

Bettina Schmidt and Jeff Leonardi (Eds.), *Spirituality and Wellbeing: Interdisciplinary Approaches to the Study of Religious Experience and Health*, Sheffield, Equinox, 2020, pp. 248. ISBN 978-78179-765-5 (Softback).ⁱ

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This volume takes an interdisciplinary approach to religious experience, as advocated by Sir Alister Hardy in *The Divine Flame*, and also has the laudable aim of grounding its discussion and findings in practical, applied therapeutic contexts. Neither is the book limited to a narrow Western or Christian view but takes a cross-cultural perspective including non-theistic, non-religious, and Buddhist perspectives, in the UK, Brazil, and China. The ten chapters report on empirical studies on the relationship between spirituality and wellbeing, including a variety of different therapeutic approaches and research methodologies such as Humanistic Psychology, person-centred counselling, autoethnography, hermeneutics and phenomenology. Some of the diverse topics covered include: clinical parapsychology, attitudes towards the physical body, food in Chinese spiritual practice, Alcoholics Anonymous (AA), spirituality in UK and Brazilian health care, epilepsy, and the person-centered approach as a Buddhist spiritual practice. The book is divided into four sections: i) setting the scene, ii) the body in focus, iii) the diversity of perspectives, and iv) applied practice. Each chapter also includes an author biography, endnotes, and a bibliography.

At a first, and superficial glance, the topics and chapters may appear to be somewhat diverse and disconnected. However, there are a number of important deeper themes that run through the chapters and tie them all together into a harmonious whole, including the darker side of spiritual experiences, the role of religious or spiritual frameworks, cultural perspectives on spirituality and wellbeing, the lack of training on spirituality in professional health care, the insidious effects of Cartesian mind-body dualism, and the importance of relationships in spirituality and wellbeing.

Beginning with the definitions of “spirituality” and “wellbeing” Schmidt and Leonardi suggest that spirituality is, “that which gives meaning, value, and purpose to a person’s life,” and Leonardi offers twelve characteristics of spirituality. This is followed by Everton de Oliveira Maraldi’s excellent introductory chapter, where he suggests that, “In its very essence, spirituality might be best defined as a quest for self-knowledge, a quest toward finding our place in this world...” (P. 21), whilst Lymarie Rodriguez-Morales says that, “Spirituality generally refers to the meanings, values and practices which enable a greater appreciation of ourselves, our world, and our relationships with both, encompassing our philosophy of life or worldview,” (P. 181). However, whilst Wendy Dossett notes that public health care has come to increasingly recognise the importance of spirituality as instrumentally related to accommodating the spiritual/religious needs of patients, Maraldi and Becky Seale both warn us that spirituality goes beyond the limited function of simply promoting wellbeing,

“...mindfulness is in danger of being simply a technique to feel better rather than a spiritual practice,” (Seale, P. 228).

An often-overlooked aspect of spirituality is its negative effects, as opposed to the more frequently researched positive effects, on physical and mental health. Schmidt and Leonardi acknowledge that, “Spiritual experience can, for some, be a negative experience, either in its nature or in terms of other people’s response,” (P. 3). This is not just in the context of spiritual experiences of evil as discussed by Jakobsen (1999), but also includes the findings that spiritual experiences can cause concern or distress in and of themselves. This is sometimes triggered by spiritual practices such as meditation, especially when undertaken outside of a religious or spiritual framework. Maraldi states that, “It is of fundamental importance to recognise that there is a ‘dark side’ of spirituality which needs to be integrated if we want to take full advantage of spirituality’s healing potential,” (P. 20). In contradiction to many other studies that have found a positive correlation between religion and mental health, Maraldi points to studies that suggest that people with a spiritual understanding of life in the absence of a religious framework may suffer from worse mental health. He therefore advocates the need for spiritual teachers to know about psychotherapy, “Individuals interested in contemplative and spiritual exercises should be informed about the risks involved in their practice, including long-term alterations in their sense of identity,” (P. 35). That is, spiritual practices are not merely techniques to make us feel better, but have been developed over millennia for a much more profound purpose.

Conversely, Chris Roe emphasises the use of spiritual models to reframe challenging experiences and make them more amenable to psychological intervention. For Roe, the ontology of such experiences is moot as their psychological effects are experientially real. Thomas Jansen seems to arrive at a similar conclusion saying that, “The value of religious narratives, spiritual biographies of individuals or groups, or stories of gods and deities, lies in their unlimited power to create discursive spaces and practices that constantly challenge what we define as ‘wellbeing’,” (P. 109).

As discussed in the RERC Occasional Paper by Natalie Tobert (2007), there is a clear recognition of how spirituality and wellbeing is culture-bound both between, and within, societies. Maraldi questions the validity of the concept of “pathology” when used to label certain experiences. The difficulty of categorising human experience, be it psychiatric or religious, is a problem of great relevance to both psychology and religious studies, especially in the context of applied therapeutic practice in differing cultures. In the context of those who experience epilepsy as a profound spiritual experience, for example, Louise Spiers comments, “...metaphysical worldviews can collide when the causes of illness are understood very differently,” (P. 171).

Many of the contributors to the book acknowledge the exclusion of spirituality from the training and practice of health care professionals. Marta Helena de Freitas reports that, in Brazil, the majority of health care professionals are not conversant with the relevant literature on spirituality and wellbeing, and Schmidt points out that, despite some localised exceptions (only some Brazilian hospitals offer complementary or alternative medicine), in both the UK and Brazil there is a, “...widespread reluctance to discuss religion with a doctor or nurse,” (P. 147). Schmidt argues that this is because both the UK and Brazil share the same biomedically-based training for their health care professionals. Roe highlights the need for

the training of therapists on anomalous, that is spiritual and psychic, experiences. He also draws attention to the need for anomalous experiences to be “normalized” to avoid stigmatisation and that the outcomes of such experiences for the individual are often influenced by the responses of others. This links to the culture-bound meaning of “spirituality” and the socially constructed nature of experiential categories mentioned above. Spiers provides an insight into the stigmatisation and pathologisation of people who have epileptic experiences (EFEs) and usefully compares them to spiritual experiences, “EFEs are like other spiritual experiences insofar as some involve a non-shared reality, where there exists a mismatch between how it is experienced, and how healthcare professionals view it,” (P. 173). In response to this lack of training, Roe offers the discipline of clinical parapsychology, an amalgamation of clinical psychology and parapsychology (Kramer et al, 2012), that provides the basis for a, “...therapeutic practice that is founded on an evidence-based understanding of the nature and causes of the phenomena,” (P. 58). Indeed, Seale takes this even further suggesting that the person-centred approach is not just a method in which one can be professionally trained but is *itself* also a spiritual discipline.

Perhaps related to this gap between professional health care and spirituality is the issue of mind-body dualism identified by Leonardi. Seale picks up this theme commenting, “The 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” (P. 227). She advocates approaches to wellbeing that champion embodied experience and likewise Leonardi encourages a move towards holism to close the gap and resolve the issue, “...an approach which respects both body and mind, and also emotion, intuition and intellect, can yield a highly beneficial psychology and spirituality of health and wellbeing...” (P. 84.)

The relationship between self, community, and spirit, is clearly seen as pivotally important by many of the contributors to this volume. Jansen points out that this relationship is reciprocal in reaching outwards to develop community and turning inwards to develop the self, “Spirituality is a key ingredient that enables us to bond with other human beings and thus realize our own true self,” (P. 48). Dossett highlights the importance that her research participants gave to supporting each other in AA, “Engagement with other human actors is as much a solution to alcoholism as is a vital spiritual experience,” (P. 119), and Rodriguez-Morales talks about the sense of new, compassionate selfhood experienced by AA members in her own work, “The participants’ recovery journeys were deeply relational and social in nature, and facilitated by gaining a sense of belongingness, community and identity,” (P. 191). Finally, Schmidt discusses how wellbeing, as well as spirituality, is relational and goes beyond mere physical health, albeit depending on its cultural setting, that is perceived as interconnecting individuals, communities, and spiritual entities.

Finally, there is also a theme of psychospiritual development apparent here too. Leonardi discusses Carl Roger’s concept of self-actualization and Jansen speaks of, “wellbeing as a fluid process of becoming,” (P. 109). Leonardi tells us, “In this sense the self is not material content but phenomenological process,” (P. 83), a process, perhaps, that results in never-ending steps towards, what Rodrigues-Morales refers to as, “new recovery identities” (P. 187), not just for those of us in recovery but, perhaps, for all of us. Although one could question how well this understanding of self-development sits alongside the Buddhist concept of no-self.

No doubt, there are other themes that link the various contributions to this book and I have just identified the ones that seem important from my own perspective. The volume does seem to lean towards particular topics. Of the ten chapters there are two on AA, two on Brazilian spirituality, and two on Buddhism. This could have been balanced by other topics, perhaps on wellbeing and spirituality in relation to nature, or on the concept of spiritual crisis (Assagioli, 1965) or spiritual emergency (Grof & Grof, 1989). In particular, the latter links to many of the themes mentioned above, but was only mentioned in passing by de Freitas and Spiers.

In summary, this book answers Sir Alister Hardy's call for an interdisciplinary approach to religious experience, building on some of the topics covered by previous RERC occasional papers, and taking the important step from academic studies into applied practice. I found this book a refreshing blend of progressive empirically-based research that, at the same time, permits a welcome return to the more philosophical work of Carl Jung and William James. Maraldi identifies a shortcoming of much modern research on spirituality and wellbeing, "The fact is that the ethical and philosophical implications of research on spirituality are rarely or poorly addressed," (P. 36). This volume, addressing as it does both empirically-based applied practice and deeper philosophical considerations seems to me to be an ethical and necessary step forward, to address this shortcoming.

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