

Editorial

Donald R. Ferrell

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As a son of missionary parents in China, Huston Smith, America's premier scholar of religion, in his recent biography, *Tales of Wonder*, makes the following observation about his sense of the reality of religion in his childhood:

I didn't learn Christianity in Sunday school; I drank it in with my mother's milk. As I trundled downstairs in the morning, there would be my father... already deeply in prayer. The servants would be called in for prayer. Then we sat down for breakfast and prayed some more. The Transcendent was my morning meal, we had the Eternal at lunch, and I ate a slice of the Infinite at dinner. I could no more have imagined people without religion than I could have pictured them without clothes.... [F] or me, religion reflects reality (or realities), as undeniable and essential as were my parents and the house and the meals and everything else in my childhood (P. 13).

The *Journal of Religion and Health* came into existence nearly fifty years ago to explore the presence of religion in human life in all its manifestations at a moment in our culture when, unlike Huston Smith's childhood sense of the utter givenness of religion in human affairs, we were beginning to imagine that, in our secular age, we would slowly outgrow our need for religion in any form and simply consign it to the trashbin of history as a bizarre and embarrassing product of the childhood of the human race.

At its founding, the *Journal* challenged its readers to reconsider the question of the religious dimension of human life on the hypothesis that religion in its most benign forms may contribute significantly to the health and wellbeing of persons and communities. We were invited to make religion, in all its extraordinary variety in human life, the object of scientific study. In so doing, we would better determine whether the practices of religion in its many forms within the human family, have value and relevance for human living; a relevance we may not be seeing clearly under the power of the secularization of our world. This issue of the *Journal*, like those that have preceded it, continues that tradition of research and reflective thought on the value of religion in human life to which we were called at its founding.

D. R. Ferrell (✉)
C.G. Jung Institute of New York, Dorset, VT, USA
e-mail: ferrelld@earthlink.net

Damir Sekulic and colleagues bring us timely research on the question of religiousness as a protective factor in substance use in dance sport as the issue of doping in professional athletics and, too, in Olympic athletics, looms ever larger in the public mind. Using a sample of 43 sports dancers from the Republic of Serbia, the research shows that those dancers with significant measures of religiousness were less likely to smoke cigarettes, use nutritional supplements, or resort to doping than those athletes with lower religiousness scores. In this sample, ironically, religiousness did not protect against alcohol consumption, probably due to the Orthodox Christian cultural endorsement of wine as a gift from God and moderate wine consumption as the enjoyment of God's gift.

One of the important hypotheses to emerge from religion-health research is that professional healers (doctors, nurses, clinical social workers, psychotherapists) can be more effective in their work with patients if they understand and appreciate the religious/spiritual attitudes and practices of those they treat. Ralph Gallo and colleagues make a strong case for the psychotherapy/counseling profession to take greater steps in appropriating this research under the rubric of multiculturalism, especially when treating African-American patients/clients. Within the African-American community religion plays a substantial role in peoples' lives. To date, Gallo and his colleagues argue, there has been very little research in the field of psychotherapy on the role religion plays in sustaining the psychological well being of this population.

Diddy Antai and colleagues share research on child mortality patterns in Nigeria, showing that the highest rates of child mortality under 5 years of age are to be found in families whose mothers adhere to the traditional indigenous religious practices of Nigeria in contrast to their Islamic and Christian counterparts. While Muslim and Traditionalist religious leaders' rejection of polio vaccination programs in Nigeria as a western conspiracy contributed significantly to child mortality, especially under five years of age, the religious beliefs of Traditionalist mothers against seeking adequate healthcare for themselves and their children seemed to play a more significant role in child mortality rates in Nigeria. It would seem that ways must be found to introduce greater health consciousness within the beliefs and practices of Traditionalist religion in Nigeria to reduce the morbidity among children under 5 years of age in this African country.

The question of the relative efficacy of Christian and secular bereavement support groups is explored by Herbert Goodman and Mark H. Stone. Their research, based on a sample of 83 adults participating in either an explicitly Christian or a Hospice support group, indicated that participants in both groups received substantial help from their groups as measured by positive religious coping attitudes and relative freedom from hopelessness. Equally interesting is the discovery that in both groups, participants drew heavily upon spiritual resources, including awareness of and openness to the divine presence as support in their grief. Based upon these findings, Goodman and Stone's challenge to us clinicians is: "Until spiritual belief systems are integrated into the work of clinicians, clients may not be fully integrative in coping with loss."

How do men who have experienced heart disease cope with their illness? Edward H. Thompson and colleagues explored this question in a study involving 182 adults, male and female, all of whom were dealing with some form of significant heart disease. Their research clearly indicates that men, in contrast to women, coping with heart disease were less inclined to draw upon religious/spiritual resources in the face of the anomic disruption of their lives brought on by heart disease. In what the authors call a more typically masculine style, older male cardiac patients do not ask for divine help. What this interesting piece of research may mean for male psychology and spirituality will be left to our readers to determine.

We continue with the first of two articles on religion and suicide that will appear in the *Journal* by Robin E. Gearing and Dana Lizardi. Arguing that religion may be a protective factor against suicide, the authors show that doing suicide risk assessments requires clinicians to know as much as possible about the religious orientations of those clients/patients who are at risk for suicide. They summarize the teachings of Judaism, Islam, Christianity and Hinduism on suicide and offer helpful guidelines for practitioners.

Fredrica R. Halligan, a member of the Editorial Board of the *Journal*, writing in an American context as a clinician who worked primarily with college students in a small state university during and after the 9/11/2001 era, tells a disturbing, yet hopeful, story of the multiple traumas, including the trauma of suicide, that contemporary American young people are subject to in our post 9/11 world. Her story is a testament to the healing power of compassion, united with sound therapeutic training and technique, to lead survivors of trauma into new possibilities of living beyond the sometimes devastating emotional and spiritual consequences of trauma.

As the awareness that religion/spirituality plays a significant role in helping those who are ill cope with and, hopefully, recover from their illnesses, makes its way into the healthcare professions, the alliance between healthcare chaplains and physicians may be deepening in some medical treatment centers at least. Lindsay B. Carey and Jeffrey Cohen offer the results of research they did in Australia on healthcare chaplains' attitudes about consulting with physicians as members of the treatment team. They discovered that healthcare chaplains who are well educated and well trained are deeply committed to the process of consultation with physicians thereby increasing the holistic treatment potential of the treatment team. Their creative questions about future research on chaplain-physician consultation and cooperation in the future will be of interest to both the medical and healthcare chaplaincy communities.

Donald Capps, also a member of the Editorial Board of the *Journal*, explores an aspect of the thought of William James that is not well appreciated in Jamesean scholarship, namely, James' relationship to some of the leading figures of what Capps calls the "spiritual hygiene" movement in late nineteenth, early twentieth century America: Hannah Whitall Smith, Annie Payson Call, and Horace Fletcher. From these writers, James fashioned his own version of "the power of positive thinking", nearly half a century before that idea was promulgated by Norman Vincent Peale. In a subsequent article to be published in the *Journal*, Capps will offer a much needed and long sought after retrospective on the career of Norman Vincent Peale and his relationship with Smiley Blanton in response to the end of the era of the *Journal's* habitation in the loving care of the Blanton-Peale Institute of New York.

The final article in this issue of the *Journal* moves from the quantitative and objective to the existential/hermeneutical; a form of engaged reflection in the face of a deeply disruptive or unifying personal experience. Richard Joel Wassersug's article is a courageous and creative reflection in the face of a profoundly disruptive experience, namely, his affliction with prostate cancer that has, among other things, left him with the destruction of his genitals due to androgen deprivation therapy for prostate cancer. It is also a story of his discovery of meaning in facing his castrated condition in the historical argument that the angels of the Bible are based upon the presence and role of the court eunuchs of the ancient near east.

We are happy to welcome Claude Barbre as a member of the Editorial Board of the *Journal of Religion and Health*. Claude served as Managing Editor and Reviews Editor under the editorships of Barry and Ann Ulanov and Associate Editor under the editorship of David Leeming.

It is once again my sad duty to announce the death of Editorial Board member Ewert Cousins. He will be remembered by many as a distinguished scholar and profound friend of interreligious dialogue. As Editorial Board member Kathryn Madden's tribute to Dr. Cousins indicates, he served the scholarly community and the *Journal* well and we will miss his wisdom and creative thinking on the substantive issues the *Journal* exists to explore.