

Spiritual psychology

Spirituality is often thought of as being a part of religion and so quite distinct from the study of mind (psychology), which is seen as a science. For British writer and Episcopalian priest Alan Watts,¹ religion, as understood in the West, is distinguished by a central theme of obedience to a divine revelation. So Christianity, Islam and Judaism are all religions that talk of divine laws carried (more or less) in a holy book. For Watts, Buddhism, Hinduism and Taoism are not religions in a Western sense. They are more like philosophies of existence and life itself. Buddhism focuses on providing a framework for understanding – ‘knowing’, in a deep sense – the human condition. In other words, it is about knowledge (‘ology’) of the total human being, part of which in the West is referred to as

which Buddhism is emerging as the fastest growing ‘religion’ (psychology) in the West today. However, transcultural psychiatric study teaches us to be wary about applying something willy-nilly across cultures, disregarding the cultural context from which it has been derived and developed, whether this be a diagnostic category, a technique such as psychoanalytic psychotherapy, or even a drug or herbal remedy. The World Health Organisation, for instance, has wasted a lot of money looking for ‘schizophrenia’ in diverse cultural settings, ignoring what eminent transcultural psychiatrist Arthur Kleinman² has called ‘category fallacy’. So, just importing meditation (say) as a technique into a Western psychiatric setting is not necessarily the way of making psychiatry ‘spiritual’. Nor would bolting on to



‘psychology’ (knowledge about the psyche). So Buddhism can be seen as a sort of holistic spiritual psychology.

But Buddhism is more than an ‘ology’. Buddhism has a range of practical suggestions on how to acquire knowledge – or, more accurately, how to ‘know’ oneself. The word ‘Buddha’ is from a root in Sanskrit meaning to ‘awaken’, and waking up from illusion (about the nature of the ‘self’) is often seen as the hallmark of Buddhist ‘clinical’ practice. Note that meditation is a major part of Buddhist practice and the means by which spirituality is experienced. But there is much else in Buddhism, even some techniques that resemble those in Western clinical psychology. The practices in Buddhism are often seen as paths to liberation rather than (as in psychiatry and Western psychology) therapies because they are disciplines followed by an individual rather than interventions (‘therapies’) applied by specialists. The obvious difference when contrasted with Western psychology is that Buddhism incorporates not just mind but also body and spirit. So here we have, I believe, a spiritual psychology – and one of a very practical nature, at that. Is there something we can learn – that Western psychology and psychiatry can learn – from the fact that there is a psychology that has incorporated spirituality?

The call from mental health service users for spirituality to become a part of the ‘therapy’ offered to them reflects, I think, a sense of ‘spiritual crisis’ in Western society, from

Western psychology something we call ‘spirituality’ make it into a ‘spiritual psychology’. If Western psychology is to become ‘spiritual’, spirituality must grow within it, affecting all its parts – as it does in Buddhist psychology.

The challenge, then, is to modernise Western psychology, and with it psychiatry, remodelling it into something new and different. As a transcultural psychiatrist, I think a start would be made if we reconsider the theories and practices within (Western) psychology, drawing on the multicultural roots of our current society (and of course, these are from African, Asian and Caribbean traditions as much as from European ones) and, at the same time, revitalising the spirituality that there is in Western (European) cultural traditions (not necessarily maintained by organised religion), a great deal of which has been lost over the years. Then we may reach towards a spiritual psychology that can inform the practice of psychiatry too. And if we tackle racism in psychiatric practice at the same time, we will be on the way to a truly multicultural mental health system – the dream, I think, of all practising transcultural psychiatrists.

This theme is developed in Suman Fernando’s book *Cultural Diversity, Mental Health and Psychiatry: The Struggle Against Racism*, 2003, London: Brunner-Routledge.

1. A. Watts (1995) *The Philosophies of Asia: The Edited Transcripts*, Boston: Charles E. Tuttle.
2. A. Kleinman (1977) ‘Depression, somatization and the “new cross-cultural psychiatry”’, *Social Science and Medicine* 11: 3–10.