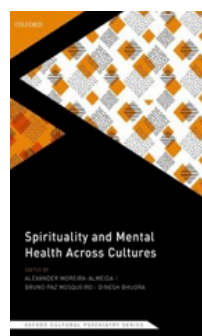


# Conceptual and Empirical Variations in Relations Between Spirituality and Mental Health<sup>1</sup>

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A review of **Spirituality and Mental Health Across Cultures**, edited by Alexander Moreira-Almeida, Bruno Paz Mosqueiro, and Dinesh Bhugra. Oxford University Press, 2021. Pp. xviii+473, \$70.00 (Hardcover). ISBN 9780198846833

This is a volume in the Oxford cultural psychology series, consisting of twenty-five chapters divided into three major sections. Section 1 consists of nine chapters devoted to theory, while sections 2 and 3 consist of eight chapters each devoted to general principles of religions and their relation to mental health and clinical practice respectively. As can be expected in such an edited, work the structure provided by the editors, although reasonable, is not consistently followed by the authors of various chapters within or between sections. Part of this is because the theory cannot be easily separated from general principles, and general principles contain implicit if not explicit theory. Likewise, the clinical practice of integrating religion and spirituality with mental health is shaped by both theory and the general principles permissible within a culture in which religion or religions exist. As a set, the chapters are of uniformly high quality and written by authors who have established strong reputations. Most chapters have masterfully summarized often complex and controversial literatures.

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Section 1 on theory begins with a chapter co-authored by the three editors, who make a strong case for why religion and spirituality (R/S) are important for mental health. They demonstrate a remarkable grasp of the huge literature on creating a binary by having individuals identify themselves in terms of religion and spirituality. The binary creates a fourfold table where individuals can be both religious and spiritual, neither religious nor spiritual, more religious than spiritual, or more spiritual than religious. Despite slight variations in how these binaries are created (see Streib & Hood, 2016) the editors remind us that the vast majority of the world's populations are in some sense religious. The editors defend their own specific creation of a binary that is not without its critics (e.g., Ammerman, 2013). They persuasively defend the succinct view that religion includes

the institutional or communal aspects of beliefs, experience, and practices related to the sacred transcendence (p. 13). Thus, seldom will there be spirituality without some cultural expression as religion; neither will there be religion without some form of spirituality. This clear defense of the binary is crucial for the entire text. For instance, in Section 2 specific chapters are devoted to Hinduism, Buddhism, and two of the Abrahamic faiths (Judaism and Christianity). Islam is not represented. However, there is a chapter of African R/S. Obviously, to summarize the core beliefs, experience, and practices of these religions will be highly selective and represent the personal views of the scholars who wrote the chapters. The views on specific religions are unlikely to represent complex faith traditions in other than a cursory sense and likely lacking in consensus from serious scholars in religious study. Definitions of religions are unlikely to be approved by other than those who make them and it is clear that there is as much diversity with the "same" religion as there is between one religion and another (Hood, Hill, & Spilka, 2018, pp. 1-9). However, what is clear is that however religions are defined and characterized, the issues of mental health are of concern.

How significant theoretical issues raised in Section 1 interact with the description of R/S in Section 2 is illustrated by two excellent chapters that raise serious methodological issues in how R/S is defined and studied. Chapter 17, written by Bruno Paz Mosqueiro, focuses on one expression of the binary, those who identify as spiritual but not religious (SBNR). He argues that the SBNR are missidentified and are better described as "spiritual and multi-religious" (p. 298). This is a clever argument, partly supported by empirical evidence with



the vast majority of the world's population placed under some religious umbrella even if one of their own syncretic creations. Hence, it follows that mental health professionals need to explore the near universality of R/S and their relations to mental health issues (which for the authors in this text are primarily positive and only rarely negative). However, this is partly a confound based upon conceptual and methodological critiques well-articulated by Miguel Farias and Thomas J. Coleman III in Chapter 15 of Section 2. Their chapter is devoted to non-religion, atheism, and mental health. They fiercely critique the claim that those who identify as non-religious or affirm atheism can be studied by procedures common in the empirical psychology of religion. They argue that to make atheism or non-religion a topic under *religions* is to make two serious conceptual mistakes with serious methodological consequences. The first is to confuse low scores on R/S belief (however measured) as the absence of theist beliefs. The result is that mental health is assessed by criteria atheists and non-believers reject. Thus, they receive lower scores on mental health. On the other hand, higher scores on measures of R/S beliefs are confounded with evaluating mental health in terms that conceptually overlap and are favorable to R/S beliefs. Thus, the claim that R/S is associated with positive mental health outcomes and that those who lack R/S beliefs are lower on mental health outcomes is a methodological artifact, not a legitimate empirical conclusion. Farias and Coleman III argue that it is as if one used the low score on an omnivore scale to draw inferences about the psychology of vegans (p. 263). Thus, the immensely and interesting discussion of R/S in Section 2 is mired in crucial conceptual, philosophical, and theological issues that need more attention. It is to the editors' credit that they have not shied away from including critical chapters that raise critiques damaging to their own largely positive views of R/S's influence on mental health. However, the dark side of R/S remains only minimally explored in the twenty-five chapters. A chapter devoted to the negative effects of R/S would have been a valuable addition.

A second chapter in Section 1 adds another critique to the editor's overall enthusiasm for the positive role of R/S in mental health. In it, German S. Berrios and Ivan S. Marková note that in the last twenty years the literature of spirituality has grown to be "unmanageable" (p. 28). Much of this they attribute to the lack of concern with ontology on the part of those who research and those who apply the results of research in their health care or practice. Another chapter in Section 1 also raises the issue of the scientific study of spiritu-

ality (Harald Walach in Chapter 4). One of the great values of this edited text is the range and acknowledgement of the conceptual and methodological issues raised by the editor's strong commitment to the view of the overall largely positive contributions R/S make to mental health. Having allowed the critics a voice, the chapters in Section 3 make the editors' compelling case that R/S has a largely positive role to in mental health.

The key to understanding the importance of Section 3 is that major organizations concerned with the licensure and training of mental health professionals have strong statements on principles for integrating R/S into practice for mental health professionals. Sections 1 and 2 make the case that spirituality is the term most likely to be used among health care professionals as a generic term that becomes specific when the belief, practices, and experiences are communally shared as specific religions. Chapter 18 (by Christopher Cook and Alexander Moreira-Almeida) provides the World Psychiatric Association's position statement on integrating R/S in mental health care. It is a huge umbrella that has influenced many other national and regional organizations that provide licensure for organization that provide healthcare or other mental health services for which R/S is relevant. Most follow the need for explicit requirement to obtain informed consent after full disclosure. It is assumed that often persons are attracted to health care careers because of their own R/S motivations. The crucial issues are that mental health professionals must be aware of the benefits and risks of what are world-views that included R/S and more secularized way of perceiving and acting in the phenomenal world. Ignoring ontological questions allows mental health professionals to work with the R/S beliefs of their patients or clients and when necessary and to consults with other experts in specific faith traditions they may not be familiar with. The issue is not that things believed to be true must be ontologically true from a scientific, evidence-based worldview that only deals with the phenomenal reality of how humans perceive reality. The concern of the practitioner is neither to deprive clients or patients of their R/S beliefs nor to ignore them as outside their responsibility as caregivers. Instead, the task is to engage the R/S beliefs of those who with full disclosure and informed consent seek the benefits that may derive from R/S beliefs relative to their own mental health. Ontological claims are simply ignored.

Section 3 can best be explored by the names of the chapters that read as a useful set of tutorials, from the need to take a culturally-sensitive evidence-based spiritual history (Chapter 19, by Larkin Kao and Joh Pe-teet), to discussion of spiritually integrated psychotherapies (Chapter 22, by Marianne de Abreu Costa and

David Rosmarin), to how to handle spiritual struggles within therapy (Chapter 23, by Kenneth Pargament and Julie Exline). Included are R/S guides for the prevention and promotion of mental health (Chapter 20, by Arjan Braam) and the importance of R/S in end-of-life care (Chapter 24, by Peter Fenwick and Bruno Paz Mosqueiro). One can view Section 3 as the best practice evidence supporting the enthusiasm of the editors for the largely positive role R/S plays in mental health. Although R/S tools vary between cultures, they are available in some form in all nearby cultures. In most, R/S is the the norm not the exception. A chapter devoted to how R/S communities world-wide can cooperate to foster mental health (Chapter 25, by Wai Fung et al.) is timely in a period dominated by concerns with pandemics, climate change, and threats once again of a world war. Chapter 21 (by Simone Hauck and Robert Cloninger) relates R/S concerns to positive psychiatry and psychology. The issue of whether hope can be seen as functionally equivalent to faith is only partly an empirical question. It allows us to consider if the strong case for the positive contribution of R/S to mental health in the chapters of Section 3 is persuasive enough, especially considering the effort to avoid ontological issues.

This text is a nice complement to what for many is the classic text, which can be read as a prolegomenon to this book, William James's Gifford lectures published as the *Varieties of Religious Experience* (hereafter *VRE*) subtitled, *A Study in Human Nature* (James, 1985). In lecture 1 (1985, pp. 11-29), James famously introduced his concern with medical materialism, especially when it tries to avoid ontological claims and address only the phenomenal. Whether Saul's epilepsy on the road to Damascus or Teresa's hysteria, James declared that it might be that such illnesses, if that is what are, are not *merely* illnesses. James was widely criticized for his claim that in such psychiatric illness may lie ontological truths of contact with what he referred to as something "MORE" that is continuous with our nature (1985, p. 401). Early reviews of the *VRE* chastised James for thinking that psychology could preserve its scientific status and yet claim ontological significance for what must be evidence-based exploration of the purely phenomenal (Campbell, 2016). James insisted that madness may be *necessary* for the ontological truths of spiritual realities to be recognized. In an early review of *VRE*, James was criticized for his claim that the subliminal consciousness provided an access to genuine spiritual realities as a "curious departure from the pathways of science" (French, 1905, p. 703). Yet James warned that to ignore ontological claims of spiritual experiences replaces a commitment only to phenomenal reality. A psychology that would be scientific necessarily misconstrues experience, "For the hysterical nun, starving for natural life,

Christ is but an imaginary substitute for a more earthy of affection" (James, 1985, p. 18). Throughout Section 3, the evidence-based claims clearly document how R/S can be used to promote mental health. but that is only half the story. James takes seriously the possibility that religion is itself an expression of madness and if so, absolutely authoritative for the person who has this ontological awareness of being engaged in spiritual reality not simply of their own construction. Of course, some experiences might be only phenomenal but only if others are veridical. This is the conceptual dilemma hidden if the focus is only on evidence-based documentation at the phenomenal level. James thought psychology could do more than be bound by the phenomenal. It could admit the reality of spiritual worlds into its own worldview. Thus, in a sense, the advancement of the study of R/S and their positive contribution to mental health and the *prevention* of madness mimics Shakespeare's *Hamlet*. Are those concerned with the relation between mental health and R/S trying to lift themselves by their own petard?

James's insight was that the relation between individual experience and collective shared experience is ontologically relevant beyond the phenomenal reality of culturally shared worldviews (mostly but not exclusively R/S ones) For the R/S caregivers, committed to the positive role of R/S in mental health there is a warning:

A *genuine* first-hand experience is bound to be a heterodoxy to its witness, the prophet appearing as a lonely madman. If this doctrine proves contagious enough to spread to any others, it becomes a definite labeled heresy. But if it then proves contagious enough to triumph over persecution, it becomes an orthodoxy, its day of inwardness is over; the spring is dry; the faithful live at second hand and stone the prophets in their turn. (James, 1985, p. 270, emphasis added)

This handbook is marvelous and even a necessary read for mental health caregivers who can no longer avoid R/S issues in their profession. However, what at first glance is a progressive articulation to explore R/S and secular version of these worldviews (such as Positive Psychology) upon more reflection becomes an effort to defend their own limited phenomenal worldviews. It remains unclear that this text, seen as a complementary text to James' *VRE* can be fully appreciated without seeing it as carefully avoiding the ontological issue because of the own limits it sets upon itself. Yet, if we are willing to assume with James (1985) "That the sanest and best of us are of one clay with lunatics and prison inmates, and death finally runs the robustest of us down" (p. 46)



then trying to avoid the ontological issue is a mistake and no additional data can resolve it (Papanicolaou, p. 2021). The cliché common in America is that the inmates are running the asylum. Would that be so bad?

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