Introduction

To throw some light on how the soul got left out of psychiatry in the first place, I’ll begin with a bit of history. Then I want to say something about recent developments in physics, which have revolutionised how we think about consciousness, time and space. I will take up the implications for the envisioning of soul, and how altered states of consciousness provide us with some valuable insights. Finally, I’ll refer to the empirical evidence now correlating spirituality with mental health and why we need to be able to bring discussion of matters spiritual into the consulting room.

A Historical Perspective

In the West, we tend to forget that our world-view of what constitutes ‘reality’ is not something absolute but the product of our cultural history, one to which, until quite recently, the great nations of the East remained largely indifferent. I’ll begin with Pythagorus, the Greek philosopher of the 5th century BC, the same time frame, incidentally, that brought Buddha to India and Laozi to China.

Pythagorus was a dualist, holding that mind and body co-exist, but that neither could be explained in terms of the other. He firmly believed in the eternal nature of the soul and is said to have recalled an earlier incarnation as Euphorbus, a warrior in the Trojan War. At the same time, he and his students carried out pioneering arithmetical studies, which they saw as unveiling the principle of proportion, order and harmony throughout the universe. With extraordinary prescience, they considered the Earth to be a globe revolving along with the other planets around a central fire, the sun.

Some 200 years later, Aristotle emphatically rejected these Pythagorean views. Aristotle claimed that there is nothing in the intellect that was not first in the senses, so that his notion of soul comes much closer to what our science of psychology calls ‘mind’. As for cosmology, Aristotle believed that the earth was at the very centre of the universe.

Fifteen hundred years on, the Roman Catholic Church was able to pick and mix, commending Aristotle’s geocentric cosmology as ‘the handmaiden to the Queen of Sciences, Theology’ while espousing the dualist, Pythagorean view of body and soul.

The first challenge to this 15th Century worldview came from Coepernicus, whose studies led him to conclude, like Pythagoras, that the earth revolves around the sun. But it was Galileo, a hundred years later, who posed a far greater threat, since his findings were based on the newly discovered powers of the telescope. In 1632, Galileo was put on trial and sentenced to life imprisonment.

It was to be another fifty years before science burst its bonds, on account of the genius of Isaac Newton, who was made Lucasian Professor of Mathematics in Cambridge at the age of twenty-seven. Over thirty years he transformed the understanding of the physical universe through his work on optics, calculus and the laws of gravitation and motion, bequeathing us a concept of the structure of the universe that we live with to this day.

It is less well known that Newton’s alchemical researches inspired his great discoveries. He described his method as first, mystical intuition or insight into implicite truth; second, mathematical intellection, to prove, express or explicate the implicite understanding; third, experimentation, in order to demonstrate and verify the proof. ‘Truth’, said Newton, ‘is the offspring of silent, unbroken meditation’. For Newton, there was no schism between the spiritual and physical universe; he
believed that the physical world had been created by, and was a profound testimony to, the hand of God.

A few words must be said about the other giant of the early Renaissance, Descartes. Descartes revived the Aristotelian principle of scepticism, which argues that nothing can be held to be true until one is absolutely certain of it. The conclusions he reached, however, took him along a new path, for the one thing he could not doubt was his own existence. It led to his famous dictum Cogito Ergo Sum, ‘I think, therefore I am’. This in no way distanced Descartes from God. He went on to apply the deductive method of science as follows: to be capable of so perfect an idea as God means that such an idea could not have been caused by anything with less perfection than God himself. Therefore, argued Descartes, the two classes of substance, body and mind, must both have been created by God.

Unfortunately, Newton’s scientific discoveries were seized upon by the Age of Enlightenment as an opportunity to ditch spiritual reality in favour of equating reality with the physical universe. Descartes’ discoveries were similarly hijacked. Man’s intellect became the new God and only empirical science was held to be truly revealing of the nature of reality.

We are now living in a post-modernist culture, in which there are no absolute, enduring values, in ‘nature’, ‘truth’ or ‘God’. The revolution in science that Newton started has given us a world filled with extraordinary technology and a great deal of knowledge about the physical universe. Yet just as that paradigm shift was resisted in its time, so has it been with the ‘new’ science of the 20th Century.

The Second Revolution in Science

I am talking about the vast implications that flow from advances in relativity theory, quantum physics and cosmology. There are at least three reasons why the paradigm shift has met with such resistance. Firstly, so long as the world is being seen through Newtonian glasses, the findings are profoundly counter-intuitive. Secondly, a lot of reputations and research rests on maintaining the Newtonian paradigm. Lastly, the new science carries enormous implications for the nature and purpose of existence – what I would call its spiritual significance.

Here are some headline findings of the new physics, many of which have been detailed elsewhere:1,2,3,4

- The Newtonian world of sense perception, of solid objects and space, appears to exist in its own right, a cosmic stage on which we make our entrances and exits. But matter is energy, objects are not solid and space is not empty.
- The illusion of separateness, which is the template for Newtonian physics, is a phenomenon of sense perception. (Show five fingers and they are separate. Show the hand and they become united).
- Our space-time dimension is but one of many, nested within a plurality of other dimensions. Sub-atomic particles are not confined to our universe – they flit in and out of other universes too.
- To speak of sub-atomic particles is really a misnomer. They are more like minute strings, from which matter emanates like music. The
Universe is a symphony and the laws of physics are the harmonics of a ‘super-string’.

- The 11th dimension is thought to be infinitely long but existing only about one trillionth of a millimetre distant from every point in our four-dimensional universe. It is right next to our skins. Within it exist an infinite number of parallel universes, some with laws of physics, time and space like ours, and others completely different.
- Through the agency of our special sense organs, we experience consciousness to be located in the body, somewhere between the ears and behind the eyes. This is an illusion, since it has been demonstrated that consciousness is ‘non-local’.
- Consciousness is primary. It is not something generated by the brain but available to the brain, which apprehends it much as a radio converts radio waves into audible sound. No theory has provided a convincing explanation of how consciousness, being non-physical, could be created by the physical brain. Imaging studies have been used to support this notion, but all the data can equally well be regarded as correlation effects between neurosynaptic activity and the ambient field of consciousness.
- Mind and brain are complementary. As a Newtonian instrument, the brain functions as an object in space-time, in which the law of cause and effect holds true. The mind, the seat of consciousness, has quantum properties, functioning both in and outside of space-time.
- Space-time itself is the product of consciousness, the outcome of what is known in quantum physics as the collapse of the probability wave. Not even a tiny particle such as an electron exists as such, until it is measured. Up to that moment, it is in the ‘virtual state’. The conscious act of measurement precipitates the electron into space-time. Even then its speed and momentum cannot be simultaneously measured; there is inherent uncertainty and nothing is fixed.
- Everything within space-time intimately relates to everything else by means of quantum entanglement. Two photons that once shared the same quantum field remain connected forever. Separated by a metre or a million miles, it makes no odds; stop the spin of one and the spin of the other will instantly stop likewise. This is not information travelling from one particle to the other even at the speed of light but is a field change, happening simultaneously outside of space-time.
- So-called ‘paranormal’ events defy the laws of Newtonian space and linear time, yet are within easy reach of the mind, when the signal to noise ratio is amplified by stilling the mind and reducing sensory input. There is a robust database of verified paranormal findings both naturally occurring and experimental. These include precognition, telepathy, remote viewing and healing by means of prayer.

Such discoveries call for a figure-ground reversal; the Newtonian worldview is valid but we must not mistake the part for the whole. Suppose that we never went out at night and only saw the world in the light of the sun. We would not know the night sky, or suspect the presence of worlds beyond our own.

**Spirituality and Psychology**

If we can overcome these limitations, we have a new vision of reality in which science and spirituality spring from the same source. I am not talking here about religion. In the West, the Church has behaved as though religion is synonymous with spirituality but it is not the same thing. Religion is a way of structuring and supporting
the human impulse to transcend material reality. It provides community, ritual and solace. It has enriched our world with art, music and architecture. But it is a man-made system, built on doctrinal assertions about the nature of God. I am talking about the spirituality in every human that naturally arises as scintilla of that supreme consciousness, the source of life, which traditionally we call God.

I shall be using the term soul to describe that quotient of the Godhead that enlivens every human being. It is not a question of ‘having’ a soul, but of ‘being a soul’. There is no conceit attached to regarding all persons as divine beings for this has nothing to do with ego. We may equally be humbled, when we consider the hand of which we are so many billion fingers.

Science asks the question ‘how?’ and this is a very important line of inquiry, for we do need to find out all we can about the biological substrate of mental disorder. Nevertheless, finding meaning in life is a function not of the brain but the mind. It depends not on the ‘how’ but on the ‘why’. This is where a century of psychological research comes in and we might reasonably ask if enough of the ‘whys’ have been answered to do the job. In my view, the answer is no. I don’t doubt the value of psychological insight, having worked for twenty-five years as a psychotherapist. But for some people, the big questions about the ultimate meaning and purpose of life are of fundamental importance. They need addressing for what they are, not by re-casting them within a psychodynamic frame of reference.

Again, our culture has set the limits on what is legitimate inquiry. In this case, Sigmund Freud was bent on providing a model of the mind in which everything could be accounted for by the epic struggle of the human ego sandwiched between birth and death; God in his heaven was a necessary illusion to avoid facing the finality of death. Carl Jung challenged this assumption, but the scientific clime of the 20th century ensured that Jung’s approach, and later transpersonal schools of psychotherapy, never gained much purchase in mainstream healthcare. Behavioural and cognitive treatments are post-modern approaches, tools for re-structuring thought, which steer clear of questions that could distract from the task of ‘getting on with life’. They lend themselves to goals and measurements and don’t require either therapist or client to have to tolerate uncertainty and the unknown.

All this is somewhat ironic for psychiatry, since the word psyche comes from the Greek, meaning soul.

The Holoverse and Humanity

If we are thinking of exchanging the materialist world view for a participative, spiritually inclined cosmos, we might reasonably want to know more about what we are letting ourselves in for.

It looks increasingly as though the universe is structured like a giant hologram, or holoverse, as it has been called, so that the whole is always contained in the part, no matter how small. The new physics is extending our ability to discern more of the whole. But there is another very important way, that of looking within the self, for when it comes to our capacity for love, we make direct contact with an emotion of infinite amplitude. There is an old saying that it’s love that makes the world go round! From the transpersonal perspective this means nothing less than to harness the subtle energy of love for the benefit, and self-realisation, of the individual, group, society, nation and planet.

This is not a grandiose delusion and neither does it deny suffering. Collisions of unimaginable force are inherent in creation. Cosmologists are now suggesting that our universe arose from a collision in the 11th dimension of two parallel universes. Then our baby universe had to contend with the implosion of matter and anti-matter; only a small preponderance of matter over anti-matter by one part in a billion ensured its survival. This drama of colliding forces typifies our human psychological disposition too, as first told in the story of Adam and Eve. Out of conflict comes birth and life and death. In the ensuing play of emotions, each is paired with, and in a
sense defined by, its opposite, thus: good and evil, hope and despair, and sorrow and joy. Last but not least, there is love and its sworn antagonist, fear.

It seems all experience must be lived and harvested, the suffering we go through and inflict on others, as well as the reparation we make and our search for truth and beauty. We could be forgiven for feeling hopeless about the human condition but there are some grounds for optimism if we keep the whole picture in our sights. Cosmology suggests that there is a primal thrust towards life. What began as stardust assumes ever more complex forms, resulting in species like us human beings, with the biological means to support consciousness. This is the anthropic principle, which argues that the attainment of consciousness such as ours was in the blueprint from the very start.

In this development, conflict has an evolutionary significance; it is a tool of the self-aware universe and a powerful spur to evolution. But now comes a time when a quantum shift is needed, to break through the primitive fight/flight mentality of the species. There has to be the realization of wholeness, of interdependence and of underlying unity. Out of this arises the golden rule of interconnectedness, which says that since we are one, to harm another is to harm oneself. Astronauts come back deeply moved by seeing ‘spaceship earth’ from afar; the oneness of our little planet is so very striking. The task before us, individually and collectively, is to have regard for the unity of life, and so to make sense of our lives within the greater whole.

We may feel this intuitively but I also want to mention a few key areas of transpersonal research into consciousness.

**Altered States of Consciousness (ASCs)**

The near-death experience has been reported the world over, regardless of race, colour or creed. Some 10% of people who clinically ‘die’, that is who suffer cardiopulmonary arrest and are then resuscitated, report a complex sequence of events of which they are subjectively conscious throughout. These have been attributed by some scientists to the terminal throes of neural activity in the brain. But this is unlikely for two reasons; the first is that the NDE appears to takes place while the electroencephalogram is ‘flat’. The second is that the account given is complex and follows a well-recognised sequence. Unlike the fragmented and confused images that are seen in organic and hypoxic conditions, the NDE conveys enormous power, clarity and vision.

The ‘full’ NDE includes an out-of-body experience that may being with watching the attempted resuscitation, a sense of peaceful detachment, then travel through a tunnel or vortex and approaching a bright light, meeting deceased friends and relatives, encounter with a higher or divine presence, being taken through a life review, the reason for coming back and, hardest of all, leaving it all behind in order to return to the body.

Survivors of the NDE are profoundly and permanently changed. There is never again a fear of death. With it goes a new and deep appreciation of life, beauty and the knowledge that the only true purpose in life is to love. However, about one in a hundred NDEs is negative, being full of fear and foreboding and visions of hell. These have been linked to suicide attempts but can occur spontaneously.

A second area of research concerns past life regression. The past life is experienced in real time, there is no sense of contrivance and no amount of wishful thinking can change the script. The therapist takes the client backwards and forwards through the life, like selecting scenes from a video recording, and sometimes switching entirely from one life to another. Most important is the experience of going through the death and leaving the body, which has the same quality as an NDE. It frees the client from the emotional impact of a sometimes painful death and allows for that life to be reviewed from ‘the other side’ with wisdom and compassion. While critics have dismissed ‘past lives’ as cryptomnesia, some cases have stood the test of historical veracity, and there is the strange phenomenon of xenoglossy as yet
unexplained. A third area of research is out-of-body-experiences (OOBEs). These include travelling to distant locations and gathering information that can later be corroborated, bi-location (a person manifests in one place, yet is residing in another place or country at the time), and journeying to the realms of the Bardo – the spirit world. There is a large literature; the painstaking work of Robert Munroe over forty years is among the best.

Fourthly, meticulous research on reincarnation has stood up to scrutiny, as the researches of Ian Stevenson demonstrate. These are cases of young children who claim to belong to another family, and in which they had the identity of someone who died traumatically. When taken to that former home, they have been able to identify members of the family and give the family history. Even birthmarks have been correlated with gunshot wounds on the deceased.

Lastly, we have what the Church calls the ministry of deliverance and what in transpersonal therapy is called spirit release, the problem of interference from entities making a nuisance of themselves by attaching to humans. The Church sees these as demonic; spirit release therapists treat them as discarnate souls unable to take their leave and in need of loving but firm guidance - when helped to let go and move on, they usually do so without much fuss.

These various experiences have heightened a lively debate over the last twenty-five years about the nature of the soul and the domain of spirit. This is what I would like to discuss next.

**Spirituality and Soul**

In its broad definition, spirituality is that which makes life meaningful and purposeful. It calls for a perspective on life that goes beyond one’s own small being – the ego has to take second place. For psychiatrists who hold that consciousness is confined to the body, this may be sufficient; hopefully the research correlating spirituality with mental health will interest them in its own right. However, there are certain obstacles to overcome. Firstly, psychiatrists are not the norm they might suppose they are. Gallup polls show them to be at least twice as unbelieving of matters spiritual and religious as the population as a whole. Secondly, psychiatry is still trying to attain credibility within the medical fraternity and in this ‘we are nothing but our genes’ culture, the focus is on neuroscience. Thirdly, psychiatrists, like most people, are uncomfortable with not having answers to searching questions.

On the other hand, when psychiatrists engage their patients with open minds, and when the patient senses that the psychiatrist is genuinely concerned to help them make sense of the deepest questions of life and death, spiritual disclosures are often readily and appropriately forthcoming. Being familiar with transpersonal concepts helps with this. Since nothing need be ruled out as impossible, the experiences the patient brings can be worked with as authentic and meaningful.

We cannot say anything with certainty about the nature of soul since it is shaped by culture and belief. How it is perceived depends also on ones state of mind. In ordinary consciousness, it is experienced as the spiritual attribute of the self. In ASCs, the soul may become permeable and unbounded, engaging with an archetypal world populated with wrathful and beatific spirits. Beyond that, and transcending the individual ego, there is a merging with the species-mind, in which all the joy and pain of all humankind is laid bare. In mystical rapture, enlightenment or samadhi, there is a total dissolution of the ego, a fusion of subject and object and an experience of oneness for which there are no words.

Some hold that the soul is immutable, unchanging and perfect in its essence while others see the soul as making an evolutionary journey. The picture that emerges out of the various transpersonal lines of enquiry suggests that all of these different perspectives hold true. This can be illustrated diagrammatically:
Suppose that in everyday consciousness the individual soul / self (S) is travelling in linear time along axis AB. In an ASC such as past life regression, there is some movement along axis CG. The psyche is still experienced as individual, but past, present and future can now be accessed from the vantage point of (S1) as a linear sequence of births and deaths. Moving further away from linear time (S2), the individual soul / self begins to merge with the transpersonal collective, with corresponding loss of ego boundaries. Note also that the perceived duration of linear time AB will diminish with the shift towards G. The further CG extends towards infinite space, the more acute is the angle at the apex so that as sides AG and BG lengthen (and AB continues to contract), they approach the parallel and will eventually unite. Time has now shrunk to zero and it is no longer felt to exist, while the Self is merged with infinite space. Such subjective reports are characteristic of states of enlightenment.

This is just a conceptual aid to help make sense of the diverse accounts of soul ranging from the individual to the collective. Similarly, whether we see the soul
as being on an evolutionary journey, or already an essence of perfection depends on the perspective from which we view the picture, since linear time is a function of subjective perception. We are woven into a tapestry of cosmic simultaneities; all events both in and outside of time and space are inter-connected, and acting together.

The last feature of the transpersonal domain I want to mention concerns healing. As I highlighted earlier, from the quantum standpoint our physical separateness is an illusion. The bio-energy field, or aura, is ubiquitous throughout Nature - we are immersed in each other’s energy fields. This helps to make sense of how healing might work; there is evidence from more than 150 controlled studies on plants, animals and humans that healing has a significant effect in over 50% of the studies. Under laboratory conditions, healers have been shown to accelerate the growth of yeast cultures, the germination of seeds and the rate of wound healing, to name but a few. Distant healing has also been researched in a randomised controlled trial of patients being treated in a coronary care unit, a study that has been subsequently replicated. The group prayed for had fewer deaths, needed less intubations, ventilation and drugs, had less pulmonary oedema and there were fewer episodes of cardiopulmonary resuscitation.

Healing means wholeness; that is the origin of the word. It is the hallmark of spiritual psychiatry. The effect of mental breakdown is invariably to feel shattered; the need to feel whole again is crucial to recovery. Healing is mediated by empathy, a heartfelt understanding of the other and the desire to be of help. It means entering another’s world with sensitivity to, and respect for, the beliefs and values of the person in need. And this takes me on to the importance of the new evidence base for including spirituality in the clinical setting.

The Evidence Base for Spirituality and Mental Health

We know from surveys of service users that up to half will identify their spiritual/religious beliefs as important in helping them cope with breakdown. We also know that many of them don’t feel able to discuss such matters with the psychiatrist. Now, thankfully, we are seeing the emergence of an evidence base linking spirituality with mental health and which will help bring spiritual concerns to the attention of psychiatry. Here are some of the findings:

- **Depression.** Overall, some 25% of women and 12% of men suffer major depressive disorder during their lifetime. But people with a spiritual or religious affiliation are up to 40% less likely to get depressed than those who don’t have such an affiliation. And when they do, they recover faster. Where psychotherapy is offered, those receiving religiously orientated therapy sensitive to their religious beliefs score best on post-treatment measures. (Interestingly, the outcome does not require the therapist personally to hold the same religious views).

- **Depression among the medically seriously ill.** Depression affects up to 35% of this group. A study using multidimensional measures including the 10-item validated Hoge Intrinsic Religiousness Scale showed that for every 10-point increase in the intrinsic religion score, there was a 70% increase in the speed of remission from depression. Another study showed that the more severe the disability, the stronger the protective effect of religious commitment.

- **Suicide.** Adults aged over 50 who have never participated in religious activities are four times more likely to commit suicide than those who do. This holds true after having adjusted for other variables. Similarly, religious commitment among teenagers significantly reduces the risk of suicide.

- **Substance Abuse.** Religious/spiritual commitment correlates with lower
levels of substance abuse. The risk of alcohol dependency is 60% greater when there is no religious affiliation. In a study of opiate withdrawal, 45% of participants in a religiously orientated programme remained drug-free at one year compared with 5% in a non-religious treatment programme. Concerning alcohol abuse, those who participate in AA, which is spiritually orientated and invokes the help of a Higher Power, are most likely to remain abstinent after inpatient or outpatient treatment.

Such findings are part of a broader picture of the correlation of spirituality/religious beliefs with improved health outcomes that should interest every physician. They include: smoking prevention, substantially improved survival in the elderly after heart surgery and improved coping with cancer and AIDS. Not least, there is a striking correlation with longevity. One longitudinal study of over 21,000 US adults has shown that after controlling for other factors, attending religious services more than once weekly increased the lifespan by an average of 7 years for whites and 14 years for African Americans.

There is one area of negative correlation that will come as no surprise. Spiritual/religious beliefs and practices that manipulate or coerce, and entail punitive or condemning images of God are associated with increased rates of depression and, in the elderly, increased mortality.

**Future Directions**

In the UK, we have a lot of ground to make up. In over 75 medical schools in the USA there are modules in the curriculum on spirituality and health while in the UK we have just one, in Aberdeen. The World Psychiatric Association and the World Health Organisation have both called for more attention to be given to spirituality and religious beliefs, yet in the clinical setting, religion is often little more than a tick in the box.

Exploring spiritual/religious beliefs and values in the clinical setting is not difficult, and can be done in an impartial way. Here are some areas of inquiry:

- What is the patient’s spiritual/religious background?
- Are spiritual/religious beliefs supportive and positive, or anxiety provoking and punitive?
- What role did spirituality/religion play in childhood, and how does the patient feel about that now?
- What role does spirituality/religion play now in the patient’s life?
- Is religion/spirituality drawn upon to cope with stress? In what ways?
- Is the patient a member of any religious community? Is it supportive?
- What is the patient’s relationship with their clergy like?
- Are there any spiritual/religious issues the patient would like to discuss in therapy?
- Do the patient’s spiritual/religious beliefs influence the type of therapy he or she would be most comfortable with?
- Do those beliefs influence how the person feels about taking medication?

In the Royal College of Psychiatrists, two comprehensive documents are currently re-defining the aims and objectives of training in psychiatry, the new curriculum for Basic Specialist Training and the Membership Examination, and the required competencies for the Certificate of Completion of Specialist Training. The Spirituality and Psychiatry Special Interest Group is submitting detailed amendments, which we hope will be taken on board, for this is a major educational initiative for UK psychiatry.

Other areas of concern include distinguishing between spiritual emergency and mental illness. Yet they are not mutually exclusive, so this can be a matter of fine
judgement. Then there is the important question of liaison with chaplaincy and spiritual/religious support networks, so often excluded from acute psychiatry.

Putting the soul into psychiatry is not an esoteric undertaking. In the clinical setting it means being open, interested, asking the relevant questions and letting the answers come naturally. Behind those simple enquiries lies the breathtaking story of creation, of the birth of consciousness and of enduring spiritual values and aspirations. Psychiatrist and patient are both making their journeys through time and space, on different paths maybe, but heading in the same direction. As long as we are mindful that the journey is not the destination and that finding the right question matters more than coming up with the right answer, we have much to learn from each other along the way.

References:

www.rcpsych.ac.uk/college/sig/spirit


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