

**DOROTHEA LÜDDECKENS, MONIKA SCHRIMPF (eds) 2018. *Medicine – Religion – Spirituality. Global Perspectives on Traditional, Complementary, and Alternative Healing.***

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This volume of essays is concerned with a contemporary approach of interdisciplinary research in the Study of Religion, dealing with various appearances of modern healing-systems from Africa, Asia and Europe. Most significant is the fact that most of the authors do not have a background in medical education; it unites scholars from the Study of Religion with different regional as well as interdisciplinary specializations (for example, Japanese Studies, Social and Cultural Anthropology of India, History of Medicine in Africa, Psychology, and others) approaching the “medical field” from this perspective, except for W. BRUCHHAUSEN who is a physician as well as ethnologist and theologian. (It should be mentioned that there was a debate going on in the past about considering “medicine” as a “discipline of Cultural Studies” among scholars of the Study of Religion, initiated by Burkhard Gladigow who is in charge of the paradigm shift within the Study of Religion no more clinging to the category of the “holy”: away from a theological or religious understanding of the issue “religion” towards a cultural one, cp. GRIESER & KOCH 2021). The introduction presents a survey of a much contested working-field where medicine, religion and spirituality are deeply entangled together. Basically, the editors are attached to the contemporary paradigm of the differentiation between medicine and religion. The focus lies on the entanglement between both. DOROTHEA LÜDDECKENS draws the attention to a “linguistic minefield” concerning this area of research (this minefield being most likely not restricted to pure terminology only). – WALTER BRUCHHAUSEN starts with the differentiation between medicine and religion via politics and science in East Africa. He analyzes medical and religious traces of healing in contemporary Tanzania on an ethnographical basis. In East Africa, a variety of religiously oriented healing-systems exist next to the “modern biomedicine”, as he names the secular medicine being mostly influenced by Western and Arabic medicine. Traditionally, medicine here is understood in an all-covering way, including also the “healings” of private, professional as well as

educational problems. All ideas are common whereas Islamic and Christian experts were trying to free the healing system from these in a colonialist manner. The acceptance of exorcisms of spirits and similar phenomena can be observed and were integrated by Sufi-Muslim groups, Pentecostals, Zionists or charismatic Christians – groups being refused not only by the medical, but also by the religious orthodoxies. The separation of the “medical” aspect from the “ritual” or “traditional ones” in regard of witchcraft seems to be problematic: The general destruction of “traditional medicine” by colonial officers in the South of Tanganyika had not been the intention of these people; their aim was only directed against witch-finding, not against the treatment of the sick (38), and a distinction between “black art” and “benevolent witchcraft” (37). The scientific research of local herbal medicine remains untouched here, gaining a lot of attention and acceptance. MONIKA SCHRIMPF engages in the medical discourses and practices of contemporary Japanese religions, presenting two case studies on Buddhist medicine (Kageyama Kyōshun) and the new religious movement “Perfect Liberty Kyōdan”, two streamings located at the fringes of religion, according to the scholar of Sociology of Religion, STEVE BRUCE, because it is only here where one propagates therapeutic practices. SCHRIMPF resumes that traditional Japanese religions are claiming healing possibilities for themselves applying medical as well as scientific terminologies in order to legitimize their claims within the religious field. This linguistic scientification serves to strengthen the position and the influence of religious traditions in contemporary Japanese society. In the Buddhist sphere, traditional medical knowledge acquires its meaning only via the fact of being validated by contemporary medical scientific knowledge. – With NINA RAGETH, the reader remains in Asia. She works on the semantic structure and structuring conditions in Tamil medicine of two Siddha practitioners. India is not only the country of numerous gods, goddesses and languages, but also of a number of healing systems. The Siddha med-

ical system is a special case: Having gained recognition by the Indian government and being integrated into the public health sector, it seems to have lost some of its empowering effects and authority to hereditary Siddha practitioners, because they were then restricted in their activities, in opposition to college-trained practitioners. They now stand in a symbiotic relationship, and only in this opposition the religious semantics become effective and the hereditary Siddha practitioner himself meaningful. So, the college-trained practitioner seems to have more medical authority whereas the hereditary practitioner having more religious one, both sharing the same field with different impacts and sometimes opposing focuses. – ANTHONY PATTATHU deals with a case study of Ayurveda in Germany and discursive formations between religion, medicine and embodiment. Ayurveda has become an enormously attractive healing practice in Germany since a while. The author describes the historical development of Ayurveda-reception in Germany which began with the introduction of Transcendental Meditation by GURU MAHARISHI in this country, and the foundation of the “Deutsche Gesellschaft für Ayurveda” in the year 1983, being the official representative. Together, they developed the “registered trademark Maharishi Ayurveda”. Since then, the German Ayurveda-market has multiplied, offering a broad variety of training programs for Ayurveda consultants (Ayurveda Fachberater), being certified by the Saarland Chamber of Commerce and Industry (IHK) – a combination of institutionalization as well as quality management. Nevertheless, the development of Ayurveda in Germany often was under severe critique, causing even highly political debates. PATTATHU refers to the conceptual frame being developed by ANNE KOCH, differentiating three phases: a) homogenization, b) popularization, c) diversification. The author resumes that Ayurveda, as an originally Indian healing system, is very useful to satisfy the needs of religiously sensitive people in the sense of a religious embodiment of healing, which is definitely the case with Maharishi Ayurveda, being a “holistic” healing system. It depends on the original application and the relationship between the Ayurveda practitioner and his patient/client whether the element – medical healing system or religious embodiment – is in the center-focus. Indologist KENNETH GRE-

GORY ZYSK describes Western Ayurveda as “New Age Ayurveda” with strong spiritual elements; whereas the medical doctor and chief physician at the Habichtswald Klinik Kassel, ANANDA SAMIR CHOPRA, strongly speaks up against him, calling Ayurveda a very old medical system that has nothing to do with wellness or spirituality (147). The potential for religious embodiment in Ayurveda clearly shows in the application and combination with the dosha-concept which is applied directly by some “Heilpraktiker”.<sup>1</sup> It is understood as a possibility for “self-empowerment” by the patients in these cases. – D. LÜDDECKENS presents the theoretical foundation of this volume, it could have been placed at the beginning, after the introduction. Being placed in the centre though makes sense, too, since it is a centre issue. Her aim here is to suggest an explanation for the question why “Complementary and Alternative Medicine (CAM) is attractive in certain medical contexts. She resumes that the increase of complementary and alternative healing systems in contemporary western countries indicates increasingly blurred borders between the sections “religion” and “medicine”. She interpretes this circumstance as a sign of growing self-consciousness and autonomy of patients. CAM, as heterodoxy, is being integrated and institutionalized in many areas of established conventional secular (bio)medicine – as a medical system based on the principles and academic knowledge of natural sciences, the “orthodoxy” – which she understands as being a reconciling de-differentiation. She basically and essentially refers to developments and observations in Switzerland, including some other European developments. The fact of the tools of CAM being a somewhat “esoteric instruments suitcase” – rather based on ideological elements of esotericism and New Age or similar – could have undergone some more critical reflections, according to my opinion. LÜDDECKENS clearly expresses though that “(Bio) medicine became confined to the empirical level, often being perceived as fragmentary and mechanistic. Patients became bodies, and bodies were seen as matter” and, quoting ATZENI/VON GRODDECK, 2015: “Doctors save bodies, not souls.” (174). The most important aspect here is that in CAM, there is no more differentiation between “medicine” and “religion/spirituality” in some cases – which might be in opposition to healing in some

areas. Medical “counter-culture” (190) can show problematic features when the state withdraws from essential medical treatment and care which is, for example, the case in Great Britain in oncological care, as far as I got some private information from English friends. Therefore, in my opinion, the evaluation of “spiritual medical counter-culture” asks for strict quality management before being acknowledged from health-insurance companies; otherwise, the risk of a “happy dying” (Euthanasie), or, in severe cases, even “mercy killings” might increase significantly and faster – probably not always in accordance with the will and wish of the patient in question. - Overlapping fields in the section of anthroposophical end-of-life care and self-empowerment at the end of life in Switzerland is the subject of an article by the editors together with BARBARA ZEUGIN on the basis of her case study in an anthroposophical hospital. At the beginning, they step into the area of debating the recognition and covering of costs of so-called CAM procedures which was decided positively via “Volksabstimmung” (people’s voting): the Swiss people voted in favor of integrating anthroposophic medicine, traditional Chinese medicine, homeopathy, neural therapy, and herbal medicine into the official list of services covered by compulsory health insurance (202). The authors call this a “growing social acceptance” of CAM. As a result, they find that anthroposophic end-of-life care can be conflictious, because it follows two different patterns of rules: The academic medical one and the anthroposophic spiritual one. The latter should be shared with and by the patient. All this as well as the various functional roles of physicians and health care-personnel can be conflictious, because anthroposophical care is more time-consuming than conventional one – an economic factor of interest for the hospital administration. – The last and maybe most controversial as well as challenging contribution is presented by STEPHANIE GRIPENTROG. She tries to map the boundaries between science and religion with the examples of Psychology, Psychiatry and Near-Death-Experiences (NDE) – a complex, difficult as well as taboo-inflicted undertaking. Her fundamental literature is based on the writings of heterogenous “Transpersonal Psychology” of psychiatrist and LSD researcher STANISLAV GROF who founded this “psycho-spiritual practice” in the

year 1987. There are three different approaches of analysis from the Study of Religion for this topic: 1. JAMES with his approach of such experiences as “religious ones;” a key idea of Psychology of Religion, 2. GLADIGOW’s critique of this as being “a too religious interpretation,” and KRECH’s approach to look at such “Near-Death Experiences” through the lense of “communication” instead of “experience” in a reconciliative manner. JAMES brings the religious experience close to a pathological one (245); at his time at the beginning of the 20<sup>th</sup> century, there seems to have been no other possibility to make a clear difference between pure imagination and real experience, whereas GROF believed to combine and unite Medicine, Psychology and Religion in his “psychedelic therapy with people dying”, taking LSD himself for experimental purposes. She presents GROF’s ideas in a visual manner with systematic illustrations. One can assume that this practical approach with the dying in their last phase of life could not be the worst solution; additionally, the nearness between Science and Religion or religious feelings here show as clearly as can be: It concerns a “ritual of transition” at the end of the cycle of life. Patients reported afterwards – after the taking of psychedelic drugs as well as without those at NDE – that they felt much more at ease, much stronger and in a much better mood. In respect of this background, the therapeutic potential of LSD to create “model psychosis” under certain controlled conditions might be of importance, and here, LSD maybe recognized as a helpful substance. An unconventional, provocative approach under completely modern (including medical psychological) preconditions. – Altogether, this volume 13 of “Religious Studies” is rich, inspiring, sometimes irritating as well as sufficiently differentiating in dealing with an enormously diffuse contemporary phenomenon which asks for further research, contests and evaluation. Grey zone areas in medical care can be highly interesting, but also full of risks, when excellent academic knowledge in combination with practical experience, observations and evaluations shall be replaced by lay healers or spiritual care-takers. Scholars of the discipline “Study of Religion” are no physicians, but, instead, academically educated and trained specialists differing from theologians (at least, they definitely should so). This borderline may some-

times be blurring, but it should definitely remain recognizable. MONIKA SCHRIMPF expresses this with ROTHSTEIN's words: "Religion has the ability to transform science into something useful for its purpose, while science usually is deprived of the possibility of transforming religion into something scientifically meaningful" (83). DOROTHEA LÜDDECKENS emphasizes that CAM offers a "selective appropriation of meaning" by integrating metaphysical or transcendent aspects which is mostly important in palliative care where conventional medical reason has reached its limits (191). Interesting is the all-over differing use of the term CAM: While it refers to those measures that we usually call "alternative medicine" (or practices) in the Western context, it is mostly "traditional medicine" (or "practices") in the African and Asian context. The age of the practices seems to be the key issue here: Actually, homeopathy, anthroposophical medicine and Transpersonal Psychology (the latter representing a very special case within modern academic psychological research according to GRIPENTROG) are much younger – if not to say: modern – than the ones described and scrutinized in the African and Asian context. – The cover design reflects the colorfulness of the issue and the center aspect: Dhanvantari, an embodiment of the god Vishnu, is connected to Ayurveda. The Divine and the Religious appear in a colorful human-like form. The fact that the publishers use the term "Religious Studies" for this editorial line challenges the ongoing debate about terminology, but it should be acknowledged that the term "Religious Studies" is of common use in wide parts of the English speaking world, seeming to mean something different from "Theology." It seems to be rather compatible with what quite a number of colleagues prefer to use in order to be more precise: "Study of Religion" or "Comparative Study of Religion." The reviewer considers the term "Study

of Religion," "Comparative Study of Religion," "Science of Religion" or "Religion Studies" to be far better, more precise and, therefore, more suiting than "Religious Studies" since the latter appears to be too close to a theological or religious understanding of the discipline, as many of us have debated in a number of cases and conferences where, for example, JENNY BERGLUND from Sweden (EASR) suggested to use "Religion Education" rather than "Religious Education," drawing the attention to the same problem, and parallel to the ongoing discussion concerning the problematic term "Islamic Studies", being too close to a theological or religious understanding of the non-devotional discipline of "Islamwissenschaft" (History and Cultures of Islam).

This new collection of essays is also available as "open access" publication.

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## Notes

1 PATTATHU does not translate the German word „Heilpraktiker“ which makes sense to me, since „healing-practitioner“ in other areas of the world does refer to different applications, characteristics, models and concepts of healing or medical personnel, and cannot be translated directly into "Heilpraktiker," even though it often does have substantial overlappings in the understanding of such practitioners.

## References

- GRIESER, ALEXANDRA & ANNE KOCH 2021. Religion in Culture – Culture in Religion. Burkhard Gladigow's Contribution to the Paradigm Shift in the Study of Religion. In AUFFARTH, CHRISTOPH; ALEXANDRA GRIESER & ANNE KOCH (eds) *Religion in der Kultur – Kultur in der Religion. Burkhard Gladigows Beitrag zum Paradigmen-Wechsel in der Religionswissenschaft/Religion in Culture – Culture in Religion. Burkhard Gladigow's Contribution to Shifting Paradigms in the Study of Religion*. Tübingen: Tübingen University Press 2021: 11–50.