

Editorial

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Jonathan Lear, in his study of the thought of Sigmund Freud (Lear 2005), has observed that the psychoanalytic enterprise, in whatever mutated form it may take since Freud created psychoanalysis, finds itself dealing clinically with a kind of master or archetypal narrative that each patient who comes for treatment brings along in a nearly infinite variety of forms. That invariant narrative, though varied in expression, the analysand brings to the encounter with the analyst, Lear formulates thusly: “In my attempt to figure out how to live”, the analysand says to the analyst, “something is going wrong” (p. 10). Each individual analysis is shaped by this narrative in that it consists of the prolonged search for what is going wrong and why and what, if anything, the analysand can do to make it right.

At this present moment in world history and culture, it is easy to imagine that the narrative, if Lear is right, that drives the analytic process is somehow driving the human community beyond the analyst’s office. There seems to be a growing collective sense that, try as we will to figure out how to live together as the earth’s peoples, something is going wrong, perhaps seriously wrong. I hasten to add that this collective sense that something is going wrong in the macrocosm of our time need not deprive us of hope and a positive sense of the future. It is to remind us, however, that hope must be won from the struggle with that part of the human story that Lear’s archetypal narrative represents, both within the individual’s awareness that something seems to be going wrong in the effort to live well and our collective sense that things could be better than they are for the earth and its inhabitants.

It is interesting to note that several of the articles in this issue of the *Journal of Religion and Health* either presuppose or more explicitly address the problematic of human existence, the sense that something is going wrong or can go wrong. They explore this question out of the sense that human religiosity/spirituality has much to offer in our attempting to cope with what is wrong or is going wrong.

If the prevalence of the threat of ill health, especially within human groups that have suffered the toxic effects of racism and poverty, is one of those things that can and does go wrong in human living, Editorial Board member Frank Gillum’s and his colleague Derek

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M. Griffith's article on "Prayer and Spiritual Practices for Health Reasons in American Adults" is instructive. Their research shows that African Americans and Hispanic Americans are far more likely than European Americans to draw upon prayer, especially the experience of being prayed for by others, in coping with threats to their health. Neither sociodemographics nor health status could explain these differences. The data also shows that African American women and Hispanic men and women are far less likely to utilize non-religious spiritual practices than their European American counterparts. It is difficult to avoid the conclusion from this research that those religious practices, including intercessory prayer, that helped sustain African American and Hispanic American people from the destructive impact of institutionalized racism and political and economic discrimination in the past continue to play a vital role in their lives today as they cope with the legacy of what went wrong in their histories.

Dominiek D. Coates presents an analysis of the human cost to those who join religious groups only to discover in profoundly painful ways what can go wrong within religious communities in their capacity to scapegoat, demonize and ultimately excommunicate their own members, often causing traumatic injury to the victims of such treatment. This article reminds us, in a journal that is deeply committed to exploring the religion-health nexus, of what Paul Tillich called, "the ambiguity of religion", in its capacity to do harm and contribute to ill health as well as its capacity to enhance human living.

Hadi Hassankhani and colleagues conducted research with Iranian soldiers who suffered being poisoned with sulfur mustard during Iran's war with Iraq. Their research indicates that Iranian soldiers, the living symbols of what goes wrong when human conflict devolves into warfare between peoples, are enabled to cope more effectively with the health consequences of their fate as soldiers, by drawing upon the spiritual resources they find within the tradition of Islam.

In the next two articles in this issue of the Journal, our focus shifts from considering the archetypal theme of what can and does go wrong in the human venture in living to a more limited concern within the field of religion-health research. Waldeciria Costa and colleagues explore the question of the paucity of courses on psychology, religion and health in psychology degree courses in Brazil. They make a significant case, it turns out, for what can go wrong in a culture's spiritual life when its educational institutions do not provide adequate opportunity for those training in the human sciences to study what the social sciences are learning about the health enhancing function of religiosity/spirituality, especially when treating patients for whom the religious traditions of Brazilian culture are crucial to their own self-understanding.

Gina M. Berg and colleagues explore the interesting question of publication trends in the spirituality/religion-health literature in the domain of critical care. Their research indicates that most of the published articles in spirituality/religion-health in critical care come from medically credentialed professionals rather than theologically trained and credentialed authors. If we consider the implications of the findings of these articles, it might be said that we can see the impact research in the spirituality/religion-health field is having on secular institutions of higher learning as well as on theological institutions of learning and certification. Not only do secular institutions need to make provisions to house and implement this new field of social scientific research but theological institutions may need to expose more students to the work being done in the spirituality/religion-health field to increase scholarship in the field as well as support for those who may be entering the field as practitioners.

In considering the remaining articles in this issue of the Journal, the reader is invited to return to what may be thought of as a sustained meditation on the archetypal theme of wrongness: what can go wrong and does go wrong in our efforts to live well.

Editorial Board member Kevin J Flannelly and colleague Kathleen Galek continue their exploration of the implications of attachment theory and Evolutionary Threat Assessments Systems Theory (ETAS) in understanding how spirituality/religion help people cope with what can and does go wrong in human life. In this second of two articles to appear in the Journal, our susceptibility to psychiatric disorders as one of the things that can and does go wrong in human experience receives an illuminating analysis. With our awareness as human beings that things can and do go wrong in life, we are forced to come to terms with the radical vulnerability of our fate as finite creatures living on a planet of limited resources. From the fate of our finitude comes, among other things, the construct of a dangerous world. ETAS theory asserts that psychiatric symptoms, especially anxiety, depression, and obsessive–compulsive disorder, are expressions of primitive areas of the brain that evolved to assess threats from the environment. When these more primitive brain structures interact with the prefrontal lobes of the neocortex, they can yield affectively charged perceptions of the world, reinforced by distorted or inadequate beliefs generated by the neocortex, that generate, over time, psychiatric symptoms. What ETAS theory now wants to explore with greater empirical research is the hypothesis that some psychiatric symptoms particularly sensitive to cognitive input may be greatly reduced or fully mitigated by beliefs, grounded in reality, that give rise to a sense of existential security and well-being in the face of the threats a dangerous world represents. This is a promising explanatory model of the mind/soul in psychiatric distress as well as the role spirituality/religion might play, in developing worthy beliefs that generate authentic, in contrast to regressed, states of relative security and well-being. In short, the impact of psychiatric symptoms as one of the things that can and does go wrong in the human venture to live well may have in ETAS theory not only a persuasive cognitive map for understanding the mind/soul in psychiatric distress, but a powerful therapeutic as well, especially in its appreciation of the cognitive role spirituality/religion might play in helping us access sources of meaning and healing that lie within us and within our world.

Kevin Kelly and colleagues take us further into the question of what can and does go wrong in the human search to learn how to live well by taking us into the world of one who has been afflicted with the devastating impact of severe mental illness. In this remarkable narrative of what happens to us when we are overtaken by a psychotic illness; and how, often, the onset of psychosis is experienced subjectively by the one to whom it is happening as a profoundly religious event, i.e., an immediate and indubitable encounter with God or the gods. Kelly invites us to witness what can and does go wrong within the psyche through one man's struggle to hold onto the religious meaning of the experience while being threatened with chronic hospitalization by his doctors. We are treated, at the same time, to a creative and insightful analysis of how psychiatry, when it meets religion in the crucible of psychotic illness, can work to compensate the patient with both medication and a humane and sensitive appreciation of the patient's religious experience. Yes, psychotic illness is one of the things that goes wrong within the human attempt to live well, but with a psychiatry informed by the capacity to be non-reductionistic of the religious phenomenology within which psychosis often expresses itself, a brighter day may shine on the horizon of the mentally ill.

Christian Gostecnik and colleagues take us into another domain of human experience where things can and do go wrong, namely, the traumatized self and its struggle with various forms of addiction. What Gostecnik and colleagues illuminate for us is that many addictive behaviors, which have such destructive impact upon human lives, originate in the experience of abuse, especially sexual or physical abuse and the inevitably traumatized self that follows in the wake of such abuse. We see this in the phenomena of addiction to drugs and alcohol, sexual addiction, and addiction to relationships. What we see in these

addictions, Gostecnik and colleagues argue, is, in spite of the toll they take on the lives of addicted persons, the psyche's attempt to heal the wounds of abuse and trauma in the very addictions themselves. By retelling the story of the abuse within the repetition compulsion and by driving the addicted self toward a transcendent object, God, who is the source of healing (in contrast to the pseudo-transcendence of the objects of the addictions), the psyche's relentless teleological life is disclosed. What Gostecnik and colleagues may have in common with Kevin Flannelly's work is the sense that the divine reality, whether experienced in the agon of recovery or the cognitive structure of grounded trust in the creative and securing power of the divine, has profound healing efficacy when heart and mind open to its presence.

The act of suicide might be the final tragic representation of what has gone wrong in an individual life. D. Lizardi and R. E. Gearing continue their exploration of the teachings of the great religious traditions regarding suicide and offer to clinicians working with potentially suicidal patients helpful guidelines for exploring how each of their religious traditions may help in assessing suicide risk as well as providing psychospiritual resources in the treatment of such patients. In this article, Lizardi and Gearing explore the attitudes toward death and death by suicide in Buddhism, the Native American traditions, the indigenous African religious traditions as well as Agnosticism and Atheism.

Bruce Stephen Kerievsky's meditation on the phenomenology of rooting (e.g., for sports teams, celebrities, political heroes, and ideological movements) in our culture reminds us of yet another way that something can go wrong in our quest for a well-lived life, namely, the loss of our true selves under the impact of the collective worlds in which we live. These collective worlds, in their seductive power to create pseudomeanings that we somehow take as existential imperatives, can distract and preoccupy us, even addict us, at the expense of our own depth and more authentic and individually more truthful ways to live. Kerievsky finds in the work of Thomas Hora, MD a valuable antidote to this tragic loss of ourselves to the often alienating mimesis of what the "they", as Heidegger's *das Man* has been translated, tell us is valuable and worthy of our attention.

Carroll Akema, Arielle Ferrell, and James Howe all bring their poetic powers to bear on the theme of our human vulnerability to that which can and does go wrong in our quest to create lives worthy of being lived: the emotional and spiritual impact of a mother contemplating the suicide of her son, the experience of social isolation and alienation that follows in the wake of stigmatization and rejection, and the way in which an impersonal medical diagnosis can awaken the patient's sense of the body under siege by alien invaders and the longing for the all-knowing authority to explain what it all means.

These poetic explorations into the anomic and its haunting presence in our lives bring us to the close of this issue of the *Journal of Religion and Health*. As anguished as we may be at times about what can go wrong and is going wrong in ourselves and our world, perhaps we can see in this issue of the *Journal* examples of the creative and constructive work that is going on in the fields of religion/spirituality, psychology, and medicine that may hearten and encourage us to continue to search for the spiritual resources we need to live compassionately and imaginatively in such a world. To loosely quote Leonard Cohen: "There is a crack in everything. That's how the light gets in."

Reference

Lear, J. (2005). *Freud*. New York: Routledge.