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Book Reviews

Vassilis Saroglou ^a

^a Université catholique de Louvain, Louvain-la-Neuve, Belgium

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BOOK REVIEWS

Religion, culture and mental health, by K. Loewenthal, Cambridge, Cambridge University Press, 2007, 169 + X pp., £45 (hb), ISBN-13 978-0-521-85023-0

Kate Loewenthal's new book, *Religion, culture and mental health*, is a welcomed work combining characteristics of both a textbook on religion and mental health and a monograph on the way culture may interfere on the relation between religion and mental health. Through seven elegantly written chapters, six of which cover psychopathology and one positive psychology, Loewenthal reviews the recent empirical evidence showing how key dimensions of mental health are affected by religious and cultural beliefs, practices, and membership. Interestingly, historical evidence is not completely absent; it allows one, in several cases, to contextualize or confirm the evidence from contemporary research.

In comparison with the previous well-known handbooks, i.e., *Handbook of religion and mental health* (edited by Koenig, 1998) and *Handbook of religion and health* (edited by Koenig, McCullough, & Larson, 2000), both remarkable for their inclusiveness of a large number of studies and topics, Loewenthal's book has a more specific (monograph) and less broad (textbook) scope, and in doing so has several advantages. First, the author goes beyond surface reviews of the empirical literature on religion and specific components of mental health that sometimes result in concluding just on whether the associations between the above are positive or negative and on which are the mediating processes. She selectively focuses on key dimensions of mental illness (schizophrenia, manic disorder, depression, anxiety, somatization, and dissociation) and each time develops ideas on what may be the psychological and clinical relevance of religion for each specific disorder. This makes the book much more interesting for readers with clinical, cultural, and psychological religious interests. The book is also enriched with many clinical vignettes and case examples that are stimulating and illustrate well the author's ideas and key features of research.

Second, probably for the first time, some disorders receive (within an overview book) a sustained examination with unique corresponding chapters. This is the case with manic disorder, dissociation, and somatization, all three highly important to understand affinities of psychopathology with and distinctions from religious and cultural beliefs and practices; and the chapter on schizophrenia is particularly rich and integrative of many research questions, such as the possible distinctions to be made between schizophrenia on the one hand, and visions, voices, delusions, and possessions in a religious context, on the other hand.

Third, throughout the different chapters, a reader with an international perspective is happy to see not only studies and research from North American samples and sources (journals) but also studies and research from a variety of religious groups, cultures, and countries, including the author's own ones, and especially an impressive number of studies published during the last 10 years in *Mental Health, Religion and Culture* (a journal co-edited by Kate Loewenthal, together with S. Dein, C.A. Lewis, and K.I. Pargament). Indirectly, Loewenthal's book shows how the many various studies published in *Mental Health, Religion and Culture* not only cover a large variety of topics, populations, and

methods, but also start to provide accumulated evidence, with some concluding directions relative to the religion and mental-health research domain.

Fourth, the key contribution of the book on the broad issue of the relations between religion and mental health is the introduction of cultural, religious, and gender differences on each dimension of mental health/illness studied. Such differences may result in differences in the prevalence and incidence of one or another disorder, on the particular symptomatology through which pathology is expressed, on the interpretation of the disorder that culture provides, as well as on the way religion relates to the particular pathology. Here are three interesting examples. Although, in general, women are more vulnerable than men with regard to depression, the rates of depression among men may increase by discouragement of alcohol use and of suicide in some religious groups. There are important differences (in terms of qualification of the symptoms and positive or negative effects) between trance and spirit possession that may be unwanted, uncontrolled, and malign, and ones that may be culturally and religiously defined, constituting benign dissociative strategies of coping. Schizophrenia may be overdiagnosed when sometimes clinicians are confronted with a stress-related culture-specific disorder having a religious connotation (e.g., high incidence of schizophrenia among Afro-Caribbeans in the UK and the USA).

Overall, the empirical research reviewed by Loewenthal led her to conclude that religion does not cause or exacerbate mental disorder. However, religion has an impact on the symptomatology, i.e., the expression of mental disorder, which is often religiously or culturally determined. Rather than having a negative impact on mental health, religion seems to buffer anxiety and depression, and to foster positive states and positive psychology-related constructs. Even “typically” religious manifestations that seem bizarre (possessions, visions, dissociations) should not be considered as indicating pathology but rather as culturally determined ways of expressing distress, and facing stress and traumatic experiences. Nevertheless, in some contexts, and in some religious groups, religious beliefs and practices may precipitate or exacerbate pre-existing vulnerabilities.

There are also a few weaknesses in the book. First, in several cases, on the basis of *non-existing* or *inconsistent* evidence, the author concludes perhaps too quickly that religion *does not cause* mental disorder (as if there was *evidence for* that); and the cross-sectional character of the data in most studies reviewed is not helpful for causal inferences. Similarly, although we agree with the author’s interpretation that Freud does not affirm that religion *causes* obsessionality and neurosis—obsessional rituals sharing with religion similar psychological processes involving guilt and anxiety—a more radical interpretation of Freud’s thought could be that religion does not, strictly speaking, cause neurosis because it is itself one way of expressing neurosis. Second, in some chapters, the creativity in elaborating many ideas that show how complex the relations between religion, culture, gender, and mental health may be raises many questions, thus making it difficult to draw firm conclusions. Integration of some conclusive literature and some counting of the pro- and con- studies relative to the each time specific issue could have enhanced the strength of the conclusions. For instance, in the chapter on religion and depression (a chapter including a rather difficult section on gender), the meta-analysis of Smith, McCullough, and Poll (2003) is missing. Interestingly, this meta-analytic study showed that the negative relation between religion and depression is not moderated by gender or culture. Finally, a distinction—beyond the obvious overlap—between religion and culture is not followed in a systematic way across the chapters. For instance, the chapter dedicated to somatization provides highly interesting material on the role of culture, but it is hard to find what is there about religion.

In conclusion, in this book Loewenthal opens several new ways in examining the religious, cultural, and gender variety that is important for understanding religion's role on mental health. In addition, this book is an excellent text particularly appropriate for courses on religion and mental health, since it combines (a) elegance, (b) deep focus on selected key domains of mental health, (c) interaction between theoretical ideas, empirical research, and illustrative case examples, and (d) sensitivity to religious and cultural diversity that is highly important for mental-health professionals.

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Vassilis Saroglou
Université catholique de Louvain
Louvain-la-Neuve
Belgium
Email: vassilis.saroglou@uclouvain.be