

THE ROYAL COLLEGE OF PSYCHIATRISTS  
NEWSLETTER OF THE  
SPIRITUALITY AND PSYCHIATRY SPECIAL INTEREST GROUP

No. 1 June 2000

Dear Member

Welcome to our first newsletter. The SIG got off to an enthusiastic and successful start last autumn with the help of our Chairman Dr Andrew Powell and the preliminary working group consisting of Drs. Julian Candy, Larry Culliford, Peter Fenwick, Chris Holman and Professor Andrew Sims. Membership has risen from 170 at inception to 220 in March this year.

We hope the newsletter will evolve and develop and we welcome ideas and contributions from members as to what they would like included in it. We aim to send it out at least twice yearly. Other possible sections are a Discussion Forum, Points of Interest, Book Reviews, Research Topics and letters that are of relevance to this SIG. Please do contact us with your ideas and comments. We shall be very pleased to hear your views. (*Addresses for correspondence are at the end of the newsletter*).

Warmest good wishes

Gillian Broster & Daphne Wallace (editors)

**1. Review of Meetings to date:**

***24<sup>th</sup> September 1999 at the College: Inaugural Meeting***

Thirty members of the college were present. The Registrar, Dr Mike Shooter, opened the meeting. He said he felt sure this group would do well and described the process by which the application had gone to the Executive and Finance Committee before being approved by the Council. The required 120 signatories in support of the group had been received in record time, within only a couple of weeks. He mentioned that there are now 11 SIGs and that this was the first to be approved in two years. Dr Andrew Powell received a warm welcome from the meeting and then gave a history of the drafting of the proposal by the preliminary working group. The working group then introduced themselves and why they personally had wanted to see the SIG established. This was followed by a general discussion in which many of the members present spoke about why they felt the SIG was important. Several members expressed relief that there was now a forum at which they could talk freely about spiritual topics with colleagues.

Dr Andrew Powell was elected as Chairman (proposed by Peter Fenwick and seconded by Andrew Sims). It was agreed that the working group be expanded to continue as a steering group and six further members were then elected: Gillian Broster, Sara Eagger, Tony Gahan, Dele Olajide, Pauline Stevenson and Daphne Wallace. It was further agreed to invite Dinesh Bhugra in view of his contribution to the field of religion and mental health. Larry Culliford kindly agreed to serve as Treasurer.

There was then a general discussion of topics to be explored and how the group would conduct itself. It was agreed that the SIG would be closed to non-members of the college to begin with, apart from guest speakers. Meetings would be eligible for CPD. Possibilities for research and supervision of spiritual topics were also raised. Support would be obtained from the Conference Unit in the college for the planning of a two-day residential conference. The SIG would also wish to contribute to the college's annual meeting.

### ***14<sup>th</sup> January 2000 at the College. Programme: What do we mean by Spirituality and its relation to Psychiatry***

Fifty members of the SIG were present. Presentations were deliberately kept brief, - "seed presentations" – to facilitate discussion. **Dr Culliford** talked on "Emotions and Spirituality". He indicated a relationship between the biological, psychological, psychosocial and spiritual and drew a contrast between the pain-free emotions of trust, calm, contentment and joy and the pain of desire, anxiety, guilt and shame, highlighting loss as the cause of pain and the basis of detachment as a spiritual benefit. **Dr Olajide** spoke on "The Self and the Unquiet Mind" and how patients needed help in making sense of mental illness in the quest for self-knowledge. Mental illness undermines the integrity of the self, with fears of loss of control, fragmentation and annihilation. Yet the greater the self-doubt, the greater the possibility of faith. It is the shock of the realisation of mortality that can lead to the sense of something greater than the individual self. **Dr Gahan** spoke on "Belief or Delusion?" giving an account of a patient whose abnormal thoughts, while conforming on one level to textbook delusions, became readily intelligible once the patient's cultural and life-long religious beliefs were taken into account and explored with her. As a consequence of this her hostility subsided and her care could be managed differently.

After lunch, **Dr Holman** talked on "Working with Despair" and gave two clinical vignettes. He discussed how the psychiatrists might react when asked, "Give me one good reason for staying alive?" He linked such terminal sense of alienation and disengagement from the world to the infant losing its secure attachment, with the loss of its transitional space, later reflected in absence of any containing transcendental space. To discover a sense of self required the capacity for being "without shame, to be able to love and be loved and to be able to act" (on the world). **Dr Candy** spoke on "Spirituality in Hospice Psychiatry". He looked at spirituality in terms of Ken Wilbur's notion of "ultimate concern", using the axes of the individual/collective and interior/exterior to bring into relationship consciousness, science, culture and society. In the hospice setting, the ultimate shared concerns of residents and staff creates an ambience of spirituality in which the realisation of "Who I really am" can enable long-standing phobias and obsessions to recede.

All the talks stimulated lively discussion and in the plenary session it was agreed that one-day meetings of the SIG would be held three times a year, with a fourth event at the annual college meeting.

### ***13<sup>th</sup> April 2000 at the College. Programme: Fear and Faith – the Quandary of the Psyche Under Threat***

Thirty members of the SIG were present. **Dr Campbell** presented a video tape recording of a Tanzanian traditional healer treating a 60-year old woman and her daughter for psychotic symptoms (somatic hallucinations, paranoid delusions) using a wide range of techniques and rituals, which included the reciting of prayers and confronting both psychological and spiritual aspects. Dr. Campbell discussed this holistic approach, noting the healer's empathic manner as he moved with ease from one modality to

another. At follow-up 9 months later, he found that the patient had completely recovered. **Dr Crowley** reviewed a fluctuating psychotic illness in a 55-year old woman with terminal nasopharyngeal carcinoma whose presenting symptom of tinnitus had been missed. The patient became deeply depressed and presented with delusions of guilt and auditory and visual hallucinations. After her mental state had improved, she had made the comment, "cancer is nothing compared to losing your mind". She appeared to be defending against any reflective self-exploration that might reveal her sense of loss and anger. It was noted that death is the more terrifying if there is no forgiveness of self and other.

After lunch **Dr Hammad** considered the meaning of natural death, suicide and homicide from the point of view of the Muslim faith. His presentation provided much valuable information and insight related to these aspects of Islam. Since man cannot give life, neither must he take life, including his own and the Muslim patient may need to be faced with the dire spiritual consequence of such an act. **Dr Raji** spoke on the theme of "losing the self and finding the soul", in which she explored the meaning of death in African culture. She pointed out that funerals hold no fear for children in this culture since the afterlife and the influence of the spirit world are taken as every day realities. She compared this with the western psychology of object loss based on the finality of death.

The talks again provoked much discussion and sharing of ideas. At the plenary session, it was agreed that no fundamental conflict existed between science and religion. It was felt that psychiatrists need to be concerned with spirituality, since patients often confide that they live with an emptiness and lack of any real purpose in their life.

## 2. Forthcoming Events

### ***Mental Anguish and Religion mental health and spirituality – a positive partnership?***

The Institute of Physics, W.1. on Friday, 30<sup>th</sup> June 2000 Enquiries: tel: 01273 24 26 34.

### ***College Annual Meeting Edinburgh 3<sup>rd</sup> - 7<sup>th</sup> July***

At an open meeting of the SIG, Dr Peter Fenwick will speak on "Intimations of Immortality – the nature of Near-death Visions", Thursday, 6<sup>th</sup> July 5.15 – 6.30 p.m.

### ***A Conference – Psychosis and Spirituality***

Run by the University of Southampton on 7<sup>th</sup> & 8<sup>th</sup> September 2000 at the Marwell Hotel, Winchester. For reservations and enquiries contact Mr David Beck, Tel/Fax: 023 8082 5543. E-mail: [dkb@soton.ac.uk](mailto:dkb@soton.ac.uk)

***Next SIG Autumn One-Day Meeting*** will be at the College on 20<sup>th</sup> October

Title: "***Avenues to Peace of Mind***" (see programme and reply slip enclosed with June mailing)

### ***College Annual Meeting, London 9<sup>th</sup> – 13<sup>th</sup> July 2001***

The SIG has applied both to run workshops and give formal presentations.

## 3. Research

Dr Findlay has offered to lead a research group and invites members to contact him on [christopher@findlay.u-net.com](mailto:christopher@findlay.u-net.com)

#### 4. Other News

An anthropologist now taking an MSc in Medical Anthropology at Brunel University is developing a project to research the hypothesis that religious or spiritual experience and certain symptoms of psychosis exist within a continuum, and represent the polarities of consciousness. She is anxious to work with sympathetic mental health professionals, particularly psychiatrists, and to conduct appropriate surveys, questionnaires and perhaps qualitative interviews. Any reader interested in such a collaboration please contact Dr Julian Candy, phone 023 80844149, [juliancandy@compuserve.com](mailto:juliancandy@compuserve.com), who can provide further information.

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