

# Spirit and mind

Mental health at the  
intersection of religion and psychiatry

Reviewed by Nasima Selim

Helene Basu, Roland Littlewood, and Arne S. Steinforth, eds., *Spirit and Mind: Mental Health at the Intersection of Religion and Psychiatry*. Berlin: LIT Verlag, 2017. Paperback, 302 pp., €39.90. ISBN: 978-3-643-90707-3.

In *Spirit & Mind*, Basu, Littlewood, and Steinforth present twelve chapters that deal with the intersection of psychiatric and religious domains in the global South and North. The chapters were initially presented at the 2012 International Conference on Religion, Healing, and Psychiatry in Münster, Germany. The interdisciplinary team of contributors includes anthropologists, sociologists, psychologists, religious studies scholars, psychiatrists, and mental health researchers. This volume brings into focus the ethnographic blurring of the boundaries between the otherwise defined fields of (psychiatric) medicine and religion, which should be of interest to scholars invested in either or both of these fields.

In ‘Foreword: Madness and Religion’, Littlewood historicizes the current interest in relating religious/spiritual experience and mental illness. This is followed up by an introduction in which Basu and Steinforth offer a comprehensive genealogy exploring the origin of trans/cultural psychiatry going back to the nineteenth century, criticizing the universalist ambition of psychoanalysis, laying out the historical context of colonial psychiatric institutions in Africa and South Asia, and situating this work in the aftermath of the ‘new cross-cultural psychiatry’ (p. 5). The authors explore the secularist dismissal of religion in psychiatry to track the contemporary critiques of modernity, science, and knowledge, and they situate current attempts to learn from both psychiatric and religious practices in these

critiques. They draw attention to two gaps: 1) in the global South, mental health actors seek to reduce the 'mental health gap' by improving access to care by building psychiatric infrastructure, and 2) in the global North, actors attempt to address the 'religiosity gap' by addressing the religious/spiritual needs of patients in psychiatric encounters.

The first three chapters focus on the historical dimensions of the intersection of psychiatry and religion. In 'The "Seligman Error" and the Origins of Schizophrenia' (chapter 1), Littlewood criticizes early assertions in anthropological theory regarding the relative absence of severe and chronic mental illness in so-called simpler societies. Juxtaposing early ethnographic accounts with historical evidence in diverse societies, Littlewood comments on the possibilities of concealment or compensation of schizophrenia-like illnesses in non-Western societies with a detailed discussion of C. G. Seligman's postulates, known as the 'Seligman error(s)'. The second chapter, 'Return of the Religious', is a critique of romanticism about other (non-Western) traditions. Heinz and Pankow provide anecdotes to argue that a (Western) romantic/naïve craving for the 'other' (for example, Siberian shamans) might exploit the rich tradition of shamanism for amusement and stimulate 'reactionary tendencies' in Western societies.

In the third chapter, Ehrenberg provides a more contextualized critique of the notion of a uniform individualism across the imaginary of the 'West'. 'On the Notion of Social Pathology' entails a sociological comparison of France and the United States, in which Ehrenberg shows how suffering and mental health are articulated as 'secular language games' entangled in different configurations of the individual, even across 'Western' societies. For example, the receding of the state resulted in an excess of individualistic, self-reliance discourse in the United States, compared to 'individualistic anxiety' about abandonment by the state in France. While Ehrenberg compares social pathologies by tracing the sociology of individualist affects in 'new ways of suffering', the connection of this to religion in these societies was not made completely clear.

The fourth, seventh, eighth, and ninth chapters draw from long-term ethnographic research with examples from the global South, namely India, Ghana, and Malawi. In 'The Religious Texture of Experience in Psychosis' (chapter 4), Corin and Padmavati explore the experiential narratives of young men and women diagnosed as psychotic in Chennai (South India). The heterogeneous religious universes these young men and women articulate are fluid. Both psychosis and religious contexts shape their experiences in the quest for expression and care. The other contribution from India focuses on ethnographic insights from the study of mental health-seeking practices in dialogue with ethnographies of religious healing shrines. In 'Leading and Misleading Religious Boundaries' (chapter 7), Quack discusses the role of religion in India's therapeutic landscape. His contribution questions the fixing of religious boundaries and urges researchers to distinguish between a 'scholastic

mode of religiosity' linked to dominant identity politics and a 'pragmatic mode' that influences the everyday practices of consulting healers beyond religious boundaries.

In "“Doctor Sickness” or “Pastor Sickness”?" (chapter 8), Read asserts that users transgress the boundaries between biomedicine and 'traditional' medicine with little concern about ideological coherence. However, the 'competition for authority' in Ghana between healers and health workers regarding the causes and care for mental illness utilizes the dichotomies of different sicknesses in their respective claims of power. In chapter 9, 'The Person in Between', Steinforth discusses how people with mental disorders in Malawi seem to be in transition, caught up as they are in the social transformation of structural reforms. He argues that the local idiom of *kukhwima* (gain and suffering) represents a multiplicity of social values, being rooted in relational notions of the person and yet resulting in conflicts.

The fifth and sixth chapters deal with the challenges and possibilities of collaboration in the global North. In 'Collaboration or Collision' (chapter 5), Leavey discusses the silence of the Irish clergy in responding to suicide, the second most common cause of death among young men in Northern Ireland. This contribution argues that secularism is both the result and cause of lack of religious authority, embodied, for example, in the hushed voices of clergymen when responding to moral matters. In comparison, Csordas presents a unique case of integrating Native American sweat lodge practice with conventional counseling to address the emotional distress of young Native Americans in the United States. He argues that while incommensurability causes trouble, engaging with bodily experience by combining both forms of care (in the darkness of the sweat lodge and the fully lit counseling room) can provide an avenue of 'therapeutic totality'. The theme of bodily experience is followed up in the tenth chapter, 'Experience of Healing, Healing of Experience', in which Dein draws on recent anthropological works on embodied experience to frame Pentecostalism as a 'healing movement'.

The last two chapters deal with so-called New Age healing practices in Finland. In 'Tradition, Emotion, and Healing' (chapter 11), Wilce examines revivalist laments in terms of the psy-sacred hybrid tradition of 'healing lament', an esoteric register of lament (*itkukieli*), and contemporary lament courses. He discusses three concepts of authenticity in these courses: cultural-replicative (a current lament replicates exact forms of older laments), personal-expressive (expressing an obligation to oneself rather than cultural heritage), and spirit-relational (evaluating laments in relation to more-than-human entities). Together these 'authenticities' operate in a 'tense equilibrium' in Finnish revivalist lamentation and such configurations of psycho-sacred-therapeutics provide avenues to a new reasoning of healing. In the final chapter, 'Healing Enchantment', Utriainen discusses the challenges posed by 'alternative therapies' to secularized forms of care. She demonstrates how angel healing works through body-mind techniques of mobilizing 'imaginary-practical-embodied enchantment', thereby cultivating a relationship with unseen others. Individuals experiencing

the uncertainty of a crumbling welfare state, she argues, exercise ‘participatory agency’ in the autonomous ethos of a commercial and post-secular ‘culture of healing’.

While this volume covers many topics, the contested notion of religion itself is not adequately discussed. The role of religion in policy making and training of mental health actors, and the social lives of drugs and therapeutic techniques remain unexplored. Still, this collection is exemplary in drawing attention to the therapeutic possibilities and challenges of intersecting psychiatry and religion. Anyone working in global mental health (including anthropologists, social science scholars, mental health practitioners, and researchers) will benefit from reading this interdisciplinary volume.

### About the author

Nasima Selim is a postdoctoral research associate and lecturer at the Institute of Social and Cultural Anthropology of Freie Universität Berlin. Her research and teaching interests include the ontologies and politics of medicine and religion in urban contexts, affective ecologies, global health, public anthropology, and ethnographic writing. Her recently completed doctoral dissertation is titled ‘Learning the Ways of the Heart in Berlin: Sufism, Anthropology, and the Post-Secular Condition’ (2018). She is a member of the European Association of Social Anthropologists (EASA), the German Anthropological Association (DGSKA), and a life member of the Public Health Association of Bangladesh (PHAB).