vs gun control, patriarchal nature of traditional evangelical marriage may contribute to high levels of violence and instability, and conservative religious values do not appear to suppress uses of pornography to levels as low as those with more liberal views (Extensive research including this study indicates that the Biblically inspired abstinence only sex education programs are not as efficacious in reducing adverse consequences of sexual activity to the degree seen in better educated Euro youth/auch lib Rel hilft nix ! - Although liberal and moderate, pro-evolution churches tend to support progressive social polices and values that converge with those of secularists (Weisman and Cooperman, 2006), it is probably not possible for a socially healthy nation to be highly religious in a nonconservative, science friendly manner because improving social conditions and economic security degrades religiosity from liberal to conservative.Religiöse Gem sind schlechter dran, aber innerhalb religiöser Gem sind die Religiösen besser dran (s.o. andersrum erzählt) – sie diskrim die andern, Rel gibt ök Vorteile (aber besser dran heißt auch: bessere Lebensbedingungen produz- nicht nur Glück; und wenn das passiert wäre rel Ges auch besser dran)
Aus Jensen R Krim, hinter Paul .: Paul lässt weg: Netherlands, Belgium, Denmark, Sweden, Germany, and seven other nations have higher burglary rates than the United States (based on Interpol and United Nations data). The United States ranks ninth in cirrhosis death rates with at least four of the secular nations, including Japan, Denmark, France, and Germany exhibiting higher rates. The United States ranks thirteenth in suicide rates, seventh in estimates of daily consumption of narcotic drugs (Interpol estimates), and fourteenth in estimates of net annual alcohol consumption (Interpol estimates). Dort auch: WS Gini ns zu homicide,//US Diff zu Rest v.a. homicide, crime nicht so sehr

((R Krim, help, pos,Gesu) Paunonen, S: Hierarchical organization of personality and prediction of behavior, in: JPSP 74, 538-556, 1998
Smoking –A/C minus, N O plus (oder:E plus, N minus, O plus) ; traffic violations O pos(oder E minus A minus); honesty –A ns pos;(oder O minus),
2 Untersuchungen, 2 versch Ergebnisse
Items zu Persönlichkeit und die ist damit –wenn sie mit Rel zusammenhängt –ein Faktor)
Religiosity –N pos oder O
(unter 5) **smoking O pos,** A**/C minus, N plus -oder:E plus, N minus,** R Gesu
3Punkte (1 sample, 1 Messung, 0,5 mv,O,5 stat**) traffic violations O pos (oder A minus, E minus)** R Krim
3 Punkte(1 sample, 1 Messung, O,5 mv, 0,5 stat**) honesty –A nspos, oder O minus** R help

(R Krim, help, Gesu, pos, allg) Paunonen,S: Big Five Factors of personality and replicated predictions of behavior, in: JPSP 84, 411-424, 2003
religiosity A plus/ns,
Korrel Alc- E pos, C minus; honesty – A/C plus, tobacco –A minus; routinely exercises – E pos; N minus/ns, traffic violations –C minus/ns, dieting –A minus/ns,driving fast – A minus; tobacco –E pos/ns
(unter 5) **alc –E pos, C neg; tobacco –E pos/ns oder A minus; routinely exercises E pos, N neg; dieting A minus/ns** R Gesu
2 Punkte (1 sample, 1 Messung) **honesty A/C** plus R help
2 Punkte(1 sample, 1 Messung) **traffic violations –C minus/ns** R Krim

(zur Info: R pos, help, Gesu, allg) Paunonen,S/Ashton,M: Big Five factors and facets and the prediction of behavior, in: JPSP 81, 524-539, 2001
Korrel von BigFive facets zu: willingnesss to share money -5 von 6 A Items!, religiosity – vulnerab minus, trust tender altr(A),impulsiveness neg (N), tobacco consumption – Imp anx vuln selfdiscipline(C minus) neg, hostility (N), -eher wenig Relbezug//routinely exercises – activity selfdisci vuln neg,excitement seeking, anx minus(E plus, C plus, N minus), wenig Relbezug; dieting –depr, anx selfdisci neg, selfconsciousness imp (alle N außer sd) –wenig Rel bezug; alc comsumption – Imp depr dutifulness/self disci minus, hostility plus (C undN) /Obesity –Depr selfconsc anx imp achievem minus (N)
Items zu Persönlichkeit und die ist damit –wenn sie mit Rel zusammenhängt –ein Faktor) religiosity – A plus trust tender altr, N minus –vulnerab impulsive; N hier anders: anx angry hostility, depr, self-consciousness, impulsiveness, vulnerability

5,5 Punkte (1 sample, 3,5 Messung, 0,5 mv, 0,5 stat) **Tobacco –imp anx vuln pos, s-disci pos; exercise –self disci pos, anx vuln neg; dieting –depr anx imp pos,self disci neg, alc – imp depr pos, self-disci neg, obesity –depr anx imp pos, (meist: N-artiges neg, C-artiges pos zu GesuV)**
3 Punkte (1 sample, 1 Messung, 0,5 mv, 0,5 stat) **willingness to share money 5 von 6 A-Items pos;** R help

(R Gl, Gesu,Sm) Pawlikowski,J et.al.: Religious service attendance, health behaviors and well-being—an outcome-wide longitudinal analysis, in: European Journal of Public Health,29, 1177–1183, 2019

biennial Polish household panel study (2009, 2011 and 2015)— 2009, the study covered 26 243, ab 16 J, 49 J, attrition 25–30% but the sample was replenished every year with new panel members
On an average, how often in a month do you take part in a church service or other religious meetings?: never, sometimes (1–3 times a month), weekly (4 times a month), very often (>4 times a month), T 1 - 2011; all analyses also controlled for prior levels attendance 2009
mv (gemessen 2009)- gender age, marital status, education level, baseline financial situation (labor market status, equivalized household income, satisfaction with income, experiencing financial problems), voting in the last parliamentary elections, frequency of watching TV, participation in the cultural and social life and satisfaction with leisure time and baseline health conditions (having certificate of disability, being seriously ill in the last year, experiencing activity limitations owing to health problems).
Additionally, each model is controlled for set of baseline outcomes investigated in other models (?)
Self-reported health: How satisfied are you with your health?
Psychosomatic symptoms in the month preceding the survey measured using the Patient Health Questionnaire (PHQ-15 - 2, I suffered at least for one half of the month: 1. Strong headaches; 2. Stomach pains or flatulence; 3. Pain or tension in the neck or arm muscles; 4. Chest or heart pains; 5. Dry mouth or throat; 6. Attacks of excessive sweating; 7. Shortness of breath; 8. Pain in your arms, legs, or joints (knees, hips, etc.); 9. Accelerated heartbeat (palpitation); 10. Shivers or convulsions; 11. Pressure on the bladder and more frequent urinating; 12. A feeling tiredness not associated with work; 13. Constipation; 14. Nose bleeds; 15. Sudden changes of blood pressure.
Not being worried about health conditions Sleeping well Not feeling tired, Happiness: How would you assess your current life? 4 = very happy etc. Life satisfaction: To what extent are you satisfied with your life achievements Life perception: How do you perceive your entire life? 7 = delightful, 1 = terrible Considering all, do you think the last year was a good one for you? Being full of energy)
Having visited a psychologist or a psychiatrist in the last year Having thoughts about suicide in the recent months due to feeling depressed At present, how strong is your willingness to live? Do you feel lonely? Generally, do you believe that you can trust most people? To what extent are you satisfied with your relations with friends)
Smoking tobacco products everyday Drinking too much alcohol in the last year, Practicing sport
Kg -1-3mal, weekly, mehr (mehr als weekly meist etwas schlechter als weekly)
Kg T 1-Item T2: satisfaction with health pos, PHQ ns, not being worried about health conditions ns, sleeping well ns, not feeling tired ns, happiness Lz life perception pos, full of energy ns, visited a psychologist/psychiatrist –weekly neg, Rest ns; feeling lonely neg, last year was a good year for you pos, satisf with relationships with friends weekly pos, Rest ns;
13 Punkte (3,5 sample, 5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Kg T1-Item T2 (Ko von financial/leisure time sat) : satisf with health/Lz/happy/pos life perception/ last year good year pos, Psychosom ns, worried about health conditions ns, sleep well ns, not feeling tired ns, full of**

energy ns, visited psychologist/psychiatrist weekly neg, Rest ns; feel lonely neg, satisf with relationships with friends weekly pos, Rest ns R Gl

Kg – certificate of disability ns, seriously ill last year pos, activity limitation owing to health problems pos //Kg T1 –Item T 2: smoke neg, too much alc –weekly neg, Rest ns; practicing sport/other phys activity –weekly plus mehr;
10,5 Punkte (3,5 sample, 2,5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Kg –disability ns, seriously ill pos, activity limitation wegen Gesu pos, Kg T1-Item T2 (Ko von T 1 Items): smoke neg, too much alc neg (nur weekly) , practicing sport/other physical activity weekly plus mehr**, R Gesu

9 Punkte (3,5 sample, 1,5 Messung, 2,5 mv, 0,5 stat; **1 Panel) Kg T1 –Item T 2: willingness to live –weekly pos, Rest ns; thought about suicide in recent months due to feeling depressed –weekly neg, Rest ns;** R Sm

(R Gesu/Gl)Payman,V/George,K/Ryburn,B: Religiosity of depressed elderly inpatients, in: International Journal of Geriatric Psychiatry 23, 16-21, 2008
Australien, Duke Rel –Kg ,pray meditate Bible reading, Intrinsic–rel beliefs lie behind approach to life, carry religion over into life ,I experience presence of the divine,
Kg –ss ns pos, Depr ns pos, past psy episodes ns minus, cogn fu ns, chronic illness ns , strokes ns, pain severity ns pos, ADL ns pos, club soc function att ns pos/Gebet etc-ss ns pos,Depr ns minus, past psy episodes ns pos, cogn fu ns, chronic illness ns pos, strokes ns pos, pain severity ns pos, ADL pos,club ns Intr: ss pos,Depr ns minus,past psy ns, cogn fu ns, chronic ill ns, strokes pos, painseverity ns pos, ADL pos, club ns
mv Kg ss ns pos, disab ns pos; pray –disab pos, ss ns pos, chronic ill ns, I –ss pos ADL pos chronic ill ns
(unter 5) **Kg Gebet I - ns zu Depr, pain severity (pray nsneg) , past psychiatric episodes,**

(unter 5) **rel Items zu cogn fu ns, chronic illness ns, strokes pray nspos, I pos zu disab,** R Gesu

Pedersen,W/Kolstad,A: Adolescent alcohol abstainers: traditional patterns in new groups, in: Acta Sociologica 43, 219-233, 2000

Adol aus Oslo, 10. Klasse, 16/17, how important is religion to your way of living, /how old were you the first time you drank as much as a drink –I have never drunk as much as a drink; Abstainers. Muslim pos, Christian/no aff gleich nsneg, (strong social network minus, lonely pos, Depr ns, poor mh neg-unsicher: auch mal umgekehrt behauptet) impo pos(bei Mu und Christen) (mv –Items die rausfallen,weil sie ns sind: class economic living conditions parental TV preferences, books at home, immigrant 3. Welt, div, parental monitoring, spent time with family, social network, lonely, poor mh)
7 Punkte (3 sample, 1,5 Messung, 2 mv, bei, 0,5 stat) **adol Muslim und rel impo (bei Chr und Mu) pos zu abstain, Chr und no aff gleich,**

Perkins,HW: Parental religion and alcohol use problems as intergenerational predictors of problem drinking among college youth, in: JfSSR 26, 340-357, 1987

Students, 16 J, 8 no,/weak : I have no rel faith, it is not important to me at all, it is not very strong; /strong –it is fairly strong, very strong it is the most important aspect of my life; /problem drinking –frequent heavy consumption – an wievielen Tagen getrunken, wie viele drinks, -5 or more drinks more than once a week in last 2 weekss oder 4 or more drinks at least 7 of the last 14 days; Usual number of drinks consumed during the course of a party/social occasion –heavy social drinkers bei 5 ; frequent intoxication –get smashed as a result of drinking; Folgen: physical injury to oneself, to others, fighting, missing class, Verh das negative Reaktionen von andern erzeugte,damage to property, missed exams/late papers/failure to study for exams,damaged friendships/relationships, inefficiency in homework, classroom lab performance, impaired driving, //have you ever thought you might have a drinking problem while at college //obige 5 Items –heavy consumption/socialdrinking/intox/neg consequ self concern –Juden ganz wenig, P (Epi, Pres, UCC, Ba- also lib) /no eher gleich, K mehr ,//strength of faith – bei P und J neg zu drink-Problemen, bei K ns !!(außer intoxic) //elterl alc problem (heavy soc drinking/diagnosed treated for alcoholism) –P und K mehr als J/parents strength of faith –neg zu alc problem, (elterl alc problem –Kind auch) //mv (auch:Eltern heavy drink/diagnosed) : P;K;no mehr als J(no nicht so stark wie PK), strength of faith -2 neg, 3 ns neg;

6 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1,5 mv,bei **0,5 panelartig,) Strength of faith zu problem drinking (5 Items) 2 neg, 3 ns neg mv denom und elterl Trinkprobleme(ÜberKo) //bei K –strength of faith ns zu Alk-problemen, bei J und P neg; //denom- J weniger, (lib)P und no gleich, K mehr (bei Eltern auch),//strength of faith bei Eltern neg zu alc Problemen**

***(*R Gl,Gesu) Perkins, HW:** Religious commitment, yuppie values, and well-being in post-collegiate life, in: RRR 32,244-251, 1991

Faith fairly, very strong, most impo aspect of my life vs no faith, not impo at all,not very strong; in terms of general happiness and a sense of well-being –how would you usually describe yourself today –fairly bis very unhappy 7 %vs fairy und very happy 93

Yuppie mehr Alk Rauchen eating disorder unhappy

Rel zu: Alc (drinks, drinks at party, neg consequences) minus, smoking M ns plus, Fns minus, potential eating disorder – M ns minus, F ns plus weekly hours of exercise – M ns minus, F ns, unhappy – M ns minus, F ns minus (beide zus neg sign, ceiling Messung s.o.

(unter 5) **faith neg zu alc, smoking -nsneg F, nspos M; potential eating disorder M nsneg, F nspos, , weekly hours of exercise –M nsneg, F ns,** R Gesu

(unter 5**) unhappy –F nsneg, M nsneg, ceiling** RGl

(R Gesu, Krim) Petee,T et.al.: Levels of social integration in group contexts and the effects of informal sanction threat on deviance, in: Criminology 323, 85-106, 1994
Notre Dame Study of Catholic Parish Life, rr 59, cheating on one's income taxes (Tax Evasion) to making personal use of an employer's equipment (Personal Use) and alcohol abuse (Excessive Drinking)
likelihood that they would commit the act tomorrow if placed in a situation where they had an extremely strong need to do so.// Informal Sanction imagine that they were to commit the three deviant acts described earlier and to imagine that some people in the parish found out. how difficult it would be "to get along in the parish once these people knew what you did." //social integration within a parish -how strongly the parishioner was attached to the parish, how upsetting it would be if he or she had to move and was forced to leave the parish, how much feeling of community the respondent felt existed in the parish, and how many of the respondent's closest friends were members of their parish.// "morally wrong it is for someone to do . . . " each of the three deviant acts we described earlier.
informal sanction threat bei alc/tax/use neg zu alc/tax/use in Zuk/Vergangenheit, Aggregat social integr –neg zu tax/use in Zuk/Verga; indiv social integr –neg zu tax/use/alc, stärker als Aggr, //tax alc use morally wrong –Aggr soc integr ns, social integr indiv pos, informal sanction pos
//(mv –race gender age occ prestige inc moral judgement past crime) informal sanction threat – in Zuk alc ns neg, tax/use neg, Aggregat social integra –alle 3 neg, indiv level soc integr nsneg (Kannib), informal sanction wirkt bei viel soc integra negativer auf Zuk-Krim (tax, use),

6,5 Punkte (2,5 sample, 2,5 Messung, 1,5 mv, Intera, 0,5 stat) **soz Kontrolle (bei tax/use) und soz Integration (indiv und Aggregat) im kath parish –neg zu tax evasion, use of employers equipment in Verga/Zuk, pos zu tax/use morally wrong (Aggr soc integr ns) Intera: informal sanction wirkt bei viel soc integra negativer auf Zuk-Krim (tax, use),**

5,5 Punkte (2,5 sample, 1,5 Messung, 1 mv, 0,5 stat) **soz Kontrolle (vs alc abuse) im kath parish –neg zu alc abuse in Zuk/Verga, soz Integr Aggregat ns, individuell neg; Aggregat soc integr ns zu alc abuse morally wrong, soc integr indiv pos, soz Kontrolle pos, mv auch** R Gesu

(R pos, Gl, Gesu,div) Petts,R/Knoester,C: Parents' religious heterogamy and children's well-being, in: JfSSR 46, 373-389, 2007
National Survey of Families and Households, first time married couples T1 mit focal child 5-17, T2 nach 4-6 Jahren,/Kind: on the whole, I am satisfied with myself, I am able to do things as well as most other people, I can do just about anything I set my mind to/taking all things together, on a scale from o to 10, where O means really bad and 10 means absolutely perfect, how would you say things are for you these days ? /had a drink while underage past month; /same faith marr, across religion marr –diff rel or denom, not P (P-K ??) ; inter P marr –diff P-denom; faith none; und transition in eine von diesen; frequency of disagreements with spouse über household tasks, money spend time together, sex, having a(nother) child, in-laws, children; Kg –maximum value between husbands and wives ?, time spent with children –leisure activity away from home, at home working on a project/playing together, having private talks, helping with reading or homework, /
biv – faith none –marital conflict pos, spent time ns, div T1-T2 ns, Kg minus, transition to same faith pos, self esteem, Lz,grades, marij use, drinking ns, /andre het –ns bis auf transition to same faith, //Kg –grades pos, drinking neg, marital conflict neg, Rest ns,//change in Kg ns, transition to faith none ns; /transition to same faith/het across rel oder interP ns; mv (edu, age, earnings)

marital conflict – faith none pos, across und inter P ns, /mv selfesteem (edu, earnings,age of parent/child, gender, mar conflict, time spent,div,) –het ns, transition to het/homog ns, (change in) Kg ns, //Lz –across ns neg, Kg ns, change in Kg ns, transition ns;//grades – Kg und change in Kg pos, Rest ns/marij use- across rel pos, Kg neg Rest ns; underage drinking – faith none pos, across pos, Kg minus, transition to inter P pos; //**het Ehen –mit weniger Kg (mv age, earnings, edu)**

6,5 Punkte (1 sample, 2,5 Messung, 1 mv , 0,5 stat**, 1,5 Panel) Faith none heterog Ehe/Kg/homog Ehe und across rel /interP heterog Ehe (vs same faith) und Wandel in diesen Items – ns zu parents spent time with children, grades: Kg und change in Kg pos** R pos

6 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat**, 1,5 Panel) selbe Items (Eltern) ns zu how things are these days, self esteem (Kind !) ÜberKo** R Gl

6,5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat, **1,5 Panel) (Elternitems zu Kindverhalten) faith none und across rel pos zu underage alc, across rel pos zu marij; Kg neg zu beidem , transition to interP pos zu alc** R Gesu

6 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat,**1,5 Panel) faith none pos zu marital conflict, across/interP heterog ns mv (vs same faith), parents div between waves ns Kg minus** R div

((-Magie –Schaden))Philipps,D et.al.: Beyond science ? The hound of Baskervilles effect: natural experiment on the influence of psychological stress on timing of death, in: British Medical Journal 323, 1445-1446, 2001
Die Worte Tod und 4 werden sehr ähnlich ausgesprochen, z.T in Krhaus kein 4.Stock, Militärmaschinen nicht mit 4, keine Reise am 4. ,Chinesische und japanische Restaurants haben in ihren Telefonnummern weniger die Zahl 4;
daily national mortality figures 1989-1998, controls matched in state ,cause of death ,inpatient status, age sex mari stat, am 4.Tag des Monats/der ersten Woche 7% mehr chronic heart disease deaths bei Jap/Chinese (nicht bei not chronic heart dis, nicht bei anderen Todesursachen) – Deutung: psy stress wegen der Zahl 4 (auch inpatients haben das)

((Phillips,D/King,E: Death takes a holiday: mortality surrounding major social occasions, in: Lancet 332, 728-732,1988

Juden death from natural causes, 1966-84, nach Nachnamen identifiziert (einige uneindeutig), Vergleichsgruppe Chinesen, Woche vor und nach Passah, jüd M weichen ab (F mit jüd Namen sind evtl keine Jüdinnen; M sind Zentralperson bei Passah),wenn P am Wochenende ist: mehr Abweichung –Familie da, sozialer Aspekt, weniger religiöser, Wirkung nur bei CVD stark, Krebs Herz etwas, all other und external ns,
5 Punkte (2 sample, 1,5 Messung, 1 Vergleich, 0,5 stat) **bei Passah: M machen Aufschub von Sterblichkeit))**

((Phillips,D/Smith,D: Postponement of death until symbolically meaningful occasions, in: JAMA 263, 1947-1951, 1990
Harvest moon festival bei Chinesen –Feiertag, ceremonial meal zu Hause, special foods gathering of family, senior woman zentrale Person, Todesfälle(nur natural causes –nicht Sm, nicht ?) von Chinesen 1960-84,. Vergleich alte ChinesenF vs alte JudenF vs alte BevF
Vp sterben eine Woche vorher weniger, eine Woche danach mehr (Varianz erwatete vs eingetretene Tode gibt es aber auch bei jüdischen F und BevF, aber nicht vor/nach dem Chinesen-Feiertag), nix dergleichen bei jungen ChinesenF und ChinesenM,//ChinesenF und jüd M –sterben vor Ereignis(Feiertag/Passah) weniger an CVD und danach mehr, bei Krebs wenig Diff//Aufschub von OPs irrelev
5,5 Punkte (2,5 sample, 1,5Messung, 1 Vergleich, 0,5 stat) **Bei religiösen u n d weltlichen Festen Aufschub von Sterblichkeit, Harvest Moon alte ChinesenF Passah –jüd M))**

Phillips,R/Snowdon,D: Association of meat and coffee use with cancers of the large bowel, breast, and prostate among Seventh-Day Adventists: preliminary results, in: Cancer Research (Suppl) 43, 2402s-2408s, 1983
21295 white SDA Calif, über 35 ,essen meat und trinken Kaffee, T 1 1960, T 2 1980, comparable nonAdv –leben in Calif, ähnl SES,

5 Punkte (3 sample, 1,5 Messung, 0,5 Vergleich, 0,5 stat) **SDA weniger Dickdarmkrebsmortality als vergleichbare nonAdv als US-whites, Brustkrebs –SDA und US gleich, nonSDA mehr, Prost ns; SDA leben zur Hälfte vegetarisch, aber meat-Konsum neg zu DDkrebs, evtl leicht pos zu Brust/Prost;**

(R pos, Gesu)Philipps,R/Kuzma,J/Beeson,W/Lotz,T: Influence of selection versus lifestyle on risk of fatal cancer and cardiovascular disease among Seventh-Day Adventists, in: American Journal of Epidemiology 112, 296-314, 1980

American Cancer Study 1960, –ca 112 000 Vp in California, Teil dieser Studie: SDA ca 22000 Vp, davon sterben ca 6200 SDA und 17400 nonSDA; // 1958: SDA study; Vp über 35 J, 1960-1972 nonSDA, 1976 bei SDA, Todesfälle zweimal adjusted –wegen Toten außerh von Calif, wegen computer-assisted record linkage –ungenau;

5 Punkte (3 sample, 2 Messung) **SDA bei edu gleich wie Calif, weit mehr als USA white, occ – SDA mehr professionals als USA Lifelong SDA vs convert –edu occ stark pos**; R pos

ACS –SDA smoke, current use of meat/poultry, coffee minus, exercise nspos,
(Calif mort minus vs USA), SDA mort minus in Calif (hier edu gleich, vs US anders),/Todesursachen : Krebs minus, Lunge smoking related colon rectal neg, breast prostate stomach lymphoma leuk ns, coronary heart dis M neg, F ns, CVD beide neg, other circulatory dis M neg, F ns, (Wirkung bei F schwächer) //SDA nonsmokers weniger mort (v.a.Herzkreislauf, auch lung breast colon rectal)als nonSDAnonsmokers-dh Diff SDA-Rest nicht nur wegen smoke, auch wegen CVD; Konstanthaltung von alc ändert nix,
bei SDA-Vp :health habits –(smoke,breast feeding exercise sleep use of meat fish poultry cheese fried food salt and pepper added to food use of catsup,mustard spice ham pork alc coffe tea soft drink) –Vergleich –Krebs ns,coronary heart disease M neg, F nsneg, CVD –M neg, F ns, other circulatory dis –M neg, F ns; health habits –bei M edu pos, bei F ns; physicians dentists neg !,

ministers pos, other profess –MF pos, white collar neg/ns, blue collar pos/negF, housewife ns(keine klare Schichtsache)
9 Punkte (3 sample, 4,5 Messung, 0,5 bei, 0,5 stat**, 0,5 panelartig) SDA weniger mort als CalifBev(beide weniger als US Bev), stärker bei M, Krebs und HerzKr minus, auch bei nonsmokers SDA besser//Befolgung von health habits (Essen, alc, smoke exercise breast feeding) (edu occ nspos, ministers pos, physicians neg) bei SDA - all causes, other causes neg, Krebs ns, HerzKr negM,**

(auch: R Gl, R help)Piedmont, R: Spiritual transcendence and the scientific study of spirituality, in: Journal of Rehabilitation 67, 4-14, 2001
STS –connected Cr 64, /F analyse – bei univ 12 von 18 Items korr weniger als O,6; PF- 4 von 18, connect 5/12//STS – pos zu rel Items (Bible reading, read rel lit, Gebet, union with 'God, relship with God,Kg,Faith Mat ; PF viel, connect wenig, univ mittel, //zu Pers – Univ –O (ns)pos , A pos, Rest ns; PF – A C (ns)pos, connect – E O A (ns)pos,//Fanalyse – STS unabh von Pers, /STS zu Svw, purpose in life, prosoc behavior alle drei Teilskalen pos; Bradburn ns, delighted –terrible ns, days ill ns neg, //Ko von Pers – Svw –PF pos, Purpose in Life –PF pos, prosoc –connect pos, PAS Bradb –univ pos, NAS ns, delighted terrible PF pos, days ill- univ pos, //PF – sense of bliss, happiness, fulfillment in pray/meditate; univ- sense of belonging to a larger organic whole, connect – feel a direct sense of relatedness to others,

5,5 Punkte(1 sample, 3 Messung, 0.5 stat, 1 mv) **STS pos zu vielem –auch help, Gesu, PAS, nicht NAS –mv Pers, pos zu Rel, wenig pos zu Pers**,

(R Krim, Gesu) Pitt,C: The moderating effects of religiosity and extracurricular involvement on the economic disadvantage-delinquency association. Diss 2015
Add Health, 7.-12. Kl T1 94/95, T2 96, ohne 12.Kl aus T1, attr 29 %, 22 % Ne, 16 Latino, 15 J, 50 % nur mit beiden Eltern,
how many times the respondent used marijuana in the past 30 days , "during the past 12 months, on how many days did you drink alcohol?" In the past 12 months did you (a) shoplift, (b) take an automobile without the owner's permission, (c) steal something worth less than $50, (d) steal something worth more than $50, and (e) commit a burglary?" violence:"How often did you (a) engage in a serious physical fight; (b) hurt someone badly enough to need bandages or medical care; (c) use or threaten to use a weapon to get something from someone and; (d) take part in a fight where a group of your friends was against another group?" in the past 12 months did you (a) pulled a knife or gun on someone; (b) shoot or stab someone; (c) carry a weapon to school, and; (d) use a weapon in a fight?"
Do you think of yourself as a born-again Christian?"/private rel –pray/impo//public rel - Many churches, synagogues, and places of worship have special activities for teenagers, such as youth group, bible classes, or choir. In the last 12 months, how often did you participate in these activities?"
mv economic disadvantage (size of household, dann Eink das nötig ist,damit man keine Nachteile hat, staatl Hilfe, fehlt Geld um Rechnungen zu zahlen ? neighborhood disadv, edu employment of parents), demogr, family structure, support, supervision, talked to parents of childs friends; Item T1
violence T2 –born again nsneg, Kg ns, private rel neg (Ko von ec disadv, Kannib); mv alle ns (ÜberKo) ; Intera: Kg steigert pos Korrel econ disadv –violence; Berücksichtigung von sample attrition –ns; zweite Überprüfung von attr- Kg steigert wieder !, dafür senkt private rel und born

again die Korrel econ disad –violence; Kg parents neg ! (diese Zugabe schmälert Intera –Deutung: Zwangs-Kg, ((wegen viol ??))
stealing/theft –born again nsneg, Kg ns, private rel neg; auch mv; Intera: born again steigert neg Korrel econ disadv –stealing/theft, bei zweitem Test ns, (kein dritter gemacht)
bei Ne: violence –private rel neg/nsneg; Kg ns, born again nsneg; Hi und white ns;
bei Ne: stealing/theft – born again nsneg, sonst ns; Hi: private rel neg, born again pos, Kg ns,
bei whites: private rel neg, born again neg/nsneg, parents rel impo neg;

9,5 Punkte (3 sample, 3 Messung, 1,5 mv, bei, 0,5 stat, **1,5 Panel) violence neg zu private rel (Gesamtsample, bei Ne Hi white nsneg) ,Kg parents neg; public rel und born again ns (white nsneg); public rel steigert pos Korrel econ disadv –violence, bei Berücksichtigung von attr ns, andre Analyse: private rel und born again senkt diese Korrel; stealing/theft –private rel neg, born again nsneg/public rel ns, bei Ne nsneg; bei Hi born again pos, private neg; bei whites born again/private neg und parents impo neg , Intera: born again ändert neg Korrel econ disadv –stealing/theft in positive (oder auch ns),** R Krim

alc –public rel neg, born again neg, private rel neg/ns, keine Intera//bei Ne: born again neg, public rel neg, Intera: public rel –verstärkt neg Korr ec di zu alc, private schwächt sie ab; Hi –public private neg/nsneg, whites –public rel/born again neg,
marij –public rel, private rel, born again neg, auch mv, keine Intera /bei Ne: public private neg/nsneg, Intera - Hi –private rel neg, Intera private –steigert die neg Korrel ecdi-marij; white –public, private, born again neg;
8,5 Punkte (3 sample, 2 Messung, 1,5 mv,bei, 0,5 stat, **1,5 Panel) alc use marij use neg zu public rel, private rel, born again, bei Ne (alc –nur born again, marij alle drei) Hi (alc/marij nur private) white alc –public/private, marij alle drei) ; bei alc –private schwächer//bei Ne - public rel verstärkt neg Korrel economic disadvantage -alc/marij use, private rel schwächt sie ab; bei Hi: private rel steigert neg Korrel ec di zu marij** R Gesu

((nicht christlich, R Gesu,Gl) Pollack,A et.al.: Limitations of Transcendental meditation in the treatment of essential hypertension, in: Lancet 309, 71-73, 1977

20 Vp mit ess hyp, 9 mit Medikamenten, zwei Einführungslektionen, 4 Tage lernt man Medit-technik, dann Medit 6 Monate lang,
(unter 5) 1 Interve) **TM -bei syst Bd in ersten 3 Monaten neg, dann ns; bei diast immer ns, Puls in Monat 1,2,4 weniger, sonst ns, plasma-renin activity ns;** R Gesu

(unter 5) **TM: im 6.Monat -14 wollen weitermeditieren –physical wb improved, more relaxed, pos mental state, 6 wollen nicht –depr anx oder keine Zeit für Medit** R Gl))

(R Gesu,Gl) Poloma,M/Hoelter,L: The 'Toronto Blessing': A holistic model of healing, in: JfSSR 37,257-272, 1998

Types of healing: spiritual healing –becoming closer to God/inner healing –self acceptance/relationships with others, healing of emotions/memories, /mental physical healing -10-32 % sagen: physical healing da, oder healing from emot/psycho problem,
Vp von Toronto Airport Christian Fellowship -20 Länder, 54 % USA, oft nondenom, Pe, Anglican/Epi !, Vineyard,3 Ba 2 K, edu plus, /number of times Vp reported being prayed for by

someone at TACF (dabei findet blessing/healing statt),/manifestations of blessing während Zeit bei TACF –speak in tongues, rest in the spirit, roar like a lion,holy laughter,dance in the spirit,jump up and down,drunk in the spirit,deep weeping,birthing,uncontrolled shaking of arm/leg, deep bending from the waist,rolling on the floor,thrashing on the floor,uncontrolled jerking of bodily limbs (bending birthing drunk jerk roll thrash shaking sind T-spezifisch, werden hier als manifestations analysiert; Rest auch anderswo da),/welche Emotion ist verbunden mit der manifestation,die den most lasting impact hat –happiness, satisfied,joy love love for God gratitude peace cleansed humbled forgiveness toward self,strength,compassion//spir healing –received fresh sense of Gods forgiveness,recognized my sinful condition in a new way, experienced deliverance from Satans hold on my life,//91 % -know Father's love in new ways, 89 % more in love with Jesus than ever before
(spir healing –pos zu PAS, prayed for, manifestations)/ (faith) healing ist was anderes als medizinische Gesu

5 Punkte (1 sample, 3 Messung, 0,5 mv, 0,5 stat) **Positive Emotionen –being prayed for ns, manifestations pos,// I experienced a healing from clinically diagnosed mental health problems 6%; Korrel dazu: prayed for ns, manifestations ns, PAS ns, spir healing pos (mv, Kannib)// inner healing –I experienced an inner or spir(evtl emot?) healing -80 %(Inhalte evtl: falsche Selbstkonzepte weg, Vergebung für andere, hurtful memories weg, healthy love of self and neighbor) //Korrel dazu -prayed for ns, manifestations pos, PAS pos, spir healing pos (mv, Kannib**), R Gl

(unter 5) **I exp a healing of a physical health problem 22 %, /Korrel dazu: prayed for nspos, manifestations ns, PAS nspos, spir healing pos (mv,Kannib)** R Gesu

Prescott,C et.al.: Predictors of problem drinking and alcohol dependence in a population-based sample of female twins, in: Journal of Studies on Alcohol 58, 167-181, 1997
Nur Aufschrieb: F 17-55, problem-drinking (mindestens einmal die Woche zuviel ? andere beschweren sich) –biv: Kg und Fu minus, N E pos, /mv (mit N E, Gesuzufr depr anx phobic parental loss,optimism, Eltern problem drinker, Mutter in psychiatr Behandlung, primary breadwinner social phobia dependence mastery Swg LoC) –Kg minus,
Abhängigkeit –mindestens 3 symptome im Monat, -Kg hier nicht dabei, zu wenig N –oder ns, unklar,
6,5 Punkte (2 sample, 1,5 Messung, 2,5 mv, Pers, 0,5 stat) **Kg neg zu problem drinking, mv Überko (Fu biv auch)**

Prinzing,F: Handbuch der medizinischen Statistik. Jena 1906
Aus Weinberg Württ **– ev und z.T.kath Geistliche (in 3 Altersgruppen, in einer ns, in 2 pos) weniger Sterblichkeit als alle Männer**, //**Zahlenvergleich mit Oberlehrer/Direktoren/RichterStaatsanwälte/Hamburger Beamte –diese ns pos ; Ärzte** Württ, Wundärzte Württ, beides zus Sachsen, Gothaer Versich **neg**; Württ Ärzte negativer als Württ M (bei M 495 vs 496 verschiedene Zahlen !!) (Sterbefälle auf 1000 Lebende)
(Klatt zu Oberlehrern, Richtern usw, Möller zu Hamburger Beamten; Weinberg zu württ Geistlichen Ärzten; Gotha –Karup Gollmer) Bewertung ?

(R Sm, div, Gesu, pos, fert) Ramsel,C: Deutschland und seine Kinder –eine Frage der Religiosität ? Tübingen 2011, Diss

ALLBUS 1982, 1992 und 2002 International Social Survey Programme (ISSP) 1991 -54 % OstDld; EuropeanValues Study resp. World Values Survey 1981, 1990, (40 % O) 1997 (55 % O), 1999 (49), 2006 (53) 2008 (49; 1400 no aff, 240 ja !!); VP über 35, fast immer zuviele P!!, Kinderzahl (pos/ns bedeutet hier: einmal pos/ns, z..T. keine klar prorel Items, EVS 1991 und ISSP Ausreißer, viel ns, sogar neg, EVS 97 -18 % kath!,/ISSP 59 % P, fert bei EVS 97 weit geringer allg, EVS 2008: rel person glaubt eher an Höh Wesen als an pers Gott !, vgl auch fert nach denomin absurd)
srr -7 pos, 2 ns (einmal EVS 97/Atheist 3mal wie nicht religiös, 2mal mehr fert, aber nicht-rel ohne Unterscheidung – linear weniger als etwas religiöser) –kirchliche Trauung nspos/ns (Text sign); Beerdigung 2 pos (Tabelle 1 ns), Taufe ns, Erstkommunion nspos, Firmung pos, Konfirm ns, Konfirm Freikirche nsneg, Jugendweihe 2 nsneg; wichtig bei Ereignissen Gottesdienst abhalten –Geburt 3pos, Heirat 2pos, 1nspos, Tod 3 pos; Kg -8 pos, 2ns (Richtung unklar, ISSP/EVS 97; jährlich etwas weniger als seltener –aber ziemlich linear), Bethäufigkeit 4pos,(etwas linearer als Kg), Momente des Gebets (Nehmen Sie sich Zeit für Momente des Gebetes, der Meditation, der inneren Einkehr oder ähnliches?“ 3 pos, 1 ns, Meditationshäufigkeit pos/ Häufigkeit des Hörens kirchlicher Sendungen pos, Nachdenken über Glaubensfragen pos, Interesse an Spiritualität pos, Nähe Gottes pos (Gott ist kaum spürbar –nein, Text: ns), Hilfe Gottes pos, Wirken übernatürlicher Kräfte pos, Erfahrug mit/Haltung zu:. . . New Age Zen Anthroposophie Reinkarnation Mystik Magie Pendeln Astrologie Tarot Wunderheiler Edelsteinmedizin (alle je 2 mal ns, außer: Pendeln 1 neg, Astr 1 pos, Reink 1 neg) /Wie nah fühlen Sie sich Gott meistens?“ ns (ISSP), Verbundenheit mit einem Verstorbenen 2 ns, mit einer spir/mächtigen (Lebens-)Kraft 2 ns, Talisman wirkt/bringt Glück 3 ns, Besitz von T ns, Wahrsager können Zukunft voraussehen pos, Geistheiler (faith healers) haben gottgegebene Kräfte pos, Horoskop beeinflusst Lauf der Zukunft ns, Konsultation von Hor ns Trog, Anwendung von H im tägl Leben ns, Verbundenheit mit weit Entferntem ns, Ereignisse die weit entfernt geschehen sehen ns; ich folge einer rel Lehre pos, es gibt eine wahre Rel/Wahrheit in vielen/keiner Rel 3 pos; Es gibt so etwas wie einen Gott“ resp. „Ich glaube an die Existenz eines Höheren Wesens“ ns, persönlicher Gott –höheres Wesen –weiß nicht gleich glaube nicht an Gott -3 pos, ich glaube an Gott und tat es schon immer (ISSP) (vs nicht/noch nie vs früher, jetzt nicht und umgekehrt) ns, es ist ein Gott, der für uns sein will -2 pos, 1 ns (Trog asymm pos), der sich in Jesus zeigte pos, der sich persönlich mit den Menschen beschäftigt 1pos, 2 ns (1 ISSP), Gott ist nur das Wertvolle im Menschen 2 ns, Gott befindet sich im Herzen der Menschen 1 pos, 1 ns (Trog asymm pos); Wie wichtig ist Gott in ihrem Leben -5 pos, 2 ns (1 EVS 97) (unwichtig bis mittlere Werte/teils teils gleich) Leben nach dem Tod - 4 pos, 1 neg, 1 ns (ISSP), 1 ns; Himmel 5 pos, 2 ns, (1 ISSP) Reinkarn 1 pos, 4 ns, Hölle 5 pos, 1 neg, 1 ns(ISSP), Sünde 5 pos, 1 neg, Vergebung pos, Teufel 3pos, 1 neg (alle neg Korr in EVS 97), 1 ns (ISSP), Auferstehung pos, Seele – pos/2ns, Gott 4 pos, rel Wunder ns (ISSP), Engel pos, Telepathie ns; Moralbegründung per Gesetze Gottes Gesellschaft Gewissen ns (ISSP), Geltung der 10 Gebote – nur Index aller Gebote und Begehr Haus, Ehebruch,Vater/Mutter, Sabbat sign, 6 ns, Vertrauen in Kath Kirche/ev Kirche ns, in Kirche und rel Org ns (ISSP), in Kirchen 5 pos,1 ns (EVS 97), Religion bringt Menschen näher pos, Die Welt wäre friedlicher,wenn es keine Religion gäbe ns, Politiker, die nicht an Gott glauben,sind für öffentliche Ämter ungeeignet 2 pos, 2 ns, Religiöse Oberhäupter (leaders) sollten nicht beeinflussen wie Menschen in Wahlen abstimmen 1 pos, 2 ns, Es wäre besser für Deutschland, wenn mehr Menschen mit starken religiösen Überzeugungen öffentliche Ämter inne hätten 3 pos, 2 ns, Religiöse Oberhäupter (leaders)sollten Regierungsentscheidungen nicht beeinflussen 1 pos, 2 ns, „Denken Sie, dass in diesem Land Kirchen und religiöse Organisationenzu viel oder zu wenig

Macht haben?“ ns (ISSP) Sollten Bücher und Filme, die Religionen angreifen,per Gesetz verboten sein –pos kurvi Buckel, in einer Gesellschaft leben, „die Wert darauf legt, dass die Menschen religiös sind.“pos Hatten Sie schon einmal das Gefühl, dass etwas,was Sie getan haben, eine Sünde war?“ ns Haben Sie schon einmal etwas nicht getan, weil Sie gedacht haben, dass es eine Sünde wäre?“ ns Allbus 82: FreiKi –andre christl Relgem/K –ev Landesk - no; 2002 –FreiKi –ev Landeski –K/andre chr RG –no; ISSP –andre chr RG -ev Lki –no aff –FreiKi/K !!, EVS 81 –K-P-no; 2006 –ev/no-K; 2008 K-P-no; Wichtigkeit von Rel und Kirche im Leben -4 pos, 3 ns, Familie wichtig – Kg 5 ns, srr 4 pos, 1ns, Mitgliedschaft in einem kirchlichen/rel Verein 5 pos, 1 ns, Aktivität in solchem Verein 3 pos (nur viel Akt pos, Rest gleich einmal, kurvi Buckel asymm pos ein andermal, aktiv besser als nichtaktiv gleich Nichtmitglied) 1 ns (EVS 97), Freizeit verbringen mit Menschen aus religiöser Gruppe pos, unbezahlte Arbeit für rel Org 3 pos, 1 ns, Gründe für freiw Arbeit –rel Überzeugung pos; Bei dieser Zukunft keine Kinder mehr –Kg 3neg, srr 3 neg, braucht Fam um glücklich zu sein –srr ns, Kg pos,
Kg hängt stark mit vielen andren Items zusammen, die auf fert wirken (0.3-0.5)

(F –HausF –halbtags –selbständig/ganztags; (edu Wirkung nicht linear, mal kurvi Trog, mal Buckel, mal zackig, inc Schicht schwächerer Zusammenhang),

10,5 Punkte (3 sample, 7 Messung, 0,5 stat) **Riesenmenge an Items, 10 samples, (aber nicht repräs, z.T. –ISSP 91 und EVS 97 – sehr suspekt, bringen viele ns/einige neg Korrel) – meist pos zu Kinderzahl, (Summe guter Rel-messung: mit ISSP/EVS 117 pos, 47 ns, 7 neg (68 % pos, 4 % neg), ohne: 32 ns, 3 neg (pos nicht ohne ISSP EVS 97 berechnet, aber auch kaum da), ns zu Eso (etliche Items)** R fert

6 Punkte (3 sample, 2,5 Messung, 0,5 stat) **Gegen Prostitution –srr 6 pos, Kg 4 pos, 2 ns; Ehebruch –Kg 4 minus/srr 4 minus, „Was ist mit einer verheirateten Person, die sexuelle Beziehungen mit jemand anderes als seine oder ihr Ehemann oder Ehefrau hat?“ Gelegenheitssex –Kg 2 minus, srr 2 minus,** R pos

4,5 Punkte (3 sample, 1 Messung, 0,5 stat) **Div – srr 6 minus, Kg 6 minus,** R div

(unter 5) **Euthanasie –Kg/srr 9 minus, 1 nsminus, Sterbehilfe Kg1 neg/srr 1 neg**, R Gesu

4,5 Punkte (3 sample, 1 Messung, 0,5 stat) **Sm Kg 4 minus, srr 4 minus** R Sm

(auch in R Gesu) Rapp,S et.al.: Physical function among older adults with knee pain: the role of pain coping skills,in: Arthritis care & research 13, 270-279, 2000

3 Faktorenanalysen, dann Faktor pray pain will stop, worry all the time,pray it won’t last, its awful, overwhelms me, never going to get better; (Verzweiflungsgebet, ohne Hoffnung eher ?, andere Art von Gebet auch möglich) (pray etwas Bezug zu F 2: be around other people, do something active, see it as challenge,read, tell self pain cant stand in the way,tell myself to be brave, carry on); // in andern Analysen –catastr nicht auf demselben Faktor wie pray, dort hoping bei pray , hier allein; pray/catastrophize – Krankh schlimmer (Röntgenbefund) pain frequency/intensity pos, ability to decrease pain/ability to control pain minus, distance walked in 6 minutes minus; Faktor 2 –ns zu pain, ability to decrease/to control pos, distance walked pos, //physical function mv (incl Gesu, pain, vision,fractures, control)- praycat neg, (F 2 pos), /walk mv dto,

(unter 5) **rel coping –Faktor mit catastrophizing pray pain will stop, overwhelming(Verzweiflungsgebet/Wundererwartung) pos zu pain,** R Gl

(unter 5) **Faktor s.o. neg zu physical function, distance walked** R Gesu

(R Gesu, Gl, pos, Sm) Rasanen,J et.al.: Religious affiliation and all-cause mortality: a prospective population study in middle-aged men in eastern Finland, in: International Journal of Epidemiology25, 1244-1249, 1996
Männl Einwohner von Kuopio und rural communities drumrum, followup time 6 J, Vp 52 J, ca 1344 Lu, 85 orth, 171 no aff, 98 Tote, 68 Lu, 16 orth(6 Unfälle) , 14 no; ,5 %orth, 11 no, 84 Lu; ohne CHD illness/cancer, ca 900 missing values –Durchschnitt genommen,
Mort –bei Ko von family history of coronary heart disease, ischaemia in exercise EKG –eastern orth und no mehr als Lutheran, /Ko von migration wegen Krieg –dto, SES –dto, depr hopeless quality of relships mari stat org partic –no ns, phys activity alc smoke dto, Chole Leukozyten Triglyceride oxygen uptake BMI plasma fibrinogen dto, alles zus –orth plus, Lu minus, no ns plus; Orth –migrated wegen Krieg, wenig org partic, verh pos, alc smoke plus,(no: verh minus, org part minus, alc smoke plus, depr plus, BMI ns Chole ns phys activity ns)

11 Punkte (2 sample, 3 Messung, 4 mv, 0,5 stat**, 1,5 Panel) eastern orth mehr mort als no mehr als Lutheran, mv (Krankh, Werte, GesuV, Depr hopeless, relships, org partic) orth alc smoke plus, viele Unfälle, no: alc pos, smoke orth pos, BMI Chole CHD history/Items phys act ns**, R Gesu

(unter 5) **orth hopeless pos, Lu/no weniger; depr no pos** R Gl

4 Punkte (2 sample, 1,5 Messung, 0,5 stat) **no aff/orth/Lu: quality of relships ns, edu ns,** R pos

(**zitiert: orth M Sm 74/100000, no aff 51, Lu 42**) R Sm

(R Gl, pos,Gesu, Krim) Regnerus,M/Elder,G: Religion and vulnerability among low-risk adolescents,in: Social Science Research 32, 633-658, 2003

Add Health, nur 9200, T 2 nach einem Jahr, mv family satisfaction(understand, fun together, attention) pos selfimage –(good qualities,lot of being proud of, like yourself just the way you are, do everything about right, feel soc accepted, loved wanted) ,personal autonomy,school attachment-(close to people at school, fell part of school, happy to be at school) , temper, intergen closure (Eltern kennen Freunde von Kindern) //unklare Methode: per age sex race economic advantage Gruppen bilden: eine -15 % -die viele Risikofaktoren für best Verh und weniger Negatives hat vs wenige Risikof und viel Negatives (aber bei mv 7800 VP**, ohne** die mit hohem risk)

deli: paint graffiti on property of others/in public plane, deliberately damage property of others, lie to parents/guardians about where you had been or about whom you were with, take something from a store ohne zu zahlen, run away from home,drive a car without permission, steal –über/unter 50 $, go into a house/building to steal something, use or threaten to use a weapon to get something

from someone, sell marij other drugs – no aff ns, impo neg, Kg neg (never besser als kleiner 1malMonat) /mv: Kg ns, change in Kg ns/pos, impo neg, change in impo neg(Kannib Überko)

7,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat, **1 Panel) Rel –v.a. impo - neg zu Deli,mv** R Krim

Zahl der Tage, an denen Vp alc trank letztes Jahr, no aff pos, rel impo neg, Kg neg (never besser als kleiner 1mal Monat) , mv –Kg impo neg, change in Kg/impo neg; drug use –tried used marij, cocaine, other illegal drug, - no aff pos, impo Kg neg; mv: Kg ns, impo und change impo neg;

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat**, 1 Panel) Rel (aff, Kg, impo) neg zu alc/drugs,mv** R Gesu

trouble with school –had trouble getting your homework done, getting along with teachers, with other students , with paying attention to school, -no aff pos, Kg impo neg;mv –Kg impo neg; poor grades –no aff pos, Kg impo neg; mv Kg change Kg/impo neg, //rel impo pos zu family satisfaction , school attachment; Kg pos zu school attachment, ns zu family sat, pos zu intergen closure,
8 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat, **1 Panel) Rel pos zu school att/grades/wenig trouble, family sat/closure,** R pos

5 Punkte (2,5 sample, 2 Messung, 0,5 stat) **Kg ns zu self-image –(good qualities,lot of being proud of, like yourself just the way you are, do everything about right, feel soc accepted, loved wanted) , impo pos ; family sat –Kg ns, impo pos** R Gl

(R Gl, Gesu, Krim)Regnerus,M/Smith,C: Selection effects in studies of religious influence, in: RRR 47, 23-50, 2005
National Longitudinal Study of Adolescent Health , ca 13000 Vp, cP –AoG,Ba,Adv,Holiness, Pe// T 2 nach einem Jahr, How much do you feel that people in your family understand you, feel your family pays attentions to you, family has fun together;
theft über/unter 50 $, going into a house or building with intent to steal; Ladendiebstahl;/; /child has a temper,
You like to take risks; motorcycle riding/avoid seatbelt in automobile,/strategic thinking -bei Entscheidungen: go with gut feeling, without thinking too much about consequences, bei Problemlösung: zuerst Faktensammeln; think of as many different ways to approach the problem as possible, generally use a systematic method for judging and comparing alternatives, danach: analyze what went right or wrong; sE –strongly agree zu: You never argue with anyone, you never get sad, you never criticize other people, /
neg zu rel: has a temper(sagen parents), take risks, risk practice; ns be fearful; strategic behavior pos//Korrel T1 Item zu T2 Kg: temper, risk 2mal neg, strategic pos, sE ns, fearful ns; (mv demogr, intact family, extracurr activities ns, sport/exercise pos, autonomy from parents - weekday curfew, choice of clothing, choice of friends -6 Items –neg, time spent with friends ns// – bei Ko von Kg und schoolmate Kg -T1: nur noch-risk, age, F, Ne, intact family, parents edu, sport/ex)//impo – dto, plus: hot tempered neg, strategic pos, //

family sat – Kg ns, impo pos,cP minus (bei Ko von Items, die zu rel führen:erstes Model: Kg impo cP autonomy –Kannib, die nächsten auch noch Überko - temper,aut, risk,fear strategic sE extrac, sport, friends, average Kg impo schoolmates) //srh –Kg impo pos, cP neg; Kg average pos, impo average nsneg,//theft – Kg ns, impo/cP neg; av rel ns// nun noch Item in T1 dazu – impo pos zu srh,family, ns neg zu theft, cP neg zu theft, Intera: salience bei mehr Kg –stärker/sign wirkend auch bei letztem Model,//
change in Kg ns zu change in family sat/health/theft; change in impo pos zu change in family, Rest ns; born again –change-ns; Umkehrung: family sat/theft/srh in T1 pos/neg/pos zu Kg/impo in T2, Ko von rel in T1; change in family sat –change in Kg/impo pos; change in srh/theft ns;

Selektion zwar da –Items die Ursache für Rel sind (temper, strategic behavior, risk) – aber nicht wichtig bei Korrel zu Items /bei allen: Kannib und Überko da; sE immer ns/Problem: cP neg zweimal, bei Ko von T1 Item z.T. ns; bei change-Models ns; Umkehrung auch da, change Umkehrung nur bei family sat; Gut: impo wirkt immer, auch bei Ko von T1 Item und Kannib/Überko(Ausn:theft, dort wirkt cP)

11,5 Punkte (3 sample, 2 Messung, 3 mv, bei, 0,5 stat, **3 Panel) T1 Impo/Kg pos zu T 2 srh, mv (bei Ko von Items die zu Rel führen, von average rel, von srh T1, dann wirkt nur noch impo); cP neg (Kannib) , average Kg pos, av impo ns neg (Kannib, ÜberKo); Intera: sal wirkt bei mehr Kg stärker,sign auch in letztem Model; change von Kg/impo/born again ns zu change in srh/ Umkehrung -srh in T1 pos zu Kg/impo in T2, Ko von rel in T1; change in srh–change in Kg/impo ns**; R Gesu

12 Punkte (3 sample, 2,5 Messung, 3 mv, bei, 0,5 stat, **3 Panel) T1 Impo neg zu T 2 theft, mv (auch Ko von Items, die zu Rel führen und T1 theft), Kg ns; cP neg; av impo/Kg ns, Kombin Kg-salience: sal in letztem Model ns/change in Kg/impo/born again ns zu change in theft, Umkehrung: theft in T1 neg zu Kg/impo in T2, Ko von rel in T1 / change in theft –change in Kg/impo ns;** R Krim

11,5 Punkte (3 sample, 2,5 Messung, 2,5 mv, bei, 0,5 stat, **3 Panel) T1 Impo pos zu T 2 family sat, mv (auch Ko von Items, die zu Rel führen und T1 family sat) , Kg ns; cP neg; av impo/Kg der schoolmates ns, Kombin Kg-salience: sal sign auch in letztem Model; change in Kg ns zu change in family sat, change in impo pos, in born again ns; Umkehrung: family sat in T1 pos zu Kg/impo in T2 bei Ko von rel in T1 / change in family sat –change in Kg/impo pos; family sat change –mehr pos zu change in Kg als umgek, family sat change pos zu change in impo und umgekehrt genau so (bidirectional)//sE ns//rel –be fearful ns, T 1 be fearful –T2 Kg ns;** R Gl

Remien,R et.al.: Coping strategies and health beliefs of AIDS longterm survivors, in: Psychology and Health 6, 335-345, 1992

Longterm survivors mit etwas mehr spir coping ns (seeking or finding spiritual comfort or support), Bezug zu Lz allg Funktionieren unklar,
(unter 5) **wenig spir coping gemacht, ns pos nützlich für Überleben**

(R Gl, Gesu, Krim, Sm)Resnick,M et.al.: Protecting adolescents from harm, in: Journal of the American Medical Association 278, 823-832, 1997

Add Health, repräs für 7-12 Klasse, emot distress –felt depressed, lonely sad fearful moody cried poor appetite, /Sm- past year seriously thought about committing suicide or attempted, /violence –physical fight, injured someone, was in a group fight, threatened someone with a weapon, used a weapon in a fight, shot stabbed someone, rel - pray frequently, view self as religious, affiliate with a rel, /mv ((demogr, 2 Eltern, poverty, parent-family connectedness (close, feeling loved, satisf mit relship), activity miteinander, Schulerwartungen der Eltern, SmV in Familie, Bindung an Schule, dropout rate, Lehrerqualifik, attendance in school, Schultyp –auch parochial, selfesteem, GPA, repeat a grade, same-sex attraction or behavior, perceived risk of untimely death, paid work u.a.)) –rel danach bei emot distress, violence, Sm nicht mehr dabei als Prädiktor (Überko) /trotz dieser controls –rel neg zu smoke und alc use, marij ab 9.Klasse, age of sexual debut,

5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **emot distress –rel scheint ns zu sein, taucht nicht als Prädiktor auf, starke Überko** R Gl

5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5stat) **Smideen/SmV –rel scheint ns zu sein, taucht nicht als Prädiktor auf (starke Überko)** R Sm

6 Punkte (3 sample, 1,5 Messung, 1 mv, 0,5 stat) **violence –rel scheint ns zu sein, taucht nicht als Prädiktor auf (starke Überko)** R Krim

7,5 Punkte (3 sample, 1,5 Messung, 2,5 mv, 0,5 stat) **rel neg zu smoke alc marijuana mv** R Gesu

Reynolds,D/Nelson,F: Personality, life situation, and life expectancy, in: Suicide and Life-Threatening Behavior 11, 99-110, 1981
Male chronically ill veterans, 193 Vp, davon sterben 42 innerh von 1 J, danach (13-41 Monate) 39,
Indirect self-destructive behaviors, festgestellt durch 7 Tage-Beobachtung durch nursing statt –self-injurious eating, drinking (refusing appropriate food liquids), leaving treatment facility against medical advice, smoking, abuse of medication, conflicting interactions with staff/other patients, non-compliance with treatment program, other selfinjury/selfneglect, Patients 10 bzw. 13 Monate beobachtet, rated interviewed, Vergleich Vp Gestorbene nach 12 Monaten 42 vs Gestorbene nach 13-41 Monaten 39 vs Lebende 112 /ohne cogn impaired Vp Höherer Anteil an Lebenden –P K J no !, geringerer Anteil: other, no information über Rel (mehr Gestorbene), rel commitment –mort minus: devout occasional; mort plus: none, regular !, no information,

unter 5) **<u>1 Panel)</u> living patients –P K und no pos, J ns, other und no info stark neg, /commitment to a particular rel faith or philosophy (oder : rel commitment) –no und regular neg, occas und devout pos, no info neg, N gering**

Reynolds,P/Kaplan,G: Social connections and risk for cancer: prospective evidence from the Alameda County study, in: Behavioral Medicine 9, 101-110, 1990

Vp ohne vorherigen Krebs, T 1 66, T 2 82, Daten aus Tumorregister –Vp nur die die im county bleiben,bei cancer mort – auch Weggezogene /about how often do you go to churchs services – regular ist at least once a month; member of church group, /476 Neuerkrankungen, 257 Todesfälle durch Krebs,
Korrel: church group/Kg zu cancer incidence/mort ns pos, smoking related cancer ns pos klarer, bei M und F,(auch fast alles andere ns –other group,friends relative contact,being isolated; feeling isolated –bei F pos, bei M ns) mv smoking, age, physical health, inc, alc consumption
7,5 Punkte (2 sample, 2 Messung, 1,5 mv,bei, 0,5 stat, **<u>1,5 Panel)</u> church group/Kg ns neg zu cancer incidence, cancer mortality(smoking v.a.), Überko, auch soz Kontakte eher ns**

Richard,A et.al.: Individual religiosity, moral community, and drug user treatment, in: JfSSR 39, 240-246, 2000

Drogenbehandlungsprogramm Houston Recovery Campus, 66 % Ne, – follow up interview 6 -10 Monate nach Entlassung von dort,/self-reported improvement in drug use, crack cocaine alc marij; / how often do you feel that religion is really important in your life ? / change in crack use/alc use –change in Kg neg, rel impo(nur baseline) ns, (Ko von change in 12 step meeting attendance demogr, time in treatment program ?) marij ns, Kg change pos zu 12 step Teilnahme-change

6 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 mv, **<u>1 Panel)</u> change in Kg neg zu change in crack use/alc use, marij ns, mv(Überko rel und sec), impo T1(nur baseline) ns zu change/ Kg change pos zu 12 step Teilnahme-change**

Richardson,A: Social and medical correlates of survival among octogenarians: United Automobile Worker retirees and Spanish-American War veterans, in: Journal of Gerontology 28, 207-215, 1973

Male retirees von Vp General motors,Ford Chrsyler in Michigan, die 1965 80 J plus waren, T 2 nach 1 J, 1175 leben, 191 sterben,/SpanCo -1913 Vp, auch 1 J später 16,5 % sterben
(unter 5) **<u>1 Panel</u> Bei beiden rel affil ns (nicht gezeigt) (age edu inc occ mari stat auch ns, rel so stark wie age, z.B.wer in Institution ist 0.10 zu survival, rel 0,09)**

(RGl/Gesu) Ringdal,G: Religiosity, quality of life, and survival in cancer patients, in: Social Indicators Research 38, 193-211, 1996

I believe in God, have your rel beliefs been of support to you after you became ill from cancer, - ns zu physical status/personal functioning, neg zu good prognosis, pos zu allg Lz, quality of life (eher physisch) ns, cogn functioning ns, Angst Depr ns/ns minus, hopelessness ns minus, social functioning plus (auch mv, da hopeless neg, soc fu ns pos)

Tot nach 2 Jahren –(91/92 bis Anfang 94) biv ns, mv fast sign –age, sex,cancer type, phys functioning

5 Punkte **(**1 sample, 2,5 Messung, 1 mv, 0,5 stat) **belief in God/beliefs are supporting Lz pos, Angst Depr ns/nsneg, hopelessness neg,** R Gl

6 Punkte (1 sample, 3,5 Messung ,1 mv, 0,5 stat) **belief in God/beliefs are supporting – phys status/pers functioning ns, good prognosis neg, phys Lqual ns, cogn functioning ns, tot nach 2 Jahren –biv ns, mv fast sign (Ko von cancer type, phys functioning age sex)** R Gesu

R Gl, Gesu) Rippentropp, A et.al.: The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population, in: Pain 116, 311-321,2005

Patients chronic muskoskelatal pain,/ 72 % Christian, 8 % no, 15 % no answer; DSE (feel Gods presence, feel comfort in rel, feel inner peace, desire to be closer with God, feel Gods love, touched by creation) values,beliefs –belief in higher power/God who watches over people, sense of personal responsibility for reducing pain and suffering in the world, Cr64 oder 69 (Text vs Table 3) /forgive self, others by God Cr 66 /higher power, private- pray meditate watch listen Televradio, read bible rel materials, rel spir coping –pos God /HP benevolent supportive, oder punishing abandoning, make sense without God Cr 54 oder 51, rel involved in dealing with stressful situations, /rel support –benefits -help with illness, with problems; und problems – critical make demands C5r64 oder 52, with others in place of worship, Kg/part in rel activities, srr –how religious –oder strength ?, (BMMRS –brief multidimensional measure of rel/spir), (Messungen in Text z.T. etwas anders als in Table, Cr auch) /SF 36, physical functioning, role limitations wegen phys health problems, bodily pain, general health, vitality, social functioning role limit wegen emot problems, mh -2 Faktoren: physical und mental compoment; //interference of pain –in vocation, family/marriage, social/recreational functioning, // **z.T. schlechte Messung grade der neg Items; ungenaue Wiedergabe,**
7 Punkte (1 sample, 4,5 Messung, 1 mv, 0,5 stat) **disability compensation social security – zu rel Items 3nsneg, 4 ns, 1 pos; neg rc plus; phys health – 6 nsneg, 1 ns, 1 neg private/ pain intensity(oder total pain) 6 ns, 1 nsneg, 1 pos - neg rc pos; interference due to pain – 7 ns, neg rc ns pos; //phys health mv (pain intensity, pain interference, employed age edu) private rel neg; pain intensity mv –(edu, employment, disab/compens, phys health, mental health) neg rc ns /pain interference –mv (disab/employment, legal status,phys/mental health) alle ns; länger mit pain lebend -5 ns minus, support minus** R Gesu

6 Punkte (1 sample, 3,5 Messung, 1 mv, 0,5 stat) **mental health – 4 pos(rel supp, DSE, forg, srr), 4 ns pos,(values, pos rc, Kg private) , 1 neg –neg rc; mental health mv (disab, pain**

interference/intensity) –forg neg rc rel supp DSE srr ns alle(zusammen sign, Kannib -als Multikoll zugegeben) R Gl

Robbins, M: Attitude to smoking among female adolescents: is religion a significant but neglected factor, in: **Francis,L et.al**.:Religion, Education and adolescence. Cardiff 2005 94-106
(Lit review –MullenFrancis: Religiosity and attitudes toward drug use among Dutch school children, Journla of Alcohol and Drug Education 41, 16-25, 1995; –practising believers sign mehr ghree that smoking was wrong (1534 Teenagers); Francis/Kay 95 –smoking is wrong –Kg pos; Francis L: The values debate: A voice from the Pupils. London 2001 –teenagers 13-15 Kg weekly sign mehr smoking is wrong;),
smoking is wrong –God belief, Kg Gebet pos, //pray Kg god –E minus, Kg God –N ns, pray pos; mv (age class Pers div)-God pos, Kg/pray ns (Überko rel/div)
5,5 Punkte (2 sample, 1,5 Messung, 1,5 mv Pers, 0,5 stat) **smoking is wrong –Kg Gebet belief in God pos, mv belief pos(Überko rel/div**) R Gesu

Robinson,E/Cranford,J/Webb,J/Brower,K: Six-month changes in spirituality, religiousness, and heavy drinking in a treatment-seeking sample,in: Journal of studies on alcohol and drugs 68,282-290, 2007
T2 nach 6 Monaten; attr 20, Vp mit diagnosis alc use disorder lifetime entering outpatient substance-disorder treatment, in T1 schon 1-4 Wochen in Behandlung, rr65, evtl religiöser weil Studie als spirituality study vorgestellt wird, 66 % M, 36 never married, //loving God, controlling God Cr 66, T2 -55; belief in God und practice rel; practice –pray meditate,Kg,read scriptures, experience of God, DSE –hier anders als bei Zemore –ein Faktor,16 Items; 6 Items –meaning,carry beliefs into all areas of one's life, responsibility for reducing others suffering, belief in personal God /pos neg rc-Pargam, aber 16 Items, Inhalte anders (meaning in life,purific, rel forgiveness, collab /god as judge, ominous view of world, struggle for meaning), /in T2: practices DSE pos rc mehr; loving/contr God beliefs meaning ns;
Alc-Items –abstinent und days since last drink mehr,heavy drink number of drinks per drinking day Problems sinken,//heavy drinking in last 90 days- bei Ko von h.d. inT1 gender change in AA involvement, treatment days,–practices pos rc ns; DSE change – neg ;

7 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat, **1,5 Panel) change in DSE neg zu heavy drinking in T2 bei alc-treatment-Vp, practices(pray Kg read experience of god) pos rc ns; allg: rel Items in T 2 mehr, heavy drinking/problems weniger; (mv ? Kannib?)**

Robinson,E/Krentzmann, A/Webb,J/Brower,K: Six-Month Changes in Spirituality and Religiousness in Alcoholics Predict Drinking Outcomes at Nine Months, in: Journal of Studies on Alcohol and Drugs 72, 660–668, 2011

Sample vgl Krenztmann, Loving vs controlling God, belief in God, private rel und DSE vgl Krentzmann//, values und beliefs: have a sense of mission or calling in my own life," "I feel a deep sense of responsibility for reducing pain and suffering in the world," "I believe in a God who watches over me."/16 Item briefRCOPE// Anstieg von rel und DSE nach 6 Monaten – senkt Alk nach 9 Monaten(days abstinent, Tage seit letztem Drink) (Ko von baseline Alk) pos neg rc, loving controlling god values und beliefs ns, //sinkendes neg rc wirkt bei heavy drinking, drinks per day pos, (unabh von treatment, Wunsch abstinent zu sein) /Ko von AAinvolvement

6,5 Punkte (1 sample,2,5 Messung, 1 mv, 0,5 stat, **1,5 Panel**) **Anstieg von rel und DSE nach 6 Monaten –senkt Alk nach 9 Monaten(days abstinent, Tage seit letztem Drink)/rc, loving controling God ns, Sinken von neg rc –senkt heavy drinking, drinks per day,**

R Gl, Gesu, Sm) Robinson, J et.al.:Exploring the relationship between religious service attendance, mental disorders, and suicidality among different ethnic groups: results from a national representative survey, in: Depression and Anxiety 29, 983-990, 2012

National Comorbidity Survey Replication, National Surey of American Life, National Latino and Asian American Study –zus ca 20100 VP /WHO-CIDI, Sm ideation:seriously thought about committing sucide, /ever attempted suicide, //mood –depr bipolar dysthymia//anx –social phobia,generalized anx disorder,PTSD, panic); substance –alc drug abuse/dependence//
mv demogr – ganzes sample: Kg: Anx disorder minus (18-27); mood disorder ns minus(15-23), substance use disorder –minus, suicidal ideation minus, suicide attempts ns minus (3-6,9) //bei Asiaten(Vietn, Filipino,Chinese usw) –anx disorder ns, mood neg, subst use nsneg(2,5-6,9), Sm ideat ns, SmV ns neg;(2-4) (nur 50-300 Fälle) /Hi –anx neg, mood ns neg(14-18), substance use –nsneg(9-18) Smideat-neg, SmV neg;//Ne –anx neg, mood nsneg(11-16), substance –neg, Sm ideat –nsneg (9-16) , SmV ns (3-4,5) , /white –anx neg, mood nsneg (16 -24) , substance –neg, Smideat –neg, SmVnsneg (3-7) , (viele nsneg mit klarem Trend, nur 2 von 20 wirklich ns –anx Smideat bei Asiaten)
Seltsam: Differenzen zwischen Ethnien, aber Intera sind alle ns ! (whites mit mehr Problemen)

8,5 Punkte (4 sample, 1,5 Messung, 2 mv,bei, 0,5 stat) **Kg neg zu anx disorder, mood disorder ns neg, bei Asiaten, Hi, Ne,whites** R Gl
8,5 Punkte (4 sample, 2 Messung, 2 mv,bei, 0,5 stat) **Kg neg zu Smideation, SmV, bei Hi, Ne, whites, bei Asiaten kaum** R Sm
8 Punkte (4 sample, 1,5 Messung, 2 mv,bei, 0,5stat) **Kg neg zu drug alc abuse/dependence bei Hi/Asiaten schwach, Ne white klar,** R Gesu

Rodriguez, L et.al.: Priming effects of self-reported drinking and religiosity, Psychology of Addictive Behaviors 28, 1-9, 2013
85 % F, 30 'AsianPacific, 22 Hi, 17 Ne, 33 wh, 11 Mu, 6 Bu, 8 athagno
occasion where respondents drank the most during the previous month (i.e., peak drinking), typical weekend drinking in the previous month(i.e., typical drinking), and an item addressing typical number of drinking days per week in the previous month (i.e., drinking frequency). 23 alcohol-related consequences (e.g., "was told by a friend or neighbor to stop or cut down drinking" "drove after having two drinks"drove after having four drinks").
a religious person: how often engage in prayer, how often attend spiritual or religious services or meetings,
Zuerst Frage nach Alk und dann nach Rel (rel priming)-mehr Alk da, zuerst Frage nach Rel –dann nach Alk –weniger Alk da, (keine Auswirkung auf Rel) //Korrelationen – rel person/rel Verh –neg zu peak drinking, frequency of drinking, typical drinking, alc problems –bei rel priming etwas schwächer, aber selbe Richtung, alc problems stärker; rel pos zu sE MarloweC, //mv rel priming wirkt neg auf alle Alk-items außer Problem, rel person oder Verh wirkt auf peak,frequ,typical neg, auf problems ns bei Ko von sE, rel priming und zwei rel Items (Kannib),(rel priming wirkt unabh von rel –also auch bei arel !)/Umkehrung: Korrel zu rel –sE pos, alc zuerst nsminus, peak drinking neg; bei rel priming: Zusammenhang drinking –alc problems stärker !,

6,5Punkte (1 sample, 3 Messung, 1,5 mv, 0,5 stat, 0,5 exp) **rel Frage zuerst gestellt(rel priming)–danach weniger alc angegeben; rel priming neg zu alc, aber davon unabh rel neg zu alc (problems, peak drinking, frequ of drinking, typical drinking) kaum schwächer,mv (Kannib, sE) dto; rel pos zu sE, bei rel priming Zusammenhang drinking-problems stärker; Umkehrung: alc priming –ns zu rel, peak drinking neg zu rel; rel priming wirkt auf rel und arel Vp –religiöse betrügen nicht mehr**

Rogers, R: The effects of family composition,health, and social support linkages on mortality,in: Journal of Health and Social Behavior 37, 326-338, 1996

1984 National Health Interview Survey, Supplement on Aging,Vp über 55 ,ca 16 000, 1984-91, /last two weeks –gone to church or temple for services or other activities,
Mort (evtl 3,3 % -ca 525) –attend neg (mv: demogr, verh –zuslebend mit Kindern, relatives; never married, previously married –zuswohnend mit..; live together wegen Krankh, ADL in bezug auf Haushalt, visit relatives, socialize with friends/neighbors, attend movies/shows concerts, volunteer work for organized group)

9 Punkte (3,5 sample, 1 Messung, 2,5 mv, 0,5 stat, **1,5 Panel)** **last two weeks –gone to church or temple for services or other activities neg zu mort, mv**

Rogers,R et.al.: Religious attendance and cause-specific mortality in the United States, in: : **Ellison,C/Hummer,R**: Religion, Families, and Health. New Brunswick/London 2010, 292-320

National Health Interview Survey,repräs, 16 J, 3934 Tote,
Kg zu: inc kurvi Buckel, edu pos, social activity pos, friends to count on pos, relatives to count on pos, smoke minus, BMI/Gewicht ns pos, nondrinker, heavy minus, ADL ns, srh ns pos, beddays ns, /Kg zu mortality: never pos, once per week gleich mehr, less than once per week pos/ns pos bei

Ko von social ties und GesuV; (Kg wirkt bei Ko von demogr, social ties, smoke, alc, BMI,ADL, srh, beddays)//bei MF - dto, bei 45-64 vs 65ff –bis 45 und 65 ff schwächer, aber sign//
cause-specific mort –Kg never pos bei: circulatory disease, ischemic heart dis, stroke ns pos, cancer ns, lung cancer ns pos, other cancer ns neg !, respiratory dis pos, diabetes ns/pos(N gering) , infectious dis pos, external causes ns pos – Sm, homicide (ns wegen geringem N), accidents pos, residual causes pos,
cause-specific bei MF: M bei cancer stärker/sign, Rest gleich; Alter keine Diff;
12 Punkte (3 sample, 4 Messung, 3,5 mv, bei, 0,5 stat, **1 Panel) Kg pos zu edu, soc activity friends/relatives to count on, srh ns pos, inc Buckel, BMI ns pos, nondrinker, heavy drinker minus, beddays ns, ADL ns; Kg neg zu mortality allg und spezifisch (nicht Krebs allg, stroke), mv, bei MF, in 3 Altersgruppen,**

R Gesu,Gl, help, pos, Krim) Rohrbaugh;J/Jessor, R: Religiosity in youth: a control against deviant behavior, in: Journal of Personality 43, 136-155, 1975
High school students, rr 42, T2 nach 3 J, freshman students, T2 nach 2 J; small city Rocky Mountain region, /ritual rel –Kg, pray;// consequential –when you have a serious personal problem how often do you take religious advice or teaching into consideration, how much influence would you say that religion has on the way that you choose to act and the way you choose to spend your time each day//belief –sure that God really exists and that He is active in my life..-sometimes question –higher power –don't know God/higher power –no God/higher power; personal life after death, a soul existing as as specific individual, soul existing after death as a part of a universal spirit, LnT of some kind, unklar what it would be like, don't know ob LnT, don't believe// experiential –experienced a feeling of religious reverence or devotion, rel gives me a great amount of comfort and security in life –**Korrel zwischen den 4 Faktoren 0,7 und mehr –also eher ein Faktor)** //rel -20 Korrel in 4 samples –zu fathers/mothers edu/occ, social position index –nur 2 sign; Korrel sind gleich bei high Fundam und low Fundam; (Rel konventionell –wenig indep, social criticism, eher acad achievement etwas, LoC I, vs vorehel sex, political activism, social love affection, Hinwendung zu nondeviant peers, parents und peers mit selber Ansicht zu Vp, parents mit mehr Einfluss)
5 Punkte (1,5 sample, 3 Messung, 0,5 mv, bei, 0,5 stat**, 0,5 panelartig**) **Religiosity gesamt –zu 30 Item scale of intolerance of deviance: stealing, lying, cheating on tests, aggr against peers -4 mal pos, deviant behavior –lying stealing cheating aggr –high school MF neg, college MF ns ! (und s.u. –drei Marij-items neg zu rel, Marij senkt Rel**) R Krim

3 Punkte (1,5 sample, 0,5 Messung, 0,5 mv,bei, 0,5 stat) **Religiosity gesamt –value on social love/affection (Inhalt unklar) –F pos, M nspos (college/high school)** R help

3,5 Punkte (1,5 sample, 1 Messung, 0,5 mv,bei, 0,5 stat**) Religiosity gesamt –value on academic achievement (Inhalt unklar) –MF pos in high school, college ns; grade point average –high school M pos, Rest ns;** R pos

(unter 5) **Religiosity gesamt –high school M neg, F ns neg, college MF ns pos zu Swg (Inhalt unklar)** R Gl

5,5Punkte (1,5 sample, 2,5 Messung, 0,5 mv,bei, 0,5 stat, **0,5 panelartig) Religiosity gesamt – negative functions of marijuana pos 4mal, neg zu peer approval of marij use, neg zu Vp use of marij,/marij use – 2 Jahre keiner: mehr Rel, ein Jahr use –Rel sinkt, zwei Jahre use -Rel sinkt sehr stark,** R Gesu

(R Gl, pos, Gesu) Rosmarin,D/Pirutinsky,S/Cohen,A/Galler,Y/Krumrei,E: Grateful God or just plain grateful ? Acomparison of religious and general attitude, in: Journal of Positive Psychology 6, 389-396, 2011
25 % orth J, 11 % nonorth J, P 23, K 9,
6 Item Mc Cullough Gratitude; I have so much in life to be thankful for; If I had to list everything that I felt grateful for, it would be a very long list) rel gratitude –selbe Items, nur mit Gott -I have so much in life to be thankful to God for; If I had to list everything that I felt grateful to God for, it would be a very long list) degree of belief in God; importance of religion in general; importance of religious identity; extent to which religious beliefs lie behind approach to life; and extent of carrying over religion into other dealings in life,
religiosity –happiness(Lyubomirsky, 4 Items) pos,. Lz Diener pos, PAS Watson pos, NAS neg, SF 10 Gesu/mental health ns, gratitude pos, rel grat pos; rel gratitude –dto, SF 12 mental health pos
völlige Mediation –religiosity führt zu rel grat führt zu allg grat, (bei Juden und Christen)
gratitude pos zu well-being-Messungen, rel grat dazu ist ns; Interaktion: bei hoher religiosity korrel rel gratitude mit allen well-being (außer Lz) Messungen unabh von allg gratitude (die auch korreliert)

5 Punkte (1 sample, 3 Messung, 1 bei, Intera, 0,5 stat) **religiosity –pos zu happiness, Lz, PAS, neg zu NAS, ns zu SF 12 mental health; rel gratitude dto, und pos zu mental health ; gratitude pos zu well-being, rel grat dazu ist ns, aber Intera: bei hoher religiosity korrel rel grat pos mit wellbeing (außer Lz) unabh von allg grat** R Gl

3 Punkte (1 sample, 1 Messung, 0,5 mediation, 0,5 stat**) religiosity führt zu rel gratitude führt zu allg gratitude; bei J und Christen** R pos

(unter 5) **religiosity ns zu SF 12 physical health, rel gratitude pos**, R Gesu

(auch in R Gl)Rossetti, S: Why priests are happy. Notre Dame Indiana 2011

Relship with God relship to God –feel God loves me personally directly, feel sense of closeness to God, thankful for my blessings, from time to time I feel a joy that's a grace from God, have a relship to God or Jesus that is nourishing for me, -AutoK -
pos zu: my morale as a priest is good, overall, I am happy as a priest;(90 % (strongly) agree) inner peace pos, lonely unappreciated neg, anger problems neg, have close friends pos, childhood mh problems (Depr anx Behandlung) neg, diffic feeling forgiven neg, narciss traits neg; theol: prayer und sacr of penance, devotion to Mary, theol reading, annual retreat celibacy ok pos, //rel Items – celib, pray, Mary reading retreat Verhältnis zu bishop, obedience to rel authority – zu peace, happi pos, lonely minus (retreat ns),anger , childhood mh-problems und narci dto;
mv EN zu happy/morale –celib, Mary(minus !), relship to god, pos (reading retreat pray nicht drin, biv schon, aber Überko – peace, lonely, friends narciss anger diffic feeling forgiven drin !) BSI (cases 6,3 % -Normsample 10) somat, depr anx GSI neg, burnout PA pos, EE Dep neg, Lz Diener pos, Korrel zu relship: Mary,theol reading, private prayer,liturgy of the hours, penance sacrament, obed to rel authority, / mv: NE Mary, th reading, obed to rel auth,

penance minus(biv pos) , private prayer pos, liturgy of hours neg (biv pos –Kannib) ,//BSI Normsample –Priester besser; Depr neg zu Gebet;
Gesu eher neg –BMI 28,5, unhealthy coping/exercise fehlt: celi minus, obed to auth neg, pray Mary reading neg,
Lz Diener 27,2 –s.o.viel; thinking of leaving priesthood –happy morale minus, rel ship to god minus,Gebet,Mary Bez zu bishop minus, //Gebet/penance –BSI minus,burnout minus,LZ plus,
9 Punkte (2,5 sample, 4,5 Messung, 1,5 mvPers, 0,5 stat) **rel Items pos zu PAS, neg zu NAS, z.T. etwas AutoK,**
5 Punkte (2,5 sample, 2 Messung, 0,5 stat) **Prie bei Gesu nsneg zu Bev, aber rel Items pos zu Gesu(exercise, BMI, vs unhealthy coping per Essen,Alk)**

R Gesu,Gl) Roth,D et.al.: Religious involvement and health over time: predictive effects in a national sample of African Americans, in: JfSSR 55, 417-424, 2016
Ne, T 2 nach 2,5 Jahren, 61 % attr, //9 Items - religious beliefs (e.g., "I feel the presence of God in my life."; "I have a close personal relationship with God.";) and religious behaviors (e.g., church service attendance; involvement in other church activities; talking openly about faith with others; Medical Outcomes Survey 12-item Short Form (Ware) - how much health problems interfere with daily functioning. physical component summary (PCS) and mental component summary (MCS)

7 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat, **2,5 Panel**)**Rel beliefs T1 pos zu PCS in T2 bei Ko von T1 PCS; rel behavior ns; (mv demogr : belief pos, behave neg, Kannib) // keine Umkehrung –Gesu T1 ns zu Rel (belief, behav) T2** R Gesu

7 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat, **2,5 Panel**) **Rel beliefs T1 pos zu MCS in T2 bei Ko von T1 MCS, rel behavior ns (mv demogr –belief pos, behavior neg, Kannib) Keine Umkehrung- mh in T1 ns zu Rel (belief behavior) T2** R Gl

Sabin,E: Social relationships and mortality among the elderly, in: Journal of Applied Gerontology 12, 44-60, 1993

LSOA, 1984-88, Vp über 70 ,ca 7500, 1719 sterben,/go to church or temple last two weeks,/Kg neg zu mort, mv age sex srh ADL edu race, gilt sowohl bei Vp in good health mit no ADL als auch bei Vp mit fair poor health or 1plus ADLs
(live with spouse ns, received unpaid help bei ADL/IADL pos, volu neg, get together with friends neg, talk with friends phone neg, beides with relatives nsneg,)
8,5 Punkte (3 sample, 1 Messung, 2,5 mv,bei, 0,5 stat, **1,5 Panel) go to church neg zu mort, mv, Kontakt mit friends wirkt auch, mit relatives nsneg,**

(R Krim, Gesu, Gl, pos) Salas-Wright, C et.al.: Religiosity profiles of American Youth in relation to substance use, violence, and delinquency,in: Journal of Youth and Adolescence 41,1560-1575, 2012
2008 National Survey on Drug Use and Health (NSDUH), 15 J, 18 Hi, 14 Ne, /Kg ohne special occasions, during the past 12 months, in how many different kinds of church or faith-based

activities, such as clubs, youth groups, Saturday or Sunday school, prayer groups, youth trips, service or volunteer activities have you participated?'' 'Your religious beliefs are a very important part of your life.'' ''Your religious beliefs influence how you make decisions in your life.'' It is important that your friends share your religious beliefs''.
tobacco, alcohol, marijuana, cocaine/crack, ecstasy, hallucinogens, and inhalants.
violence - fight, group fight, violent attack, deli: truancy, theft, drug selling, and handgun carrying/ mv –school dropout, lifetime depression and anxiety - told by a doctor or medical professional that they had either of these disorders. (mv : age race gender family inc depr anx drug smoke, violence und deli-Items; ÜberKo)
5 classes bei rel: devoted 18 % (Kg und activity viel, sonst gleich zu privately rel 7% - in impo/friends/decisions), regulars 41 –in allem mittel, sporadic 24/disengaged 11–beide wenig Kg/act, sporadic mehr impo/friends/decisions;
allermeist nur devoted vs disengaged klare Diff, Rest ns (außer marij, depr –diseng negativer als alle),

8,5 Punkte (3 sample, 4 Messung, 1 mv, 0,5 stat) **devoted mv– fight neg, group fight/attack ns, truancy ns(neg zu infrequ), theft neg, drug selling ns, handgun carrying nspos;** R Krim

7,5 Punkte (3 sample, 3 Messung, 1 mv, 0,5 stat) **devoted mv –tobacco nsneg, alc neg, marij neg (all classes) cocaine/crack neg stark, ecstasy ns pos, hallucinogen stark neg, inhalants ns**; R Gesu

7,5 Punkte (3 sample, 2 Messung, 2 mv, 0,5 stat) **lifetime depr –disengaged –infrequent –private/regular/devoted gleich; lifetime anx –disengaged –infrequent –private/regular –devoted; mv (ÜberKo) Depr alle rel Items besser als disengaged, anx alle ns, devoted ns minus;** R Gl

5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **family income –devoted –disengaged –infrequent/regular –privately rel; mv devoted mehr inc, Rest gleich** R pos

(R pos, Gesu, fert) Sawkins,J et.al.: Church attendance in Great Britain: an ordered logit approach,in: Applied Economics 29, 125-134, 1997

British Household Panel Study,1991,Vp in working age,belonging to Christian religion//Kg –once a week/more, at least once a month, at least once a year, never or practically never; //Kg – wage rate pos, wage bei monthly höher als bei weekly, weekly höher als never/, annual non labor income kurvi Trog ns, srh pos, no kid neg, Kind bis 11 neg, ab 11 pos (M) ,bei F auch Kind bis 11 pos(Zahlen undurchsichtig, mv passt) ,edu pos, class pos(bei F schwächer) –other und middle mehr als working; (auch mv, demogr, denom, Glaube)
7,5 Punkte (3 sample, 2,5 Messung, 1,5 mv bei, 0,5 stat) **Kg –wage, edu, class pos**, R pos
6 Punkte (3 sample, 1 Messung, 1 mv bei, 0,5 stat) **Kg –srh pos** R Gesu
6 Punkte (3 sample, 1 Messung, 1 mv bei, 0,5 stat) **Kg –fert pos** R fert

(R Gesu/Gl) Schieman,S: The education-contingent association between religiosity and health: the differential effects of self-esteem and the sense of mastery, in: JfSSR 47, 710-724, 2008

Vp 18-55, Toronto, rr 77, 13 no aff; alc –how often did you have –one or two…twenty or more –drinks in a single day during past year, -never bis nearly every day, /how religious are you not at all somewhat quite extremely, /Depr –rel/Kg neg (aber nur bei low edu, bei high edu ns,bei Kg nspos) /rel neg zu mastery bei low edu(Kg immer neg,unabh von edu), rel/Kg pos zu Swg bei low edu,//anx – rel Kg neg, unabh von edu//alc use –rel/Kg neg, bei low edu stärker, bei high edu auch da //srh –rel pos ohne Intera; Kg pos bei low edu stärker(unklar wie bei high edu-Figure fehlt),

6,5 Punkte (2,5 sample, 2,5 Messung, 1bei, mv, 0,5 stat)**srr/Kg neg zu Depr (nicht bei high edu), anx (keine Intera), srr/Kg pos zu Swg bei low edu** R Gl

6 Punkte(2,5 sample, 2 Messung, 1 mv,bei, 0,5 stat)**srr/Kg pos zu srh (bei Kg Intera –bei low edu stärker, unklar wie), alc neg (bei low edu stärker, bei high auch klar)** R Gesu

(R pos, help, Gesu) Schieman,S/van Gundy,K: The personal and social links between age and self: reported empathy, in: Social Psychology Quarterly 63, 152-174, 2000

physically disabled Vp, matched nondisabled Vp, Ontario, have a physical health condition or physical handicap that has resulted in a change in daily routine or that limits the kind or amount of activity you can carry out // empathy –I tend to get emotionally involved with friends' problems; I don't get upset because a friend is troubled, When a friend starts to talk about his or her problems, I try to steer the conversation to something else, sometimes I don't feel very sorry for other people when they are having problems, other people's sorrows do not usually disturb me a great deal, I am usually aware of the feelings of other people, I feel that other people ought to take care of their own problems themselves, many times I have felt so close to someone else's difficulties that they seemed as if they are my own, /religiosity –attend rel services,belong to any church related groups, empathy –mv(age sex disability edu retired widowed physical impairment pain, mastery ,introspectiveness, concern with approval, positive relationships) –religiosity pos (auch bei Intera age/disab age/sex age/edu),

7 Punkte (2,5 sample, 2 Messung, 2 mv, 0,5 stat) **Kg/belong to church related group –pos zu empathy** R help

religiosity neg zu disabled, physical impairment (ADL –difficulty with walking, bathing,shopping, dressing, climbing up stairs) pain (how often has any health condition caused you pain ? severity/range of pain –least possible pain vs worst possible pain) neg

5 Punkte (2,5 sample, 2 Messung, 0,5 stat) **Kg/belong to church related group –neg zu being disabled, physical impairment, pain** R Gesu

rel pos zu: Summe aus: friends /family –listen to you when you need to talk about any problems you might have, express an interest in your well-being, comfort you when you need it, make you feel that they care about you,//friends/family get on your nerves, make too many demands of you, create tensions or arguments while you are around them, make you feel like they are taking advantage of you,

5 Punkte (2,5 sample, 2 Messung, 0,5 stat) **Kg/belong to church related group pos zu pos Beziehungen zu friends/family** R pos

Schiller,P/Levin,J: Is there a religious factor in health care utilization? : a review, in: Social Science and Medicine 27, 1369-1379, 1988

Health care –Impfung, TB test, psychiatric care utiliz, zum (Zahn) Arzt gehen, in Klinik, prenatal postpartum care, breast cancer screening, primary care utiliz, medication use, ambulatory care utiliz, maternal and child health utiliz, preventive care, family planning, pediatric care –von 31 wirkt rel 24 mal, 7 mal nicht (religiosity wirkt immer, affil nicht immer)/affil –P vs K vs J meist, wenig rel –mehr psychiatric care utilize von students, mehr medical dental care for children, mehr postpartum family planning services
Pediatric care –pos zu religiosity, /meist J pos
Self care health education project in Appalachen, West Virginia, frequency of physician visits, when was the last time you saw a physician/ you were hospitalized, how many days were you in the hospital,
(mv –demogr, health status, chronic disease status, health LoC, 3 andere Indizes) - physician visits: Kg pos (mv ns) (church member /holding office in church ns)//time since ph-visit ns,//time since last hospitaliz – church office pos,// length of stay in hospital –church office neg,
Denom: phys visits –ns: no aff (13 Vp) am wenigsten, Pe Ba Me plus, Epi Pres minus; time since Arztbesuch –ns, no am längsten, dann K Ba; Epi Pres wenig; time since hospitaliz –Epi K Pres viel, no aff wenig (passt nicht: no aff gehn lange Zeit nicht zum Arzt, aber oft und kurz in Krhaus ?, erratisch –Pe- viel Arzt, länger her, Kr haus länger her, Dauer eher länger/Epi- wenig Arzt, Krhaus länger her, länger in Kr)
length of stay in hosp –Ba Me Pe –wenig no aff;
6 Punkte (1 sample, 3 Messung, 1,5 mv, 0,5 stat) **rel pos zu health care 24 von 31 Items, zu physician visits ns meist,(das Folgende bei Ko von Krankh, unsicher ob völlige Ko): time since visit –ns, time since last hospitaliz –church office pos, church member/Kg ns, length of stay in hosp –church office neg; denom unklar eher -no aff –eher wenig davon, aber viel in hosp, dort aber kurz, Epi –wenig Arzt, hospit, aber länger dort;**

(R Gesu,Gl) Schlundt,D et.al.: Religious affiliation, health behaviors and outcomes: Nashville REACH 2010, in: American Journal of Health Behavior 32, 714-724, 2008
rr ca 52, 36 % Ne, 16 % no aff, rel: Kg, how religious, strength/comfort received from rel/God,

activity –Häufigk Dauer metabolic equivalent, sedentary behavior –read TV Internet driving, /active lifestyle –yard work, shop, child care,housework; barriers to healthy eating –Geld, healthy eating –salad daily,fruit vegetables/problems –overeating poor food choices, attempts to lose weight, frequent snacking,high fat behavior –meat at every meal; large Sunday meals; //chronic problems –obesity, diab, hypert, high Chole
rel involvement: BMI ns diab hypert Chole neg, chronic problems ns, srh ns,
activity/sedentary/active lifestyle/barrier to healthy eating, ns, healthy eating pos, eating problems snacking emotional eating weight loss efforts ns, high fat pos;
(denom: activity/Ernährung erratisch, ev P, mP nicht so gut, K no minimal besser, //aber mv mit demogr und rel involvement immer ns)

Ko von demogr: dann rel involvement – BMI ns, chronic problems ns, srh pos, SF physical ns, activity index pos, sedentary 2mal ns, active lifestyle behave pos,healthy eating pos, barriers to healthy eating/eating problems/snacking emotional eating weight loss efforts ns, high fat behav pos,
8 Punkte (2,5 sample, 3,5 Messung, 1,5 mv, 0,5 stat) **rel involvement zu BMI ns, chronische Krankh ns (biv: diab hypert Chole neg) , srh pos (biv ns) SF physical ns, phys actitivy pos, Ernährung meist ns, denom ns** R Gesu

5,5 Punkte (2,5 sample, 1 Messung, 1,5 mv, 0,5 stat)**SF mental health - pos zu rel involvement mv** R Gl

Schmied,L/Jost,K: Church attendance, religiosity, and health, in: Psychological Reports 74, 145-146, 1994

Vp in graduate courses, 32 J, seriousness of illness survey, Kg zweimal pro Woche, /

(unter 5) **Kg und scriptural literalism ns zu seriousness of illness (age neg zu illness !!)**

Schnall,E et.al.: The relationship between religion and cardivascular outcomes and all-cause mortality in the women's health initiative observational study, in: Psychology and Health 25, 249-263, 2010

F 50-79, 64J; ca 92000 Vp, 6161 Tote, 2427 CHD events/follow up 7,7 J; 8 % Jew, 7 no, history of CVD – Herzinf, stroke, angina, transient ischemic attack; cancer, /satisfaction with current quality of life,/strength and comfort provided by rel; mort und CVD morbidity/mort (Herzinf, Tod durch atherosclerotic cardiac disease, suspected CHD)//Kg –not in last month –less than once a week, once a week, more than once a week (!!)
CHD- rel affil pos, Kg pos, strength and comfort pos,// mv demogr Gesu alle ns(meist nspos) , von ss/life events/Lz –dto, smoke alc –Kg less than once a week pos, Rest ns, comfort pos, /depr phys act –comfort pos, ohne Herzinf/stroke –etwas comfort pos,
Mort – rel affil ns, Kg neg Trog, strength and comfort pos, //mv Ko von demogr (Gesu: ADL, srh,CVD,cancer, BMI): affil neg, Kg neg, comfort neg !, plus Ko von ss, life events, Lz – dto (comfort nsneg), plus Ko von smoke alc –affil und Kg neg, comfort ns, /plus depr physical activity –nur noch Kg neg, (ohne Vp mit Herzinf und stroke –dto),
No aff 425 Tote, aff 5488, keine Diff in Todesursachen, bei Kg (no Kg 2009 Tote) auch ns

11,5 Punkte (3 sample, 3 Messung, 3,5 mv, 0,5 stat, **1,5 Panel) biv Kg neg Trog asy, affil ns, comfort pos zu mort, mv Kg affil comfort neg (alle controls –Kg neg, aff/comfort nsneg; biv alle drei pos zu CHD morbidity/mortality (?), mv ns (comfort zT. pos)**
Diff in Todesursachen –rel Items Krebs neg, CVD pos, eher ns

((Schneider,R et.al.:Long-term effects of stress reduction on mortality in persons ≥55 Years of Age With Systemic Hypertension, in: American Journal of Cardiology 95, 1060-1064, 2005

Heimbewohner, white, 18 % M, 81 J, TM group, mindfulness training, mental relaxation, usual care, alle drei Interve mit Erwartung von beneficial health outcomes, TM-Denkprozess wird

quiescent, restful alertness, /mindful –guided attention,novel creative mental activities,/mental relax –repeat silently familiar brief stimuli, 3 Monate, compliance bei TM doppelt so viel, /Senkung von syst Bd bei TM vs controls
2.trial –Ne, 67 J, hyp, TM group, progressive muscle relax, health educ controls, 3 Monate, TM etwas mehr compliance/Senkung von Bd bei TM ,
Beide Gruppen zusammen -101 von 202 sterben,8 J follow up
Berechnung unklar –nonprop hazards statt prop haz (Cox)
All cause mort –TM vs usual care ns (auch CVD cancer ns), TM vs other active therapy neg zu mort, TM vs combined controls neg zu mort allg und CVD, nicht bei cancer, /bei Negersample TM immer besser, bei Heimbewohnern meist ns (außer cancer), d.h.: 3 Monate TM verlängern Leben !!
5 Punkte (1 sample, 2 Messung, 0,5 bei, **1,5 Panel/Interve)TM Interve senkt Bd und mort, -unsicher, zT. ns, nicht erwähnt))**

Schneider,S: Lebensstil und Mortalität. Welche Faktoren bedingen ein langes Leben ? Wiesbaden 2002

MONICA –Monitoring trends and Determinants in Cardiovascular disease, drei Surveys -T 1 84/85(25-64), T 2 89/90 (25-74), 97/98 Mortalitätsfollow up dazu, Vp aus Augsburg/Landkreis Augsburg/Aichach-Friedberg,/Männer: 3719 -365 Tote, F 3334, 130 /Konfession, Teilnahme an Aktivitäten der Kirchen oder einer karitativen Vereinigung (da gibt es 1800 missing values !, S.160 –vs nur Hunderte S.201; es nehmen auch Klose teil) ca 77 % K, 16 P ,M 6,5 klos, F 3,3 (M 240 -24 Tote, F 100 -4 Tote ca, bei Konfessionsanalyse F -2810 Vp -107 Tote –ergibt für Klose 93 F, 3 Tote) ; (Alk pos, Rauchen pos, Übergewicht ns, Sport ns mv, Vorsorge neg, starke Bindungen neg, Chole pos, Diab M nspos, F pos, Hyp nspos,)
Korrel zu Konfession bei M: mehr starke Beziehungen , Alk ns, Vielraucher ns ! Nichtsportler K pos, P/klos minus, Übergewicht K pos –dann P –dann klos, Kurzschläfer klos ns pos, Vorsorgeuntersuchung Krebs –K ns minus, Gesuzustand ns, psychisch unausgeglichen (innere Gespanntheit, Reizbarkeit,Angstgefühle) –Klos –K –P
F –starke Bi Klose nspos(Zahlen wie M), Alk Klose nspos, Vielraucher klose pos, Sport nsneg (Zahlen mehr als M),Übergewicht K P pos,Kurzschläfer KP nsneg, Vorsorge klos pos, Gesuzustand klos pos, psychisch unausgeglichen –ns !

Lebenserwartung –Konfession ns bei M, bei F: P neg, Klos negativer (aber ns, N) , kirchl Beteiligung nsneg,(mv starke Bindungen,age, Rauchen Kurzschläfer, Gesuzustand) , (K mit neg GesuV aber pos Lebenserwarung, klose umgekehrt –nur F)
Andre mv Analyse(edu inc mari stat urban stress) - bei M: P mehr mort, Klos ns, bei F: Klose weniger, P mehr mort ! (Raucher bei F ns)

9 Punkte (2 sample, 2,5 Messung, 2,5 mv,bei, 0,5 stat**, 1,5 Panel) bei M Konfession /Teiln an Aktivitäten von Ki/karitativer Vereinigung ns zu mort, andre Analyse –P nspos, K K'los ns (ÜberKo),**
bei F: K minus, P pos, Klos mehr pos, aber ns; (Teiln an Aktivitäten ns/nsneg, Kannib)// bei anderer Analyse (ÜberKo)- Klose nsneg, P mehr mort;
(Rel vs K-lose: Beziehungen pos, Alk ns, Vielraucher bei F neg, M ns, Nichtsportler M pos, F ns, Übergewicht pos, Vorsorge M nsneg, F ns, Gesuzustand Fneg, M ns, Kurzschläfer nsneg, psych unausgeglichen nur M neg,F ns), N und vor allem Zahl der Toten bei K'losen sehr klein, K und P zu mit mort korrelierenden Items eher neg, aber ns zu mort;
(mort-Bewertung je ein Viertel pos, ns, neg; ein halb ns bei Gesu)

Schömig, G: Die weiblichen Genitalkarzinome bei sexueller Enthaltsamkeit, in: Strahlentherapie 92, 156-158, 1953

5,5 Punkte (2 sample, 3 Messung, **0,5 panelartig)** **1025 gestorbene Klosterfrauen, Lebenserwartung stark minus vs F Bev (6-14 J), Todesursachen: TB 26 vs 9, Herz/Gefäß ns, Karzinom ns, Gehirnerkrankung Apoplexie ns, Pneumonie minus, Genitalkrebs ns, Brust ns, Magen pos, Darm ns, Leber Galle minus Luftwege Speiseröhre stark minus, andres stark minus,**

Schoenbach,V et.al.: Social ties and mortality in Evans County, Georgia, in: American Journal of Epidemiology 123, 577-591, 1986

T 1967, T 2 1980,(Interviews nur für 2059 statt 2504 wie 1967! 529 sterben; mv: age, chronic disease (CHD, stroke,transient ischemic attack, diabetes), systolic Bd, Chole, smoking, Gewicht, EKG-abnorm, social status, physical activity (M) -Überko
spare time in church activities bei unter 60 jährigen ns, bei Älteren –white MF und NegerF neg zu mortality, NegerM nspos, (N unter 60 ca doppelt so viel wie N über 60 (dennoch ns): White M 186, white F 243, black M 108, black F 159; -davon Tote ca die Hälfte –also Ne-M Vergleich von 17 Lebenden zu 24 Toten ohne church act und 22 Lebenden mit 45 Toten mit church act) mv dto – nur bei NeM ns, sonst neg, (Ko auch von marital status und friends/relatives –Zahl und Kontakt)

6 Punkte (1 sample, 1 Messung, 2 mv,bei, 0,5 stat, 1,5 Panel**) spare time in church –neg zu mort bei white MF/NeF, nur bei über 60, mv Überko (viele Gesu-Items)**

(R Gl, Gesu, help) Schwartz,C et.al.: Altruistic social interest behaviors are associated with better mental health, in: Psychosomatic Medicine 65, 778-785,2003

Presby member, elder /how often made others feel loved and cared for ,listened to others concerns, //congreg made me feel loved and cared for, listened to you talk about private problems, /congr made too many demands on you, has been critical of you and the things you have done,/rc –RCOPE short//mh (eher anx depr) und phys health per SF 36 gemessen,

mh –neg rc neg, pos rc pos, receive help pos, demands neg,((give help pos)) //Korrel zu giving help –prayer activities, read bible privately/with familyfriends, attend bible study groups with other than family friends, pray with one/more people, participate in church social events, satisf with prayer life, pos rc pos, neg rc neg, Kg ns, frequency of prayer pos, //mv – prayer acti pos, sat mit prayer life pos , pos coping pos, neg rc ns !, demands pos !

6,5Punkte (2,5 sample, 2,5 Messung, 0,5 stat, 1 mv) **neg rc neg, pos rc pos, receive help from congr pos, give help (hängt mit rel pos zusammen –s.u.) pos, critic durch congr neg zu mh (depr anx, SF36) mv ÜberKo,** R Gl

7 Punkte (2,5 sample, 3 Messung, 0,5 stat, 1 mv) **pray, prayer activities (zweimal) /sat/frequency/pray with others (zweimal), bible reading, bible group attending, Teiln an church events pos rc pos, Kg ns, neg rc neg zu Kümmern um andere, mv (Zusfass von pray-Items unsicher wie) pray act/sat , pos rc pos; neg rc ns;**R help

6 Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat) **phys function SF –pos rc pos,neg rc neg, Rest (viele Items ?) ns, mv ns;** R Gesu

Seeman,T et.al.: Social network ties and mortality among the elderly in the Alameda County study, in: American Journal of Epidemiology 126, 714-723, 1987 *1965, 4174 Vp, 38 J* in T1, T 2 1982, gestorben davon 1219, membership in a church group

No member –mortality pos (mv age sex race baseline health –symptoms, conditions, disabilities), member in other groups (labor community pol service) ns , social isolation – Kontakt zu friends relatives wirkt bei 60 plus/Ehe wirkt bei 38-49//in age groups – 50-59 rel ns, sonst sign; Ko von smoke, physical activity, relative weight, eating breakfast depr perceived health status – rel bei 38-49 sign, dann 50-59 ns, 60-69 und 70 plus no member ns pos zu mort,
9 Punkte (3 sample, 1,5 Messung, 2,5 mv,bei, 0,5 stat, **1,5 Panel) no membership in church group mehr mortality (member in other social groups ns)**

((Seidman,H et.al.: Death rates in New York City by socioeconomic class and religious group and by country of birth, 1949-1951, in: Jewish Journal of Sociology 4, 254-273, 1964
Jüdische Tote 1949-51 vs andre –kath prot nonsectarian, Rest –ein Sechstel –werden im Verhältnis Juden vs andere den Juden und anderen zugeteilt, /Schätzung der Gesamtheit der J/anderen anhand ihrer Toten ! /J –M weniger mort –in high class nicht so stark, J F –middle class ns, sonst pos ! /average annual death rate bei Ko von SES –F plus 4,(erst ab 55 negativ, dann stark) M minus 14, auch im Alter schwächer, (Italiener –niedre mort, Iren –sehr hohe, (SES auch nicht indiv gemessen, sondern in health area)
(unter 5) **1 Panel J(vs P,K, nonsectarian)–M mit weniger mort, im Alter nicht mehr so stark, F jung neg, alt pos, Iren hohe mort, Ita niedre; dubiose Messung))**

(R pos, Gl, Gesu) Shahabi,L et.al.: Correlates of self-perceptions of spirituality in American adults, in: Annals of Behavioral Medicine 24, 59-68, 2002

GSS 1998, To what extent do you consider yourself a spiritual (rel) person ? spir und rel 52, spir only 10, rel only 9, weder noch 29,/spir zu rel 0.63, /

distress –so sad nothing could cheer up, nervous, restless fidgety hopeless everything an effort,worthless; /trust- die meisten try to take advantage,can be trusted,try to be helpful; fatalism –there is little that people can do to change the course of their lives, nihil –in my opinion, life does not serve any purpose, /Tol- speech, teach at college book ; //(mv demogr, rel affil) spir und rel –mehr rel Verh (und spir Erf –medit, spir touchedby creation inner

peace) als rein rel als rein spir; (spir bei Ko von rel –rel Verh mehr, rel bei Ko von spir –rel Verh weit mehr),

Distress –nono und jaja besser; srh ns, trust - rel spir und spir besser; fatalism ns; nihilism – jaja und rel besser, Tol –jaja und rel weniger Tol (ath, Kommu), racist : jaja weniger !, militarist ns, Homos- nur jaja weniger; /weder noch am wenigsten (zweimal gleich spir), (wo rel dabei ist weniger Tol), (nono-edu minus !)

7 Punkte (3 sample, 2,5 Messung, 0,5 stat, 1 mv) **rel/spir und rel weniger tol bei Kommu ath; aber : militarist ns (außer nono neg) , homo racist nur jaja weniger –rel nicht; spir und nono mehr, trust –rel spir und spir besser** R pos

6,5 Punkte (3 sample, 2 Messung, 0,5 stat, 1 mv) **Distress - rel/spir und weder/noch besser, nihilism –rel spir und rel besser/fatalism ns,** R Gl

6 Punkte **(**3 sample, 1,5 Messung, 0,5 stat, 1 mv**) srh ns zu rel/spir** R Gesu

(R Gesu/Anekd) Shapiro,A/Shapiro,E: The Powerful Placebo. Baltimore/London 1997

Wirkung von Pl –bei anx depr, acquiescence pos expectation, trust in Arzt (likeable, empathic, positively responding, competent physically attractive), Wirksamkeitsglaube (Pflanzliches hilft oder Vitamine oder Arznei oder Bewegung oder /wer pro Psychoanalyse ist spricht nicht auf Psychopharmaka an, wer an Immunsystem glaubt oder an Vitamine oder dass Körper sich selbst hilft oder gegen Schulmedizin ist .. usw), hope optimism, schneller Termin, gleich drankommen, angenehme Atmosphäre, Prestigeklinik/arzt, /die meiste Behandlung früher war Pl, (es gab dagegen viele gefährliche oder nutzlose Behandlungen) auch Krankh war z.T. psychol bedingt – psysom, Ausdruck von Depr in vielen Körpersymptomen –Erschöpfung, Schlaflosigkeit, decreased libido/Essen, Heilung per Rel –neg Gedanken/Gefühle/Impulse behandelt –Depr besser; auch Studien in 20 Jh oft nicht doppelblind –Wirkung von Arznei zweifelhaft,/die Hälfte der Wirkung bei controlled experiments ist Pl –bei Psychopharmaka, Morphinen, ScheinOp noch stärker, viel Zweifel an Nutzen Wirkung von Kaiserschnitt, Transplant, HerzOP hysterectomy, /bei uncontrolled mehr Wirkung/vor allem Wirkung bei diffusen Krankh –die fluktuieren spontan enden, bei Krebs selten, nur anekdotisch, /Psyanalyse Psytherapie –kaum controlled untersucht, viele versch Methoden, -bisher nicht zu sagen, ob Psyth besser als Pl ist, sehr viele Therapien allg da ohne klare Wirkungsbelege,
bei Pl: pos Wirkung 51 %, neg Wirkung 12, 37 nix, /neg Nebenw –bei pos Reaktionen 63, bei no reaction 40, bei neg Reakt 86)/age sex intellig race suggestibility hypnotizability dominance compliance sE Introv Extrav? class ethnic **religious background** unrelated to pl-reaction,

Sherman,A/Plante,T/Simonton,S/Latif,U/Anaissie,E: Prospective study of religious coping among patients undergoing autologous stem cell transplantation, in: Journal of Behavioral Medicine 32, 118-128,2009

Vp vor OP, 62 % M, T1 assessment, dann OP, dann 10 Tage nach OP T2 –ist 3,4 Monate nach T 1, Santa Clara strength of rel faith –my faith has an impact on many of my decisions,

brief RCOPE, aber verändert, Cr 68; FACT-BMT –misst physical, functional social emot wellbeing bei TranplantationsVP, /pos rc 23, neg rc 7; /Korrel religiousness T1 zu T1 –anx depr ns, phys wb pos, fu wb soc wb emot wb ns pos, transplant related concerns neg, /zu T 2: emot wb pos, fu phy soc ns pos, anx depr ns; neg rc – anx depr pos, wb neg alle T 1 und T2; pos rc – anx depr ns, phy emot wb ns, soc wb ns pos, funct wb pos, T2 : anx pos Rest ns; (**pos rc ist negativer als allg rel**) //T1 zuT1und T2 –neg rc mv stark neg zu allem (außer soc wb) pos rc ns; bei phys wellbeing zu T2: viel pos rc und viel neg rc –stark neg, viel pos und wenig neg am besten, /wer mehr pos rc nutzt –alles ns; wer mehr neg rc nutzt (Ko von baseline neg rc) –depr pos,fu emot phy wb neg, Gesuzustand vor Transpl ns zu mehr pos rc danach, schlechtere Gesu und Depr vorher –neg rc steigt nach Transpl, (bei Ko von baseline coping ns) worsening health –coping ändert sich nicht;

6 Punkte (1 sample**,** 2 Messung, 0,5 mv, 0,5 stat**, 2 Panel) religiousness T1/T1-T2 –phys wb pos, T 2 ns;functional wb ns, pos rc –phys wb ns, functional wb pos, /neg rc –phys fu wb neg; Gesu vor Transpl –ns zu mehr pos rc danach, neg rc neg;** R Gesu

6,5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat, **2 Panel) pos rc 23, neg rc 7; T1/T1-T2: religiousness –anx depr emot wb soc wb ns; transpl related concern neg, emot wb T2 pos; neg rc –anx depr pos, soc emot wb neg, pos rc –anx depr emot wb ns, zu T2 –anx pos(schlechter als religiousness) /schlechtere Gesu vor Transpl-pos rc danach ns, neg rc pos, worsening von health ns zu neg rc danach,** R Gl

(R Gl,Gesu)Sherman,A/Simonton,S/Latif,U/Spohn,R/Tricot,G: Religious struggle and religious comfort in response to illness: Health outcomes among stem cell transplant patients, in: Journal of Behavioral Medicine 28,359-367, 2005
213 patients, mit multiple myeloma (Knochenmarkskrebs) (ohne delirium, severe cogn impairment, solitary plasmocytoma, hematological diseases, prior stem cell or bone marrow transpl),60 % M, Santa Clara Strength of religious faith –my rel faith is extremely important to me, RCOPE (adapted ?) /pos rc 19, neg rc 9,

5,5 Punkte (1 sample, 3 Messung, 1 mv, 0,5 stat)**Korrel: Santa Clara zu Hospital Anx/Depr scale ns, Hamilton Depr nsminus, SF 12 mh ns plus, SF 12 energy nspos, /pos rc ns;mv ns**
Neg rc –HADS depr pos, mh neg, energy neg, (neg rc wirkt unabh von edu gender ethnicity tumor stage und Santa Clara !) R Gl

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) **Santa Clara zu: SF physical functioning ns neg, SF 12 pain nsneg; pos rc - SF phys functioning neg, SF 12 pain neg; mv ns; neg rc - SF 12 phys fu neg, pain neg (Autoren deuten das andersrum in Text, in Unterschrift zur Tabelle und Text so wie ich) , neg rc wirkt unabh von edu gender ethnicity tumor stage und Santa Clara !)** R Gesu

Shields, J et.al.: Religion and substance abuse treatment: individual and program effects, in: JfSSR 46, 355-371, 2007

Drug abuse treatment outcome studies, ca 10000 Vp in 4 treatments –long-term residential, short-term inpatient, outpatient methadone, outpatient drug free, //in programs: 33 % F, 36 % Ne; interview 7-10 Tage nachdem Vp treatment begann,(Messung von Rel; 1 Monat später : indiv commitment gemessen) /how important are religious or spiritual beliefs in your day-to-day life ? how often do you meditate or pray, how often do you watch or listen to religious programs, When you have problems or difficulties in your work, family personal life how often do you seek spiritual comfort and support ? how impo is it to you to turn your will and your life over to the care of a higher power ? // indiv commitment : felt good about progress with problems, working on problems, attempting to change, at least doing something about problems, acceptance of responsibility for problems, /Programme – emphasis on spir growth and well being, routine patient assessment for spirituality, priority ranking for spir growth and wb as treatment goals, /average religiosity von Vp im Programm, /average commitment to treatment, percentage of clients reaching the appropriate critical retention cutoff (bleiben lange genug im Programm)/
innerhalb Programm –religiosity ns zu retention,(rel emphasis in Programm ns, client religiosity ns), zu treatment commitment pos (rel emphasis pos zu co, average client rel auch pos) , /Korrel rel-retention in program wo mehr rel impo vorherrscht stärker, evtl ist Korrel rel-retention in Methadonprogramm schwächer, /Korrel rel –commitment stärker in Methadonprogramm, wenn commitment allg stark ist wirkt rel schwächer auf co, wenn co schwach ist stärker,

7 Punkte (2,5 sample, 2 Messung, 1,5 mv,bei, 0,5stat **,0,5 panelartig)**
zu retention: indiv rel ns, bei Aggr rel emphasis ns, bei Aggr rel viel –pos, bei Aggr outpatient methadone –nsneg,/ zu treatment commitment –indiv rel pos, bei Aggr rel emphasis ns, bei Aggr rel viel ns, bei Aggr outpatient methadone pos, bei viel Aggr commitment neg
Aggr rel emphasis/religiosity –ns zu retention, pos zu commitment

((R Gesu/Abl -Silvestri,G et.al.: Importance of faith on medical decisions regarding cancer care, in: Journal of Clinical Oncology 212, 1379-1382, 2003
Drei surveys –Vp mit newly diagnosed advanced –metastatic - lung cancer,(61 J,72 % M, 30 Ne), their caregivers, medical oncologists, rank how factors would influence their choice zwischen zwei Behandlungsmethoden –ability of the treatment to cure the disease, family doctor's recommendation, medical oncologist's recommendation, spouse's recomm, children's recomm,faith in God,side effects of treatment; **rank how factors would influence their choice zwischen zwei Behandlungsmethoden (wohl: Chemo vs supportive care bei Vp mit Metastasen) Alle drei: Nr 1 oncologist, dann faith in God bei pat/Vp, ability to cure Nr 3!,**

bei Arzt faith Nr.7, (Grund für ranking faith high bei Vp/caregiver –edu neg, Ne pos, M pos))

Simpson,W: Comparative longevity in a college cohort of Christian Scientists, in: Journal of the American Medical Association 262, 1657-158, 1989
Chr Sc vs efficacy of medicine,Arznei bekommt ihre Kraft nur durch faith, belief, Krankh hat keine Charakter außer dem, den ihr mortal mind gibt, once the thought of disease is purged out of the mind it is destroyed, prayer based health care, Chr Sc dürfen nicht rauchen trinken, Chr Sc veröffentlicht testimonials über Heilung, aber Daten fehlen, Mitglzahl ist unbekannt,
Principia Univ ist ChrSc Uni-Vergleich 2630 M 2929 F (146 M sterben, 97 F sterben) Chr Sc mit Univ Kansas at Lawrence -17753 M 12105 F(883 M sterben, 352 F sterben) , Jahrgänge 1934 - 1983 –v.a. bis 1958, dann kaum noch Tote,
6 Punkte (3 sample, 1 Messung, 0,5 Vergleich, 0,5 stat, 1 Panel) **M Chr Sc 5,5 % tot, Kansas 4,97; F 3,31 vs 2,93; angeblich sign**

Singh,BK/Williams,JS: Satisfaction with health and physical condition among the elderly, in: Journal of Psychiatric Treatment and Evaluation 4, 403-408, 1982

Über 65 J, Umfragen 73-78, NORC,
6 Punkte (3 sample, 1 Messung, 1,5 mv, 0,5 stat) **how much satisfaction received from health and physical condition-pos zu Kg, /mv (age, race, sex,urban,verh,working,edu,alc use, smoke) –Kg pos, stärkster Prädiktor** R Gesu/Gl

(R Krim, Gl, Gesu, Sm) Sinha,J et.al.: Adolescent risk behaviors and religion: findings from a national study, in:Journal of Adolescence 30, 231-249, 2007
5.-12.Klasse, 11-18 Jahre, 12 rel - nothing in particular; How important is religion in your life today?" to the best of your knowledge, in the past month, how many times has your child attended organized religious worship services? Does your child participate in any organized program offered by a religious congregation or a religious organization?" During the last four weeks,how many whole days of school have you missed because you skipped or "cut"?; vandalism (How many times in the last year have you purposely damaged or destroyed property belonging to your parents or other family members?); interpersonal violence (How many times in the last year have you hit or threatened to hit anyone else?); sexual activity (Have you ever had sexual lintercourse?); marijuana use (Have you ever smoked marijuana?); feeling of depression (During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?); suicide ideation (During the past 12 months, did you ever seriously consider attempting suicide?); and carrying a weapon (During the past 30 days, on how many days did you carry a weapon such as a knife or club?).

7 Punkte (3 sample, 2,5 Messung, 1 mv, 0,5 stat) **alle 3 rel Items – smoking neg, alc neg, marijuana neg, mv demogr Swg –smoking: impo Kg neg, alc –Kg neg, marij –Kg impo neg** R Gesu

7,Punkte (3 sample, 3 Messung,0,5 mv, 0,5 stat) **alle 3 rel Items -truancy neg, vandalism ns(bottom) interpers violence nur impo neg, carry weapon ns, mv demogr, Swg –truancy impo und Kg neg;** R Krim

6,5 Punkte (3 sample, 2 Messung, 1 mv, 0,5 stat) **depr Kg ns, impo/srr neg, mv (demogr Swg);** R Gl

5 Punkte (3 sample, 1,5 Messung, 0,5 stat) **Smideation-impo neg (bottom), Rest ns** R Sm

(Auch R Gl) Sinnewe,E et.al.: Religion and life satisfaction : evidence from Germany, in: Social Indicators Research 123, 837-855, 2015

SOEP 2003, 2007, 2011, ca 27 000 VP, 'How satisfied are you currently, all in all, with your life? 0-10 completely diss –compl sat; How often do you attend social gatherings with friends, relatives etc/Please indicate the frequency of each activity: every week; every month, less frequently, never. Attend church or other religious events//Lz –P K pos (Ko von demogr, srh,alos, neg life event), Kg (pos) dazu –PK nun ns, close friends /soc gatherings dazu –Kg bleibt; Analyse mit fixed und random effects –Test: fixed besser; Kontrolle von Persönlichkeit, cognitive ability (und wohl auch gatherings, friends) –im Osten Kg ns pos (random pos), Zahlen größer als im Westen, aber ns;
(vgl: We then took advantage of the panel nature of G-SOEP to control for unobserved individual heterogeneity by estimating the association between life satisfaction and religion using a fixed-effect (FE) regression model to control for time invariant factors (ai in Eq. 1) such as cognitive ability, personality, and sex, which may influence life satisfaction and, consequently, reduce the influence associated with omitted variable bias.(–es wird aber nicht gezeigt, wie Pers cogn ab gemessen wird; unklar ob das wirklich Panel ist) While our FE analysis controls for unobservable heterogeneity and undoubtedly provides a more stringent empirical assessment of the association between religiousinvolvement and life satisfaction, it is possible that a random effects (RE) specificationmay be more appropriate. In the RE model, it is assumed that the unobserved effect, ai, inEq. (1) is uncorrelated with each independent variable across each time period. To explorethis issue further, the results from the RE regression specification are also reported inTable 4 (i.e., Models III and IV in Panels A, B and C).While a conceptual argument can be advanced that a FE specification is preferred to aRE specification on the basis that unobservable variables such as personality are likely to be highly correlated with our independent variables, we conducted a Hausman specificationto empirically test whether our FE specifications (i.e., Models I and II in Panels A, Band C) are favoured to our RE specification (i.e., Models III and IV in Panels A, B and C).
In this statistical test, the null hypothesis (H0) is that the RE specification is the appropriate specification versus the alternative hypothesis (H1) that the FE specification appropriate. Based on the results from the Hausman test for Germany (Panel A), West Germany (Panel B) and East Germany (Panel C) we rejected the null hypothesis and concluded that the FE model is the appropriate—and hence our preferred—specification.) (wenn FE besser ist, warum dann überhaupt RE gebracht ? wie stellt man fest per Hausman ob FE besser ist ?/eher

keine Messung von personality, sondern nur ein Beispiel –FE und Hausman sind nur Berechnungen, die denken, dass es noch andere Faktoren gibt, die Lz beeinflussen)
Kg pos zu srh und job satisfaction (bei Panel-Analysis nur bei srh sign)

7 Punkte (3,5 sample, 1,5 Messung, 1,5 mv,bei, 0,5 stat) **dubios, unklar - Inhalt der stat. Methode fixed effect: bestimmte Eigenschaften, die sich nicht verändern – sex, Persönlichkeit race cogn ability – werden kontrolliert, aber ohne Messung !- (fixed besser und dann doch getestet –wie ?– und dann besser; fixed nimmt an, dass es Faktoren gibt, die Lz beeinfl und mit Kg zusammenhängen, und macht so eine Berechnung, random glaubt nicht an Zusammenhänge „Panel" –man nimmt dieselben Leute in 3 surveys-s.u.) Ost höhere Zahlen, aber ns; bei RE sign; evtl Überko: friends gatherings srh neg life events alos verh und Kannib denom und Kg;**
Kg pos zu Lz mv, West, bei fixed Ost nicht, bei random schon; Kg pos zu srh und job satisfaction (hier nicht in Panel-analysis)
Bei Australien –Panel viel weniger Vp als Gesamt, hier Panel gleich Gesamt

6,5 Punkte (3,5 sample, 1 Messung, 1,5 mv, 0,5 stat) **Kg pos zu srh, auch bei „Panel"-Analyse (eher mv-Messung) (unklar**) R Gesu

Skolnick,J: Religious affiliation and drinking behavior, in: Quarterly Journal of Studies on Alcohol 19, 452-470, 1958
College Drinking survey Yale Center of Alcohol Studies white male J Epi Me, no aff mit parents, deren denom gegen alc ist /1949/51 (Me da noch gegen alc, schließt aber Trinker nicht –von Ämtern oder an sich – aus;) childhood use –no wie Me, viel weniger als andre, Trinkmenge und intoxication (geht von high über tight zu drunk und passing out) –hier: tight –J minus, Rest gleich, /Kg neg zu intox// failure to meet obligations, damage to friendship, accident/injury, formal punishment/discipline –no aff am meisten, dann Me Epi J (Meth trinken nicht ganz so viel wie Epi, sind tight wie die, haben mehr soc complic –obwohl Me Rel damals noch vs Alc an sich ist - es trinken aber 70 %), Kg korrel sign mit complic /no aff -57 % complic, Me lesss than once a month -53, once twice a month 63, once a week/more 35 /Me –abstinence pos zu Kg
5 Punkte (1 sample, 3 Messung,0,5 bei, 0,5 stat) **Kg neg zu drinking, intoxic und social complic,/ J trinken eher, aber nicht mehr, haben weniger intox, weniger soc complic, /Trinkmenge und intox – J neg, Epi no aff mit Antialk-eltern und Me gleich; soc complic –no aff Me Epi J; Me mit viel Kg wenig complic und drinking; kein paradoxes Trinken –Me gegen Alc, die Me die trotzdem trinken eher ns bei viel trinken, intoxic, complic, Me trinken weniger als Epi, sind tight wie die, mehr soc complic//childhood use –Me wie no, weniger als andre**

(R Gesu, Krim) Sloane,D/Potvin,R: Religion and delinquency: cutting through the maze, in: Social Forces 65, 87-105, 1986

13-18 J, adol,/Kg more than once or twice a year, less than weekly (occas) –weekly/more –frequent, rarely /never; how much of an influence would you say religion has on the way you choose to spend your time each day ? no –little-fair amount/great deal; / skipped a day of school without real excuse, run away from home, engaged in sexual intercourse, drunk beer, wine liquor without parents' permission, used marijuana, used any (other) drugs or chemicals to get high or for kicks, gone onto someone's property when you knew you were not supposed to be there, damaged school property on purpose, taken something not belonging to you under 50D, over 50 D; got into a serious fight in school or at work, taken part in a fight where a bunch of your friends are against another bunch,
Kg zu 12 Items -8 neg, 4 nsneg (Ernsteres: damage school prop neg, minor theft neg, major theft/serious/gang fight nsneg, marij/drug use neg) ; rel influence -11 neg, 1 nsneg (major theft),

Andre Methode: alle Korrel sign neg, Methode unklar, odds rations genommen, die sind nicht abhängig von den Werten(marginals) der einzelnen Items, 96 odds ratios –nur 5 über 1,0
Kg und influence als eine Skala –stärkere Wirkung: alles neg sign stark, mv einzeln: sex, age, SES, region,

6,5 Punkte (2 sample, 3 Messung, 1 mv, 0,5 stat) **Kg/influence of rel und Kombin beider : neg zu deli –damage school prop, minor theft, gang fight/fight, marij, drugs (major theft nsneg, truancy trespass alc neg) Methode unsicher** R Krim

Reanalyse von Hirschi/Stark, andre Methode –Richmond Youth data, deli 6 Items (theft unter 2 D, 2-50, über 50, joyriding, vandalism, fighting) ,Kg bei white/nonwhite MF ns, hier: 6 Items einzeln –model 1 ohne Kg-wirkung kein fit, besser: Kg wirkung, außer bei Vandalism, bei joyriding Intera-bei F mehr Wirkung, d.h. Kg wirkt in 5 von 6 Items, mv race/MF,
5,5 Punkte (2 sample, 2 Messung, 1 mv, Intera, 0,5 stat) **Reanalyse Hirschi/Stark –Kg neg zu theft 3 Items, joyriding, fighting neg, Vandalism ns, odds-Methode, bei H/S ns Methode unsicher** R Krim

5,5 Punkte (2 sample, 2 Messung, 1 mv, 0,5 stat) **Kg, influence of rel auf time spend each day - neg zu marijuana use, drug use, drunk without permission of parents,** R Gesu

(R Gesu, Krim, help, div, pos, Gl) Smith,Christian/Denton,M: Soul searching. The religious and spiritual lives of American teenagers. Oxford 2005

National Survey of Youth and Religion 2002/3; ca 3200 Vp, 13-17, devoted 8 % Kg weekly/more, faith extremely/very impo in everyday life, feels very/extremely close to God, currently involved in a rel youth group, prays a few times a week/more, reads scripture once twice a month/more; regulars 27 % -Kg 2-3mal Mo/weekly, faith very bis not very impo, Rest variable, weniger als devoted; sporadic -17 % - Kg monthly bis a few

times a year, faith somewhat-not very impo, Rest variable; disengaged –never attend – oder attend many times und Sbez not rel, faith somewhat, not very not impo, not involved in rel youth group, pray ein zweimal Monat/weniger, read dto; 37 % passen nicht da rein, mv gender, age, race region parental mar status/edu, family inc;
7,5 Punkte (3 sample , 3 Messung, 1 mv, 0,5 stat) **smoke neg, drinks alc neg, gotten drunk every few weeks or more neg, marij neg,** R Gesu

8 Punkte (3 sample, 3,5 Messung, 1 mv, 0,5 stat) **parents report: teen is fairly/very rebellious neg, parent reports: teen has somewhat/very bad temper (Diff sign regu-lars/devo vs diseng); used the Internet last year to view Xrated porno web sites neg, average number davon neg, play action video games neg; (dev vs diseng), morals are relative, no definite rights wrongs da neg, bei Unsicherh über right –das tun was einem hilft to get ahead/to feel happy; lied to parents neg, cheated in a test assignment, homework neg, did things they hoped parents wouldn't find out neg** R Krim

9,5 Punkte (3 sample, 5 Messung, 1 mv, 0,5 stat) **Kg –family inc pos (mv demogr ns), parents edu ns; impo inc ns, edu neg; pers commitment to life with God inc ns, edu neg; involved in youth group –inc pos/ns, edu ns; pray alone –inc neg/ns; edu neg/ns; close to God –inc ns; edu neg/ns; /psex als attitude und Verhalten neg, oral sex neg, sex plus, partner dabei plus, cut class in school neg, grades pos, suspended expelled from school 4mal letzte 2 Jahre neg, average evenings/afternoons spent without adult supervision neg, comfortable talking to adults other than parents pos, number of adults Vp can turn for support pos (dev vs dis), close, get along, fun hanging out to mother/father pos, parents understand/love/accept/pay attention; freedom parents give to develop and openly express own views on impo issues pos, nights eating dinner with parents pos, get along with siblings pos (dev und regular vs dis**) R pos

9 Punkte (3 sample, 4,5 Punkte, 1 mv, 0,5 stat) **Personally cares about needs of poor people/elderly people in the US pos, about equality between racial groups pos (dev/reg vs dis), has given more than 20 D of own money to any org or cause pos, volu work or community service (ohne required) überhaupt und wieviel mal pos, helped (ohne org) homeless, needy neighbor, family friends, other need (auch: involved in regular org activities, clubs classes orgs; planned in weltlichen org an event, led a meeting gave a presentation; volu mit Kontakt zu diff race, rel, econ class –pos) dev reg vs dis – pos** R help

8 Punkte (3 sample, 3,5 Messung, 1 mv, 0,5stat) **family structure div Kg neg, impo neg, (auch mv) commitment ns (mv neg), youth group ns/neg, pray neg, close to God ns/neg** R div

8,5 Punkte (3 sample, 4 Messung, 1 mv, 0,5 stat) **Feelings about own body/physical appearance happy pos, feel sad/depressed – neg, feel alone misunderstood neg, feels invisible neg, feels cared for pos, feels guilty about things in life neg, thinks about meaning of life pos, life feels meaningless –neg; (dev vs dis)** R Gl

(R Gesu, Krim, help) Smith,C/Faris,R: Religion and American Adolescent Delinquency. Risk behaviors and constructive social activities. A research report of the National Study of Youth and Religion 2002, pdf
Monitoring the Future, 2478 Vp, 12. Klasse, (mv demogr und siblings, mother works, father/male guardian in household) 16 no aff, 15 never Kg;
Smoking – Kg impo years in church youth group neg,(Wirkung fast nur: viel Kg impo youth group, Rest –mittel, wenig, keiner gleich) (Ba LDS J neg, other P, K ns, no pos;
When (if ever) did you first drink enough to feel drunk or very high?" never: Kg impo youth group neg (nur viel davon, s.o.), Ba J LDS neg, other P,K, no gleich;
How often (if ever) do you go to taverns, bars or nightclubs?" dto, LDS weniger, J mehr, Rest gleich;
On the occasions that you drink alcoholic beverages, how often do you drink enough to feel pretty high?"dto, no etwas mehr, J Ba minus, LDS: kaum Trinken, aber wenn, dann am meisten fast immer high, aber mostly high Null;
Sold drugs im letzten Jahr –dto, aber linear, no am meisten; BA K minus, J oP LDS gleich, dann no; used illegal drugs/used hard drugs, used marijuana –dto, nichtlinear-viel rel neg, mittel wenig ns; LDS minus, J Ba, dann oP K, dann no;
"How many times, if any, have you received a ticket (or been stopped and warned) for moving violations, such as speeding, running a stop light, or improper passing?" schwache aber passende Diff, no mehr,/J Ba –K –no,LDS ! oP; wear a seatbelt –dto, bei denom nur J stark pos;
("I get a real kick out of doing things that are a little dangerous I like to test myself every now and then by doing something a little risky." –bei beidem rel etwas schwächer, LDS mehr !),
during last 12 months –hit a teacher –Kg impo youth group viel,mittel, überhaupt besser als nix davon; no Ba ! pos, K J LDS neg, oP ns; gotten into a fight –rel linear, BA J LDS minus, oP, K no mehr; taken a gun to school past 4 weeks – Kg neg, impo youth ns, no Ba plus – oP –K J LDS minus;
Been in trouble with police? Kg impo neg, youth group nsneg (mittel und wenig rel gleich),
Stolen an item worth<$50? Stolen an item worth>$50? Committed arson - dto;
Committed armed robbery? Kg ns neg, impo neg, youth ns neg;
Stolen a car? Kg nsneg, impo neg, youth group nsneg,
Vandalized property? Dto,youth group ns; Trespassed? –youth ns; Kg impo neg,

Denom: arson –J null, Rest ns zu no; stole a car –Ba oP mehr als no, vandalized –oP LDS mehr als no, trespassed –J mehr als no; Rest no mehr;
"During the last 12 months how often have you taken something from a store without paying for it?"Kg impo nsneg klar, youth ns, J minus, Rest kleiner no;
How often did you skip a day of school, or part of a day (without permission) over the past school year?" Kg impo nsneg klar, youth group ns neg, LDSmehr, rest kleiner no;
"Over the past year in school, how often did you get sent to the principal's office or have to stay after school because you misbehaved?" dto, no mehr, auch LDS hier weniger;
Have you ever been suspended or expelled from school?"dto, Ba oP gleich no;
How often do your parents limit the amount of time you can go out with friends on school nights?"dto, Ba gleich no, Rest weniger;
How often have you argued or had a fight with either of your parents? Kg ns neg , impo stärker, youth group ns; J plus, Ba minus, LDS no K oP gleich;
How often do you participate in community affairs or volunteer work?" Kg impo youth group pos, alle denom pos vs no;
How often do you actively participate in sports, athletics or exercise?" Kg impo youth group pos, alle denom pos vs no,
First Cigarette Smokes Regularly First Time Drunk Goes to Bars Drinks to Get Drunk Sold Drugs Tried Any Drug Tried Marijuana Tried Hard Drugs –mv: Kg impo, youth group alle minus (Ausn: youth group sold drugs ns neg); K, oP, Ba 5 von 9 vs no besser, J 6 LDS 7;
MarijuanaUse AlwaysWears Seatbelt TrafficTickets Hit Teacher Been in Fight Brought a Gun to School – Kg: Mari, seat, teacher neg, Rest nsneg; Impo nur gun ns; youth group - Mari neg, gun nspos, Rest nsneg; Ba 2 richtig, 4 ns; oP 1 richtig; K 2 richtig, 4 ns richtig; J 3 richtig, 3 nsfalsch; LDS 1 richtig, 3 nsfalsch;
Trouble with Police Petty Theft Significant Theft Armed Robbery stolen a Car Vandalized Property Arson Trespassed Shoplifted – Kg 5 neg, 4 nsneg; impo 9 neg; youth group ns; Ba 1 minus, 5 nsneg, 1 nspos; oP/K 6 nsminus, 1 nspos, J 1 pos, 7 nspos, 1 nsneg; LDS 3 nsneg, 3 nspos;
Skipped School Sent toDetention Suspended orExpelled Argues WithParents Volunteers In Community Participates in Sports, Athletics or Exercise –Kg 5 richtig, 1nsrichtig; impo 6 richtig; youth group 4 richtig, 1 nsrichtig, 1 nsfalsch; Ba 3 richtig, 3 nsrichtig; oP 3 richtig, 2 nsrichtig, K 4richtig,1 nsrichtig, J 2 richtig, 2 nsrichtig, 2 nsfalsch; LDS 2 richtig, 4 ns richtig.

(z.T. no nicht immer am negativsten bei Vergleich von denom; bei Kg never, not important klarer; z.T. linear, oft auch: nur Kg viel wirkt, mittel und wenig kaum besser als never; z.T. youth group ns/schwach; Kg 17 richtig, 7 ns richtig, impo -23; youth -9 richtig, 5 nsrichtig, 10 ns)

9,5 Punkte (3 sample, 4,5 Messung, 1,5 mv, 0,5 stat) **Kg impo Zeit in youth group neg zu Zig, Alk-drunk (K ns, J neg, Ba neg; LDS: kaum Trinken, aber wenn, dann am**

meisten, fast immer high, mostlyhigh Null), used drugs/Marij,hard drugs, pos zu seatbelt, sports/exercise (no neg), denom allg besser bei drugs R Gesu

11 Punkte (3 sample, 6 Messung, 1,5mv, 0,5 stat) **impo neg zu Deli/Krim –Rasen, hit,fight,theft,rob,vandalize,arson,shoplift,sold drugs ,school detention/expulsion, argue with parents/Kg immer richtig, z.T. ns; youth group nsneg meist; Ausn: brought gun in school; J LDS nicht so gut, Rest oft nsneg** R Krim

7,5Punkte (3 sample, 2,5 Messung, 1,5 mv, 0,5 stat**) participate in community affairs or volunteer work -Kg impo youth group pos, alle denom pos vs no;** R help

Smith,M et.al.: Examining the relationship between religious orientation and eating disturbances, in: Eating Behaviors 5, 171-180,2004

2 samples, F undergrad (viel other/K) F beginning inpatient treatment of eating disorders, meist LDS –anorexia, bulimia, eating disorder NOS, EAT –eating attitudes test -26/40 –dieting bulimic behave selfcontrol of eating,/body shape questionnaire –feeling too fat, wanting to be thinner, feeling ashamed,selfconscious about ones body,
Subsample von 1 mit hohen Werten auf EAT –E plus, sample 2 –anorexia NOS ns zu E/I, bulimia I und E pos, body shape scale –E pos bei bulimia in sample 2 (anorex NOS ns)(–sample 1 und subsample aus 1, Kliniksample ganz, AN,Buli, NOS –Werte auf EAT; Kliniksample ganz etc –Werte auf Body shape scale zu E dreimal pos, 7 mal ns)
Einzelwerte erratisch: I bei 10 Werten -5 mal neg; nie pos; pro rel – 4 mal pos, 1mal neg; Extr – zweimal neg, 3 mal pos, antirel -2malneg, 3mal pos; -klar nur I (7:3 vs antirel; 8:2 vs E,/prorel) (Sign unklar)
(unter 5) **wahrscheinlich I neg zu eating disorders/body shape concerns, pro pos, Rest unsicher bzw -Ränge: I 16, anti 23, pro 30, E 28)**

(R Gl, Gesu) Son,J/Wilson,J: Religiosity, psychological resources, and physical health, in: JfSSR 50, 588-603, 2011

MIDUS, 25-74, 1995, 2005; Messung in beiden Jahren: rel: Kg rel meetings activities, religiosity/impo (6 Items), rc –rel healing,rel decision making of daily life matters; physical symptoms -9 Items –headaches lower back aches sweat a lot
Wellbeing –emot –Lz PAS; psy wb –Ryff, nur 1995: home religiosity –how important was religion in your home when you were growing up
SEM Analyse: home rel pos zu psy wb/emot wb 1995 und diese pos zu srh in 2005, home rel zu 1995 srh ns; rel 1995 ns zu srh 1995/2005, srh 1995 ns zu rel 2005, rel 2005 ns zu srh 2005, (home rel via mediator psy/emot wb pos zu srh 2005, sonst rel ns zu srh/srh ns zu rel cross 1995/2005 und Panel, Ko von rel/wb in 95), dasselbe mit physical symptoms –plus: home rel neg zu phys symptoms in 1995 (rel ns cross und Panel und Umkehrung)
Psy und emot wb und rel ns zu ADL chronic medical problems (asthma, diab, stroke arthritis constipation varicose veins usw 29 Items)

10,5 Punkte (3,5 sample, 2,5 Messung, 1,5 mv, 0,5 stat, **2,5 Panel) SEM (home rel via mediator psy/emot wb pos zu srh/neg zu phy symptoms 2005, home rel neg zu phy symptoms,ns zu srh 1995; sonst rel ns zu srh/srh ns zu rel cross 1995/2005 und Panel, Ko von rel/wb in 95, mv demogr; // rel 95/2005 zu phys sy 95, 2005; phys sy 95 zu Rel 2005 alles ns), rel ns zu ADL chronic conditions (wb auch),kaum change in Gesu da –desh Korrel ns (?)** R Gesu

9,5 Punkte (3,5 sample, 2 Messung, 1,5 mv, **2,5 Panel) SEM: Home rel (Bezug auf Verga, Messung 95) pos zu psy wb/emot wb 1995, rel 1995 –pos zu psy wb/emot wb 1995, zu psy wb/emot wb 2005 ns; psy wb/emot wb –ns zu rel 2005; in 2005: rel 2005 pos zu psy/emot wb; jeweils mit Ko von rel/wb in 95) mv demogr/physical symptoms/srh und rel Items (Kannib /Rel wirkt nur cross-sectional ?)** R Gl

***(*auch in R Gl) Sorensen,T et.al.:** Is „seeking God's help" associated with life satisfactions and disease specific Quality of life in cancer patients ? The HUNT-study, in:Archive for the psychology of religion 34, 191-213, 2012

Krebspat- I seek Gods help when I need strength and solace – Lz ns(life at the moment) biv /mv, , srh ns, chronic pain ns , comorbidity ns pos, BMI ns pos, smoke minus, hazardous alc use ns, exercise ns, Angst pos, Depr ns, insomnia ns pos, fatigue ns /zu QOL –symptome ns minus, selfimage ns pos, sexuality pos/ns/neg, complaints ns minus/ns plus//M suchen Gottes Hilfe mehr, wenn sie krank werden, Krebspat ebensoviel wie Bev

6,5 Punkte (3 sample, 2 Messung, 0,5 stat, 1 mv) **seeking Gods help when I need strength and solace –ns Depr, Lz, pos Angst**
7,5 Punkte (3 sample, 3 Messung, 0,5 stat, 1 mv) **seeking Gods help when I need strength and solace –ns zu Gesu/GesuV items (smoke neg)**

(R Gl Gesu) Soydemir,G et.al.: The impact of religiosity on self-assessments of health and happiness: evidence from the US southwest, in: Applied Economics 36, 665-672, 2004

Mexican Americans über 45, srh –in Tabelle als Lz formuliert –aber mit fair poor usw; do you consider yourself to be happy at the present time , / mv demogr (und srh) Kg neg zu illness (viele Krankheiten), pos zu happiness und srh (Ko auch illness),Wirkung von Kg setzt ab ein Monat und mehr ein bei happiness; once a week und more than once a week gleich wirksam;

6,5 Punkte (3 sample, 1,5 Messung, 0,5 stat, 1,5 mv) **Kg pos zu srh, neg zu illnesses mv** R Gesu
6 Punkte (3 sample, 1 Messung, 1,5 mv),5 stat, **Kg pos zu happiness mv** R Gl

(R Gesu, pos, fert) Spence,C/Danielson,T: The Faith Assembly. A follow-up study of faith healing and mortality, in: Indiana Medicine 80, 238-240, 1987

Charismatic group avoiding all medical and obstetrical care, 2000 Mitgl, perinatal mortality rate – dreifach überhöht, maternal mort 100fach, dann :Staat kontrolliert das, bestraft Eltern for allowing their childs death without benefit of medical care, -reckless homicide als Urteil vs Eltern, die offered prayer without medicine,causing death of child an pneumonia,Lehre verbietet medizi Hilfe bei Gesu-problem –leader stirbt an treatable disease ! –
) Analyse mort rate 83-85 -314 live births, (75-82: 344) -5 fetal deaths (kleiner gleich 20 weeks gestation) ,3 neonatal (bis zu 28 Tage nach Geburt) (vorher: 11 fetal , 6 neonatal) ,perinatal mort - 25(oder 22?) pro 100 000, lack of medical care spielt noch Rolle; –vorher 48; (Indiana 15, vorher 18) 83f keine toten Mütter(vorher 3 –s.o. 100fache mort –geht kaum –bei 344 Gebu 3 tote Mütter - 1 %, in Indiana dann 0,01 % ?)
(unter 5) **Faith Assembly(charism) verweigert medizin Behandlung –mehr perinatal und mother mort, sinkt nach staatl Interve und Tod von Sektengründer** R Gesu

2 Punkte (1 sample, 1 Messung) **Mütter edu pos ! bei charism sect** R pos

2 Punkte (1 sample, 1 Messung **) Faith ass women -56 % 4 und mehr Kinder, Bev 9, legitimate 100, Bev 81** R fert

R Gesu,pos,Gl) Spence,N et.al.: Religious Service Attendance, Religious Coping, and Risk of Hypertension in Women Participating in the Nurses' Health Study II, in: American Journal of Epidemiology 189, 193-203, 2020

Nurse's Health Study II female nurses from 14 states in the United States, biennial survey, 2001 – rr 76% (n = 68,376) In 2008, a follow-up Supplementary Survey on Trauma Exposure and Posttraumatic Stress was mailed to 60,804 of the original respondents to the 2001 Supplementary Survey who also completed the biennial follow-up questionnaire in 2007, with a response rate of 90% (n = 54,700). Women who self-reported physician-diagnosed hypertension prior to 2001 (n = 9,813) were excluded from the analysis. –am Ende ca 44 000 Vp,T 1 47J, 94 % Weiße,
2001 and 2008 "How often do you go to religious meetings or services?" "I try to find comfort in my religion or spiritual beliefs
self reported physician diagnosis of hypertension past two years in each biennial survey 2001-2013;
mv - Model 1 adjusted for age; questionnaire cycle;//Model 2 dazu noch: all religion and spirituality exposures; demographic covariates income, geographic region of residence in the United States , country of birth (United States/other), race, stress (4-item measure - extent to which situations in a respondent's life are appraised as stressful by querying about how unpredictable, uncontrollable, and overloaded respondents have found their lives in the past month, physical emotional sexual abuse covariate;)myocardial infarction , stroke , cancer , type 2 diabetes , family history of hypertension hypercholesterolemia oral contraceptive use menopausal status and hormone replacement therapy analgesic use, depression); (physical

exam BMI, cigarette smoking alcohol), physical activity : Dietary Approaches to Stop Hypertension style diet ; social integration covariates (Berkman-Syme Social Network Index and social-emotional support (no confidant or sees or talks with confidant)
11773 hypertension –Fälle,
coping –Krebs nspos, Chole nspos, analgesic use ns, BMI ns, smoking neg, no alc pos, phys activity nsneg,
Kg: Krebs ns, Chole neg, analgesic use neg, BMI neg, smoke neg, no alc pos, phys activity neg
Kg neg zu hypertension (Teil-Mediator BMI), coping ns (mv ändert nichts)

12,5 Punkte (2,5 sample, 4,5 Messung, 3,5 mv, Med, 0,5 stat, 1,5 Panel) **T 1-T1 Kg zu Krebs nsneg, Herzinf, stroke, Diab Bd-Diät ns; Chole nsneg , analgesic use neg, BMI ns , smoke neg, no alc pos, phys activity neg, family hypertension neg; T1 –T2 hypert neg; (Teil-Mediator BMI), rel coping –Herzinf, stroke diab ns, Bd-diet ns, Krebs nspos, Chole ns, analgesic use nsneg, BMI ns, family hyp ns, smoke neg, no alc pos, phys activity nsneg, T 1-T2 hypertension ns,** R Gesu

4 Punkte (2,5 sample, 1,5 Messung) **coping –social network pos, ss pos/Kg –social network pos,** ss **ns** R pos

4 Punkte (2,5 sample, 1,5 Messung) **coping –Depr neg, stress neg; Kg –stress ns, Depr neg** R Gl

(R Gesu, Krim) Stark,R: Religion as context: hellfire and delinquency one more time, in: Sociology of Religion 57, 163-173, 1996

Study of High School and Beyond, seniors 1980, I have been in serious trouble with the law –neg zu Kg in East,Midwest,South,Mountain (etwas schwächer), nicht in Pacific Coast,(aber weekly Kg 2,4, monthly 3,9, several times a year 2,7, never 2,7 –neg kurvi Buckel ! , Pacific males/P ns, Pacific females/Kath/whites - neg kurvi Buckel) (in Regionen mit mehr Menschen, die zu einer Kirche gehören/weniger sagen: have no rel –ist Korrel größer)

6,5 Punkte (3 sample, 1,5 Messung, 1,5 mv, bei, 0,5 stat) **Kg neg zu been in serious trouble with law, nicht/kaum in Pacific Coast Region M/P, bei F/K/white kurvi Buckel**

on how many occasions (if any) have you had alcohol to drink (beer, wine, liquor) during the past 30 days ? none –Kg pos(weekly vs Rest) bei P, non-Pacific und Pacific gleich, K ns !
never used marij –Kg neg bei P/non-Pacific P/Pacific P, K,

6 Punkte (3 sample, 1,5 Messung, 1 mv,bei, 0,5 stat) **Kg weekly vs Rest: no alc/no marij bei P, bei K nur: no marij, alc ns**

R Gesu, Krim) Stark,R: Gods, rituals and the moral order, in: JfSSR 40, 619-636, 2001

24 % der vormodernen Kulturen haben high God, der was concerned with human morality, (427 societies, 244 mit high God, der interessiert sich nur in 58 % für Moral) , mehr cultural complexity (dairy herds, domesticated large animals, existence of the state, metal working,weaving,cereal-based agric pottery making) pos zu moral Gods
WVS –justified –buying something you know was stolen, failing to report damage you have done accidentally to a parked car, taking the drug marijuana or hashish –in USA Canada Mexico Brazil Chile Argentina GB Irl N-Irl No Schweden Finnl Dän, Isl, WestGermany Ndl, Be Schweiz Fr Ita Sp Port Polen OstDld Ungarn Slowenien Rumänien-neg zu: how impo is God in your life, (Kg dto, schwächer, Zahlen nur zu USA Canada Mexico Brazil Chile Argentina) (schwache Korrel: Slowenien, Ungarn, OstDld), Bulgarien Russland ns, Weißrussland stolen goods pos, smoke marij pos,(Islam –Türkei –impo neg, Moscheebesuch auch,//Indien –impo neg, temple visit ns; nur scheinbar polyth, Moral wichtig; Japan –impo of God, temple visit, prayer medit ns, eher Riten, keine Moralgötter bzw keine mächtigen Götter, China dto, kein Glaube an einen persönlichen Gott, eher an life force/spirit –impo ns; prayer medit pos !)
6 Punkte (3,5 sample, 2 Messung, 0,5 stat) **impo of God und Kg neg zu buy something you know is stolen, failing to report damage you have done accidentally to a parked car, taking marij/hashish -27 Länder (incl Schweden Slowenien OstDld) Bulgarien Russl ns, Weissrussl ns/pos (Türkei neg,Indien neg, Japan/China impo ns, temple ns,** pray medit China pos,Japan ns **-keine Moralgötter)** R Krim
5,5 Punkte (3,5 sample, 1,5 Messung, 0,5 stat) **impo/Kg neg zu taking marij/hashish, s.o. Länder (Schweden nsneg) usw,** R Gesu

Stavrova,O: Religion, self-rated health, and mortality: whether religiosity delays death depends on the cultural context, in: Social Psychological and Personality Science 6, 911-922, 2015
Study 1: WVS 2000/2001 -2005/2006, ca 85000Vp, 59 Länder (ca 33 christlich; N pro Land 16 mal unter 1000) ,41 J,
Apart from weddings and funerals, about how often do you attend rel services these days,
Independently of whether you attend rel services or not, would you say you are a rel person, nonrel person atheist; impo of rel, impo of God,
Korrel zu srh -17 mal neg, 9 mal pos, 33 mal ns /mv (inc, edu, rel denomin, age, gender -2mal neg, 20 mal pos,37 mal ns //Christenländer 5 pos, 14 neg, 14 ns, mv: 11 pos, 1 neg, 21 ns; (Riesenveränderung bei mv)
(mv country norm of rel (religiosity Aggr s.o. plus: children should learn rel faith at home, Politicians who don't believe in God are unfit for public service), indiv rel ns,
Intera sign: Korrel rel –srh in Ländern mit mehr country norm of rel stärker (Figur: wenn Rel in wenig rel Land steigt, dann sinkt srh; wenn Rel in stark rel Land steigt, dann steigt srh ? –ist was anderes als: stärker –da würden beide steigen, nur das eine mehr//in Table 2 –Aggr rel und indiv rel pos –also müsste die zweite Idee stimmen, -stärker statt steigen vs fallen/Figur 2-wenig Aggr-rel –Korrel rel –srh schwach/nspos, viel Aggrrel-pos Korrel, aber wenig eindeutig)

mv anders (age gender edu inc denom BSP/Kopf) –country norm of rel pos, indiv rel pos, Intera pos (denom: K P Mu orth eastern rel ns),

7,5 Punkte (3,5 sample,2 Messung, 1,5 mv,Intera, 0,5 stat) **Rel pos zu srh in Ländern mit mehr Aggr-rel; unklar ob das für Christenländer gilt; ohne Aggregat: biv rel zu srh neg, mv pos (Christenländer/andere), Intera: in wenig rel Ländern steigt srh mit rel weniger/schwächer –Figur 2 vs 1 –dort sinkt bei steigender indiv rel und wenig Aggr-rel srh, steigt bei viel Aggr-rel (unsicher, ob/wie das für Christenländer gilt), denom ns**

Study 2: General Social Survey National Death Index data set,1978-2002 -18 waves, linked to death records bis 2008, aber: jedes Jahr neue Vp, ca 29000, 45 J,56 % F, (bei srh 20700)/Kg und Aggregat-Kg in region,(geben Vp in Survey ihre Namen an?//vgl Kim. selbes sample, andere Methode//unzuverlässig eher)
Kg zu srh –in allen 9 Regionen pos, Ausnahme: biv Pacific nspos, mv (age sex race edu inc denom) Mountain nspos, in Regionen mit mehr Aggr-Kg Korrel stärker, in denen mit weniger schwächer, aber pos!,
Kg zu mort –(year of data collection, age) 6 von 9 Regionen neg (Pacific ns, Mountain New England nsneg), mv sex race edu inc denom- 1 neg, 6 nsneg, 1 ns (Pacific); in Regionen mit mehr Aggr-Kg stärker, in einer Region mit wenig Kg ns, sonst nur Abschwächung, nicht Umkehrung

8,5 Punkte (3,5 sample, 2 Messung, 1,5 mv, Intera, 0,5 stat, **1 panelartig) Kg pos zu srh /neg zu mort in US Regionen, bei mehr Aggr-Kg (region) Korrel stärker (bei weniger schwächer, nur einmal ns, keine Umkehrung), mv mit denom -1 neg, 6 nsneg, 1 ns**

Steffen,P et.al.: Religious coping, ethnicity, and ambulatory blood pressure, in: Psychosomatic Medicine 63,523-530, 2001

Employed, 25-45, ein halb Ne, keine CVD-medication/tobacco products, unter 180/100; Bd messung in Klinik,in Alltag 4mal pro Stunde am Tag, 2mal in Nacht,//rc –I put my trust in God,I seek Gods help,I try to find comfort in religion, I pray more than usual,
mv (Ko von age BMI sex inc satisf with ss depr alc) –bei Ne: rc neg zu Bd, bei whites ns

5 Punkte (1 sample, 1,5 Messung, 2 mv,bei, 0,5 stat**) bei Ne rc neg zu Bd, bei whites ns**

Steinman,K/Zimmerman,M: Religious activity and risk behavior among African American adolescents: concurrent and developmental effects, in: American Journal of Community Psychology 33, 151-161, 2004

Ne high school students, 9.Klasse T 1, 12. Klasse T2; attr 10; trotzdem Analyse mit imputed data,nicht mit ganzem sample - frequ of use of marij/alc letztes Jahr/Monat, typical amount of cigarette use past month, frequ of sexual intercourse,
Korrel in T1: Kg –alc cig marij sex neg; /M: change -stärker sinkende rel-stärker steigender Alk (keine Umkehrung), bei F ns dto; Kg in T1 zu alc T 4 ns MF; Zig: F –T1 rel senkt Zig in T4; M nicht; change in rel ns MF; Zig T1 steigert Rel in T 2 M, nicht F;// change in rel ns zu change in Marij MF, rel T1 senkt Marij in T4 M, nicht F (keine Umkehrung) ; sex –change in rel ns zu change in sex M, neg bei F; T1 rel ns zu T 4 sex und umgekehrt;

6 Punkte (1 sample, 2 Messung, 0,5 stat**, 2,5 Panel**) **cross-section: Kg neg zu alc, marij, cig sex frequency (M F) -8 sign; change nur 1 neg(alc M, F ändert alc kaum, bottom) , 5 ns neg; Rel T1 zu risk T4 –nur 2 neg(marij M, cig F) , Rest nspos/nsneg; Umkehrung: risk T1 zu rel T4 –Zig pos zu rel M!, Rest ns; Diff cross-section –Panel**

Stout, C et.al.: Gender role attitudes, religiosity, and food behavior: dieting and bulimia in college women, in: Social Science Quarterly 71, 142-151, 1990

Female undergrad, eine Messung: religiosity/asceticism : how impo is rel in your life, asceticism – dancing is a sin, the individual is by nature sinful and unclean, a truly Christian person ought to control all bodily appetites, the wearing of fashionable dress and worldly adornment should be discontinued because it tends to gratify and encourage pride, everyone has sinned and deserves punishment for their sins, the devil can enter a persons body and take control, the Christian must lead a strict life, away from worldly amusements, /guilt – there are certain foods I always feel guilty about eating, /I am able to keep my weight within limits because of personal control over my eating habits, /I often diet to lose weight, If I eat too much I take laxatives or vomit (bulimic) ;

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) (**mv ? –weight height demogr, sorority member, partic in athletics, gender role cons-lib)**
Rel (impo und neg/asketisch)–dieting ns, bulimic behavior nsneg, feeling guilty pos, feeling in control pos,
(path –Rel pos zu guilt pos zu bulimic/dieting,aber rel pos zu control neg zu beidem –deshalb insgesamt rel ns zu bulimic/dieting)

Straus,R/Bacon,S: Drinking in college. New Haven 1953

Ca 15 000 Vp, Use of alcoholic beverages -J K P LDS; particip in rel activity –J F neg, Mpos; K –ns(Kg ist compulsory !!, angeblich) , P und LDS stark minus, //

mehr Trinken bei denen die trinken –nur K, Rest gleich, /social complications bei den Trinkenden –(failure to meet obligations, damage to friendships, accident, injury, formal punishment/discipline –an Mo-colleges schon bei Trinken Strafe) – MoF mehr, Mo M wie K/P, J immer weniger; Berechnung: MoF Trinken mal Probleme –entspricht P, etwas mehr als K; MoM – weniger als P und K; (J trinken mehr- haben weniger Betrunkene,soz Komplik,Trinkhäufigkeit; K –viel Trinken, Betrunkene mittel, viel Trinkhäufigkeit, ziemlich soz Komplik; Mo: wenig Trinkende, weniger trinken als K, schwach mehr Betrunkensein, F mehr soz Komplik,M weniger) trinkende M –tied, drunk, passed out /oft tight/passed out – LDS minimal mehr, K etwas weniger,/

wer als M trinkt und advice to abstain von church kriegt ist etwas mehr besoffen als der der keinen advice oder school advice/parents adv kriegt , bei F umgekehrt –Ki advice senkt drunkenness ((MoF aber mehr Probleme) (Sign unsicher, Diff 9-11 Prozentpunkte) /adviced to abstain- Kg mehr: mehr abstain, M Kg wenig und Trinken: mehr drunk als Kg viel; evtl. abstain-Hinweise von church nicht wirkend/neg wirkend bei M, bei F pos,

6 Punkte (2,5 sample, 2,5 Messung, 1 bei**) rel activity(Kg) –bei J F neg, bei J M pos zu Trinken, bei K ns, bei P LDS stark neg; Kaum Hinweise auf paradoxes Trinken (in**

verbietender Gem mehr); nur bei K-die die trinken, trinken mehr; // –insgesamt LDS-F mehr Probleme (berechnet: Trinkhäufigkeit mal Komplik) durch Trinken als K/ gleich mit P; LDS M weniger als K/P; J noch weniger ; LDS M – etwas mehr drunk, aber Trinkmenge allg und bei Trinkenden weniger,// Hinweis von Kirche, nicht zu trinken –LDS M trinkt mehr, F weniger, bei Kg –man trinkt weniger,

J mehr Trinken – weniger Besoffene/Komplik; K –viel trinkend, mittelviel Komplik;soviel wie P;

Strauss-Blasche, G et.al.: Moderierende Variablen der Placebowirkung, in: Forschende Komplementärmedizin 5, 290-295, 1998
Arznei wirkt angeblich nur bei Typ-B –sozial erwünschter Typ –Placebo wirkt bei Vp, die das glauben besser,/ pos Einstellung zur Behandlungsmethode pos, evtl fatalistische Kontrollüberzeugung –Zufall –neg; Entscheidungsfreiheit –Wahl des Medikaments –pos,/mehr Erfahrung mit Meditation –Erwartungsmanipulation funkt nicht; (ähnlich evtl: wer schon viel Schmerzmittelerfahrung hat –Pl wirkt weniger); in Spiegel schauen während Stimulans-Pl –Wirkung schwächer weil Selbstwahrnehmung klarer, nicht verzerrt, ähnlich: Medit als Beobachtung von Atem/innerer Vorgänge ,
chronische Ängstlichkeit und Suggestibilität wirkt nicht ! /funktionaler Optimismus/faith – Erwartung, Motivation/Wille zur Heilung, positive Einschätzung/nach außen gerichtete Wahrnehmung/Vertrauen…

Strawbridge, W/Cohen,R/Shema,S: Comparative strength of association between religious attendance and survival, in: International Journal of Psychiatry in Medicine 30, 299-308, 2000

Alameda, 2749 M 3145 F, 1144 sterben, 42 J in 1965, 12 Ne, 1974, 83, 94; ohne Vp die nach 1 J sterben (schon krank waren) phys activity –go for long walks, swim, do physical exercise, take part in active sports, /see three or more close friends/relatives monthly und belong to three/more non-rel affil groups, /chronic cond –Hyp, stroke heart dis cancer bronchitis diab) /Kg smoke phys act alc soc involvement 74 und 83 gemessen –je nach Nähe zu Tod, srh conditions in T1,
Kg (weekly, nicht monthly) neg zu mort nach 29 J, F 0,63, M 0,84 nsneg, mv demogr srh chronic conditions, (Stärke der Effekte: bei F –Kg wie phys act, alc soc involvement, smoke besser; bei M ähnlich alc, Rest besser)

8 Punkte (3 sample, 1 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) Kg neg zu mort bei F, bei M nsneg, time varying Messung von Items, Tote nach 1 J weggelassen**

(R Gl pos help div Gesu) Strawbridge,W/Cohen,R/Shema,S/Kaplan,G: Frequent attendance at religious services and mortality over 28 years, in: American Journal of Public Health 87, 957-961, 1997

Alameda, T 1 1965, T 4 1994, 1974 und 1983/Vp 40 J, 13 Ne, (Antworten zu improvements: T2, die Hälfte der VP – 1965er Raucher hörten bis 94 auf, no exercise 65 zu ex 94, BMI nicht mehr in

top quintile, weniger alc bei denen, die 65 45 drinks pro Monat haben, mehr friends/relatives contact, mehr nonrel group membership) /frequent att-once a week or more vs rest, denom: K P Fu SDA/LDS others/none, /Gesu: mobility impairment –trouble climbing up stairs, going outdoors; srh,depr, Krankheiten –diab, stroke, cancer,heart disease, bronchitis Hypertonie; /close social contacts –seeing close friends relatives; group memberships –belong to nonrel associated groups, 770 Tote,
12,5 Punkte (3 sample, 3,5 Messung, 3,5 mv, bei, 0,5 stat**, 2 Panel) T1: Kg – mobility impaired pos, chronic conditions ns, srh ns, exercise ns, smoke neg, alc (mehr als 45 drinks pro Monat) neg, BMI highest quintile pos; Kg T 1 (und T 2, 3 –takes into account changes in attendance and adjustment variables reported at each new survey during the follow-up) zu mort T 4 neg –mv age gender ethnicity denom, bei MF; health conditions –(M ns neg), social connections (M ns neg) , GesuV BMI –(M ns neg) /Kg zu T4 improvement: stopped smoking pos, reduced drinking ns pos, increased exercise pos, BMI-Senkung ns pos,** R Gesu

(unter 5) **Kg zu depr nsneg** R Gl

5,5 Punkte (3 sample, 1 Messung, 0,5 stat, **1 Panel) T1 Kg –close social contact (relatives, friends) pos, increased close.. in 1994 pos** R pos

5,5 Punkte (3 sample, 1 Messung, 0,5 stat**, 1 Panel) T 1 Kg - nonchurch community group membership pos, increased nonchurch in 1994 pos,** R help

5,5 Punkte (3 sample, 1 Messung, 0,5 stat, **1 Panel) T 1 Kg ns pos zu verh, pos zu stayed married in 1994** R div

(R div, pos, Gl, Gesu) Strawbridge,W/Shema,S/Cohen,RKaplan,G: Religious attendance increases survival by improving and maintaining good health behaviors, mental health, and social relationships, in: Annals of Behavioral Medicine 23, 68-74, 2001

Alameda,(incl Berkeley Oakland), T1 65, T2 74, T 3 83, T 4 94, T5 95,/hier: T1-T4, 17-65 J, 52 P,28 K,13 no,/phys activity –swim,take long walk, do phys exercise, take part in active sports(eines davon oft –vs sometimes never,/heavy drinking –über 45 drinks in month, medical checkup –go to doctor for general checkup even though Vp feels well and had not been sick, Verh –heiraten und keine Scheidung/verh sein und keine Sch, incl widow,

10,5 Punkte (3 sample, 3,5 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) 1965 –Kg weekly –smoke minus, phys active ns, drink heavily neg, medical checkup pos,**
mv (age gender edu srh !) Wandel T1-T4: quit smoking –Kg F pos, M nspos, became often phys active –F pos, M ns pos, stopped heavy drinking –dto, started annual medical checkups –ns, /started smoking –MF nsneg(OR 0,57/0.59 hohe Zahl), reduced phys activity –ns; started drinking heavily –M nspos, Fns neg(F 0.6), stopped annual medical checkups –M neg, F nsneg, R Gesu

8 Punkte (3 sample, 1 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) 1965 –Kg weekly ns zu not depressed; mv (age gender edu srh !) Wandel –stopped being depressed T1-T4 –M ns, F pos, became depressed – MF nsneg,** R Gl

8,5 Punkte (3 sample, 1,5 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) 1965 Kg weekly -pos zu sees three or more friends/relatives monthly; Mv (age gender edu srh !) Wandel –increased relships –M ns pos(1.61), F pos/ reduced indiv relships –M nsneg(0.56), F neg,** R pos

8,5 Punkte (3 sample, 1,5 Messung, 2 mv,bei, 0,5 stat**, 1,5 Panel) 1965 Kg weekly –verh ns; mv (age gender edu srh !)- got married and did not divorce M ns, F pos, div/sep –MF neg** R div

(R Krim, pos, Gesu) Sturgis,P/Baller,R: Religiosity and deviance: an examination of the moral community and antiascetiscism hypotheses among U.S. adults, in: JfSSR 51, 809-820, 2012

GSS 1998/2000/2002; time since 18.birthday –have you ever had sex with a person you paid or who paid you for sex ? ever had sex with someone other than your husband or wife while you were married ?, ever, even once, taken any drugs by injection with a needle (like heroin, cocaine, amphetamines, or steroids), ever once used crack cocaine in chunk or rock form ?
Mean attendance of 100 sampling units, mean church adherents dort, mean self-identified religious fundamentalist (vs mod/lib), first friend mentioned is in congreg, how many (out of five) friends in congr,
Biv: drugs –Kg neg, mean Kg neg, Intera Kg-mean Kg neg; mv (demogr, auch region) –Kg neg, mean/Intera/percent adherents/Fundi ns;
8 Punkte (3,5 sample, 2,5 Messung, 1,5 mv,Intera, 0,5 stat) **Kg neg zu drugs (injection, crack), mean Kg und Interaktion mean-Kg mit Kg auch biv neg, mv: Kg neg, mean Kg nsneg, Intera mit Kg ns, auch Intera Kg und percent adherents/Fundis ns (Kannib)** R Gesu/Krim

biv: adultery –Kg neg, mean Kg neg, Intera Kg- mean Kg neg; first friend ns, paid for sex dto, friends/Intera attend-friends/first friend –neg zu adultery, ns zu paid for sex,
/mv adultery –Kg neg, mean/Intera/percent adherents/Fundis ns; mv paid for sex dto;
mv adultery mit: Kg neg, first friend/Intera first friend nsneg; oder Kg neg, friends ns neg/Intera ns; mv paid for sex –Kg neg, first friend nsneg, Intera ns; Kg ns, friends nsneg, Intera ns;

8,5 Punkte (3,5 sample, 2,5 Messung, 2 mv,Intera, 0,5 stat) **adultery und paid for sex –neg zu Kg; first friend/friends in congr ns; Intera mit mean Kg, percent church adherents/Fundis ns,** R pos

(R Gesu, div, pos) Sullivan,A: Mortality differentials and religion in the United States: religious affiliation and attendance,in: JfSSR 49, 740-753, 2010

Health and Retirement Study, 1992-2006, follow up ??,Vp über 50, none/no preference 10%,
Erhebung der P-denom: nur 1992, 94, 96, trotzdem für ganzes Sample die Einteilung bP evP mP verwendet;
Lebenserwartung mit 55 –black P minus, no/ev P ns, K mP mehr, Jew noch mehr, 4156 sterben,/about how often have you attended religious services during the last year ? 1998 2000 2002 nicht erhoben –desh imputed für attrition/death-Vp in diesen Jahren, keine time-varying Messung,

smoking –bP/no, evP mP K J; alc never –evP bP K J no/mP; moderate –mP/no, K J bP evP;
biv mort –bP viel, dann no/ev, dann mP/K/J wenig;/mv –F race marital status foreign born edu wealth –bP no pos, Rest –ev P K mP J gleich !,

Kg –neg zu mort bei Ko von denom, smoke, drink und obigem (dann: K und bP pos; bei bloßer Kombin von denom und Kg mv ohne smoke/alc –ev P K bP pos; no bei Ko von Kg ns, oben bei denom-Analyse pos) never or rarely attending weniger schädlich für no rel vs mP, mehr schädlich für evP vs mP; biv impo of rel neg zu mort, bei Ko von Kg ns,

10 Punkte (3 sample, 3 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) smoking –bP/no mehr als Rest; alc never –evP bP K J no/mP; moderate –mP/no, KJ bP evP;**
mort biv: bP viel, dann evP/no, dann mP/J/K; mv demogr bP/no pos, Rest gleich*;* Kg, impo neg, Kg never/ rarely schadet no weniger als mP, ev P mehr als mP //bei Ko von Kg: ev P bP K pos zu mort, no/J ns (Basis mP) R Gesu

4,5 Punkte (3 sample, 1,5 Messung) **edu: J mP no evP K bP; wealth –J mP no K evP bP**, R pos

4 Punkte (3 sample, 1 Messung) **Div sep –bP, no, mP/evP, K J;** R div

(R Gesu, Krim) Sussman,S et.al.: Spirituality as a 1-year-prospective predictor of violence perpetration and drug use among youth at continuation high schools, in: Journal of Applied Social Psychology 35, 80-99, 2005
Adol, 17, 49 % Latino, 816 von 1743 interviewed, in T2 noch 501 da, att 37 %
53 % marij, 28 hard drug use letzte 30 Tage, 75% had slapped or punched someone else, 38% had threatened someone with a knife or a gun, 20% had injured someone with a knife or a gun, and 45% had damaged or stolen someone else's property. had carried a knife or a gun in the last 12 months (62% and 53%,respectively,
spir: Prayer or meditation has helped me cope during times of stress. During times of stress, my spirituality beliefs have been strengthened. During times of stress, I feel I can ask for help from a higher power. 1 enjoy attending functions held by my religious or spiritual group.How often do you meditate or pray? How often do you attend religious or spiritual services events? How spiritual of a person do you consider yourself to be?
("How wrong is it to use drugs?" "How guilty would you feel if you used drugs?")//
11 -item to assess 30-day use of cigarettes, alcohol, marijuana, stimulants,hallucinogens, cocaine (crack), inhalants, and other drugs (i.e., depressants, PCP, steroids, or heroin). "How many times have you used each of these drugs (in the last 30 days)?'
how often injured someone with a weapon, threatened someone with a weapon, injured someone without a weapon, or damaged or stole property in the last 12 months ,Two weapon-carrying items were added to indicate how often the participant carried a knife or a gun in the last year,/
/biv: T1 spir neg zu T 2 violence/drug use;
T1 morality of drug use pos, violence neg, drug use neg zu T2 spir; anx ns;
Ko von T1 violence, age gender morality of drug use, anx, drug use –dann spir ns zu T2 violence;
Ko von T1 drug use, violence, age gender morality anx –dann spir ns zu T 2 drug use, /
Ko von T1 spir, age gender (M pos) morality pos, anx ns, drug pos,violence pos–zu spir T2,

7 Punkte (1 sample, 2,5 Messung, 0,5 stat, 1 mv, **2 Panel)**; **biv zu T2 drug use: T 1 drug use wrong neg, spir neg/ biv zu T2 spir: T1 drug use wrong pos, drug use neg; mv zu T2 drug use (wrong, spir, anx viol T1 drug use, ÜberKo) – T1 morality neg, spir ns; mv zu T 2 spir: T 1 morality pos, drug neg**; **gilt für hard drugs und soft drugs (alc tob marij)** R Gesu

6,5 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat, **2 Panel) biv –zu T 2 viol: T1 drug use wrong neg, spir neg; zu T2 spir (ÜberKo) : T1 drug use neg, viol neg, wrong pos; mv –s.o. – viol: wrong neg; spir –viol neg, wrong pos;** R Krim

Takyi,B: Religion and women's health in Ghana: insights into HIV/AIDS preventive and protective behavior, in: Social Science and Medicine 56, 1221-1234, 2003

Ghana Demographic Health Survey, F 15-49, Wissen über AIDS- avoidance of blood transfusion, homosex relations sex with prostitutes ,kissing mosquito bites injection with used syringes, sharing razor blades, abstaining from sex , use of condoms, safe sex, one partner/
Traditional rel beinhaltet auch no affil und spiritual,
(polygam K 13, P 11, other Chr 10) Muslim 22/perceived risk status für AIDS –alle ca 10, other Chr 8, no risk at all –trad und Mu weniger;
Wissen zu transmission modes -sexual/nonsexual–P/K/other P mehr als trad/no und Mu, //changes in AIDSbezogenem behavior dto, Christen –v.a. vs multiple partners /did not start sex, stopped all sex//started using condom ns,
Wissen mv (at risk for AIDS subj, exposure –mass media, community friends, verh,age, polyg edu urban -Überko) –K, vor allem P beide vs Mu/no;
(mv s.o. u n d Wissen, viel Überko) Lifetime condom use –no/trad mehr, used condom in most recent sexual intercourse –P pos, K nspos, other Chr/Mu nspos; avoid multiple partners rel ns;

6 Punkte (2,5 sample, 2 Messung, 1 mv, 0,5 stat) **mainstream P/otherP/K mehr Wissen über Übertragung von AIDS, lifelong condom use neg (mv, ÜberKo) etwas mehr Verhaltensänderung (condom use jetzt, weniger sex (partners)) als trad/no/spir und Mu**

(R help, Krim, Gl, Gesu, pos) Tamminen, K: Religious development in childhood and youth: Helsinki 1991
Finnenkinder
Belief in God, experiences of Gods presence, prayer – danach eingeteilt: believers (internalized committed) , rel consensual –positives, superficial or indifferent –neutrals, critical/negative –negatives, students von Klasse 3-11 (9-20 J)/how often does this experience or question occur in your life -// oft keine Zahlen, nur: a little more, no major differences, unklar ob signifikant oder bei allen//
wonder whether life goes on after death, how life started, what is the purpose of life//Furcht vor Schulversagen/Examen,wenig Swg//Angst vor Tod Zuk Krieg//lonely, schwer Freunde zu bekommen, niemand kümmert sich um mich/versteht mich, unsicher bei Zussein mit other sex, I have nowhere to spend my spare time, Furcht dass Freunde sich lustig machen wenn ich scheitere//enjoy good companions, enjoy everything that is nice/beautiful inlife; enjoy home parents, feel my life is happy, would like to be nicer to other people, enjoy school/
/rel –mehr Sinnfragen, fear about future, enjoy life (unsicher) / school enjoyable rel pos, boys schwach, problems concerning school neg, aber I am afraid of failing at school und afraid vor exams –ns/unklar; ,/loneliness –rel a little more///I am dissatisfied with myself – bei 5 von 10 rel mehr (3.5. 7. 9. 11.Klasse, Jungs /Mädchen), I feel I am worse than other people –ns 8 mal, einiges unklar;// good friends gleichviel

rel bewertet home besser –safe caring cozy stimulating, relship to father mother besser, nice to be at home, love von Eltern pos; success at school –rel pos
best basis for life together is Jesus instruction :love thy neighbor und: causing somebody injury is also an offense against God –rel pos; we should always follow our conscience – rel pos; responsible for my deeds to parents –rel pos,feel guilty more easily than others – rel pos, //prohibitive norms –how bad is this/ideal norms: how important//neg Verh zu peer –look down, hurt feelings forget promise hinter dem Rücken reden –rel neg (findet es bad), breach of school norms –disturb lesson,lazy at school,skip, defy teacher – rel neg; dishonesty –keep something found, Unterschr der Eltern bei Entschuldigung fälschen, cheat in test, Ladendiebst, lie to parents, -rel neg; using beer, smoking, stay away night ohne Erlaubnis, use drugs – rel neg , (meist Diff mit Alter zunehmend, gilt für Jungs und Mädchen); defend someone der mocked wird, being with a shunned lonely companion, bring happiness to sick friend, encourage unhappy companion help friends to get on with one another, -rel pos; //follow rule of game, stick to common decision keep promise given to friend –rel pos, schwach; follow rules of school, obey instruction by police, strict obedience to traffic sign –rel pos; admit when done something wrong, stick to truth immer, doing school exercises painstakingly, respectful behavior vs Alte, rel pos, /give my money for benefit of refugee childrens school, help the starving in developing countries –rel pos, /restrain my anger, give up my own wishes for benefit of another member of family help mother at home – rel pos//use of alc –rel minus//premarital sex relships –bei rel a little more, almost equal –unklar; had sex intercourse –no major differences –unklar; meist –falls Zahlen da-in 5 Altersstufen, z.:T MF
5 Punkte (1,5 sample, 3 Messung, 0,5 mv) **Kinder, wohl: Zuk-angst pos, Angst vor failing in school /exams ns, guilt pos, lonely nspos, Swg nsneg, enjoy life/school pos, Zahlen fehlen** R Gl

4 Punkte (1,5 sample, 2 Messung, 0,5 mv) **Rel pos zu family/home/Eltern, success at school, ns ever had sex, neg zu premarital sex attitude, Respekt vs Alte, doing school exercises painstakingly,** R pos

3,5 Punkte (1,5 sample, 1,5Messung, 0,5 mv) **rel neg zu alc, smoke, drug attitude und alc use** R Gesu

5 Punkte (1,5 sample, 3 Messung, 0,5 mv) **rel neg zu breach school norms, dishonesty (cheat, Unterschrift fälschen, lie to parents, Fund unterschlagen), jemanden verletzen, pos zu Gewissen, follow rules, Verkehrszeichen beachten, Polizei gehorchen, Schuldgefühl, Vergehen zugeben, Versprechen halten, ehrlich sein, responsible to God, parents** R Krim

5 Punkte (1,5 sample, 3 Messung, 0,5 mv) **rel pos zu pos Verh zu friend/peer, help andern vs mocking, shunning, lonely sickness; respect vs Alte, Geld für Flüchtlinge/Hungernde, eigne Wünsche hintanstellen, anger beherrschen** R help

(R Gl,Gesu) Tanyi,R/Werner,J: Adjustment, spirituality, and health in women on hemodialysis, in: Clinical Nursing Research 12, 229-245, 2003
48 % Ne, 32 % verh, Psychosocial Adjustment to Illness Scale–Self-Report (PAIS-SR), 46 items, domains (PAIS 1) Health Care Orientation, (PAIS 2) VocationalEnvironment, (PAIS 3) Domestic Environment, (PAIS 4) SexualRelationships, (PAIS 5) Extended Family Relationship, (PAIS 6)Social Environment, and (PAIS 7) Psychological Distress /What is the general state of your health at the present time?" "How much have the symptoms of your disease or treatment bothered you during the past week?""How ill do you feel at the present time?"

(unter 5) **Rel wellbeing- exi wb pos, psy distress minus, adjustment to illness 6 Items ns pos** R Gl

(unter 5) **Rel wellbeing –health, bothered by symptoms feel ill ns,** R Gesu

(R Gl, Gesu) Tarakeshwar, N et.al.: Religious coping is associated with the quality of life of patients with advanced cancer, in: Journal of Palliative Medicine 9, 646- 657, 2006

Patients, 34 nonwhite, 54 M, informal unpaid caregiver, rr 64, Lqu-felt phys well-terrible; , phys symptoms (pain, tired weak,nausea vomit Schlafprobl atemlos Schwitzen Verstopfung appetitlos, Durchfall) , psycho (depr, nervous worried, sad, afraid) /, existential (Leben sinnlos, wertlos, no control, 'Tage sind burden, feel good about myself) life goals nicht erreicht,), support - Welt caring responsive, feel supported; //rc –feel God's presence, find strength and comfort in rel, desire to be closer to God, feel his love for me, aks for his help in midst of daily activities, feel guided by God in the midst, während Godi/bei connecting with God-feel joy,lifts me up; /neg –wondering abandon, cancer strafe, questioning his love, was tat ich dass er mich so straft, church abandon, devil Ursache, question power of God; pos rc –mv /selfefficacy, depr-history,demogr) Lqu pos –phys symptoms pos, physical well ns, psycho ns, exi pos, perceived support pos, (Autok z.T.), neg rc –Lqu neg, physical ns, NAS pos, exist neg, support ns ,

(unter 5) **Pos rc –mehr phys symptoms, phys well ns, neg rc: physical symptoms/well ns**

(unter 5) **Pos rc –NAS ns, Sinn pos, feel supported pos, neg rc: Sinn neg, NAS pos, support ns** R Gl

(R Gesu, pos) Taylor,RJ/Chatters,L: Nonorganizational religious participation among elderly black adults, in: Journal of Gerontology, Social Sciences 46, S 103-111, 1991

National Survey of Black Americans, rr68, hier über 55 J, Ba 55, 4 no aff,/11 health problems – been told by doctor that Vp has it ,dann disability rating to each identified problem, /how often do

you read rel books or other rel materials, watch or listen to rel programs on TV or radio, pray how often do you ask someone to pray for you,
5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat**) Disab –rel mat ns, rel programs pos, pray ns, request pray pos, no aff ns, auch mv demogr denom; request for pray dann ns**; R Gesu

5 Punkte (1 sample, 2,5 Messung, 1 mv, 0,5 stat) Edu **: Read rel books other rel materials pos, rel Tvradio nsneg, pray und request for pray ns /inc alles ns** R pos

Taylor,RS/Carroll,B/Lloyd,J: Mortality among women in 3 Catholic religious orders with special reference to cancer, in: Cancer 12, 1207-1223, 1959
Teachers, nurses, ohne unter 20 J bei entry; T 2: 1954, Vergleich mit F allg in Mass born 1870-1909, 773 sterben, Koh 1 -1220 (geb 1870-89), tot 636; Koh 2 -1417, geb 1890-1909, tot 137; danach keine mehr, die meisten leben noch; (keine Daten zu female genital organ cancer für junge, geschätzt)
Koh 1 ns zu F Mass, (aber : jüngere -20-29 - doppelt so viel mort, ältere weniger als controls) Koh 2 neg (aber unter 64 J, hier jüngere Durchschnitt, gegenüber Koh 1 halbiert), lässt man TB weg sind beide Koh besser als Bev; cancer mort –Koh 1 jüngere neg, ab 70 mehr als controls, Koh 2 allg weniger, /digestive peritoneum breast all other cancers–bis 60 besser, dann schlechter, /genital organs –neg, uterus –neg, ovary pos,//TB nuns pos –bis 50 J, (20-29 vierfach Koh 1, doppelt Koh 2) cardiovascular renal dis –neg, all other causes -Koh 1 junge neg, alte pos, Koh 2 junge neg,
7 Punkte (2,5 sample, 3 Messung, 0,5 bei, **1 panelartig) Koh 1 Anfang des 20Jh –Sterblichk ns wegen TB –Junge vierfach, Ältere neg; Koh 2 allg neg; (ohne TB Koh 1 und 2 besser) Krebs jüngere neg, Koh 1 ältere mehr , Koh 2 alle weniger; genital uterus neg, ovary pos, digestive/peritoneum breast all –bis 60 besser, dann schlechter, CVD neg, all other causes jung neg, alt pos (nur Koh 1); Vergleich mit F in Mass**

Teinonen,T et.al.: Religious attendance and 12-year survival in older persons, in: Age and Ageing 34, 406-409, 2005

Vp in Lieto Finnland, semi industrialized municipiality, über 65, nonattender – Null, infrequent - 1-5 mal im Jahr, mehr als 6 frequent att -14 % der M,- 25 der F; 424 M 588 F, (240 Tote)
Nur bei F –Kg neg zu mort, (hyp, depr, mari stat, edu ns, coronary heart dis bei F ns !), bei M 0,8, F 0,7 Cox HR
7,5 Punkte (2 sample, 1 Messung, 2,5 mv,bei, 0,5 stat, **1,5 Panel) Kg neg zu mort bei F, bei M nsneg, ÜberKo**

(R Gesu, Gl, Krim) Tennant-Clark,C et.al.: Occult participation: its impact on adolescent development, in: Adolescence 24, 757-772, 1989

Occult part –(rituals, games, literature, paraphernalia part with magic as it is related to feelings of personal power, involvement in illegal activities drug use peer influence deviant occultism) zu drug use pos,

selfesteem neg, pos feeling vs school neg, self concept neg, pos feelings zu Zuk neg, depr pos ns, Angst pos ns, shy ns, social isol ns pos

tol for deviance pos, anger ns pos, feeling blamed pos, **feelings about rel neg**, risk taking, sens seeking pos, desire to be considered a good person neg-(durch Negatives Freakiges auffallen, unabh sein, rebellieren stark sein – real aber schwach)

(unter 5) **occult –self esteem neg, pos feeling vs school neg, self-concept neg, pos feelings zu Zuk neg, depr anger, Angst nspos** R Gl

(unter 5) **occult partic –drug use pos** R Gesu

(R Gl Gesu) Thege,B et.al.: Relationship between religiosity and health: evidence from a Post-communist country, in: International Journal of Behavioral Medicine 20, 477-486, 2013
Ca 12000 Vp, Ungarn, Do you practice any kind of religion and if yes in which way?" -"non-believer", "believer without practicing religion", "practicing religion in my own way", "practicing religion infrequently in religious community",practicing religion regularly in religious community".// "How important is religion in your everyday life?"; "not at all important", "slightly important",very important", and "it influences my every action"//
number of days of sick leave, srh, "How would you estimate your current state of working capacity?" (no decline in working capacity, slight decline, middle/strong decline, severe decline, unable to undertake paid work, bound to chair or wheel chair, bedridden).//WHO wellbeing index; shortened Beck Depr,

Regular practice am besten (5mal, einmal ns) impo zwei pos, zwei neg, zwei ns; / Vergleich no –no part –selten- viel rel;
7,5 Punkte (3,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **mv age edu MF –rel partic –wellbeing pos (practice in own way neg), depr minus (own way pos, 3 andre minus, regular am wenigsten), anx – no/no practice minus, own way/ rarely pos, regular minus stärker; impo: wellbeing pos, depr anx pos !// rarely –mal besser(wb) , mal schlechter (anx), mal gleich zu no/no part; regular immer am besten (practice in own way negativ, nirgends sonst gemessen, unvergleichbar**) R Gl

7,5 Punkte (3,5 sample, 2,5 Messung, 1 mv, 0,5 stat**) Rel partic (regular zweimal am besten) – srh pos, working capacity ns (own way neg), days on sick leave –regular minus, Rest gleich; impo –srh ns, working cap ns, days in sick leave minus; (etwas unklar: Text sagt cap neg, sick leave ns, Tabelle sagt cap und sick ns; Zahlen sagen: sick muss sign sein -5 Tage weniger) /regular zweimal besser als no/no part, einmal ns, nicht kurvi; own negativer, restliche Items -no, no part, rarely gleich schlecht/ rarely wie no/no part, own negativer//impo unsicher, gleich/besser , nicht kurvi;** R Gesu

(R Gesu,Gl,help) Thoits,P/Hewitt,L: Volunteer work and well-being, in: Journal of Health and Social Behavior 42, 115-131, 2001
Americans' Changing Lives, Ältere, rr67, attr 21(auch Kg wenig) , T 2 nach 3 J, Now let's talk about volunteer work you may have done during the last 12 months. Did you do volunteer work in the last year for a church, synagogue, or other religious organization? for a school or educational organization?for a political group or labor union?for a senior citizens group or related organization?In the last 12 months did you do volunteer work for any *other* national or local organization,including United Fund, hospitals, and the like?" volu ist: mindestens für eine Org volu; Swg At times I think I am no good at all," and "All in all, I am inclined to feel that I am a failure.", "About how many hours did you spend on volunteer work of (this kind/these kinds)

during the last 12 months? how often usually attended meetingsor programs of groups, clubs, or organizationsto which Vp belonged/ T 1 -"My life could be happier than it is now."T 2 Taking all things together, how would you say things are these days—would you say you're very happy "/Now please think about your life as a whole.How satisfied are you with it—/ how satisfied with their health in general, rate their health at the present time, (assess the extent to which daily activities are limited in any way by their health or health-related problems,// the past week felt: depressed, sad,happy, lonely, everything was an effort, my sleep was restless, people were unfriendly, Ienjoyed life, I did not feel like eating, people disliked me, and I could not get going. Kg –volu hours pos, orga Teiln pos, happy Lz pos, Swg ns, mastery(Cr 50) ns, Depr minus Gesu pos (T1), Kg T2 –zu happy/Lz T2 pos (Ko von T1 Lz happy, demogr, children, employed;volu T2, orga Teiln)

7 Punkte (3 sample, 1,5 Messung, 0,5 stat, 2 mv) **T 1Kg pos zu T 1volu hours, orga Teiln/ T 2 mv zu volu hours –Ko von T 2 org Teiln, T 1 Swg, Lz, happy mastery phys health Depr –je einzeln) –Kg pos** R help

7 Punkte (3 sample, 2,5 Messung, 1 mv, 0,5 stat) **T1: Kg pos zu happy Lz, depr neg, Swg ns// Kg T2 zu T 2 Lz happy pos, Swg Depr T2 ns; (ÜberKo, org attend)** R Gl

6,5 Punkte (3 sample, 2 Messung, 0,5 stat, 1 mv), **T1: Kg pos zu Gesu (sat, rate, fu limit) Kg T2 ns zu Gesu T2 (Ko von volu T2, orga Teiln T2) (ÜberKo)** R Gesu

Timio,M et.al.: Age and blood pressure changes. A 20-year follow-up study in nuns in a secluded order, in: Hypertension 12, 457-461, 1988

144 white nuns, Ita, at entry: controls: laywomen –ähnlich in age (nuns 38, co 35), white, family history of hyp, BMI, smoke, alc Salzausscheidung
Diff: nuns -systolic /diast minus, Chole plus, edu minus, /nach 20 J -45 nuns weniger, 25 controls (aber 6 tote nuns, 12 controls !) ;
6 Punkte (1 sample, 2 Messung, 1 mv, 0,5 stat, **1,5 Panel) Wandel: gleiche Gewichtszunahme, Bd steigt bei co stärker an (auch bei nochild-co, unabh von edu,); Chole Triglyzeride gleicher Anstieg (visuell Table 2 -bei Chole anders) mort minus ?**

Tonigan,S/Miller,W/Schermer,C: Atheists, agnostics and Alcoholics Anonymous, in: Journal of Studies on Alcohol 63, 534-541, 2002
Project MATCH aftercare und outpatients, Selbstidentifik als: atheist (2 %) –agno (5%) - unsure (10) - spiritual (57 %) - religious (26); AA meetings besucht ns, AA-involvement (wie oft dort, having a sponsor, working of the AA program) –ath agno minus, days abstinent ns, intensity of drinking/alc dependence/alc related consequences –unsure mehr;
nach Behandlung (12 Wochen) –starke Veränderung bei unsure/agno, bei AA Wandel der ath agno hin zu rel da, bei andern Therapien nicht so viel (cogn behavioral, motivational enhancement), ath agno viel weniger AA-attendance //proportion abstinent days und average drinks per drinking day –AA wirkt bei ath agno in längerem follow up (7 Monate ff) nicht so gut wie bei Rest, //12 Monate follow up –unsure negativ, Rest gleich (rel spir und ath agno) zu proportion abstinent days, zu average drinks alle ns; (Ko von treatment Methoden-AA,

motiva, cogn; und von AA attendance T1; Überko)/unsure –mehr sociopathy, less purpose in life

7 Punkte (2 sample, 2,5 Messung, 0,5 mv, 1 stat, **1 Panel) Patienten -Keine Diff Ath/agno vs Rest bei Besuch von AA (AA-involvement neg) bei Alk T1 (unsure in T1 : days abstinent ns, intensity of drinking pos, alc dependence und alc-related consequences pos, ohne Zahlen), T1-T2: ath agno weniger AA-Teiln; wenn Teiln – dann abstinence pos, drinks neg –für alle Gruppen nach 6 Monaten, nach 7-15 auch, Ausn: ath ns, agno nsneg bei drinks; mv (treatment, AA att in T1-evtl Grund für ath agno ns ?) –unsure weniger abstinence, Rest ns, drinks alle ns; keine Zahlen;**
unsure agno verändern sich während Therapie stark ((bei AA –Wandel von ath agno hin zu Rel, bei zwei andern Therapien nicht, Wirkung auf alc unklar) /ath agno –wenig AA-involvement/weniger Wirkung, weniger Heilung –unsure mehr AA, und Ändrung hin zu Stabilität: mehr Heilung?? Unsure –mehr sociopathy, weniger Lebenssinn))

(R Gl, Gesu, pos) Toussaint,L/Williams,D/Musick,M/Everson-Rose,S: Forgiveness and health: age differences in a U.S. probability sample, in: Journal of adult development 8, 249-257, 2001
Nervous, restless or fidgety,hopeless,everything was an effort,worthless, so sad that nothing could cheer Vp up, /forgiven others –when someone hurt you –hold resentment/keep it inside, try to get even in some way, try to forgive; I have grudges that I have held on to for months or years, have forgiven those who have hurt me,/Knowing that I am forgiven from my sins gives me the strength to face my faults and be a better person, I know that God forgives me, /wie oft: ask Gods forgiveness when Vp has hurt someone, ask the other persons forgiveness when Vp has hurt someone, pray for someone who had hurt Vp,/ I often feel that no matter what I do now I will never make up for the mistakes I have made in the past; I find it hard to forgive myself for some of the things I have done wrong//
(mv demogr und forgiveness!) distresss –Kg minus, pray ns, how religious ns, how spir ns pos, forgiven others neg, forgiven by God ns neg, ask Gods forg –pos , forgive self neg; Lz- Kg bei jungen neg, bei Alten pos (in Text beides pos), pray bei Jungen neg; forgive self ns/neg, forg others pos, forg by God unklar, forg suchen – pos und neg; srh –Kg pos, rel pos und neg, forg self pos, forg others unklar, forg by God ns, forg suchen unklar;

6 Punkte (3 sample, 2 Messung, 0,5 stat, 0,5 mv)**Forgive-Items schlecht abgeleitet (und mit rel in Gleichung-Überko): forgive others (immer ?) neg zu distress, Gott vergibt mir, hat mir vergeben (immer?) ns neg, andre/Gott um V bitten, für sie beten pos !, werde nicht mehr alte Fehler machen – pos; zu Lz erratisch, forg others pos; zu srh – forg self pos, forg others unklar, forg by God ns, forg suchen**

unklar; /forg Items uneinheitlich –forg self 5 pos, 3 ns, 1 neg; forg others 6 pos, 3 ns; forg by God -7 ns, 2 minus; forg suchen –5 neg, 1 pos, 3 ns; R pos

6,5 Punkte (3 sample, 2,5 Messung, 0,5 stat, 1 mv,bei) **Kg neg zu distress, forgiven by God nsneg, ask God's forgiveness pos, pray, srr/spir ns, forgiven others neg; zu Lz: Kg jung neg –Table –oder pos Text; alt pos, pray jung neg, srr/srsp ns, forg by God unklar, for give others pos, ask for forg pos/neg** R Gl

6,5 Punkte (3 sample, 2,5 Messung, 0,5 stat, 1 mv,bei) **Kg pos zu srh, srr pos und neg (jung vs alt) spir ns; forgiven by God ns, ask for forg/forg others unklar** R Gesu

Trier,K/Shupe,A: Prayer, religiosity, and healing in the heartland,USA: a research note,in: RRR 32, 351-358, 1991

rr 64, Midwest, Kg read bible, pray watch television evangelists, /orth –believe the bible is the inspired word of God and literally true in all its details, believe there are such places as heaven and hell, eternal life is the gift of God only to those who believe in Jesus Christ as Savior and Lord, satan is an actual personality working in the world today, prayer can heal both body and mind, 30 % used prayer for healing and health maintenance, (healing: limited physical und broader holistic improvement)

(unter 5) **Pray –prayer has healed pos, consult medical doctor pos, pray for health pos, rel orth: prayer has healed pos, consult MD ns, prayer had healed –pos zu consult, Prayer nicht alternativ zu Medizin, wird als heilkräftig angesehen**

(R pos Gesu) Trinitapoli,J/Regnerus,M: Religion and HIV risk behaviors among married men: initial results from a study in rural sub-Saharan Africa,in: JfSSR 45,505-528,2006

Malawi , have you slept with anyone other than your wife/s in last 12 months, /what is the likelihood that you are infected with HIV/AIDS now ? /in future/ 60 % Kg letzte Woche, soz desirability (Namen genannt-ob Vp sie kennt -3 fiktive dabei) /Kg jetzt gemessen, e-sex retrospektiv, (Aggregat: Balaka –viel e-sex/STI, HIVangst, etwas mehr attend, 67 % Muslim, andre Regionen 1 %;)//e-sex: K/Muslim plus, mission P, Penteco,AIC (African Independent Churches) minus,(other/none dazwischen, Pe am wenigsten), Kg minus /STI –dto/ current/future HIV likely Mu plus, Kg bei future likelihood neg, //mv –e-sex: Pe mission P neg, AIC Mu ns neg, K ns, Kg neg, (Ko von social desirability, region, polygamy, age at first sex, friend mit e-sex)//mv STI –Pe und Kg neg, /likelihood infection jetzt –mission P Mu pos, /future –Kg minus, //(friend mit e-sex ns)

e-sex führt zu HIV wenn Gegend durchseucht ist-gilt hier: 8-19 % /likelihood of infection hängt pos mit e-sex zus, soc desir ns zu rel, bei Kg auch Mu dabei;

5 Punkte (1 sample, 1,5 Messung, 0,5 stat, 2 mv) **Pe, mission P neg zu e-sex, AIC Mu ns neg, K ns(mv), biv: K Mu plus, mission P, Pe, AIC minus, other/ none dazwischen; social desirab (fiktive Namen) ns zu rel,** R pos

5,5 Punkte (1 sample, 2 Messung, 0,5 stat, 2 mv) **STI – biv K Mu pos, mission P/Pe (am wenigsten) AIC neg, Kg neg// mv Pe Kg neg, ,likelihood of HIVinfection jetzt - mission P/Mu pos, Pe ns, future likelihood –Kg minus;** R Gesu

(R Gl,help,krim,pos,Gesu) Trusty,J/Watts,R: Relationship of high school seniors' religious perceptions and behavior to educational, career, and leisure variables, in: Counseling and Values 44,30-39, 1999
National Education Longitudinal study, ca 13 000 Vp//parental involvement und communication zu educ, career, psycho development of adolescent; /impo of rel activity, perceptions of rel-ness, Kg//life career outlook –perc of future bei job, family, friends, general wellbeing/ acad attitudes – impo of school, grades future educ achievement, /drug- drugs bei friends, selber smoke, marij alc//deli –school suspensions, arrests, time spent in juvenile centers, /school att problems –school absences, tardiness, skipped classes/
/rel zu: par involvem pos, life career pos, acad att pos, drug minus (stark), deli minus (schwach), school att problems minus, time spent on homework pos, noncompulsory volu work pos (stark),//mv –(SES gender par involvem) rel zu acad att pos, drug use neg,

(unter 5) **Rel pos zu pos Zukunftssicht (auch auf general wellbeing)** R Gl
6 Punkte (2,5 sample, 2 Messung, 0,5 stat, 1 mv**) Rel pos zu acad attitudes, parental involvement, time on homework, school attendance problems neg** R pos
4 Punkte (2,5 sample, 1 Messung, 0,5 stat) **Rel pos zu noncompulsory volu** , R help
4,5 Punkte (2,5 sample, 1,5 Messung, 0,5 stat) **Rel schwach neg zu Deli, school att problems**, R Krim
4,5 Punkte (2,5 sample, 1,5 Messung, 0,5 stat) **Rel neg zu drugs (smoke marij drugs bei Freunden alc)** R Gesu

(R Gl, Gesu, pos; Krim) Tsuang,M et.al.: Pilot study of spirituality and mental health in twins, in: American Journal of Psychiatry 159, 486-488, 2002

Vietnam Era Twin Registry, rel wellbeing- MPQ wellbeing ns pos, aggression minus, pos emot –agency und communion ns, negative emotionality ns, alienation ns, /pers disorders – odd eccentric ns minus, dramatic erratic ns minus, anx/fearful ns minus, DSM III –depr ns , dysthymia ns, panic disorders ns minus, alc abuse illicit drug abuse/dependence ns nicotine

dependence minus, //spir involvement - strength of own rel or spir orientation self rating und twin rating und Vergleich zu andern, time spent on rel spir practices – ns zu obigem;

Vererblichkeit: spir invo -0,23, rel wb 0,37

(unter 5) **rel wb neg zu alc abuse, illicit drug abuse (nsneg), nicotine dependence** R Gesu

(unter 5) **rel wb zu wellbeing ns pos, NAS und PAS ns**, R Gl

2 Punkte (1 sample , 1 Messung) **Info: Vererbung von rel 0,23-0.37** R pos

2 Punkte (1 sample, 1 Messung) **rel wb neg zu hostility** R Krim

Tully,J et.al.: Risk and protective factors for meningococcal disease in adolescents: matched cohort study, in: British Medical Journal 332, 445-448, 2006

5.1.99-9.6.2000, (144 und 144)Vp 15-19 mit primary clinical diagnosis of md, ohne Vp die starben,(also eher nicht so schwere Fälle), die 5 Tage im Kr-haus waren, Vp kann kein Englisch, ethical approval fehlt, /control group bei jeweiligem Arzt –nach sex und age, /
mv: geimpft, multiple intimate kissing contacts, preceding illness, born at less than 37 completed weeks of pregn, student, Schüler, smoke,illegal drugs,bedroom sharing, SES, leisure activities, car home ownership der Eltern,

6 Punkte (1 sample, 1 Messung, 3,5 mv, 0,5 stat) **attendance at religious ceremonies at least once a week –neg zu risk für meningococcal disease, mv**

Turner,J et.al.: The importance of placebo effects in pain treatment and research,in: Journal of the American Medical Association 271, 1609-1614, 1994
Review, Wirkung von Pl meist über 50 %, auch bei Schein-OP (incl natural history der Krankheit, v.a. bei längerem follow up)Nebenwirkungen da, auch nocebo da-negative Wirkungen von Pl (auch von Arzt, wenn er keine klare Diagnose stellt/keine Heilungshoffnung gibt)//
Keine konsistente Pl-Wirkung bei VP,// Erwartung von Vp, von Behandler, pos Haltung zu Behandler/Behandlung, anx, compliance , pos Haltung von Behandler(warm, friendly,interest sympathy empathy prestige Kompetenz), extensive impressive treatment –mehr Plwirkung, /Vp – Besserungserwartung- ändert Deutungsrahmen - mehr positive Sicht auf Problem, es ist kontrollierbar,man bemerkt kleine Verbesserungen,ignoriert Negatives, deutet Ambivalentes pos, macht mehr Gesundheitsförderndes; oder man lebt nun damit/past treatment –man erwartet wieder Heilung/nix, (erfolgreiche OP –Vertrauen; Misserfolg –noch eine OP –noch mehr Misserfolg; vgl Patientenkarrieren ohne Heilung; heute auch: Wissen aus Internet über Krankheit/Arznei), was mit früherer Heilung (schein)korreliert –wirkt selber dann, (Konditionierung: man nimmt Penicillin und das korreliert mit Arzt, Untersuchung, Tablettengröße/farbe und es heilt , dann wirkt Arzt usw später auch/allein/hilfreich))

(R fert, Gesu, pos) Uecker,J et.al.: Losing my religion –the social sources of religious decline in early adulthood, in: Social Forces 85, 1667-1692, 2007
Add Health, 7.-12. Kl, T2 nach 7 J, attr 26 %, T 1 ca 20000, in T 2 18-25 J,

decline in rel –edu minus, sex vor Ehe plus, mehr sex plus(Messung in T2) , marij alc plus (Messung in T 1) ; auch mv(Ko edu, denom,demogr, risk taking, intact family Kind coh strategic thinking), impo/dissaffil dto, alc da ns, /Kinder ns
8,5 Punkte (3,5 sample, 2,5 Messung, 1 mv, 0,5 stat, **1 Panel) edu (T 2) neg zu rel decline (Kg, impo, affil) , früher/mehr sex (aus T2)pos, mv** R pos
8,5 Punkte (3,5 sample, 2 Messung, 1,5 mv, 0,5 stat, **1 Panel) Marij use T1 und Beginn von use–pos zu rel decline, alc bei Kg, bei impo/disaff ns** R Gesu
8 Punkte (3,5 sample, 2 Messung, 1 mv, 0,5 stat, **1 Panel) Kind T2 –ns zu rel decline, mv** R fert

Ulmer,J et.al.: Teenage religiosity and changes in marijuana use during the transition to adulthood**,** in: Interdisciplinary Journal of Research on Religion 6, Article 3, 1-19, 2010

National Longitudinal Study of Adolescent Health -7.-12.Klasse, ca 10000 VP, T1 ever used marijuana, T2 nach einem Jahr: use since T1; T3 –nach fünf Jahren –use since T2; /abstinence –no use; initiation –use Beginn in T2 oder T3; intermittence –used at T1 ,nicht T2, used T3, desistance –used T1, dann T2 oder T3 aufgehört; persistence –immer use; Religiosity –Kg, impo of rel, frequ of prayer,// Literalism-sacred scriptures of my rel are word of God, completely without mistakes, /(mv demogr, welfare, biol family grades parental school attachment delinqu peers, self control negative emotions –und denom, 4 rel Items) –initiation: K plus mP plus, liter ns neg, born again ns pos, parental rel ns, adol rel neg, /kein M vs persistence –K plus, mP plus, lit minus, born again ns minus, parental rel ns, adol rel neg; /intermittence vs persistence alles ns (rel Items ns minus) //kein M vs desistance –rel ns (minus) ; intermittence vs desistance –rel ns, persistence vs desistance – K minus, mP minus, lit plus, Restrel ns; (K mP bleibt bei persistence eher, lit löst sich von M),//K mP biv neg oder ns zu initiation or persistence !, Kg/impo/pray change -:wer T1 viel rel hat und beibehält: abstain pos, persist initiate neg; sinkt rel –initiate und persistence pos; steigende rel –ns

8 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5stat, **1,5 Panel) rel wirkt vs initiation, persistence von Marij, nicht vs intermittence/desistance mv, starke Überko(K mP pro M-use mv, aber biv neg), Anstieg von Religiosität –ns, stabil hoch –abstain pos, inititate persist neg, sinkende rel –initiate persist pos**

Upenieks,L et.al.: Does Childhood Religiosity Delay Death?, in: Journal of Religion and Health 60, 420-443,2021

National Survey of Midlife Development in the United States (MIDUS), 3032 Vp 25–74, rr 61, edu überrepr, How important was religion in your home when you were growing up? Adulthood Religiosity -religious attendance., “How important is religion in your life?” Negative Health Behaviors - used “any of the following substances on your own” (i.e., without a medical prescription) within the past year: crack, heroin, LSD, weed, nitrates, sedatives, stimulants, nerve pills, painkillers, Prozac, and inhalants . drinking affected their work/school in the past year, former smoker, or a current smoker Positive Health Behaviors - exercise (range=0–27 days),seen a doctor in the last year for routine medical care high blood pressure, lung problems, heart problems, stroke, diabetes, and cancer (except skin cancer, which is typically non-lethal). Physical and mental health scales ranging from “poor” to

“excellent.” (BMI) was measured using a categorical variable ranging from underweight (BMI unter 18,5, to obese class III (BMI≥40), with the normal weight range (18.5-25), . Parental physical abuse -how often each parent “grabbed or showed them, slapped them, or threw something at them “kicked, bit, or hit them with a fist; hit or tried to hit them with something; beat them up, choked them, or burned or scalded them.” extent of warmth in the relationship with parents, parent understood problems and worries, could be confided in, showed love and affection, devoted time and attention to the child, gave effort in their upbringing, and taught them about life, Parental emotional abuse mother and father “insulted or swore at them, sulked or refused to talk to them, stomped out of the room, did or said something to spite them, threatened to hit them, and smashed or kicked something in anger”

586 individuals died during the study period. 21.33% of those raised in highly religious homes (n=285), compared to 18.60% and 16.19% of those coming from homes moderately religious and not religious, respectively (n=204 and n=97).
Biv: rel moderately important am wenigsten mort, dann not at all (nspos) , dann very rel, sign pos, auch mv, mit allen controls (incl Kg –neg –und impo nsneg; Kannib; Kg allein klar sign, cP –mv? –ns; mental health pos, diab pos srh neg div ns BMI underweight pos, overweight male verh M cancer Bd ns !)
Kindheitsrel –drugs current smoker neg, alc mit Einfluss auf work neg, lower risk of several major illnesses , visited a doctor with more regularity

Impo of rel in childhood home -higher self-confidence optimism lower depression

Entwicklung passt immer bis zwei Items: rel impo change –not at all, not at all pos, not at all –somewhat nsneg, not at all very ns, somewhat not at all nspos, somewhat very neg, very not at all pos, very somewhat pos, very very ns (aber Diff zu not at all/not at all sign –neg)

5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **Impo of rel in childhood home -higher self-confidence optimism lower depression** R Gl
10,5 Punkte (3 sample, 3,5 Messung, 3,5 mv, 0,5 stat)**impo of rel in childhood pos zu mort, biv und mv, aber: entscheidend ist Entwicklung: als Erwachsener mehr rel –mort neg, weniger rel –mort pos; Kg neg zu mort, rel impo adult nsneg, Kindh-rel neg zu drugs,alc-problems, major illnesses, pos zu visit doctor** R Gesu

R Gl,Gesu,help) Vaillant,G/Templeton,J/Ardelt,M/Meyer,S: The natural history of male mental health: health and religious involvement, in: Social Science and Medicine 6, 221-231,2008
Harvard college sophomores 1940-44, 268 –nur M , ohne phys or mental illness, 1985: 181 P, 20 K, 23 J,/adult adjustment mit 50-65 – K 40 % poor !, childhood Kg ns zu adult adjustment 50-65 (occ decline, less than 3 weeks of vacation, more than 5 days of annual sick leave, limited recreation with others, career/retirement dissatisfaction, marital diss, tranquilizer use, psychiatric visits, early retirement), rel involvement (45-75) –Null: mit 45

und 65 kein Kg, mit 55 und 65 personal belief in God und rel services no importance; mit 60 no real involvement with rel last 20 years; mit 70 no involvement in rel services, mit 75 rel particip no importance/does not apply to my life/(mal Kg, mal impo, mal belief !) viel rel invo –deep, weekly , high; some –monthly, some involvement, shift in involvement) /mit 60f -58 % Null ! mit Alter ansteigend !(haben 15 % belief in universal power/God), viel –LnT 44 !!, Kg weekly 72 % /rel involvement (mit 45-75) ns zu mental health (mit psycho soundness mit 21, Rest zeitlich parallel –warm marriage,close to kids, adult adj, N,smoking alc abuse) ,ns zu phys health –obj health mit 45-80,years disabled/dead, still alive in 2007/mortality rate für least und most rel involved identisch (1985 -224 M da, davon mort berechnet bis 2007, nicht gesamt; nur 112 Tote überhaupt, 46 der 90 wenig rel, 25 der 48 most rel -51/52 %; /symptoms of major depr ns/pos(17 VP) number of psychiatric visits ns//percent of income to charity pos stark –nicht im Text erwähnt; I believe that people are born to do good, believe that unselfish love is the best method for securing real peace of mind pos; I have care deeply about someone for 10 or more years ns(Vp 91-93) ss ns;
Elitensample, wenig Rel , Panel, aber nicht als solches genutzt –cross-sectional Korrel da, Kg Kindheit ns zu adjustment(kein klarer Inhalt), Vermischung in Item „misery" von neg life events und Depr; eigenartige Rel-entwicklung/Messung,

5 Punkte (1 sample, 3,5 Messung, 0,5 stat) **Rel involvement ns zu mental health -warm marriage/childhood, N mit 68, psycho soundness (mit 18-22) , adult adj 50-65 (occup decline, wenig vacatin, viel sick leave, wenig recreation mit andern, career/marital dissat, tranquilizer, psychiatric visits early retirement), ns/pos zu Depr(N 17), number of psychiatric visits feel isolated ns, Kg Kindheit ns zu adjustment 50-65 –Panel ? /P und J viel mehr adj als K,**R Gl

(unter 5) **obj health years disabled alc smoke ns zu rel involvement, mortality rate evtl panelartig –ns** R Gesu

(unter 5) **people born to do good, unselfish love best method of securing peace of mind pos, cared deeply for 10 or more years about someone ns ,percent of income to charity pos stark** R help

van den Bree,M et.al.: Predictors of smoking development in a population-based sample of adolescents: a prospective study, in: Journal of Adolescent Health 35, 172-181, 2004
Nur Aufschrieb: National Longitudinal Study of Adolescent Health, repräs für high schools,follow up 1 J, T 1: ever tried smoking a cigarette, ever smoked cig regularly; T2 selbe Frage, aber retrospektiv –seit T1, ergibt: no , experimental, regular –Entwicklung: no stabil, no to exp/regular, exp to regular, exp stabil regular stabil
Rel involvement –impo pray Kg youth groups –Messung unsicher, bei boys mehr da ?!
Undurchsichtig: biv bei boys 3mal sign, bei girls 4mal, (Tabelle anders als Text), mv bei boys 2 von 5 sign (vs stabiles regelm Rauchen, vs hin zu diesem) ,bei Mädchen ns (mv Überko: aktive passive Fz, Unzufr mit Schule, depr, pos emot, self doubt, irrat decision making, problem

avoidance, somatic symptoms,trouble in school, relations/activities mit Mom/Dad, independent decision making substance involvement violence deli in neighborhood
7,5 Punkte (3 sample, 1 Messung, 2 mv, 0,5 stat, **1 Panel) Rel neg zu (Anfangen von) Rauchen, mv ÜberKo nur boys**

(R Gl, Gesu, pos, Sm) van der Weele, T/Li,S/Tsai,A/Kawachi,I: Association Between Religious Service Attendance and Lower Suicide Rates Among US Women, in: JAMA Psychiatry 73: 845–851, 2016

Nurses' Health study (NHS), Vp 61 J, T 1: religious service attendance measure in 1996, T 2 –Sm June 2010.
89,708 Vp, 36 total suicides,(halb soviel wie bei US-F allg) "How often do you go to religious meetings or services?"." attendance in 1992 controlled for as a covariate age (continuous), employment status (part-time, full-time, unemployed or retired), family history of alcoholism (yes/no), body mass index

mv - Adjusted for age; employment status family history of alcoholism body mass index, physical activity , caffeine intake ; alcohol intake; smoking depressive symptoms , history of diabetes, hypertension, cancer or hypercholesterolemia , family income , live alone, geographic region), and religious service attendance in 1992 .
mv Model 2 -aspects of social integration in 1992 - marital status, relative and friends score, relatives and friends frequency index, and social group participation

compared with women who never attended religious services, women who attended once per week or more in 1996 – mv 1 und 2: ratio of HR=0.16 (95% CI: 0.06–0.45. K 0,05, P 0.34; Results were also similar after excluding those who were depressed in 1996, or after excluding those who had a history of cancer or of a cardiovascular condition in 1996 ; Ko von depr alc soc integr 1998/2000 –ändert nichts;
9 Punkte (2,5 sample, 2 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) Kg neg zu Sm, bei P schwächer als bei K, trotz ÜberKo, wenig Fälle** R Sm

4,5 Punkte (2,5 sample, 2 Messung**) Kg zu: close relatives/friends seen pos, Anzahl close relatives/friends pos, social integration (diese vier plus marital status, other group particip) ohne Kg –pos, live alone neg**; R pos

5 Punkte (2,5 sample, 2,5 Messung) **Kg zu: BMI ns, family history of alc nsneg, physical activity ns, alc intake neg, smoking neg, history of hypertension nsneg, Cholesterin ns**; R Gesu

3,5 Punkte (2,5 sample, 1 Messung) **Kg –antidepressant use neg**, R Gl

(R Gesu,Gl) van der Weele,T/Yu, J/Cozier,J/Wise,L et.al..: Attendance at Religious Services, Prayer, Religious Coping, and Religious/ Spiritual Identity as Predictors of All-Cause Mortality in the Black Women's Health Study, in: American Journal of Epidemiology 185, 515-522, 2017

T 1 -2005, 43,179 black women., T 2 - December 31, 2013, minus missing data -36613 Vp, ohne Vp mit weniger edu als high school,

T 1- "How often do you attend religious services?," "How often do you pray?,": "To what extent is your religion or spirituality involved in understanding or dealing with stressful situations in any way?" "To what extent do you consider yourself a religious or spiritual person?"
All-cause mortality was assessed between the return of the 2005 questionnaire and the end of follow-up (December 31, 2013).
Model 1 controlled for age and questionnaire cycle, Model 2 included the model 1 variables plus body mass index, neighborhood socioeconomic status, vigorous exercise, walking for exercise, DASH Dietary Approaches to Stop Hypertension diet score, education, health insurance, physical examination, smoking, alcohol consumption, immigration status, daily racism, lifetime racism, perceived stress, depression, child abuse, geographic region, prevalent cancer, prevalent myocardial infarction, and prevalent stroke. Model 3 incl aller rel Items;
1393 Tote,
BMI – Kg pos, pray pos, coping ns, rel/spir person ns; smoking –alle neg, alc alle neg, vigorous exercise –pray neg, Rest ns; walking –alle pos, DASH –pray neg, Rest ns; cancer ns pos, myocardial infarction/stroke ns,
mortality – Kg neg mv, alle drei Modelle; pray rarely –model 1 -1.14 -0,89 -1.04; Model 2 -1.23 -0.95 -1.08, Model 3 -1.03 -0.98 -1.28; coping –model 1 neg, 2 nsneg, 3 ns; rel spir person dto

14 Punkte (3 sample, 6 Messung, 3 mv, 0,5 stat, **1,5 Panel) BMI –Kg pos, pray pos, coping/rel spir person ns, smoking, alc alle neg, vigorous exercise pray neg, Rest ns; walking alle pos, Blutdruckernährung pray neg, Rest ns, cancer ns pos, Herzinf/Schlaganfall ns;**
mortality –Kg neg mv, pray nsneg (kurvi Trog, pos ? mv Kannib/ ÜberKo bei Modell 3), coping –neg/nsneg/ns, rel spir person dto R Gesu

5,5 Punkte (3 sample, 2 Messung, 0,5 stat) **Depression –Kg pray coping rel/spir person neg, perceived stress –pray ns, Rest neg;** R Gl

(R Gesu, pos, Gl) van Ness,P/Kasl,S: Religion and cognitive dysfunction in an elderly cohort, in: Journal of Gerontology, Social Sciences 58 B, S 21-S29, 2003
EPESE New Haven, T1 82, T2 85, T 3 88, Alte, Mehrh K, 14 % J, 19 Ne, Kg once a week or more vs Rest, srr –deeply rel.. against rel, rel source of strength and comfort, deeply rel und greatly comforted vs Rest,//
number of erroneous responses zu Orientierung in VPs temporal, physical, social Umfeld, date of day, day of week ,current most recent president, Tel-nummer, phys acitivity- sports walking gardening physical exercise,
Kg –alc ns, phy act pos, smoke neg, social engagem pos, fu disab neg, heart disease neg, diab ns neg, hypertension nsneg, stroke neg, /rel identity –alc smoke minus, phys activity ns, diab/stroke/fu disab heart disease hyp ns,
Kg zu cogn function 82/85 pos, 88 ns, rel id 82 ns, 85 88 neg,
bei Ko von cogn function in T1 – Kg zu T2 cogn fu neg, zu T3 ns, none zu 1985 pos (ns) zu 88 neg evtl weil: Kg neg zu mort, cogn impairment pos (edu 1988 ns !!) (mv denom,demogr, smoke, social engagement,depr fu disab hyp stroke) (in 1988 immerhin 9 Items anders !) –die impaired Nicht-Kg'er sterben vor 88 /Kg wirkt bei:Älteren, Frauen, white mehr, /rel id mv ns;
Kg neg zu mort T1 82-T3 88,

12,5 Punkte (3 sample, 4 Messung, 3 mv, bei, 0,5 stat, **2 Panel) T1 Kg kurzfristig (T1,T2) neg zu cogn impairment, bei Älteren, F, white mehr; (T 3 ns), T1 rel identity T1 ns, T2 neg, T3 neg; mv rel id immer ns; P pos, K ns, no T2 nspos (ÜberKo); mv Kg T1 (Ko von**

T1 cogn imp) - cogn imp T2 neg, T 3 ns, andre cogn imp-Messung Kg immer neg / (Kannib ÜberKo)
Kg neg zu mort //
Kg –alc ns, phys act, social engagem pos, smoke neg, fu disab neg, heart disease neg, diab nsneg, hyp –nsneg, stroke neg, rel identity –alc smoke neg phys act ns, diab/stroke/fu disab heart dis hyp ns) R Gesu

5 Punkte (3 sample, 1,5 Messung, 0,5stat) **Kg - depr neg, Rel identity – depr ns neg** R Gl

5 Punkte (3 sample, 1,5 Messung, 0,5 stat) **Kg –inc edu ns, rel identity - inc edu neg**, R pos

Van Ness,P/Kasl,S/Jones,B: Religion, race, and breast cancer survival, in: International Journal of Psychiatry in Medicine 33, 357-376, 2003
Jünger als 79, kein anderer Krebs vorher, viel Kg, deeply rel nicht so viel,rel source of strength and comfort, diagnosed 87-89, years of survival ab Diagnose bis 1999,-99 Tote ?, TNM –tumor size, presence extent of regional Lymphknoten-Metastasen, distant metastasis, severe obesity – BMI 32,3ff, comorbidity -22 Krankheiten,/before my illness, I thought that If I'm going to get cancer, I'm going to get it, so I pretty much ignored it; If I become sick I know I can make myself well again, coping with stressful sit such as diagnosis of cancer – avoid being with people, cancer is a topic I can talk freely with about with my relatives
Biv rel Items ns zu mort, mv(demogr, stage at diagnosis,histologic grade, skin involvement obesity srh chemotherapy surgery radiation) : no rel pos, (Pe nsneg) Kg /comfort/srr ns, (no rel nur 11 Vp) (no wenig late stage –viel mort, Pe –viel late stage, wenig mort), bei Ne comfort nsneg, bei white comfort ns pos//15 Vp zu no dazu –knew no one in congreg, not at all rel, no comfort from rel –auch pos, sign erst wenn inc stage at diagnosis obesity dazukommen, (mv demogr, comorbidity histologic grade lymphatic status obesity nipple involvement, skin involvement stage at diagnosis,srh, surgery radiation chemotherapy, hormone therapy alc smoke exercise screening insurance usual source of care, willing to talk with relatives über cancer, fatalism, resiliency avoid people) bei Ne-F sehr stark, bei Ko von srr/comfort noch sign,

8,5 Punkte (1 sample, 2 Messung, 3,5 mv,bei, 0,5 stat, **1,5 Panel) no rel mv (nicht biv) pos zu mort, Kg comfort srr ns (drei Items mv s.u.), Pe nsneg, J nspos; mv ÜberKo (demogr, obese, srh, stage, Behandlung) , bei Ne stärker (comfort sign)**

(R Gl, Gesu, help) Van Olphen,J et.al.: Religious involvement, social support, and health among African-American women on the east side of Detroit,in: Journal of General Internal Medicine 18, 549-557, 2003

Vp NeF care of at least one child under 18 for 5 hours a week mindestens, /how important is your faith or spiritual beliefs as a source of strength in your day-to-day life ?/How often do people in your church or place of worship help you out ?

church members – physical functioning (ADL-artig) ns, sep/div plus, pray ns !, impo ns, srh ns, Depr ns, asthma arthritis plus, Diab hypertension plus, //mv –Kg : depr minus, srh pos, asthma/arthr ns minus, hypert/diab ns minus, church member – depr minus, srh minus, a/a ns pos, diabhyp pos, / prayer –depr minus, Rest ns; faith –a/a minus, Rest ns; (mv: phys functioning, demogr,), /noch dazu: church ss –depr minus, srh pos, Rest ns , /

Kannib //church social support nur bei Ki-mitgl, da andere mv-Zusammensetzung: ohne church member –z.T. andre Korrel

5 Punkte (1 sample, 2 Messung, 1,5 mv, 0,5stat) **bei depr church member Kg pray *ch*urch social support neg sign, impo of faith ns mv** R Gl

6 Punkte (1 samle, 3 Messung, 1,5 mv, 0,5stat) **srh –church member neg, Kg church social support pos, pray /impo ns; asthma/arthritis – 1 neg (impo), 4 ns; hypert/diab – 1 pos, 4 ns; mv** R Gesu

(unter 5) **instrumental rel ss viel da, pos zu Kg** R help

(R Gesu, fert)Vargas Valle,E et.al.: Religious affiliation, ethnicity, and child mortality in Chiapas, Mexico, in: JfSSR 48, 588-603, 2009

10% sample vom Mexican census 2000; number of children ever born; surviving children ever born, F 20-34 in Chiapas,nicht repräs für Chiapas, ca 55000 VP//Pentecostal – incl evangelical , Christian; other Biblical: Ba, Nazarene, Church of Christ, LDS, ZJ, other evangelical nonPe; no aff 13, //indigenous –Fähigkeit eine native language zu sprechen// Summe der Kinderzahl errechnet aus: VP zu CEB – SDA –no rel- Pe –Presby- K –other biblical; Sterblichkeit – SDA/no –K/Pe –other Biblical –Pres; mv(age,language,edu, floor dirt, urban region medical service used ,Förderprogramm progresa-Geld –oder procampo Agrarhilfe) Sterblichkeit indigenous: Pres neg, Rest ns, other biblical ns neg; nonindigenous – Pres ns, no aff pos (wenn nur age kontroll wird, sonst ns)/Presvorteil evtl weil sie health services besser nutzen ?

3,5 Punkte (2,5 sample, 1 Messung) **Summe der Kinderzahl errechnet aus: VP zu children ever born – SDA –no rel- Pe –Presby- K –other biblical**; R fert

5,5 Punkte (2,5 sample, 1 Messung, 1,5 mv,bei, 0,5 stat) **Sterblichkeit bei indigenous: Pres neg, Rest ns, other biblical nsneg; nonindigenous –alle ns außer no aff pos bei Ko von age (bei mv language, medical service, Förderprogeamme -ns)** R Gesu

Veenstra,G: Social capital, SES and health: an individual-level analysis, in: Social Science and Medicine 50, 619-629, 2000

8 von 30 health districts Saskatchewan,rr 40
(unter 5) **srh –rel affil ns, how often do you attend rel services pos, (excellent weniger als good, fair poor auch weniger), Kg wirkt bei Älteren stärker –linear, Ko von inc bei Älteren: pos, von edu: ns (unsichere Formulierung)**

Vener,A et.al.: Traditional religious orthodoxy, respect for authority and nonconformity in adolescence, in: Adolescence 12, 43-58, 1977

Students Klasse 8-12, 254 % no rel pref, orth –with the second coming of Christ,the dead will live again, most impo work of church is saving sinners, devil tries to lead men into sin, hell where men are punished for their sins, belief there is a life after death, bible is gods word and what it says is true, believe there is a divine plan and purpose for every living person and thing, God is heavenly father who watches over and protects us, /used been high on marij, hallucinogenic amphetamine drugs, used and been high on beer wine whiskey, number of cig smoked in a typical day, enjoyed smoking and inhaling,
5 Punkte (2,5 sample, 2 Messung, 0,5 stat) **Orth –soft drug use neg, drinking neg smoking neg**

(R Abl,Gesu, Gl) Vess,M et.al.: Exploring the existential function of religion: the effect of religious fundamentalism and mortality salience on faith-based medical refusals, in: JPSP 97, 334-350, 2009

Study 1 –psy stud, (65 Vp, 4 Gruppen !)RF Altem/Hu –nur 10 Items, please briefly describe the emotions that the thought of your own death arouses in you, jot down as specifically as you can what you think will happen to you as you physically die, controls: ähnlich –was passiert being socially excluded by friends, dann word puzzle, dann vignette: man ist Arzt, Pat hat severe lung disease , die wird schlechter, er muss oft in hospital –Beatmung, zu Hause braucht er immer Sauerstoff, er will keine aggr Therapie that would not result in curing him , er wants to believe that prayer will help improve his condition-Frage: to what extent would you want to inform him that prayer is not a substitute for medical intervention and conduct your treatment plan without relying on his faith,(undeutlich: er will keine Th die ihn nicht heilt –ist normal eher, er –wants to believe !/Behandlung weiterführen ohne Rücksicht auf Patient !; Behauptung: dies würde messen: prayer als substitute für medical treatment allg)
Bei viel RF –mort salience senkt Ablehnung von Gebet; bei wenig RF –mort sal steigert Ablehnung (Deutung: MS führt bei RF zu Todesangst, die bewältigt wird durch pro Gebet; ohne MS ist Gebet für RF nicht wichtig !/evtl glauben RF nicht an mediz Hilfe –sie fehlt in Vignette eher, oder auch: Vp geht in Krhaus und will doch nur Gebet ?)
(unter 5) **RF pro Gebet statt medizin Behandlung (oder eher gegen rein medizinische Behandlung -Ablehnung von Gebet)wenn mortality salience gilt –parteiische Operationalisierung, nicht bewertbar)**
Study 2: 50 Vp,nur 5 Items von RF , andre control –experiencing intense physical pain,/Artikel wo Vp beschreibt Schwierigkeiten die Arzt mit Pat hat, die mediz Behandlung verweigern –Pat sagt: mein Glaube ist sehr stark,refuse medic treatment weil ich weiß dass meine Gebete die beste Medizin sind-Frage an Vp: to what extent do you think prayer alone will help the man suffering from lung disease get well ? /that prayer is more effective than medical treatment, (Medizin und prayer sind keine Gegensätze, Gott heilt durch Arzt, Gebet steht hinter Arztwirkung) –s.o. MS bei RF –dann RF pro prayer, aber RF auch ohne MS pro prayer
(unter 5) **RF pro Gebet is more effective (auch: prayer alone will help) than medical treatment bei mort salience**
Study 3: RF 10 Items, 73 % F, stud, control: failing an exam, Zeitungsartikel: Prozess –Richter ordnet state custody an wegen parental medical neglect, bei Lungenentzündung verweigern Eltern ärztl Beh und beten nur (kommt wohl kaum vor),-Urteil too severe/lenient, agree with parents decision to refuse medical treatment for rel reasons , do you believe it is a persons right to deny

medical treatment for rel reasons (ist akzeptabel), Eltern dürfen das auch für Kinder (vgl Patientenverfügung: keine Wiederbelebung)
(unter 5) **Bei MS –RF pro Verweigerung von ärztl Behandlung aus rel Gründen,unabh von attachment und Swg (ist nicht klar neg, keine Bewertung)**
Study 4: 46 Vp(4 Gruppen) ,stud, control: give a speech in front of a large audience, Dokumentation –integrate rel into treatment oder true faith braucht keine Medizin um zu heilen,-desh alle treatments ablehnen, dann Frage: If you were sick and required one of these types of treatment –I would rely entirely on the medical treatment to get me well, would accept the medical treatment, but continue to pray, would refuse the medical treatment and rely on prayer and faith to get me well, /5 Items RF, //medicine alone –keine Intera, RF neg; medicine und prayer/faith –RF pos, keine Intera, faith alone –Intera MS und RF: mehr faith alone, /MS bewirkt nur bei faith alone was; Ko von N
(unter 5) **RF vs medicine alone, pro medicine und faith und pro faith alone (nur hier wirkt MS auch) bei sickness**
Study 5: 110 stud (8 Gruppen plus Ko), 65 % F, 5 Item RF, control: event turning out differently than expected, Vp sollen Perspektive einnehmen – God always watching, refuse medical treatment weil ich weiß, dass meine Gebete die beste Medizin sind, -medicine won't do anything for me that faith alone can't do (kann Medizin so viel wie Glaube? Oder kann der mehr ? unklare Formulierung) , Lord will heal me better than any medical treatment (better ! –nicht: nur er allein) vs little reason to believe dass Glaube allein hilft, absolut (!!) gegen Verweigerung von ärztl Behandlung, profess treatment ist am besten, faith will simply not be enough to carry me through, faith has never proved to physically heal people (falsch), (auch nichtFundi müsste das verneinen)
Korrel zu Search for meaning (Steger –I am looking for something that makes my life feel meaningful) – MS, RF, perspective (Ko von N, PAS, NAS,gender)
Bei MS: faith alone persp und RF –wenig search, medicine persp und RF –mehr search; low Fu und faith alone –mehr search, medicine persp und low Fu –weniger search –angeblich ns, in Table klar; (müsste auch so sein, low Fu müsste umgekehrt wie high Fu funktionieren)
Ohne MS: faith alone persp und RF –mehr search, medicine persp und RF –weniger search, faith alone und low RF –wenig search, medicine persp und low RF –mehr search –angeblich alles ns, in Table aber klar ersichtlich; ergibt aber keinen inhaltlichen Sinn !
Umkehrung: bei faith alone –bei MS sucht RF weniger Sinn; bei MS low RF ns (müsste Sinn suchen) ; bei medicine alone alles ns;
(Angst wegen Tod führt zu rel motivierter Ablehnung von medical treatment bei RF und zu arel motivierter Befürwortung von medical treatment/Realität ist komplexer –keine Dichotomie Medizin-Gebet, hier per Fragen künstlich erzeugt)
(unter 5) **bei MS: perspective faith alone bei viel RF wenig search for meaning,(faith alone gibt exi Sicherh) Umkehrungen funkt nicht** R Gl

Allg: low Fu –gegen faith als Heilmittel, nur pro Medizin, ebenso falsch (inzwischen bei Säkularen nicht mehr en vogue, vgl Sterbehilfe; Lebensschützer eher pro Behandlung bis zuletzt, nicht nur Gebet) wie nur faith als Heilmittel (high Fu plus MS) /vgl: bei schlimmer Krankh –pray statt Medizin –kann a) richtig sein, wenn nix anderes mehr hilft und b)säkulare empfehlen da oft Sterben statt Medizin; vgl Hospiz//

Voorhees,C et.al.: Heart, body, and soul: impact of church-based smoking cessation interventions on readiness to quit, in: Preventive Medicine 25, 277-285, 1996

21 churches, Neger, Interve bei Kg'ern -63 % regular, 11 mit intensive environmentally oriented culturally specific Interve (1-4 Predigten on smoking, Inhalt: giving ones self up to a higher power

to allow the spirit to guide one to quitting statt taking control of onself, testimony im Godi von Vp, die gerade Rauchen aufgeben, training of volu als lay smoking-cessation counselors, indiv/group support ergänzt durch spiritual audiotapes mit gospel music, day by day scripturally guided stop-smoking booklet und Gesu-messe: CVDrisk messung feeback about exhaled CO-level, Chole, Bd BMI vs 10: individual self-help interve (auch Gesu-messe, Info zu health status und risks, und pamphlet Don't let your dreams go up in smoke von US Lung association) , 1 J follow up, da auch survey von Kg'ern in same catchment area zum Vergleich/Vp rekrutiert bei Gesu-messe in Anschluss an Godi, pastor mahnt,health screening sei wichtig, /
Beide Interve gleich viel cessation -27/21 vs Bev 3 , aber bei pos progress in einzelnen Stadien Interve 1 (v.a. bei Ba) besser, /predictor of progress mv (age gender edu baseline Absichten Ba vs other denom) –interve 1 pos, bei Intera ((Ba plus Interve 1 (vs andre Interve 1 und 2 Ba Interve 2)) pos stark; dann Interve allein ns,

5,5 Punkte (1 sample, 1,5 Messung, 1 mv, 0,5 stat, **1,5 Interve/Panel) rel Interve besser als säk Interve (nspos bei quit/bei progress hin zu quit pos- vor allem bei Ba(Intera) , jeweils bei Kg'ern, vs smoking , beide Interve besser als Bev 27/21/3 quitting,**

Wachholtz,A/Malone,C/Pargament,K: Effect of Different Meditation Types on Migraine Headache Medication Use , in: Behavioral Medicine 43, 1-8, 2017
Migräne-Patienten, 89 % F,(F haben mehr Migräne) ohne Medit-erfahrung, v.a. students,
Spiritual Meditation (22); Internal Secular Meditation (21); External Secular Meditation (20); and Relaxation (20).
Participants were taught to sit in a quiet room, without any distractions, to wear comfortable clothing could sit in any position they would like, as long as they would not fall asleep. encouraged to pick a time during the day that they could use for their regular relaxation/meditation time. During the session, participants discussed problems that frequently arise among new practitioners of relaxation/meditation (e.g. losing focus) and how to solve the problem and continue relaxing/meditating. instructed to begin their meditation by softly repeating their meditation aloud a few times to help them focus, and then to continue to silently focus on the phrase, and how the phrase is reflected in their lives. If the participants felt they were losing focus, they should repeat the phrase aloud to refocus and then continue with the silent meditation. All meditation participants received the same training; the only difference was the set of meditative phrases available from which they could choose.
Spiritual Meditation - God is peace," "God is joy," God is good," and "God is love." one participant chose to use an alternate term -Mother Earth." Internal Secular Meditation I am content," "I am joyful," "I am good," "I am happy." External Secular Meditation "Grass is green," "Sand is soft," "Cotton is fluffy," "Cloth is smooth." practice meditation for 20 minutes per day for 30 days.
Relaxation participants were taught a progressive muscle relaxation in which they tensed and released muscle groups in their bodies... daily headache diaries during the 30 days of the study. 1) migraine headache in the past 24 hours 2) if yes, the severity of the migraine headache and 3) if the participant consumed abortive or analgesic medications for a migraine headache including medication and dosage.
Spirituality Measures—self-reported spirituality, and religiosity. reliability (α=.77). five item - frequency of private spiritual activities.. The Daily Spiritual Experiences Scale 16 item assessment to measure how frequently individuals experience the transcendent in their daily lives
Spiritual Meditation group - frequency of migraine headaches neg, headache severity ns, (adjusting for headache frequency) analgesic use neg;

(unter 5) 1,5 Interve, **religiöse Meditation (vs säkulare, PMR) senkt Häufigkeit von Migräneanfällen, ns zu Stärke, neg zu analgesic use;**

(R Gesu, Gl) Wachholtz,A/Pargament,K: Migraines and meditation: does spirituality matter ? in: Journal of Behavioral Medicine 31, 351-366, 2008
75 F, 8 M,(Beginn mit 92-9 machen nicht richtig mit, haben weniger Migr) 19 J, students, Interessierte, Migränepat, rating durch Vp frequ und severity of Migr-attacken vor Interve, während Interve/Migraine specific quality of life scale –impact, den Mi auf life hat/
to what extent do you consider yourself a rel /spir person,/
pain tolerance –Messung per cold water test,
4 Gruppen –spir medit, internal secular medit, external secu medit, progressive muscle relax group,
Keine Diff in gender age race, P mehr als K in Gruppe 3, Gruppe 3 und 4 mehr pray, religious,spir//Interve: sit in quiet room, bequeme Kleidung, softly repeating medit aloud ,dann silently focus on phrase und wie diese is reflected in their lives, verliert man focus –wieder laut –dann leise, /spir med –God is peace, God is joy, God is good God is love,/internal sec –I am content, joyful, good,happy; external secular- grass is green, sand is soft, cotton is fluffy,cloth is smooth, ein Monat, 20 Minuten am Tag

5,5 Punkte (0,5 sample, 3 Messung, 0,5 stat, **1,5 Interve) Veränderung pre-post: Headache/month –Gruppe 1 weniger, headache severity alle weniger, pain tolerance Gr 1 pos, Migraine quality of life –Gr 1 und 2 ns pos, headache self efficacy –alle pos, nur Gr 3 wenig Anstieg, (DSE –nur Gr 1 pos, rel wb nur Gr 3 wenig, vgl: 3 und 4 sind religiöser**), R Gesu

5,5 Punkte (0,5 sample, 3 Messung, 0,5 stat, **1,5 Interve) Veränderung pre-post: PAS ns(obwohl Mantra PAS-Inhalt hat) , NAS Gr 1 und 4 minus, anx-Gr 1 minus, Gr 2 kaum anders, Depr –alle minus, Gr 4 am meisten, existential wb –Gr 1 pos (relax ns pos)** R Gl

(Gr 1 besser bei : headache-Anzahl, pain tolerance, NAS gleich mit relax; PAS, headache severity ns, anx minimal besser als Gr 2, besser als Rest, migrain quality of life ns pos –wie Gr 2, self-efficacy gleich mit Gr 3, sonst besser, exi wb –pos, gleich mit relax, immer bei den besten, aber nicht systematisch besser)

(R Gesu,Gl, help) Waldegrove,C: Culture and Religion among midlife New Zealanders, in: **Waldegrove,C/Koopman-Boyden,P:** Enhancing well-being in an aging society. Hamilton 2010, 197-214
65 -84 J, Participants‘ religious affiliation was sought through a standard question , importance of faith (asked firstly if faith was important to them, and if they answered in the affirmative, they were asked how important it was to them),frequency of participants‘ practice of religion, attendance at services or religious activities.
(unter 5) **impo pos zu Lz, ns zu mental health, (aus SF 12 – unklar welches Item) physical functioning (PF), role physical (RP), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), role emotional (RE), and mental health** (MH). R Gl

(unter 5) **impo ns zu physical health, (SF 12 –unklar, welches Item - physical functioning (PF), role physical (RP), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), role emotional (RE), and mental health (MH).** R Gesu

spent their leisure time.: had actively participated in 13 types of orgs/groups ,exercised a leadership role. importance of faith pos zu participation in a community or service organization, a women‘s organisation participating in choir, drama or music societies. Modest negative neg zu participating in a sports club, an RSA(freiwillige Wohlfahrtsorg, Royal New Zealand Returned and Services 'Association, welfare of service personnel, Militär-Gedenken usw;) or Working Men‘s club:
impo ns zu : trade union or professional associations; political parties; hobby or leisure time associations; school or kohanga reo organisations; Māori organisations; other ethnic organisations; or clubs, lodges, etc.
4 Punkte (2 sample, 1,5 Messung, 0,5 stat) **partic in community or service org, women's org, choir/drama music pos zu impo of faith, sports RSA Working Men's club neg, ns Gew profess pol hobby school ethnic orgs;** R help

Walker,M et.al.: Health Diferences Between Religious and Secular Subgroups in the United States: Evidence from the General Social Survey, in: RRR 63, 67-81, 2021

GSS, 13 waves (1988–2018) of pooled data (N=15,349)

I don't know whether there is a God and I don't believe there is any way to find out" – agnostics (5%). "I don't believe in God" atheists.(3%) "What is your religious preference?" Respondents reporting no religious afliation while also reporting that either "I know God really exists and I have no doubts about it" or "I don't believe in a personal God, but I do believe in a Higher Power of some kind" were recoded as theistic nones (8%). Respondents reporting no religious afliation while answering either "I find myself believing in God some of the time, but not at others," or "While I have doubts, I feel that I do believe in God" were recoded as doubting nones (3%)

6 Punkte (3,5 sample, 1 Messung, 1 mv, 0,5 stat**) srh biv: – bP – doubting no aff – cP – gläubige no aff – K/ath – mP/agno – J; Diff teilweise sehr gering, Kg pos,**
mv demogr/pol party –mP K ath theistic nones pos, J nspos, cP agno doubting nones ns, bP nsneg (Text neg, Tabelle nicht; Diff theistic –doubting nones ns in Text, Tabelle sign), ath theistic nones besser als cP/bP, Kg pos

Wallace,J/Brown,T/Bachman,J/LaVeist,T: The influence of race and religion on abstinence from alcohol, cigarettes and marijuana among adolescents, in: Journal of studies on alcohol 64, 843-848, 2003
Monitoring the Future, 12.Kl seit 1975, 8 und 10.Kl seit 1991, hier nur 10.Kl von 1997-2001, ca 47000 wh, 8200 black,/alc marij –on how many occasions –if any –have you used … in your lifetime; have you ever smoked cig, /how impo is rel in your life ? /liberal –Epi Pres UCC Unitarian K J !, moderate –Disciples, Lu Me Eastern orth, cons- Ba CofC other P,other rel ! LDS Muslim Bu !//abstinence – impo, Kg Alc cig Marij Ne/wh alles pos (bei Ne viel schwächer) /bei alc –denom bei Ne ns, wh pos (no-cons) ; cig wh no 34 –lib 44 –cons 39; Ne

51 -56-56; marij linear schwach; (Ne bei allem bei wenig Kg/impo mehr abstinence, bei viel Kg/impo kaum noch Diff)// mv (gender region urb parental edu usw, diese verändern angeblich nichts, wird aber nicht gezeigt - und drei rel Items zus)- alc wh impo pos, Ne Trog, no minus wh/Ne, //cig –impo/Kg pos wh/Ne; wh cons pos, Ne ns; Marij – impo/Kg pos; wh cons pos, Ne ns; /highly rel –rel very impo, Kg weekly/more, cons den –bei alc marij wh mehr abstinent, bei cig Ne /rel bei Ne mehr da, aber schwächer wirkend;

7,5 Punkte (3 sample, 2,5 Messung, 0,5 stat, 1,5 mv, bei) **Messung von abstinence bei alc,cig,marij –Kg impo pos, bei Ne schwächer(bei wenig impo/Kg Neger mehr abstinence, bei viel kaum Diff zu wh; allg Ne mehr absti –bei higly rel nur bei cig, bei alc marij white abstinenter),denom –nur bei marij (schwach) und wh alc klar (no –lib-mod-cons, schlechte Messung), alc Ne, cig wh/Ne ns; mv (den: alc –wh pos,Ne ns, cig wh pos, Ne ns; marij –wh pos, Ne ns; pos heißt: cons besser als Rest) Rel bei Ne mehr da, aber schwächer wirkend (Einzelkorrel und highly rel wh vs Ne)**

(R Gesu, R Krim) Wallace,J/Forman,T: Religion's role in promoting health and reducing risk among American Youth, in: Health Education and Behavior 25, 721-741, 1998
Monitoring the Future, high school seniors, 1995/96; 1 = none, 2 = liberal (i.e.,Episcopal, Presbyterian, United Church of Christ, Unitarian, Roman Catholic, Jewish),3 = moderate (i.e., Disciples of Christ, Lutheran, Methodist, Eastern Orthodox), and4 = conservative (i.e., Baptist, Churches of Christ, Other Protestant, Other Religion,Latter Day Saints, Muslim/Moslem, Buddhist)
During the past 4 weeks, on how many days (if any) were you carrying a weapon such as a gun, knife, or club toschool? Interpersonal violence During the past 12 months, how often have you gotten into a serious fight in school or at work, taken part in a fight where a group of your friends were against another group, or hurt someone badly enough to need bandages or a doctor?
When you drive a car, how often do you wear a seat belt, and when you are riding in the front passenger seat of a car, how often do you wear a seat belt? During the past 2 weeks,how many times (if any) have you driven a car, truck, or motorcycle after drinking alcoholand after having five or more drinks in a row? During the past 2 weeks, how many times (if any) have you been a passenger in a car when the driver had been drinking and when you thought the driver had had five or more drinks? (1) current (i.e.,past month) cigarette use, (2) binge drinking (i.e., five or more drinks in a row in the past 2weeks), (3) annual marijuana use. How frequently have you smoked cigarettes during the past 30 days In the past 2 weeks, how many times have you had five or more drinks in a row? On how many occasions (if any) have you used marijuana during the past 12 months? how often students eat breakfast, green vegetables, and fruit How often do you exercise vigorously, and how often do you actively participate in sports, athletics, or exercising? How often do you get at least 7 hours of sleep//**cons denom sechsmal am besten, fünfmal nicht, no immer am schlechtesten;(Defin nicht gut), Kg immer passend, impo etwas stärker; mv demogr ändert nichts;**

7,5 Punkte (3 sample, 3 Messung, 1 mv, 0,5 stat) **weapon –impo minus; Kg nsminus, lib mod minus, no nspos; interp violence –impo Kg minus, mod minus, no nspos, drive while drinking –impo Kg minus, mod minus, no ns pos; ride while drinking –impo Kg minus, no nspos, cons minus;** R Krim

9 Punkte (3,5 sample, 4 Messung, 1 mv, 0,5 stat) **seat belt use – impo Kg pos, lib mod pos, no minus, cig use –impo Kg minus, cons minus no plus, binge drinking –dto, marij –dto, diet – impo Kg pos, mod lib pos no minus, exercise –Kg impo pos, no minus, sleep –impo Kg pos, cons pos, no minus; Zeitreihe: seat belt 86-96, marij 76-96, diet 79-96 selbe Ergebnisse;** R Gesu

(R pos, R Gesu)Walsh,A: The prophylactic effect of religion on blood pressure levels among a sample of immigrants, in: Social Science and Medicine 14B, 59-63, 1980
Assimilation –often feel conscious of my non-American background, feel completely at home in America, prefer the company of native Americans to that of my native countrymen, acquisition of American citizenship, membership in ethnic orgs reverse ,-Kg: pos zu assimil, ns neg zu Blutdruck, neg zu anomia, (unklar: Rel puffert irgendwie –bei Kg Korrel Bd-assimil niedriger ?)

(unter 5) **Kg pos zu assimil, neg zu anomia** R pos

(unter 5) **Kg ns neg zu Bd,** R Gesu

(keine Christen)Walter-Ginzburg,A et.al.: A gender-based dynamic multidimensional longitudinal analysis of resilience and mortality in the old-old in Israel: the cross-sectional and longitudinal aging study (CALAS), in: Social Science and Medicine 60, 1705-1715, 2003

Vp 75-94, follow up ca 7-10 J, 34 % -504 sterben (aber N bei Regression zu mort -900 ! -) /comorbidity- reported/told by physician –Hyp, diab heart attack circul dis respir dis, rheumatism arthritis stroke osteoporosis usw 26 Items/number of medications/familial und nonfamilial instrum help/emot support –number perceived available,/help from/to children,/paid caretakers, (und in allen Items resiliency –Gleichbleiben oder Anstieg des Guten/Sinken des Negativen von 1989/92 –bis 1993-1995))/M mit mehr synagogue att, stabil- bei F sinkend, Baseline syn att (mv age Abstammung verh phys act Zig ADL cognitive vitality emot ss/help from children, emot supp from nonfamily, help from paid caretaker, solitary activity –TV radio book medications comorbidity) –neg zu mort MF,// Steigerung/Stabilität von att (resiliency)–bei F nspos, bei M ns;

8 Punkte (1 sample, 1 Messung, 3,5 mv,bei, 0,5 stat, **2 Panel) synagogue att neg zu mort MF, Anstieg/Stabilität von syn att –bei F nspos, M ns))**

Watson,J: Religion as a cultural phenomenon, and national mortality rates from heart diseases, in: Psychological Reports 69, 439-442, 1991

Länderdaten, Einzeldaten passen nicht recht –Diff Irland Nordirland gering, es sind nur 9 kath, aber 15 P, /unter 12 besten -7 kath, 5 P, unter 12 schlechtesten -2 Kath, /Nordirland 41 K-Rang 24, 11 Länder mit weniger K besser;
(unter 5) **Mort from ischemic heart disease –neg zu Anteil der Kath an Bevölkerung -0,58**

(R help, Krim, div, pos, Abtr, fert, Gesu)Weeden,J et.al.: Religious attendance as reproductive support, in: Evolution and Human Behavior 29, 327-339, 2008

GSS ab 1989, 45 J, 13 % no aff, number of biological children ever born (capped at 8 children) pos zu Kg (Ko von number of sexual partners, keine div, age, cohort, MF),
Undergrad sample - 4 Univ, 19 J, 61 % F, 22 no aff, how frequently participants attend religious services now and how frequently they expected to attend if they were to have young children.18% presently attending services weekly or more, 51% expected to go with their own children to services weekly or more.
Korrel zu Kg/expected Kg mit own children zu family desire (desire for marriage, desire for children, desire for a long-term mate who wants children, number of children) pos,

6,5 Punkte (3,5 sample, 1,5 Messung, 1 mv, 0,5 stat) **GSS Kg pos zu CEB, Kg/Kg expected with children pos zu family desire (Ehe, Kinder)** R fert

Korrel zu Kg jetzt/expect with children –past sex partners, immorality of oralsex where the partners are not in a serious relationship with each other or with anyone else) (“Hooking up”); casual sexual intercourse (where the partners are not in a serious relationship with each other or with anyone else) sexual intercourse with a person where one of thepartners is in a serious relationship with someone else(“Cheating sex”) refusing to forgive someone who has done wrong (“Not forgiving”); using curse words in everyday speech (“Cursing”); ns pos zu being demanding and unpleasant with a waiter/waitress or a store clerk and making them feel bad (“Demanding”)

5 Punkte (1 sample, 3,5 Messung, 0,5 stat**) Kg/Kg expected with children neg zu oral/casual/e-sex,not forgiving curse** R pos
6 Punkte (3,5 sample, 1 Messung, 1 mv, 0,5 stat**) number of sex partners neg (mv keine div, number of biol children, age, cohort MF)** R pos

2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **Korrel zu Kg jetzt/expect with children: div initiation if partner behaves unacceptably neg, immorality of getting divorced pos**, R div

(unter 5) **Korrel zu Kg jetzt/expect with children - times per month Vp typically got drunk neg, immorality of getting drunk, using recreational drugs like marijuana pos,** R Gesu

2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **Korrel zu Kg jetzt/expect with children –pos zu ”-immorality of aborting a recently conceived embryo pos**, R Abtr

Korrel zu Kg jetzt/expect with children – pos zu immorality of shoplifting something inexpensive from a store (“Shoplifting”); lying to a friend to spare their feelings about something not very important (“Small lie”); lying to a friendabout something important (“Big lie”); lying to one's parentsabout how one spends one's time (“Lie to parents”); disobeying one's parents (“Disobey parents”); cheating on an exam (“Cheat on exam”); teasing someone who does not have many friends and making them feel bad (“Teasing”);

disobeying traffic laws like speed limits, requirements to signal when changing lanes, etc. ("Traffic laws") ns pos,
4,5 Punkte (1 sample, 3 Messung, 0,5 stat) **Kg/Kg expected with children –neg zu shoplift, lying(3),cheat, tease, nsneg zu disobey traffic laws** R Krim

Korrel zu Kg jetzt/expect with children – pos zu immorality of keeping what one has for oneself, when there are people around who have greater needs ("Not sharing"); and telling a friend you cannot help them with something they need when you really could help ("Not helping").
3 Punkte (1 sample, 1,5 Messung, 0,5 stat) **Kg/Kg expected with children –neg zu not helping, not sharing** R help

Weiss,A/Costa,P: Domain and facet personality predictors of all-cause mortality among medicare patients aged 65 to 100, in: Psychosomatic Medicine 67, 724-733, 2005

80 J, 73% F, 454 von 1076 sterben, 3-5 J follow-up, NEO-FFI 60 Item,
mv N/A neg zu mort, (M, age, smoke, CVD disease present IADL srh edu diab depr E O C)
Analyse wo keine proportionality assumed wird (unlineare Korrel)– nur C neg !, biv alle Pers-items schwach neg,
Dritte Analyse – C und N sign,
sample derer die nach 3 J tot sind, Messung von Pers per NEOPIR -240 Items,
N neg zu mort, und C/A !// facets: impulsiveness bei N, straightforwardness bei A, self-discipline bei C
8 Punkte (2 sample, 1,5 Messung, 2,5 mv, 0,5 stat, **1,5 Panel) N neg zu mort (impulsive), C neg (selfdiscipline) A neg (straightforward),**

Welton,G et.al.: God control: the fourth dimension, in: Journal of Psychology and Theology 24,13-25, 1996

What happens in my life is determined by Gods purpose, my life is primarily controlled by God, whether or not I get into a car accident depends on Gods plans, in order to have my plans work, I make sure they fit in with the commands of God, when things don't go my way I ought to pray when good things happen to me it it because of Gods blessing,

Ähnl: my health is determined by Gods purposes, my health is primarily controlled by God, ob ich disease become-depends on his plans, wenn ich obey his commands I am less likely to have health problems, wann immer ich mich nicht wohl fühle sollte ich beten, I recover from an illness because of Gods provision,

Health habits –self care /(Sonnenschutz) Erährung(Ballast), exercise, guter Schlaf, stress management, Svw –gelegentlich solitude ?, life has a purpose, easily communicate with others, Umweltkontrolle, use of health care system(2. Meinung von Arzt einholen) –God control (bei health und allg) pos dazu bei Ko von LoCI,

(God control ns zu powerful others und chance control , pos zu active coping, ns/neg zu LoCI)

(unter 5) **God control pos zu health habits (und active coping) unabh von LoCI,chance, powerful others**

R Gesu, pos, fert, div) West,D et.al.: Cancer risk factors: an analysis of Utah Mormons and Non-Mormons, in: Journal of the National Cancer Institute 65, 1083-1095, 1980

Case control studies of colon cervix ovary cancers, jeweils mit Kontrollgruppen nach age sex, /overreporting of LDS-denom, evtl F von LDS-M sagt sie sei LDS –desh kons Messung(LDS die keine sind),
5,5 Punkte (1 sample, 3,5 Messung, 0,5 bei, 0,5 stat) **LDS MF–edu occ mehr als nonLDS, active mehr als inactive/partly active //F -age at first intercourse-LDS/active später, age at first pregnancy –dto, LDS vs nonLDS schwach, used birth control pills –LDS/active weniger , F - sex mit mehr als einem Partner –LDS und active weniger** R pos

3,5 Punkte (1 sample, 1,5 Messung, 0,5 bei, 0,5 stat**) F –number of pregnancies –LDS mehr als nonLDS, active und inactive mehr als partly active, having miscarriages/stillbirths LDS neg** R fert

3,5 Punkte (1 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **LDS MF –div weniger als nonLDS, active weniger als inactive/partly active/dto: married only once** R div

6 Punkte (1 sample, 4 Messung, 0,5 bei, 0,5 stat**) Berufsrisiken –harmful fumes, viel dust, radiation, toxic chemicals asbestos excessive heat –nonLDSmehr, active LDS weniger als partly/inactive; smoke (jetzt, years smoked) dto, alc(wine beer liquor, drink mit unter 30, über 30) dto, Kaffee/Tee dto, Ernährung:skip meals dto , natural food pos, herbs ns, mehr Arten von Fett, having hysterectomy –LDS neg, frequency of breast examination –LDS pos, having a breast X-ray pos, treated for VD –LDS mehr/ns, active weniger, LDS – Geburtsgewicht unter 2500 g seltener,** R Gesu

(R Zusfass, Gesu) Westergaard, H: Die Lehre von der Mortalität und Morbidität: anthropologisch-statistische Untersuchungen. Jena 1881/1882

Bei Juden erreichen mehr ehelich geborene Kinder das 14 Lebensjahr als bei Christen, (Wolff und 2 andere), Breslau –mehr P und **dissenter (18 statt der erwarteten 14,5) gestorben,** weniger K und J, Kopenhagen Jungs und Mädels –Zahlen fehlen, Illertissen dto, Juden die sterben in Kopenhagen 1876-78 zu drei Viertel über 60, Bev von Kop ca 37 % ?, Bayern 1877 –Sterblichkeit: K mehr als P mehr als J, **andere am meisten (N 338**)
Prediger: England supplementary report (Jahr unklar) –clergymen und Protestant ministers 71/75 % des Durchschnitts, kath Durchschnitt,/engl Prediger gesamt 1800-1860 neg, (Berechnung erwartete –eingetretene Todesfälle)
Sterblichkeit im dänischen geistlichen Stande von 1650-1878
Material aus Buch von SV Wiberg über dän Prediger, -meist verh, arm, wenig edu, zT wenig fromm, dubios: Geburtsjahr fehlt (90 %) –Dimissionsjahr genommen, fehlt dieses –geschätzt auf 20, fehlt Todesjahr -6 Jahre nach Entlassung angenommen,

Gestorbene in % der Lebensjahre -1840-78 -25-85 J Sterblichk der Prediger geringer, v.a. vs Stadt, aber auch gegenüber Land

(R Gesu/Allg /Rpos) Whitehead,A: Religion and Disability: Variation in Religious Service Attendance Rates for Children with Chronic Health Conditions, in: JfSSR 57, 377-395, 2018

National Survey of Children's Health (2003, 2007, 2011–2012), rr 51, 66, 69, Kinder 0-17(9 J) ,18-23 % Hi, 14 % Ne,
About how often does [child name] attend religious service?" never -21-24 %,
mv child's age, child's health, race, female, biological/adoptive parents (contrast), stepparents, single mother, other type, parents' income, parents' education, urban, region , survey year (where applicable).
Kg never –autism pos, attention deficit ns(mv pos) development delay pos, learning disability pos , oppositional defiant/conduct disorder pos, asthma neg (mv ns) diab ns, bone/joint muscle problems ns(mv pos) depr pos anx pos speech problems pos Tourette syndrome ns, brain injury pos, epilepsy ns,hearing problems ns, vision problems ns intellectual diability/cerebral palsy ns;
(stark pos: autism, oppositional defiant/conduct disorder, depr, speech, brain, develop delay

6,5 Punkte (2,5 sample, 2,5 Messung, 1 mv, 0,5 stat) **Kg never –bei Kindern mit autism, development delay, learning disability, oppositional defiant/conduct disorder, depr, anx, speech problems brain injury /keine Diff: diab, epilepsy, attention deficit (mv pos) , asthma (neg, mv ns) bone/joint/muscle problems (mv pos) Tourette syndrome hearing vision problems intellectual disability, cerebral palsy (Spastik)**

(R Gesu, pos, help) Whooley,M et.al.: Religious involvement and cigarette smoking in young adults, in: Archives of Internal Medicine 162, 1604-1610, 2002

CARDIA study, 18-30 J, smoker : ja zu drei Fragen: have you ever used any tobacco product such as cig cigars tobacco pipe chewing tobacco snuff nicotine chewing gum ? –have you ever smoked cig regularly for at least 3 months, regu ist 5 cig per week; do you still smoke ? Kg once per month vs less/never, T1 87/88, T2 90/91
Smokers –Ba (blacks mehr smoking) , Lu, Church of Christ, K, Me, /agno ath none don't know unable to code/Pe, Epi, Pres,J
Kg –drinks per week minus, family history of Herinfarkt ns,diab ns, hypertension ns,BMI pos, phys activity neg, smoke neg (unklar ob vergleichbar –evtl mv - Kg never mehr als no aff, (mv demogr, employed alc diab hyp Herzinf family BMI social network s-.u. orgclub), bei black F, whiteM und F, bei blackM ns neg;
Smoking initiation bis T 2 –Kg neg mv, black men ns,
Wirkung von Kg innerh denom: bei Pres nicht, wenig bei Epi, Church of Christ, Lu, stärker bei Me K J, stark bei Ba Pe –Kg wenig bei Ba 47, Pe 51 vs mehr als einmal pro month -27/19 /T 1
Versuch in letzten 2 J to quit –Kg pos, quit zwischen T1 und T2 Kg ns pos

11,5 Punkte (3 sample, 3,5 Messung, 3 mv,bei, 0,5 stat**, <u>1,5 Panel)</u> Baptist Lu Church of Christ K Me mehr smoking als agno/ath, Pres Epi J weniger, Kg innerh denom: bei Pres nicht, wenig bei Epi, Church of Christ, Lu, stärker bei Me K J, stark bei Ba Pe**

Kg neg zu smoke (mv, Ausn: bei blackM nsneg), neg zu smoke initiation (black M ns)/ T 1 Versuch in letzten 2 J to quit –Kg pos, quit zwischen T1 und T2 Kg ns pos/Kg –neg zu alc,hyp diab ns, BMI pos,phys activity neg,

5 Punkte (3 sample, 1,5 Messung, 0,5 stat) **Kg - social network –(feel lonely, wish someone would comfort you, other people really care for you, wish had more friends) pos, edu ns, verh pos**, R pos

4,5 Punkte (3 sample, 1 Messung, 0,5 stat) **Kg –belong to org or club neg** R help

Wiech,K et.al.: An fMRI study measuring analgesia enhanced by religion as a belief system, in: Pain 139, 467-476, 2008
8 F 4 M rel(K –Kg jeden So, pray everyday, retreats confession regelm) 9 F 3 M ath agno – healthy, 30 seconds vor electrical stimulation an Hand Vp sieht Bild von praying Virgin Mary(Sassoferato) vs Leonardo Kopf der Lady mit Hermelin, Vp sollen Bild fixieren, subj intensity von Stimul beschreiben und ob sie vom Bild pos/neg beeinfl wurden/gleichz MRT (Vp bekommt headphones gegen Lärm)
rel group empfindet weniger Schmerz bei Bild von Maria, ath nicht/rating der Bilder: ath bei Leonardo pos, K bei Sasso; diese pos Bewertung korrel bei K neg mit Schmerz, bei ath nicht, rel Vp rated rel picture as helpful bei coping with pain, ath finden beide Bilder schwächer helpful Stimul erregt Hirnzentren die bei pain erregt werden, K gleich Ath; bei pain und rel Bild –bei K Erregung von right VLPFC und pons/ventral midbrain, bei ath right V nicht, bei beiden Erregung von pons/vm bei jeweiligem Lieblingsbild (entspricht pos rating/affect) /Kath fühlen: calmed down, peaceful,felt being taken care of, felt compassion support felt safe; bei nonrel Bild –ath und K –ästhet Qualitäten gut gefunden –sie sieht serene attractive chilled out aus,interessant, schön/

(unter 5**) <u>1 Interve</u> Kath empfinden bei Präsentation von Marienbild weniger Schmerz, bei Präs von Leonardobild ns, ath bei beidem ns, bestimmte Hirnregion bei K erregt bei Mary, bei ath nicht(bei Mary/säk Bild); pos Bewertung von Bild (K Maria, ath –Leonardo) –nur bei K neg zu pain (dh pos Bewertung bei ath senkt pain nicht), Bild helpful for coping –ath beide gleich (schwach), K nur Maria, sie beruhigt K, gibt Geborgenh, weltl Bild sehen ath und K nur Schönheit**

Willis,S et.al.: Tobacco and alcohol use among young adults, in: **Plante,T/Sherman,A**: Faith and health. Psychological Perspectives. NY London 2001, 213-239
Undergrad, 70 % F, 19 J, 43 Ne,Santa Clara strength of rel faith, God locus of health control – whatever happens to my health is Gods will,/coping -40 Items Ways of rel coping scale – external/social –I talk to church members, internal private –I pray for strength, turning to rel, /
/try smoking, age at initiation, days of smoking in month, cig smoked daily, attempts to quit, /alc –age at first drink, number of days in which an alc drink was consumed within previous 30 days, drinking when driving , riding with a drunken driver, number of days in which five or more alcoholic drinks were consumed over short time in 30 days,
Ever tried smoking –strength of faith neg, God locus neg, rel coping (rel focused, rel, ways of coping intern/extern) neg, age at first try ns zu rel; smoking frequency –strength God locus rc neg; ever tried to quit ns;
Alc –age at first drink –ns, frequency of drinking/binge drinking –strength, Locus, rc neg; drove drunk – ns, rode with drunk driver-nsneg;

5 Punkte (1 sample, 3,5 Messung, 0,5 stat) **strength of faith, God locus, rc -neg zu ever tried smoking/smoking und alc (plus binge) frequency, nicht zu drive drunk/age at first try to smoke/drink, quit-Versuch bei smoke**

(R pos, Gl, Gesu, div) Willoughby,M et.al.: An evaluation oft he psychometric properties and criterion validity of the religious social support scale, in: JfSSR 47, 147-159, 2008
Family Life Project –Ne 22, rural, fast nur Mütter von Kleinkindern, nur 58 % verh, rel ss scale, sehr hohe Zustimmung (4,5 von 5 bei God, 4,1 congr, 4,2 clergy)
1. God cares about my life. Worth in the eyes of God. Turn to God for advice. God gives assistance.. I feel appreciated by God. God gives sense that I belong. I do not feel close to God.Turn to congregation for advice.. Church leaders give assistance. 10. Congregation cares about my life. . Worth in eyes of church leaders. Not close to my congregation.-13. Church leadership for advice Congregation sense I belong.. Church leaders care about my life. -16. Appreciated by congregation. Not feel close to church leaders. -Congregation give assistance.- Leaders sense that I belong. . Worth in eyes of congregation.. Appreciated by church leaders
– drei Teile: God support, congreg support, clergy support;
Relationship quality: Conflict Tactics Scale (CTS) (Straus 1990). 19-item intra-family conflict violence. strategies used to resolve conflict –reasoning, verbal aggr violence/ Dimensions of Marital Quality (DMQ) Scale (Johnson et al. 1986). 5 Item (perceptions of relationship instability (thinking about breaking up) discussing breakup with the partner.
Personal Assessment of Intimate Relationships (PAIR) Scale (Schaefer 36-item degree of intimacy that he/she has with another. - Only the six-item emotional intimacy scale is used
Family Resources (FR) Scale (Van Horn, Bellis, and Snyder 2001) assessing the adequacy of resources in households –nur 7 Item subscale regarding time with family and friends verwendet / Role Overload (ROV) Scale (Reilly 1982). feelings of being overwhelmed by multiple commitments and not having selves. 13 items (e.g., "I can't ever seem to get caught up") /
God support –BSI ns neg, relship quality pos, family resources pos, srh ns, congr/clergy support (zweiter Faktor aus dem obigen) alle vier sign; unabhängig von race, rel ss wirkt nicht sign wenn sec ss (from community, friendships, family, intimate rel ships) in Gleichung dabei ist (Überko)

5 Punkte (1,5 sample, 2,5 Messung, 0,5 mv, 0,5 stat) **God support ns neg zu depr/anx/hostile/somatiz , congr/clergy support neg** R Gl
(unter 5) **God support pos zu relship quality, c/c support auch** R div
(unter 5) **God support pos zu family resources, c/c support auch** R pos
(unter 5) **God support ns zu srh, c/c support pos** R Gesu

Wills,T et.al.: Buffering effects of religiosity for adolescent substance use, in: Psychology of Addictive Behaviors 17, 24-31, 2003

Students of public schools , 7.-10.Klasse, 4mal befragt, Raum NY, 29 Ne, 23 Hi,37 wh,Importance of: believe in God," "To be able to rely on religious teachings when you have a problem," "To be able to turn to prayer when you're facing a personal problem," "To rely on your religious beliefs as a guide for day-to-day living." //"
How often do you smoke cigarettes/drink alcohol/smoke marijuana?" heavy drinking in the past month had had three or more drinks on one occasion;
8 Punkte (2,5 sample, 2 Messung, 1,5 mv,bei, 0,5 stat, **1,5 Panel) Religiosity –zu alc 4mal (7.8.9.10.Klasse) minus, marij dreimal(7 ns),cig dto, heavy drinking zweimal(7. 8. ns); rel puffert: Wirkung von neg life events auf heavy/marij/cig (nicht drink alc) bei viel Rel schwächer,(mv gender ethnicity family structure), in jeder Erhebung und im Panel T1 neg life event und rel zu substance use später**

(Allg, R Gesu) Wilson,R/Krueger,K/Gu,L: Neuroticism, Extraversion, and mortality in a defined population of older persons, in: Psychosomatic Medicine 67, 841-845, 2005
Chicago, 75 J,62 % Ne,je 4 Items zur Messung von N/E,follow up 6 J, Ko von age sex edu race chronic cardiac conditions, smoke alc BMI, cogn activity, social act(incl Kg-starker Mediator; Kg pos zu E ,neg zu N –Zahlen fehlen) , physical act -N pos, E neg zu mort, ca 6100 -2430 sterben,

9,5 Punkte (3 sample, 1,5 Messung, 3 mv, 0,5 stat**, 1,5 Panel) N pos zu mort, E neg**

(R Gesu, Allg, R Gl) Wilson,R/Mendes de Leon,C/Bienias,J et.al.: Personality and mortality in old age, in: Journal of Gerontology, Psychological Sciences 59B, P 110-P 116, 2004
Religious Orders Study, T1 1994, T2 2003 (aber nur 5 J follow up) , 883 Vp, 75 J, 69 % F,NEO-FFI(Five Factor Inventory), 60 Items (Kurzform von NEO Personality Inventory -240 Items) 707 survived 182 died
Korrel: lower limb function –O E pos,chronic illness (C minus) , smoke (C minus) BMI alle ns, alc –O pos, cogn fu alle pos,(survivors –BMI höher , alc use höher)
8 Punkte (1 sample, 2,5 Messung, 2,5 mv, 0,5 stat**, 1,5 Panel) mort –N pos, Rest minus; Einzelmv –age gender edu –N pos, E C neg, A O ns, mv mit allen Big Five –N pos, andre nicht, Ko von Gesuitems –chronic conditions, cogn function limb function alc smoke BMI –C neg, N pos, E z.T.ns;** R Gesu
2 Punkte (1 sample, 1 Messung) **Rel order Vp –weniger N als normative cohort** R Gl

(R pos, help, Gl, Gesu, Krim) Wilson,W: Mental health benefits of religious salvation, in: Diseases of the nervous system 33, 382-386, 1972

Salvation exp: realization of a feeling of harmony with God, accompanied by strong emot tone (love, awe),white P, Me Ba v.a., Erf vor 11 J,Zustand vor/bei Erf: empty, confused, afraid depressed ,(19-44 %)danach: weniger depr/afraid confused angry pained empty ashamed (56-94 %), more awed, joyous, loving relaxed outgoing(82-95), weniger Fluchen, gossiping, denigrating critic, better able to speak in public, communicate with fellow man;

Crime keines mehr (vorher 28%), fornication/adultery –vorher 47 nun Null, alc drinking -47 – Null, severe fights arguments minus; usw s.u. polymorph perverser Homo inmitten von perverse act –salvation –hört damit auf, macht Ausbildung, wird businessman und father …

(unter 5) **Vor Erf von realization of a feeling of harmony with God/salvation exp –NAS ziemlich viel, danach NAS (depr/afraid confused angry pained empty ashamed) fast weg, PAS hoch (awed, joyous, loving relaxed outgoing); enjoyed work more, retrosp** R Gl

3,5 Punkte (0,5 sample, 3 Messung**) Nach Erf von realization of a feeling of harmony with God/salvation exp – Fluchen gossiping denigrating critic minus, breaking the law minus(vorher 28 %), severe fights/arguments minus** R Krim

3,5 Punkte (0,5 sample, 3 Messung) **Nach Erf von realization of a feeling of harmony with God/salvation exp – love plus, helpful to friends neighbors, more money to charities, more good deeds to strangers , more interested in visiting lonely sick people, took a greater part in community affairs**, R help

(unter 5) **Nach Erf von realization of a feeling of harmony with God/salvation exp –alc minus** R Gesu

4 Punkte (0,5 sample, 3,5 Messung) **Nach Erf von realization of a feeling of harmony with God/salvation exp- speak in public ,better communication with fellow man plus, have more friends, more diligent, being more promoted at work, more raises; e-sex fornication/adultery minus**, R pos

Wingard,D: The sex differential in mortality rates,in: American Journal of Epidemiology 115, 205-216, 1982

Alameda, 30-69 J, 1965-1974, 211 M 160 F sterben, mv demogr, physical health –no health problem, symptoms, chronic condition disability ; use of health services, smoking alc –frequency of drinking und amount consumed, physical activity- Häufigkeit/strenuousness of active sports,swimming long walks physical exercises gardening hunting fishing, /how many friends /relatives have and how often seen, Lz (neun Teilzufr – marriage job) group membership, BMI sleep (F haben bei Ko all dieser Faktoren bessere Lebenserwartung als M Ursache eher Gene)

9,5 Punkte (3,5 sample, 1 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel**) **Biv –church membership neg zu mort(so stark wie alc phy activity BMI schwächer als SES smoke verh sleep friends Lz) mv ns (Überko),**

Wink,P/Dillon, M: Religious involvement and health outcomes in late adulthood, in: **Plante,T/Sherman,A**: Faith and health. Psychological Perspectives. NY London 2001, 75-106

Berkeley sample, born 1928/29, 10-12 J-1931, jetzt 154 Vp -56 born 1920f, 98 -1928f, 2 nonwhite, interview 1958f, 1969 f, 1982, 1997f, /rel impo –abgelesen an Kg/LnT/Gebet/belief in God or centrality of rel in life, /SF 36 (allg Gesu, better now, phys functioning, problem in daily activity/soc activity, pain, vitality),Duke Healthy measure-presence severity of 22 health problems, Interview –health problems, medications doctor visit, Vergleich zu andern, ADL, srh –T 4-T4: alles ns zu rel MF, (F alc minus, health heute besser als vor 1 J) (aber N klein, nspos da bei F: zu srh, vitality, soc funct ; ADL M pos F neg,
Rel in T1-3 zu Gesu T4: GH ns, besser als vor 1 J –F pos, phys fu ns, pain M neg, vitality F pos M nsneg, soc functioning F pos, M nsneg, ADL M pos, srh F pos, alc neg; (F 4mal pos ns, 4 mal pos, 3 ns)
7 Punkte (1 sample, 4 Messung, 0,5 bei, 0,5 stat, **1 Panel) rel impo cross-sect ns, bei Panel bei F 4 pos, 4 nspos, 3 ns, bei M ähnlich, aber schwächer zu health-Items** R Gesu

Lz Neugarten- mood –current happiness with oneself, zest –optimistic positive outlook on life in present future, congruence: has attained desired goals,
T 4-T4: mv Gesu, MF, rel bei poor health pos, bei good health ns zu Lz(mood zest; congruence ns); T1-T4 (plus Ko von srh in T2/3)- rel wirkt auch hier nur bei poor health auf Lz gesamt und zest;ego integrity –have come to terms with successes and failures, life meaningful, feel psy integrated, pos relhips with others –degree to which Vp derives a sense of wellbeing from having warm satisfying trusting relships,capacity to maintain a strong sense of affection and intimacy(vs isol mistrust) T4-T4 –rel pos zu relships bei F; ego integrity ns; T 1-3 zuT4 ego integrity F ns pos, M ns; pos relships –nur F pos (auch bei Ko von T1-3 relships)
6 Punkte (1 sample, 2 Messung, 1 mv,bei, 0,5 stat, **1,5 Panel) rel impo nur bei poor health pos zu Lz, cross-sect und Panel stärker, bei pos relships auch bei Ko von T1-3 pos, nur F; ns zu ego integrity**
R Gl
generativity-provide for next generation: teaching, creating things, commitment to others, desire to have a legacy of some kind, community service –involved in helping friends/neighbors/in comm service,T4-T4 – rel zu generativity F nspos, M pos, community service MF pos, T 1-3 zu T4: generativity MF pos, community service MF pos (beides auch bei Ko von gen/comm service in T1-3)
5,5 Punkte (1 sample, 1,5 Messung, 1 mv,bei, 0,5 stat,**1,5 Panel) rel impo pos zu generativity und community service cross-sect, Panel , bei Ko von T1-3 gen/comm service** R help

Wink,P /Dillon,M/Larsen,B: Religion as moderator of the depression-health connection, in: Research on Aging 27, 197-220, 2005
Berkeley und Oaklandsample, 28/29 und 31, dann 58, 70, 82, 1997-2000 (Alter 10, 30, 40, 50-60,, 60-70)
Religious – belief in God, LnT, prayer, Kg, -1-5, rel : ab Stufe 3, 35 %, //spirituality – awareness of sacred connectedness with God, a Higher Power or nature, engaged in spir practices – meditation, Shamanistic journeying, centering, contemplative prayer) –high score 2,5 (24 %), reliab -56-63, rel 66-72, health – no phys complaints –bis zu: one or more chronic illnesses serious disability threat to life,
Late adulthood – rel und spir - Depr und Gesu ns, rel –ss pos, spir pos//Intera: low rel und good health (1,38) und high rel und bad health (1,37)wenig D, //oder high rel und good

health(1,45) und low rel und bad health (1,58) mehr D, (bei low rel Differenzen zwischen low und high health hoch, bei high rel ns) –bei high rel Gesu ns, bei low wirksam;
Rel vorher – age 50-60 – ns zu Depr jetzt, Rel mit 40 –ähnlich wie bei jetzt,
spir jetzt schwach neg, keine Interaktionen, früher zu jetzt ns,
Ko von ss bei mv
6 Punkte (1 sample, 1,5 Messung, 0,5 stat,2 mv, **1 Panel) Panel, rel ns zu Depr ; Intera mit Gesu- Puffer bei hoher Rel T1vs Wirkung von Gesu auf T 2 Depr; keine Intera mit spir, spir nsneg zu Depr**

6 Punkte (1 sample, 1,5 Messung, 0,5 stat, 2 mv, Intera, **1 Panel) Rel und spir ns zu Gesu,**

Winzelberg,A/Humphreys, K: Should patients' religiosity influence clinicians' referral to 12-step self-help groups? Evidence from a study of 3018 male substance abuse patients, in: Journal of Consulting and Clinical Psychology 67, 790-794, 1999

T 2 ein Jahr nach der Behandlung,6 Items – pray, read holy writings, Kg, think of God//believe in God - ja vs ath agno unsure – Verh pos sign, God ns pos zu referral to 12 step,// meetings attended – rel Verh pos, God ns pos,

Abstinence in T2 – Rel ns (mv –Ko von baseline value, 12 step meetings, motivation, 2 rel Items,//absence of problems – dto (rel pos zu referral und Teiln an 12 step, zu mot ??

7 Punkte (2 sample, 2,5 Messung, mv 1, stat 0,5**, 1 Panel) ns, aber Überko**

(R Gesu,Gl) Wirth,D: The significance of belief and expectancy within the spiritual healing encounter, in: Social Science and Medicine 41, 249-260, 1995
48 Vp, 18 Christian, agno/ath 9, daily medit 26, edu inc pos, profess, F / T2 nach drei Wochen; high vs low expectancy von Vp und healer (cure completely, greatly improve innerh von 3 Wochen vs not improve, improve at very slow rate)/ American-born spiritual healer trained in the Philippines.
general wellbeing –anx depr general health Positive Wellbeing self control vitality; mh –ohne vit/gen health/
general health perception – current health, health outlook, resistance/susceptibility to illness, health worry/concern, sickness orientation, general health rating –ohne prior, sickness; /spir healing laying on of hands treatment,
Fast alle glauben an spir healing, haben es anderswo schon gemacht, würden es wiederholen und empfehlen, condition wegen der man hingeht – bleibt zu 88%, 12 % geheilt, 53% signif improved, laut medical diagnosis (nur 36 VP) 86 % improved; nur 10 % keine subj Besserung (alle mit low exp), parallel medical treatment bei 15 Vp da –nutzt nix, /Krankheiten –AIDS, cancer, heart disease, pain, mental disorders, Atemprobleme/pos Korrel von Erwartung von healer und patient,
Heilung völlig: asthma/allergy, Schmerz depr migraine chronic kidney infection;
Follow up 5 Jahre später -16 F, 7 M (von 48) –glauben an Effektivität von spir healing, machen es weiter, 10 haben condition immer noch, 8 nicht, 5 unklar, - 12 improved (die Hälfte durch OP/Arznei, die andere durch spir medit diet) 2 gleich, 4 worse, fast alle

meditieren, fast alle gehen auch zum Schulmediziner, würden meist bei Kra auch zuerst dorthin gehen,

6 Punkte (0,5 sample, 3 Messung, 0,5 bei, 0,5 stat**, 1,5 Panel/Interve**) **Spir healing wirkt subj, Schulmediziner finden auch Verbesserung; aber Leiden bleibt, (auch in follow up-improvement dort zur Hälfte Schulmedizin) Veränderung: general wellbeing/mh und Einzelitems (anx minus, depr minus, pos wb pos, self control pos, vitality pos) pos, bei allen Items mehr pos Wandlung bei mehr exp von healer/Vp** R Gl

6 Punkte (0,5 sample, 3 Messung, 0,5 bei, 0,5 stat, **1,5 Panel/Interve) wenig Christen, Spir healing wirkt subj, Schulmediziner finden auch Verbesserung, aber Leiden bleibt, (auch in follow up-improvement dort zur Hälfte Schulmedizin) General health pos, gen health rating index und Einzelteile –current health, health outlook, resistance, health worry, sickness orient-alle besser; bei allen Items mehr pos Wandlung bei mehr exp von healer/Vp** R Gesu

Wolf-Braun,B/Binder,M: Geistige Heilung aus der Sicht von Patienten, in : Erfahrungsheilkunde 47, 13-20, 1998
2 Heiler, -Handauflegen, wenig sprechen/Diagnose/Ratschläge, leichte Massage, Übermittlerin göttlicher Kraft, -- vs Heilpraktiker, Kinesiologie Chiropraktik, Medium erstellt Diagnosen, viele Ratschläge, spiritistisch, Krankh durch Seelen Verstorbener verursacht, -Heilen durch Verzeihen,Gebet, Bitte an Jesus, die Seele des Verstorbrnen zu erlösen, /bei A –stärkere Beeinträchtigung, längere Kra, mehr Arznei, stark vs Schulmedizin (Kra: Knochen Muskeln ; Verdauung Urogenital, Nerven Psyche bei A mehr) /Beschwerden verschwunden ca 15, gebessert ca 40, vorübergehend gebessert 15 A, 3 B, gleich 20/40, verschlechtert ca 5; Zufr bei A eher weniger obwohl A besser heilt, (Pat gebildeter) ,6-8 Wochen später –A: körperl Funkt ns, körperl Beeinträ neg, emot Beeintr neg, Behinderung durch Schmerzen neg, Gesu-Zufr ns, Zufr soz Sit ns pos, Zustand aber immer noch schlecht, depr Verarbeitung weniger, /B –keine Besserung –körperl Fu, körperl Beeinträ, emot Beeinträ Behinderung Schmerz ns, Zufr ns, /B will sein pseudorel Weltbild den Pat beibringen –die wollen das nicht, übernehmen Krankh-deutung nicht, wers übernimmt wird eher gesünder,
A:Pat nur ein Viertel spir orientiert, Kraft die heilt: von Heiler, oder der ist Kanal, ihre Art unklar –göttlich oder physikalisch, Behandlung ok, nur Ergebnis z.T.nicht 40 %,Heiler hilft am meisten, dann Schulmed, kaum Alternativmed,/parallel oft Schulmed, Handauflegen wohltuend Ruhe Geborgenh Entspannung, teuer aber 83 % ok,
B: Pat mehr spir orientiert, Kraft von außerhalb, aus sich selbst, Behandlung erfüllt Erwartungen nicht 70 %, aber nur 37 % enttäuscht von Beh, Heiler hat bisher am meisten geholfen,

(unter 5) **zwei Heiler mit Mischung aus spir und rel**, **subj Besserung ca 60 %; ebenf subj erhobene Gesu-items nicht so viel besser (A –hier Zufr weniger, obwohl Gesu-items etwas besser sind), Zufr items ns, bei B Gesu-items gar nicht besser, trotzdem Zufr auch mit diesem Heiler,**
A körperl Funkt ns, körperl Beeinträ neg, emot Beeintr neg, Behinderung durch Schmerzen neg -aber Gesuzufr ns in T2 nach 6-8 Wochen, aber depr Verarbeitung sinkt,
B: keine Besserung –körperl Fu, körperl Beeinträ, emot Beeinträ Behinderung Schmerz ns, Zufr ns, Gesuzufr ns in T2 nach 6-8 Wochen, aber depr Verarbeitung sinkt

Deutung: Gesu nicht mehr so wichtig ? /bei beiden: hohe Zufr mit Behandlung, Heiler hilft mehr als Schulmedizin -und gleichz viel enttäuschte Erwartungen –Selbstrechtf (teuer, man ist hingegangen)

R Krim, pos, Gl Gesu) Wood,B et.al.: Development, refinement, and psychometric properties of the Attitudes toward God scale (ATGS-9), in: Psychology of religion and spiritutality 2, 148-167, 2010
7 Studien, andre rel, 6-24 % atheist !, 9-76 % white,26-49 M,/trust God to protect and care for you, feel angry at God, feel that God has let you down, view God as unkind, view God as all-powerful and all-knowing, feel loved by God, feel supported by God, feel nurtured or cared for by God, feel abandoned by God; 2 Faktoren –pos und neg; neg korreliert; 29/37 zu 4/7, Hindu 44:23, Ne 44:3, agno 18:11, wh 23:5;, no rel 22: 8; // **Korrel: belief salience Kg pos zu pos Teil stark, neg zu neg Teil schwächer; bei Ziel-Items neg Faktor stärker –a la rc (außer Lz),**

(unter 5) **Lz Diener zu pos Faktor plus, neg minus, Depr pos Faktor ns, neg pos; optimism pos/neg bzw.ns/ns; pos und neg Faktor korrel neg, neg wenig da,** R Gl

4 Punkte (1 sample, 2,5 Messung, 0,5 stat) **Dispositional forgiveness –pos Faktor ns, neg neg; N –neg Faktor pos; C pos/neg, Rest ns, Psychological entitlement (Narzissmus) I honestly feel I am just more deserving than others–pos Faktor ns, neg pos;** R pos

(unter 5) **Physical symptoms –pos Faktor ns, neg pos**; R Gesu

2,5 Punkte (1 sample, 1 Messung, 0,5 stat) **Anger ns zu pos Faktor, pos zu neg Faktor**; R Krim

Wood,C et.al.: Protestantism and child mortality in Northeast Brazil, 2000, in: JfSSR 46, 405-416, 2007

4 Punkte (3 sample, 1 Messung) **Zensus, F 20-34, Nordost, Children ever born –K 2,39, traditional P 2,06, Pentecostal 2,45** R fert
Zensus, F 20-34, Nordost, Children dead –K 1,5, trad P 0,75, Pe 1,3// biv: trad P und Pe neg; mv(age, color, rural,inc, edu,mari stat migrant water piped) –trad und Pe minus, K plus, (Pres Bapt klar minus, AoG minus, Universal Kingdom of God –ns, hat health and wealth gospel, man darf trinken rauchen tun was man für richtig hält !)
5,5 Punkte (3 sample, 1 Messung, 1 mv, 0,5 stat) **children dead neg zu trad P und Penteco (vs Kath), health-and-wealth gospel tun was man will -Pe ns; Zensus**

R Sm, pos, Gesu, Krim) Wright,D/Cox,E: Changes in moral belief among sixth-form boys and girls over a seven-year period in relation to religious belief, age and sex difference, in: British Journal of social and clinical psychology 10, 332-341, 1971
Zwei Umfragen, selbe Schulen, nicht selbe Schüler; 1963 und 1970 (da 32 % weniger Schüler) always wrong usw –gambling, drunkenness, smoking, lying, stealing, suicide,colour bar, taking nonaddictive drugs (marij), taking addictive drugs (heroin) (drugs nur 1970) //
confidence in the existence of God,confidence that Christ was the son of God, impo of the issue of life after death and belief in life after death, Kg, pray,/

1963: rel pos zu wrong, außer: belief in God zu smoking ns (boys), colour bar –Kg, belief in God, pray ns (girls)//allg:stärker Religiöse ändern ihre Haltung ebenso wie schwächer Religiöse hin zu mehr Akzeptanz der Items,

6,5 Punkte (2 sample, 3,5 Messung, 0,5 bei, 0,5 stat) **Drunkenness (1963/1970) –belief in God/in Christ/impo of LnT, belief in LnT, Kg, pray neg , smoking ns, nonaddictive drugs (1970) –rel Items neg, addictive drugs (1970) 6 von 12 neg; MF** R Gesu

7 Punkte (2 sample, 4 Messung, 0,5 bei, 0,5 stat) **Lying -1963 belief in God/in Christ/impo of LnT, belief in LnT, Kg, pray neg, 1970 boys ns, girls neg, stealing (1963 neg) 6 von 12 neg(1970), MF (und drunkenness, drugs s.o.)** R Krim

5 Punkte (2 sample, 2 Messung, 0,5 bei, 0,5 stat) **gambling –belief in God/in Christ/impo of LnT, belief in LnT, Kg, pray neg, 1963/1970//colour bar (Rassenschranke) -1963 meist und 1970 allermeist ns, MF** R pos

4,5 Punkte (2 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **suicide – belief in God/in Christ/impo of LnT, belief in LnT, Kg,pray neg 1963/1970,** R Sm

Wynder,E et.al.: Cancer and coronary artery disease among Seventh-Day Adventists, in: Cancer 12, 1016-1027, 1959

8 hospitals der SDA, meist 1952-57, cancer und coronary heart disease, 11714 Vp
(Andres sample:Smoke /drink–raised SDA weniger als converted als non, MF, /no meat,fish,coffee tea MF pos, milk ns, /occ ns, urban ns,)
Cancer cases –MiniN SDA M 129, SDA F 248, M: Lunge Mund/larynx/esophagus, Blase sign besser, Lymphom Prostata ns vs nonSDA, Rest nsneg; F –pancreas lymphoma colon/rectum breast Durchschnitt, uterus nspos, sign nur cervix minus, Rest nsneg;
Herzinf –F ns, M neg; coronary heart dis –dto
7,5 Punkte (2,5 sample, 3,5 Messung, 0,5 bei, 0,5 stat) **raised SDA weniger drink smoke als convert als nonSDA, SDA M weniger Krebs ns(N) –v.a.Lunge Mund/larynx/esoph,,Blase; Lymphom Prost ns vs nonSDA, Rest nsneg; F –uterus nspos, cervix neg, pancreas lymphom colon/rectum breast Durchschnitt, Rest nsneg,Herzinf /CHD–F ns, M neg**

((R Gl, Gesu-keine Christen) Yeager,D et.al.: Religious involvement and health outcomes among older persons in Taiwan, in: Social Science and Medicine 63, 2228-2241, 2006

Schwer durchschaubare samples, 3800 Vp , über 53 J, 1999 -2003 14 % tot 529 , rel: 50 % Taoist/folk rel, 28 Bu, 8 other, 15 no(1993 no ist 1999 zu 49 %mit rel aff !, Taoist 1993 -1999 nur 60 %, Bu 48) rel att –how often go to temple church for worship, /belief: heaven/hell, when a person dies, their spirit is still living, death is just the passage to paradise or heaven not really the end, afterlife will be better than life in this world, /practices –pray burn incense worship Gods or Buddha at home, read scriptures, watch listen rel programs onTVradio, pray to Lord,to gods, or Buddha when meeting difficulty/to help feel more peaceful, ask for guidance from Lord gods Buddha before making important decisions, pray to Lord gods to relieve worry and stress,
no aff nicht nach practices aber nach belief gefragt,

Srh in 2003 –denom ns, rel attendance pos, rel beliefs ns, rel practices ns (mv demogr), mit GesuV (smoke, Ernährung, exercise, alc) und ss/Orgteiln volu –ns(mit srh 1999 ns),
mobility limit –denom ns, rel att neg, belief/practices ns, Ko von GesuVss usw –rel att neg, rel practices pos, mit Ko von mobility T1 ns;
cogn impairment –no minus, rel att minus, belief practice ns (mv mit cogn impairment T 1 dto), IL-6 –alles ns(auch andre Items), cortisol –dto, systolic Bd –dto, diastolic Bd –no rel und att nsneg;
mort –no nsneg (aber Vergleich absurd –mit Taoist, der keine rel beliefs und practices hat ! –statt mir Normaltaoist –dann no mehr mort) , att neg, rel beliefs nspos, mv demogr, GesuV/ss und srh T1,

keine Christen, Zahlen für no mit falschen Vergleich, no völlig unstabil, Kannib (denom, att, belief, practice), falsche Reihenfolge für mv: statt zuerst ein Rel-item und demogr/Gesu aus T1 kontrolliert man Rel per Kannib und Überko –GesuV-weg und bringt dann T1)
8 Punkte (2 sample, 2,5 Messung, 1,5 mv, 0,5 stat, **1,5 Panel) rel att pos zu srh, neg zu mobility limit, cogn impairment, mort, ns zu IL6,cortisol,Bd, z.T. bei mv nicht mehr, aber Überko/Kannib))**

7,5 Punkte (2 sample, 1,5 Messung, 2 mv, 0,5 stat, **1,5 Panel) depr in 2003 –denom ns, rel att minus, rel practices pos (mv s.o. –auch mit Depr T1 - rel att minus, practice ns**) R Gl))

Yeary,K et.al.: Religion, social capital and health, in: RRR 54, 333-347, 2012
2006 Social Capital Community Benchmark Survey , rr 18-29; ca 10800 Vp
participated in church activities other than attending services,
considered themselves to be a member of a religious group, Religious giving - amount of money contributed to church or religious causes ‘‘religion is very important in my life,’’ Kg //social capital –Social trust - general interpersonal trust, trust in neighbors, trust in co-workers, trust in fellow congregants, trust in store employees where one shops, and trust in local police.
Informal social interaction presence of visits to home from friends, presence of visits with relatives, socializing with co-workers outside of work, hanging out with friends in public places, playing cards and board games.
Formal group involvement: number of formal group involvements, excluding church involvement (e.g. professional,trade, farm, or business associations, neighborhood associations) in the last12 months; having served as an officer or on the committee of a local club/organization in the last 12 months (yes/no); attendance at a celebration, parade, or local sports or art event in one’s community within the past year (yes/no); attending a club meeting within the past year (yes/no).
Giving and volunteering: total number of times volunteered (excluding volunteering for religious organizations) in the last 12 months (was coded as a continuous variable); contributions to secular charities in the last 12 months,
Diversity of friendship networks -mean number of friends the respondents reported having who (1) owns own business, (2) is a manual worker, (3) has been on welfare, (4) owns a

vacation home, (5) has a different religious orientation, (6) White, (7) Hispanic, (8) Asian, (9) African-American, (10) could be described as a community leader.
Electoral participation : voting in the 2004 presidential election (yes/no), being currently registered to vote (yes/no), having interest in politics and national affairs (level of political knowledge (number of US senators'names known), days in the past week the respondent had read a newspaper.
Non-electoral participation -belonging to a group that took local action for reform in the last 12 months (yes/no);attendance at a political meeting or rally in the past year (yes/no); signing a petition in the past year (yes/no); participation in a political group in the last 12 months (yes/no), participation in demonstrations, boycotts, or marches in the past year (yes/no); participation in an ethnic, nationality, or civil rights organization in the last
12 months (yes/no); participation in a labor union in the last 12 months (yes/no).

Rel (ohne rel giving, weil zu eng mit soc capital verbunden) pos zu soc capital (ohne informal soc intera)

6,5 Punkte (3,5 sample, 1,5 Messung, 1 mv,Mediat, 0,5 stat) **Rel ns zu srh, aber rel pos zu soc capital pos zu srh, deshalb rel indirect pos zu srh (? SEM-Analyse, stimmt vielleicht? unklar ob das heißt: rel zu srh ns bei Ko von soc capital) /soc cap als Mediator –formal involvement, giving, volunteering am stärksten wirkend; R Gesu/help**

(R Gl, Gesu, help) Zemore,S/Kaskutas,L: Helping, spirituality and Alcoholics Anonymous in recovery, in: Journal of Studies on Alcohol 65, 383-391, 2004

Revovering alcs, 60 % AA,40 % F, 69 % mindestens ein Jahr nüchtern, / -time spent in: recovery helping –help other alcs bei recovery, share experiences, give moral support, encouragement explain program rules;life helping –share exp in dealing with other problems, help find a job, take care of children, /Community helping –fund raising, working at a homeless shelter soup kitchen, mentoring youth,help out with children's sports; /AA particip –do you now have a sponsor, number of steps worked, //AA involvement -7 Items , AA achievement –completion of the Twelve Steps, sponsoring another AA member, DSE - 2Faktoren –9 Items referring to God/rel; 5 Items –connection with others/universe –feel a selfless caring for others, feel deep inner peace or harmony// psychiatric severity –psy emot problems –depr anx halluc; //length of sobriety pos zu DSE beide Faktoren, //AA involvement/achievement pos zu F1, ns F2; F1 pos zu recovery/life helping, ns zu community helping, F2 pos zu allen drei (AutoK); psychiatric severity ns zu F1, neg zu F2(AutoK),

(unter 5) **Length of sobriety/AA involvement/achievement pos zu F1(Theism) von DSE, F 2 (connection/peace) ns zu AA, pos zu sobriety** R Gesu
3,5 Punkte (1 sample, 2 Messung, 0,5 stat)**F1 pos zu recovery help, life help, ns zu community help, F2 zu allen drei pos(AutoK)** R help

(unter 5) **DSE -F1 ns zu psychiatric severity (anx, depr, halluc), F2 neg (AutoK),** R Gl

Zhang,W: Religious participation and mortality risk among the oldest old in China, in: Journal of Gerontology,Social Sciences 63B, S293-297, 2008

Chinese Longitudinal Healthy Longevity survey, 6747 Vp, 2 J, 80-105 J,(ohne Vp über 106, ohne missing values –ca 2000 Vp) 37 % sterben –ca 2496,
How often participated in religious activities –sometimes und every day vs never, unklar, welche Religion
63 % rural, how often do you look on the bright side of things, how often do you make your own decisions,/gardening, read newspapers or magazines, watched TV listened to radio, played cards Mah-jongg/ do you exercise at present /
Ganzes Sample –rel -0,87 mv, (Ko von exercise engagement -0,92)
Bei M und Vp in good health- rel ns(wohl mv mit demogr/srh –oder mit allem ?//) andre Zahlen zu F und poor health in Text vs Table –rel dort sign –mv demogr/srh und optimism autonomy exercise engagement smoke(ns !),

7,5 Punkte (2 sample, 1 Messung, 2,5 mv,bei, 0,5 stat, **1,5 Panel) rel activities neg zu mort bei F und poor health, M/good health ns(nicht gezeigt), Zahlen unsicher**

(R pos, Gesu, Krim) Zrinscak,S/Nikodem,K: Why, at all, do we need religion ? Religion and morality in post-communist Europe, in: **Pickel,G/Müller,O**(Hg): Church and religion in contemporary Europe. Wiesbaden 2009, S.13-25
1999/2000 EVS data from 14 Western and 13 Eastern European societies - Six moral statement, justified ? -- (1) claiming state benefits which you are not entitled to; - (2) cheating on tax if you have a chance; (3) taking the drug marijuana or hashish; (4) married men/women having an affair; (5) homosexuality; (6) abortion. Western Europe: France, Great Britain, Germany, Austria, Italy, Spain, Portugal, Netherlands, Belgium, Denmark, Sweden, Finland, Northern Ireland, and Ireland. Eastern Europe: Estonia, Latvia, Lithuania, Poland, Czech Republic, Slovakia, Hungary, Romania, Bulgaria, Croatia, Russia, Slovenia, and Ukraine.
claim benefit –Kg: West 10 minus, Portugal, Schweden, Dän ns, Ndl nsminus; Ost: 3 minus, 6 ns, 2 nsminus, 2 pos (Polen, Slow); impo –W 10 minus, Ndl Be Dän Schw ns; Ost -5 minus, 4 ns, 2 ns minus, 2 pos (Polen, Slow)
cheat on tax: Kg –W 13 minus, 1 nsminus; O -7 minus, 5 ns, 1 nsminus; impo –W alle minus, O 10 minus,3 ns; **(Dän Schweden -6 von 16 ns, Finnland alle neg; Rum Bulg je 2 von 8 sign, Russl -1 von 8; nirgends pos//impo –stärker als Kg; claim-Korrel schwächer als cheat als Rest –v.a. im Osten, wenig Rel –viel Wirkung: Ndl, ,Finnland, viel Rel –viel Wirkung –(N)Irland, viel Rel –wenig Wirkung: Rumänien; wenig Rel –wenig Wirkung: Bulgarien; Skandinavien Dän Schw schwache Wirkung, Finnland stark;**

7 Punkte (3,5 sample, 2,5 Messung, 0,5 bei, 0,5 stat) **claim benefit –Kg neg (West, /Ost eher ns), impo (etwas stärker)neg (Ost etwas neg), Schweden Dän ns; Finnland neg; Rum Bulg Russl meist ns, alle Kombin da: wenig/viel Rel –hohe/niedrige Korrel/cheat on tax –klarer: Kg W 13 von 14 neg, 0 7, impo W alle neg,O 10/ take marij/hashish –Kg W 13 minus, 1 ns minus; O -9 minus, 3 ns, 1 nspos; impo –W alle minus, O 11 minus, 2 ns** RKrim

6 Punkte (3,5 sample, 1,5 Messung, 0,5 bei, 0,5 stat)**take marij/hashish –Kg W 13 minus, 1 ns minus; O -9 minus, 3 ns, 1 nspos; impo –W alle minus, O 11 minus, 2 ns**; R Gesu

6 Punkte (3,5 sample, 1,5 Messung, 0,5 bei, 0,5 stat) **married woman/man having an affair –Kg W 13 minus, 1 ns Dän; O -10 minus, 1 ns, 1 ns pos/neg; impo –W 13 minus , 1 nsminus Dän, O -12 minus, 1nsminus;** R pos

(R Gl, Gesu) Zuckerman,D et.al.: Psychosocial predictors of mortality among the elderly poor,in: American Journal of Epidemiology 119, 410-423, 1984

Vp forced to move from their homes vs controls not moved (matched in neighborhood, age sex race, Bd, CVD, srr; mehr verh, Hausbesitzer, income)// 72 J, 25 % Ne, 52 Kath, wegen urban renewal, eviction, condemned or substandard housing, fire, extreme financial hardship (nicht wegen poor health) mort-Messung nach 2 J, 398 Vp - davon sterben 47 /health –Krankheiten, shortness of breath, sight, hearing, tremors, arthritis, trouble moving part of body
rel –Kg, srr, how much is religion a source of strength and comfort to you/sozial- confidant, see him, friends –close, live here, come to visit, go to visit, Kinder;
Lz , NAS anx depr hostile, anomie, insomnia,depr (Sm feelings, concern about future, being burdened with responsibilities), rating of affect durch Interviewer – happy sad, anx unconcern, anger irritation;
Health index (mit Zushang zu mort): bronchitis, diab, heart attack, stomach pains, shortness of breath bowel urinary problems, problems in moving,

7,5 Punkte (1 sample, 2,5 Messung, 2 mv,bei, 0,5 stat, **1,5 Panel) mv: Rel neg zu mort bei ill MF, bei Gesunden ns, (Ko von sex) Teilitems: Kg nicht so stark, strength stärker neg zu mort, mv health index, sex, number of children nearby – rel hier neg zu mort allg (?), rel ns zu smoking BMI hospitaliz** R Gesu

(unter 5) **interviewer rating of happy, serious subdued, somewhat unhappy, sad, close to tears, grief stricken –pos zu rel,** R Gl

(R Gl, Gesu, pos, fert, Krim, help) Zulehner,P/Denz,H: Wie Europa lebt und glaubt. Düsseldorf 1993

Sehr großes Sample, mehr als 35000

Kirchlich – menschgewordner Gott und Kg sonntäglich; kulturkirchlich – höheres Wesen, weiß nicht und Kg sonntäglich, religiös menschgewordener Gott und Kg nicht sonntäglich; kulturrel – höhWesen weiß nicht und nicht sonntäglich, Unglaube – beides nicht.

mv (Land, Familienstand, Geschlecht, Alter, Ortsgröße, Bildung , Einkommen und zwei rel Items)) 0.05 und kleiner: kaum oder so gut wie keinen Einfluss.. Zufriedenheit(Leben allg, häusl Leben, Lebensstandard, Arbeit) Lebensglück (alles in allem sehr gl etc),, manisches Lebensgefühl (begeistert, Lob erhalten –gut getan; froh was fertiggebracht, im siebtenHimmel gefühlt, alles läuft wie ich es mir wünsche), Depr (unruhig, einsam, Langew,

niedergeschl, verstört) neg, Selbstbewusstsein (rechne gewöhnlich mit Erfolg bei dem was ich mache, kann mich gut durchsetzen übernehme gern Verantw bin selten unsicher) (**Korrel mit Konfession und KRtyp zusammen –Kannib)**

7 Punkte (3,5 sample, 2,5 Messung, 1 mv) **pos Korrel Konf/KRTyp zu Zufr, Lebensglück, depr Lgefühl – zusammen: Konf 0.06, KRtyp 0.09 Lebensglück 12/41; Zufr 52/82, depr 27/26) Zu manisch kreat Lebensgefühl 0.02, 0.04; zu Swg – 0.013, 0.017 ganz schwach** R Gl

6 Punkte (3,5 sample, 1,5 Messung, 1 mv) **Gesundheit, Selbstbeschreibung, - Konf/KRtyp beide zus (Kannib) –mv 0.02/0.04 pos** R Gesu

7,5 Punkte (3,5 sample, 3 Messung, 1 mv) **Vertrauen allg, zu Familie, Bewohnern des Landes pos (0.05 bzw. 0.07) Vertr in obrigkeitl Insti (Heer Kirche Polizei) –Ktyp/Konf mv stark pos, (AutoK, aber : kath neg !), restliche Insti (? Unklar welche) schwach 0,03/0,06; soziale Bewegungen 0,03/0.05; aber Sign unklar, (Kannib zwei rel Items) Erz-ziele –Selbstlosigkeit –mv kaum Wirkung (0,02/0,03) Eink-unterschiede verrin-gern/Wohlstand –genug für alle da, nicht W nur auf Kosten anderer, Staat muss versorgen, Wettbewerb ist schädlich, Verstaatlichung, Erfolg Glückssache vs jeder muss für sich Verantwo übernehmen, Privatisierung Wettb bringt Leute auf Ideen und zu harter Arbeit, harte Arb lohnt sich –Krtyp Konf pos zu beiden Faktoren ! aber schwach** R help

6 Punkte (3,5 sample, 1,5 Messung, 1 mv) **zu tatsächlicher Kinderzahl – Konf (0,04, 0,05) und KR-Typ (0,085/O.143) mv**, R fert

7,5 Punkte (3,5 sample, 3 Messung, 1 mv) **Ablehnung von Fremden, Devianten (Drogen,Homo, AiDS, betrunken vorbestraft psych krank), pol Extremen als Nachbarn Rel weniger, (0.04/0.05) KRtyp pro Aut: künftig mehr Achtung von Aut**

Konf/Krtyp - Respekt Kind vs Eltern 0,08, 0,1; Lebensanspruch der Eltern 0,02/0,08) - (Erziehung zu Gehorsam betriebliche Anordnungen befolgen)

Sexualität etc (Prost, Homo,Geschlbezi mit Minderjährigen außerehel Bez Sm div Abtr Euth) stark 0,13,0,17 oder 0,1 0,25 R pos

8 Punkte (3,5 sample, 3,5 Messung, 1 mv) **Notwehrtötung, Drogen, Gefundenes zurück Lügen, handgreiflich gegen Polizei, Steuern hinterz, Schwarzfahren, Sozialleistungen Nichtzustehendes nehmen, parkendes Auto Schaden nicht melden, Schmiergeld Hehlerei pol Mord betrunken steuern, Spritztour Arb bedrohen, die nicht streiken wollen– Kirchliche immer besser als Ungläubige, bei Auto beschädigen, Abfall, Streik, pol Mord, Sozialleistung betrunken Spritztour eher ns pos mv Korrel :Staatsitems(Auto, Abfall, Streikbrecher bedrohen, Pol Mord gegen Polizei handgreiflich, Schmiergeldl) – Krtyp/Konfession schwach 0.04/0,05, Betrug (Steuer,Hehler,Soziallleistung zu Unrecht) –stärker 0,06,0,09** R Krim

R Gesu/Gl) Zullig, K et.al.: The association between perceived spirituality, religiosity, and life satisfaction: the mediating role of self-rated health, in: Social Indicators Research 79, 255-274, 2006

Lz I would describe my satisfaction with my overall life as.. terrible, unhappy,mostly dissatisfied, mixed, mostly sat, delighted), /spirituality is very important to me, I am very spiritual, I rely on higher power for guidance,/religion is very impo to me, I am very religious (spir mehr bejaht)

Lz – rel impo pos, very rel pos (stärker als spir) ,spir impo pos, very spir pos, rely on higher p. pos, //srh – alle pos, rel etwas besser, //hohe Korr rel-spir//srh mediiert Korrel spir –Lz völlig, rel –nur Teilmediation durch srh;

(unter 5) **rel und (etwas schwächer) spir pos zu Lz und srh, srh Vollmediator bei spir, Teil-Med bei rel** R Gesu/Gl

Zusätzliches, nicht in Bewertung

(R Ableitung/Gl) Borras,I et.al.: Religious beliefs in schizophrenia: their relevance for adherence to treatment, in: Schizophrenia Bulletin 33, 1238-1246, 2007
(wohl sample Huguelet) Positive spiritual visions of the illness were that the illness belongs to God's plan, the illness opens the mind to spirituality, and the spiritual acceptance of the illness. Negative spiritual visions were a demonic attribution to the illness or a punishment for patient's sins. Spiritual positive visions of medication were medication as a God's gift, medication recommended by a spiritual counselor,and spiritual acceptation of the need of medication.
Spiritual negative visions of medication were the search of spiritual healing in place of psychiatric care, experiencing medication as hindering spiritual life, spiritual delusion leading the person to deny illness, and need for treatment. Spiritual positive visions of supportive therapy were - doctors are God's gift, doctors are counsellors, therapy recommended by a spiritual counsellor,and spiritual acceptation of the need of therapy. Spiritual negative visions of supportive therapy were the search of spiritual healing in place of psychiatric care; denigrationof doctors' skills, while nonspiritual; spiritual delusion leading the person to deny illness; and need for treatment
14 % minority rel, 19 no rel,// adherence –group rel pos, nur subj rel neg;mv mit demogr und Krankh-items: Rel ns zu adherence, /spir vision of illness –bei 57 % da, 31 pos (gift from God, Gods plan), 26 neg,(demon, devil, punishment possession) //adherents mit weniger spir vision of illness; mehr pos spir vision of medic/Therapy –
(unter 5) **subj rel impo plus group rel –bessere adherence; subj rel impo ohne group rel – schlechter als no rel; etwas mehr minority rel/no rel, spir Ansicht von Krankheit/Arznei –ns Diff zu nonspir in adherence/compliance,**

Chaves,M/Anderson, : Continuity and change inAmerican religion, 72-2008, in: Marsden,P(ed): Social Trends in American Life. Findings from the General Social Survey since 1972, 212-239

When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family requests it – 70er J: Kg weekly 59 anti, less frequ attenders 32, 2000-2006 -55:25,

Idler , E et.al.: Religion, a social determinant of mortality? A 10-year follow-up of the Health and Retirement Study. PLoS ONE 12(12): e0189134, 2017

HRS, 18701 Vp, 64 J; T 1 2004, T2 2014; 5900 sterben, Mainline Protestants, Conservative Protestants, Roman Catholics, Jews, other religion, and no religion. "How often have you attended religious services in the past year" "frequently" (more than once per week), "regularly" (2–4 times per month), "occasionally" (1–12 times per year)

and "never". "How important is religion in your life?" "not too important" to "very important".

Controls: chronic conditions -diabetes, cancer, lung disease, heart disease, stroke high blood pressure, arthritis, other condition, days in bed in the last month, self-rated health, a count of symptoms (e. g. incontinence, swelling, shortness of breath), pain, a count of Activities of Daily Living (ADLs, 0–9), a count of Instrumental Activities of Daily Living (IADLs, 0–14), and sensory (vision and/or hearing) impairment. Measures of mental health included the Center for Epidemiologic Studies' Depression scale (selfreported emotional or psychiatric problems, and self-reported memory problems.Health behaviors –smoking, alcohol use (usual days per week), body mass index, physical exercise, count of health promotion/prevention activities (annual flu shot, cholesterol screen, mammogram, prostate exam, seat belt use). Social ties included marital status (married, widowed, divorced/separated, never married), family size (sum of children, grandchildren, siblings, parents), frequency of socializing, and volunteering/caregiving.

Kg vs impo –age F Ne Latino chronic cond (pos) bed days IADL Gedächtnisprobleme BMI smoke widow socialize volu health promotion pain (neg) family size (neg) beide gleich; Kg –edu inc assets pos, impo: neg/ns; srh –Kg pos, impo ns; Depr/emot probl –Kg neg, impo ns; never married –Kg neg, impo ns, div –impo pos, Kg neg, exercise –Kg pos, impo neg; Kg –ADL neg, impo ns;

Alle drei rel Items in einem Modell –Kg neg, impo pos, affil: mP stark pos !, cP K J pos !! –Basis no; demogr/SES dazu –denom ns ! (Grund v.a. age, bei cP –asset income als Urs) impo noch pos; bleibt bei Zugabe von Gesu-status, GesuV, social ties (Kg kaum schwächer), wirkt auch b e i M und F //Ko von Gesu-Items: hazard 48 -60; GesuV -60 -74 (alc BMI nicht, smoke prevention exercise ja) soc ties –wieder besser -65 –nur volu als Mediator,

never attend plus very impo –mehr mort als never attend und not at all impo (Ko von Gesu-items –keine mort-Diff mehr !, bei gleicher Gesundheit sterben never att plus very impo nicht eher) –Leute sind kränker, können nicht mehr in Kirche, also steigt impo zusammen mit Todesnähe(impo-Ausreißer erklärbar durch Krankheit ?), rausgerechnet Leute die bis 2005 sterben –waren schon krank, verzerren

14,5 Punkte (3 sample, 6 Messung, 4 mv, bei , 0,5 stat, 1 Panel) **Kg/impo –chronic cond pos, bed days ns, IADL pos, Gedächtnisprobleme BMI ns, health promotion pos, pain neg, smoke neg, Kg: srh exercise pos, ADL neg/impo: srh ADL ns, exercise neg, //Kannib: mort –Kg neg, impo pos (Grund wohl: Leute mit never Kg und very impo –bei Ko von Gesu keine Diff zu Kg never und not at all impo, vorher mehr mort) , affil ns (biv alle pos ! –Grund v.a. age; bei cP –assets inc), Korrel bleibt bei Zugabe von Gesu, GesuV, social ties, wirkt bei MF (Mediatoren: Gesu-zustand etwas; BMI alc nicht, aber smoke, exercise, prevention, volu), rausgerechnet: Leute die bis 2005 sterben –sie waren schon krank, verzerren**

(R Gesu/Gl) McClain,C et.al.: Effect of spiritual well-being on end-of-life despair in terminally-ill cancer patients, in: Lancet 361, 1603-1607, 2003
Todkranke, Lebenserwartung 3 Monate, FACIT-SWB –inner harmony, feel at peace; find comfort and strength in rel belief,
Comfort – hopelessness neg, desire for hastened death neg, suicide ideation neg, Depr neg, physical functioning ns, number of symptoms neg,
mv zu hopelessness (Ko von Depr, meaning und peace, ss symptoms phys functioning) – comfort neg, desire for hastened death ns, suicidal ideation ns neg,
(unter 5) **find comfort/strength in rel belief - neg zu NAS)**
(unter 5) **find comfort/strength in rel belief ns zu physical functioning, neg zu symptoms**
R Gesu

Trevino,K et.al.: Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: cross-sectional and longitudinal findings, in: AIDS and behavior 14, 379-389, 2010

86 % M, 53 Ne, 50 gay 11 bi; 12 no aff, attr 21, T2 zwölf bis 18Monate später; HIV/AIDS-targeted quality of life – overall functioning, Lz, health worries, financial worries, HIV medication worries, HIV mastery (comfort with how HIV was contracted) disclosure worries, provider trust, sexual function, FACIT-Sp-Ex – sense of comfort, harmony peace in life, strength of faith, compassion, gratitude sense of connectedness to others and a higher power; /praying, meditating rel text study, /Brief RCOPE 14 – Werte:pos 17, neg 10; /pos rc – viral load CD 4 ns, Lqua –Lz pos, HIV mastery neg; health financial disclosure worries ns sexual function ns, provider trust ns; ss ns; HIV symptoms ns, Depr ns, Swg pos; neg rc alles neg (Gesu, Lqual etc) //Korrel pos rc T1 zu T2 Items (ohne Ko von T 1 Items): Lz Swg pos mastery neg; neg rc bei allem neg//rel aff (christli vs nonchr –unsicher ob no dabei): Lz pos, provider trust pos, Depr minus, ss pos, Swg /worries, CD4 viral load mastery symptoms ns//bei Ko von T1 Items – pos rc ns außer zu FACIT (AutoK), rel affil neg zu CD4, neg rc – overall Lqu neg, mastery neg, Depr pos, CD 4 pos; FACIT ns;

7,5 Punkte (1 sample, 4 Messung, 1 mv, **1,5 Panel) Dreiteilig- biv T1, biv T1-T2, mv T1-T2 mit T1 Item –bei letzterem pos rc ns außer zu FACIT (AutoK), neg rc –overall Lqu neg, mastery neg, Depr pos, FACITns; biv und biv Panel –pos rc Lz plus, mastery neg ?, Swg plus, Depr ns, neg rc bei allem neg, /rel affil – Lz pos, provider trust pos, Depr minus, ss pos Swg ns, /pos rc und rel aff zu worries ns;** R Gl

6,5 Punkte (1 sample, 3 Messung, 1 mv, **1,5 Panel) T 1-T2 bei Ko von T 1 Item: rel affil neg zu CD4, neg rc zu CD4 pos, zu overall function neg (T1 biv, T1-T2 biv,mv); pos rc rel aff ns zu overall function; T1-T1 und biv T1 –T 2 neg rc mehr HIVsymptoms, zu viral load alle ns** R Gesu

(R Gesu/Gl) Zhang, J et.al.: Association between Religion and Health in China: Using Propensity Score Matching Method , in: Religions 11, 1: 37, 2020 Sample wie Liu (der verwendet nur ca 1300 Vp, hier ca 6000) , 2007 Spiritual Life Study of Chinese Residents (SLSC), rel very impo 3, somewhat impo 9, ever pray 11, regular att 3, Prot 2, Bu 17, no 80

Propensity Score Matching (PSM) Method gegen self-selection in religion and health studies and to assess the treatment effects of religion on the health outcome. The propensity score is the probability that an individual belongs to a naturally occurring treatment group, based on the individual's background characteristics. In the present study, the propensity score estimated is the probability of a respondent practicing religion, given his/her demographic and socioeconomic characteristics. The PSM model first estimates a respondent's propensity for religious practice, then matches the propensity scores of those with a religious affiliation (the treatment group) and those without a religious affiliation (the control group). Based on the matched propensity scores, the effects of religion on health or happiness are estimated by comparing the differences between the respondents with a religion and those without a religion After matching the propensity scores, the practicing of a religion, the treatment, is randomly assigned. Hence, the religious group (treatment group) and non-religious group (control group) can be considered as being homogeneous with respects of all observable factors except religion The unobserved, confounding, and selection bias are mitigated in this way / Specifically, we estimate the following model of self-reported health (SRH): SRHi = βRELIGIONi + δXi + εi (1) where SRHi is tested with binary variables of "being very healthy" and "being very happy" respectively. RELIGIONi identifies whether an individual reports to have any religious affiliation, attend religious services, or ever practice praying. Xi is a vector of demographic and socioeconomic characteristics, including gender, age, marital status, economic variables and self-reported happiness. εi is an error term. For the first step of the estimation, the probability of reporting a religious affiliation, the propensity score, then was estimated and predicted with the control variables contained in Vector Xi . Since the dependent variable, 'Being very-healthy', is a dummy variable with value of '0' or '1', we applied a binary logistic model to estimate the propensity score. For the second step, the propensity score matching step, we adopted stratified matching technique, which generally produced unbiased results (Li 2013). The variances were estimated using bootstrapping techniques. To investigate the sensitivity of the model, we also tested matching methods such as nearest neighbor matching and radius matching. All analyses were performed in STATA 14 statistical package (Stata Corp LP, College Station, TX, USA).

'Do you feel happy about your life overall? How is your overall health these days?' Regardless of whether you have been to churches or temples, do you believe in a religion? (don't believe anything/having no religion als Basis)

Please tell me the importance of the following items in your life. Is it very important, somewhat important, somewhat unimportant, or not at all important?' Religion

'Did you worship in a conventional religious setting (regardless of a temple or a church) during the past 12 months?', then asked about the frequency as 'regularly or occasionally'. We only identify respondents who have regular religious attendance. The base group is 'have no or occasional religious attendance'. Do you ever pray? Have you

ever tried to communicate with God or a certain supernatural power, asking for blessings and protection?

Very healthy –with rel pos, Bu pos, Prot nspos (bei PSM pos) //andre Modelle: very impo pos, pray Kg ns (mv demogr);

Very happy – with rel ns, Bu ns, Prot pos//andre Modelle: very impo, pray (bei PSM ns) , Kg pos; (mv demogr, health !),

Unklar: The findings by binary probit regression and by the PSM method are consistent overall, and the discrepancy of the size of the effects indicates signs of selection bias. First, the sizes of the estimated effects by PSM are smaller than those by binary probit regression. This phenomenon is because the PSM method helps to control potential self-selection issues, which may inflate the effects of religion estimated by traditional probit model. Second, the coefficients of the Protestantism are insignificant when estimated by the binary probit regression method, however, the average treatment effects (ATEs) of religion on health estimated by the PSM method are highly significant. This discrepancy can be explained by the self-selection issue of practicing Protestantism in China. Protestantism especially reaches out to help the bottom class, people in poverty or disease. Many people in China turn to Protestantism due to social stresses, chronic disease burdens on themselves or family members. Subject to the self-selection bias, the probit regression method reflects the association of poor health status and Protestantism as a group. However, the PSM method has helped to alleviate the self-selection issue and reports significant effects of Protestantism both on being very health and very happy (neg Selektion !?)

7 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat) **Very happy – with rel (vs don't believe anything/having no rel) ns, Bu ns, Prot pos//andre Modelle: very impo, pray (bei PSM ns) , Kg pos; (mv demogr, health !),**

7 Punkte (2,5 sample, 3 Messung, 1 mv, 0,5 stat) **Very healthy –with rel pos, Bu pos, Prot nspos (bei PSM pos) //andre Modelle: very impo pos, pray Kg ns (mv demogr);**