



## Religion, Spirituality, and Health in Latin America: Interdisciplinary Perspectives

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In his book, *The modern spirit of Asia: the spiritual and the secular in China and India*, the anthropologist Peter van der Veer argues that one of the main characteristics of the notion of spirituality is not the absence of definitions for it, but quite the opposite, the plenty of ways to define it (Veer, 2013). This thematic issue takes as a starting point this abundance of definitions and far from trying to reduce it to a single concept, it explores and highlights such multiplicity, thus revealing the complexity and diversity of perspectives in the field of religion, spirituality, and health. Our main aim with this approach was to foster greater interdisciplinary conversation. We let the various methodological and theoretical perspectives have their voice, as long as they respected, accepted scientific and scholarly methods in their respective disciplinary fields. This approach is especially important in the context of Latin America where research on religion, spirituality, and health has progressed at a slower pace in comparison to the USA and Europe. Latin America's identity in this field is still to be fully developed and characterized. It was our purpose with this thematic issue to help promote discussions and research in this area, thereby contributing to the development of theoretical and methodological pathways which are more in tune with the Latin American reality.

When we launched the call for papers, we were pleasantly surprised by a large volume of submissions, of which the first seven are now published. Soon, we will publish a second part of the material in another issue of this journal.

First, what becomes evident from the papers in this issue, and from an overview of the broader field of research, is the diversity of ways in which religion, spirituality, and health can be operationalized, combined, or contrasted. This is especially

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true of the notion of spirituality which has been the focus of much debate over the years. Some describe it as almost a contemporary synonym for religion, while others see it as distinct from religion. Some see spirituality as an indicator of health, while others argue that spirituality may or may not be positively associated with health. It is also of importance here how one defines “health” including, for example, whether the focus is on physical or mental health/mental well-being.

But above and beyond such terminological debates, scarce attention has been given to the role played by terminological choices in the specific ways in which studies on religion, spirituality, and health have been carried out. What does the notion of spirituality do when it is employed as an analytical category? What does this term describe? What framework does it offer each time it is employed? More importantly, how research in Latin American can contribute to such discussions? An adequate answer to all those questions is beyond the more limited scope of this editorial, but there follows some initial ideas and suggestions.

We would like to start by highlighting two fundamental aspects of the notion of spirituality. The first is related to the ambiguity regarding its grammatical class. Spirituality is sometimes employed as a noun that designates a phenomenon in itself, a fact that, however multiple, has its nominal characteristics; other times the category is transformed into an adjective that qualifies processes and things, that is, that characterizes what it describes. In the first case, when spirituality is a noun, the term not only gains specific definitions, as in the works of Linda Woodhead (2010), Robert Wuthnow (2003), and Renée de la Torre (2016) but also gains even more particular contours. Through the emergence of a grammar of its own, with terms such as “self-spirituality” (Heelas, 1996), “alternative spirituality” (Sutcliffe; Bowman, 2000), “spirituality of life” (Heelas, 2008), “holistic spiritualities” (Sointu; Woodhead, 2010), “subjective life spirituality” (Woodhead, 2010), “reflexive spirituality” (Besecke, 2001), and “post-Christian spirituality” (Houtman; Apers, 2007), spirituality or its “spiritual” derivative appears in ethnographies and descriptions as self-explanatory, dispensing with more structured elaborations as to their meaning when it operates as an adjective. This is the first general aspect that we can highlight regarding the uses of spirituality as a category of analysis: its occurrences take place in a very broad framework, ranging from strict definitions when used as a noun to supposedly self-explanatory references when used as an adjective.

The second aspect of the varied answers we can offer to the questions listed above regarding the definition of spirituality concerns the fact that, especially in the social sciences, spirituality is connected with a debate which is different from that associated with the radical term “spirit.” If, on the one hand, spirituality and spirit converge insofar as they are opposed to materiality and point to some interiority of the subjects (Veer, 2013), on the other hand, these two terms diverge as theoretical debates tend to frame the first in terms of its difference with the notion of religion and to formulate the second as an autonomous entity, quite characteristic of experiences related to mediumistic religions. As trivial and broad as these two characteristics are — (1) the category spirituality has acquired a nominal and qualitative value in social science analyses, and (2) the debate concerning this notion is different from that associated with “spirit” — they help to recognize how this notion operates

when mobilized by social science researchers. These are important distinctions to be outlined as they certainly guide different research paradigms in the field of religion, spirituality, and health.

On the other hand, in the health sciences, some constructs have historically combined aspects of health (or pathology) and spirituality in the same definition, such as the notions of “spiritual well-being” versus “dissociation” or “schizotypy.” Such fusion has raised concerns about possible methodological biases derived from operationalizing spirituality as inherently healthy or otherwise potentially pathological (Maraldi, 2020). The investigators have usually responded to that by seeking more comprehensive definitions, new measurement procedures, and the development of differential diagnosis criteria to help distinguish pathological from non-pathological expressions of religiosity/spirituality (Sena et al., 2021). But the challenge nevertheless remains, given the constant changes in the social and religious landscape of different countries including the growing numbers of “nones,” spiritual but not religious individuals, and atheists/agnostics, as well as the diverse ways in which individuals and groups experience and institutionalize health practices and conceptions, whether appraised as religious/spiritual or not.

In this context, interdisciplinary research has enormous value, since researchers from different disciplines can join forces and expertise to handle complex theoretical and methodological issues. Some areas of investigation were slow to enter the debate, as was the case with the social sciences, especially in Latin America. More recently, however, they have established themselves in a new way, apparently beyond the stricter investigations on New Age practices and beliefs (Giumbelli & Toniol, 2017). It is now recognized that the study of the interrelationships between religion, spirituality, and health is not confined to certain spiritual worldviews or affiliations but crosses different practices, narratives, and traditions (or the reported absence of such traditions), requiring broader and more sophisticated theoretical models and research paradigms.

Here, we would also like to outline an important aspect of research in Latin America from an international perspective. The study of mediumistic religions (exemplified by some of the articles in this issue), as well as indigenous and African-derived practices and traditions in Latin America, pose interesting challenges to the more Christian-oriented international literature on religion, spirituality, and health. Even in the case of Christianity, the peculiarities of popular Catholicism and Evangelicalism in Latin America, in its many expressions, also suggest potentially new and intriguing avenues for research in a cross-cultural context. We hope in this way that the discussions started in this editorial and the articles in this issue do not end up here but continue to mobilize theoretical and methodological debates both in Latin America and abroad.

Finally, it might be important to add a few words about our choice of using “religion” as the first word in the title instead of “spirituality.” Some authors see spirituality as the predominant category, and religion as a secondary aspect that may or may not be associated with spirituality, while others see religion as the overarching concept to which spirituality is associated by extension. But our intention with the title was only to allow the consideration of different views and terminological possibilities in this area rather than favoring one possibility over

the other. With our choice, we wanted to highlight the need to consider not only the “spirituality encompasses religion” paradigm, which is found across different studies in the literature, but also other approaches including studies focusing on religiosity rather than spirituality.

Having said a few words on the purposes that guided our proposal for this thematic issue and the topics we consider important to highlight in future research in Latin American, we would like now to briefly introduce the papers of this issue.

The first paper by Patricia Rodrigues de Souza (“Mediumship disorder: alternative conceptions of body and disease in Umbanda religion”) explores the many conceptions of body and disease in the Umbanda religion in Brazil, showing how the investigation of such categories may illuminate research on mediumship (and potentially other spiritual experiences) and its relationship to physical and mental health.

In a similar vein, Fabio Leandro Stern and Silas Guerriero review and discuss the conceptions of body, health, and sexuality in the Brazilian New Age Ethos (“Body in the Brazilian New Age Ethos”).

In the paper by Lilian Maria Borges, Lucia Malagris, and Marta Helena de Freitas (“Chronic Illness, Religiosity, and Spirituality in Brazil: Health Professionals’ Perceptions and Guidelines”), the authors investigate the perceptions of health professionals regarding the relationship between chronic illness, religiosity, and spirituality in Brazil. Based on their findings, they propose some practical guidelines and suggestions for future research.

Ismael Eduardo Peláez, Victor E. C. Ortuño, Mari Rose Reimondo Silva, and Verónica González Revello present the findings of a quantitative and psychological investigation of Buddhism in Uruguay in the paper entitled “Personality Traits and Future Anxiety in Buddhists: a Study of Adult Tibetan Buddhist Practitioners from Uruguay.”

In “When spirits become therapists: Etnopsychology and Hypnotherapy in Brazil,” Maurício Neubern explores, based on a detailed case study, the interweaving of ethnopsychology and hypnotherapeutic practices and points to new avenues of therapeutic treatment based on an open-minded dialogue between psychology and spiritual beliefs and traditions in Brazil.

In “The Impasse of Anomalous Experiences in Mental Health: Maturity, Social Support and Identity as Indicators of Benign Schizotypy,” Andréa dos Santos-Silva, Tainá Lopes da Silva, Jovana Giacobbo Serra, Letícia Oliveira Alminhana, and Iraci Iracema de Lima Argimon present the findings of their qualitative investigation on the role of maturity, social support, and identity as factors that may contribute to a differentiation between pathological and non-pathological spiritual or anomalous experiences.

Finally, the essay by Fabio Leandro Stern, Silas Guerriero, and Ana Luisa Proserpi Leite entitled “The Concept of Spirituality in the Health Sector: Contributions from the Study of Religion” provides a critical assessment of research on spirituality in the health sector and emphasizes the importance of taking into account the moral and ritual dimensions of spirituality in health research.

We conclude this editorial, wishing the readers a pleasant and inspiring read of the many contributions in this special issue.

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