

'The Place of Spirituality in Psychiatry'

Conference held at the Royal Society of Medicine on 14.5.02 by the Psychiatry Section of the Royal Society of Medicine and the Spirituality SIG of the Royal College of Psychiatrists

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As a Psychiatric Social Work member of Dr. Sarah Egger's multi-disciplinary team at the Community Mental Health Unit for Older People at St. Charles Hospital, North Kensington, I was invited to be a member of this moving conference day. In gratitude, I offered to describe some of my impressions – and hope to be able to whet other people's appetites to look at the contents of the presentations of this day of learning, reflection and assimilation.

This is a brief and subjective report – not an attempt at accurately mirroring the thorough work of the presenters. The flavour of the conference was determined by a wonderful interspersal of theoretical reflection, reporting on exciting practice, dreaming about futures when "spirituality" is no longer the dreaded 'S-word' but a usefully demystifying dimension of experience and epistemology - all of this framed by breathing spaces of listening to peaceful music, which both helped to contain what we had heard and also cleared the mental space for whoever came next.

Dr. Andrew Powell started the day with a complex and encompassing tour d'esprit through the history of Western scientific thought. This offering set the keynote to the day for me, since he attempted to open a door into a way of anchoring psychiatry into a contemporary matrix of post-positivist thinking and away from Cartesian duality. I was reminded of Max Weber's and Jurgen Habermas' description of modernity, when the previously unified metaphysical world view was broken down into three domains: the objective or natural world, the inter-subjective or social world, and the subjective or individual world. This division pushed spirituality firmly into the subjective domain and thereby marginalized all so-called spiritual experience. It was no longer considered a realm for gaining valid knowledge, since it did not lend itself to positivist epistemology.

While buying into the Cartesian division between subject and object, we cannot easily allow 'non-rational' experience to be non-pathological. Therefore, supposedly self-respecting academics (and those who still need to earn tenure) tend to discard this type of knowledge. Working in psychiatry, when people report phenomena that do not fit into the Cartesian orbit, we assume pathology, which still widely provides the map of what we call "reality". (I also heard an anxious murmur about this being a meeting of the 'quirky fringe' – when truly some presentations seemed to me to be right at the cutting edge of modern epistemology and conceptualisation).

Freud threw out the spiritual baby with the bath water of modernity because he had to justify his findings in a world that had not yet learnt from Relativity and Quantum Theory. These theories now stipulate reality to be a unified field of experience in which we share, where there is no longer a safe division between subject and object. Despite living in the age of such discoveries, we still have a hard time discarding our hopes for safe 'objective' knowledge. We fear to accept the challenge of inter-subjectivity or begin to make radical changes in the way we interact with the world around us in our search for healing and understanding.

We heard about the self-aware universe and the evolutionary meaning of conflict, the meaning of suffering, our need to encounter all kinds of experiences, all kinds of emotions from fear to love, in order to participate in the evolutionary thrust of the

cosmos. We must enter all realms of experience, assimilate and integrate darkness and light on the road to spiritual knowledge, the understanding of love - and perhaps laughter - at the root of the universe.

Andrew sketched in some of the research into altered states of consciousness, which has been the enterprise of transpersonal psychologists since Abraham Maslow's exploration of peak and plateau experiences and Stanislav Grof's LSD studies into past life and perinatal experience in the 'sixties, when the Cartesian paradigm first began to be seriously questioned. Much of this work built on Jung's explorations and much on Eastern esoteric traditions. Both of these branches of inquiry describe evidence for the positive healing power of spiritual beliefs and practice, which tie people to their traditions - affirming belief and experience beyond the tangible material world. Andrew defined spirituality as 'the move towards meaning, personal growth beyond ego and towards realization of the Self' - a surrender of the narrow boundaries which anchor us to the material world.

Andrew grounded this theoretical account by suggesting that we can usefully explore with our patients their spiritual beliefs, citing David Larson's schedule for spiritual history taking. Patients welcome this deeper interest and do not on the whole share the academics' shame about this world of experience and sustenance. Such inquiry makes it possible to access the inherent healing power of this domain as we share in the search for meaning and the exploration of a transpersonal holding power - whatever its shape or form.

I guess my one proviso about this is that the Larson schedule aims to elicit conscious religious practice and does not begin to recognise implicit spirituality as a universal human propensity. It also fails to suggest pathways towards bringing a spiritual dimension into the interaction between patients and professionals. This would have to do with accurate attunement, empathy and the belief that we all share an interconnected world, which we must co-create with love.

Many people have little or no religious affiliation nowadays but we all have a more or less implicit spirituality. And by this I mean a sense that love and compassion, gratitude towards life and a search for wisdom and understanding, is a deeply embedded matrix, which we all long to realise together, one we share with the cosmos and its unfolding. I thought that Andrew's invitation to explore these realms with patients was a valid, if slightly instrumentalised attempt at bringing the dimension of spirit into the professional discourse. (We are still largely unfamiliar with current developments in transpersonal research, which can provide modes of validating experience in the subjective realm on a par with the positivist model of scientific research).

Discussion was followed by music - five minutes of wordless beauty to allow mind and soul to absorb what had been offered and preparing the way for the next offering, by **Rev. Alison Kennedy**, music therapist and minister. Alison talked about her experience, literal and figurative, of attunement to a very withdrawn patient. Like Orpheus, who moved all living beings and even the denizens of the Underworld, she tempted him out of his withdrawal into a shared world of tentative and communicative music making.

Music, as we know from working with people who suffer from dementia, reaches beyond the realms of left-brain, intellectual functioning. It moves us into domains of experience that remain inaccessible to linear and logical approaches. Like the layer of non-verbal communication that accompanies all content communication, it conveys the melody, the healing or the hurting. Therefore, we must learn about the power of music - instrumental and also the tone of our voices - as we communicate with each other and our patients. Several speakers implied this theme; wholeness is not just etymologically

related to holiness; when we strive to work towards wholeness, unexpected things happen.

This was apparent in a moving anecdote, which **Dr. Robert Lawrence** told to sum up his presentation on “Spirituality in psychiatric education and training”. He advocated a holistic approach to the human being both in the practice and the education of medical practitioners, especially psychiatrists. It is not enough to have knowledge of the body, the psyche and environment. Spiritual inquiry adds the fourth dimension, which is critical to deep understanding and good practice. Good practice - like spirituality - is relational; it happens in the space in between people. Psychiatrists and other professionals need to learn to ask sensitive questions, based on assuming that there is a spiritual dimension to all experience, since the search for meaning and integrity is at the root of our quest for well being.

Robert emphasised the importance of following the patient’s lead, not imposing our own understanding or our assumptions about the nature of ‘reality’ when listening to our patient’s accounts, which are shaped by cultural and personal experience. Especially for older people/patients, the spiritual quest for integrity, for connectedness, matters deeply. As professionals we need to be finely attuned by our training to hear such urgency and respond to it with unbiased understanding, which expresses our spirituality as willingness to go with what we cannot control. We must join the universal struggle for understanding that surpasses everyday reality. This is the story that Robert related: while he is sitting quietly in his office working at his computer, a patient who suffers from dementia comes in. She asks, ‘is this Roman Catholic or Church of England? She does not speak further and she does not ask for anything. She just sits down gently for a while, until she leaves with a smile of gratitude. A space of acceptance and peace had been created between these two people. (I was reminded of Jesus saying ‘when two or three are gathered in my name, there will I be among them’ - Matthew 18:20). It had been a moment of encounter - a spiritual moment.

After a communicative and enjoyable lunch, **Dr. Nigel Copsey** had no difficulty in stopping the normal post-prandial lull in attention. Nigel is a minister turned health professional who, after undertaking research for the Sainsbury Foundation for Mental Health and exploring the vast changes in the religious landscape in the East End, was given a grant to set up a Department of Spiritual, Cultural and Religious Care. This aims to provide culturally sensitive mental health/pastoral care within the City Mental Health Trust. The Trust’s management had understood that there had been a sea change in the area, from agnosticism to a focus on the sacred, represented by a multitude of churches and faiths that had established themselves in this traditional Cockney area. This change represented opportunity if respectfully drawn into the resource network. If not, it could prove a formidable obstacle.

Nigel was an inspired and inspiring speaker, abounding in stories and specifics about the changes in the faith communities in his area. He drew a compelling picture of how he manages with his diverse team of eight to build up links of trust and commonality with members of these very different groups who use the mental health resources in this area. I was deeply moved and impressed with his description of how he trains people/staff in celebrating “otherness”. They work hard and painstakingly towards validating the complexity of life, towards being able to shift perspectives, always in search of learning something new, so that we can move from mere tolerance to empathic understanding.

Nigel and his team try to help their colleagues appreciate not just what connects us with people from other cultures and faith groups, but by establishing the interfaith dialogue in the mental health setting, he shows how we can begin to attune ourselves to great and subtle differences in the way different people and cultures construct their

worlds – including the religious and spiritual dimension, with its impact on health. He seems to have found a fertile way to address the perennial task which is incumbent on us all, and which requires our greatest effort: how to be curious and joyously amazed about how different we all are. That, I thought, was the essence of growth, and the means of transcending egoic impulses: to allow other people their difference, their illuminating mystery. Spirituality then might be the ability not just to tolerate the tension of such diversity and such complexity but the ability to see it as a great gift, perhaps from an ever-creative co-creator...

Ms. Sue Irving at last spoke about the place of spirituality in psychoanalytical psychotherapy. Sue feels that people come into therapy because they have lost their belief or a sense of meaning in life, and need to find a place to heal their dislocation, to search for belonging, universal membership. To illustrate how the process of ‘re-enchantment’ may work, she described salient aspects of the history and therapeutic progress of a young female patient who lacked all faith in a sustaining power, whose history and lack of loving object relationships had pushed her to attempt escape by a serious overdose.

Early mother loss and an authoritarian, perfectionist father - who was eventually demystified as a complete fraud - had made her unable to develop any kind of stable inner or external object relationships, thus depriving her of any capacity for trust. With a child’s untempered omnipotence, she was convinced that the well being of the world around her depended on every act she committed, down to the clothes she wore to determining the outcome of a ball game. ‘Her finger is continually stopping the hole in the damn, which would drown the world, if she moved...’ This is the unregenerate megalomania of a very young child turned lethal in an unattached adult.

The turning point occurred when Sue offered an interpretation to her patient, which revealed that she had not understood a vital connection. The patient was furious and the therapist apologised from the bottom of her heart. Encounter happens in such a moment of interpersonal truth and acceptance of limitation, of difference, literally, a moving moment. The therapy could then move forwards.

We heard about a slow and painstaking process of recovering genuine memories of her mother, tied in with the smells and body contacts of a very young child. These shared musings create a small and growing area of instinctual knowledge unhampered by denial and unadulterated by external authorities imposing their vision of who they need her, the child/patient to be. Authentic knowing from within becomes possible, and through that a growing ability to experience a sense of containment, first by the therapist and then by what contains them both: relatedness as the experiential ground for spiritual security.

The progress towards trust and more mature object relationships is, according to Sue, the precondition for an ability to believe in a meaning inherent in the universe with a unique place for each of us, ‘a belief in something bigger, greater than ourselves which has a purpose’. This experience in turn is vital for well being, interpersonally and transpersonally, because it stipulates a relationship with ‘the numinous absolute’, that which contains us in our fragility. Sue describes the emergence of ‘the soul of the artist’, the creativity of an individual, able to take up the co-creative role needed to live responsively to all dimensions of experience. As an old Buddhist saying has it, we may begin to experience that ‘we are utterly held in the web of the universe’.

The last slot of the afternoon was taken up by a panel discussion with the presenters chaired by Dr. Sarah Egger. It gave everybody a chance to ask for further illumination and also to convey some of his or her own interests in the broad domain of “Spirituality in Psychiatry”. There seemed to emerge a consensus, especially fuelled by Nigel Copsey’s presentation, that another productive enterprise of the SIG might be to

explore ways in which psychiatrists and chaplains could co-operate more productively (and not, I think, just chaplaincy but interfaith complexity is needed here!).

For this matter, we all need to explore avenues for extending the multi-disciplinary team to include members of a range of faith groups. That way, we would not just understand the culture of our patients more accurately, we would also be reminded to take the 'fourth dimension' into our own relationships with patients, affording them space to draw on the resources of their/our spiritual nature and beliefs. We would gain courage to overcome the history of academic shame about religion and spirituality as valid areas of experience and professional resourcefulness. This of course pre-supposes much new thinking about appropriate ways of 'truth telling', so that we do not once again fall into the trap of the positivist fallacy.

This conference clearly began to lay pathways towards understanding some of the problems and some of the solutions involved in this integrative project. We were given way markers for such an approximation, if not yet integration, between spirituality and psychiatry.

There is always more to learn about the many ways in which religion and spiritual exploration and experience may improve the process of recovery from mental illness, taking improvement as the process of un-covey and shared re-construction of meaning, of wholeness and attunement to our place in the world. Psychiatric wards may become more peaceful places and psychiatric emergencies opportunities for growth, rather than just episodes for fixing biochemical malfunction, however important that may be.

With this 'forgotten' dimension becoming part of our field of endeavour, the relationship between professionals and patients in psychiatry would allow broader and more transformative encounters. We might gain in awareness, no less in experience, that even in the crisis of mental illness, whether we have it or whether we try to heal it, we are 'utterly held in the web of the universe'.