



Suicide, Moral Injury, Parkinson’s Disease, Diabetes and Dialysis

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Abstract

This issue of *JORH* presents the first of a two-part series specifically exploring suicide. Research relating to moral injury is also included—a topic which has previously been discussed within earlier editions of *JORH* and an issue that is increasingly recognised as being associated with suicide. Other topic areas explored within this issue are Parkinson’s Disease, Diabetes, and Haemodialysis. Finally, readers are once again reminded of the 9th European Congress on Religion, Spirituality and Health (ECRSH) to be held in May 2024, 16–18th at the Paracelsus Medical University in Salzburg, Austria. We would also like to announce a proposed inaugural International Moral Injury and Wellbeing Conference (IMIWC), 19–20 September 2024, Brisbane Exhibition and Convention Centre, Australia.

Keywords Suicide · Moral injury · Religion · Spirituality · Parkinson’s disease · Diabetes · Dialysis

Introduction

According to the *World Health Organization* (WHO, 2021), suicide is a “leading cause of death” that accounts for 1 out of every 100 deaths worldwide. Despite its pervasiveness as a global social problem, suicide remains understudied in the field of religion and health. This is surprising given that prominent scholars such as Ellen Idler (2010) trace the “roots” of studying religion and health to the publication of Emile Durkheim’s *Suicide: A Study in Sociology*’ at the end of the nineteenth century (Durkheim, 1951 [1897]). This first issue on suicide considers, (i) suicide among monotheistic religions, (ii) childhood adversity and passive suicidal ideation in later life, (iii) youth suicide, supernatural-beings, and the Shamanic response, (iv) the association between personal, affective, and cognitive factors and suicide risk among Muslims in Turkey, (v) irreligion and risk factors for suicidality, (vi)

prohibition of suicide and its theological rationale in Catholic moral and canonical traditions and (vii) reincarnation beliefs and suicidality. Three programs are presented with respect to addressing suicide: (viii) a pilot evaluation of an online ‘chaplains-care’ program for enhancing skills within military suicide intervention practices, (ix) faith-based organizations’ support of Veteran congregants at risk for mental health conditions and suicide, and finally, (x) a proposed pastoral response to the increase in the number of suicide cases in the Philippines during the COVID-19 pandemic. A sequel to this special issue will present further research on suicide in 2024.

Moral Injury

Another topic that is increasingly being recognized in terms of its association with suicide is that of moral injury (Jamieson, et al., 2023; Khan et al, 2023). Previous *JORH* issues have already noted the increasing recognition and potential potency of moral injury (JORH, 2021, 60:5; JORH, 2022, 61:2). While there is still no international consensus defining moral injury, the most comprehensive working definition, based upon the work of Shay (2002), Litz et al (2009), Jinkerson (2016), and Carey and Hodgson (2018), is that utilized by the Australian Defence Force (ADF, 2020):

Moral injury is a trauma related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual’s deeply-held moral beliefs and/or ethical standards due to: (i) an individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organization or community, and/or (ii) the subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority.

The violation of deeply-held moral beliefs and ethical standards—irrespective of the actual context of trauma—can lead to considerable moral dissonance, which if unresolved may lead to the development of *core* and *secondary* symptoms that often occur concurrently.

The core symptoms commonly identifiable are: (a) guilt, (b) shame, (c) anger, (c) a loss of trust in self, others, and/or transcendental/ultimate beings, and (d) spiritual/existential conflict including an ontological loss of meaning in life. These core symptomatic features, influence the development of secondary indicators such as (a) depression, (b) anxiety, (c) re-experiencing the moral conflict, (d) social problems (e.g., social alienation) and (e) relationship issues (e.g., collegial, spousal, family), and ultimately (f) self-harm (i.e., self-sabotage, substance abuse, suicidal ideation and death).

Within this issue of *JORH* a breadth of topics related to moral injury are presented, namely: (i) the association between moral injury and suicidal behaviour in

military populations, (ii) moral injury as a risk factor for substance use and suicidality among military veterans with and without traumatic brain injury; (iii) light personality style and moral injury among health professionals; (iv) moral distress, moral resilience, moral courage, and moral injury among nurses during the COVID-19 pandemic, and (v) moral injury and its correlates among nurses in the second year of COVID-19. Three papers explore ways of helping those affected by moral injury: (vi) towards a holistic model of care for moral injury: an investigation into the role of police chaplains, (vii) why chaplaincy at asylum centres is a good idea: a care ethics perspective on spiritual care for refugees, and finally, (viii) pastoral narrative disclosure: the development and initial evaluation of a chaplaincy intervention strategy for addressing moral injury.

Finally, three papers are presented that may also prove useful when considering moral injury: (ix) spirituality, trait gratitude, and post-traumatic growth in Iranian veterans with PTSD, (x) the REBOOT First Responders Program, and (xi) insights of the U.S. Graduate Attachment Mapping Protocol (AMP) for general psychotherapy, systemic family therapy, and multifaith spiritual care. Readers should also note the inclusion of a book review by Hart (2023), regarding ‘Spiritual Readiness’ (Koenig et al, 2022) which details moral injury and various treatments.

Parkinson’s Disease

According to the World Health Organization, global estimates suggest that since the turn of the 21st Century, Parkinson’s Disease (PD) has resulted in 5.8 million disability adjusted life years (DALYs)—an increase of 81%—and caused 329 000 deaths—an increase of over 100% (WHO, 2023). This section commences by presenting a review of (i) the spiritual dimension in neurological and neurodegenerative diseases. Following this overview, more specific studies follow: (ii) spirituality and Parkinson’s Disease within a sample population in the USA, and (iii) a substantial study by Otaiku (2023) considering religiosity and the risk of Parkinson’s Disease in England and the USA which highlights ‘that low religiosity in adulthood may be associated with an increased risk for developing PD’. Otaiku’s article is then challenged by (iv) a rejoinder to Otaiku, subsequently resulting in a (v) a response to the rejoinder, which affirmed the original research of Otaiku as state-of-the-art research (Koenig, 2023).

Subsequent articles in this section present (vi) a scoping review of spirituality and spiritual distress among Parkinson’s Disease caregivers, (vii) reimagining a health-care ethics for persons with Parkinson’s Disease, (viii) the contribution of Islamic beliefs on the provision of care for people with Parkinson’s Disease in New Zealand and Indonesia, (ix) and finally the effect of spiritual orientations and religious attitudes on coping with the difficulties encountered by family caregivers of Parkinson’s patients in Türkiye. A subsequent *JORH* issue will present further research on Parkinson’s Disease in 2024.

Diabetes and Dialysis

Ongoing issues for an ever-increasing number of people are diabetes, dialysis, and organ health. Studies concerning these topics have been explored by researchers in Turkey, such as: (i) the role of spirituality in anxiety and psychological resilience of haemodialysis patients in Turkey, (ii) spiritual well-being and psychological well-being among haemodialysis patients in Turkey, (iii) spiritual well-being, diabetes burden, self-management, and glycemic control among patients with diabetes in Turkey, (iv) feelings, difficulties and attitudes in relation to fasting among Turkish patients with diabetes; (v) a descriptive study of spiritual well-being and foot care practices in Turkish patients with diabetes, and lastly, (v) the relationship between spiritual well-being and post-traumatic growth in Turkish patients undergoing solid organ transplantation.

Other studies relating to diabetes and haemodialysis presented in this section include: (vi) a systematic review of interventions based on Judaeo-Christian principles for patients with substance use disorder; (vii) the effect of listening to the Holy Qur'an and a back massage on fatigue and quality of life for participants undergoing haemodialysis, (viii) the use of religious capital as a coping strategy in self-care by diabetes patients in a Ghanaian hospital, (ix) the role of religion, spirituality and social media in eating disorders: a qualitative exploration of participants in the "TastelifeUK" eating disorder recovery programme.

Epilogue

ERSCH 2024 and the International Moral Injury and Wellbeing Conference (IMIWC) 2024

Again, the *JORH* Editors anticipate that readers and researchers will benefit from this collection of research articles. As the 2023 year comes to close, the Editor in Chief would like to thank *JORH* Associate Editors Terrence Hill, Harold Koenig, David Drummond, Ezra Gabbay, Jeffery Cohen, Carl Aiken, and Jacinda Carey. A special thanks is also noted to Prof. Piret Paal (Director of the Institute of Palliative Care at the Paracelsus Medical University, Salzburg, Austria) who assisted with the editorial reviews on Parkinson's Disease. Thanks is also expressed to Kimberly Poss (Associate Publisher), Hemalatha Vedachalam (Production Manager), Subhashini Gopal (Copy-Editor Manager), Priya Gopalaksihnann (Submissions Administrator) and their colleagues for all their work throughout 2023.

Looking ahead, the *JORH* Editors wish to again draw your attention to the *9th European Congress on Religion, Spirituality and Health* (ECRSH) to be held May 2024, 16–18th at the Paracelsus Medical University in Salzburg, Austria (<https://ecrsh.eu/ecrsh-2024>). In addition, readers are alerted to a proposed inaugural *International Moral Injury and Wellbeing Conference* (IMIWC, 2024)

planned for the 19th and 20th September 2024, Brisbane Exhibition and Convention Centre, Australia.

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