‘Exploring the Frontiers of Consciousness:  
a tribute to Peter and Elizabeth Fenwick’ *

Dr Andrew Powell

It’s a real pleasure to be taking part in this Scientific and Medical Network celebration of Peter and Elizabeth’s 80th birthdays. Their friendship means a lot to me, as for many of us here, I know.

Peter and I were both at Trinity College, Cambridge, where we studied Natural Science (there was no medical school in Cambridge in those days), followed by clinical trainings at St Thomas’ Hospital, London. However, Peter is some years my senior, and we didn’t meet until I went to the Maudsley Hospital in 1972 to specialise in psychiatry.

If my memory serves me right, however, I was aware of Elizabeth before Peter, as I used to enjoy reading her informative and invariably entertaining column in the journal World Medicine.

My first impression of Peter at the Maudsley was of this big bounding man, always radiating enthusiasm and bonhomie, and whose favourite word was ‘wonderful’ – something I came to listen out for over the years as it characterised something special about Peter: his determination to see the best in everything and everyone. It would not be wrong to say that Peter has lived his life in a state of wonderment – a state that has powered his researches in medicine and spirituality and which, coupled with his powerful intelligence, has enabled him to make an exceptional contribution in both fields. More than that, in bringing these fields together, Peter has attracted the opprobrium of some vociferous sceptics – I shall not name them here – who have, in my view, betrayed the depth of their prejudice by the violence of their emotions. Happily, many more have welcomed Peter’s capacity creatively to think ‘outside the box’, so rare in the culture of applied science in which we live today.

Peter has, of course, met opposition with unfailing good humour. His natural kindness precludes any kind of retaliation, probably sparing him many fruitless arguments.

To return to the Maudsley, I soon realised that general psychiatry wasn’t for me. Instead I became deeply immersed in psychoanalysis and took up residence in the Psychotherapy Department situated at the top of outpatients on the 3rd floor. I suspect that we psychotherapists privately regarded ourselves as top dogs, not only in our geography... such misplaced conceit! In fact, the Maudsley was quite a powerhouse, with an extraordinary

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* Dr Peter Fenwick was one of the six founding members of the Spirituality and Psychiatry Special Interest Group at the Royal College of Psychiatrists. He is President of the Scientific and Medical Network, which has held a series of ‘Beyond the Brain’ conferences in association with the Spirituality Special Interest Group.
range of research and clinical activity going on, and Peter was heading up the Epilepsy Unit doing real science. We psychotherapists doubted that science would ever explain the mind—a view I still hold today. However, Peter and those like him who dare to think beyond the confines of material realism, have been able to show through their researches that Mind cannot be reduced to a function of the brain—and this is very important. Exactly where Mind is located has not been determined and this may prove difficult, especially if it turns out to be everywhere! How does one find something that is everywhere?

I’m reminded of the Buddhist saying, ‘neti, neti’, the negation used to awaken to Atman, the immaterial and universal soul. Western science operates by looking for the lost car keys under the street light. We know now that there are other places to look and other kinds of lights to shine. Peter’s researches have helped us to do this, not by disparaging science but by understanding better both what it does offer and its limitations.

Peter has mentioned how he felt himself challenged when he first came across Raymond Moody’s book *Life after Life*¹, published in 1975. While I had been previously working in general medicine, around 1971, a patient of mine had a cardiac arrest just as I was giving him an intravenous injection, and as you can imagine I was enormously relieved when we got him back. Later, in outpatients, he thanked me for my care, gave me a bottle of whisky and confided, ‘You’ll probably think I’m mad but while I was ‘out’ I left my body and started going towards this bright light!’ I had earlier read *The Tibetan Book of the Dead* by Evans-Wentz ², so I put two and two together.

This episode stayed fresh in my mind and a few years later, when I had moved to St Georges Hospital in London, I came across David Lorimer’s first book *Survival? Body, Mind and Death in the Light of Psychic Experience*³. I wrote to David and he suggested I might like to join the Scientific and Medical Network. At my first meeting, there was Peter, large as life, chairing a question and answer sessions. Some responses from the gathering, although clearly the product of deep thought, were abstruse to the point of being near-incomprehensible. Peter never turned a hair. The more obscure the contribution, the more he would greet it with delight, saying, ‘that’s a wonderful idea, thank you so much!’

This reminds me that I don’t believe I’ve ever heard Peter say anything unkind about anyone. I once asked him how he coped with the eccentricities of the Network. Peter smiled and said ‘Oh, it’s just great – like looking after a herd of cats!'

Not long after this, Peter and David asked if I would stand for Council, as it was then called. We used to meet at Peter’s home in South London and I had the pleasure of getting to know David Lorimer (encyclopaedic), Max Payne (larger than life), Paul Filmore (ever courteous), Diana Clift (irrepressible), and many other good people. Having trained as a group analyst, I liked to think I could privately help Peter negotiate some of the controversies that arose in Council (and there were many!). Peter always welcomed my thoughts but thankfully he never took me too seriously. Instead he would tease me about my pre-occupation with the ‘Shadow’
- which fascinated him - while at the same time he declared himself 100% for the light. There was a good deal of banter like this!

By the time I moved to Oxford in my 40’s, my love affair with psychoanalysis had been superseded by a more mature enquiry (so I like to think) into Jung and the transpersonal. Peter and the Network had become a touchstone in my endeavours to bring the spiritual dimension into psychiatry, with David and the programme Committee kindly inviting me to contribute to various Network conferences. During those years, it was important to find a language that could bridge the divide between spirituality and psychiatry, and the Network helped me find my way with it. For a time, Peter and I shared the same professional dilemma as to whether to go public with our view that consciousness is transpersonal. The Network’s ‘Beyond the Brain’ conferences certainly helped me make up my mind.

Peter continued with real science, while I went on to train in spiritual healing and got involved in such things as past life regression therapy. But for us both, Spirit – call it what you will - has remained the Prime Mover, and we both found ways of sharing our understanding of the spiritual universe. Peter, of course, has become an authority on Near Death Experiences (NDEs) and End of Life Experiences (ELEs) while I put my efforts into furthering spirituality in mental healthcare.

This is also the place to mention Elizabeth’s contribution, which some of you may not know so well. Elizabeth is a prolific author in her own right – on mothers, babies, childhood and even the dreaded teens. But she joined forces with Peter in writing on Past Lives⁴, The Art of Dying⁵ and The Truth in the Light⁶, their book on the Near Death Experience. Besides that, Elizabeth is usually the only one who knows what Peter is doing, tomorrow, next week, next month (and this goes for Peter himself). I would want to say that she is truly ‘the woman behind the man’ if only this did not make her sound less than his equal.

I would like to relate a little bit of history that I hold with great affection. Peter mentioned Mother Meera, known to her devotees as the Divine Mother and regarded as an Avatar. She has lived in Germany for many years where she holds Darshans, in which she silently gives her blessing to the large numbers who make their way to her door.

Peter and Elizabeth invited me to join them on one such trip, and we set off in Peter’s large and slightly battered car. As we drove along, me in the back, I observed that Peter and Elizabeth laughed a lot together, having endless fun playing some Sudoku-type game that Elizabeth had on her lap. I had seen many married couples in my work, most of them depressed, and there had been a lot of stress in my personal life too. I realized the truth of the aphorism ‘couples who laugh together stay together’, something it’s taken me most of my life to learn for myself.

As we advanced into Germany, it began to snow. The conditions worsened and Peter assumed command like the captain on the bridge of his ship. He demonstrated how good the ABS brakes were (at that time fitted only to large cars), jamming them on so that we could feel
the juddering sensation, which he was certain would reassure me. By now we were on country roads in some remote part of Germany and we discovered that the car wouldn’t go uphill since the wheels simply spun. Peter remained supremely confident. He studied the map and declared the terrain to be passably flat. It only needed us to hop out of the car and give it a push... and so we did... more than once, with Peter gripping the steering wheel and willing the car forward with every ounce of his being. We made it to a small town some miles short of our destination, and rested overnight, warm and dry, before proceeding to Mother Meera’s and our dose of enlightenment.

I tell the story also because it shows Peter’s incurable optimism at work – an attribute not to be confused with naivety but having trust in the goodness of life: that in the end all shall be well and all manner of things shall be well.

In 1995, I had a major health crisis and was off work for several months. When I returned I could see that my days in the NHS were numbered (although hopefully not yet my own). My views on life, death and all that goes between - and very likely before and after - were leading me to feel at odds with the urgent imperatives of the mental health services, which struck me like trying to fill a bucket with holes in it. I felt that psychiatry without spirituality could never provide the containment for the anxiety, fear and depression which afflicts so many people these days. At the same time a body of research was emerging, mainly from the USA, showing that spirituality positively correlated with mental health; there was greater awareness of the need to distinguish between mental illness and the ‘spiritual emergency’; and, service user surveys carried by a number of voluntary agencies were underlining the need for a more inclusive approach to mental healthcare.

I began to think about what could be done – in a small way at least – and decided to see if a Special Interest Group on Spirituality could be started in the Royal College of Psychiatrists. I wrote around to a couple of hundred of psychiatrists I knew and received a good deal of support for the idea. So I formed a small steering group of colleagues and we succeeded in making the case with the College. Of the six of us in that working group, four were friends from the Network: Julian Candy and Larry Culliford, Peter and myself.

Our inaugural meeting in the autumn of 1999 nicely heralded the millennium. Since then, our numbers have grown to around 3000 psychiatrists. This doesn’t mean that spiritually-informed mental healthcare is widely available – far from it, I regret to say. But it does confirm me in what I had surmised, that many psychiatrists are deeply interested in the spiritual life, hoping to be able to take the holistic approach of body, mind and spirit but finding themselves hopelessly constrained by the lack of time and opportunity to work as they would wish.

In those early days of the Special Interest Group, or Spirituality SIG as it was called, Peter’s infectious enthusiasm was a great help. The first time that we were given a lecture slot at the Royal College’s Annual Congress, which happened to be in Edinburgh that year, Peter talked on the Near Death Experience, which got us off to a flying start.
This reminds me how Peter and I got ourselves up to Edinburgh – in Peter’s own plane, a little single-engine Robin. We met early in the morning at Oxford Airport, Peter in his element carrying an enormous case full of maps of airports and flight paths, and we made our way to this diminutive and far-from-new aircraft perched by the runway. Peter fiddled about checking the fuel and various bits and pieces on the fuselage and then we were off.

We spent the first half hour circling round and round while the little plane hauled itself up to 10,000 feet. Why? Because Peter was instrument rated and the advanced pilot’s licence that means you can fly in the dark, through clouds and utilise commercial air corridors. Nothing less would do for Peter.

Peter delighted in the whole rigmarole of radioing air traffic control, who treated him just the same as if we had been a Boeing 747 and the prescribed flight path took us through magnificent cloudscapes of cumulus before we eventually descended over Edinburgh. Coming down was a lot quicker than going up! Peering out of the cockpit, we managed to find the airport and approached the mile-long runway, which had been cleared of all inbound and outbound flights for our sole benefit. Peter put his little plane down in the first 100 yards and then taxied the rest of the way, which took some time! The Jumbo Jets would have to wait! Peter leapt out of the plane as fresh as a daisy but I will admit I felt as though I had just finished a marathon. Perhaps it had the same effect on Elizabeth, as Peter admitted she didn’t often fly with him.

This splendid memory for me also says something about Peter’s disposition - he is fearless. Some people are fearless because they lack imagination but Peter is fearless because he has imagination in spades. No subject is off-limits: his curiosity about life, people, both the physical and spiritual universe, it’s all up for discussion and (if possible) research as well.

This brings me to say a little more about Spirituality and Psychiatry. On this occasion in celebration of Peter and Elizabeth, I would rather strike a personal note than talk in detail about developments in the field (and the prejudice which, in the name of science, resists such developments). But if you google ‘Spirituality, Psychiatry’, you’ll find the Royal College of Psychiatrists Spirituality Special Interest Group website and lot of information is available there. In the publications archive there are more than 200 papers on spirituality written by psychiatrists. A paper of mine, ‘Furthering the spiritual dimension of psychiatry in the UK,’ might be a good place to start if you want to get an overview.

However, to outline briefly the context in which we are working: psychiatry is based on a medical model of brain pathology that began in the 19th Century when it was realised that certain organic diseases (brain tumours, vitamin deficiencies, porphyria, syphilis etc.) can cause mental symptoms.

This assumption, which has led to classifying mental illness in the same way as other medical pathology, has to date resulted in no less than 297 mental disorders being listed in DSM 4 (the Diagnostic and Statistical Manual of Mental Disorders devised in the USA).
You may well ask whether there is any longer such a thing as normality. Much of this classification has been dreamed up in committee, pulling together symptom clusters in the hope of creating a comprehensive lingua franca that will serve to advance mental health science. Unfortunately, it tells us little either about aetiology or prognosis, although it is good for ticking boxes and compiling masses of statistics. The prevailing view is that most mental illness is caused by neurochemical imbalances arising from a variety of causes, genetic, nutritional, hormonal, environmental, stress-related, drug-induced and so on. The word for this is 'multifactorial' and when, as often happens, more than one diagnosis is implicated, we speak of ‘co-morbidity’, which sounds very grand.

A unifying neurochemical hypothesis remains entirely unproven but it has attracted a lot of support especially from the pharmaceutical industry. The more conditions there are, the more profit is to be made, not least when young people are being put on medication long-term. Read *Cracked: why psychiatry is doing more harm than good* by James Davies for a compelling inditement of what has virtually become a cultural norm.

This is not to say that real science cannot help. PET and fMRI studies of brain structure and function are valuable research tools – Peter knows a good deal about this kind of research. But here too there is a danger that the findings of neuroscience will be taken to validate a reductionist approach to mental disorder, in the same way that correlation can be mistaken for causation when studying consciousness.

The fact is that the two major mental disorders, schizophrenia and bipolar illness remain largely a mystery and treatment is symptomatic, the medication often producing side effects which can be serious. The approach is often one of trial and error, weighing the benefit against the risk of harm. Outlying the psychoses, there is a catch-all of alarming proportions – to name but a few, the whole field of personality disorder, deviant behaviour, substance abuse, the consequences of trauma both emotional and physical, and not least what used to be called neurosis, a continuum of distress ranging from risk of suicide at one end to generally unhappiness with life at the other.

What is really going on? When I started out in the 70’s, psychoanalysis and its derivative therapies still held the promise of great things. But regrettably the psychoanalytic approach hasn’t delivered the goods. It doesn’t work for major mental illness and as for the rest it is too expensive, takes too long and the outcome is uncertain. Most of all, Freud’s explicit atheism has left the soul outside the door.

Short term therapies have been largely appropriated by clinical psychology. Behavioural treatments proved to have limited scope - the subjective self remains untouched, which is hardly surprising, for the tail can’t wag the dog. There has been some success with cognitive approaches so long as the problem solving is secular and focussed. More recently, there has been interest in mindfulness-based cognitive therapy for preventing relapse of depression; since this is presented as a secular treatment, it has been able to circumvent the more usual controversy that attaches to talking of things spiritual.
So, if I may be upfront, what about human spirituality? What is happening to the soul of humankind? Life is, by its very nature, a challenge to every person born on this planet. We are all put through the wringer at some time in our lives, hence the saying ‘God never promised you a smooth crossing, only a safe landing’. The instinct of the ego, when faced with adversity, is to fight back, which can be a healthy response. But the ego suffers from conceit, is not gifted with much insight, and likes to blame others when things go wrong. Finding one’s way through adversity needs the guidance and wisdom of the soul, which sees the bigger picture – how the trials and tribulations of life can help us become more compassionate and find a deeper meaning and purpose to our existence here, and not just individually but collectively. One simple yet profound description of spirituality is this: ‘I belong to more than myself’.

Unfortunately, we are now living in a world that denies the soul and instead feeds us rubbish, which is making many people ill. I have written about this recently in a paper entitled ‘Modernity and the Beleaguered Soul’ 10, also on our website. So often, the treatment needed lies not in ‘taking the tablet’ but in being helped to re-appraise what this life is for. This is soul work and it calls for loving human connection at a deep level.

Indeed, what is life for? There is no ready prescription, since we all come with our unique agendas. Spiritually-informed therapy seeks to help each person answer this for themselves, and there are many roads to be taken. I have described a number of specific approaches in ‘Soul-centred psychotherapy’ 11 and if you are interested, the paper can be downloaded from our publications archive. But most importantly and common to all, the compassionate therapist accompanies the patient along the way, offering encouragement and sometimes advice – yet never claiming to know another person’s truth. As they journey together, something extraordinary happens: when souls commune, the heart opens, for the soul has joy in its own being. It is our spiritual birthright - we are born to love, as survivors of the NDE tell us over and over.

Ironically, discovering that truth for ourselves can be the work of a lifetime. We have to take it on trust that all the vagaries of life that seemingly stand in the way are there for good reason. It can be hard work clearing a path and sometimes we need help.

Spiritual psychiatry never discounts the importance and preciousness of everyday life, family, friends, relationships, work, and the magnificence of the natural world in which we live. But here’s a thought: it’s been said that all psychiatry is child psychiatry – that really ‘finding’ a person means to find the child within. I’ll go further and propose that we take the word ‘psyche’ to heart and that best practice in psychiatry should mean, as the name suggests, reaching out not only to the child but to the soul. In the words of Ralph Waldo Emerson 12, ‘We see the world piece by piece, as the sun, the moon, the animal, the tree; but the whole, of which these are shining parts, is the soul.’ It is another beautiful way of saying ‘I belong to more than myself’, words befitting this gathering today in honour of our most esteemed friends Peter and Elizabeth.
References

7. RCPsych Spirituality and Psychiatry Special Interest Group [www.rcpsych.ac.uk/spirit](http://www.rcpsych.ac.uk/spirit)
8. Powell A ‘Furthering the spiritual dimension of psychiatry in the UK’ [http://www.rcpsych.ac.uk/pdf/Andrew%20Powell%20Furthering%20the%20Spiritual%20Dimension%20of%20Psychiatry%20in%20the%20UK.pdf](http://www.rcpsych.ac.uk/pdf/Andrew%20Powell%20Furthering%20the%20Spiritual%20Dimension%20of%20Psychiatry%20in%20the%20UK.pdf)

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