



# Tribal Healing, Suicide, Ethical Issues, Cancer and Measuring Religiosity and Spirituality

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## Abstract

This issue of *JORH* considers the ‘good, the bad and the ugly’ of tribal or traditional healers, as well as articles relating to ethical challenges due to contemporary medicine and environmental issues. The concluding series on suicide (Part 2) is also finalized in this issue, as well as a number of research articles from multiple countries relating to cancer. Similar to previous issues, *JORH* once again adds to its increasing collection of articles relating to the empirical measurement of religion, spirituality and health. Readers are also reminded of the *European Congress on Religion, Spirituality and Health* (ECRSH) (Salzburg, Austria, May 2024), as well as the inaugural *International Moral Injury and Wellbeing Conference* (IMIWC) (Brisbane, Australia, September 2024).

**Keywords** Tribal Healing · Suicide · Ethics · Bioethics · Measurement Scales · Religion · Spirituality

## Introduction

This issue commences with considering (i) faith healers and psychiatric illnesses in the Arab world; (ii) tribal folklore, aesthetic, and religious paintings; (iii) an ethnographic manifestation of religious life of the Gadaba tribe; (iv) religious and medical pluralism among traditional healers in Johannesburg, South Africa; (v) Gowâti music therapy: an ancient healing tradition in Taftan, Baluchistan; and (vi) anti-nociceptive efficacy of shamanic healing for the management of temporomandibular joint disorders.

## Suicide

Following on from ‘Suicide - Part 1’ (JORH, 2023a), this current [suicide](#) section (Part 2) commences with a thorough and commendable piece of research involving (i) exploratory qualitative analysis of the Stanford-Templeton convenings on Islam and suicide. This section then continues to explore Islamic suicidal issues by presenting (ii) a brief overview of the Islamic ethics of suicide and suicide-related contemporary issues from a Sunnī perspective; (iii) the development of a suicide crisis response team in America from an Islamic perspective; and (iv) the development of a novel suicide postvention healing model for Muslim communities in the United States. Other articles include (v) revisiting associations among parent and adolescent religiosity and early adolescent suicide risk in the United States; and (vi) understanding suicide from an indigenous cultural lens among elders in Canada. This section concludes with suicide and euthanasia by (vii) examining whether physician-assisted suicide or euthanasia should be legalized in the United States from a medically informed perspective, and lastly, (viii) the strength of religious faith and attitude towards euthanasia among medical professionals and opinion makers.

## Ethical Issues

The ethical issues presented within this issue are as varied as the field of ethics itself – from human values and clinical issues to environmental issues. This section begins by exploring (i) the decline of religiosity in Europe and the mediating role of shifting human values; (ii) the impact of negative moral character on health and the role of spirituality; (iii) the definition and recognition of human dignity; (iv) the association between religiosity and attitudes of Polish medical students toward biobanking of human biological material for research purposes; (v) a framework for examining bioethical issues from a Sunni perspective; (vi) Muslim jurisprudence on withdrawing treatment from incurable patients; and (vii) a comparison of the role of different levels of religiousness and spirituality in controversial ethical issues and clinical practice among Brazilian resident physicians. Other ethical and research issues include, (viii) ecospirituality and health; (ix) differences in climate change-induced distress between believers and non-believers in God; and lastly, (x) a substantial and valuable study which is the first to report any association between religion and lower e-cigarette usage: “(Un)holy Smokes? Religion and Traditional and E-Cigarette Use in the United States”.

## Cancer

A number of *JORH* issues have previously focussed on cancer (e.g., JORH, 2020;, 2022a, 2023b). This issue explores (i) prostate cancer and spirituality; (ii) the fight against cancer among oncology patients in Brazil in light of Viktor Frankl’s theory; (iii) religious coping and mental adjustment to cancer among Polish adolescents; (iv) effectiveness of group spiritual care on leukemia patients’ hope and anxiety in Iran; (v) loneliness, spirituality, and health-related quality of life in Hispanic English-speaking cancer caregivers; (vi) evaluation of the spiritual care needs of patients with

cancer in a chemotherapy unit in Turkey; (vii) use of spirituality to cope with cancer and the spiritual care needs of women with breast cancer and their family caregivers in Turkey; (viii) a comparative analysis of spiritual care needs among cancer patients receiving home care and their caregivers in Turkey; (ix) the effect of spiritual group therapy on quality of life and empowerment of women with breast cancer in Iran; (x) a pilot study of cancer support training for members of African-American churches in the United States; and (xi) happiness in the delivery of hospice care in the Netherlands.

## Measuring Religiosity and Spirituality

Over several decades, *JORH* has presented a substantial array of scales relating to the measurement of religion, spirituality, pastoral care and health (e.g., *JORH*, 2021, 2022b). This section commences with discussing (i) the methodological exclusion of the transcendent and the implications for theory and research in religion, spirituality and health. Also published within this section are (ii) the spiritual contradiction scale; (iii) the faith activities in the home scale for Turkish residents; (iv) the spiritual care needs scale for the 9–18 age group in Turkey; (v) the post-disaster spiritual coping scale in Turkey; (vi) the Portuguese version of the religious and spiritual struggles scale (RSSS); (vii) the apeiro-anxiety scale in the context of the afterlife for Pakistani Muslim adults; (viii) the AQ10 for predicting professional burnout or poor work-related psychological wellbeing among Anglican clergy in Wales; and finally (ix) the spirituality and spiritual care rating scale for use in US nursing homes.

## Epilogue

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

As noted in the previous issue, this year promises to be a major year for conferences given the *European Congress on Religion, Spirituality and Health* (ECRSH) to be held May 2024, 16–18, at the Paracelsus Medical University in Salzburg, Austria (<https://ecrsh.eu/ecrsh-2024>). This is the last notice in *JORH* for attendees to register for this special event.

In the Southern Hemisphere and towards the end of the year, there is also the inaugural *International Moral Injury and Wellbeing Conference* (IMIWC, 2024), planned for the September 2024, 19–20, at the Brisbane Exhibition and Convention Centre, Australia. <https://moralinjuryandwellbeingconference.com.au/>. Readers are encouraged to learn more about moral injury by referring to previous issues of *JORH* (2021, 2023a).

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