
CHAPTER 1

Spirituality and Mental Health: something for nothing?

PHIL BARKER AND POPPY BUCHANAN-BARKER

Phil Barker is a psychotherapist, academic, writer and artist. He has worked in the mental health field for almost 35 years.

I gave up the formal world of academia recently to focus more on meaning and creativity, both of which were a dwindling currency in my professional world. Now I can work each day alongside Poppy, who has provided all sorts of inspiration to me over the years. For me, spirituality is mental health. It is largely beyond words, but can be felt, usually in the most simple of ways in the wildest of places.

Poppy Buchanan-Barker was a social worker for 26 years, working with people with a range of disabilities, and their families.

Two years ago I established the Mental Health Recovery Consultancy – Clan Unity – with Phil. I had always worked in the ‘care field’, but this seemed like the right thing to do, after sharing all our hopes, dreams and disappointments throughout 36 years of marriage. We are both ‘the eternal optimists’ and still believe the best is yet to come. For me spirituality means many things but connection – especially being united with the past – has always been very important. Memories, of people, places and experiences, are like ribbons anchoring me to my past, while I live in the present.

Helping ourselves to a life of suffering

It may be a truism to say that life *is* suffering: we are required to undergo, experience or be subjected to various pains, losses, defeats, grief and – in particular – *change*. However, humankind still struggles to employ its

ingenuity to clear the world of *all* suffering. This struggle for emotional and psychological comfort is set against the blackest backdrop, as many of the world's peoples still struggle to gain daily access to clean water, and vast numbers live on the edges of the precipices of war, famine and pestilence. Even as Western scientists claim to have unravelled the mystery of human life – to be on the brink of a 'theory of everything' – those ancient bogeys, the Four Horsemen of the Apocalypse, still ride roughshod over much of the earth.

As we prepared the final draft of this book, the media was ablaze with the story that the Raelian 'cult' had stolen a march on the world's top scientists by cloning the first human child. It would have been bad enough if the perpetrators of what many saw as the 'reckless abandonment of the rigour of science' had been mere rogue biologists, focused perhaps on making money from the emergent cloning technology. The possibility, however, that science might have been overtaken by someone in the pay of an 'extremist cult' caused much pompous posturing about the near-sacredness of science, and the need for control over the use of science's progeny, *technology*.

Perhaps this great brouhaha betrayed the deep nature of our shared anxieties concerning fiddling with the life force. If the evidence for cloning is examined carefully, the possibility of reproducing exact replicas of any species, far less replicas of our dead pets or children, is as far off as ever. The dream of pop genetics doesn't quite match the reality.

In effect, the Raelians trumped the excessive optimism of the whole human genome mapping programme with their highly public, unsubstantiated claims about cloning. They knew how to seduce a media hungry for more evidence of humankind's capacity to match, if not triumph over, the forces of nature. Indeed, our hunger for improving our lot, or at least the lot of those with the money to pay, is one of the hallmarks of the age. In the context of the spiritual life – whether 'taoist or Christian, Muslim or New Age – this hunger is insatiable. The more we try to feed it, the hungrier it becomes.

Arguably, the other great deception of our post-modern age is the much-vaunted notion of self-help, which has much in common with the human building and repairing programme dreamed of by the biotechnologists. When the Scotsman Samuel Smiles first promoted the idea of self-improvement more than a hundred years ago, he would never have dreamed that it would grow into one of the juggernauts of the New Age. Ironically, Smiles believed that:

Practical wisdom is only to be learned in the school of experience. Precepts and instruction are useful so far as they go, but, without the discipline of real life, they remain of the nature of theory only.

Today, the self-help book is the short cut to the search for fulfilment, growth and personal development that was anathema to Smiles, who saw, in all the 'great men' of his day, the virtuous evidence of thrift, duty and character. Although Smiles did not suggest that it was necessary to *suffer* to grow as a person, he recognized the value of failure and hardship as setting conditions for negotiating change. Today's self-help movement has other ideas.

In his ironic novel, the Canadian writer Will Ferguson (2002) poked fun at the self-help book and the publishing industry that feeds from it. In *Happiness*¹, his fictional publisher launches the self-help book to end all self-help books. When published, calamity ensues because *Happiness*² – unlike all other self-help books – actually delivers on its promises. As readers lose weight, stop smoking, enjoy otherworldly sex and discover 'True Happiness, chaos overtakes America, which experiences an 'apocalyptic plague of happiness', collapsing the economy in a benign pile of self-satisfaction. Only a comic novel – or an allegory for the hunger pangs of the New Age of Enlightenment?

The ambitions of medical technology and the fast-feeding side of the self-help movement raise questions about the value of suffering. The traditional belief that suffering might be beneficial, at least in small doses, has largely been overtaken by the assumption that pain of any kind is to be tranquillized, anaesthetized or avoided altogether. The original Latin root suggests that suffering involves the 'bearing' of something arduous. Not surprisingly, we talk of people of upright or stoical bearing and, especially in the Christian tradition, associate bearing with the cross: a symbol, perhaps, for all humankind's suffering. These linguistic roots are also to be found in the concept of the 'patient',³ who is required to tolerate, endure or *suffer*, physically, mentally or both. However, with the rise of various psychiatric 'survivor' and 'consumer' movements around the world, people who have been required to endure 'mental illness' and treatment for their 'illness', have distanced themselves from the traditional labels of medicine. Consequently, the concept of *patient*-hood has acquired pejorative associations. The possible significance of psychic suffering has been obscured by a barrage of alternative, often politically correct euphemisms.⁴

¹ (L) *patiens, patientis*: present participle of *pati*, to suffer.

² Where people once were defined *by professionals* as 'schizophrenics' or 'psychotic patients', many people now *define themselves* as 'people with a serious or enduring mental illness', or more simply, 'users' or 'consumers' (of mental health services). One way or another, both kinds of descriptors suggest that the often short-term, and certainly never *constant*, experience of psychic disturbance defines the person. We would rather take the view that the subject in question is a *person*, first and foremost, who sometimes is like this (e.g. happy), and at other times is like that (e.g. sad). Unfortunately, this implies that such persons are more like the rest of us than different. Such egalitarianism appears to be too radical even for the 21st century.

Perhaps our vain ambitions to avoid suffering, or at least not to name it as such, merely generate more suffering. Although we take no pleasure in pain – whether physical or emotional – we recognize, at least in the light of our own experience, that lessons can be learned. Experience – especially when facilitated by Mistress Unreason – can be a harsh teacher.

All alone: fear, losing and loathing

Psychic suffering takes many forms, especially when we talk of psychological problems, mental illness or plain old-fashioned madness. Threaded through much human distress is the ancient and pervasive spectre of *fear*. Meditating on the grief he felt after his wife's death CS Lewis (1961) observed:

No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing.

The experience of loss reminds us that the final threat we face is our ultimate *aloneness*. In *The Rime of the Ancient Mariner*, Coleridge offered a metaphor for humankind's blind rejection of everything that lies beyond our existing knowledge. Anything not already part of our received wisdom is to be feared and, if possible, controlled. By killing the albatross, the mariner was forced to face the emptiness of his isolated existence:

Alone, alone, all, all alone,
Alone on a wide wide sea!
And never a saint took pity on
My soul in agony.

Only with time, and the wisdom of hindsight, does the now *ancient* mariner come to understand the meaning of his once bloody act:

He prayeth well, who loveth well
Both man and bird and beast.
He prayeth best, who loveth best
All things both great and small.

Coleridge's poetry and philosophical writing was shot through with self-doubt and a metaphysical anxiety that anticipated modern existentialism. Although hardly a spiritual text, Coleridge's poem carries some important messages about experience, fear, responsibility and humankind's almost insignificant scale on the wider canvas of existence.

So, what are we most afraid of knowing? Although we learn about death, often from an early age, the experience of our own mortality can

be quite different. The recognition that, ultimately, we are insignificant, at least in the wider sphere of things, if not in the cosmic sense, is a terrifying insight. If we are only 'here' for such a short time – cosmically speaking – what is the point? Indeed, physicists often argue that because the universe is finite, and ultimately will self-destruct, there is no point to our existence. Although this is not going to happen tomorrow, even in cosmological terms, such a scientific insight sends many people scurrying in search of 'other worldly salvation', perhaps even like the Raelians, in the prospect of rescuers from a parallel universe.

For those of us who settle for life on earth, many spend our lives trying to find ourselves in others, seeking shelter in their shade, only – like Lewis – to risk losing that shelter, revealing, violently, the scale of our aloneness. Although the pain of such suffering is necessary, it may not be the endpoint of suffering. It may only be a staging post. Our suffering – whether of the grief of melancholy or the grief of loss – may only be signalling the way to an even more significant destination. As the Buddha suggested (Goddard, 1956):

Be ye lamps unto yourselves.
Be your own reliance.
Hold to the truth within yourselves
As to the only lamp.

But what is this 'truth' for which we search? And how do we know that we are on the right path, however brightly lit? Why do we find the experience of loss – whether of our kith and kin, or simply 'loss of control' – so loathsome?

The reader will not be surprised to hear that we believe this to be a function of the spiritual vacuum of contemporary life. Once our losses were borne (suffered/endured) with some serenity – whether we were peasants or kings. This may not have helped to promote health, since health is never a function of any one specific aspect of our lives, but, for at least the past 20 years, we have recognized the dangers of this 'spiritual vacuum' for healthcare. At the Assembly of the World Health Organization in 1983, Al-Awadi (1983) appealed for a wider appreciation of the role of the spiritual in the construction of health:

material progress in the present world has reached levels unprecedented in past history or civilisation. Yet we find that what prevails in this world are anxiety and apprehension, so much so that one could say that the distinguishing feature of this age is a sense of loss and uncertainty. We have stripped man, over the last decades, of his spiritual values, and materialism is now in full control of all aspects of our life to the extent that man feels lost and restless, desperately seeking tranquillity and peace of mind ... I am quite certain that regardless of what we do to provide health care for the

body and the mind, man shall remain lost and restless until we provide for the spiritual aspects of life.

Evidently, the call to spiritual re-armament is no recent phenomenon.

Psychiatry and the soul

At least in principle, psychiatry sought to study the soul, although many of those who cast themselves as 'psychiatric survivors' might be forgiven for laughing aloud at this historical relic (Newnes et al., 2000). The Hellenistic personification of the soul (*psyche*) was sometimes represented visually as a butterfly, evoking its fragility, beauty and movement; and most English dictionaries acknowledge that *psyche* means soul and spirit first, with mind a latter day understanding. This betrays the original Greek root *psukhé*, which meant breath, life and *soul*. Regrettably, the soul has fallen through the floor of mainstream psychiatry, although a tiny number of psychiatrists are trying to reinstate this ancient focus (Culliford, 2002).

The psychotherapeutic arm of psychiatry has followed, perhaps unwittingly, the path recommended by the Buddha and Socrates, who both suggested the power of 'looking within', examining life as a way of finding meaning. Indeed, understanding of life and our part *of* it, and *in* it, may be both the beginning and end of the spiritual journey that often begins in psychotherapy, but cannot be completed in such an ultimately *mundane* activity.

However, the traditional therapeutic processes seem able only to offer transitory relief from the emptiness and alienation felt by people caught up in the spiritual crisis, which is embedded in certain forms of madness. As Karasu (1999) observed, they are so limited because, in general, mainstream forms of psychotherapy (and psychiatric treatment) address *individual pathology* rather than the wider aspects of human being.

The person who is caught in the spiral of madness is trying, desperately, to return to wholeness – feeling as if they are threatened with complete disintegration. For many, this begins with self-realization and the search for meaning, exploring as LeShan (1999) has observed, the states of being that appear to use the most of themselves. Traditional psychiatry and psychotherapy use, instead, a historical-pathological approach, trying to establish how the person 'became' like this. We should, perhaps, be exploring what this whole process of collapse and disintegration might be about, and especially what might be its hidden meanings, if not what the person might be trying to accomplish within the spiritual crisis.

In pursuit of such unashamedly 'spiritual' aims, therapists need to move themselves from believing in 'fixing' psychopathology, towards believing in the person's capacity for transformation. In Karasu's view, the

subject of therapy is not a *patient* or a *client* (far less a 'user' or 'consumer') but 'an uninitiated human being' (Karasu, 1999). Rather than employing specific 'techniques' of therapy, therapists must be open to whatever works, especially 'being with the other', which targets the spiritual centre. Karasu is – arguably – the leading voice for the spiritual transformation of psychotherapy to have emerged from mainstream psychiatry.

By emphasizing his belief that what *really matters* is not the particular school of psychotherapy, but the openness, humility and even ignorance of the therapist, Karasu (2001) has challenged the traditional professional empire of psychotherapy and psychiatry. In his most recent work, Karasu (2003) has acknowledged that material possessions, success, power and pleasure often fail to fill the void that lies at the heart of our lives. Getting married and divorced, taking drugs and engaging in other 'high-risk' activities may result in a temporary abatement of our spiritual unease. For many, the life of a 'spiritual tourist' (Brown, 1998) may offer some reassurance but, ultimately, the hollow feeling that 'something is missing' returns. As far as Karasu is concerned, we have no option but to begin to explore the deepest yearnings of our heart. Especially in the West, our greatest yearning may be for 'happiness' (Pepper, 1992; Whiteside, 2001), but as Karasu notes, there is no end to the journey to 'real happiness'. Indeed, there is not even a good place to start. Karasu urges us to start *here*, where we are, to begin the journey NOW! This echoes the traditional Tibetan Buddhist emphasis on *embracing* rather than denying the painful aspects of our lives (Chödrön, 1994). The fear of loss – especially of our 'sanity' and selfhood – may lie at the very heart of the spiritual vacuum of our lives, and may even deter us from taking that first, necessary step into the next moment.

Spirituality and mental health

If we forget about the centuries-long association between madness and demonic possession, spirituality and mental health have enjoyed only brief flirtations. Only time will tell whether this will turn into a meaningful relationship. The reference to demons reminds us that religion represents a special class of spiritual experience. Especially within the Christian tradition, evil spirits have been represented as a virtual plague on the houses of people who came to be classed as 'mentally ill'. Oftentimes the person so 'possessed' was seen as deserving of such a hellish intrusion. Sinful ways and a general wandering from the path of righteousness brought people into contact with the demon, who clutched at their very soul. This tradition offers, however, only a limited frame of

reference for what we understand as 'the spiritual'. Clearly, there is a difference between religion and spirituality, if only because some practitioners of religion, and the bureaucracy of the faith they profess, often appear bereft of any spiritual quality. History suggests that religion often becomes merely a crutch for living with worldly trials and tribulations, or a lever for manipulating adherence to rules and conventions, which are transparently social or cultural. The location of the Godhead in our lives, and humankind's meaningful place in the wider, cosmic reading of our relationship to the Spiritual Other, are often religiously indistinct. More often it is obscured by the internecine disputes that have ravaged most organized religions.

Does the world of spirituality fare any better? Does 'spirituality' offer a clear, less ambiguous message as to what it might all be, ultimately, about? To be concrete for a moment, all readers will be 'believers', either in one religion or faith system or another (or perhaps several), *or* they will be agnostics, atheists or 'rationalists' – their core belief is in being an 'unbeliever'. However, they will all believe in something, if only that the universe is ultimately meaningless and that we are simply adding personal and social footnotes to Darwinian evolution. The 'spiritually inclined' among us are drawn from both of these faith camps. Some of the seekers, those who have tired of traditional faith systems' inability to deliver whatever it is they were looking for, may be drawn to the world of 'spirituality'. A similar trek may be made out of the land of reason, by those who – having rejected all religious thought – are still asking: 'Surely there must be more to it than this?' Will these seekers find what they are looking for? What exactly are they looking for? Eternal life or salvation? Forgiveness for a misspent life or a return to the comfort of the Father (or Mother) of all Creation?

The yearning for a sense of the sacred, especially when pursued avidly by affluent Westerners, can often appear foolhardy. Mick Brown (1998) illustrated vividly how the spiritual quest had become a leitmotif of 20th-century life. The 'road less travelled' by the spiritual tourist encompasses the holy and the lost, the wise and the foolish, all journeying inwards in search of illumination.

The lemming-like rush for such illumination was captured by Rachel Storm (1991) in her excellent exposé of the history and development of the New Age. While much of the spiritual yearning that she uncovered seemed pathetic, if not adolescent, she recognized that the wisdom people sought might well be 'out there'. 'Where' they might find it, was never clarified. She concluded with a pithy quotation from a Rajneesh sannyasin:

The danger of the New Age is that amidst all the spiritual slogans that sound like truth there are actually a few pearls of wisdom. But for that one real

mystic rose there are ninety-nine plastic look-alikes that cost less, last longer and promise instant enlightenment.

The real pilgrimage to truth takes guts, integrity and putting your whole life at stake – the New Age variety takes Visa, Mastercard and putting aside three minutes a day chanting under a pyramid tepee for lower interest rates. All in all ... people aren't actually interested in the 'real' ...

Storm (1991: 207)

Culliford (2002: 251) cited research that suggested that a:

Survey of 200 London psychiatrists found that 90% viewed religious beliefs as relevant to patient mental health 'to be considered during assessment and therapy'.

He also noted the 'official advice' of the Royal College of Psychiatrists (2000: 41), that:

Good practice in general adult psychiatry will include: taking a direct care role which involves assessment of mental health problems ... and being cognisant of the *spiritual* and cultural needs of patients and their carers ... understanding and referring appropriately in respect of social, *spiritual* or cultural interventions [emphases added].

Such leadership is obviously welcome, although many 'survivors' might question how such *cognisance* of their spiritual needs is translated into action. Many users of 'mental health' services have described abysmal standards of care, especially in psychiatric units in London, where even respect and dignity appeared to receive little attention, far less the cognisance of, and response to, spiritual needs (e.g. Rose, 2000). We would not expect established authorities like the Royal College of Psychiatrists – or their international equivalents – to deny the perceived importance of the spiritual impulse. Changing the psychiatric method to express respect for its actual importance may well be another thing. Perhaps, however, we need to clarify what is meant by 'mental health' before we can explore how the spiritual might be addressed.

Mental health and meaning

In Australia, the Queensland Health Authority defined mental health as:

A dynamic process in which a person's physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment.

In the USA the Surgeon General (US Department of Health and Human Services, 1999) defined it as referring to:

... the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.

Both definitions betray an emphasis on *function* and *efficacy*, making it clear that anyone who is not *productively* engaged, or who experiences *unfulfilling* relationships or even the occasional flutter of disquiet in the face of everyday challenges, is *not* mentally healthy. As with all such bureaucratic definitions of health and wellbeing, one is left wondering who does fit these stringent criteria.

One thing is clear even if we found it difficult to classify a person with a discrete mental *illness*, it would not be difficult to define that individual as mentally *unhealthy*. The future of 'mental health services' seems, therefore, to be safely assured, whatever they actually do by way of promoting and enabling 'mental health' in practice.

Perhaps because of the problems of adequately defining mental health, the past decade has witnessed a switch of emphasis to the facilitation of recovery, which Anthony (1993) defined as:

... a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

The emphasis on growing through and beyond the experience of distress, and especially the focus on *meaning*, seems to redefine the mental health agenda, bringing it closer to a consideration of the 'point' of a person's life. Such a *point* might involve not only questing for meaning in life, but also – as Frankl (2000) has argued – begging the 'question whether any such meaning exists at all'. Certainly, this meaningful emphasis – from the writings of people like Patricia Deegan (1996) in the USA, to Julie Leibrich in New Zealand – shifts our focus beyond the internal functioning alluded to in most bureaucratic definitions of mental health, to an appreciation of the almost ineffable, emergent story of the person's life (Leibrich, 1999).

For Leibrich, meaning is always *there* – in the story of our lives – whether we are aware of it or not. The journey of recovery may be no more than the long walk to recognition of that meaning. For us, the journey is often taken on uncharted seas, invoking the dangers of the deep as well as of distance (Barker, 2002). Leibrich (1999) sees the story as a gift, even when it involves the pain of madness:

The act of telling stories can restore people ('re-store'). The telling of our story to someone who is genuinely interested and who relates to the telling through their own experiences is a very precious thing (p. 5).

In a very real sense the story makes its own journey in search of greater understanding, which can be found in the true listener. This explains in some way why people 'talk to God' and often claim to have been 'heard' (O'Brien, 1964).

Leibrich's appreciation for the story-journey is illustrated by reference to Janet Frame:

But if a story is told and not understood, then a part of oneself has reached out into nothingness.

They died because the words they had spoken

*Returned always homeless to them**

Some people even say when you lose your story, you lose yourself (p. 6).

This sense of communication is echoed in most commonly accepted definitions of spirituality, which is often understood to involve some kind of a partnership with one's Higher Power or Godhead, with Nature or with the Absolute. As Culliford (2002) noted, spirituality can provide hope and solace during the person's crisis or experience of illness. Individually, this might take the form of a sense of peace and, within group settings, a sense of understanding and social support.

Although often projected as being 'unworldly', the engagement with the spiritual life is a highly practical and grounded activity. Evelyn Underhill (1937) reminded us that:

Our favourite distinction between the spiritual life and practical life is false. We cannot divide them ... For a spiritual life is simply a life in which all that we do comes from the centre, where we are anchored in God: a life soaked through and through by a sense of His reality and claim, and self-given to the great movement of His will.

In that sense, spirituality is more of an essential than a luxury, where people eventually realize that they have no choice but to be on the spiritual path:

It was what people kept telling me. I felt as I always did at such times, stranded between reason and a craving for faith, uncomfortable in the knowledge that while a spiritual belief may lead you to believe in anything, a materialist outlook on life will lead you to believe nothing.

(Brown, 1998: 290)

* From 'The Suicides'. In *The Pocket Mirror* by Janet Frame, Vintage, 1992.

The Celtic perspective

However, talking about spirituality, other than in vague terms, is well nigh impossible. We fumble with metaphors, attempting to evoke an appreciation of the experience, which lies beyond words. As St Augustine said: 'If you don't ask me, I know; if you ask me, I don't know!' (Montgomery, 1910). We all have a sense of what we mean by the word but have a hard time clearly defining it. We attempt to answer this question with our heads while spirituality is primarily a matter of our hearts. For us, spirituality is a question without an answer: something we look for but do not actually expect to find. As we try to live our lives in pursuit of a higher understanding of ourselves, God and the Universe, we examine all that we know of what is inside and outside of ourselves.

In the Celtic tradition of spirituality, the journey we take *towards* understanding always leads home. John O'Donohue (1997) reminds us that, although we are often told that the spiritual journey involves a sequence of stages, this is an illusion:

When time is reduced to linear progress it is emptied of presence. Meister Eckhart ... says that there is no such thing as a spiritual journey ... if there were a spiritual journey, it would be only a quarter-inch long, though many miles deep. It would be a swerve into rhythm with your deeper nature and presence ... You do not need to go away outside your self to come into real conversation with your soul and the mysteries of your spiritual world. *The eternal is at home* – within you (p. 120, emphasis added).

Despite being at the other side of the world, Julie Leibrich found a similar understanding:

It is a kind of coming home. For me, the meaning of spirituality is meaning itself (Leibrich, 2001).

Leibrich's experience may well be signalling an important 'change of heart' in the whole field of spirituality and mental health:

My definition of mental health has a lot in common with the way I define spirituality. Both concepts are concerned with the experience of self. One reaching into dimensions of space to discover self, the other realising the freedom that comes from accepting self. That is why spiritual experiences and their interpretation can have such a profound influence on mental health.

Leibrich's appreciation that there might be something 'in' the space of her Self that might ultimately be of great value echoes an ancient story told by John O'Donohue (1997).

As a mark of respect, an old man brought melons every day to his king who, not wanting to insult the man, accepted them graciously, then tossed

them into his back garden. One evening, just as the old man was about to hand over the melon, a monkey jumped down and knocked the melon from his hand, shattering it on the ground, sending a shower of diamonds from its heart. When the king went into his garden, he found that all the other melons had melted away, leaving a hillock of precious jewels.

O'Donohue notes:

The moral of this story is that sometimes in awkward situations, in problems or in difficulties, all that is awkward is the disguise. Very often at the heart of the difficulty, there is the light of a great jewel. It is wise to embrace with hospitality that which is awkward and difficult (p. 197).

Some people who have been in states of extreme madness have come to appreciate the disguise of their distress and the great insights that lie nestled in its heart (Barker et al., 1999).

The paradox of individualism

Short or long, deep or shallow, the spiritual trek is taken alone. Yet, the individual occupies a curious and critical place in the whole process of *being* and *becoming*. Clearly, we all face suffering alone, even when that is inflicted on the group, if not a whole people, as in 'ethnic cleansing' (Frankl, 2000). All experience is individual, but suffering often hammers home the isolated nature of the endurance of reality. Perhaps because the success of society is so dependent on aggregating human experience, *normalizing* it, those who seek individual paths of self-discovery are destined to come into conflict with 'social truths', which derive from statistical representations of 'normality'.

Psychology and psychiatry represent grand narratives of what it *means* to be human. These are expressed as various theories of the human condition. They cancel out individual experience in favour of rules that appear to apply to the majority. Ironically, these general theories apply to no one in particular. As Jung (1961) observed:

Any theory formulates an *ideal average* which abolishes all exceptions at either end of the scale and replaces them by an abstract mean. This mean is quite valid, though it need not necessarily occur in reality ... If I determine the weight of each stone in a bed of pebbles and get an average weight of 145 grams, this tells me very little about the real nature of pebbles ... This is particularly true of theories which are based on statistics. The distinctive thing about real facts, however, is their individuality. Not to put too fine a point on it, one could say that the real picture consists of nothing but exceptions to the rule, and that, in consequence, absolute reality has predominantly the character of *irregularity*.

Most people are aware of their own *uniqueness* and 'irregularity', if only intuitively, but are convinced, by the power of psychology (and more recently the media), that their individuality is somehow less *real* than some generalized theory about people and the human condition. As these 'general rules' of humanity – derived from psychology, sociology and psychiatry – have increasingly taken hold in the social consciousness, the individual is, correspondingly, deprived of the moral decision as to how he or she should live life (Szasz, 1996). When 'the person' asks questions of 'the person' *about* the nature of *being* that person, a personal theory of being and becoming emerges. Alan Watts (1977) was aware of the paradoxes such self-inquiry involved:

So long as I identify myself with my conscious intention, and voluntary mind, I feel that I am in control of relatively few events. But I realise that this identification is after all a matter of opinion, of social convention, of an acquired way of describing myself to myself. Both Buddhist and Hindu disciplines of spiritual growth (i.e. meditation or yoga) consist primarily of exploring the question 'what am I?'

(Watts, 1977: 117)

Today, neuroscience is the latest 'grand theory' of the human condition to emerge. It explains what it is to *be* and *feel* human, as a function of neurochemical events in the brain. In psychology – and to some extent psychotherapy – the superficial pragmatism of cognitive psychology is in its ascendancy. Not all practitioners of the dominant mode of therapy – *cognitive behaviour therapy* (CBT) – deny the possible spiritual nature and meanings of extreme states, such as psychosis. However, those who are more reductively inclined often try to guide the person towards a 're-adjustment to the dominant paradigm (insight) at the cost of the individual journey' (Clarke, 2002). This may be socially helpful but spiritually disastrous.

The great paradox of human experience is that, when restrained from appreciating this individuality and uniqueness, the person can experience a loss of a sense of 'self'. However, when life is devoted, wholly, to the pursuit of 'selfhood' – as in hedonism – a similar loss of selfhood can emerge. *How* people confront and explore their individuality, and the *purpose* of such self-seeking, seems more important.

The futility of explanation

Many of the grand psychological theories of the human condition appear to diminish (or reduce to absurdity) the complex issues involved in being and becoming human. Increasingly, we classify and categorize all human functioning in the language of psychiatry. All *distress* is a function of some

dysfunction worthy of treatment. All *evil* is a function of some personality disorder, even if impossible to 'treat'. In Jung's view humankind's trust in *reason* had produced a fragmentation of our realities: especially the unreasonable splitting of the world into 'good and evil', 'saints and sinners'. In Jung's view, everyone carried the 'shadow' within their psyche, and merely tried to project it into other groups (like communists) or individuals (psychopaths). Regrettably, one outcome of this 'splitting' is that we fail to acknowledge our inherent weaknesses, which are essential aspects of *who* we are and *what* we might become.

Neuroscientists risk reducing the experience of being human to truly absurd proportions, by trying to explain all human experience in neurochemical terms. Francis Crick, for example, recently claimed that ultimately we would be able to demonstrate that:

You, your joys and your sorrows, your memories and your ambitions, your sense of personal identity and free will, are in fact no more than the behaviour of a vast assembly of nerve cells and their associated molecules.

(Crick, 1995: 3)

Crick believed that his approach to the mind reflected a new idea but, as Szasz (1996) noted, this was because he was ignorant of the history of the mind and especially of madness. Notably, Crick insisted that his approach to the problem of the mind was scientific but this was:

a claim he supports by denying agency to persons and attributing agency to things. In Crick's world, neural networks 'learn' and free will (capitalized) is an attribute of the cerebral cortex. He asks: 'Where might Free Will be located in the brain?' and answers: 'Free Will is located in or near the anterior cingulate sulcus'.

(Szasz, 1996: 84)

We would despair if such profound experiences as 'despair' were not defined, largely, as epiphenomenal to the core brain function of 'us'. Thankfully, Szasz's gentle irony is a valuable antidepressant.

The neuroscientific discourse is vital to our consideration of madness and spirituality. People in the grip of madness are entrapped in a consideration of self-hood that many of us avoid by throwing ourselves into various 'normalizing' activities. Madness often involves the perennial existential crisis: who am I and what, on earth, am I doing here? This is not to say that other critical phenomena are not involved in the construction of this human crisis – signposts, en route to the ultimate concerns the person will express about her or his 'selfhood'. However, the *core* crisis, if such a metaphor is not inappropriate, involves the person's presumed relationship with Self, albeit by dint of some troublesome relations with the Other.

Elio Frattaroli believes that contemporary psychiatry is in imminent danger of losing its mind. Instead of treating patients as mere chemical configurations, Frattaroli proposes that we should learn to recognize and find compassion for the feelings that inform our lives. Only by dealing with our selves and our souls can we ever create true healing.

Given his evident feelings of unease with the medical model of psychiatry, which holds that emotions stem from brain chemistry, which can readily be altered through drugs, Frattaroli's argument could be read as anti-psychiatric. It might be better to recognize his *pro-human* emphasis. When we hypothesize that anxiety, shame and guilt, for example, are meaningless neurological glitches, rather than urgent calls to self-reflection, we promote the pharmacological quick fix, at the expense of attending to the deeper, long-term needs of the soul.

No guru, no method, no teacher

So, how do we respond to extreme forms of human distress? It has been estimated that there are, literally, several hundred forms of 'therapy'. These variants of psychoanalysis, counselling and behaviour therapy try to find simpler or more efficient ways to 'fix' various forms of human distress. When we consider what human distress might 'mean' – in spiritual terms – the wisdom of 'fixing', as opposed to developing understanding, might be questioned. Indeed, many people make discoveries *within* psychotherapy, which appear to have little to do with the therapeutic method, or even the therapist, but may be a function of their own reflection: no more and no less (Barker and Kerr, 2000; Karasu, 2001). In that sense, the therapist – and the therapeutic method – may only be providing a *context*, or setting, for the person to engage in a necessary act of reflecting (Barker and Kerr, 2000).

In this consumerist age, many therapists now sell their wares on television, marketing themselves and their 'new' methods as the answer to all manner of human ills. The influence of the grand theories of human experience, which originally deprived people of their individuality – and their individual morality – helps in this selling process, whereby psyches are shaped and modified by presenters on daytime television. The idea that these therapies (and their sophisticated therapists) are unnecessary is a threatening concept. If the Emperor really has no 'new clothes', then people must confront their own individuality and make their own choices, if not their own 'clothes', as they reflect on their own experience, coming to their own realization of who they are and what is the ultimate meaning of their lives (Frankl, 2000).

Meditation in life

The reflection, which is a necessary part of some forms of psychotherapy, is akin to meditation. When people appreciate that reflection is the *beginning, middle and end* of the therapeutic endeavour, then therapy becomes a spiritual undertaking (Karasu, 1999). The reflection process helps the person to appreciate that *who* he or she is, is a function of *how* he or she lives. The understanding of living emerges from the experience of doing. Reading spiritual works may make one *wiser*, but meditation makes one *better*. Where the person allows the 'silent conversation' its fullest rein, then it can become a silent conversation with God (however defined), within which may be revealed the meaning not just of distress but of life itself.

Living *and* doing: living *as* doing

The experience of reflecting – specifically – on life problems (the common focus of therapy) is easily extended, through meditation, to the reflection on the essence of life itself. Such reflection need not be complex, and certainly does not require complex training or sophisticated techniques. Indeed, there are as many 'meditation merchants' as there are psychotherapy salespeople. Those who would try to turn it into a 'product' often obscure the simplicity of meditation and its many potential rewards. As Marcus Aurelius observed:

Nowhere does a man retire with more quiet or freedom than into his own soul.

The inherent emptiness of meditation is often sufficient to allow us to confront the futility of post-modern life, with all its striving and struggling, helping us to appreciate more clearly the purpose of life and one's ultimate destiny. Wallace (1989) believed that even simple forms of meditation provide access to an intelligence that transcends even the most sophisticated forms of education:

It is quite possible that in all your years of education, you have never been trained to cultivate the simple form of quiescent, stable, lucid awareness. If so, you probably found that much of that five minute period [in meditation] was spent in conceptual distraction, and even when the attention was on the breath it lacked clarity and continuity. Such an undisciplined mind is a poor instrument for empirically investigating the nature of cognitive or physical events. This unrefined state of consciousness also makes us prone to unnecessary suffering when the mind is dominated by such emotions as fear, resentment, guilt and aggression (p. 168).

Arguably, the most prevalent human problem of the day is 'low self-esteem'. Paradoxically, as people meditate on their own, essential, unimportance – in the cosmic sense – their inherent value grows. Meditation allows the person to develop a buffer against the tongues of both flatterers and critics, eradicating the itch for praise, allowing our natural, inherent light to illuminate us from *within*.

Returning to the absolute

It is by no means necessary, or even desirable, to try to construe therapy in spiritual terms. However, the threats present in an increasingly material culture appear to be bringing more and more people, perhaps unwittingly, to an appreciation of the emptiness of their lives, and the need to see beyond themselves, into the infinite. As people look into the reflection of themselves and the construction of their own lives, they may gain a glimpse of the Absolute that serves as the backdrop to their human struggles. As CS Lewis (1961) remarked:

Of course it's easy enough to say that God seems absent at our greatest need because He is absent – non-existent. But then why does He seem so present when, to put it quite frankly, we don't ask for Him?

Indeed, the realization of our own individual importance – and yet, at the same time unimportance – may be an essential part of the continued development of humanity. As Jung noted:

It is, unfortunately, only too clear that if the individual is not truly regenerated, society cannot be either. (Instead of roping the individual into a social organisation, reducing him to a condition of diminished responsibility, the Churches should) be raising him out of the torpid, mindless mass and making it clear to him that he is the one important factor and that the salvation of the world consists in the salvation of the individual soul.

Wrestling with the angel, on very thin ice

Although presently fashionable, the contemporary pairing of spirituality and mental health may, in years to come, provoke much head scratching. Certainly, the contemporary critic of such a development might well argue that many (if not most) people in states of high anxiety, deep despair or extreme alienation – whether from self or others – are *disturbed*, and that this disturbance lies somewhere, or perhaps in several places, within the physical body. In that sense, not much has changed since Hippocrates' day. However, it could also be said that any 'disturbing' experience shields

the potential for spiritual revelation. There is no logical reason why people described as 'mentally ill' should be excluded from such revelations. As many of the authors gathered together in this book show, education, socialization and plain old-fashioned 'trying too hard' to gain enlightenment may represent barriers to the experience of the spiritual.

What is the difference between the tortured soul of Coleridge's *Ancient Mariner* and the tortured experiences of those who have encountered what has been called madness and now, patronisingly, is referred to as *mental health problems*? Political correctness demands that any experience, which anyone wishes to *call* spiritual, must be accepted as such. But this is the terrorism of acceptance, which can be just as imposing as the terrorism of rejection.

We would urge caution against simply accepting, at face value, any unusual experience as evidence of an encounter with the Absolute, however we might wish to define this. Equally, we would urge caution against the simplistic distinction between 'spiritual emergence' and plain old-fashioned madness. When the New Zealand writer Janet Frame was given a diagnosis of schizophrenia, this led to years of futile and damaging psychiatric treatment. As her biographer suggested, the writer, who had experienced a huge number of emotional and spiritual upheavals in her early life, was 'wrestling with the angel' (King, 2001). Arguably, she was in the eye of the storm of spiritual emergence and should never have been diagnosed as mentally ill, far less institutionalized. However, Sally Clay (1999) was, by her own admission, possessed by madness, yet she too was like Jacob, wrestling with the angel. And so she wrote:

Jacob named the place of his struggle Peniel, which means 'face of God'. I too have seen God face to face, and I want to remember my Peniel. I really do not want to be called recovered. From the experience of madness I received a wound that changed my life. It enabled me to help others and to know myself. I am proud that I have struggled with God and with the mental health system.

I have not recovered. I have overcome (p. 15).

We have spent a sum total of 60 years working with people in varying states of madness, social estrangement and spiritual flux. We have also encountered some of these states, face to face. Although we can recognize *when* people are in a state of madness, or are estranged from themselves or others, or are 'wrestling with the angel', we are hesitant about providing any formula for discriminating such states, for often they clearly overlap, if not – as in Sally Clay's case – belong, each to the other.

Ultimately, this book is a journey taken across perilously thin ice and the steps taken are tentative. If the reader hears the authors exclaim '*ab-*

ba', these are just as likely to arise from the experience of slipping and floundering as from any genuine revelation. We can live with such uncertainty. We hope that the reader will be similarly philosophical.

References

- Al-Awadi ARA (1983) The delegates speak. *WHO Chronicle* 37: 131.
- Anthony WA (1993) Recovery from mental illness: the guiding vision of the mental health service system in the 1990s. *Innovations & Research* 2: 17–24.
- Aurelius M (1964) *Marcus Aurelius: meditations* (translated by M Staniforth). London: Penguin.
- Barker P (2002) The Tidal Model: the healing potential of metaphor within a patient's narrative. *Journal of Psychosocial Nursing and Mental Health Services* 40: 42–50.
- Barker P, Campbell P and Davidson B (1999) *From the Ashes of Experience: reflections on recovery, madness and growth*. London: Whurr.
- Barker P and Kerr B (2000) *The Process of Psychotherapy: the journey of discovery*. Oxford: Butterworth-Heinemann.
- Brown M (1998) *The Spiritual Tourist: a personal odyssey through the outer reaches of belief*. London: Bloomsbury.
- Chödrön P (1994) *Start Where You Are: a guide to compassionate living*. London: Shambhala.
- Clarke I (2002) Editorial: telling the new story. *Journal of Critical Psychology, Counselling and Psychotherapy* 2(4): 201–202.
- Clay S (1999) Madness and reality. In: Barker P, Campbell P and Davidson B (eds) *From the Ashes of Experience: reflections on recovery, madness and growth*. London: Whurr.
- Crick F (1995) *The Astonishing Hypothesis*. New York: Simon and Schuster.
- Culliford I (2002) Spiritual care and psychiatric treatment: an introduction. *Advances in Psychiatric Treatment* 8: 249–261.
- Deegan P (1996) Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal* 19: 91–97.
- Ferguson W (2002) *Happiness™*. Edinburgh: Canongate Books.
- Frankl VE (2000) *Man's Search for Ultimate Meaning*. Cambridge, MA: Perseus Publishing.
- Goddard D (1956) *A Buddhist Bible*. London: George G Harrap.
- Jung CG (1961) *Memories, Dreams and Reflections*. New York: Vintage.
- Karasu TB (1999) Spiritual psychotherapy. *American Journal of Psychotherapy* 53: 143–161.
- Karasu TB (2001) *The Psychotherapist as Healer*. New York: Jason Aronson.
- Karasu TB (2003) *The Art of Serenity*. New York: Simon and Schuster.
- King M (2001) *Wrestling with the Angel: a life of Janet Frame*. London: Picador/Macmillan.
- Leibrich J (1999) *A Gift of Stories: discovering how to deal with mental illness*. Dunedin: University of Otago Press/Mental Health Commission.

- Leibrich J (2001) *Making Space – Spirituality and Mental Health*. The Mary Hemingway Rees Memorial Lecture, World Assembly for Mental Health, Vancouver, July.
- LeShan L (1999) *Cancer as a Turning Point*. New York: Plume.
- Lewis CS (1961) *A Grief Observed*. London: Fontana.
- Montgomery W (1910) *Selections from the Confessions of St Augustine*. Cambridge: Cambridge University Press.
- Newnes C, Holmes G and Dunn C (2000) *This is Madness: a critical look at psychiatry and the future of mental health services*. Ross-on-Wye: PCCS Books.
- O'Brien JA (1964) *Eternal Answers for an Anxious Age*. London: WH Allen.
- O'Donohue J (1997) *Anam Cara: spiritual wisdom from the Celtic world*. London: Bantam Books.
- Pepper J (1992) *How to be Happy*. Bath: Gateway Books.
- Rose D (2000) A year of care. *OpenMind* 106(Nov/Dec): 19–20.
- Royal College of Psychiatrists (2000) *Good Psychiatric Practice*. London: Royal College of Psychiatrists.
- Storm R (1991) *In Search of Heaven on Earth*. London: Bloomsbury.
- Szasz TS (1996) *The Meaning of Mind: language, morality and neuroscience*. London: Praeger.
- Underhill E (1937) *The Spiritual Life*. New York: Harper and Brothers.
- US Department of Health and Human Services (1999) *Mental Health: a report of the Surgeon General – Executive Summary*. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Wallace BA (1989) *Choosing Reality: a contemplative view of physics and the mind*. Boston, MA: New Science Library Shambhala.
- Watts A (1977) *The Essential Alan Watts*. Berkeley, CA: Celestial Arts.
- Whiteside P (2001) *Happiness: the 30-day guide*. London: Rider Books.

