THE ROYAL COLLEGE OF PSYCHIATRISTS

SPIRITUALITY AND PSYCHIATRY SPECIAL INTEREST GROUP

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Dear Member,

We are fortunate to have an excellent set of contributions for this Newsletter, which I hope you will enjoy at your leisure. Apart from the talks given at our meetings, it is good to be able to include other articles of interest. Please do write in if you have something you would like to offer, or views you feel like sharing, to sduncan@rcpsych.ac.uk.

For your diaries, note our open joint meeting with the psychiatry section of the RSM on 14th May on **'The Place of Spirituality in Psychiatry'** (see Newsletter No. 6 or contact Ruth Cloves, psychiatry secretary at the RSM, tel. 0207 290 2985). Details of the next one-day programme at the College on 5th July, on **Integrating Mind and Body - Psycho-spiritual Therapeutics'** are to be found in this Newsletter, and we can now give advance notice of our autumn one-day meeting, which will be on November 1st, entitled **'Pathways to Peace – East meets West'**.

We record with great sorrow the sudden and untimely passing Professor David Larson, President of the International Centre for the Integration of Health and Spirituality (http://www.icihs.org). We have been indebted to Dave for his encouragement and support of our Spirituality Group activities. Indeed, Dave contributed two invaluable papers to our Website (Newsletters No. 5. and 6. on this Website) on research findings in the field of physical and mental health and spirituality/religion.

Dave was a pioneering presence in the field over two decades, having been a senior researcher at NIH and NIMH and adjunct professor at Duke University and Northwestern University Medical School, Chicago. With the generous support of his publishers, we shall be including one of Dave's last papers, 'The Patient's Spiritual/Religious Dimension: A Forgotten Factor in Mental Health', published in November last year in *Directions in Psychiatry* on our Website. Our heartfelt condolences go to Dave's wife, Susan, his family and many friends.

Work continues apace on our submissions to the College for the first revision of the new curriculum for Basic Specialist Training and the MRCPsych. Examination, as well as the Draft CCST Competencies in Psychiatry. Both these comprehensive documents are shaping the climate and content of training in psychiatry in the UK; particularly in the light of the strong evidence base correlating spirituality and mental health, we are concerned to provide effective input to these important educational developments.

With best wishes,

Andrew Powell

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Record of the meeting on 1st February 2002 at the Royal College of Psychiatrists

'GOOD AND EVIL – THE CHALLENGE FOR PSYCHIATRY'

Forty members of the SIG attended the meeting. Each presentation was followed by a lively discussion and we are grateful to our three speakers, Dr. Gwen Adshead, The Right Revd. Dominic Walker and The Revd. John Swinton, for making their talks available for publication in this newsletter.

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Capacities and dispositions: reflections on Good and Evil from a forensic psychiatrist

By Dr. Gwen Adshead

Consultant Psychiatrist, Traumatic Stress Clinic, Camden & Islington MHT, and Consultant Forensic Psychotherapist, Broadmoor Hospital, West London, MHT.

> *'A capacity for good and a capacity for evil are one and the same capacity. To realise the good, dispositions are necessary'*
>
> *St. Thomas Aquinas*

I start with this quote from Aquinas because I want to examine what psychology and psychiatry might have to tell us about the problem of evil. They have little to say about the classic problems of evil: how God allows evil to exist in a loving, good and godly world; nor about the distinction between human and natural evils, nor the problem of free will. But it seems to me that the concept of 'dispositions' might link with psychological capacities for of thinking, feeling, believing and acting.

So I want to look at the mental dispositions that make evil possible and I am going to do this by concentrating on the experience of those who have done evil things; what they say about them and what others say about them. I want to use what I have learnt from those who tread the Via Dolorosa; and I want to start by acknowledging their part in my moral education. I am also grateful to my colleagues in forensic psychiatry and psychotherapy for giving me the time to talk about these things

What is evil? Noun or Adjective?

Defining evil seems to be very difficult, and I will only touch on a few themes here. I have been very influenced by the work of Mary Midgley (1984). Midgley emphasizes the complexity of our lives and our decisions, what she calls '*the unevenness and conflict of our motives*'. At this point, I would also add the term, 'coherence', and perhaps more importantly 'incoherence', when thinking about how people make choices. I wonder to what extent evil is associated with a type of psychological incoherence in terms of living out our narratives, and I shall come back to say more about this.

I was asked recently whether psychiatry repudiated the notion of 'evil' as non-scientific or 'mediaeval'. I believe the questioner was thinking about the effect of Freud and the post-Freudians on our understanding of the mind; the analytic view that all our choices are determined by our mental life, and are meaningful, even if not all conscious. On this basis, evil does not exist as a noun: it is an action that arises from unconscious guilt, or the need for pleasure, or an unconscious destructiveness.

Richard Worsley (1996) a priest and counsellor, argues for evil as a consequence of human freedom. Human evil is a matter of choice, but destructive choice: a '*destructiveness of imperfection or excess*' (p144).

For Worsley, Melanie Klein's account of the development of the personality in terms of relationships with others offers a fruitful way to think about evil. If evil represents a failure of agency, it must do so as agency arises from the personality. Such a failure of agency indicates a disruption of relationships in early life and personality development. Klein's concept of the paranoid-schizoid position facilitates the commission of evil because unspeakable affects (the term I use) or perhaps the Shadow, to use Carl Jung's term) are projected out into another and then related to in a way which is ultimately disconnecting from others - a type of autism.

Evil as an interpersonal phenomenon

When looking at the literature on evil, we return to the same themes repeatedly. Evil seems to be related to the good intrinsically, yet is it the opposite of good or something much more than this, having a life of its own? Opinions vary about whether it is a negative, a 'not-state', or something more actual in its own right.

I take the view that evil has an interpersonal quality; that we recognize evil because of its impact on us as persons with feelings and choices. Our state of mind, in response to something done or witnessed, tells us something about whether we consider the state of mind of the actor to be 'evil'. Destructiveness will often be a part of this; cruelty, deliberateness and disdain for distress also seem to be key features of an 'evil' state of mind.

I think that disconnectedness and alienation are crucial to the evil state of mind; this reminds me of Paul Tillich's (1951) account of unbelief, pride and desire, which then interferes with our power to be all that we can be. It also seems to me that we are talking about a failure not so much of the ordinary psychological self but the moral identity that we aspire to, so that evil makes us less than we are or can be. We want to be more than we are; sometimes we have a sense that there is more than the here-and-now-ness of life, and that we could reach it if we only knew how, perhaps best described by Wordsworth:

'...something far more deeply interfused,
whose dwelling is the light of setting suns,
and the round ocean and the living air
and the blue sky, and in the mind of man.

(Excerpt from Lines composed above Tintern Abbey)

Identity as an interpersonal process.

I have always liked the notion that we create a narrative of ourselves and that the capacity to do this is an enormously complex one, called by Jeremy Holmes (1992) 'autobiographical competence'. Three things flow from this for me. First, the construction of a coherent autobiographical narrative is an on-going process; it is not a matter of stages. We move from level to level, from complexity to complexity. We can regress of course, but we can always elaborate, see it another way.

Second, this construction of an autobiographical narrative is a group process; subjectivity arises out of the space between us, but this is the space of the dance of many, not few: the reel and not the waltz.

Ruth-Ellen Josselson (1996) has perhaps written best about this. Of course, there may be many different groups which give us identity: our families, our chosen cultural and ethnic identity, our professional identities, even gender to the extent we think this can be chosen or created. However, it seems to me that our capacity to make choices is part of our identity that is constructed in relationship not just with our first caregiver but also with all the caregivers and care-seekers with whom we relate.

Lastly, I see our moral identity as a particular sort of 'I-ness', which is part of the autobiographical narrative. This could be linked to notions such as the ego -ideal, or the super-ego. Whatever the wording, it is hard not to think, as Isaiah Berlin (1969) suggests, that the splitting of the self into higher and lower is a profound conceptual development in the Western history of ideas. Where there is a failure to develop a moral identity, or in those situations where the moral identity is undermined, diminished or abandoned, there will be what Midgley calls ' the empty centre', or as one my patients called it, 'a dark space'. Perhaps it is a type of nothingness; here is C.S. Lewis's description:

‘ *Nothing is very strong... strong enough to steal away a man’s best years, not in sweet sins but in a dreary flickering of the mind over it knows not what and knows not why...*’ The Screwtape Letters

‘Between the acting of a dreadful thing and the first motion, all the interim is like…a dreadful dream’ Shakespeare: Julius Caesar

It is interesting how many writers and poets have used the metaphor of light and dark to think about evil, so that evil states of mind are often associated with a type of inner darkness or blindness. Certainly there seems to be an important theme of ‘not-seeing’ aspects of reality that are there to be seen, so that in an evil state of mind we do not see other people’s distress, we do not see the injuries we do and we do not let ourselves know some important aspect of experience. This may be why evil has so often been associated with deception: what Scott Peck called ‘people of the lie’. (1983)

I also think there is something about self-deception here, a blotting out of sense perception and of affective perception or empathy. When we do this, we can then be cruel. By not seeing others as human, we can treat others merely as means to an end. The most desperate evils of the world seem to me to involve a deliberate not-seeing of others as human; the reduction of a person to an abstraction, rather than each one as a spark of the divine.

In addition to not seeing, we might also add not thinking, a failure of the empathic imagination. In the Nazi Death Camps, we know that to ablate that sense of empathy, it took: between 2- 4 bottles of vodka per day (Lifton1986). This tells us something of the enormity of what needed to be blunted out of consciousness.

Thus the evil state of mind is not just to do with destructiveness but also with a type of blindness which gives rise to deception, cruelty and blankness. No wonder people have commented on the blandness or ordinariness of evil, its monotonous, boring quality. In these states of mind, there may be little excitement, but rather a cutting off from experience and a dream like state.

It therefore seems to me that when we come to contemplate evil, we are not considering a noun, a force outside ourselves. We are considering instead an adjective; a descriptor of a way of being, a state of mind that is interpersonal and in which moral identity is impaired. I want now to give some accounts of the different ways the moral identity can fail: whether by development, by choice, by fear.

Talking to remarkable (evil) men

What is most striking about the people I meet is not that they are amoral but rather that their accounts of morality are incoherent. At the heart of the Genesis story is the knowledge of good and evil, and in the research that I have been doing with Jonathan Glover we find that type of knowledge and moral reasoning in people who have done violent things. It is reasoning with gaps, with inconsistencies and lapses in reasoning fragmented narrative. And this is like the incoherence of insecure attachment narratives, which seem to indicate a failure to think at a crucial moment:

‘ I am afraid to think what I have done.’ Shakespeare: Macbeth

This being afraid to think is itself a type of dissociation from the reality of the moment. The gaps in experience produce gaps in the narrative of lived experience so that self-experience becomes yet more fragmented.

Such dissociation is part of a process that makes evil states of mind more possible still and induces a false sense of security that all is well. *‘It didn’t feel wrong’* said one of my patients, ‘*but also I didn’t care anymore*’.

With that lack of caring comes a type of grandiosity and a certainty about the world. There can even be elation as the anxiety begins to fade. For a moment, the

person can feel like a god such as Shiva, the destroyer of worlds or, as the Talmud suggests, '*he who destroys one life destroys the world entire*'. This sense of empowerment can be especially important for those offenders who have profound experiences of being helpless and humiliated, often (but not exclusively) in childhood.

The breaking up of identity after evil

In Richard III, Shakespeare accurately portrays the breakdown of the self after evil, so that there is an urgent need to dissociate further from the part of the self that has done shameful or guilt inducing things. Shakespeare also shows the collapse of language after the unspeakable happens. At the beginning of the play, Richard speaks in faultless prose. By the end of the play, after the murder of the innocent, his language disintegrates, together with his sense of identity. With the disappearance of language, comes the necessity for a somatic solution, a bodily enactment of what is felt; hence, '*speak, hands, for me*'.

If there were more time, I would say more about the failure of language as an indicator of the failure of autobiographical competence and how this may be crucial for the management and expression of dangerous affects. Indeed, there is evidence that the experience of helplessness and fear affects the part of the brain that facilitates articulated speech so that people who have both committed and experienced acts of violence may literally struggle with a sense that their experience is unspeakable.

How tempting it would be to characterize this as mental illness! There is no doubt to my mind that for some (perhaps not all) who have been in evil states of mind, there is suffering after, and horror; especially where there has been destruction of life. There are several reports in the literature of traumatic stress reactions in those who have killed or 'committed atrocities'. The difficulty with using the language of 'psychosis', or of other types of mental illnesses is the notion that all who are in an evil state of mind are 'ill'. If we are speaking existentially, or even spiritually, then we can use illness as a metaphor for something gone wrong. But my concern is that if we are not speaking metaphorically, we may end up saying 'Well, all evil is mental illness'. We might be more forgiving and less condemnatory, which makes us feel better but we may miss a sense of agency in the actor, that is to say, his or her ownership of the evil event and it is that sense of agency that bothers people afterwards. In my experience, most forensic patients don't find the language of illness all that helpful, either as an explanation or an excuse. I shall come back to this.

Ordinary evil

Forensic psychiatry looks at evil deeds at an individual level and in the context of abnormal mental states. Our patients are 'extraordinary' men and women, often notorious and made special by their actions. They are then put in a 'special' place. In contrast, historians and sociologists look at groups and communities of 'ordinary men' who have done evil things. This literature is essential reading for forensic psychiatrists, just as our work is essential reading for the sociologists. We need to have dialogue, as we approach the problem of evil from different perspectives.

Key sources of information for me here have been the Holocaust literature and associated texts and media; also historians of the third Reich, and communities affected by Nazi occupation. In these works we find accounts of the development of the capacity for evil in men and women, who had not previously been so often or so completely identified with those states of mind. Forensic patients may be those who have failed to develop a moral identity. Here, in this literature, we read accounts of people who abandoned their moral identity or found it slipping away beneath their feet. Like a type of dementia, it seems their moral reasoning crumbled insidiously and

subtly over time, the more shocking because not everyone had this experience and some managed to hold onto a coherent moral narrative.

What made it possible? Repeated themes emerge. First, group processes seem important; and also ‘antigroup’ processes. Antigroup processes, as described by Nitsun (1994) are those in which a group acts to deal with rage and hatred in pathological ways. Much the same mechanisms then can operate at a group level as at individual: splitting, projection and, most toxic, the idealisation and denigration that goes with these processes. The idealisation of one group seems to entail the denigration of another, a perverse defence against anxiety. Healthy coherence of the group is replaced with pathologically cohesion (Pines1998). During the Nazi regime, peer support for doing evil things made it seem ‘all right’, as friends colluded in denial. Burleigh (1994) describes how friends were recruited together deliberately to the department that oversaw the euthanasia program, and which generated the framework for the death-camps.

Primo Levi’s experiences (1988) are also a fruitful source of information for understanding evil states of mind. His famous account of the Camp guard who, when asked why he had assaulted a prisoner, responded ‘There is no why here’, gives us a picture of the creation of a human community without meaning, curiosity or boundaries and where everyone is the same. Again, the language of psychosis can seem appealing here; a world in which different things are treated the same and accorded the same lack of value. Consequently, there is no distinction between truth and falsehood, good or bad. The challenge for the inmates was to maintain some sort of moral life and Levi is not at all sure they succeeded. Instead, he sees them as living in a ’grey zone’ where the best did not always survive. Levi challenges others to judge those faced with life in the work camps. However, he also is able to describe ‘moments of reprieve’ in this world where there is no ‘why’. Tvetlan Teodorov (1999), in contrast, provides accounts of the maintenance of moral identity in the face of chaos, loss and cruelty.

The Holocaust literature describes the development and maintenance of a community which had an ‘empty centre’; somewhere there was a distance from all that is real and complex and human. The planning and running of the Final Solution had an awful banality. There is no complexity, no reflection, instead an awful certainty that this is the way it has to be. Unremitting certainty appears to be another common feature of evil states of mind at both individual and group level.

Lastly, I want to consider Gita Sereny’s account (1974) of her interviews with Franz Stangl, who was commandant at Treblinka and who oversaw the murder of some 900, 000 people. She talked to him weekly for about a year. Seventeen hours after their last interview, he died of a heart attack. At their last interview, he had acknowledged to some degree the wrong and harm he had done and Sereny’s feeling was that his death came about because of this confession, that he had become’ the man he should have been’, a man who felt grief and remorse for the evil that was done by him. How much can any normal heart take?

The moral self and the mirror

If we compare these narratives of evil states of mind, in the individual and the group, what can we learn about moral identity and its failure? Where do we get our moral identities from and how and under what circumstances can they be undermined or dismantled?

We may conclude, as did Worsley, that evil is not extraordinary but ‘insidiously normal’, or as St. Augustine did, that it is part of our human nature.
I prefer Aquinas’ view, the one with which I began, because it seems to me to hint at the importance of our developmental history in understanding the expression of the potential for both good and evil.

Developments in social biology and attachment theory over the last twenty years tell us that humans have an innate capacity for relating with others and the development of the capacity to make effective and loving relationships is a task that takes us from the cradle to the grave. In our earliest relationships with others, we develop our own sense of self, organized in the mirror of our relationships with others. The problem that Narcissus had was that he did not recognize himself. An absence of mirroring meant that his own sense of self was faulty.

Without that mirroring function, we do not learn to self-reflect and without self-reflective function, there may be little capacity for empathy. There is evidence that relating empathetically with others is an essential part of our make up. As early as eighteen months, children relate to each other in what the psychologists call 'prosocial' ways, attempting to comfort distress and being helpful to others.

Presumably the capacity for love and prosociability can be lost or never acquired. In this sense therefore, if a person does not acquire a disposition for good, then he or she may well then develop a disposition for evil. One recalls Aristotle's account of the importance of character for virtue and the relationship between personality, self and character. I find myself wondering if by character, Aristotle meant that moral sense of self or I-ness, which is transpersonal and connects to those other important aspects of self experience, 'me' and 'we'.

In the hospital setting we see people who seem to have lost the capacity to relate to others, but very much in the context of a failed sense of self. It seems to me that as well as other people not being very real for them, many of our patients also are not very 'real' to themselves either. One thinks here of the children's story of the velveteen rabbit, (Williams, 1992) who was loved into being real; we may compare this experience with not only our own but also the experience of 80% of our patients who have experienced abuse, fear and neglect as children. Their failure to be loved has caused them not to be 'real', with important moral consequences.

The psychological construct called psychopathy has often been invoked as the mental capacity for evil. Research using a checklist based on psychopathy characteristics (callousness, lack of empathy, emotional shallowness) shows that a subgroup of people does exist with these personality traits, and they are at increased risk of acting violently to others. Hare (1991) argues that these are people who have failed to acquire a moral identity, or perhaps who moral identity is faulty in some way, either as a result of inherited or environmental factors.

However, the concept of psychopathy does not account for those 'ordinary' men and women who seem to have the capacity for loving, and goodness in relation to some people but who appear to abandon it in relation to others. Accounts by Dicks (1972) and others of working with those who commit atrocities (usually in the context of state organized violence or war) do indicate ways in which one can 'train' people out of feeling. If as Midgley suggests, feelings: '*are lasting attitudes with logic and structure*', then by convincing people of some sort of logic or structure, feelings will follow. (One thinks here of the importance of propaganda, and the misuse of both science and history to fuel racial hatred).

Feelings themselves can also give rise to logical thoughts and mental structures and I want to focus next on the importance of grief and its common accompaniments, rage and despair. I have no doubt that the capacity for evil is much more likely to emerge when these feelings are present, either at the level of the group or the individual. Given that we all have the potential for all these feelings and we cannot know what new events will test us, it seems to me that Aquinas is right; at all times, and in all places, we have the potential for both great good and great evil. I see our psychological life as a wave function, operating at both individual and group levels, and that when the wave function collapses there are crucial moments of moral significance when we are in a state of mind for some type of action, good or bad. Many factors will influence the collapse of the wave function; internal factors such as

rage, despair or great compassion and external influences such as political will and history.

If there were more time, I would give an account of other important psychological mechanisms that act as internal influences. These include unresolved trauma and victimization, which in turn may lead to identification with the aggressor, dominance and the denigration of vulnerability, the influence of perceived authority and the abandoning of identity and responsibility.

I would also want to say something about the capacity for thinking about thinking: complexity and the second order thinking. Mary Main (1991) calls this 'metacognition' and she posits a close relationship between the capacity for metacognition, secure attachments and the capacity for curiosity. The lack of a sense of curiosity is arguably an important aspect of failure of empathy - the inability to see things another way. Insecurity of attachment is also related to failure of language around autobiographical memory, another important aspect of the construction of the sense of self.

Walking the Via Dolorosa: What happens after…

'Will you take me on the way a little?
T'is but a little that I can take thee…yet I'll go with thee'

Shakespeare (Othello)

I want to close by thinking a little about what happens afterwards. I often think that my patients are like survivors of a disaster *where they were the disaster*. Disaster survivors often describe how they feel cut off from the social group where they used to belong. For offenders this is also true; but the sense of being cut off by what they have done is amplified by the rejection by that social group, often shrill and vocal. Berlin (1969) suggests that connection to a community entails connection to a set of values and that those who do not share those values are excluded from community.

So what can we do for those who have been so rejected? First, we can be there on the Via Dolorosa, 'to take them on the way a little'. Second, we can use therapeutic time (in all its forms) to help these people construct an autobiography, a more complex, colourful and detailed narrative. In the space between us, we want to help the person to develop some greater sense of being real; to reintegrate the different sense of self that often seems so chaotically connected, expressed in what this patient said to me:

'*I had multiple masks... I don't really know who I am*'.

The ability to construct an autobiography inevitably contains a moral element insofar as we are made of our connectedness to others; the 'self' is intimately relational in nature, not an atomistic object. If our selfhood is relational in nature, it is moral, for to hurt another person is to hurt ourselves and we suffer. As John Donne said, '*Any man's death diminishes me*'. (1972)

But we have to let ourselves know that; and we have powers of deception and disconnection that allow us to cut off from knowing about our connectedness to others. Traumatic experiences, even ordinary life experiences, can steer us into that type of disconnection. And addressing this through therapy is not easy or painless, for it means facing up to hidden, unspeakable things.

'*You must not hide your impulse to do evil. You must take it out and place it before you every day. The impulse to do evil can only have great power over you when you cannot see it*'. (Freeman, 1991)

Lastly, I want to think about the importance of judgement. Primo Levi argues strongly that judgement is important; he and his fellow prisoners were victims of violence no matter what unconscious forces were at work in them as in all people. I think this is a crucial point for forensic work because it seems to me that we are not allowed the luxury of non-judgement, to be found in the kindly benevolence of

medicine that is empathic and kind to all. I am not suggesting for a moment that we should become punitive but rather that we cannot take ourselves out of the moral discourse in which the offenders are involved. We are part of the community that they alienated themselves from by their actions; there is a moral valence or spin to the work and the thinking that cannot be avoided. To pretend with offender patients that they did not do something awful is to miss out on a most important therapeutic aspect. Explanation is not excuse and the patients are aware of this.

Conclusion

As my late and much-missed colleague Murray Cox used to say, we need not just dialogue but trialogue. Our reflections about good and evil will be incomplete without input from three sources, psychology (especially neuro-psychology), literature and theology. Had I more time, I would share with the you the excitement and importance of the work of Allan Schore (2001) and Sean Spence, (Spence & Frith, 1999) who between them provide important evidence about the importance of the prefrontal cortex in making relationships and choices. From literature and theology, we get much needed complexity - images and words to free us from crude reductionism, which may seriously misrepresent reality – for language is vital in the face of the unspeakable. Memory and symbols are essentials to develop the type of emotional language that is necessary for autobiographical competence.

Members of the Christian faith sometimes describe themselves as ‘Easter people’, people with hope. That particular transcendent story also tells of being Good Friday people and like many other transcendent stories, suggests that suffering and cruelty often precede great good. It seemed to me that after the evil of September 11th, we feel touched by a terrible darkness; but we are all creators of both light and darkness. We contribute each one to the light or the dark and each one of us has the capacity to contribute in our own way. Each time we do something unworthy, we contribute to a type of collective blindness, a turning away, and at times it happens to all of us, that much is certain. But as Jim Gilligan (1999) puts it, there can be atonement, or at-one-ment. We need not give up hope that if we gather all the fragments, nothing will be lost forever, and that love is stronger than death. After all, as Philip Larkin (1988) put it, ‘what will survive of us is love’. I hope that’s true.

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Is Evil Necessary?

By The Right Revd. Dominic Walker, Bishop of Reading

Member of the Church of England Working Party on the Ministry of Healing

Introduction

In Jewish mystical writings, evil is viewed as a necessity because without it, there would be no free will for choosing goodness rather than evil, and from earliest times in the Christian church, the victory over evil through the resurrection has been proclaimed by the deacon at the Holy Saturday liturgy. It probably dates from the middle Ages and is sung to one of the finest chants in the Latin liturgy. It contains the words:

> *O happy fault, O necessary sin of Adam,*
> *Which gained for us so great a Redeemer!*
> *The power of this holy night*
> *Dispels all evil, washes guilt away,*
> *Restores lost innocence, brings mourners joy.*
> *Night truly blessed when heaven is wedded to earth*
> *And man is reconciled with God.*

O happy fault, O necessary sin of Adam. It would seem that Christians have often regarded evil as necessary because it allows the goodness, forgiveness and redeeming love of God to be demonstrated. St. Paul takes a similar line in his letter

to the Romans (6:1). He sees the free gift of forgiveness and justification as the way in which God shows us his glory. The logic is, of course, that we should go on sinning in order to continue to receive God's amazing grace! But Paul spots this and writes, *'what then are we to say? Should we continue in sin in order that grace may abound?'* 'By no means', he answers; and yet many have come to know God through evil done by them or to them. Early preaching about Mary Magdalene taught that she could not have loved her Lord so much if she had not been forgiven so much, but she could not have been forgiven so much if she had not sinned so much.

At a somewhat cynical level, we know that if we lived in a perfect world without evil or pain, we would be in heaven and not on earth, or if we were on earth without any evil, we would all be out of jobs! Whether evil is necessary or not, people have come to accept it as part of living in the real world; but it does present problems for those who accept some sort of metaphysics which finds supreme goodness at the heart of all things.

The Problem of Evil

Evil, is of course a problem for all people, religious and agnostic alike, in that it touches us all. People have been led to try to define it, investigate its source, view it as a problem or as a mystery, and to find ways of avoiding it and dealing with it.

One way of dealing with the problem is to think of God as a finite or limited Being, so that God is known to be good in his nature and intent but limited in what he is able to achieve.

The absentee landlord God is another solution. He has arranged the world and its laws, provided the solutions for us to discover, and waits in heaven for those pilgrims who have made satisfactory progress. Until then, you're on your own. But neither of these fits well with the Christian revelation of a personal God.

Plato and Thomas Aquinas shared similar views of evil as non-being. They saw God as all-perfection and complete Being and below him there is a scale of things that are less real and therefore less perfect (shades of Aristotle's gradation from Form to Matter). At one end of the scale there is God who is absolute reality and perfection and at the other end is evil and non-being. Evil is thus an absence of good and is either an illusion or simply necessary in order that good may be seen by way of contrast. There are variations on this theme of tackling the problem of theodicy and saying, for example, that you have to have dark colours in a painting or you wouldn't be able to appreciate the bright colours, so life has to have both evil and good to appreciate the good.

Augustine dealt with the problem by means of a metaphysical dualism. He said there were two primal and opposing principles of good and evil, with roughly the same ontological status. He believed that God is necessarily good, so the search for the cause of evil must begin elsewhere and he located it in the freewill of human beings. And he defined evil as a corruption of the good and developed a controversial metaphysical doctrine of privation. Although he saw evil as a privation, he nevertheless saw it as real. He believed that even so, a good God can use that evil for his own ends that are always good.

St. Thomas Aquinas built on the theodicy of Augustine although for Aquinas, the arguments for the existence of God were separate from the problem of evil. He believed that the proofs for the existence of God were convincing [*] and that evil was

[*] Aquinas' five ways for pointing to the existence of God, about which he writes in the First Book of his *Summa Theologica*, are (i) the argument from movement (or change), (ii) the argument from efficient causality (known as the aetiological argument), (iii) the argument from contingency (known as the cosmological argument), (iv) the argument from degrees of being, (v) the argument from purpose or design (also known as the teleological argument).

not consistent with such a God; there had to be a solution to the problem, though he couldn't provide it.

Mary Baker Eddy, the founder of the Christian Scientists, had a scale with God and Truth at one end and Evil and Falsehood at the other. She wrote, *'both sin and sickness are error, and Truth is their remedy'* (Bowker 1997:218). For her, health, happiness and holiness are restored not by going to doctors or psychiatrists but by applying the rules of divine harmony. She wrote, *'all reality is in God and his creation, harmonious and eternal. That which he creates is good, and he makes all that is made. Therefore the only reality of sin, sickness or death is the awful fact that unrealities seem real to human, erring belief, until God strips off their disguise'*. Truth is thus the remedy for evil because evil isn't real; it's an illusion.

John Hick, who wrote *Evil and the God of Love* (1968) sees Christianity as being 'mythologically true', by which I assume that he does not believe it as an historical truth but as a means of what he calls 'soul-making'. He sees humans as having an autonomy and independence from God so that they are able to enter into a relationship with him. He says it is this independence and free will that can get us into trouble and evil but by so doing, we show moral effort, which directs us back to God and his ultimate good purposes. If there were no evil we would not be able to make moral choices and would therefore be incapable of moral growth and development. In other words, Hick sees life as a 'vale of soul-making' because there is some future good that makes acceptable all the pain and evil that has been necessary to achieve it. In other words there must be some ultimate meaning in the evil we encounter but we cannot know it yet.

Dualism, monism and despotism are the Eastern ways of coping with evil and certain of these beliefs are reflected in some Jewish and Christian cosmologies and theologies. Whilst Zoroastrianism has a dualistic world-view, it nevertheless believes that good will triumph over evil. Monism believes that the world is composed of one sort of stuff, the fundamental nature of which is neither mental nor physical. Monistic religions, such as Advaita Vedanta, teach that there is only one underlying substance, so that despite the multiplicity of appearances, good and evil are in effect one. Some religions seek to achieve this as a spiritual reality. For example, in Zen the ultimate aim is to experience the ordinary objects and events of this world with similar wonder and delight so that all distinctions, good and evil, pleasure and pain, life and death are transcended in an all-embracing oneness.

Some Christians would see this as pure escapism, a desperate attempt to find oblivion by which heart and mind are spared the reality of evil. But for psychologists of religion, Zen has a particular interest. The state of *satori* represents an intensification of consciousness, that is a deeper self-realisation and a search for self-redemption. In other words, this not an escape from pain but an entering into it.

The events of 11th September have led many to have another look at the nature of evil, particularly when carried out by religious adherents who are prepared to die for what they believe is a fight against evil. The inevitable backlash in the media is to try and exclude religious belief from civil life, whether politics or education. The result is to push religion to the margins where it is in danger of becoming even more extreme and dangerous, rather than trying to integrate it, and its mainstream humanitarian and spiritual values into civil life.

Evil is a particular problem for those who belong to a monotheistic religion. How can there be evil in the world if there is a good and loving God? Or as people ask, *'why does God allow it?'* If God is omnipotent (that is, able to do anything logically possible) and omniscient (that is, able to know everything logically possible to know) and perfectly good, then could he not, if he chose, prevent evil, because an omniscient God would know how to and a good God would choose to do so. These are clearly serious objections to belief in a loving God and many have rejected faith after finding no satisfactory answer to the problem; others have wrestled with

theodicy and Christians in particular have found something of the answer in the cross and a suffering God.

I now want to move from the philosophers to the psychologists.

Eduard Spranger (1882-1963)

The German psychologist and educationalist Eduard Spranger attempted to discern certain patterns in the way in which young people grow in religious faith (Spranger 1924). Looking at those from a moderate religious background, he observed that it is in the second decade of life that an inner life begins to emerge. Spranger saw three stages of development.

1. *The first stage is marked by newness, when long-familiar objects and ideas seem to take on a new depth of meaning and significance.* This usually comes about through the discovery of a truly, living religious tradition.

2. This stage is followed by the second when this *newfound experience is often followed by denial and unease.* It may result in a rejection of the family's religious tradition in an attempt to be faithful to the new personal religious experience.

This new found religious experience may also be followed by disappointment with the deeply moving transforming experience not being sustained. Carl Jung describes this in his autobiography, *Memories, Dreams, and Reflections*. He is tortured by the thought that he had committed some terrible sin – possibly the unforgivable sin against the Holy Ghost, following his disappointment with his confirmation. In others, the inner turmoil is between heart and heart, when the newfound personal experience is in conflict with scientific and positivistic values, as with miracles and the contradictions in the faith. Finally, there is the problem of theodicy; how can we live with the paradox of a personal God and the experience of evil? It becomes a crossroads, and may lead to disassociation or the ability to live with the paradox.

3. Spranger saw the second stage as essential preparation for the third stage, *the establishment of a personal and relatively enduring perspective.* The Christian youths who were Spranger's subjects ended up in different places. Some became indifferent to religion (although Spranger suspected that there was an underlying faith of some sort); others broke from traditional Christianity into a personal religiosity of an entirely different kind and others into a reconstructed Christian faith by either returning to the faith of their youth or combining it with their own selections and reinterpretations. In all three groups, Spranger found a conviction that they had found the truth for themselves.

Unfortunately, Spranger doesn't look much at his *fourth stage of maturity* and how those who have embraced the Christian faith manage to live with the problem of evil. He does say, however, that while new themes that challenge faith are rare, new depths are discovered, although '*in the religious realm, a final state of equilibrium is almost never reached*'.

William James (1842-1910)

William James, the American psychologist and philosopher, took the view that the way we deal with evil depends on our temperamental disposition. Like those who believe you can divide the world into two types – those who would like to be

millionaires and those who are – James saw people as either healthy-minded or as sick souls. The healthy-minded, he said, saw the world as fundamentally good and in the religious sphere they respond with grateful admiration and a desire for union with the divine. In contrast, the sick souls are peculiarly sensitive to life's' ills. Struck by the precariousness of existence, the problem of suffering and the inevitability of death, they actually find evil to be a dimly lit clue to the meaning of life. What James says, is that for people of that kind who are purely naturalistic, life is bound to end in sadness if not also anxious trembling; but when suffering is seen to have an immortal significance, the soul beaks through its melancholy with new found zest or even ecstatic rapture.

Of the healthy-minded, James that they have an incapacity for suffering and therefore deal with evil by ignoring it. He says that we all do this to some extent, because if we could really grasp the scale of the world's suffering or even think of the pain of the slaughterhouse we would not be able to eat and live.

James has a soft spot for the sick souls; although they may be neurotic to a degree, they are able to embrace the broader range of experience, incorporating the genuinely evil aspects of reality and thereby being open to the deepest levels of truth. James cites St Augustine, John Bunyan and Tolstoy as examples of sick-souls.

James saw the healthy-minded and the sick souls as being on either side of the pain threshold, the healthy-minded '*on the sunny side of their misery line*' (James 1902:115) and the sick souls '*in darkness and apprehension*'. He went on to suggest that they needed different kinds of religion. Adapting a term used by Cardinal Newman's younger brother Francis, William James describes the healthy-minded as 'once-born', for whom the world has one story only. The sick souls he describes as 'twice-born' because the world is a *'double-sided mystery*'. For them, life appears a deception and a cheat until there is a conversion or realisation of new truths and the gloriousness of God, so that evil is no longer a stumbling block, since they have overcome the pain within themselves and found joy.

Carl Jung (1875-1961)

Jung (1956) deals not so much with cosmic evil but with personal evil that may be represented as negative experiences in childhood, qualities we wish to deny, animal tendencies inherited from our infrahuman ancestors and shielded from view by the persona we are expected to present to others.

For Jung, the first step towards self-realisation or individuation consists in acknowledging and integrating the shadow, which consists not just of all the reprehensible qualities that the person wishes to deny but also qualities that have not been developed and which may indeed turn out to be good. The shadow begins at our feet but we have to recognise it because the more that it is disassociated from conscious life, the more it will display a compensatory demonic dynamism to be projected upon others. The image of the devil and the serpent, as well as the doctrine of original sin, represents variants of the shadow archetype.

In Jung's other archetypes there are religious symbols of darkness or evil. The anima has occult connections with mysteries, with the world of darkness and can appear as a serpent. The mother archetype can be symbolised as the witch or the dragon and the Wise Old Man is capable of working for evil as well as good. Jung rejects the orthodox teaching about the Trinity because it lacks evil and the feminine (although theologians have suggested that the Holy Spirit is feminine). He says that the church has cast out Satan and so there is no opposition to be confronted from the shadow within.

Although Jung tends to go beyond the interface to cross the boundaries of psychology and theology (to the annoyance of both psychologists and theologians), he does provide us with valuable insights in confronting and integrating evil. The concept of the shadow enables the individual to face the darker side of themselves

and it has wider implications. The idea of the collective shadow gives us insights into how groups and societies can work and affect our political and social lives. For Jung, evil is a matter of imbalance and not *privatio boni* (the privation of good) because good can only have meaning when it can be contrasted with its opposite. Jung believed that evil distorts the process of individuation and that whilst it is a relative thing, it is still very real.

Gordon Allport (1897-1967)

Allport represents the American humanistic tradition in the psychology of religion and owes much to the work of William James and to a lesser degree to Eduard Spranger (Allport 1978). He criticised his fellow psychologists for the shallowness and youthful arrogance that he said was evident in their neglect of religion and in his own writings tried to demonstrate, '*the autonomous and unifying character of the religious sentiment in personality and the essential dependence of all human life upon faith*'.

Most of Allport's research involved Harvard or other university students as subjects and he uses the term *sentiment* and defines it as '*a comprehensive attitude whose function is to relate the individual meaningfully to the whole of Being*'. Although his subjects were mainly young adults he recognises that religious maturity is rarely found in adults of any age. According to his analysis, Allport sees the mature sentiment as well differentiated, dynamic, directive, comprehensive, integral and fundamentally heuristic (searching).

He sees the need to cope with evil as part of achieving integration. For the mature religious person, there is the need to be differentiated and comprehensive, that is, to be able to embrace a variety of experiences, objects and interests with a tolerance that seeks truth from a variety of sources. At the same time the mature person needs to be well integrated, holding all these things in a harmonious whole. Allport describes this sentiment as the most comprehensive because it '*holds everything in place at once, and gives equal meaning to suffering and to joy, to death and to life*'. This is not to say that all are experienced equally but that all are given equal meaning, and are experienced and not denied.

Erik Erikson (1902-1988)

Erik Erikson (1963) sees evil as necessary for human development. For the infant, the first real experience of pain is teething. The mouth, until then a source of pleasure, becomes the locus of pain. The nursing child may even bite the mother to alleviate the pain, only to be quickly withdrawn and rejected. Erikson likens this experience to the expulsion of Adam and Eve from Eden. He writes, '*this earliest catastrophe is probably the ontogenetic contribution to the biblical saga of paradise, where the first people on earth forfeited forever the right to pluck without effort what had been put at their disposal; they bit into the forbidden apple, and made God angry*'.

Erickson says that this early experience of evil and rejection can be survived without too much psychological damage providing that the earlier bonding experiences have been good and any change is made gradually. This stage of infancy he sees as being resolved through hope, which he says is not just the first of the vital ego strengths but also the most basic and everlasting. Hope and its mature derivative, he acknowledges, comes from faith, which is often fostered by religion.

Later in adolescence, Erikson describes the conflict that arises in the formation of identity whose cornerstone is the virtue of fidelity, '*the ability to sustain loyalties freely pledged in spite of the inevitable contradictions of value systems*'. Fidelity is sustained by an ideology and the need to be a ritually confirmed member of a tribe or tradition that represents a larger family with coherence, a creed and a definition of what is evil. The adolescent British Muslim is easy prey for extreme

groups who will confirm their identity and win their fidelity for an ideology that states forcefully what is good and what is evil.

The Religious Traditions

Religions with a linear concept of time tend to see the defeat of evil as taking place at the end of time; religions with a cyclical concept of time tend to see evil as inevitable at the end of each cycle. So for example, in Hinduism we are in *kali-yuga* the fourth and final age in the present world cycle when disease, despair and conflict dominate, while in Buddhism, *mappo* describes the period of decadence and decline at the end of a cycle. All religions hold that good eventually triumphs over evil.

The implication of God in suffering varies from religion to religion. For example, in Jainism and Buddhism, there is not a God who is responsible for creation and in Hinduism, whilst there is a deity involved in the conquest of evil (Krishna in the Bhagavad-Gita) there is also the doctrine of karma and the caste system that gives further rationalisation to the problem of suffering. However, in Islam, the control of God in creation is strongly affirmed and in the Koran, suffering is viewed as a punishment for sin and a test of faith and is therefore part of the purpose of God.

In Judaism, the opening chapters of the Hebrew Scriptures recall the myth of Adam and Eve and the punishment they receive for their disobedience. Nevertheless, both Abraham and Job question God about the injustice of undeserved suffering. The Jewish understanding is to see such suffering as a means of purification, or as receiving a reward in the next life, or else simply to accept it as part of life being bittersweet. A rabbi friend of mine told me the story of a group of Jewish lawyers who were in a concentration camp and they decided to put God on trial. They found God guilty and sentenced him to death. When they had realised what they had done, they were silent. Silent, that is, until it came the time to pray and one of them began to chant in Hebrew and the others joined in. My rabbi friend said that is the Jewish understanding of suffering.

Christians, like Jews and Muslims, see evil as the result of human sin though not entirely, because of the distinction between moral and natural evil. The New Testament writers portray the ministry of Jesus as bringing him into conflict with the powers of evil and he faces evil in various ways. The biblical teaching about evil could be summed up as follows: evil is to be hated, but it must not be repaid or avenged personally, that it is to be punished, and that it is to be overcome with good. Sometimes, as in the wilderness temptations, Jesus resists evil; sometimes, he names it for what it is and even exorcises it and sometimes he suffers it and integrates it, as we see in the passion narratives. The Christian understanding is centred on the cross and a loving God who suffers with and for his people. It does not answer the question of evil, but it offers an invitation to enter into the mystery of death and resurrection.

Moral and Natural Evil

In Christianity, modern treatments of the problem of evil tend to distinguish between moral and natural (or physical evil). Moral evil is something for which reasoning human beings have to be responsible and accountable. The argument goes that if God created us and gave us freedom, and bestowed upon us the maturity and dignity of choice, then he also had to allow us to commit evil. It is not contrary to his omnipotence to encompass the contradictory. God could not make us free and then guarantee that we would not use that freedom. Thus the facts of moral evil are reconcilable with the goodness and power of God. Moral evil can be the result of deliberate acts of wrong but some is also due to ignorance, selfishness and folly.

Then there is the difficult question of natural evil. It is argued that evil can ennoble the character and allows people to exercise charity. It enables us to become

more human by sharing one another's burdens. We all know that evil and pain can also destroy people's lives. Theologians like Austin Farrer (1966), tackling the problem of theodicy, have suggested that the pain and suffering of this life will be taken into the next and transformed.

Response to Evil

In his book *Suffering Man: Loving God,* James Martin (1969) wrote, 't*he real problem of suffering is not the why, but the how of it, not the finding of a satisfactory explanation but the finding of the means to meet it without being crushe*d'. Victor Frankl (1964) said something similar: '*it is not that we have a problem with suffering; we have a problem about suffering without meaning. People strive for meaning in the evil they have done or the evil they have suffered. We all – priests and psychiatrists – deal with those who ask 'why me?' and the paranoid personality who says, 'It has to be me' and those who say, 'It must be my fault*'. We deal with people who have endured terrible evil and are at peace in themselves, who have forgiven earth for not being heaven and through their suffering have found joy. Equally, we have met those who are bitter, angry, vengeful and destroyed. Perhaps it is not so much that we have to find meaning in suffering but that we have to find a way of facing it.

When a priest reaches out to someone in pain and tells him that God suffers with him, it may bring comfort, or he may be told that when you fall down a well, you don't want someone to come down and sit with you, you want someone who will pull you out! If we tell people to read the psalms, it is because they express every form of human emotion. The result of pain may be to reject God or to recognise that there is nowhere else to go.

Jurgen Moltmann (1974) said*, 'anyone who suffers without cause first thinks that he has been forsaken by God. God seems to be the mysterious, incomprehensible God who destroys the good fortune that he gave. But anyone who cries out to God in his suffering echoes the death-cry of the dying Christ, the Son of God. In that case, God is not a hidden someone set over against him, to whom he cries, but in a profound sense the human God, who cries with him and intercedes for him with his cross, where man in his torment is silent.'*

Different religions will approach evil in different ways – in meditation before the Buddha, crossed legged with his eyes closed and contemplating release from the wheel of life, or before the figure of Christ on the cross of a suffering God. When we wrote the *'A Time to Heal Report'* (Chelmsford 2000), we were criticised for not having attempted to solve the problem of suffering and it was true that we didn't. We were aware that the great Christian philosophers had tried but had not been totally convincing. If we could solve the problem of suffering, we would have solved the riddle of life itself. For Christians, suffering remains a mystery, but a mystery into which God has also entered and in which we can find God.

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'Does Evil have to exist to be real? - the discourse of evil and the practice of mental health care'.

By The Revd. Dr. John Swinton

Senior Lecturer in Practical Theology, University of Aberdeen.

Introduction

I have been much heartened by recent developments within the area of spirituality and mental health care. There is a growing body of literature that shows clearly the positive correlation between a person's spirituality and their mental health, even in the context of severe mental health problems (Larson 2001). People are starting to see this area of care as significant in terms of research and practice and a number of positive spiritual strategies are beginning to edge their way into mainstream caring strategies. 'Spirituality is good for your health' the slogan goes. And it is. We are discovering that a healthy spirituality makes us happier, protects us from depression, makes us more secure, provides us with a stronger sense of self and, if our spirituality is manifested via religion, roots us firmly within a supportive community, which in turn has significant health benefits. All of this is exciting and challenging, and opens up new and relatively unexplored channels for caring and supporting people who are experiencing psychological distress. It is becoming more and more clear that spirituality sits at the heart of the enterprise of mental health care and that we most certainly need to reflect critically and carefully on its implications for our practice.

The rhetoric of love

At heart, spiritual care relates to the nurturing of that which is good, wholesome and health bringing. It is an approach to mental health and illness which is designed to enable carers to develop strategies to see and to treat patients as whole persons; as individual beings who require a sense of meaning, hope, purpose, relationship with God, Self and others and who, above all, require effective strategies which will enable them *to love and accept love*. There is a meaningful sense in which at the heart of the spiritual task of mental health carers lies the difficult objective of

re-introducing the rhetoric of love and connectedness to the techno-scientific language of contemporary psychiatry.

The rhetoric of evil

Evil is the antipathy of love and goodness. A simple but not indisputable understanding of evil is that it is the power, be it internal or external, which seeks to destroy love in all of its diverse forms. It is senseless, meaninglessness, hopeless, violent and always results in the shattering of relationships. As such, one might think it worthy of serious reflection in relation to spiritual care within a mental health context. However, if we begin to explore the literature on spirituality and spiritual care, we will struggle to find any reference to the concept of evil. Consequently, despite frequent encounters with actions and persons often described as 'evil,' mental health carers are not presented with any therapeutic strategies or perspectives that might enable them to understand and deal constructively with evil. As we shall see, they may recognise its existence, sometimes in quite systematic ways, but there is no mechanism available which would enable them to work constructively with evil.

Losing our religion

Part of the reason for the absence of evil from the rhetoric of spirituality is that spirituality in its contemporary form is frequently stripped of its religious roots. I don't want to give an opinion on whether that is a good or a bad thing but it does leave a gap in our conceptual thinking in relation to spirituality. Many of the world's religious traditions acknowledge the reality of the dark side of human beings. Within these traditions the nurturing of a person's spiritual dimension is primarily aimed at moving them away from their perceived propensity towards evil and into the presence of 'the good' where they can find reconciliation, acceptance and the possibility of transformation. To enable this process, these traditions have rituals, rites of passage and spiritual practices, which enable people to make this transition and to sustain their lives in a way that emphasises good rather than evil.

They also have specific mechanisms to enable those who encounter evil to deal with it in constructive ways. For example, within the Christian tradition the dictum 'perfect love drives out fear' as it is embodied and worked out within the life of Christ, provides a significant paradigm for dealing with evil in a way that is compassionate and effective. Likewise such spiritual practices as prayer, forgiveness and reconciliation are effective and often therapeutic responses to evil and its consequences. When religions speak about spiritual care, they are talking very specifically about enabling people to live in ways that are considered good and to avoid that which is evil.

Forgetting about evil

Much of the contemporary discourse that surrounds spirituality and spiritual care has dissociated itself from any kind of formal religious foundation. Instead it tends to locate itself primarily within a very positive, humanistic worldview that focuses primarily on that which is good within human beings and human living. On reflection, it is clear that spiritual care and self-actualisation are closely connected within current approaches to spirituality. Spiritual care is designed to enable the actualisation of an assumed latent good within human beings. Thus, for the most part, spirituality is assumed to be *immanent*, emerging from within human beings and intended to enable self-actualisation. As there is no necessary transcendent dimension to spirituality, that is, no external powers to encounter or wrestle with, there is little need for the language of evil. Within this spiritual paradigm the concept of evil is neither desired nor required. In a real sense, evil is subsumed to the

overwhelming quest for good and consequently falls out of the therapeutic equation. As a result of this, little reflection has gone into the possibility that an understanding of evil may be clinically significant and that developing effective strategies to counter evil within a therapeutic context may in fact be an important dimension of the care agenda.

What is evil?

> *To be able to see fellow human beings as wholly evil…requires an imaginative capacity not found in other species.* (Storr 1991)

I now want to begin to develop a therapeutic perspective on evil that will enable us to understand the potential clinical significance of thinking about this area of care. I want to begin by exploring some of the dynamics that lie behind the *creation* of evil. Now I use the word 'creation' quite deliberately. For current purposes I want to avoid any deep philosophical or theological arguments about the existence or otherwise of evil. Personally, I am happy to acknowledge that evil may well have ontological significance; there may well be an external force of evil that impinges upon human beings irrespective of their desires. However, I want to suggest that discussions over that possibility form only a part of the debate. (I suspect that the reason evil is easily discarded by many psychiatrists is because, when discussed at this abstract level alone, the clinical significance of evil can become confused and unclear).

For current purposes I want to take what we might describe as a pragmatic approach to evil. Such an approach assumes the *reality* of evil within a mental health context without necessarily arguing for its *existence*. Let me explain what I mean by this.

Social constructionist thinkers have taught us that things don't have to exist to be real (Berger 1966). Human beings are constantly exploring and interpreting their worlds, creating understandings, concepts, models, ideas which have no necessary ontological basis, understandings which are not factual in a scientific sense but when incorporated within our worldviews can be perceived in very real and tangible ways. Irrespective of their ultimate empirical status, these social constructions can impinge greatly on the way we experience the world and act towards it. I want to suggest that while evil *may* well have a supernatural dimension, it is *also* a powerful social construction, an explanatory framework that we use to grasp and make sense of that which appears unexplainable. Evil is a powerful interpretative label which, when ascribed to individuals, removes them from our therapeutic horizon and leaves them stranded, alienated and vulnerable to forms of treatment which are oppressive and dehumanising. When this happens, it is not only a tragedy for the individuals who receive this label, for in ascribing the label of evil and acting accordingly, *mental health carers can themselves become the perpetrators of evil.* The significance of this point will become clear as we move on.

Creating evil and battling with monsters

Within a mental health context, we constantly encounter human beings whose behaviours are bizarre, extreme and often inexplicable. Particularly within a forensic context, we are frequently faced with people who have committed acts that are abhorrent, frightening and degrading. How do we deal with that experience? When we encounter something we judge to be harmful or evil, there are two ways in which we can respond. We can respond by *objectivizing* and *distancing* ourselves from the evil act, evil person or evil process. Here we set up strategies either to battle against the evil, or to exclude it from our presence either physically via prisons or special hospitals, or psychologically through the process of labelling, distancing, and

scapegoating. When this happens we turn *persons* into *monsters* and act accordingly.

When we consider the public profile of someone like Myra Hindley, we can see this process clearly at work. Hindley bears the label of 'the most evil woman in Britain' and there is a fresh public outcry each time there is talk of her release. As Hilary Brand correctly observes, despite the fact that her crimes took place over thirty years ago, we are frequently exposed to that same picture which freezes her in 1966 'a hollow-eyed, defiant 23 year-old, a sinister peroxide murderess. Its like we need her to be a monster in order that we can understand and make sense of that which is inexplicable'. But of course she is not a monster. 'She is a dark-haired 58-year old with arthritis, angina and a degree in humanities from the Open University' (Brand 2000).

Chilling as Hindley's crimes undoubtedly were, there is another dimension to her story that, in a sense, is equally as chilling. *'Before those horrific two years in which she lured five children to their deaths, she lived an exemplary life and was even in demand as a babysitter. Throughout her imprisonment she has shown no criminal tendencies, and experts are unanimous in the opinion that she poses no threat to society. The detective who took her confession in 1986 has no doubt. Had she not met Ian Brady and fallen in love with him, she would have got married and had family and been like any other member of the general public'* (Brand 2000).

Could it be that the thing that frightens us most may be the fact that despite the horrific nature of her crimes, in uncomfortable ways, she is really just like us!

Implications for mental health care

Within a mental health context such a response to extreme behaviours can have devastating consequences for the *personhood* of people with mental health problems *and* for psychiatrists and other mental health carers who struggle to offer authentic spiritual care. An interesting example of this is presented in the work of Dave Mercer, Tom Mason and Joel Richman on the discourse of evil in a forensic context. They carried out a fascinating piece of research at Ashworth hospital, which sought to explore the significance of the discourse of evil amongst forensic nurses (Richman 1999, Mercer 1999, Mercer 2000). They uncovered evidence that raised the possibility that within a forensic nursing context, the allocation of the label 'evil' could have significant implications for nurse-patient relationships. They noted that the term 'evil' is quite regularly used within the 'lay' nursing discourse (i.e. the day-to-day language used by nurses as opposed to the professional language of psychiatry or law). Interestingly, while there was a good deal of tolerance for people who were 'classically' mentally ill (psychotic, bipolar disorder etc.) those with a diagnosis of 'psychopath' or 'personality disorder' were frequently labelled evil and in significant ways written off as fully human beings. Interestingly, the allocation of the label 'evil' was neither random nor a purely pejorative act. Rather it reflected what the researchers described as a 'formulation of a rule-structured taxonomic ordering' (Mercer: 16).

A Taxonomic Ordering of Evil in Nursing Discourse

- *Absence of medical descriptors*: Evil was only employed if there was no evidence of physical or psychiatric symptoms.

- *Nature of the attack:* To qualify as evil, the nature of the attack or assault had to be seen as deliberate, planned and purposeful.

- *Extinction of moral bonding*: Evil was linked to the transgression of practical and abstract boundaries, implying free will, choice, intelligence, and unrestrained 'instinct'.

- *Adjacent pairing of opposites:* Evil was associated with offences where there was a generational gap between victim and perpetrator, for instance, rape of children or the elderly.

- *Reality testing:* Acts were more likely to be described as evil if a pattern of 'deviant' behaviour had been established over time, and 'tested out' in the world (Mercer 1999:15).

The label of evil was applied when the person was deemed to be aware, reasonable and morally responsible for the particular actions he or she participates in. Significantly, psychiatric diagnosis appeared to 'expurgate the demons' and free the person from the accusation of being evil. Thus, such language as 'an evil no hoper', 'this one is beyond help', 'just rotten through and through', 'evil, pure evil' and 'the only way out for this man is in a box (coffin)', sat in uneasy tension with the expressed clinical aims such as caring, developing self-esteem, and enabling meaningful relationships (Mercer 1999:16).

The researchers end their report with this rather unsettling statement: 'these perceptions conceptually move the patient beyond the possibility of rehabilitation or, at least, beyond the ability of psychiatry to effect a cure' (Mercer 1999:17). The perception is that psychiatry can no longer help these 'evil creatures'. The evil person is judged 'untreatable' and in a sense 'untouchable' and particular strategies are employed to move him or her out of the world of persons and therapeutic intervention and into the realm of lepers, monsters and 'untreatability'. Such a discourse not only degrades the patient, it also forces the mental health carer into a position where the danger of inhumane practices becomes a real possibility. You don't treat monsters as humans!

There is another dimension to this process that is equally as crucial and must not be forgotten. If we take seriously Scott Peck's definition of evil as *"that force residing either inside or outside of human beings that seeks to kill life and liveliness* (Peck 1988:43), 'creating monsters' in response to evil acts not only destroys the liveliness of the patient, it also destroys the liveliness of the carer and can become an evil in itself; an insidious form of evil which in the long-term makes all of us less than human. If that is the case, then the spiritual stakes are high.

Battling with monsters and resurrecting persons: sitting with evil in the hope of reconciliation

I have already suggested that one way of dealing with evil is through confrontation and distancing. However, there is another way that we can respond to the presence of evil. Christian psychiatrist James Mathers (1979), in his exploration of the nature of evil, highlights the life of Jesus as a paradigm for dealing with evil within a therapeutic context. Whereas our natural tendency is to adopt an aggressively exclusionist stance towards evil, Mathers highlights the fact that that time and time again when confronted with evil, Jesus took a different approach. Rather than isolating or excluding evil, (although at times he certainly did adopt this position) his overall tendency was to sit with those whom civil and religious society deemed to be evil in the hope of reconciliation. When he encountered demons, barbarians and madmen, Jesus sat with them, ministered to them and in so doing resurrected their personhood and destroyed the evil persona. This approach to evil was costly, dangerous and ultimately fatal; it required integrity, courage and love but it offered a response to evil that was radically effective and which I believe is highly pertinent to the contemporary practice of mental health care. I want to suggest that this model of sitting with evil in the hope of reconciliation is a helpful spiritual paradigm for addressing the types of problems highlighted thus far.

A return to the virtues?

How then might we begin to learn to sit with evil in the hope of reconciliation? I want to make a tentative suggestion that one way in which we can counter the type of evil I have been describing is by reflecting thoughtfully on the role of *the virtues* in the practice of mental health care. While the virtues may not command a great deal of attention within contemporary mental health car practices, they nonetheless have the potential to add a significant dimension to our caring practices when we are faced with evil.

Aristotle described virtue as a state of excellence or disposition whose aim is the highest good (Ross 1998). The term 'virtue' means that which causes a thing to perform its function well (eye-seeing; knife-cutting edge; horse-running etc.) *Human virtue is that which causes us to fulfil our function in a way that is appropriate for our status as human beings.* Virtues such as love, goodness, mercy, trust, courage and hope are not things that are grasped and learned with the intellect alone. Rather, they are *habits* that, when practiced regularly, result in a new and virtuous way of being. Practicing the virtues leads to the development of a form of character that will enable individuals to act according to what is good within their particular encounters. Virtues therefore aim to move a person towards the good, and away from that which is bad or evil. As such, they would appear to be a perfect counter to the types of negative social constructions of evil that have been outlined thus far. Within the confines of this paper is it not possible to develop this approach as fully as might be required to make the case. Nevertheless, in order to offer some pointer towards my thesis, I will highlight four virtues that are of particular relevance to mental health professionals and reflect briefly on how they might function in the overcoming of evil.

Respect and Honesty

The first stage in battling with evil relates to re-conceptualising what it means to be human. In order to do this we need to be totally *honest* about what human beings are. I have already suggested that the current emphasis on spiritual care tends to assume an inherent goodness within human beings. There is much goodness in the human race. But history and common experience tells us that human beings are a strange mixture of touching goodness and terrifying badness. We live our lives in a strange tension between the compassion of mother Teresa and the horror of Auschwitz. On one level we are profoundly relational creatures-persons-in-relationship, as John MacMurray (1995) puts it. *The primary spiritual need that all of us have is for relationship and reconciliation.* From the cradle to the grave we are dependant on love to survive. We become who we are not by isolating ourselves from one another but by relating with one another in a myriad of different ways. The very fabric of our Self is relational. I cannot be a husband without a wife; I cannot be a father without children; I cannot be a teacher without having pupils and so forth. Paradoxically, this is what makes us vulnerable to pain, hurt, suffering and forms of emotional damage that can, to a greater or lesser extent, determine the trajectory of our lives. Ironically, it is our need to love and to relate which is one of the primary causes of human suffering. These inherent relational dynamics form the basis for our respect for one another and our understandings of personhood. No matter how damaged we may be, no matter how heinous our actions may be, we remain persons-in-relationship and retain the need to be treated and understood as fundamentally relational beings.

There is no doubt that human history is marked by tremendous acts of love, compassion and altruism. And yet, there is another side to being human which is much darker. For example, if we take the Holocaust, which most of us would think of in terms of the darkest form of evil, there is a dimension that is often overlooked.

William Styron, in his novel Sophie's Choice, makes a simple but poignant observation.

> *Real evil, the suffocating evil of Auschwitz- gloomy, monotonous, barren, boring was perpetrated almost exclusively by civilians. Thus we find that the roles of the SS contained almost no professional soldiers but were instead composed of a cross-section of German society. They included waiters, bakers, carpenters, restaurant owners, physicians, a bookkeeper, a nurse, a fireman; the list goes on and on with these commonplace and familiar citizens' pursuits.* (Styron 1992:204)

There is ample evidence within the literature to suggest that when 'ordinary' human beings for whatever reason become disinhibited, they have a propensity to act in ways that can only be described as evil. There is thus a strange tension between the human propensity towards relationships and love and the tendency to stumble into an abyss of darkness and evil. Those who cross the line from light into darkness more obviously than the rest of us in fact simply reflect in a concentrated form a darkness that abides, all be it uncomfortably, in all of us.

As we think about and reflect on spiritual care and its implications for our practice, we need to develop *honesty* with regard to the true state of human beings. It is when we act dishonestly and pretend that the evil embodied in certain individuals is radically *other than* the evil encompassed within ourselves that problems begin to emerge. Effective spiritual care that desires to deconstruct monsters and resurrect persons only begins when we start to reflect on the possibility that those who appear radically 'Other' may in fact be persons like us.

Courage and Compassion

I was very much struck by an essay by Bob Johnson (2001) in the recent Church of England Board of Social Responsibility report *Personality Disorder and Human worth*. I have been disturbed by some of the rhetoric surrounding the discussions about recent legislation focussing on how we should deal with people who are violent and have personality disorders. The rhetoric of evil frequently appears in the political and social discourse around this topic and much of what I have said thus far could equally be applied to dimensions of that debate.

Johnson recognises the inherent forces of depersonalisation and dehumanisation that are present in certain approaches to dangerous and severe personality disorders. His paper is an attempt to draw psychiatry back to its central focus on easing suffering and enabling people to live meaningful and hopeful lives. He describes people with dangerous or severe personality disorders as 'modern day lepers'. With *compassion* he lays out a case supporting the humanity of a group of people who are frequently assumed to be less than human. As one reads Johnson's account, it becomes clear that the label of 'untreatable' can function in a very similar way to the label of evil as it has been described in this paper, leaving a person isolated and alienated from the medical system and with no hope of redemption through the standard psychiatric avenues. If a person is considered 'untreatable', yet is still suffering the effects of profound emotional trauma in their earlier years, where do they go for help? Johnson reveals the way that the label 'untreatable' assumes that the only legitimate treatment is that which can be offered by current standard psychiatric interventions. Yet the boundaries of treatment are narrowed in such a way as to exclude a section of the population who are frequently broken, vulnerable and in need of *persistent relationships*. Importantly, Johnson calls mental health carers in general and psychiatrists in particular to be *courageous* in their defence of the humanity and spirituality of those who are dehumanised by the label of untreatability. He draws on the analogy of lepers in the ancient world to make his point.

'Six hundred years ago lepers were exiled, cut off from the normal social intercourse in case they infected everyone else. A few dedicated people worked with them, improved their standard of living and long before anti-leprous drugs were available, enabled them to live longer. The optimum treatment for this dread disease, then as now, was human comfort. How can we do less to our own mentally ill, merely because the current dominant section of the psychiatric profession has determined that personality disorders are as 'untreatable' as leprosy once was? Isn't it time to apply other criteria?' (Johnson 2001:20)

Johnson calls for psychiatrists to be both courageous and compassionate in their dealings with those whom others seek to reject, stigmatise, alienate and marginalize. In defending those who are assumed to be evil, the virtues of courage and compassion are fundamental in deconstructing evil and resurrecting persons.

The friendships of Jesus – sitting with evil in the hope of reconciliation

How then might we embody these virtues? One way they can be embodied is within another vital virtue, that of *friendship*. Friendship is a primary unit of human relationship and as such is a major conduit for the development and maintenance of spirituality. It is through our friends that we gain value, meaning, purpose and transcendence, (the latter through our friendship with God). More than that, friendship is an expression of love. Friendship is the particular relationship that can be utilised to sit with evil in the hope of reconciliation, one that 'treats' loneliness and hopelessness, and deconstructs evil. If we return to the example of Jesus that I highlighted previously, it is clear that the form of friendship that spiritual carers might find most useful is very different from the cultural norm. Within Western culture we tend to develop relationships based on two principles: the principle of social exchange and the principle of like attracts like.

The principle of social exchange presupposes that we gauge our relationships according to what we can get from them. Thus I enter into a relationship with another person with the hope that I will get particular things back that will satisfy me and encourage me to stay within the relationship. There is not inherent moral obligation other than the quest for personal satisfaction. Consequently, if I am not getting what I want from a relationship, I will move on to one within which I can feel more fulfilled and satisfied.

The principle of likeness assumes that friendships are constructed between individuals who have particular things in common. Thus our friendships tend to be based on the idea that like attracts like. However, the friendships of Jesus are based on a very different principle: the principle of love/grace (Swinton 2000). Jesus sat with those who were radically unlike him; tax collectors, sinners, those considered religiously unclean and women, and in so doing resurrected their personhood in and through the relationship of friendship. His friendships were open, unbounded by culture and particularly available to those whom society marginalized, stigmatised and considered evil. It strikes me that this model of friendship provides a useful corrective to modernist ideas of health care as a distanced, objectified and 'non-committed' enterprise and draws us back to the reality that all mental health care is profoundly personal and in one sense deeply counter-cultural[1].

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[1] Bearing in mind the negative attitudes that society often has towards people with mental health problems in general and in particular those considered 'evil' in the ways that have been described, the idea of spending your whole career offering love, compassion and support to such people seems unusual to say the least!

Of course, an immediate reaction to the suggestion that the mental health carer has a role as the friend of the patient might be to begin to highlight the dangers of losing boundaries, becoming overly enmeshed, the importance of professional distance and other such defences that the medical model has taught us to use to protect ourselves from 'over-involvement.' As clinicians we are trained to think clinically, detachedly and to be wary of so called 'non-therapeutic' relationships. Yet there is evidence to suggest that friendship is a fundamental human requirement and a primary channel for the working out of human spirituality and mental health, even in the context of profound mental illness (Swinton 2000). Friends accept one another for what they are and seek to offer support and guidance in times of happiness and brokenness. Friendship embodies community and acceptance and can provide a safe space for growth and change. Friendship mediates love and perfect love drives out all evil.

As Johnson quite correctly warns us, 'being sociable to anti-social individuals carries a potential risk, just as befriending lepers did in the middle ages'. But if we don't offer it, who will? Whilst acknowledging the very real dangers of over-involvement, manipulation, loss of security and the importance of effective risk assessment, it is nonetheless vital that we do not feel compelled to cloak our essential humanness in such a way that we can no longer function towards patients as fellow human beings. We must begin to think seriously about the implications of incorporating friendship into our role as professionals and start to utilise the spirituality and re-humanising power that is inherent within the relationship of friendship. It may be that this particular role, when developed and worked through within the psychiatric context, could prove to be a primary means of re-humanisation which can take us beyond evil and onwards towards a new way of looking at professional relationships and a revised model of spiritual intervention.

Conclusion

Evil does not have to 'exist' to be real. It is alive, well and being enacted and acted upon daily within our perceptions and within our daily practices. The solution? Love. It is only perfect love that can drive out fear and it is only love that can truly conquer evil in all of its diverse forms. The values perpetuated by the virtues are deeply spiritual and relate closely to the types of spiritual understanding and care which are becoming prominent within contemporary practice. Importantly, the virtues can be taught and learned by being with someone who is virtuous. As such, they hold the potential to offer a practical, therapeutic approach to the type of evil that has been highlighted. When learned and expressed, the virtues are one possible way of countering evil within a clinical context. They enable us not simply to carry out spiritual care that counters evil but more importantly, they allow us to become the kind of people whose thoughts, actions and influence are so profoundly impacted by love that evil cannot exist in our presence. For now, the primary task for mental health care givers is to become the kind of people whose thoughts, words and actions are imbued with love.

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Vipassana Meditation: reconnecting the mind-body matrix.
- A personal perspective -

Dr. Nicki Crowley

Just recently, I experienced a ten-day residential course to learn the technique of Vipassana meditation. Like most people who embark on such an exploration, I was looking for something. What I found was a door into something more profound than I could have imagined. I feel so excited to have had this glimpse, but I have hesitated to write this article, realising the impossibility of adequately conveying such an experiential process neatly on two sides of A4! So in the true spirit of Vipassana, I will 'surrender' to the experience and just tell you what it was like for me.

A few years ago, the thought of staying silent for a ten-day retreat, with only two meals punctuating eleven hours of meditation each day, would have sounded extreme to me! But one's life experience and priorities change, and so three weeks ago I arrived at the Dhamma Dipa centre in Hereford having read the timetable,

feeling vaguely confident 'I could do it' and at home with the following principals of Vipassana [1:]

It is not:

- a rite or ritual based on blind faith
- an intellectual or a philosophical entertainment
- a rest cure, holiday, or an opportunity for socialising
- an escape from the trials and tribulations of everyday life

It is:

- a technique that will eradicate suffering
- an art of living that one can use to make positive contributions to society
- a method of mental purification which allows one to face life's tensions and problems in a calm and balanced way

The meaning of Vipassana is *to see things as they really are, not as they appear to be*. I had read that Vipassana meditation aims at the highest spiritual goals of total liberation and full enlightenment. As a by-product of mental purification, many psychosomatic diseases are eradicated. However, the purpose of this practice is never simply to cure physical disease [1]. I did want to cure my painful knees though. (In the last couple of years the pain sometimes prevented me walking up and down stairs comfortably and I had finally been diagnosed with bilateral effusions of unknown aetiology).

Ignorance, aversion and craving are, according to this teaching, the three causes of unhappiness. With continued practice, the meditation releases the tensions developed in everyday life, opening the knots tied by old habit of reacting in an unbalanced way to both pleasant and unpleasant sensations [2]. For the psychiatrist interested in psychological approaches for physical disease, and the potential healing aspects of altered states of consciousness, the Vipassana concept of the 'mind-body matrix' is intriguing.

On the first evening, after the Noble Silence began, we sat on our mats. I felt quite comfortable wrapped in a warm blanket on my cushion until my head started to pound. It was as though my head was in a vice and I felt sick. I could not do the meditation; I could not think my way through the pain, and I could not even 'not think'! I was just this huge mass of tension, not knowing what to do with myself. I lasted until the meditation ended and fell into bed, feeling insecure in the knowledge that I had no Brufen with me and that the gong would be waking me at four o'clock.

I made it though - I got up and went into the hall. Ten minutes later, I ran out and threw up. No way, could I continue. I went back to bed. I had already failed on day one!

I woke with the next gong and realised I needed some food. The breakfast made me feel a little better (porridge and a choice of cereals, fruits, toast and spreads). I had a hot shower. The sun had risen and I went for a walk. The gong sounded again and I followed everyone into the hall.

For the first three days we were taught simple breathing meditation. This focussed our attention on the breath as it was in that moment, not how we wanted it to be. I followed the natural rhythm of each breath into my nostrils, feeling acutely the sensation around the edges. Sometimes I lost concentration. If I got annoyed with myself, my headache started, so I was gentle with myself. I thought about a lot of things. Some of them got me upset and then I noticed my breathing speeding up, reminding me to stop thinking and to just to follow the breath.

Each evening we watched a video of S.N. Goenke, the renowned teacher of this technique. Indian by descent and once a successful businessman, Mr. Goenke first learned the technique of Vipassana in Burma where it is an established part of

Buddhist practice. Since then Mr. Goenke has been instrumental in spreading the teaching worldwide. His insights seemed always to be pertinent to exactly what I had just experienced that day, and I assumed that others found the same. Despite the Noble Silence, there was much laughter from all of us as we watched him speak. On that first day, he explained that when we sit, mind and body come together like cold water being thrown on hot coals to put out the fire. I remembered that initial sizzling of my 'mind-body matrix' and reflected on my apparent disconnection.

By day four, I was feeling calm and centred. Now the teaching of Vipassana itself was introduced. We were taught to scan our bodies, from the top of our head to the tip of our toes. We were required to notice any sensation, anything at all, and:

- Neither to like it or dislike it
- Neither to avoid it or to linger on it
- To remain aware and equanimous.

Over time my perception became more acute, detecting each and every sensation - sometimes gross pain, sometimes a change of temperature, or a subtle pressure. I understood that these sensations are the embodied aspects of our experiences and that reflection on them leads to deeper understanding. They become the substrate of consciousness and serve as important links between psyche and soma[3].

Three times a day there would be a one-hour sitting of 'Strong Determination'. We were encouraged to remain physically still, with the mind maintaining equanimity. This practice enables the dissolution of deep dysfunctional patterns of the bodymind[4], our sankharas ('mental defilements' - essentially either craving or aversion) and which are said to underpin emotional and physical pain.

In each of the evening discourses, we were urged to work hard in order to optimise our time and commitment to this practice. I felt determined to do this properly, and now that my head was settled, I had to deal with the pain in my knees. They hated staying in one position, bent or straight, and so I sat there, in a half lotus position, determined to get to the root of this dilemma. After thirty minutes the pain was unbearable and my knees were screaming to move. I was determined to remain still. I forgot about being equanimous and tears were streaming down my face. The words screamed out in my head, 'I've GOT to move!' I felt so desperate and trapped that I *had* to move, which was also agony. Defeated again! I had failed to complete the hour of 'Strong Determination.' Ironically, having experienced that pain and finally moving, my knee joints were more flexible and some of the pain subsided.

I went to speak with the teacher and asked her whether the object of the meditation was to break through the pain barrier. She reminded me about the need to remain equanimous. Did I think I could I find a different position? She gently told me to just try some more.

I did. Now I understood. I needed to remain equanimous as well as in full awareness of the pain. The key was not to generate more negativity. I had the image of a penitentiary self -flagellating monk, which through this new awareness felt so negative and self-defeating.

At the next sitting, my knee pain disappeared and remained absent for the rest of the course. But the new position presented me with another physical dilemma - back pain! I spoke to the teacher again, and with my new understanding explained that I didn't want to generate another sankhara by putting my back out. She gently suggested that was unlikely and to try again, as long as I did not think I was going to lose the balance of my mind. I smiled at myself. I hoped not.

By day six, time was beginning to lose its external essence. I had been sitting on my mat for several days now and was becoming posteriorly challenged on my allocated mat, (number 11). My mind still gently contemplated itself. In this space, images of duality began to flood my awareness. I thought of the figure 11 and the

twin towers crashing on September 11th. Maybe half of the figure 11 was spiritual light and half was dark, the resurgence of that shadow from which we cannot escape? In order to maintain balance through the pain emerging in both my hips I became aware of the image of a pair of scales. There was a small figure on each side, like pawns from a chess set, one black and one white. I concentrated on keeping the scales balanced and remained completely still.

Suddenly the scales broke! In my mind's eye, I decided to hold one pawn in each hand. Sometime later, my awareness 'clunked' down a level. There was nothing there! Then I became aware of a strong, tingling heat, like an electric current, dark and sparkling all at the same time. It started at the base of my spine and moved up my trunk, shoulders and neck and over my face and scalp. It did not cover my forehead or nose. I was awestruck by this state of energy as it started to creep further up into my nose. I just stayed with it, part of me observing and part of me being with this warm black sparkling electric current. This was a physical experience; I became aware of a clear space flowing up into my head behind my eyes. At the same moment, I felt a unified peaceful sensation in the centre of my forehead. It was the most exquisitely tender, compassionate feeling that completely touched me and I just sat there on my cushion with tears silently pouring down my face.

The next day I woke with a streaming nose and a tight throat. I intuitively felt that something had been released from that area, not just intra-psychically but now physically. I am not exactly sure what this was but I think it happened because I had touched that deep place in the unconscious, beyond thought, what the Vipassana teachings refer to as the 'mind-body matrix' where mind and body meet as the continuum they truly are, and energy can flow as a connected whole.

This experience left me feeling profoundly clearer and lighter. When I spoke about it to my companions at the end of the course, I heard similar stories.

I wondered, as a liaison psychiatrist, whether there might be a therapeutic place for this technique in hospitals. I am not sure. The purpose of Vipassana is not merely the curing of disease but the essential healing of human suffering. It is a process that can be facilitated but not prescribed. The concept of maintaining equanimity towards one's pain, the embodied shadow of the psyche, flies in the face of Western medicine, in which the aim is to avoid suffering as much as possible. Do we want to look below the tip of the iceberg, or just shave off the sharp edges when they protrude from our unconscious? Do we have the strength, and the courage, to face our shadow and dig it out by the roots or shall we continue to run from it?

For myself, learning how to maintain equanimity while going through the suffering has cleared my mental and physical heaviness and left me with renewed vitality. I feel I have touched upon huge wisdom. But it would require a profound change of attitude in medicine and psychiatry if as a profession we were to move our healing potential further in this direction.

I would like to end with a quote from Robert Johnson's book 'Owning your own Shadow' [5], in which he reminds us of the fundamental principal of the balance which we need to find within us:

'This ideal of balance is illustrated to us every day of our American lives but rarely noticed. Observe a US dollar bill, which is often in our hands. There is a pyramid with an eye at the apex. The bottom of the triangle represents the duality of our perception. On the ego-shadow axis, we see the pairs of opposites: right and wrong, good and evil, light and dark. As long as we concern ourselves with this scale the best we can hope for is an endless contradiction. But if our consciousness is sufficient, we can synthesize these warring elements and come to the all-knowing eye at the central point. On the dollar bill, the eye is raised above the opposites to indicate its superior position.

Light from this central place has no opposite. Like the Grail Castle, it is outside time and space. And we find it in a moment of transcendence. In a flash, what looked like a grey compromise becomes a synthesis of dazzling brilliance. Our

own (Christian) Scripture tells us, 'If thy eye be single, thy whole body shall be filled with light' (Matthew 6:22). The singleness of the eye, the centre of the seesaw, is the place of enlightenment. This represents a whole order of consciousness; the inscription on the dollar bill – novus ordo seclorum - promises that new age'.

References

1 *Vipassana Meditation: Introduction to the Technique and Code of Discipline for Meditation Courses*. www.dhamma.org

2 Hart, W. (1987) *The Art of Living: Vipassana Meditation as taught by S.N.Goenke* Vipassana Research Institute

3 Chandarimani, K. *Vipassana Meditation: A Tool for Mental Health* Spirituality SIG Newsletter No. 4 June 2001

4 Pert, C. (1999) *Molecules of Emotion* Pocket Books

5 Johnson, R. (1991) *Owning Your Own Shadow* HarperSanFrancisco 1993

For further information about Vipassana meditation, contact the Vipassana Trust, Dhamma Dipa, Harewood End, Hereford, HR2 8JS. See also www.dhamma.org and www.vri.dhamma.org . I would like to thank Dr. Kishore Chandarimani for sending me his papers on Vipassana and the teachers and helpers at Dhamma Dipa for their commitment to this work.

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Space and Time at the Edge of the Mind

Report by Dr. Cherrie Coghlan

A meeting was held in the Society of Analytical Psychologists on 16th of March on the theme of 'Space and Time at the Edge of the Mind'. The physicist, Professor Chris Isham, with an interest in psychology, theology and the work of Jung and a Jungian analyst, Dr Christopher Hauke, who has written on Jung, postmodernism and film gave complementary talks. This was followed by general discussion.

Chris Isham linked space and time, and the development in quantum theory of the space-time continuum, with the progress of philosophical and psychological thought from Plato to Kant and to Jung. According to Kant we use '*a priori*' templates to structure our experience. There is a clear continuity between this and Jung's *archetypes.* However, space and time in Newtonian physics are objective facts about the world.

Historically for the Greeks, as for eastern religious traditions, space and time were circular. In the mainstream western Judeo-Christian tradition, however, time is linear with a sense of evolving forward, and this has been linked with divine purpose.

There has been a constant tension in physics between Newtonian absolutes and relativity. In relativity, space and time are unified; we separate them out in our

minds. Experiments on *entanglements* of sub-atomic particles highlight the illusory quality of our sense of space and support the notion that space is something we impose through consciousness. Events can be connected with each other even if they can't be causally linked. The Jungian concept of *synchronicity* relates to a similar phenomenon in mental experience. It is as if the unconscious is like the sea and the peaks of the waves can be connected by consciousness.

In 1955, Carl Jung wrote '…If space and time are only apparent properties of bodies in motion and are created by the intellectual needs of the observer, then their relativisation by psychic conditions is no longer a matter for astonishment but is brought within the bounds of possibility.' (Collected Works Vol. 8:840).

Christopher Hauke gave a marvellous example of synchronicity in a dream he had experienced, relevant in detail to a particular patient he did not yet know but with whom he later worked.

Jung believed that nuclear physics and the psychology of the unconscious would sooner or later grow closer together as the boundaries of the atom and of the archetypes were respectively explored. At times the discussion touched explicitly on the transcendental. I was reminded of T S Eliot's Four Quartets. Christopher Hauke furnished a less over-exposed piece of spiritual writing from St. Augustine. 'Perhaps it might be properly said that there are three present times: the present of things past, the present of things present, and the present of things future. These three are in the soul but elsewhere I do not see them: the present of things past is in memory; the present of things present is in intuition; the present of things future is in expectation" (Confessions X1 20, 26. Gifford p.80)

(There will be another talk held at the SAP that might be of interest to SIG members entitled 'GodTalk in the Consulting Room' by Margaret Clark on Saturday 14th September, 10.00am-1.00pm. Further information on 020 7419 8896.)

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'Dying to take care of you'

Prof. S G Wright FRCN MBE
St. Martin's College, Lancaster.

Chair, The Sacred Space Foundation

Most healthcare workers in Britain would understand how Sisyphus felt. Condemned by the gods, his task was to eternally roll a huge boulder uphill. Labouring to the point of collapse, he would complete his struggle, only to see the boulder roll downhill again, and for him once more to repeat his labour. It doesn't have to be like this, and it's not just about pay and conditions.

There is a growing body of evidence to indicate that the failure to attend to the spiritual needs not just of patients, but of those who care for them as well, is producing serious difficulties for individuals and the organisations that seek to

support them. Recently, a plethora of studies has indicated high levels of stress and burnout among health care professionals, especially nurses and doctors. Furthermore, many of these studies point to factors other than just workloads and low pay as the only or even the principal causes. Even the best pay and employment conditions it seems will not necessarily reduce, in the long term, the exodus of NHS staff, the high levels of sickness and absenteeism, the regular reports of low morale. While pay is the issue that grabs the headlines, it seems that there may be other powerful forces at work that we have yet to tackle effectively.

The crisis is also a spiritual one - of meaning, purpose and relationships (with the organisation, each other, ourselves and the greater realm of being whatever we perceive that to be). There are some specific reasons why many health care staff are having difficulty.

1. We identify ourselves so closely with our roles that we find it difficult let go of them. Constantly playing the part, like an actor in a soap opera, we can lose the sense of who we really are (which is infinitely greater than any role we play). And, like actors condemned to always playing the same part, we burn out.

2. Trapped in the role of helping others, we tend to neglect our own needs.

3. Many organisations are like dysfunctional families, energised by issues of power, control, threat and anger, rather than positive nurturing relationships. Professionals spend as much time in power struggles with each other or shoring up traditional roles and boundaries as they do caring for each other. Professionals and patients can exhibit similar power struggles.

4. Lost in definitions by others of who we are and how we should behave, many carers endure fundamentally unhappy relationships with colleagues and patients. Studies have found between 50 and 80% of carers were struggling in relationships at work and showed higher levels of stress than comparable groups. They had literally lost 'faith' in their work, being caught in inhospitable cultures and the feeling that they should always be giving of themselves. Under such circumstances they may become indifferent, sick or medicate the pain of their disease with alcohol, drugs, food, sex, spending, serial unhappy relationships and more.

A spiritual crisis needs spiritual solutions, and the Sacred Space foundation was set up almost 20 years ago to offer some support. Nurses and doctors and other therapists arrive burned out and exhausted, at the end of their tether, hopeless and lost by what they have endured. Our work focuses on providing retreat and recuperation facilities, on methods of self-discovery and renewal of meaning in work. We teach meditation and offer various therapies and forms of (non-denominational) spiritual guidance. Courses on various aspects of healing, such as Therapeutic Touch, are also offered to reinvigorate the professional's faith in their practice. Self-care strategies for the return to work are encouraged, and we work with teams and organisations to develop caring cultures, practices and relationships. Sacred Space is not just the safe place of retreat; it is also an invitation to take a journey deep into ourselves – our own sacred space – to discover who we really are and why we are here.

With one NHS Trust, we have established an extensive programme of staff support – not only reviewing workloads and management cultures, but also teambuilding days, meditation training, access to complementary therapies, setting up a quiet sanctuary and a labyrinth in the workplace and so on. But we are dealing with the tip of the iceberg. If the problem is to be dealt with effectively, it is going to

need much attention focused on it by all concerned – governments, unions, employers and individual professionals.

We have two sites in rural Cumbria where "outward bound" places are two a penny. However, what we offer is "inward" bound – a chance to reflect upon our own situations, deepen our awareness of what has gone wrong and find solutions. People come to us in groups or individuals, staying a few hours or many days according to need, and we do much outreach work in NHS Trusts.

There is an economic side to this too. Caring for staff, especially attending to spiritual needs through programmes of meditation, team support, developing a sense of meaning and purpose in the workplace, connectedness and right relationships among colleagues – these and other factors seem to be instrumental not only in making work a "great place to be", but also a cost effective one. A recent study found that organisations that paid attention to these issues were not only happier places to work; they were also more effective and profitable as well. Perhaps the message will someday percolate throughout our health services.

There's an old joke about Tonto and the Lone Ranger. Surrounded by hostile tribes, moving in for the kill, the Lone Ranger turns to Tonto and says, "Well, looks like we've had it this time Tonto." To which his faithful sidekick replies, "What's this 'we' business?" Many people at work sometimes feel their teams function like this. Relationships are not always as supportive as they might be. A dispirited workforce offers ultimately a dis-spirited service. The re-consecration of our mainstream health service through a restoration of a sense of the sacred, a spirited connection in health care, is long overdue.

For more information and supporting references please see:

Wright S G and Sayre- Adams J (2001)
Sacred Space – right relationship and spirituality in health care
Churchill Livingstone Edinburgh

Extensive coverage of the topic of spirituality and health can be found in the scholarly and research based journal "Sacred Space – the international journal of spirituality and health".

For more details please contact:

The Sacred Space Foundation
Highland Hall, Renwick
Cumbria, CA10 1JL
Tel 01768 898375
Email: Jeannie@sacredspace.org.uk
Or visit our website at www.sacredspace.org.uk

Aims and Scope of the Journal Sacred Space ISSN 1467-9078

Sacred Space seeks to publish papers, reports and other material of concern to all those involved in health care. From the place of sacred architecture in healing to ecopraxis and the health of the environment, from religion to 'new age' spirituality, from prayer and meditation to labyrinth walking and psychotherapy…diverse themes such as these, and more, will be included to look at many possible facets of spirituality; what it means to the healers and carers and those they wish to help.

Using a double blind referee system, we publish high quality material that is scholarly and authoritative, yet accessible and relevant. In offering a forum for debate, the presentation of research findings and other issues for thought and discussion, the journal seeks to explore the heart and soul of health care. So much of our current health care system has become dispirited and inhuman – often technically brilliant, yet lacking in both context and opportunity for healing relationships to emerge. The journal is committed to the view that spirituality is not peripheral, but central to, and pervades every of, health care.

The journal is non-denominational, and seeks to explore the nature and meaning of spirituality as it affects those who work in healing and caring ways. Knowledge and evidence as well as beliefs, experiences, values, hopes and dreams are explored which illuminate the meaning and purpose in caring and curing relationships. In so doing, the journal aims to provide an opportunity for a wide range of views that will bring the art and science of health care together, examine holistic approaches and illustrate the nature of the spiritual in healing work in all its many manifestations and possibilities. Thus, the journal seeks to challenge, inspire and nourish the seeker of the spirit of health care along their chosen path, providing windows of knowledge through which better health for all can be glimpsed and pursued.

All proceeds raised from the sale of Sacred Space support the Sacred Space Foundation, a non-denominational UK based charity which provided rest, retreat and recuperation facilities to carers who have become exhausted and burned out in their work. The publication of the journal and it's content, however, is entirely independent of the charity.

Two Poems by Dr. Cherrie Coghlan

Suicide by Fire in a Harrow Churchyard

This poem was written in response to a death reported in the local papers two years ago when a local retired schoolteacher committed suicide by fire in a churchyard in Harrow. The author found the juxtaposition of the Church setting and violent suicide deeply disturbing. The religious imagery in the poem was inspired by the "Seeing Salvation" Exhibition on The Image of Christ in Art, showing at that time in the National Gallery. The poem uses archetypal material to draw together spiritual and psychological perspectives.

You came to this place you knew,
This Hill,
Hallowed for a millennium,
To burn the torment of your soul
Upon our consciousness,
Your anger turned upon yourself in illness
To kill the thing you love.

You spread the ashes of your Agony
Upon our Garden,
And challenge us with what we might become:
Fire of the Spirit, fire of personal hell
Consuming passion or refinement.
The light of your life, extinguished, smoulders on.

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We who have felt your pain
Now sense your Judgement.
Do we wake or sleep
Or turn away?
Or try
In some small way
To understand
And stir your dormant phoenix?

Supersonic Hedgehog

This poem was written on a theme provided by a local poetry group of "The Game of Life". It alludes to the computer game "Sonic the Hedgehog", which consists of leaps, climbs and chasms and with many lives to be lost.

Player, played with, played upon –
One thing seems sure,
It isn't always fair.
The cancer and the rains come
Come what will –
In spite of careful planning.
Certain only of Uncertainty –
Big Cosmos, little me,
Through leaps of faith
And chasms of despair –
I'm still aware
Of Inspiration calling:
"What's to lose?
Come on –
Enjoy the Game!"

© Cherrie Coghlan

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SIG PROGRAMME FOR FRIDAY 5TH JULY 2002

Venue: Royal College of Psychiatrists

INTEGRATING MIND AND BODY: PSYCHO-SPIRITUAL THERAPEUTICS

10.15	Coffee
10.45	Preliminary Notices: Dr Andrew Powell (Chair)
11.0	**'Enhancing Human Healing'** **Dr David Reilly** Consultant Physician, Glasgow Homeopathic Hospital, Honorary Senior Lecturer Medicine, Glasgow University
12.0	Discussion
12.30	Lunch
1.45	**'Integrated Cancer Care'** **Dr Jennifer Barraclough** Former Consultant in Psychological Medicine, now writer and Life Coach
2.45	Discussion
3.15	Tea
3.30	**Non-ordinary states of consciousness in healing and health. The work and techniques of Stanislav Grof'** **Dr Mike Weir** Locum Consultant Psychiatrist, Ex-Director/Consultant in Public Health Medicine
4.30	Discussion
5.0	End of meeting

The meeting will be eligible for 5 CPD Units

Reply Slip to be returned to Sue Duncan at the College

I wish to attend the next meeting of the Spirituality SIG on Integrating Mind and Body – Psycho-spiritual Therapeutics on Friday 5th July 2002 and enclose the registration fee of £15, payable to The Royal College of Psychiatrists **(includes coffee, lunch and tea).**

Please ring your lunch preference: Vegetarian / Non-vegetarian

Name: (Capitals please)……………………………………………………………………

Contact phone number……………………………………………………………...

Please note the closing date for this meeting will be Friday, 28th June

Programme information:

David Reilly FRCP, MRCGP, FFHom. 'Enhancing Human Healing'

The common ground on which all care stands or falls is the capacity and limits of the human healing response. We have become fixated on our 'tool' kit, be it drugs or CBT or herbal treatment. Yet the main determinants of success are often the underlying intentions and the quality of its expression through our caring relationships and human experience. Human caring is an active ingredient, and more. Psychiatry, psychology, packaged spirituality or alternative medicine might bring Trojan horse delivery of a more whole-person approach, but then again they might just deliver new tools and theories. A bad encounter can negate the action of an intervention, a good one can sometimes do without it.

We will look at an example of a patient describing a healing response. What is it that helps or hinders? What would be needed in a health care encounter and system to help it happen? Maybe we will cross-reference to compassion, placebo, ritual, psychoneuroimmunology, cultural shift, right brain function, and anything else we come up with, but the issue remains. Have we helped the patient move in a healing direction or have we not?

David writes: I have studied a number of healing systems, for example, orthodox medicine, acupuncture, hypno-analysis, homeopathy, and shamanism. I have been a researcher and a teacher, looking for the common ground in all this and wondering about humanity and healing. Recently I worked with artists and architects on creating a healing environment in the NHS. I began to see that my music and writing flowed from the same well as my medical art. But then how could it not?

Present appointment: Lead Consultant Glasgow Homoeopathic Hospital, Honorary Senior Lecturer Glasgow University and Visiting Professor Maryland University. (Personal Profile BMJ 322:178 (20.1.2001), see also http://www.bmj.com/cgi/content/full/322/7279/178, www.adhom.org)

Jennifer Barraclough FRCP, FRCPsych. 'Integrated Cancer Care'

The holistic approach to care for patients with cancer - or other illness - aims to mobilise their own self-healing powers rather than using extraneous treatments to combat disease. This entails energising and balancing 'the whole person' - body, emotions, mind and spirit. Interventions include diet, complementary therapies, healing and psychological and spiritual counselling, combined within an individually tailored package. The approach is mainly offered in the private and voluntary sectors, with a large self-help element. Input from oncologists and liaison psychiatrists has been very limited. Indeed, there has been some hostility from orthodox professionals, until recently at least.

Whether the holistic approach improves survival from cancer is a controversial question on which the evidence is conflicting. However, there is evidence for improvements in quality of life, symptom control and patient satisfaction. A selection of case vignettes, mainly from the book 'Integrated Cancer Care', will be used to illustrate the approach. Experience with a group programme, CHRYSALIS, and its introduction to patients and staff within an NHS setting will be described.

Jennifer writes: I qualified in medicine from Oxford in 1970. I worked in oncology and general practice before specialising in psychiatry. From 1978 – 1991, I worked in psycho-oncology research at the University department of Psychiatry, Southampton,

which included the investigation of depression in patients with lung cancer and the relationship of life event stress to prognosis in breast cancer. From 1991 - 2000 I was consultant in psychological medicine at the Churchill Hospital, Oxford, working mainly with cancer care.

Following training at the College of Healing, I became interested in holistic approaches to cancer care and how these might be integrated with conventional treatments. My books 'Cancer and Emotion' and 'Integrated Cancer Care' are relevant to this issue and I am co-editor of Claire Lewis' book 'Psychoimmunology of Cancer'. I now live in Auckland, New Zealand, with a practice in life coaching and continuing to write.

Michael Weir MBChB, BSc, MFCM, MFHM, MRCPsych. Non-ordinary states of consciousness in healing and health. The work and techniques of Stanislav Grof'

As a psychiatric resident, Stanislav Grof volunteered for a formal experiment with LSD, which had been discovered by the Swiss chemist Albert Hoffman. Grof's experiences with LSD awakened within him an intense, lifelong interest in non-ordinary states of consciousness. He embarked upon a systematic exploration of the therapeutic, transformational and evolutionary potential of these states - 'an extraordinary adventure of discovery and self-discovery'.

My talk will focus on the theoretical models of consciousness and the therapeutic practices developed and employed by Professor Grof. I will be comparing his work with that of other progressive thinkers and practitioners from the fields of mind-body medicine, transpersonal psychology and Eastern mysticism. I will introduce Grof's cartography of the unconscious mind, which embraces biography, together with perinatal and transpersonal domains. In particular, I will outline the breathwork and physical techniques of Holotropic Breathwork, as used in both psychiatric and non-psychiatric settings

Michael writes: I am currently completing retraining in psychiatry following a transfer from public health medicine five years ago. As a public health director and consultant I was concerned with the psychosocial dimensions of organic illness and developing services for patients with heart disease, cancer and chronic fatigue syndrome. Central to all these programmes of care has been a mind-body philosophy and the therapeutic use of clinically standardised meditation, including techniques derived from Vipassana, and from Psychosynthesis.

My work seeks to encompass the biomedical, humanistic and transpersonal domains of human experience. I completed Holotropic Breathwork training with Professor Stan Grof in 1991 and have since used this technique with both patients and health care professionals. I have been a meditation practitioner for over 25 years, being particularly influenced by the work of Rudolf Steiner and Stanislav Grof, the approach of Maharishi Mahesh Yogi, and Buddhism. I am currently researching the impact of meditation and breathwork techniques on a variety of conditions including addiction, sexual abuse and Post Traumatic Stress Disorder.

Editor's Note: This newsletter conforms to the guidelines issued by Executive and Finance Committee on the production of College Newsletters. Accordingly, the views and statements expressed within it are those of the authors and may not represent

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