
*Buddhist Understanding of Childhood Spirituality* explores the possibility of fruitful partnership between Buddhism and psychoanalysis in the field of child spirituality. Alexander von Gontard argues that applying a Buddhist conceptual framework can help soften dogmatic approaches to child psychology that would otherwise stifle the child’s natural spiritual curiosity (251). The book offers in evidence testimonies from young German patients who echo Buddhist sentiments in their life-coping strategies. To write on Buddhism is a new departure for the author who has previously published in the fields of paediatrics, child psychology, and spirituality.

The book is divided into three parts. The first part begins by exploring the Buddha’s own childhood and children’s involvement with Buddhist temples in Tibet, Myanmar, and China. Part II explains Jungian psychological vocabulary, especially linking the ‘divine child’ archetype with religion and spirituality in children. The book’s most significant contribution to knowledge is the third part which matches spiritual experience categories and then Buddhist teachings with over 80 original individual clinical testimonies from children (61%), adolescents (26%), and post-adolescent teenagers (12%); about half of these seem to fit with categories relating to Buddhist teachings. For example, 13-year-old Tom who has bipolar disorder is able to overcome the vicious circle of obsessively collecting model helicopters and form a meaningful human relationship by realising the Buddhist teaching on gain and loss in the Eight Worldly Conditions (189–190).
It is always hard to strike a balance between academic and self-help audiences when dealing with subject matter that is of potential interest to both. The compromise reached in this book is to provide citations and indices for academics to skip to particular points of interest, while anecdotes and pictures accommodate the self-help reader. Nonetheless, a peer review could have added academic rigour to this book, especially regarding the tightening of the use of Jungian Psychological Type terminology, Buddhist spelling (Nāgārjuna—even without diacritics—is repeatedly spelt wrongly), and widening the range of voices in the cited literature. Rather than claiming that childhood has been overlooked in early Buddhism (45), broader familiarity with the Scriptures would reveal that there is no shortage of seven-year-olds: there is, for example, Temiya the mute, Cīrā, Pothila’s young teacher, Padakusala and the weaver’s daughter of the Muni Sutta, not to mention the parental guidance of the Siṅgalaka Sutta. I expected more reflection on Titmuss’s view of the dysfunctionality of the Buddha’s family (31), Miller’s claim that a baby arrives in the world fully enlightened (108) or Fowler’s now widely discredited stage theory of faith (124–126). I would have thought that ‘Buddhist understanding’ would require spiritual work to turn spontaneous childhood spirituality into substantial adult wisdom. Standardisation of age definitions in the book to the usual childhood (0–13), adolescence (13–15), and teenage (13–19) would have clarified the unique spiritual characteristics of each age range. It would have added value to the book, if direct quotes from the children’s testimonies had been given rather than them being paraphrased. In short, I would have welcomed more interpretation of Buddhism as a clinical framework and more clarity as to the qualitative methods used.

This journal of necessity reviews the empirical rather than the literary value of new books. The shortcomings mentioned should not detract, however, from the value of the data collection, which highlights a new potential field of endeavour in applying the Buddhist wisdom tradition to ameliorating the
suffering of children undergoing medical care. If von Gontard is right, rather than Jungian archetypes (that are always concrete) or the abstract but less overarching schemes of, for example, David Tacey or David Hay and Rebecca Nye, Buddhism may provide a more comprehensive framework for identifying the roots of psychological disorder. The book will probably find an audience among chaplains, clinicians, and educators.

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