

## Spirituality and later life – a personal perspective

Dr. Andrew Powell

I was delighted to be asked at short notice to take part in this programme on Spirituality and Religion in Later Life \*, which gives me the freedom to be rather more personal and less academic than if I had been better prepared. Yet my first reaction when asked to contribute was to say, 'but I only did six months as a registrar in old age psychiatry'. Then I remembered that I am sixty years old, and later life is already on me, so I felt I might be able to say something after all.

But first a disclaimer. Although I speak as someone who has had a strong interest in spirituality for most of my life, I don't see myself as having attained any special merit. In fact, throughout my life, most of my actions have been thoroughly ego-driven, arising from what Alice Bailey calls 'personality' as opposed to 'soul' <sup>1</sup>. I suppose the important thing here is to be honest and not to lay claim to any kind of superiority, or inferiority, come to that. Comparison with others results either in inflated selfhood or in false humility and both are equally bad. These days, I try to listen to my conscience, which like a compass that always points North, inexorably shows the direction to take.

The spiritual path takes us way beyond the physical universe if that is our ambition, but I believe it at least needs starting in the embodied world. The journey can last anything from a split second to a million years and each one of us proceeds at the best pace we can. Many hold that we are not so much 'human beings on a spiritual path as spiritual beings on a human path' and that this why we have come here in the first place. But living in a world that sets such store by material realism puts us sorely to the test, not least as doctors. The empirical, the objective and the rational are highly prized and from an early stage in our careers we are taught to bow before the altar of the randomised controlled trial! We know all this is indispensable to the practice of evidence-based medicine but unfortunately the subjective, whether in doctor or patient, has little credibility these days. Yet it is in the subjective, the personal and the emotional that we find the roots of our spirituality.

Happily, all is not lost, for despite the materialist culture of today, the faculty of consciousness continues to drive homo sapiens in a ceaseless quest to make some kind of sense of its own being. Richard Dawkins <sup>2</sup> sees consciousness as the product of the 'selfish gene' attempting to confer some evolutionary advantage on itself - nothing more than emergence of consciousness in the service of natural selection. But others regard humankind as having reached sufficient neurobiological complexity to begin to access consciousness as something hardwired, not into just our brains but intrinsic to our whole universe, and not only ours but probably countless others too <sup>3</sup>. Put simply, this is the great 'top-down' versus the 'bottom-up' argument. Experimental science cannot answer this question and we end up following our inclination. But whichever side you take, the spiritual impulse makes itself known just the same.

Any discussion of spirituality has to contend with the G-word, God, since the major faith traditions all have need of this word or its equivalent to identify the Source of All Being. The word inevitably attracts an image having at least some human characteristics, whether because we construe God by means of projection (bottom-up) or because we really are made out of divine substance, as conscious beings in a 'holographic' universe (top-down).

God traditionally describes one absolute and supreme deity somewhere 'out there'. Heaven, therefore, had to be invented so he (according to the patriarchal Western world) could have somewhere to live. But this metaphysical position was found to be incompatible with Newtonian science and as a result, many scientists view the notion of an eternal God, (or indeed of ourselves being eternal souls), as nothing but a defence mechanism shielding us from the prospect of death and oblivion. Surveys show that only about one third of psychiatrists believe there to be any kind of God, in contrast to the large majority of the general population<sup>4</sup>.

But there is more to be considered. In contrast to the God of religious denominations, from the psychological standpoint God is an archetype that insists on springing up all over the place. For many, God is to be found in art galleries, or museums, and not least on the football pitch. All these things can serve as religions in the sense of the Latin root 'religio', meaning that which binds us together and unites us in reverence. The point is that in order to make sense of our existence, we simply can't help identifying with meaning and purpose that includes us in a greater reality. I therefore want to broaden this discussion to include the secular as well as sacred.

Although secular spirituality frequently makes way for sacred spirituality with the advancing years, it is not always so. The renowned philosopher A. J. Ayer survived a cardiac arrest with a classic Near-Death Experience but he always considered it to be a hallucination and his faith - I use the word advisedly - in logical positivism never budged an inch. So atheism is still perfectly compatible with spirituality when we are describing a search for meaning and purpose in life that takes us beyond the ambit of our small individual selves.

I should add that I am not against reductive thinking; indeed, our understanding of the human psyche is indebted to reductionism on which a good deal of our theories of developmental psychology and psychopathology are based. But the spiritual impulse arises as a yearning to embrace life, and in so doing, *to come to know more of the whole*. Wholeness is healing<sup>5</sup> (the root of the word is the same) and to find it, we are required to engage as fully as we can with life, not shrinking as we are often tempted to do from the trials and tribulations that come our way. (This is a real problem for people with psychiatric disorders. While a little illness is a great teacher, too much stops a person from learning anything).

Wisdom, fortunately, is not the prerogative of philosophy. We all get a little bit wiser each time we couple experience with learning, and it is usually through our mistakes that we learn the most. The longer we live, the greater our capacity to see the error of our ways, (except that there is really no error ultimately in the scheme of things, for everything that has to happen surely

will). The acid test is what we make of it all, and what we do about it. Since we are all unredeemed to a greater or lesser extent, we are in good company and making much the same journey.

It is harder to admit when young, because the ego is still in the ascendant and doesn't know what it means to be wrong. That is why we look for other people to blame, and don't spare them our judgements either! Yet the ego is not to be dumbed down, for in the first half of life, ambitions and goals are quite properly shaped by ego needs - the longed-for relationship, the desire to raise a family, the attainment of success at work. But then, in next to no time, we find ourselves over the brow of the hill. We begin looking back as much as forward and we can see more of the folly of humankind, including our own. How much more similar than different we all are in our insecure and impulsive behaviour!

The process of individuation has now started, setting everything against a backdrop of impermanence occasioned by the anticipation of bodily death. This is not morbid thinking. Carl Jung pointed out that it is as neurotic in later life not to focus on the goal of death as it would be for a young person to repress fantasies concerning the future. As individuation proceeds, the archetypes of the Self come crowding in. In Jung's words, '...they represent the life and essence of a non-individual psyche. Although this psyche is innate in every individual, it can neither be modified nor possessed by him personally. It is the same in the individual as it is in the crowd and ultimately in everybody. It is the pre-condition of each individual psyche, just as the sea is the carrier of each individual wave' <sup>6</sup>.

This change is pivotal in determining whether a person is able to relinquish the strivings of ego in favour of this relationship with the greater Self, which leads to an acceptance of death as miraculous as birth, or whether death is to remain a fearful spectre, cutting us off from those we most need and love.

We all have different ways of going about it. For some, the deeper reality is found in religious truths, doctrinal assurances and the participation in liturgy. In my case, I have needed to bring together what I have discovered first-hand about spirituality with my reading of quantum cosmology, which describes a universe in which time and space do not exist <sup>7</sup>, where all flows together in a vast ocean of consciousness and where our souls venture into the dimension of spacetime not unlike a day trip to the countryside! My attachment to any one faith tradition has been superseded by absolute faith in the grand design of the living, spiritual cosmos.

When Jung was asked at the end of his life whether he believed in God, like a true Gnostic he replied, 'I don't believe, I know'. The established Churches have always been rather suspicious of the mystical, the revelatory and the numinous, which have no need of catechism or the blessings of the priest. Yet as doctors this is exactly what we need to be open to in our patients who, in the course of physical or mental illness, are so often taken to the edge of everything familiar and find themselves looking into the great unknown. And, of course, it goes without saying that we can accompany them only so far as we can bear to go ourselves. The Chinese word for crisis is 'weiji'. 'Wei' means disaster, but 'ji' means opportunity <sup>8</sup>. It is at such times that we are jolted out of our complacency with the familiar and routine and have to face the big questions of life, 'why am I

here?, what is it all for?, what is going to happen to me now?, what purpose has my life served?, what has been my legacy to the world, if any?

Samuel Johnson once remarked, 'the prospect of hanging concentrates the mind wonderfully'. But so does death in any shape or form. This is where trust comes in; to have even glimpsed the grand design dispels the spectre of a meaningless void. For the humanist, meaning is furnished by good works carried out, and by a person's contribution to the sum of good for humankind. For those of us who see the journey as only having just started, a whole further adventure lies ahead.

The life review, that begins with mid-life and never stops thereafter, is based on the memory of events in linear time. We can understand with hindsight why we were prompted to take one turning rather than another, and what the consequences have been. We see how our fears held us back, how pride leads to a fall, and how we were governed by our weaknesses. Indeed, depression holds us captive by such memories - this is what happens when we are not able to recognise that every pitfall and reversal has been put there with unerring accuracy in order to face us with our worst fears and to teach us what we most need to learn.

If the reports of people who have survived a near-death experience are to be believed, the solution to all of these travails of the ego is idiotically simple - which is to love without conditions attached or expectation of reward. This is the nature of spiritual love, and when we meet someone who has it, we are instantly uplifted.

For many years I worked as a psychotherapist trying to help my patients unravel their neuroses, which are the greatest obstacle to love, and human solutions to human problems are generally a good place to start. For example, the oppressive influence of a father who inculcated a fear of failure needs rooting out. But there is often a further problem, that by way of projection the universe, too, is experienced as unloving, harsh, indifferent.

Despite this, I have often been struck with how when this double whammy has been elucidated, my patient can begin to distinguish between the personal and the universal. With encouragement to reach out and make the connection, the archetype of the universe as nurturing and enfolding is found to be alive and well <sup>9</sup>.

While I don't have the time now to say more about soul-centred therapies <sup>10</sup>, the starting point is always the same, the willingness on the part of the health practitioner or carer to explore with the patient *what they would wish to be possible, or would wish to happen*, however unlikely this might seem. So often, there is found a longing to forgive, or be forgiven, to reach an understanding where there was none, to be at peace instead of in pain, to tell someone they love them before it is too late. And the closer to death, the more urgent are these needs.

In this kind of therapeutic companionship, (for it is a shared journey, implicitly if not explicitly), it is always possible to take the wish through and beyond bodily death. I have found that people close to death have two great fears. One is of oblivion and the other is of judgment being passed on them. But

in the first case, on closer examination, oblivion is not the tabula rasa it might seem, for it is always invested with feeling and this can be shared. And in the second, it is always possible to ask forgiveness, whether of the living or the dead.

I mentioned earlier the need to review, and assess, what one's personal history holds. This is anchored in Newtonian spacetime. But the great realisations that follow, sometimes not until the very end of life, take us way beyond the bounds of space and time. 'To see a World in a Grain of Sand And a Heaven in a Wild Flower, Hold Infinity in the palm of your hand And Eternity in an hour...' <sup>11</sup>.

This is the redemption that Jesus offers to one of the two robbers being crucified with him who implores him 'Lord remember me when thou comest into thy kingdom' and Jesus replies, '...today shalt thou be with me in paradise' (Luke 23:42).

I am not saying that we have to be facing death before we come to our senses! Jesus also remarked, when his followers asked him when the kingdom of heaven will come, '...it will not be said, 'Look, here it is,' or 'Look, there it is'. Rather, the father's kingdom is spread out upon the earth , and people do not see it' <sup>12</sup>.

In this short talk, I have wandered to and fro between the private and professional and I want to end with what it means to me to have been a doctor. I am indebted to my patients over the years for teaching me so much about myself and to have them reveal their greatest hopes and fears to me has been an enormous privilege. Our patients hold up a mirror to us and if we choose to look into it, we are made only too aware of 'the golden rule', which is that ultimately we are all one. In my efforts to try to help them, it turns out my patients have been helping me! Spirituality thrives on relationships, especially when the barriers are down, so let us ensure as doctors that we don't put the barriers up. Never mind the technology, there is no danger of this happening providing we give our attention not only to the head but also the heart.

## References

1. Bailey AA. (1942) *Esoteric Psychology Volume II* London: Lucis Press Ltd.
2. Dawkins R. (1976) *The Selfish Gene* Oxford:Oxford University Press
3. Lorimer D. (ed) (2001) *Thinking Beyond the Brain* Edinburgh: Floris Books
4. Shafranske EP. (2000) 'Religious involvement and professional practices of psychiatrists and other mental health professionals'. *Psychiat. Ann.* 30 (8): 525 – 532
5. Powell A. (2003) 'Spirituality, Healing and the Mind' *Spirituality and Health International* Vol. 6:3 2005
6. Jung CG. (1946) *The Psychology of the Transference: pp169* Collected Works Vol. Vol 16 Routledge and Keagan Paul 1954
7. Powell A. (2001) 'Beyond Space and Time - the Unbounded Psyche' in *Thinking Beyond the Brain* Ed. Lorimer D. Edinburgh, Floris Books

8. Guo B., Powell A. (2001) *Listen to your Body – The Wisdom of the Dao* University of Hawaii Press
9. Powell, A. (1998). 'Soul Consciousness and Human Suffering' *Journal of Alternative and Complementary Medicine* 4 (1) 101-108
10. Powell, A (2003) 'Consciousness that transcends spacetime - its implication for the therapeutic process' *Self and Society* Vol. 31:4 2003 see also [www.rcpsych.ac.uk/college/sig/spirit/publications/index.htm](http://www.rcpsych.ac.uk/college/sig/spirit/publications/index.htm)
11. Blake W. (1972) 'Auguries of Innocence' in *Blake: Complete Writings* Oxford: Oxford University Press 1972
12. Bloom H. (1992) *The Gospel of Thomas*: HarperSanFrancisco

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