

Editorial: Order, Relationship and Energy

Professor Andrew Sims

When the benign authority of your editor is directed at me to prepare an editorial, there is usually little notice; minimal time for literary rumination! So, it happened that I needed to plan and then write this on Trinity Sunday.

One of the richnesses of our Special Interest Group is that we come to our shared belief in the importance of spirituality for psychiatry from vastly different backgrounds. Most of us can only conceptualise the valuable contribution to psychiatry of *spirituality* in the language and ideas of our own spiritual and religious beliefs. This is true for me, and I was thinking through how the basic, Christian notion of the Trinity was relevant for the views I hold on spirituality and psychiatry.

As psychiatrists, we are used to the idea of persons or personalities having different aspects or perspectives and yet remaining one self. One of the advantages of the Trinitarian concept of a single God is that it is genderless and devoid of racial and physical characteristics. It subsumes both genders and all races. God is great, measureless and can be neither confined nor defined.

It is necessary for our practice of psychiatry that our 'material', the thoughts and behaviour of our patients, is meaningful, and that the world, in which we live and work, has order. Thus, the notion of the first person of the Trinity, God the Father, is essential. God *is* the Creator. This universe, this individual person, this microscopic biochemical process did not happen by accident, or randomly. It is unlikely that someone who rates highly the spiritual side of life will also regard the whole material and emotional world as being ultimately meaningless and solely the consequence of random impacts.

Secondly, God the Son, Jesus Christ, leads us to realize that relationship is central to all we do and are; this is also the core of our work as psychiatrists. In every psychiatric condition there is a disturbance of relationship, and every effective psychiatric treatment regards as significant the inter-relationships of patients. Of course, Christian beliefs concerning Jesus Christ go beyond solely human relationships. We believe that Jesus came into the world, God as truly human. Once here, he lived on earth as an ideal model for humankind, and continued to show perfect love by dying on behalf of each one of us. He conquered death, and therefore all human weakness, by rising again.

Mutually supportive, equal relationships amongst humans stem from our unequal, dependent relationship with and upon God. It is not a forced choice: we do not love God *or* our most significant human being. The more truly and unselfishly we love the one, the more we are able to love the other. So, love of God benefits our loving other people. This is a vast topic and requires expanding, but not here! Love is the basis of all positive human relationships, and satisfactory relationship remains the goal of all psychiatric treatment. God is love, and Jesus Christ, as God becoming man, is the ultimate expression of this.

Thirdly, the Holy Spirit is obviously of relevance for 'Spirituality and Psychiatry'. The Spirit brings the power of God into everyday human affairs.

This is the generator that supplies the whole world with energy, the battery that enlightens the individual. With God's power, feeble people (like us) can do significant and beneficial things.

Such are the musings of one sort of *spiritual psychiatrist* (if there can be such a creature). It is deliberately personal and subjective. I am sure that our esteemed and energetic editor would welcome your written ideas on different aspects of spirituality and psychiatry.

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