

Editorial

Donald R. Ferrell

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It was the ancient Greek philosopher, Heraclitus, who seemed driven to convince his contemporaries that what was constitutive and foundational about their experience of the world was, paradoxically, its relentless becoming. Change, he believed, embraced all things. His metaphor for the flux that holds us firmly in its grip: no one puts his foot in the same river twice.

If we look at ourselves through a heraclitean lens, it seems probable that few of us would deny the presence of change in our personal and social lives. In our recent American presidential election we chose Barack Obama as our next president, in large part because he promised “the change we need”. Not only do we feel the push and pull of change in our individual and collective lives, we are coming to see that our very survival may depend upon our being able to change the multiple patterns of our historical existence that are becoming increasingly maladaptive for ourselves and our planet.

As one of the microcosms of our world, the *Journal of Religion and Health* is also subject to the dynamics of change. One of the most obvious changes we have experienced is the passing of the ownership of the *Journal* from the Blanton-Peale Institute of New York to Springer Science+Business Media, LLC, represented most dramatically by the change in the cover design. We have also seen new names added to our Editorial Board, and I am struck as Editor-in-Chief by the increasing number of new authors and reviewers from around the world, who are contributing in a substantial way to the life and work of the *Journal*.

We open this issue of the *Journal* with an important and groundbreaking article by Jeff Levin that tells the story of significant changes taking place within the field of religion and health studies. This is a timely and visionary account of where we have come from and where we may be headed as we have moved from a marginal movement that began roughly 40 odd years ago to an established field of research and scholarly discourse. This change in the intellectual standing of the field of religion and health studies, Levin argues, can be seen most clearly in the establishment of the Center for Spirituality, Theology and Health

D. R. Ferrell (✉)
C.G. Jung Institute of New York, The New York Association of Analytical Psychology,
The American Association of Pastoral Counselors, Private Practice, Dorset, VT, USA
e-mail: ferrelld@earthlink.net

at Duke University (www.dukespiritualityandhealth.org) through the creative leadership of Harold Koenig and his colleagues. This is, indeed, an auspicious development. On behalf of the Editorial Board, authors, reviewers and readers of the *Journal of Religion and Health*, I would like to extend our congratulations to our colleagues at the Center. We look forward to the creative work that will surely follow under its auspices. We are pleased to have Harold Koenig on our Editorial Board and we are also happy to welcome Jeff Levin to our Board as well.

Conceptual change occurs in the field of religion and health studies through the careful and critical work of scholars in the social, behavioral and medical sciences as well as the humanities. Brick Johnstone and colleagues exemplify the creative impact of such careful and painstaking work in their article on the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). Not only has the conceptual structure of the BMMRS been enhanced by being applied to a population with significant health disorders, but the efficacy of spiritual and religious factors in positive health outcomes has been further explicated within a psychoneuroimmunological explanatory context.

Shelley Francis and colleagues, in their continuing research on HIV/AIDS in the African American community, on the other hand, point to the role religion and health research may play in generating social change. In exploring the question of improving HIV/AIDS prevention programs for adolescents in African American faith-based communities, the discovery was made that the leaders of such communities were not fully prepared to offer these programs. As Francis and her colleagues reported in the previous issue of the *Journal*, there has been an improvement over-all in the offering of HIV/AIDS prevention programs within the African American community (JORH, 48:1, pp. 6–15). This has happened, however, through the supplementation of faith-based programs with resources from the wider community.

Frank Gillum, who is also a member of the Editorial Board, and his colleague, Carla Williams, share their research on the incidence of risk factors for breast cancer in American women in relationship to reported levels of religiousness. Their results: women who report little or no relationship with religion in any form were six times more likely to report having four or more risk factors for breast cancer than their religious counterparts. One can imagine the implications for personal and social change as this data is more widely assimilated within the health community and beyond.

From Israel, Yael Latzer and colleagues report on the high rate of eating disordered Israeli-Arab adolescent females from three religious subgroups. While their research raises an important health question as to why greater numbers of these young women are not being referred to eating disorder clinics, given the extent of eating disorders among them, one can also see a deeper question regarding the ambiguity of change within their research. The authors strongly suggest that the significant increase in eating disorders in the western world can be seen as a negative concomitant of the rise of the “slenderness culture” that has become a dominant ideal for women in western culture. We can almost hear the voice of Freud’s ghost reminding us that there is a price to be paid for civilization, often paid from our minds and even from our bodies.

In *Job’s Story and Family Health*, Anthony F. Badalamenti explores the *Book of Job* as an encoded psychological narrative in which the authority of an oblivious father (God) is both challenged and transformed in relationship to an innocent child (Job) who is the victim of a sibling’s (Satan) destructive envy. Badalamenti makes the fascinating argument that *The Book of Job* was written at a time in ancient history when male authority had become inflated to such a degree that family and community health were seriously

threatened. Change, then, of the structure and meaning of male power and authority seems to be one of the significant themes of the *Book of Job*.

Yet another Editorial Board member, Curtis W. Hart, presents us with his analysis of two recent achievements in creative nonfiction: Sue Erikson Bloland's *In the Shadow of Fame* and Honor Moore's *The Bishop's Daughter*. Ms. Bloland gives an account of her life with her famous father, Erik Erikson. Ms. Moore offers a story of life with her father, famous in his own right, the Right Reverend Paul Moore, Jr., the Episcopal Bishop of New York from 1972 to 1989. Hart understands these two works of nonfiction as expressions of *Illness Narrative* in which the daughters of these two famous men wrestle with the joy and pain of their fate to grow up in the presence of truly creative, yet wounded and wounding, fathers. Perhaps it could be said that the act of writing their stories brought change by the power of narrative to disclose what was hidden and secret, to deepen understanding and to dissolve unconscious identifications in the search for the writer's own truth.

Donald Capps, who is also a member of the Editorial Board, and Nathan Carlin, through sermon and discursive discourse, invite us to explore the meaning of the regrets we carry with us in life and the importance of working through them. They develop an approach to regret therapy Capps calls parabolic experiences and the capacity of regret therapy to change how we feel about ourselves and our lives, especially through the act of reframing. From both pastoral and clinical points of view, they argue that change is possible when there is transformation from a state of unresolved regrets that generate a chronic psychic toxicity, to a state of resolution where our regrets, reframed, become a source of growth.

American philosopher, John Dewey, liked to remind his readers that the culture of his day, and I would submit, ours as well, is limited in its imagination by a far too narrow understanding of health and disease. For Dewey, not only must we be concerned with the health of the person in body and spirit, but we must be concerned with the health of our social body, including the fabricated neonature we see in urban life around the world. Ross Sandler, in a moving memoir of his time as Commissioner of Transportation for the City of New York, asks us to explore the question of health by focusing upon the responsibility he had to keep the transportation system of New York City in a state of health, including its bridges. In his story, a worthy citizen of New York City, going about his business, died as the result of a random event that defied the laws of probability when a piece of concrete fell on his automobile from the FDR Viaduct. For the dead man's brother, in his grief, his sibling's death was, symbolically, a message from God. For Sandler, who participated compassionately in the tragedy the dead man's family shared, the man's death had no such symbolic significance. Religious consciousness and secular consciousness met each other on a crumbling bridge. God's message to you is: "fix the bridges," the dead man's brother said to Sandler at *shivah* for his deceased sibling. It would be easy to miss the poetic moment in this dialectical dance of the religious and the secular on the broken bridge. Yes, in the secular city we have banished the gods/God. Death from falling concrete, we do not interpret as a message from this absent, some would say, dead, God. Yet, if one is going to have a God, it had better be a God who cares as much about the viability and repair of our bridges as about the well-being of the human persons who use them. I wonder if Mr. Sandler, lover of bridges and the people who use them, would disagree.

We move from the complex world of New York City and its infrastructure to the radically other world of the Huichol Indians of Mexico in our final piece in this issue of the *Journal*, written by Carl Allen Hammerschlag. Hammerschlag, an American transcultural psychiatrist, trained in the ways of western alloplastic medicine, as well as the ways of folk medicine, tells the story of how he joined a team of creative healers to exorcise a collective illness afflicting the Huichol children, brought on, according to their illness narrative, by a

sorcerer. This is a gripping story of how the best of western secular medicine, and the psychotherapies it has made possible, were conjoined with healing techniques of the Huichol people to create a salutary process that restored the mental health of the Huichol children. Remarkably, this healing of the children occurred without destroying the mythic world in which their illness and their healing were both given pre-scientific meaning under the “sacred canopy” (Berger) of their mythic/symbolic universe. Hopefully, we will hear more stories like this as we move more deeply into the field of religion-health studies and as we ponder the multiple wisdoms from the great traditions of the world about how to heal the human body and spirit and perhaps even the earth itself.