Spirituality and psychiatry

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Edited by Chris Cook,
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Foreword

During my presidency I became more and more convinced of the importance of promoting mental health and well-being, alongside the treatment of mental illness. But I see mental health as the responsibility of everyone, not just health and mental health professionals. The social care, criminal justice and education sectors and faith-based organisations should all be involved in asserting the centrality of mental health in society, in contributing to the prevention of mental illness and in supporting individuals with mental disorders.

The World Health Organization report in 2004 estimated that 40–50% of mental illness could be prevented through primary intervention. Meanwhile, the World Bank has recognised the contribution of social capital (the extent to which people help each other) to the wealth and well-being of a country (Dasgupta & Serageldin, 2005). The contribution of mutual trust, wilful reciprocity of help and participation in civic society are described as three particular markers of social capital. When social capital is high, individual coping capacity increases, but when it is low, crime rates, divorce and family violence increase.

As psychiatrists we work with people with serious mental disorders, many of whom may have lost meaning and purpose in their lives. Each person's journey of recovery will seek to find new meaning and purpose, hopefully supported by friends and family who have shared values (Care Services Improvement Partnership *et al*, 2007). Spirituality, defined in this book in part as being 'concerned with matters of meaning and purpose in life, truth and values' is clearly relevant. This sharing of values and belief systems with other members of one's community and achieving a personal equilibrium seem intuitively likely to improve one's coping capacity.

I welcome this book that brings together so many excellent explorations of the difficult to measure construct of spirituality, which is yet rated by service users as a fundamental marker of a good mental health service.

I believe that acquiring the understanding and skills needed to allow our patients to express and explore their own spirituality in relation to their well-being is fundamental. However, many students and practitioners

will have had little or no training in how to enquire about an individual's spirituality or religious faith. The absence of spirituality in the curriculum must be addressed by educators.

You, the reader, will be the judge of whether the editors have achieved their aim to write a textbook of psychiatry that approaches the field from a new perspective – that of integrating spirituality into traditional theoretical and service models of mental health and mental illness.

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Sheila Hollins
Past-President, Royal College of Psychiatrists

Preface

What kind of book is this and what is it about? Spirituality is not easily defined. Although many perceive it as very important, its controversial nature has led to it being defined in diverse ways. The definition that we have taken, with a view to inclusiveness, is concerned with human experience of relationship, meaning and purpose. This includes a transcendent, or transpersonal, dimension of experience that has traditionally been regarded as being more the domain of religion and theology than psychiatry. But it also encompasses experiences that are very familiar to psychiatry – life within family and society that have usually been viewed in a secular and non-spiritual sense. Such experiences have generally been taken as reflecting personal or interpersonal dynamics, emotions, cognitions and beliefs, which obey the 'laws' of sciences such as psychology, sociology and neurobiology. Immediately, then, this book raises the question of why anything more than science should be necessary. Cannot 'spirituality', whatever it is, be reduced to scientific discourse, a matter of objective consideration without any transcendent or transpersonal dimension?

As will become apparent, the contributors to this book have various implicit or explicit responses to this question. First, that there is a growing body of research supporting the importance of spirituality as an independent and dependent variable of some significance, arguably not reducible to a purely bio-psychosocial level. For some issues approached in this book, such as those on substance misuse, neuroscience and old age psychiatry, the body of research of this kind is already quite considerable. For others, however, such as child psychiatry, learning disability psychiatry and the transpersonal perspective, research is still in its infancy.

Second, there are the voices of service users who assert that spirituality is a dimension of their experience that they wish to be able to discuss without it being labelled in pathological terms. The book contains many examples of this kind drawn from clinical practice. In chapter 3, for instance, we find the story of Julie (case study 3.5), whose therapist apparently failed to understand that thoughts as well as actions can be understood as culpable. Such a notion is familiar to philosophers, theologians and priests, but is easily misunderstood phenomenologically by psychiatrists as magical

thinking or delusion. Further, in chapter 5, we encounter Liam, whose physical illness led him to a profoundly spiritual reflection upon his life; a story that does not have a happy ending. This could have all too easily been misunderstood by his family or by professionals seeking to help him as evidence of affective disorder, but the spiritual perspective reminds us that 'negotiating terms' with pain and suffering is a universal and primarily spiritual task for human beings, which offers evidence of spiritual health, not psychopathology.

A third answer to our question arises from the experiences of the authors and other members of the Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group, who have found that their reflections upon clinical practice are not complete within the bio-psychosocial mode of thought. In chapter 2, Larry Culliford and Sarah Eagger, quoting David Hay, argue that spirituality has supraordinate and integrating significance in the proper assessment of patients. In chapter 3, Susan Mitchell and Glenn Roberts remind us that working with patients who have psychosis can be deeply challenging for professionals, whose own spirituality offers a potentially sustaining resource – hope. Again, in chapter 6, Andrew Powell and Chris MacKenna remind us that spirituality – that of the therapist as well as that of the patient – is an aspect of the therapeutic alliance that is easily neglected, yet holds great power for good.

This book is, then, at least in part a response to the questions posed by researchers, service users and clinicians, concerning the importance of spirituality as a 'fourth dimension' of mental healthcare. But if it is a book that argues for the importance of this fourth dimension and warns of the pitfalls of neglecting spirituality in both research and clinical practice, what kind of book is it? Is it primarily a textbook offering guidance for evidence-based practice, an academic book pushing at the frontiers of research or a handbook for clinicians seeking to describe new territories?

As originally conceived within the Spirituality and Psychiatry Special Interest Group Executive Committee, the book was intended to be a clinical textbook. We share a concern to positively influence clinical practice. Authors have therefore been encouraged to keep in mind the needs of the trainee preparing for postgraduate examinations in psychiatry and the clinical realities of psychiatric practice. Although they were urged to pay attention to the evidence base insofar as it offers support for their beliefs, they were not asked primarily to address methodological issues or chart current research controversies. We hope you will agree that they have endeavoured to address their remit. However, it also became clear to us when reviewing the authors' contributions that in fact this could not possibly be a textbook in the usual sense. Along with the contributors, we share the conviction of the importance of spirituality in mental healthcare, but we also have diverse perspectives about what exactly that means. Nor would it be reasonable to expect that a textbook on spirituality and psychiatry could be written in the same way as one on, say, psychopathology or substance misuse, or any other area of psychiatry.

This book offers perspectives from various subspecialties of psychiatry, as well as considering the generic task of assessment (chapter 2), the generic perspectives of neuroscience, the transpersonal paradigm, religion (chapters 9, 11 and 12 respectively), and issues of integrating spiritual care in service delivery (chapter 10). It also includes an important reminder (in chapter 13) that there is a 'dark side' to spirituality. However, the book does not attempt to cover systematically all psychiatric diagnoses in the way that a postgraduate textbook of psychiatry would be expected to do. Thus, there are important areas of omission. Notably, affective disorders, eating disorders and those disorders traditionally referred to as 'neuroses' have not received the attention that they might otherwise have had. Furthermore, within some subspecialties of psychiatry it was felt that too little work has been done to date to warrant devoting specific chapters to them; thus, forensic psychiatry and rehabilitation psychiatry are not represented here. We have felt these omissions keenly and hope that future publications will be able to remedy them.

There is, perhaps, another more important reason why this book is not a comprehensive textbook. The field of spirituality and psychiatry is currently at such a stage of development that this book must, of necessity, chart areas of research and promise for the future as much as it can say anything about what is agreed in relation to good clinical practice for the present. It will therefore pose more questions than offer answers and, in places, it will be provocative. For example, we do not expect all readers to find that they agree with Mike Shooter in his analysis of the case of Liam in chapter 5. Neither do we expect all readers to share the transpersonal perspective offered by Tim Read and Nicki Crowley in chapter 11, any more than we expect all readers to identify with one of the religious traditions described in chapter 12. However, we do share a concern that psychiatrists and other mental healthcare professionals should at least be familiar with the questions that are posed and the traditions and other explanatory frameworks that are described here. It is the joint task of exploring and reflecting upon such questions with patients and colleagues, valuing those traditions and frameworks of belief and seeking to integrate them with respect and sensitivity into a person's mental healthcare that is properly the spiritual concern of the good psychiatrist.

Christopher C. H. Cook
Andrew Powell
Andrew Sims

The Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists

This short account of the Spirituality and Psychiatry Special Interest Group (SIG) must start with sincere thanks to my fellow psychiatrists who have made the activities of the Group an inspiring contribution to the work of the Royal College of Psychiatrists. In particular, the members of our SIG Executive Committee continue to give unstintingly of their time and energy over and above the heavy demands of clinical work.

Further, our thanks must go to the College itself, which has generously assisted throughout, providing administrative support, website facilities and, not least, in commissioning the publication of this book.

We hope the book will attract the attention of a wide readership of mental health professionals, service users, carers, and spiritual advisors, indeed all who seek to understand the suffering that characterises mental disorder. The publication comes in the decennial of the inauguration of the Spirituality and Psychiatry SIG and it gives me the opportunity briefly to record how we began, the work we have undertaken so far, and some of the future developments we are keen to see taking place.

The idea of starting a spirituality interest group came to me as the culmination of many years of puzzling over the divide between spirituality and psychiatry. Historically, spiritual matters have tended to be viewed as being either outside the remit of mental healthcare or else coming to the attention of the clinician as a symptom of illness, religious delusions being just one such example. However, spirituality has not been seen as important to explore in relation to a person's core values and beliefs, although expressing a fundamental aspect of selfhood and personal identity.

Not so many years ago, it was felt intrusive to ask directly whether patients had suffered sexual abuse. Yet we now know that this area of enquiry, when handled with respect and sensitivity, is not only welcomed by our patients, but leads to a better understanding of problems that have arisen and of how to help the person concerned. This example might seem a far cry from asking our patients about their spiritual and religious beliefs and practices, yet psychiatrists have similarly hesitated to enquire about how such personal beliefs affect how our patients view themselves and

their lives, what impact this might have on falling ill, be it contributory or protective, and how it may influence the kind of help a person needs.

Our psychiatric training is knowledge-based and primarily equips us to diagnose and treat. In addition, all trainees now learn psychotherapeutic skills, which might be thought to be sufficient to cover the subject of spirituality; however, we do not find it to be so. There is almost no teaching on spirituality and mental health in UK medical schools or at post-graduate level in the training of psychiatrists. It is hardly surprising, therefore, that many psychiatrists are apprehensive about discussing spiritual matters with their patients. We feel unskilled and unprepared for such a dialogue and worse still, we might even get asked whether we believe in God.

At the same time, disregarding spiritual concerns loses us a valuable opportunity to connect with our patients that has both empathic and diagnostic implications. We know from user surveys that up to a half of patients turn to their religious and spiritual beliefs to help get them through a crisis but that they do not feel comfortable talking about such things with the psychiatrist (Faulkner, 1997). The area of spirituality is certainly prone to communication failure – one patient, who happened to be an interfaith minister, told me how she had tried to talk with the admitting psychiatrist about the Holy Ghost, only to be asked in the ward round the next day if she was seeing ghosts!

It seemed, therefore, that a spirituality group for psychiatrists could encourage us to venture beyond the narrow limits of 'scientific realism' and to explore, without risk of censure, such things as: how to address this covert but serious communication gap that can arise between patient and psychiatrist; how better to distinguish mental illness from spiritual crisis, especially when archetypal spiritual/religious themes predominate; why it is that spirituality is largely ignored by mainstream psychotherapy; what parapsychology might bring to our understanding of the bereaved who experience the presence of deceased loved ones; and how to raise awareness of current research correlating spirituality and positive mental health, to name but a few.

In forming the Spirituality and Psychiatry SIG, one which would align psychiatry with its intended meaning of 'psyche' (soul) and 'iatros' (doctor), I was magnificently supported by a working group consisting of Drs Julian Candy, Larry Culliford, Peter Fenwick and Chris Holman, and Professor Andrew Sims. The proposal that we put forward to the College outlined the need for a special interest group that would provide a discussion forum (having no religious bias and respectful of differences) to explore, among other things: (1) fundamental concerns intrinsic to good mental healthcare such as the purpose and meaning of life, including the problem of good and evil; (2) the need for an integrative approach (mind/body/spirit); (3) specific experiences invested with spiritual meaning, including birth, death and near-death, mystical and trance states, 'paranormal' phenomena and the 'spiritual emergency'; (4) how to distinguish between normal and pathological religious/spiritual experiences in relation to mental health;

(5) how best to develop and provide educational input to the College for the training of psychiatrists, including a professional competencies curriculum based on knowledge, attitudes and skills; (6) the relationship between illness, health and spirituality, and the growing evidence base associating spirituality with positive mental health (the protective effect against depression and outcome research in the treatment of alcohol and substance misuse, to name just two).

We were delighted to find that the College supported the proposal, the required 120 signatures in support of the group were soon raised and the inaugural meeting of the Spirituality and Psychiatry SIG followed in September 1999. Since then, the membership of the group has grown to more than 2000 psychiatrists, around one in seven of College members.

The Spirituality and Psychiatry SIG website www.rcpsych.ac.uk/spirit is fully in the public domain, with regular publications of the newsletter giving details of programmes and talks. The wide range of programmes held at the College to date includes:

- 'What do we mean by spirituality and its relation to psychiatry?'
- 'Fear and faith – the quandary of the psyche under threat'
- 'Avenues to peace of mind'
- 'Forgiveness and reconciliation'
- 'Engaging the spiritual mind'
- 'The healing power of love'
- 'Good and evil – the challenge for psychiatry'
- 'Integrating mind and body: psycho-spiritual therapeutics'
- 'Pathways to peace – East meets West'
- 'Invited or not, God is here: spiritual aspects of the therapeutic encounter'
- 'Minds within minds: the case for spirit release therapy'
- 'Spiritual issues in child psychiatry'
- 'Prayer in the service of mental health'
- 'A fatal wound? Who and what does suicide destroy?'
- 'What inspires the psychiatrist? Personal beliefs, attitudes and values'
- 'Special needs, special gifts – learning disability and spirituality'
- 'Spirituality and religion in later life'
- 'Psychosis, psychedelics and the transpersonal Journey'
- 'Sanity, sex and the sacred: exploring intersecting realms'
- 'Suffering – what is the point of it all?'
- 'Body and spirit'
- 'Spirituality and psychopathology'
- 'Researching spirituality: paradigms and empirical findings'
- 'Mindfulness, meditation and mental health'
- 'Consciousness and the extended mind'

Public conferences have included 'The place of spirituality in psychiatry', 'Beyond death: does consciousness survive?' and 'Healing from within and beyond – the therapeutic power of altered states'.

Texts of papers given at all these programmes can be downloaded from the website publications archive. Additionally, we have links with other bodies such as the National Institute for Mental Health in England, the Scientific and Medical Network, the Dutch Foundation for Psychiatry and Religion, and the Psychiatry and Religion Section of the World Psychiatric Association. A milestone publication has been the leaflet 'Spirituality and Mental Health', approved by the College and available for download from the topic menu on the College website (RCPsych, 2006).

The Spirituality and Psychiatry SIG has consistently advocated a holistic approach – not 'either/or' but 'both/and'. Physical treatments, appropriately and thoughtfully given, especially for severe mental illness, can be life-saving, while psychological understanding is always essential. Yet, if mental illness is to hold the potential for growth through adversity, the wisdom of the soul can bring enormous benefit if only we clinicians are open to the spiritual concerns of our patients.

For psychiatry to serve humanity well, the golden rule 'Do to others as you would have them do to you' is hard to beat. Doctor and patient are in complementary roles – both need the other. Indeed, at heart we are far more alike than we are different, and as we meet on the path of life, there is one medicine constantly at our disposal that even comes free. This is the power of love, lending hope, giving comfort and helping bring peace to the troubled mind.

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