

BETTINA E. SCHMIDT & JEFF LEONARDI (eds) 2020. *Spirituality & Wellbeing: Interdisciplinary Approaches to the Study of Religious Experience & Health.*

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With this edited volume, BETTINA E. SCHMIDT and JEFF LEONARDI present interdisciplinary cooperation between religious study scholars, psychologists, and therapists within the Alister Hardy Religious Experience Research Center at the Trinity St. David Campus of the University of Wales. CARL ROGERS' (cf. 1980) approaches to person-centered psychology stand at the core of this cooperation and are mentioned by various contributors. Their narratives and research outcomes stress spirituality's impact on wellbeing and health but, unfortunately, hardly relate to patients' experiences and health-related decisions. Case studies and vignettes reflect therapists' perspectives, and overall, their discussion focuses on cognitive patterns instead of crucial sensory and emotional aspects of spirituality and wellbeing.

The editors refer to spirituality as an individual resource of meaning, value, and purpose in life that may interrelate with but distinguishes from faith as a collective institutionalized body of religion-related beliefs. They define spirituality as a dimension of experience that connects everyday experience with wider or higher levels of awareness and being, *e.g.*, divine, transcendent, or natural forces. Characteristics, among others, are a profound connectedness with, and responsibility for, creation, life, the self, and other (human) beings. They state that so far,

[...] little attention has been given to religion and spirituality within studies on wellbeing and life satisfaction despite the fact that some studies have highlighted the positive impact that religious commitment, conceptualized as 'meaning' and 'belonging', has on a subjective feeling of satisfaction with life (5).

Even though religion and spirituality may significantly impact a person's quality of life, the aspect is missing in the WHO (1948) definition of health as physical, mental, and social wellbeing. This shortcoming may be due to its subjective and immeasurable impact on happiness, psychological wellbeing, a satisfaction of life, or care for self and others. It may imply dynamics of self-acceptance,

personal growth, and social competence. Accordingly, spiritual practices in psychotherapy support a transformation in perspectives and attitudes regarding self, others, and purposes or meanings in life. Related processes involve movements from fixity of feelings, conceptions, or behavior toward openness and fluidity, from incongruence to congruence, from self-concealment to self-disclosure, and from avoidance of intimacy in relationships to its embracement. The editors stress that religion and spirituality thus do not just support psychotherapy but may be essential for a "well-adjusted and well-functioning human being" (6). They organize the volume in ten chapters of different contributors, subdivided into four sections dedicated to "Setting the Scene" (chapters 1-2), "The Body in Focus" (chapters 3-5), "The Diversity of Perspectives" (chapters 6-8), and "Applied Practice" (chapters 9-10).

Religious studies scholar and parapsychologist EVERTON DE OLIVEIRA MARALDI ("*Spirituality and Wellbeing: Is there a Necessary Link? Toward a Critical Approach to the Study of Spirituality*") perceives religion and spirituality as independent of wellbeing and mental health but with complex ties, including adverse side effects ("dark side of spirituality"). Reviewing psychological literature, conceptual underpinnings, and terminological controversies, he defines spirituality as both individual religiousness and secularized search for transcendence that may but not necessarily do serve as a legitimization strategy in wellbeing and mental health. He refers to research he conducted in Brazil without presenting any details on his methodology and data but suggesting a perspective of polyvalent functions of modern spirituality that may express fluid belongings but can also shape psychopathologies. With the example of meditation, he detects alterations in perception and awareness that unleash "deeper problems" such as relaxation-induced anxiety, modifications of self-boundaries, and "other psychological and somatic events" (33). Those, unfortunately, remain obscure.

Social scientist and transpersonal psychologist CHRIS ROE (“Clinical Parapsychology: The Interface between Anomalous Experiences and Psychological Wellbeing”) explores the field of parapsychology as the study of spiritual experiences that are not explicable in terms of (self)deception, misperception, errors of memory, etc. and thus challenge scientific models. He observes taboo associated with paranormal phenomena that are often regarded as false because they “contravene fundamental principles that have been repeatedly demonstrated in other areas of science” (45). The resulting ignorance among academics would also leave the public reticent to share their experiences with others, particularly health professionals, not to appear gullible or even psychopathological. In a literature review, he explores reactions to and counseling for “(spontaneous) anomalous experiences” and argues for non-judgmental clinical parapsychology as an approach for their successful integration. Referring to a research project with mediums and adepts of Spiritualism in the UK, he observes positive wellbeing factors when experiences are openly communicated and even cultivated within a rewarding social environment that normalizes and values them.

Co-editor, person-centered spiritual counselor, and retired Christian priest JEFF LEONARDI (“Made in the Image: The Christian Understanding of the Body”) dedicates to a “battleground” in the “Western world” regarding the relationship to “our own” bodies and “those of others” (67). He identifies medially produced standards of beautiful or sick bodies, body images, sexuality, and pornography as problems and explores cultural backgrounds of diverging attitudes to “the body” between conflictual attitudes and desires. Apart from the quite absurd (and incorrect) statement of the “Church’s” engagement against slavery and the derived responsibility claim for people of other than heteronormative sexuality, the author follows a rather practical path of integrating religious and psychological counseling. However, the “Christian” focus of the argument remains quite uncomprehensive, and the alleged spiritual claim reduces to the exegesis of biblical texts.

Chinese studies scholar THOMAS JANSEN (“Spirituality and Wellbeing in Traditional China: Food, Self-Sacrifice, and Spiritual Practice in a Chinese Buddhist Legend”) investigates well-

being as a symbiosis of spiritual and material aspects. He discusses interrelationships between bodily nourishment, spirituality, and wellbeing in Chinese society with the example of the Buddhist “Legend of Miaoshan.” He addresses topics such as piety, spiritual cultivation, gender and sexuality, and female empowerment as links between individual and social wellbeing concepts. Gendered approaches to vegetarianism connect to the realms of spirituality and healing based on dichotomous conceptualizations beyond gender-related images. It includes understanding wellbeing not as a state but as a process of becoming in the negotiation of personal, interpersonal, and societal perspectives and to evaluate religious narratives, spiritual biographies, and stories of deities creative discursive spaces and practices that constantly challenge what is defined as wellbeing:

It means, for instance, that government-imposed wellbeing targets are impossible to reach unless achieving these targets allows for the possibility to negotiate, subvert or resist them through a variety of social and cultural practices and discourses, thus avoiding reification and those hard boundaries that undermine individual and social wellbeing in the first place (109).

Religious studies scholar WENDY DOSSETT (“*Spiritus contra Spiritum: Spirituality, Belief, and Discipline in Alcoholics Anonymous*”) turns to the institution of Alcoholics Anonymous as an ambiguous space between secularity and religious language and rituals that challenges both prevailing medical models of addiction and recovery and discursive traditions of religious studies considering categories of religion, spirituality, and the secular to be mutually constituted and contingent. She contests these categories with the example of “the twelve steps of spiritual awakening” as a treatment at the intersection of religious language and secular health discourse where “full engagement” improves wellbeing in terms of care for the self *and* others.

Co-editor, cultural anthropologist, and religious studies scholar BETTINA E. SCHMIDT (“*Narratives of Spirituality and Wellbeing: Cultural Differences and Spiritualities between Brazil and the UK*”) clarifies that wellbeing exceeds categories of spirituality, religion, and medicine and involves factors such as income, social position

and relations, gender, age, and, of course, cultural frames. Accordingly, she deems it important to explore what matters to people in particular contexts. She discusses the results of a survey she conducted in Brazil and the UK to compare the role of spirituality and its communication in health-seeking behavior and therapeutic settings. Her observations are of two- or even threefold quality: in Brazil, she detects a relatively open communication of health-related spiritual aspects, but within biomedical environments, related aspects are seldomly addressed, even when professionals are religious themselves. Accordingly, patients would often seek additional spiritual support. In the UK, similar approaches exist but to a lower degree. She thus observes different importance of community and spirituality in terms of saluto- or pathogenic relations to other humans and spirits, but nonetheless questions how in both environments, individual narratives of patients may be integrated with the “Western” idea of secularization in medical training and practice.

Transpersonal psychotherapist and counselor LOUISE N. SPIERS (“Using Autoethnography to explore the Experience of Spirituality in Epilepsy”) applies these ideas to a patient-centered perspective. In an autoethnographic approach, she challenges researchers’ bias and etic positions for the sake of emic and socially contextualized narratives. She postulates research methodologies that avoid the categorization or simplification of experience, especially when it comes to anomalous experiences. She challenges “traditional” healthcare perspectives on stigmatized medical conditions that include controversial and disputed contents as in her personal experience of epilepsy and related spiritual experiences: “Health research into epilepsy, even of a qualitative nature, is often concerned with third-person perspectives of conformity to medication regimes [...] and social aspects of the condition” (159). Instead, she describes diagnosis and treatment practices and related experiences and emotions from a first-person perspective, including personal data such as photography, MRI scan results, and medical letters. She accuses healthcare professionals’ responses of being ignorant of experiences, pejorative in classifying them as psychotic, and superficial in pharmaceutically treating symptoms.

Psychologist and mental health practitioner LYMARIE RODRIGUEZ-MORALES (“To Thine Own Self Be True: Alcoholics Anonymous, Recovery, and Care of the Self”) returns to the example of Alcoholics Anonymous (AA) in exploring the role of spirituality in mental health, addiction recovery, and wellbeing. She links spirituality to positive outcomes in psychological functioning, a greater sense of social support and belonging, recovery from mental distress, healthier lifestyles, and meaningful life in terms of “psychological transformation and healing” (181). Investigating the AA recovery program, she focuses on young male adults in the UK, causes, and reasons that bring them there, the impact of spiritual experience in recovery, and the development of adult selfhood as a transformation of self, identity, and social belonging.

Social and religious psychologist MARTA HELENA DE FREITAS (“Religiosity, Spirituality and Wellbeing in the Perception of Brazilian Health and Mental Health Professionals”) returns to the example of Brazil, where the majority declares that religion plays a positive role in wellbeing. However, she states that “it will be also important to know and understand how similar or divergent they are from the daily perceptions and experiences of Brazilian health professionals, who work in hospital contexts and mental health services” (199). She outlines a dilemma of religious/spiritual orientation that contradicts secular criticism during university training but also acknowledges that this “scenario of resistance, prevalent in health contexts, has been changing in recent years” (200). Referring to various research projects with health professionals, she postulates efforts in the standardization, systematization, qualified education, and institutionalization of spiritual guidelines in healthcare and psychotherapy.

Buddhist practitioner and counselor BECKY SEALE (“Compassionate Presence: Buddhist Practice and the Person-Centered Approach (PCA) to Counselling and Psychotherapy”), complementary to other articles in this volume, stresses that in spiritual practice, care and self-care blend. As a therapist, she supports an approach of “therapeutic presence” as she observes it in Buddhist-derived practices of mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR). She discusses aspects of spiritu-

al care in communication with other therapists, “bringing together east and west”. From the reviewer’s perspective, the integration of patients’ perspectives and the discussion of how person-centered psychology blends with concepts of non-self in Buddhist mindfulness practices is missing. However, an important insight is that “[t]he split between medical science and the soul remains at the heart of many differences in approaching mental health and wellbeing and placing mental health within a scientific, medical model has far-reaching implications” (227). The author stresses capacities such as inner authority, compassion, acceptance, being attentive, and listening openly and carefully as resources of therapeutic presence beneficial to both her and her clients’ wellbeing.

Overall, the volume provides divergent approaches to spiritual wellbeing but lacks a clear framework and a conclusion that offers perspectives for the future, that is, what to take from this interdisciplinary project that reduces to a rather cognition-based psychological interpretation of emotion, spirituality, and wellbeing and widely ignores sensory and aesthetic aspects of (mental) health (cf. KURZ 2019; HATALA & ROGER 2022). Apart from the fact that many contributors of this volume remain vague about their methodologies, the reviewer misses suggestions of how to explore the field in the future, integrating other disciplines and giving voice to other actors, particularly patients, but also anthropologists. Several authors refer to CARL ROGERS’ (cf. 1980) approaches of

person-based psychotherapy, but in no regard do they question related concepts of self and wellbeing as socio-culturally constructed, let alone considering diverging psychologies that differ in the conceptualizations of self, person, or explanatory models and idioms of distress. Even though considering divergent approaches (e.g., Spiritualism, Buddhism) and to a limited degree giving voice to patients’ perspectives, the overall discourse in this volume represents a reproduction of Eurocentric models in psychology and their hegemony over complementary and alternative approaches that must adapt and standardize to fit in (cf. BAER *et al.* 2013). A general critique on biomedical, psychiatric, and psychological health/care models neglecting core features of (spiritual) wellbeing remains to be articulated in this context.

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