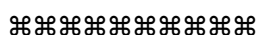




THE ROYAL COLLEGE OF PSYCHIATRISTS
SPIRITUALITY AND PSYCHIATRY SPECIAL INTEREST GROUP
Newsletter No. 4, June 2001

– an official publication of the Royal College of Psychiatrists –



Dear Member,

Welcome once again to the newsletter. Since the first meeting of the Spirituality SIG on 24th September 1999, the SIG has gone from strength to strength, membership having steadily increased (to around 375 at the present time).

Since the inception of the group, we have now had five one-day meetings, all well attended and, judging from the feedback, much valued. Perhaps for many, the opportunity to meet with like-minded others, with similar personal and profession interests is of the essence. (The topic of spirituality has a way of crossing back and forth between the personal and professional as soon as we venture into discussion).

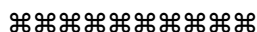
The programmes to date have been: 'What do we mean by Spirituality and its relation to Psychiatry'; 'Fear and Faith, the quandary of the psyche under threat'; 'Avenues to Peace of Mind'; 'Forgiveness and Reconciliation'; and most recently, 'Engaging the Spiritual Mind'.

The newsletter has grown in size, due to the speakers at the meetings kindly agreeing to having abridged texts of their talks reproduced. There is a danger – members can read about the meetings in comfort and stay home! So do be sure to come if you can, and share your ideas and aspirations with others.

We look forward to meeting up with everyone attending the College Annual Meeting in London in July (**see under Notices and Forthcoming Events**).

Warmest good wishes,

Gillian Broster, Daphne Wallace and Andrew Powell (editors)



Contents	p. 2	Report of Meeting on 4.5.01. Dr. Daphne Wallace
	p. 3	Vipassana Meditation. Dr. Kishore Chandiramani
	p. 6	Engaging the Spiritual Mind. Dr. de Wet Vorster
	p. 9	Perverse Spirituality. Dr. Chris Holman
	p.13	Examining our Spiritual Spectacles. Dr. Sunil Raheja
	p.18	Chairman's Corner / Notice of SIG Resource List
	p.19	Retreat Opportunity for SIG members. Dr. Helena Waters
	p.21	News, Notices and Forthcoming Events

**REPORT ON SPIRITUALITY SPECIAL INTEREST GROUP MEETING 4.5.01
'ENGAGING THE SPIRITUAL MIND'**

Daphne Wallace

Thirty-one members were present. The meeting began with a fascinating and stimulating insight into 'Vipassana meditation as a tool for mental health' by **Dr. Kishore Chandiramani**. A lively discussion followed. It was agreed that whereas this technique might be dangerous in the presence of active psychosis, it could be very helpful in anxiety and depression. Courses in this type of meditation include periods of group meditation but the essence of the process is individual and silent. There is a realisation of freedom of choice between mental action and reaction. A member asked about demonstrable physiological changes and it was commented that some studies in various types of meditation showed significant physiological changes, including reduction in pulse rate and blood pressure and oxygen uptake, with lowering of cortisol and catecholamine levels.

The second talk, by **Dr. de Wet Vorster** on 'the Church and patients that are reluctant to engage with the Helping Agencies' led to discussion covering issues such as 'the chaplain on the team versus the chaplaincy team'. The question 'What is practical Christianity?' highlighted the need for a balance between theology and practical activities. It was pointed out that Jesus did both – he preached and he healed, often together (as in the healing of the paralysed man). A quotation from The Gospel of Thomas (one of the apocryphal gospels) talks of the 'kingdom of God within me/us.' We need motive and meaning, and some of our patients are able to take a profound sense of meaning from their illness. It is important to see things in the round. We need to encourage patients to talk about the things that matter to *them*.

Dr. Chris Holman then spoke on 'Perverse Spirituality', which led to a wide-ranging discussion with examples cited by several members. A perversion was understood as a misdirection of a healthy drive, linked with excitement and notions of evil. It was pointed out that cults often claim to meet spiritual needs and attract people with a spiritual longing. Intense dependency usually follows. Discussion of cults included how considerable spiritual resources are needed to help such patients and how a therapeutic group can be of great value in 'holding' the person. Institutions, too, may provide support but can themselves be dangerous in imposing their own ideologies.

Dr. Sunil Raheja concluded the afternoon's talks with 'Examining our Spiritual Spectacles – Danger and Pitfalls'. The discussion explored the important theme of unconscious subjectivity in value judgements (my considered opinion is someone else's prejudice!) and no less with apparently objective diagnostic criteria. Examples were quoted where the distinction between dualities such as ecstatic versus hypomanic state or mystic/ascetic versus psychotic was important, yet difficult to evaluate. Other examples included Freud's Nirvana principle (the longing to merge with that from which we emerged), of Jung's 'readiness to return to the ocean from which we were born' and an extensive debate about the Christ's crucifixion, real and symbolic.

The lively discussion throughout the day underlined the interest generated by the speakers and the value of the SIG in providing a forum for sharing, where there is acceptance of religious belief/spirituality, and in facilitating exploration of spiritual/clinical issues.

VIPASSANA MEDITATION: A TOOL FOR MENTAL HEALTH

Dr. Kishore Chandiramani

Introduction

Vipassana is supposed to be the core of what Buddha taught some 2500 years ago. The term Vipassana means 'to see things as they really are, and not as they appear to be'. Our habitual ways of understanding the world tend to be coloured by our past conditionings and very often we fail to see others' points of view. It may be desirable to integrate the multiplicity of perspectives in order to arrive at a better understanding of things. This is possible only when we have gained the ability to free (or distance) ourselves from our own fantasies and fears and reach a reasonable state of equanimity. It is assumed that the mind is at its best when it is equanimous. Vipassana enables us to neutralise the restricting influences of our past experiences and attain greater equanimity. This helps in exercising a free choice.

Vipassana is not just a technique. It is a way of *being in this world*, although initially one has to employ a method or make preparations for the required change to occur. It is a return to our true, real nature, which we have forgotten. It is observation of the contents of our mind as they appear and disappear *without reacting to them*. The typical reactions that arise are those of craving for, or aversion to, things. Detached observation, with suspended evaluations and mental reactions, does not encourage the suppression or expression of emotions but sees with impartiality, making it possible for us to deal with these emotional reactions appropriately.

It may seem an almost impossible task to eradicate all cravings and aversions (and one might question the desirability of such an endeavour when one sets out on this path) but what one can hope for initially is freedom from one's fears and addictions to one's desires, which can be a hindrance to the real goals of life. Vipassana enables us to transform our reactions (which are conditioned) into actions that are based on a free choice.

The Atheoretical Stance

Vipassana practice is based on the individual's inner experiences. No theoretical framework is used to explain or analyse intrapsychic phenomena. It is assumed that the meanings hidden inside the experiences will be revealed to the individual as the inner unfolding takes place. No attempt is made to impose meaning from outside. The individual is encouraged to face anything that comes up in the mind, no matter how distressing, without any desire to distort it.

Although no attempt is made to analyse the experience, one does use some understanding of certain universal principles, which are helpful in freeing oneself from past mental reactions, false beliefs and false self-definitions. All experiences are understood in terms of the following three principles:

1. **Anicca** (impermanence): nothing is permanent; everything exists against the background of no-thingness, which is predominant. This leads to a state of unsatisfactoriness, which is at the bottom of human life, and one begins to question the essence of things.

2. **Anatta** (egolessness or non-identification): not identifying oneself with what one encounters during introspection. It is not a denial or disowning parts of ourselves but recognition of false identifications and letting go of things that we are holding on to out of our own insecurities.
3. **Dukkha** (suffering): this is the corollary of impermanence. One can think of two different types of suffering, in-built and self-created. In-built suffering is not related to anything in particular. It is about eventual nothingness or uncertainty about things. In spite of our best efforts we remain subject to chance and battle with doubts about the fairness of human life.

It is easier to avoid self-created suffering as it originates from our own mental reactions, self-definitions and the conclusions we draw about our experiences and the world in general. There is a link between the two types of sufferings. Our unwillingness to accept in-built suffering makes us react in certain ways leading to further suffering. Vipassana encourages us to confront the ultimate concerns pertaining to in-built suffering.

The 'acceptance of suffering' in Buddhist psychology is generally misunderstood as a nihilistic approach. The acceptance should not be viewed as the end point. Rather, it is a means of achieving the goal of total eradication of suffering. Even in-built suffering dissolves with the dissolution of one's ego. It becomes a non-issue as one transcends the human ways of looking at things.

The Ten Day Course

The practice of Vipassana is divided into three parts, *sila*, *samadhi* and *panna*, being respectively, morality, concentration and wisdom. *Sila*, or virtuous living, is the basis for *samadhi* (control of mind leading to one-pointedness). In turn, it is only when *samadhi* is attained that one can develop *panna*. Therefore, *sila* and *samadhi* are the prerequisites for *panna*. By *panna* is meant the understanding of *annica*, *annata* and *dukkha*, through the practice of Vipassana.

Students wishing to learn Vipassana undergo a minimum ten-day residential course, during which time they take the precepts not to kill, not to steal, not to commit sexual misconduct, not to speak lies and to refrain from intoxicants. For the entire ten days they do little other than sleep, eat, meditate and wash. For the first three days, concentration of the mind is developed by observing the inhalation and exhalation of the breath, and the consequent sensations that arise. From the fourth day, students learn to feel sensations inside the body in order to awaken the insights related to the mind and matter. Each day's progress is explained during an hour's discourse in the evening. The course closes on the last day with the practice of loving-kindness meditation, the sharing of the purity developed during the course with all beings

Embodiment

Meditators in the tradition of Vipassana work at the body level. It is assumed that the mind exists in each and every living cell of our body and therefore to change the mind one has to work at one's body level. The brain is considered an important organ regulating consciousness but there are many important functions of the mind that happen outside our heads, in a complex network of energy spread all over the body. Many complex tasks are precognitive and pre-linguistic and they tend to

bypass our conscious awareness. They are mediated through internal body sensations and symbolic representations connecting our sensations with our thoughts.

Sensations as the roots of experience

We know that there are many experiences for which the corresponding thought forms do not exist, but it is inconceivable to think of an experience that does not involve inner body sensations. These sensations result from the contact of our five senses with the outside world, but they can also be triggered by the residual or resultant consciousness of past experiences, which remain dormant in the unconscious. Reflecting our consciousness on to thought alone will take us to a certain point, but reflecting it on to the sensation level will enable us to experience things in totality. Such inner sensations are not experienced in the normal waking state (although they may be elicited when listening to music, or in extreme conditions such as fever, illness or fatigue). But these sensations are available at all times, being linked with the functioning of our unconscious mind, in each and every cell of the body. It is we who ordinarily fail to perceive them.

The practice of Vipassana enables one to experience these sensations, laid down as representations of our past actions or conditionings. Each action, whether by word or thought or deed, leaves behind an active force called sankhara (also known as kamma), which accumulates to the credit or debit 'account' of the individual, depending upon the nature of the deed. The understanding of the three characteristics of impermanence, suffering and non-identification enables us to rid ourselves of the sankhara, which has accumulated in this account.

A comparison with scientific models

Psychoanalysis. Vipassana shares the psychic deterministic view and acknowledges the existence of unconscious. Like psychoanalysis, Vipassana leads to an uncovering of the unconscious mind. Past experiences are relived. Whilst reliving, the meditator is able to achieve a different understanding, through the realisation of the three characteristics of impermanence, non-identification and suffering. While it is held that the cause and effect rule operates in the mind, a part of the mind remains free from this conditioning and thus can create new causes and neutralise the effects of previous causes.

The client-centred approach. Vipassana is humanistic in nature, being a non-judgemental approach that leads to inner unfolding, and it assumes that the basic nature of human beings is good. The important difference is that whereas the client-centred approach focuses on emotions through verbal means, Vipassana is concerned with the totality of our experiences and consciousness and the work is done more effectively in silence.

Behavioural approaches. The model of biofeedback can be used to explain the change process. Staying with the distress without reacting completes a feedback loop which leads to the dissolution of distress and enables in-built healing mechanisms to function.

Conclusion

Vipassana is not a simple undertaking. It is a deep journey into the mind that can be at times distressing, but the gains are proportionate to the effort, time and dedication given. Change does not come by accident or miracles. Vipassana works on the basis of the scientific principle of cause and effect. One has to work hard at one's past conditioning to experience the higher and subtler forms of realities hidden inside the deeper reaches of the mind. On this path one learns after a while that the peace which comes from within is much more enjoyable than the transient excitements and happiness which can be obtained from without.

Further information on Vipassana is available on the following websites: www.dhamma.org and www.vri.dhamma.org

⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘

ENGAGING THE SPIRITUAL MIND: THE CHURCH AND PATIENTS THAT ARE RELUCTANT TO ENGAGE WITH HELPING AGENCIES.

Dr. de Wet Vorster

Initially, I will quote from John Summers, a retired vicar who attends our local middle-of-the-road Anglican Church. I will then describe my own convoluted experience with religion, which has led to holding bi-monthly multi-faith meetings in our home in South Brent, a tiny but active village in Devon, involving contributions from those of many different religions and faiths. My wife and I also contribute to prayers and many other activities in the Church. Following a visit to the multi-faith centre in Assisi run by Father Mitzi we have also joined a group seeking to bring balanced and comprehensive religious education to schools in our local area. We were impressed that Father Mitzi counts the Dalai Lama, the Archbishop of Canterbury and many other leaders of different faiths as his friends. The welcome at Mass in Assisi is extended to all.

John Summers writes: *“the conviction grew, borne out of many years of urban ministry, that there was something vital missing from the version of the gospel we were proclaiming. There was an undeniable lack of connection between the theoretical Good News to which we were committed and the concerns of most ordinary people and their everyday lives. As I saw it, we seemed to be proclaiming a Gospel of eternal life, forgiveness, and life after death etc. all of which unfortunately did not appear to be grasped as good news by most ordinary people in Devonport, or to come high on their agenda.*

For most of them, “Church Jesus” did not come into the scheme of things. The conditions in which they live, crime, vandalism, lack of jobs, exploitation in employment and the sheer struggle to make ends meet are their issues of relevance. Jesus was immediate good news to those He met and He identified with ordinary people in their situation and need. He gave them their dignity. Jesus dealt with practical issues first; our emphasis seemed to be good news for a future in heaven. The two are not contradictory but Jesus dealt with the practical first.”

In most aspects of life in the parish, the watchword is devolution of Ministry to the people. There is a great chance that if a local need has arisen there is every possibility that a member of the church who lives in the immediate area may know the person concerned and be able to follow the matter up' (1).

Summers calls this, 'A new way of being church'.

Over the years, I have become deeply interested in what constitutes 'mentally healthy religion'. I started my own church life as a teenager, joining a Congregational Church in Chicago in the USA. My family then moved to Lady Grey, a small town in a very beautiful, mountainous area of South Africa, where I attended a Dutch Reformed Church.

During my childhood and adolescence I was frequently confined to bed with serious asthma, having the opportunity to ponder issues of life and, perhaps, imminent death. I felt very different to my apparently tough minded, athletic father who had played rugby for Guy's and for England. My father died and we moved to Cape Town, where a close relative had a breakdown that appeared to follow a period of intense religious activity. He required many physical treatments. His spirituality was very fundamentalist. He isolated himself, constantly talking about guilt with a religious theme. This was the era of the evangelist Billy Graham and others who preached, "Believe and be saved or suffer hellfire and damnation". I was amazed that they never seemed to think that they should concern themselves with those who were starving. I felt that one of the hidden results of rallies like Billy Grahams were recruits to the ranks of social isolates alienating themselves from the reality of this world.

I was a medical student and many of my colleagues came from delightful mission stations run by the Swedish Lutheran church. Their churches looked typically Scandinavian and they had a relaxed and happy attitude to life, enjoying wine, for instance, rather than seeing it as being "of the Devil".

Later, my wife and I moved to Montreal, Canada, where I pursued training as a psychiatrist. We attended a Presbyterian Church that we enjoyed, although I was something of a sceptic. At work, psychiatrists and trainees had monthly meetings with priests and ministers of different churches. We quickly learnt which patients should be referred to which priests!

We then moved to St Louis. Here, there was a very caring, vital Presbyterian Church in a massive building which incorporated all social and sporting activities. Then another move, this time to Aberdeen, and another Presbyterian Church, caring but traditional.

After I qualified, we returned to South Africa, where I worked first as a GP in Soweto. Here I learned a lot about my patients' spirituality, their churches, their witch doctors, and their prayers to their ancestors for help. I also learned of their unhappiness at the Church's teaching against their traditional beliefs, many of which had been helpful to their well-being. I took up a post as a consultant psychiatrist in Johannesburg and where I became psychiatrist to a number of churches. I saw many nuns and missionaries who had become depressed and who were taking scriptural texts too literally. Mercifully, they were not fundamentalists, chained by scrupulosity, and could respond well to a balance of medication and psychotherapy.

We moved to London for psychoanalytic training, later settling in Devon – to the house we live in today – and I became a consultant in child and adolescent psychiatry. I have already mentioned our involvement with the local church and with the promotion of inter-faith. I also attend a group involved with Ignatian spirituality and at Sharpham, an ecumenical Buddhist centre. I find that meditation is of great

value in alleviating anxiety states and I also use it in my work with children. Professionally, I have continued my life long research into attachment, its importance for babies, children, and adults and the value of being held as child contributing to feeling held as an adult.

Practical religion, practical Christianity in action, would be of great value for mental health partly because the NHS seems unable, for financial or other reasons, adequately to deliver what it seems to me patients and carers need. There are many patients who are only reviewed by a CPN on an annual basis and who live otherwise totally isolated lives. The “whole person” concept of treatment, which has proved useful even with psychoses, is not followed in many areas of this country. Medication when helpful, day opportunities, individual, group and family therapy, outreach and even in-patient treatment should all be available to every patient when necessary.

I believe that the Finnish “need adapted” therapeutic approach is a model that can inform us. The Scandinavians make good use of the voluntary sector. In this country we are fortunate to have MIND, NSF and others who do great work, including providing befriending services. Helpers may or may not have had experience of being a patient but all have empathy and some training. (I am wary of using the initials NSF anymore - the government appears to have hijacked them - so I *will* say that I am proud to be a member of the National Schizophrenia Fellowship, which runs many groups for carers and users in our area). I wait with interest to see what effect the new transitional benefit housing payments will have, which the government intends to make to supportive landlords.

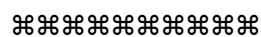
In the document ‘A Question of Choice’ (2000), the National Schizophrenia Fellowship discusses people’s view of treatments used in mental illness. Two thousand five hundred patients and carers were interviewed. One quarter considered that medication helped them most, and one quarter considered supportive care was the greatest help (including guidance concerning practical problems and accommodation). The relapse rate was 50% less as a result. 55% of people with severe mental breakdown received ‘talking treatments,’ and of those who were able to get such help, 80% said they had found it of considerable benefit. 25% were offered cognitive therapy, of which 70% said that it had helped them. In fact, from the findings of this survey, only half had received talking therapies. Compare this with the Finnish model, where the State pays for patients wishing to return to work to receive up to three years of psychotherapy. (This is instead of the disability payment they would otherwise receive).

From a church point of view, I have become aware during the foot and mouth epidemic of the work done by the Agricultural Christian Fellowship, demonstrating practical Christianity by providing a befriending service. This service is not a recent one but was already available for those affected by isolation, money problems, distress. This is, of course, particularly difficult when people do not want or cannot receive help, support or love, let alone mental health services. What makes this group special is that it is pro-active and is about farmer contacting farmer – in many ways like the street support discussed by John Summers.

Few of the priests and ministers I have come across have been trained in counselling and I believe that this should be a compulsory part of their training. I am sorry to say that just recently a professor of theology told me that training in counselling was sparse and priests had to arrange their own post-graduate training. Empathy is vital.

It does appear that mentally healthy religion comprises love for your neighbour and yourself and it is vital that the Church is not so heavenly minded that it is of no earthly use. If congregations can become involved in befriending the friendless, not only will they be following their founder's commandments but they will also prevent relapse and re-admission. In the process, they can reach out to those for whom scripture generates blame, guilt and self-hate rather than healing. My hope is for a repeat of the collaborative approach I experienced in Montreal, with those in mental health and those in the church working together for the benefit of the whole community.

¹ John Summers (1999) Learning by Doing in *A Tapestry of Stories* Jeanne Hinton (ed)



PERVERSE SPIRITUALITY

Dr. Chris Holman

I am going to talk about an aspect of the spiritual experience that interacts with psychiatry; occasions when the impulse to spirituality is misused by another to lay that individual open to control and misuse. The consequent distress is often identified as needing psychiatric help and these individuals may indeed benefit from psychological help. However, psychiatry as a discipline interested in brain and in mental mechanisms may have difficulty responding in a congruent manner to the spiritual issue, and this difficulty can make the situation worse.

I became interested in this issue through my contact and work with people who have had a range of experiences. I have worked with people who have been through cults both secular and religious including, of religious groups, the '9 o'clock service' in Sheffield, and Satanist groups. A number of my patients who have experienced abuse and exploitation outside such formal group settings find it easiest to describe their experience as an attack on their soul. I am suggesting it may be useful to think of them as suffering control and misuse as a perversion of their impulse to establish a spiritual identity. To help them recover from the consequent emotional and psychological disturbance, one must be prepared to enable restoration of normal spiritual development.

Many reading this will have no difficulty thinking of the spiritual aspects of the self as integral to its complete being. However, in the Special Interest Group we have struggled to find a simple way to define spirituality, and others seem to have the same difficulty. The search for a way to express spirituality in one's daily conduct may be something we could all agree is important, and the character of such a 'spiritual life' is rather more readily described than reaching a definition of the term itself. In the Christian tradition, the Sermon on the Mount is an extended exposition of the spiritual life. St Paul in his letter to the Colossians gives a briefer account, while later writers include St Augustine and Thomas a Kempis. The *Advices and Queries* of the Society of Friends is a modern version in the same tradition and the only contemporary attempt in the Christian tradition of which I am aware formally to set out to describe the spiritual life.

Broadly, all these come up with the same plan. Life should be lived in the consciousness of a need to accept that while its full purpose cannot be known, it is directed towards something higher than personal gratification. For Christians and people of many other religious faiths, the purpose is known to God, although to some it may remain inscrutable.

Good and evil, right and wrong exist and can be discerned by those adherent to a sound faith; falling short in this may allow error. All this requires a degree of self-discipline and reflection, and a willingness to suffer emotional and physical privation. Others may fail to understand or may criticise the endeavour, which should bind one more firmly to the task as a personal testimony to the good that may come from it. Understanding and adhering to the scriptures is a necessary aid in the process.

Whether or not we agree with the values an individual ascribes to the discipline to which he or she adheres, we would probably see such a life as more admirable than otherwise. Many people with or without religion do pursue such a path to good effect. However, in my experience, such normal impulses to discover a spiritual life can also be perverted by the influence of others wishing to exploit it.

What do I mean by perversion? By perversion, I intend to convey the misdirection of a healthy impulse or drive. This is like the psychoanalytic notion that instinctual drives are undifferentiated in children but acquire an adult, fruitful, direction through appropriate learning. In vulnerable people, those who abuse them can exploit drives, as with the misuse of the drive to attach in children. The impulse to develop spiritually can be exploited in just this way, through being perverted to engage someone in a damaging spiritual journey.

To illustrate this, I want to use a clearly codified guide to the spiritual life to explore my clinical example. I can find none better spelled out than the Noble Eightfold Path of Buddhism. I believe the structure it offers could be applied well to any attempt to describe the spiritual life. The precepts of the Eightfold path are grouped as follows:

Wisdom, comprising:

1. *Right Understanding*, of the four noble truths of Buddhism:
 - All that is created is impermanent, and inherently ill (causes suffering)
 - Ill (suffering) arises from ignorance and craving sensual pleasure
 - Ceasing of Ill (suffering) is Nirvana, the realisation of truth
 - Knowledge of the Eightfold path leads to Nirvana

This central belief, the 'given', of Buddhism is achieved, as the fourth point says, through adherence to the further disciplines of:

2. *Right Aspiration*

Morality, comprising

3. *Right Speech*
4. *Right Action*
5. *Right Living*

Concentration, comprising

6. *Right Effort (striving for good states of mind)*
7. *Right Mindfulness (seeking calm withdrawal from the imperfect)*
8. *Right Ritual*

I don't intend to discuss the steps themselves; assume that to some extent what they intend is self-evident. (For a helpful discussion, read 'The Four Noble Truths' by Venerable Ajahn Sumedho, Amaravati Publications 1992). Here, I am using them to illustrate a general point: that the steps devised to help one to live a virtuous and admirable life, can be hard to distinguish from the steps used to lead a person into abuse and exploitation.

I am thinking of a young woman who became a patient of mine as she struggled to deal with the consequences of living for years in a cult. She had been recruited in her early adult life as she sought to find a way forward following a very traumatic upbringing. She was sustained by her principled interest in ecology and in issues of justice. Not surprisingly, she felt the world to be in need of improvement.

She was attracted to the cult by their publicity, describing themselves as an agricultural community, which shared property in common and sought to develop a better way to live. They rejected the conventional culture as materialist and corrupting, aspiring to devote themselves to a life of mutual commitment and growth. Good would flow from the testimony of their principled and disciplined lives. This was their central belief, which was achieved through following a range of disciplines.

'Right Understanding' - The leader of the cult encouraged them to challenge their own understanding, to question what of their beliefs were sound and what had been tainted by conventional thinking. It was at all times possible to slip back into thinking not conducive to personal growth. Great discipline was required to correct this.

'Right Aspiration' - Members were encouraged to maintain a firm grip on the goal of renouncing ordinary understanding and discovering a true understanding of the nature of things. The leader of the cult was the arbiter of what was 'true understanding.' Letting go of conventional thinking and attitudes was recognised to be difficult and to require constant endeavour.

'Right Speech' - Certain ways of expressing oneself were appropriate; others gave evidence of failure to make progress. Speech was monitored and corrected in individual and group sessions.

'Right Action' - The cult required certain domestic duties of each of its members including child-care in the communal nursery. Child-care entailed oversight of harsh 'disciplinary' measures administered to the children. People went out to work, giving their earnings to the cult. Personal service to the cult leader was considered a particular privilege. This would eventually include sexual service.

'Right Living' - The cult required a strict adherence to a disciplined lifestyle, with abstaining from intoxicants and strict vegetarianism. Failure to live up to the ideals led to disciplinary measures, which would result in loss of sleep and being expected to perform arbitrary duties at any time. Struggling with the necessary self-control, especially the showing of emotional responses, was itself a cause for discipline.

'Right Effort' - At all times the individual had to strive to maintain and further the objectives of the cult. Showing doubt or dissent was reacted to with great hostility as potentially damaging to the task. Those who fell short were left in no doubt of this.

The rules and expectations could change and vary arbitrarily, but doubt or questioning produced criticism and attack.

'Right Mindfulness' - At all times the state of mind should be committed to the goals of the group. Mental doubts and dissent were as bad as those openly expressed, and might be suspected at any times. My patient became conscious of checking herself all the time, screening out independent thoughts. When the idea of leaving occurred to her she had to avoid thinking of it for fear of being detected.

'Right Ritual' - At all times behaviour must meet the ideal, as set out by the leader. All conduct became automatic and driven by the fear of criticism. Failure became unbearable as the individual felt she would be letting the cult down, and since frightening and degrading reparation would be exacted.

This cult did not refer to the eightfold path but I have utilised it here to illustrate the fact that someone committed to abusing another's spiritual needs can mimic the steps of even so great and well respected a spiritual code. Central to this process was the leader of the cult, an able and disturbing character, who had a good understanding of peoples' spiritual craving.

My patient was exposed to systematic exploitation of her self-doubt and lack of confidence, and to emotional and physical terrorism if she failed to meet expectations. She was led to believe that her failure to feel content or helped was a sign of her spiritual poverty, to be fought against. Her social isolation was cultivated so that it was easy to convince her that there was nothing of value outside the cult, and no one who would understand her or want her. Her initial healthy impulse to follow a path to her own spiritual development was perverted to damage her profoundly. The consequence was years of traumatic amnesia, and then of psychiatric treatment. Her psychological disturbance was an understandable, if ultimately maladaptive, attempt to cope with this parasitic invasion of her sense of self.

Comparable patterns of high jacking the elements of the spiritual life can be seen in experiences as diverse as the young people attending 'the 9 o'clock service', Patty Hearst's experience with the Symbionese Liberation Army, or for someone in a Satanist cult. People who have suffered sexual and physical abuse may describe feeling that their soul is stolen or damaged. Each is having their capacity to strive to high ideals and a principled life taken over and abused in a perverse way.

Part of the power of the kind of experience that my patient endured lies in that normal and admirable impulses are being recruited. The individual feels blamed for responding, just as the victim of sexual abuse feels guilt if her body responds with arousal to what is done. Recovery needs the recognition that part of the abuse is this engagement of normal impulses to perverse ends.

⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘

EXAMINING OUR SPIRITUAL SPECTACLES: DANGERS AND PITFALLS

Dr. Sunil Raheja

I have to start by apologising for the negative title. Why should examining our spiritual spectacles be about dangers and pitfalls? Are not all spiritual experiences equally valid and to be unequivocally encouraged? What right do I have to comment on your spiritual experience and you on mine?

I'm sure many of us remember The Prince of Wales' keynote speech to the Royal College Annual Meeting ten years ago, when he raised the important issue of how spiritual issues needed to be considered by psychiatrists. The very existence of this special interest group is testimony to a sea change sweeping through the heart of psychiatry, if not western society itself, with regard to spirituality. And yet, I would argue, we must not stop at 'spirituality' per se. We need to raise and talk through areas that may be uncomfortable and even threatening.

These issues are uncomfortable and threatening on both a societal level and on a personal level. Yet, if we choose to ignore or suppress them, then we ourselves will be at risk of becoming guilty of the shortsightedness that has caused psychiatry to ignore spirituality for so long.

As human beings we have a unique capability not shared by any other species and that is the power of self-awareness. We don't just have the capability of thinking, but we can stand back from ourselves. We can, as it were, think about our own thinking. Taking the title of this talk then, we can look at the very spectacles through which we see the world. We can stand objectively back from our paradigms and when they do not fit with reality we can change those paradigms.

That is unique to us and, it has been suggested, one of the main reasons why we have developed and progressed this far as the human race. It is the reason why we can evaluate and learn from others' experiences as well as our own.

Let me quote from Steven Covey, a contemporary self-development teacher, who points out, *'we are not our feelings. We are not our moods. We are not even our thoughts. The very fact that we can think about these things separates us from them and from the animal world. Self-awareness enables us to stand apart and examine the way 'see' ourselves'*.

That is all well and good, but it is not the whole picture. We like to imagine ourselves as neutral and impartial, particularly in our professional capacity as psychiatrists. But the reality is that all of us come with our own particular biases and prejudices. The history of medicine is littered with such prejudices. Indeed, it is now part of the rationale for evidence-based practice. With the benefit of hindsight, we can see how tenaciously held views and opinions are later on proved to be incorrect.

Take, for example, the case of Dr. Ignaz Philipp Semmelweis, an Austrian obstetrician living between 1818 and 1865, who cut the death rate from infection on his labour ward from 11.4% in 1846 to 1.3% in 1848 by insisting that staff wash their hands when going from the dissection room to the delivery room. When his theory was made public, his accreditation was withdrawn and he was committed to a lunatic asylum. (His case was not helped by the fact that he also developed tertiary syphilis later in life and so it was presumed that everything he said was deranged). But, if you will excuse the pun, they ended up throwing the baby out with the bathwater!

The issue has been an inability and unwillingness to look objectively at strongly held beliefs and views. When we come to the issue of spirituality, the need for self-awareness is greatly increased.

Religion and personal spirituality are one of the last taboos in Western society. Defence mechanisms and pre-judgements are very quick to surface when these subjects are discussed. I myself speak to you with my own particular slant and reference point. I come as a British Asian western-trained psychiatrist, brought up in a Hindu culture and environment, who from my late teens has come to a personal faith in Jesus Christ. That faith has sustained me for the last 17 years and I can see no reason why it should not continue to do so for the rest of my life. Through my own research and reflection, I have come to regard the Bible as the inerrant Word of God. These are the spiritual spectacles through which I am viewing the world and through which this presentation comes to you.

Some of you may be tempted to label me as misguided or worse, some may have sympathies with this viewpoint and others may regard themselves as neutral. But it is imperative to see that all of us, no matter how impartial we like to imagine ourselves, come with our own deeply held views, paradigms, experiences and prejudices. And by prejudice we mean literally pre-judgment, that is, making a judgment before exploring all the alternatives.

The challenge for us is how will future generations look at our tightly held views. I propose in the time that we have to look at three dangerous assumptions to do with spirituality.

Assumption One: all religions and spiritualities are equally valid.

As psychiatrists we have ethical guidelines by which we are told not to bring religious or spiritual issues into treatment when it is counter to the patient's belief system, nor should we attempt to discredit the patient's belief system. These are good and laudable aims, but do not give a complete picture of the situation. Such guidelines are generally interpreted to mean that a religious psychiatrist should not impose his or her religion upon a secular humanist patient.

However, think about the converse. Here I quote Scott Peck in his address to the American Psychiatric Association as distinguished Psychiatrist Lecturer, on 4th May 1992 (nine years ago to this very day):

'What about the secular humanist psychiatrist who attempts to impose his or her secular humanism upon a religious patient? That imposition is so frequent as to be almost standard, and is made by large numbers of psychiatrists, overtly or covertly, without their even being aware of it.'

The spectacles through which psychiatry has looked has meant that spirituality is at best regarded as an irrelevance and at worst as a dangerous malaise. Once again, to quote Scott Peck:

'Psychiatrists tend not only look upon all religion as inferior and pathological, but also to be oblivious to the fact that they themselves may have a spiritual distance to travel.'

Assumption Two: religion is the same as spirituality.

Acute psychiatric wards up and down the country have a number of patients who in their acute psychosis or mania will profess to be God or Jesus Christ or Mohammed or Buddha or some other special spiritual person. Elsewhere, various terrible atrocities are done in the name of religion around the globe.

What a number of our psychiatric colleagues have done, metaphorically speaking, is once again to throw the baby out with the bathwater. Because of their negative experience, many completely discount religious and spiritual experiences alike.

The association in some instances of religious belief with bizarre behaviour, as well as what would be generally labelled as evil, has led to an assumption of causation rather than association. And yet there is clearly much more to religion, spirituality and behaviour than such simplistic observations would propose. We know this instinctively and yet few of us think this through.

Returning again to Scott Peck, he has suggested four stages of spiritual development rather analogous to Freud's stages of psychosexual development.

The first stage Scott Peck labels '*chaotic/antisocial*'. This may be thought of as a stage of lawlessness, lacking any form of spirituality. This presumably underpins a good deal of the western secularism that dominated so much of the twentieth century. Its roots can be traced back to writers like Nietzsche who famously quoted, 'God is dead. We killed Him'. Nietzsche himself prophesied that because of this wide scale rejection of God, the twentieth century would become the bloodiest century in history. Furthermore, western secularism, with all its determined suppression and indifference to God and spirituality, has produced a growing hunger and thirst for something more and greater than this world can provide.

To explain further, I need to refer to the Christian writer John Piper, whom I feel articulates this well. '*The world has an inconsolable longing. It tries to satisfy the longing with scenic vacations, accomplishments of creativity, stunning cinematic productions, sexual exploits, sports extravaganzas, hallucinogenic drugs, ascetic rigors, managerial excellence, et cetera. What does this mean?*'

Here Piper turns to CS Lewis, arguably one of the finest spiritual writers of the twentieth century: '*If I find in myself a desire which no experience in this world can satisfy, the most probable explanation is that I was made for another world.*'

Elsewhere, CS Lewis expands, '*it was when I was happiest that I longed the most. The sweetest thing in all my life has been the longing...to find the place where all the beauty came from*'.

Scott Peck labels the second stage as '*formal/institutional*', which may be thought of as a rigorous adherence to the letter of the law and attachment to the forms of religion. This is institutionalised religion. It offers structure and tradition but conversely is rigid and unbending. The longings to which CS Lewis alluded in our earlier reference are submerged in an adherence to religiosity. It has been described as 'a form of godliness, but denying its power'.

It is this group of people who are frequently perceived negatively by society as large. An interesting study by Allport and Ross from Harvard (Journal of Personality and Social Psychology 1967, vol. 5, No.4, 432-443) looked at personal religious orientation and prejudice. They drew three conclusions concerning the relationship between subjective religion and ethnic prejudice (and one suspects that their findings would translate across all religious groups). The findings make sober reading:

- 1) On average, churchgoers are more prejudiced than non-churchgoers.
- 2) This relationship is curvilinear; that is, while most church attendees are more prejudiced than non-attendees, a significant minority of them are less prejudiced.
- 3) It is the casual, irregular fringe members who are high in prejudice; their religious membership is described as of the *extrinsic* order. By contrast, it

is the constant, devout, internalised members who are low in prejudice; their religious motivation is described as being of the *intrinsic* order.

From this third finding, they amplify a fourth point, that a certain cognitive style permeates the thinking of many people in such a way that they are indiscriminately pro-religious and, at the same time, highly prejudiced.

Scott Peck has labelled the third stage of spiritual development '*sceptic/individual*'. He argues that the majority of psychiatrists are stage three people. By this he means a stage of principled behaviour, but one characterized by religious doubt or disinterest. This contrasts with inquisitiveness about other areas of life, an inquisitiveness that does not ultimately satisfy.

Let me turn again to John Piper, quoting CS Lewis. '*The tragedy of the world is that the echo is mistaken for the Original Shout. When our back is to the breathtaking beauty of God, we cast a shadow and fall in love with it. But it does not satisfy. The books or music in which we thought the beauty was located will betray us if we look to them; it was not in them, it only came through them, and what came through them was longing. These things - the beauty, the memory of our own past - are good images of what we really desire; but if they are mistaken for the thing itself they turn into dumb idols, breaking the hearts of their worshippers. For they are not the thing itself. They are only the scent of a flower we have not found, the echo of a tune we have not heard, news from a country we have never yet visited*'.

This realization leads to the fourth stage that Scott Peck describes, the most mature of the stages and which he labels as '*mystical/communal*'. He feels that this is a state of the spirit of the law, as opposed to stage two, which tends to be one of the letter of the law. To use the language of Allport and Ross, it is the peak of developed intrinsic faith; a mystical experience of the soul that, when you have tasted it, you realize nothing in this world can match it. It paradoxically satisfies like nothing in this world and at the same time creates a hunger and thirst for more of the experience. This is hard to explain and yet is found in all the great spiritual literature of the world. Here is a succinct description from the writings of the nineteenth century English preacher, Spurgeon.

'Some of us know what it is to be too happy to live. At one point, the love of God was so overwhelmingly experienced by us on one occasion that we almost had to ask God to stop the delight. If He had not veiled His love and glory for a bit we would have died for joy'.

Assumption Three: that God is ultimately not knowable.

So much of modern day spiritual thinking seems to be preoccupied with mankind's search for God through making effort, or good deeds, or meditation. And yet brave or foolhardy is that man or woman who says they have found God.

Would this not be presumption or false humility? It is, at least, how it would appear to be, as viewed through contemporary spiritual spectacles.

I would argue that it is something much more basic than that. The danger in searching for God is that we may actually find Him, or rather that He may find us. The next question then becomes 'Where will that put me? What are the implications for my life, if I were really to meet God?'

Let me take two examples to illustrate this. First is the case of Malcolm Little. While in prison for armed robbery, and having narrowly escaped death, he encountered Black Muslim teaching. This is how he described it:

'I had sunk to the very bottom of the American white man's society when - in prison - I found Allah and the religion of Islam and it completely transformed my life....'

Changing his name to Malcolm X, this was not the end of his spiritual experience. Visiting Mecca a few years later he gained new insights that challenged and changed him deeply. Here is what he wrote to his friends back in the United States. *'You may be shocked by these words coming from me. But on this pilgrimage, what I have seen, and experienced, has forced me to rearrange much of my thought patterns previously held and to toss aside some of my previous conclusions.... During the past eleven days here in the Muslim world, I have eaten from the same plate, drunk from the same glass, and slept in the same bed (or on the same rug) - while praying to the same God - with fellow Muslims, whose eyes were the bluest of blue, whose hair was the blondest of blond, and whose skin was the whitest of white. And in the words and in the actions and in the deeds of the "white" Muslims, I felt the same sincerity that I felt among the black African Muslims of Nigeria, Sudan, and Ghana. We were truly all the same (brothers) because their belief in one God had removed the "white" from their minds, the "white" from their behaviour, and the "white" from their attitude.'*

These insights had deep personal consequences for Malcolm X. When he returned from Mecca he wrote, *'since I learned the truth in Mecca, my dearest friends have come to include all kinds - some Christians, Jews, Buddhists, Hindus, agnostics and even atheists! I have friends who are called capitalists, socialists, and communists! Some of my friends are moderates, conservatives, and extremists. Some are even Uncle Toms! My friends today are black, brown, red, yellow and white!'*

The tragedy was that shortly after making this statement, Malcolm X was assassinated, allegedly by Black Muslim opponents of his changing views.

The premise I am putting here is that God *is* knowable, but the consequences of knowing God may not always be in keeping with the ideas and preconceptions of the society and cultural group that surrounds us. In fact the consequences can be highly dangerous.

I close with a final quote from CS Lewis, which I think captures this well.

'An impersonal God - well and good. A subjective God of beauty, truth and goodness, inside our own heads - better still. A formless life force surging through us, a vast power, which we can tap - best of all. But God Himself, alive, pulling at the other end of the cord, perhaps, approaching at an infinite speed, the hunter, king, husband - that is quite another matter. There comes a moment when the children who have been playing at burglars hush suddenly; was that a real footstep in the hall? There comes a moment when people who have been dabbling in religion ("Man's search for God!") suddenly draw back. Supposing we really found Him? We never meant it to come to that! Worse still, supposing He had found us?'

(From: C. S. Lewis, "Miracles" New York: Macmillan, 1960 p.94)

⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘

CHAIRMAN'S CORNER

Membership of the SIG: Members have expressed the view that membership should, by and large, be confined to psychiatrists, so that there is a common ground for our concerns and debates. At the same time, others have argued that there could be benefit from the admission of selected other professionals working in mental health. These might include psychology, nursing and chaplaincy – people actively involved in the interface of spirituality and health and who would be supportive of the aims of the SIG.

The steering group has debated this point and feels that a small number of such honorary members would strengthen our links with others in the field while preserving the core psychiatric concerns of the group. We would like to suggest that when an external speaker (non-member) has taken part in a programme and has made a valued contribution, there could be an opportunity to offer honorary membership of the SIG (provided there is general support for such a move). Members will have formed an impression of that person and their work, and could give feedback to the chair. If support was forthcoming, the individual could subsequently be approached at the discretion of the chair. However, we need to be guided by your views.

Please let me have your thoughts on this. Either write to me c/o Sue Duncan at the College or email me at AndrewSPowell@compuserve.com

Membership of the Steering Group. Dinesh Bhugra has had to step down due to pressure of other commitments, and likewise Pauline Stevenson will be leaving at the end of the year. Thank you, Dinesh and Pauline, for your involvement. Two regular attenders of SIG meetings will be joining us, Nicki Crowley and Cherrie Coghlan and we look forward to their participation.

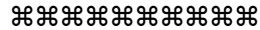
The steering group has no formal constitution (College policy). We meet four or five times a year. There is a lot of work to get through and we do it in good cheer. Other vacancies will be arising and members of the SIG who are interested should let me know so their names can be kept in mind.

With all good wishes,
Andrew Powell

⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘

SIG RESOURCE LIST

Dr. Julian Candy writes: The steering group has asked me to put together a resource list with the overall title 'Health and Spirituality'. It will comprise lists of relevant books, videos, tapes and websites (title, author, date of publication, publisher), together with a brief descriptive annotation, (no more than two or three sentences). I hope to have this ready for approval by the steering group by November, when initially it will be put on our section of the College website. We intend to keep it regularly updated (though not necessarily by me!). If you have any suggestions for inclusion, please let me know, including all the necessary information as above. Please remember though that the Steering Group will retain the final editorial say. **Send to: Julian Candy, 11 Shamrock Way, Hythe, Southampton SO45 6DY; juliancandy@compuserve.com**



RETREAT OPPORTUNITY FOR PSYCHIATRISTS IN SNOWDONIA

Dr. Helena Waters writes: Recently Andrew Powell and I were celebrating the advent of the Spirituality Special Interest Group – something I would never even have dreamed of 20 years ago when I sat as a junior psychiatrist on Council and E&F, and as Chair of the Trainees Committee.

Much has changed since then – we have all “journeyed”. My personal journey led me out of psychiatry, through a seven-year career as a medical management consultant and into stress management, personal development and a holistic view of health. Fourteen years of working with yoga, meditation and relaxation has convinced me of the benefits of these gentle, yet powerful, approaches to health and well being, not just for patients but also for doctors as too.

As a trained practitioner of Dru Yoga – a gentle heart-based form of yoga that resembles Tai Chi – I am now able offer simple, effective self-help techniques for a wide range of physical, mental and emotional “problems”. These BodyHeartMind approaches have been successfully used in such widely differing situations as “detraumatization” training for psychologists from Chechnya and other war zones, the management of PMS and menopausal symptoms and the transformation of negative emotions like fear, anger, grief and anxiety into their positive counterparts. Dru Yoga also helps us to connect with that spiritual part of us and so it is truly a holistic therapy and one, I feel, that would interest many psychiatrists.

One of my current interests has been to explore how we take our soul to work with us! Even as psychiatrists with an interest in spirituality I wonder how easy that is for many of us. With that in mind, and also wishing to share the power of Dru Yoga, **I would like to invite members of the Special Interest Group to join me on a special retreat in Snowdonia.**

During the 3-day retreat there will be opportunities to:

- explore holistic approaches to managing stress and emotional pain
- learn basic Dru Yoga, meditation and relaxation techniques
- experience holistic therapies such as reflexology, aromatherapy & shiatsu
- take time out for walking in the mountains
- for those that wish, a personal “spiritual counselling” session
- explore spiritual issues in small groups (e.g. how do we take our soul to work?)
- eat wholesome home-cooked vegetarian food

and much more.....

The typical daily programme will be

- early morning yoga
- breakfast
- practical session, learning yoga, meditation, relaxation techniques
- lunch

NEWS, NOTICES AND FORTHCOMING EVENTS

SIG funding: On 4th May, our treasurer, Larry Culliford, attended a special session for all treasurers of Sections and Special Interest Groups. A yearly business plan has to be submitted with respect to the SIG funding of £500 per annum. Further details will be provided in the next newsletter.

Registration fee for SIG meetings: From the meeting on May 4th onwards, all attending need to pay (in advance) a registration fee, currently £10. This is to cover the costs of refreshments morning and afternoon, and for lunch. (Unfortunately we had been making a loss on our previous system and while we don't feel that our meetings are aimed at income generation, we do need to break even!)

Annual Special Issue of Newsletter: We hope to produce a desktop-published end-of-year issue in September/October, to include the talks given by our guest speakers at the College Annual Meeting. But we need to find a desktop publisher who can help us for a reasonable fee. Any ideas who? – please contact Gillian Broster. We will be most grateful.

Cardiff 2002 - College Annual Meeting: The conference title is likely to be 'Psychiatry Today' and the Steering Group has put forward the topic for the SIG 'Emerging themes in Psychiatry – Spirituality and Mental Health'. Would members who have specific suggestions for workshops and/or speakers contact the chair so that the steering group can give them consideration?

Residential Summer Meeting – August 23rd – 26th 2001 'SCIENTIFIC AND SPIRITUAL PERSPECTIVES ON MEDITATION'

Co-hosted with the Scientific and Medical Network, the Infinity Foundation and the British Psychological Society, to be held at Ripon College, Yorkshire. David Lorimer, programme director, writes:

Beyond the Brain IV will build on the success of the first three conferences, held at St. John's College, Cambridge. These conferences examined respectively new avenues in consciousness research, frontiers in consciousness and healing, and the possibility of existence before birth and after death. At the heart of central questions in consciousness studies is the nature of the self in our experience of altered states. This year's meeting will be more experiential in addressing the topic of meditation from a scientific and spiritual angle.

Since the 1970s scientists have taken an interest in brain wave patterns associated with meditation, and many of these investigators are themselves long term meditators. They can thus take both a first- and third-person view. One of the critical questions relating to the emerging science of consciousness is whether science can investigate consciousness only from its traditional third-person view, or if it is necessary to supplement this with first-hand experience that involves the scientist directly and may even lead to a transformation of consciousness.

All our speakers at this conference have extensive experience of meditation in addition to their scholarly expertise. This makes it an exciting occasion where

there can be a true meeting of outer and inner in a spirit of open exploration. We will have communal meditations together and make time for contemplative walks, especially to the nearby ruins of Fountains Abbey, perhaps one of the most beautiful and peaceful places in England. Speakers include:

Z'ev ben Shimon Halevi: *Kabbalistic Metaphysics and the Ascent of Jacob's Ladder*
Dr. Ram-Prasad Chakravarthi: *Consciousness and its Transformation: the Role of Philosophical Analysis in Classical India*
Dr. Peter Fenwick: *Subjective Correlates and the Neurophysiology of Meditation*
Prof. James Austin: *Zen and the Brain*
Prof. Jon Kabat-Zinn: *Clinical Applications of Mindfulness Meditation*
Dr. Andrew Powell: *Dreams and Desires of the Unquiet Self*
Prof. Guy Claxton: *Buddha's Brain: the Neuroscience of Mindfulness*
Dr. Alan Wallace: *First-Person Methods of Exploring Consciousness in Tibetan Buddhism*
Sr. Jayanti: *Exploring the Realms of the Soul with the Vehicle of the Inner Mind*
Elizabeth West: *Meditation in the Christian Tradition: Opening the Way to Unity*
Prof. Arthur Zajonc: *Phenomena as Theory: Goethe, Steiner and the Encounter with Consciousness*
Prof. Jonathan Shear: *Third-Person Research on Meditation: Can it Ever be Really Significant?*
Dr. Bisong Guo: *Daoism and the Esoteric Art of Qigong*
Prof. David Fontana: *Meditation as Transpersonal Experience*

For further details, contact: The Scientific and Medical Network, Lake House, Vann Lake Road, Ockley, Surrey RH5 5NS Tel: 01306 710072 email: info@scimednet.org and also Website: www.scimednet.org

COLLEGE ANNUAL MEETING London 9th – 13th July 2001 QE2

The SIG is contributing the following workshops and lectures:

Monday 9th 9.30 –11.00 am. **Wisdom and Science, Compassion and Caring: Spiritual and Material Values in Psychiatry**
4.00- 5.30 pm. **Meditation Techniques: An Introduction for Psychiatrists** (Workshops to be conducted by Dr. Larry Culliford and Dr. Sarah Egger).

Thursday 12th 2.00 – 3.30 pm. **'Spirituality and Mental Health Care'.**
Guest Speakers: Professor Michael King
Professor David Larson
Professor Gerrit Glas

(Please note: The SIG meeting advertised on the programme at lunchtime on Monday 9th is a meeting for the steering group only.)

Also of Interest to SIG members: **On Thursday, from 5.45 – 6.45pm. there will be an inter-faith meditation** led by the Rev. David Deeks in Methodist Central Hall, adjacent to the QE2 conference centre.

Other meetings: 20th June: 2nd Multidisciplinary conference on Mental Anguish and Religion 'Spirituality, Culture and Psychotherapy – *Crossing the Bridges*'. St Thomas's Hospital, London. Details from Mole Conferences: 01273 242 634 or www.mole-conferences.com

6th-7th September: 'Psychosis and Spirituality 2001'
King Alfred's College Winchester. Further details from PET Unit Director, University of Southampton, Tel/Fax 023 8082 5543, email dkb@soton.ac.uk

For your diary, please note that the next One-Day programme for the SIG will be on 8th November, entitled 'The Healing Power of Love'. Details of full programme to follow in the August/September newsletter.

Editors' note:

This newsletter conforms to the guidelines issued by Executive and Finance Committee on the production of College Newsletter. Accordingly, the views and statements expressed within it are those of the authors and may not represent College policy.

We do hope you have enjoyed this issue. We would welcome contributions, jottings, personal points of view, so please write in and give us the benefit of your musings.

Gillian Broster
Daphne Wallace
Andrew Powell

Enquiries, correspondence or articles
Dr. Gillian Broster, Avenue House,
8 Bycullah Avenue, Enfield EN2 8DW
Tel: 020 8367 8844/Fax: 020 8366 0789
GB@lbe-eps-avenue.demon.co.uk

⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘