Helene Basu, Roland Littlewood & Arne S. Steinforth (eds) 2017. Spirit & Mind. Mental Health at the Intersection of Religion & Psychiatry.
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This volume presents the outcomes of the International Conference on Religion, Healing and Psychiatry held in Münster, Germany from February 23–25, 2012.

The World Psychiatric Association published a Position Statement on Spirituality and Religion in Psychiatry (Moreira-Almeida *et al.* 2016) which states that Religion and Spirituality have significant implications for the prevalence, diagnosis, treatment, outcomes and prevention of mental disorders, as well as for quality of life and wellbeing. This statement was made in 2016, four years after the meeting in Münster.

Even before I opened the book I was moved by the black and white cover photo by James Wilce which was obviously taken in India. It shows a puzzled, dishevelled lady carrying stones surrounded by laughing and smiling bystanders.

At first glance one might wonder at religion's influence on psychiatry. Later on it is clear that religious beliefs shape not only attitudes, instil faith and hope but also help patients to bear and accept hardships in life. People who are religious will always resort to religion, whatever their faith is, while simultaneously seeking modern modes of treatment. In this volume the term of religion is used heuristically to refer to traditions of faith associated with world religions, local cosmologies and contemporary new age spirituality. In their introduction of this book Basu and Steinforth state:

> This volume explores the complexities involved in localising interactions between religion and psychiatry within discourses of mental health. These are played out in diverse sites such as in clinical and pastoral care in Ireland and Ghana, in the psychiatric institutions and cosmological rituals of healing in Malawi, India and the US and in the religious and spiritual practices that have positioned themselves as alternatives to psychiatric care.

They make it clear that many of the tensions between secular and religious worldviews are closely related to a familiar anthropological problem, namely, the contrary between knowledge and belief. I enjoyed the introduction by Basu and Steinforth, which offered a good overview and insight into the historic and cultural dimension of this important topic. It's a pleasure to read the introduction with its excellent references.

In the first chapter Roland Littlewood cites the "Seligman-Error." Seligman, an anthropologist and physician, published an article in 1929 where he argued that severe mental illness was unknown in early contact New Guinea except in situations of considerable Westernization. Littlewood discusses the origins of schizophrenia and I enjoyed his comments on this dispute where academics like Wolfgang Blankenburg, George Devereux and Erwin Ackerknecht are quoted and discussed, a debate that is presently not en vogue.

Andreas Heinz and Anne Pankow start their article introducing the 19th century concept of „degeneration" and describe the role that colonial and social hierarchies played in shaping the modern understanding of mental disorders. They discuss anti-colonial and anti-psychiatric ideas that questioned such hierarchical ideas about mental health and "normal development" and they try to describe the complex space occupied by modern discourses on "spirituality" and religious values in psychiatry. They demonstrate that from neurobiology to psychoanalysis it was believed that modern western mankind, which was limited to the white man, represented the peak of human development, while children, women and subjects suffering from mental disorders as well as colonized people were all supposed to represent more primitive stages of development. They close their article with an invitation to revitalise critical theories to cope with reactionary tendencies in current Western societies.

In his article "On the Notion of Social Pathology" Alain Ehrenberg notices a change in certain psychiatric syndromes. His sociological approach about mental health is more in terms of transformation of ideals than of power relationships. He stresses that there is a double process of psychologization as a result of weakening social links, and from the decline of the public man in favour of the

private man. In Ehrenberg's view, there is a difference of how the self is formulated in the US and in France. He argues that there is no such thing as a self in France, rather it's a secondary value. His conclusions are interesting: "In the US, narcissism appeared as a lack of responsibility of the self, a decline of individual autonomy. In France it appeared as a deinstitutionalization process, which meant a receding of the state, whose consequence, the exact opposite of American way, has been conceived of as an excess of responsibility on the self, an excess of autonomy."

Ellen Corin and Ramachandran Padmavati present their important research on schizophrenic patients in Montréal/Canada and Chennai/India. I find the article extremely helpful and interesting. To explore the roles of religion and spirituality in the expression and elaboration of the experience of psychosis, they collected data in Chennai in a pilot research study on young patients who had been diagnosed as schizophrenic. In many patients the narratives were coloured by religious or spiritual connotations which seemed to help them find some peace and relief. Corin and Padmavati are illustrating the role of religion in two case reports. In the first example, religious signifiers are employed in a struggle: on the one hand religious signifiers are employed to halt a sense of general failure and inadequacy, and in the other case they are used to safeguard the self from fear and confusion. Religious frontiers also manifest themselves as being fluent and crossable, particularly when one is searching for expression, help and relief. Though they are comparing data collected in Chennai and Montreal, the authors are cautious in drawing conclusions.

Gerard Leavey discusses the involvement of faith-based organisations in mental health and suicide-prevention programs in Ireland. Suicide is a major public health problem throughout the world and in Ireland the second biggest cause of premature death among young men. Leavey presents a study on in-depth interviews with 39 ministers from different Christian churches who are dealing with suicide prevention. Though secularism appears to be reality in much of Europe, the reasons for religious help seeking behaviour are various; these include personal trust and familiarity, a cultural religious explanation of the problem, for example spirit possessions' sinfulness and punishment, or fear of being stigmatised when in contact with psychiatry. In almost all interviews with the clergy they admit that they are completely unprepared for the problems now confronting them. Collaboration between religion and psychiatry is not seen as uncomplicated despite the fact that clergy and psychiatry inhabit the same world of healing.

The article by Thomas Csordas describes an inpatient psychiatric unit specialising in the treatment of Native American adolescents. In this unit, indigenous therapeutic resources are integrated with resources of conventional psychiatry. He explains the modes of treatment where about 2/3 of the staff members were ethnically indigenous. The Native American staff members expressed different degrees of conformity with tribal cultural values and practices. The most prominent traditional feature of the therapy was the "sweat lodge ceremony" which is described in detail. Though there were differences in the opinion of certain procedures by the staff, in general Csordas views this mode of treatment as a successful model that integrates cognitive, sensory, emotional, biological and cultural interventions in a culturally sensitive way.

Johannes Quack draws on his experience of ethnographic fieldwork in different healing shrines which included Hindu, Muslim and Christian places in India. An interesting result of the qualitative analysis of semi-structured interviews in different healing shrines showed that around one quarter of the patients represented a scholastic mode of religiosity, two fifths a pragmatic mode of religiosity and about one third could not be assigned to either of the two. Patients and their families have often been ambivalent and change perspectives with respect to the dominant religious boundaries. The health seeking practices of the patients clearly showed that they did not decide whom to approach for help on the basis of a difference between established religious boundaries, rather they tended to approach any expert who was available, affordable and endowed with a certain reputation.

Some insights from Ghana are given by Ursula Read in her article "Doctor's sickness" or "Pastor's sickness?" During her own ethnographic research she approached over 60 people with mental illnesses in shrines, "prayer camps" and

households, and conducted formal interviews. Like in most Sub-Saharan African countries, the influence of Pentecostal Christianity in Ghana attributes illness and misfortune to malign spiritual forces framed within the biblical cosmologic of magic and spiritual forces of the demonic. NGOs and donors promote a view of mental illness as a "medical disease" with psychotropic drugs as the only genuine treatment. But side effects of psychopharmacological drugs such as stiffness, feeling of drowsiness and weakness lead many to discontinue the drugs. Read's article clearly shows that patients and their families are pragmatic in their way looking for help and they choose what helps them most. I agree with Read when she states: „The promise of mental health for all cannot be realised without addressing the complex social and structural determinants of mental illness whose solutions lie beyond the realm of individualised treatment whether from healers or psychiatrists." Arne Steinforth shares in his article: "The Person in Between: Discourses on Madness, Money and Magic in Malawi" the experiences of his field research in rural and urban settings in Southern Malawi. For the sake of analysis he found it helpful to classify local aetiological models into three main categories: Notions of structural, spiritual and personal causation of mental disorder. He discusses the social transformations that took place in postcolonial and post-dictatorial Malawi and its influence on shaping mental disorders. He also mentions the rise and influence of Pentecostal churches, similar to what Ursula Read observed in Ghana. Steinforth cites one of the first experiments in Africa of trying to integrate the traditional village community with traditional healers and modern psychiatry, the "Aro village system" in Nigeria, developed by Lambo (1966).

In this chapter Simon Dein demonstrates how the Pentecostal movement has grown during the last decades from 72 million in 1960 to 525 million believers in 2000 with the majority of growth occurring in non-western countries in the Caribbean, South America and Africa. In the following, Dein briefly outlines the history of the Pentecostal movement. According to him the movement has been closely aligned with charismatic individuals and the style of worship is emotional with music, clapping, caressing and dynamic preaching. Healing is one of the most constant activities in the history of Christianity. Dein examines the role of healing in the Pentecostal movement, he argues that the provision of healing has played a significant role in its growth and worldwide popularity.

The last two chapters of the book report healing practices from Finland. James Wilce describes the so-called lament revival and healing lament courses in Karelian, Finland. These share features with other New Age healing courses. In the19th century lament played a vital role in rural Karelia, especially funeral and wedding laments as well as "recruit" laments (for the men who were conscripted to the army). Course participants are almost all middle class women who have the time and the money to take part in such courses. Choosing elements from disparate traditions is a feature of post-secular spiritualities. Wilce points out that the new combination of the sacred, the therapeutic and the psychological aspects are new ways of understanding the self and that such local traditions are waiting to be re-contextualised and put to service in our post-modern world.

Also from Finland is the article "Healing enchantment: how does Angel healing work?" by Terhi Utriainen. One feature of the present day popularity of angels is the combination of Christian and esoteric spirituality. Angel healers are understood as working together with angels. Angel healers and their "clients" emphasize that angel-healing, along with other kinds of alternative healing is often more subtle and effective than either the pastoral care or the social and therapeutic services that are provided today. At the end of her article Utriainen remarks that more attention has to be given to the growing supply of commercial spiritual culture with its commodities and methods of enchantment.

When I was doing my residency in psychiatry at the beginning of the 1980s, culture and religion were not seen as important, and standard textbooks in psychiatry did not cover these topics. Modern psychiatry was secularized and religion was thought to have been superseded by science: neurotransmitters, psychoanalytic and psychological explanations were thought to be the scientific explanation for mental illness. Even today, few medical schools or specialist curricula provide any formal training for psychiatrists about how to properly address religion and spirituality in research and clinical practice.

That so-called scientific psychiatry excluded religion was not to the advantage of the psychiatric patient. Religiosity can be considered as a normal personality trait and cannot be disregarded by psychiatrist whatever their own idea on religiosity might be. But luckily many clinical psychiatrists did not practice only biomedical psychiatry but were open to the ideas of their patients. They never disregarded their patients' religious convictions.

The strength of this book lies in the different articles from four continents. There is one critique I would like to make—all authors are either from Europe or North America with the exception of Ramachandran Padmavati who comes from South India. In a volume spanning four continents, it would be suitable to have more "local" authors. This book makes an effort to equip mental health professionals with a better understanding of their patients and the religious behaviour embedded in the patients' local culture. The fieldwork observations especially are helpful for clinicians to reconsider their own stance.

I think that this book is important for all mental health workers who are working with patients from different cultural backgrounds, like psychiatric nurses, psychiatrists, psychologists, psychiatric social workers as well as for anthropologists, sociologists, and for all who are involved in Global Mental Health and last but not least, for spiritual leaders like pastors and imams working in the field of mental health.

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References

Lambo, A. 1966. The village of Aro. In M. King (ed). *Medical Care in Developing Countries.* London: Oxford University Press.

Moreira-Almeida, A.; Sharma, A; van Rensburg, B. J.; Verhagen P. J.; Cook, C. C. H. 2016. WPA Position Statement on Spirituality and Religion in Psychiatry. *World Psychiatry* 15, 1: 87–88.