

## My Spiritual - Guest Article

- Isabel Clark -

### Is There Anything There? The Problem of Spirituality Considered

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The introduction to this issue referred to the exclusion of certain ways of knowing by the dominant, scientific, culture, and that spirituality was among the topics regarded as beyond the pale. I am here going to consider some of the arguments for and against exclusion, with special reference to mental health. First of all, the vexed question of definition needs consideration, and the very difficulty of definition takes us to the heart of the debate about whether such an elusive concept has any place in scientific discourse. The dictionary places the word in varying contexts, such as the sacred, the religious, or "concerned with spirits or supernatural beings." None of that is relevant here. Religion would be a particular contextualisation of spirituality, whereas we are here looking at a broader area of experience. The contributors to this issue do not provide easy answers. Kate Maguire writes "to define spirituality rationally for me is not possible.....I know what it is not, I do not know what it is; but I experience it when I encounter it and experience it when it is not there." Nigel Mills proffers the following concise but elusive definition: "a full and direct experience of the present moment". Other contributors develop further the characteristics of that quality of experience noted by Maguire, and fluidity of conceptualisation and interconnectedness recur as key features. Jennifer Elam uses the term "transliminal" (Thalbourne et al. 1997, quoted in Claridge 2001) to describe such experience, as this avoids distinctions inherent in the labels "psychotic" and "spiritual", and Peter Chadwick provides a powerful description of the blurring of boundaries between individuals characteristic only of the more extreme manifestations of this state, as follows:

"[the borderline experience is] beneath mind-matter differentiation. Hence the paranormal becomes normal, the uncanny becomes the rule. Clearly the physics of consciousness is no trivial research field. Also in such an, admittedly fragile, mental state it would be no surprise, at least in principle, to find oneself sensitive to the preconscious and unconscious of others".

What then are the arguments for taking this singularly ill-defined concept of spirituality seriously, and according it consideration in the field of mental health ?

The issues to be considered are listed as follows.

Can experience, and different qualities of experience, be a valid field of enquiry for science?

As spirituality is by definition at odds with conceptualisation, is it possible to conceptualise it?,

Conversely, should it be classified as a non concept? Nothing there? Emperor's new clothes?

What can we learn from relating the current debate about the nature of psychotic experience in CBT for psychosis to the overlapping experience of psychosis and spirituality as represented by the papers in this issue.

The controversy over the admissability or otherwise of subjective experience as scientific evidence has effectively been settled. Psychology has always felt insecure about this, perhaps in reaction to the somewhat fanciful conceptualisations of psychoanalysis, and has felt a need to distance itself from that discipline in order to attain the sort of scientific respectability accorded to, say, physics. Skinner and Eysenck represent the high water mark of this distancing. However, within Eysenck's response, of establishing physical differences in arousability as a substrate for individual differences in personality, lies one of the foundations for the revision represented in this issue. Eysenck's line of enquiry leads to Gordon Claridge's work on Schizotypy (Claridge 1997). Researchers developing this concept have linked high schizotypy to high creativity and openness to spiritual experience as well as to proneness to psychotic breakdown (Jackson & Fulford 1997, MacCreery 1997). Science might have a struggle defining spirituality, but can provide data on its accessibility.

More broadly, psychology has been in retreat over the inadmissability of subjective experience as scientific data ever since the days of Skinner. In my own field, cognitive psychology, and the growth of cognitive therapy have made cognition and emotion respectable fields of study. Inevitably, the contents of consciousness can only be ascertained by self report, with all the disadvantages of lack of independent verification that the behaviourists objected to. Such objections have been cast aside, and the self report questionnaire and structured interview are the main sources of data in most evaluative studies in this field.

The general debate about subjective experience might have been settled, but the spirituality debate has hardly begun. It seems to belong to that category of subjects, such as parapsychological phenomena, that gain wide acceptance and lively interest in the general population, but are generally dismissed by science. Attempts to marry the two areas of discourse in the case of parapsychology characteristically produce hopeful results to start with, which lapse into insignificance on repetition (see

Pallikari-Viras 1997). On the strict criteria of controlled experiment such phenomena remain largely unproven, or only marginally supported. This does not lead to societal consensus that they are illusory. Similarly with religion, science has replaced religion in providing explanatory models of physical phenomena, and many scientists have therefore expected religion to quietly pack up and leave. Nothing could be further from the current situation. Some scientists continue to dismiss the area as a superstitious survival; others argue that religion is to be taken seriously, but in a separate, non overlapping area of discourse. Stephen J. Gould is a prominent proponent of this point of view (e.g. Gould 1997).

However, within the scope of social science and transpersonal studies there is a real attempt to expand the mode of enquiry within science to embrace areas that appeared beyond its grasp. I am referring here to the development of qualitative methods of enquiry. This "new paradigm" is now well established (Reason and Rowan 1981), though still fighting for equal recognition with the quantitative in some university departments and on Clinical Psychology Training Courses.

Study of spiritual experience remains more on the margin. John Heron, in Sacred Science (Heron 1998) develops the qualitative approach to method of enquiry for group investigation of spiritual life. He writes "A sacred science, I believe, is grounded in this immediate present experience of a world that is sacramental." - suggesting that it is not so much what is studied, but the way in which it is encountered and conceptualised that characterises the study of the spiritual. On the one side, this will give fuel to the sceptic who cries "emperor's new clothes"; on the other, Heron proposes validity criteria for the study of this area of experience. He suggests that by an iterative process of cycles of hypothesis, data collection and reflection, it is possible for a group of people to enquire objectively into this most subjective of areas. He quotes several such studies in his book, and co-operative enquiries, as he terms these investigations, continue throughout the world.

Neuropsychology can shed some light on the central "Is there anything there?" question about spiritual experience. The neurological aspect of what is generally called spiritual experience has long been recognised (Fenwick 1996) , and the occurrence of mystical experiences in conjunction with temporal lobe epilepsy have been a particular field of study here. For the reductionist, this appears to offer the perfect excuse to consign the whole subject to quirks of brain chemistry. On the other hand, it is not surprising that differing subjective states can be traced to their physical substrate in the brain - we are after all physical organisms, so that all types of experience have physical concomitants. The choice is whether to leave it at that, or whether to take seriously the meaning ascribed to the experience, with all the importance for the understanding of the self and adaptation in life for the individual that that entails.

The question of meaning brings the argument back to spirituality and mental health. Perhaps the concept cannot be dismissed as irrelevant if it plays a central, and positive, part in people's meaning making. The biological substrate is key for psychiatry, and for the medical model of mental health, whereas meaning, and individual meaning making is central for therapy. The current issue of Clinical

Psychology (No.17, September 2002, edited by A.Vetere and D. Spellman) is a timely reminder of this, devoted as it is to narrative approaches. The ability to integrate discrepant experience into the narrative of one's life is central to adjustment, particularly in severe mental health problems (e.g. Roberts 2000). In the papers in this issue there are several accounts (e.g. J. Elam, R. Knight, S. Sharpe), where the concept of spirituality provided a meaning context with space for growth and validation, where medicalising meanings had the opposite effect.

Finding meanings that give people value and hope is central to the normalisation movement within mental health. This has provided a major impetus to the development of CBT for psychosis, but normalisation itself can be interpreted in different ways. Specifically, there is one strand of opinion within CBT for psychosis that minimises or denies the difference in quality of experience between psychotic and ordinary experience, and another that argues that recognition of that felt difference is helpful to individuals to make sense of and normalise their experience. This is highly relevant to spirituality and mental health, the subject matter of this issue. The papers cover the overlap between spiritual and psychotic experience, so that what is said about one applies equally to the other. This debate represents the tension between recognition and denial of difference in quality of experience, which I suggest, applies equally to the question of spirituality.

The background to this debate is as follows. CBT has been successfully applied to psychosis by concentrating on the overlap with non psychotic mental health problems. Bentall's suggested that studying "schizophrenia" as a unified syndrome was leading nowhere, and that detailed attention to individual symptom groups was the way forward. This opened the way to a number of fruitful ideas, such as misattribution theories for hallucinations (confusing internally and externally generated speech), and cognitive bias in delusion formation. The assumption behind these approaches, which was made very explicit, was a continuum between normal cognition and the sort of distortions found in psychosis. Morrison, who has taken these ideas forward with, for instance, work on the overlap between intrusions and voices (Morrison et al. 1995), has argued at two recent British Association for Behavioural & Cognitive Psychotherapies conferences as follows:

"A normalising cognitive approach to the understanding of psychosis will be outlined. This approach highlights several common cognitive processes and structures that appear to be involved in the development and maintenance of both psychosis and anxiety disorders.....This approach suggests that it is the cultural acceptability of interpretations that distinguishes psychotic disorders, and that basic cognitive dysfunction or anomalous experiences are neither necessary nor sufficient ...." (BABPC 2002 p.38. Morrison)

This was countered by David Fowler, as follows:

"....Psychosis is associated with episodes of altered cognitive state and characteristic anomalies of experience. This altered cognitive state and the anomalies associated with it are assumed to be continuous with

normality but form a dimension of psychological disorder specific to psychosis" (BABPC 2002 p.38 Fowler)

and Rufus May (who should know, as he is a Clinical Psychologist who has been through the experience himself), cautioned against

"Catastrophising of the problems themselves, heavy-handed medical interventions and a lack of enthusiasm for meaningful understanding and creativity in generating solutions." (BABPC 2002 p.38 May)

I have quoted this debate at length because it mirrors exactly central themes of this issue, but with no mention of the word spirituality - only anomalous experiences. The fact that this debate is taking place at the hard, scientific, edge of the therapy world, suggests that the material presented here does need to be taken seriously. For the connection between the anomalous experiences of psychosis and spirituality, I must refer to the publication and debate which gave rise to this collection of papers referred to in the introduction. My chapter on "Psychosis and Spirituality: the discontinuity model" (Clarke 2001) presents a psychological formulation for this very difference in quality of experience, based both on Kelly's construct theory, and on the cognitive science based Interacting Cognitive Subsystems model (Teasdale and Barnard 1993). This gives research based backing to the insights quoted at the beginning of this article that suggests an incompatibility between conceptualisation and spirituality. This perspective is ably summed up by Dorothy Rowe, (Rowe 2001) in an argument sceptical of spirituality, as follows:

"You just have to work at deconstructing your constructions in order to get as close as you can to seeing the world as it actually is, while all the time knowing that, constructed as we are physiologically, we can never see reality directly."

I would only add, that, constructed as we are physiologically, when we do manage to get beyond our constructions, and therefore our verbal, new brain, take on the world, the experience is indeed qualitative different, anomalous and mind blowing. The stories and articles in this issue bear witness to that.

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