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The role of spirituality in South African specialist psychiatric practice and training

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2012-01-31
http://hdl.handle.net/10539/11211

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EVALUATING PANEL REVIEW, 29 OCTOBER 2009

[Keys: PM – panel member; B - investigator]

PM 1: I've got a couple of comments. I think it's an interesting model that you're presenting. A couple of things concern me a little bit. I'm surprised that you do not have another theme emerging from the thing of some of the difficulties of incorporating spiritualism into psychiatry and that in a sense, psychiatry almost has had a form as a side to the discipline, often, you know, with judgements about what we regard as pathology, things like that, often in contradiction to many spiritual things, you know: driving out devils; hearing the voices of your ancestors talking. We make judgements about it and we say it is pathology, and I'm surprised that, you know, part of the difficulty you've been trying to …. It seems that you have to address that issue somewhere; those particular ones. And then the other thing is: if it becomes so all-encompassing that you're taking everyone having equal value, we don't do that: we don't think that female circumcision is a good thing or beating out the devils is a good thing. You know, there are certain spiritual values that are held by different cultures and different religions that I think directly contradict what a more scientific, humane thing such as psychiatry is meant to be. And I think that needs to be addressed in some way, you know as a problem. Because in a sense, if you just take the core spiritual values that you talked about like honesty and kindness and empathy and this sort of thing, you have, I think to justify why is that any different from what you learn at psychotherapy anyway and from what you are accepted to have as a psychiatrist anyway whether you're spiritual or not. That is sort of accepted that those are some of the qualities that psychiatrists have to have. While at the same time I do have… I know what you are looking at, and in a sense I think it is true that there are a lot of psychiatrists and certainly patients who have this spiritual aspect of their life and possibly wanted to incorporate it. I think that you have to deal with some of those more problematic areas before you can kind of reckon in that this is something that needs to be taught formally or discussed formally in –say- medical school training or whatever. Those are the issues I just want to raise.

B: Right, thank you.

PM 1: Just think about it.

B: This is essential, ---, and if this is not coming out that well in how we're talking about it here, this is not to disagree with anybody here. This is exactly where the counter-balance is: The emphasis is then: It cannot be done just one way around; it has to be done within the whole extent of the professional and ethical boundaries and standards that are required, so therefore the whole concept cannot happen the one without the other, and by all means you are quite right in saying these complexities that we're confronted with: and therefore it is not to influence anybody's own position as the worker, in terms of their own spirituality, but in training provide skills, provide knowledge, in terms of how to help in equal… ; that I think was the idea, because of the importance …

PM 2: I'd like to come in on that, because I also have a few thoughts about that and if I can just ask you, Bernard, because it may go part way to just answer your question: did you do model-cases versus any other cases, or was that not part of your…?

B: I did do a model case…

PM 2: So you did construct a model case? Because what I want to say is: then OK, a model case then would be a description of … What did you do? A border line case? Just a model case? Because your border line case would of course pick up what --- is saying: these are in any case attributes you should have therefore what makes this different from that? The one thing I was thinking about: when you actually make the recommendations for operationalizing your model, what are you going to be doing? … What are you going to be doing? Recommendations for operationalization? Strategies? So he's going to be doing strategies. If (and perhaps it's just an idea; something for you to think about) If you could construct as actual example; some sort of real-life type of scenario, so that it becomes far more illustrative of how it would happen. For example, take a case of a patient in deep rural Transkei, sitting with a psychiatrist. He's been to the spirit diviner, because he has been bewitched, OK, and as you say, we're thinking of that as psychopathology; he's coming from an entirely different paradigm and belief-system, spiritually, if you will. Now sits the psychiatrist with, let's say, who is the spiritual worker? (I have a few problems with that in what you've said, as well. Are you going to have a spiritual diviner in the room with you to be explaining?) To actually try and real-life illustrate some of these types of things ways in which the psychiatrist may find him- or herself faced. That then is say, just the context of a deep African belief. On the other hand, we could have a psychiatrist here who is at, say, Johannesburg hospital with a patient who… let's say also an African patient, who has been to the faith-healer and to

the minister, which is entirely different from the spirit-diviner, which may be closer to what the psychiatrist can relate to in this regard, and how it is different. Some of the things that did come out as different are when you spoke about these attributes, because some of them we can recognize. The kind of person who can give, but without being drained. That sort of difference between altruism and altruistic self-surrender. You know, maybe if you used some of those more common terms it would help to differentiate. Altruism is viewed as a mature defense. Altruistic self-surrender is not. I wonder if it would help him to use these terms and if it would help the understanding by professionals to help this click better onto what you're saying? Those were some thoughts because then those types of real-life scenarios to illustrate them could lead you to your final step, of actually generating some hypotheses which in the future; post-doctorally if you were to go on to test the tenets of this tentative theory which you are putting on the table, and then now testing in the clinical, empirical and teaching situations. Just as a thought.

PM 5: So what you're really saying, is, what are the boundaries between all these threads, between culture, between religion, between spirituality, boundaries between biological medicine and spirituality: boundaries between psychotherapy and spirituality; so that is the thing that we really need to get to.

PM 2: That differentiation… You see, and I think that Bernard refers to boundaries; he refers to the professional and legal and ethical, and perhaps you're demonstrating to us that the actual scenarios, as you will, might help to be more illustrative of what you are saying, Bernard,

PM 5: But he's also saying where they come into conflict: how do you deal with it?

PM 2: And perhaps you… you know: You are being very controversial. You are really taking on the establishment, that has been… look, let's put it… You did this ---. We know the historical tradition of psychiatry…. You spoke about Kühn. Kühn didn't talk about the structure of science; he spoke about the structure of scientific revolutions. You are envisaging a revolution. I'm a little bit tongue in cheek. You are turning the professor --- and his predecessors on their heads. So if you want to take it right to the end, we could say Bernard's being outrageous. Bernard's pushing the paradigm here. And it's OK, because you've taken the dominant discourse of what clinical psychiatry is about, and you're said there's an increasing discourse which is being marginalized in this very specific context that we speak about. It has been marginalized. About this whole thing of spirituality: I remember as a student nurse

being told "You are not allowed to discuss religion with a patient". That's how tough it was. Religion, anything to do with it; that was taboo. Nurse, thou shalt not discuss that with the patient! So what you are doing: You're bringing in a marginalized discourse. That's …; that's revolution. Great! Marvellous! Because it has to challenge. That's what a thesis is about. You can spend the rest of your life defending your thesis, and of course testing it. So hey! Good for you!

PM 3: You know, if you look at the bio-psycho-social model, biological is the easiest way to train, because you can test it; it is very easy to define. If you go to the psychological, it is reasonably easy to understand. You then go to the social-cultural,

PM 2: Airy-fairy and flaky…

PM 3: When you come to the overall spiritual, it's totally out there. So it's so easy for people to stay stuck in the known, in the biological side of science. It's much easier than to venture off into the outer world of spirituality… It's not easy.

PM 6: But he enjoys this kind of thing. I've seen him deliver papers on this…

PM 2: Well, isn't that a reflection of what we're talking about?

PM 3: I feel that actually, the kind of challenge we've got with training and teaching psychiatry, working with that… you know, it's so easy to work with the science, because it's there. And the more out in space we go, the more we try and run away from that. We try to stay with science.

PM 5: I'd wonder…? You've made extensive notes. I'm very interested in your contribution to this dialogue…

PM 4: Yes… I immediately need to preface. I did make lots and lots of notes. I want to preface my comments probably by saying that this is not my field; I will only speak as a methodologist. This is a wonderful way to retreat and to protect myself!

PM 5: Boundaries!

WISETD

PM 4: Yes, I have to say there were a few elements throughout the presentation which I think need to be cleared up, because I think the presentation is pursuing a number of goals which are not made explicit; or maybe I misunderstood. Maybe the slides went too quickly and it is not… it's a different context. I think the unease within which spirituality and religion are actually treated here – and I also recognize that a little bit also amongst the comments. From the beginning it is framed with spirituality, but a good discourse analysis would very quickly lead to at least a number of statements that would lead me to believe that this is not necessarily addressing as much the healers that you two spoke about, but… I didn't make systematic notes, but you talked about hope, you talked about praying, Creator… There is actually quite a strong Christian element in here. And so what is not clear: It's sort of put together and you keep emphasizing "all religious traditions are equal", however I think there is a clear tension between introducing Christian ideas and values into psychiatry and dealing with African Traditions – I don't know the right words to use – but the two things that you two dealt with. And I think they get covered up and I think there is much more of a Christian undertone in your presentation; much more that than dealing with people who have alternative faiths and how do you deal with them in psychiatry? So that is one uneasiness that I have with regard to the presentation.

The other uneasiness that I have is that to come up with this model in the end, I think the key presentation, the key really is how to get from the baobab tree to this. I would almost say, and I'm being maybe a bit… Maybe too strong here, that maybe you didn't need the framework of the interviews; In this model I don't really see the thirteen interviews. So if I think of... I don't exactly know: You've introduced a little bit of what the question is, but how you get from the question schedule to the responses to the systematic analysis to the interpretation to this is not really that clear. I really think this is where you want to go, and I'm not yet convinced about the path. I'm not even convinced that… I mean there's a lot more that went into this model that thirteen interviews, and that's my second unease, as a methodologist: You may get there with other ways. So in the end, the main points that you're making, and I probably misunderstood a lot, is that in some sense it appears academic psychiatrists and practitioners recognize the importance of spirituality (step 1) and (step 2), spirituality should be included in psychiatric teaching and practice, because (3) treatment will be more… you've used the word "holistic" and I presume also more effective. If that is your logic,

WISETD

PM 6: I agree with what you've said, What my experience was, if he had realized what he had found , he did not draw the link very clearly, which is …

(… talking all together)

PM 4: But the question is, the links, I mean I think making this three steps is a normative argument, and you're trying to cover it with science discourse. And I'm not convinced that you have done enough science to make this work. Even qualitative, even modern, interpretive, participative science; I'm not talking about hard-core laboratory-controlled experiments. But I think this is an argument that already exists and you're trying to fill it with using academic concepts, and I'm not convinced that this has been accomplished well enough.

PM 1: This is sort of what I was also trying to say. My feeling is that there were more themes in those thirteen things and you have only pulled out the one. You filled out the one that it is necessary and I suspect that there would be a lot more. Of more contradictory things, of more worried about it, this sort of thing, and I don't think that those thirteen things have been presented ; like that they all just come out with that one statement: It's too all-encompassing.

PM 4: But if you're saying that practitioners recognize the importance of spirituality in dealing with it, that doesn't necessarily mean that it has to be integrated, at least not in the way that you are proposing it. I mean, one could argue that for instance a Freudian would say sexuality is all over the place: That doesn't mean that sexuality needs to be integrated into practice in healing people. So it's a non-sequitor between one and two. And your argument that it will be more effective because it's more holistic, you can't take from … I mean, you don't have any evidence for that. I'm not doubting that. I'm saying that this argument cannot be made the way we are trying to make it. I'm just being really hard and just from a methodological perspective, and as I said, I may have misunderstood it… Yes, there's about maybe twenty or thirty other notes that I've made that … but I think these are sort of my main issues.

PM 5: Thank you. That was clear feedback. I was watching you.

PM 2: You know I'm a chatterbox. I'd like to pick up, in agreement with… I also feel there's quite a heavy emphasis on religion, be it whatever religion. I think there should be a more encompassing

emphasis on spirituality, particularly in the drawing. “Spirituality colon all religious traditions …” Belief systems? I don’t know- of which religion could be one. I’m also a little disturbed with the prominence of the word “religion”. Because I remember on the island. Remember that four-step definition you gave us of spirituality? “Deeply-held set of values and beliefs” was the one dominant thing you got from literature. One was “in an organized system of religion”. There were a couple of things. I agree that that comes in too much. For example, what about the world-wide move towards - I hope that this is not perjorative – but towards what one could call the more esoteric approaches; these reike and electrical fields and [skio ?] and that alternative stuff, people are going for big time. Big time. And in particular in psychiatry, that is also a very deeply-held system of beliefs. If that spiritual worker is working with you as a psychiatrist, I’m also a little uncomfortable with that. But I think there’s also another thing. And I’m not going to comment methodologically, but if you are challenging – because you see, what you are doing, Bernard, you’re challenging a prevailing belief system in medical psychiatry, aren’t you? You’re sticking it a little bit, the one that has been prevailing, as we have said. In the event -to the extent that some of those values may fall away, we may have to incorporate new ones, such as this gradual ascendancy of spirituality. When the sociologist talked to us about a stated animosity that may exist between the prevalence of the one system and the other one that is becoming established, in your analogy of the tree that’s almost like nature abhorring a vacuum. You know, your osmotic pressure is what drives the water up the xylem. In the event that there’s some kind of vacuum, something will fill it. You would like it to be a more ascendant role, if I can say, or acknowledgement of spirituality, and there I think you may have the dynamic of your model; I think you might need to think about the dynamic of your model. I’m not entirely comfortable with the dynamic of your model. I think there might be a bit of a different petrol here. I think it’s your own dynamic ; that uncertainty in change. I think you might need to think a little more about the dynamic. This picture, Bernard, doesn’t do justice – not at all. It would appear that the outcomes are the same as the receivers… I don’t know to what extent we must comment on this…

PM 6: You’re welcome

PM 2: I’m not happy with this picture of yours. I don’t think the context comes out nicely; I don’t think your dynamic is right. I think your dynamic is more subtle. As --- put it: more in the nether regions, to try and capture some of that. I’m not too sure about your phage group either as constituting the role models, the peer reviewers. I think we always try to think of the agents as people, because Dickoff

WISE-ED

James & Wiedenbach always ask us "who performs the activity?" I think in your case you can say who-slash-what, because there may be a "what" to it as well. And then I saw your outcomes, but THIS one… Are we grilling you, Love?

B: No, that's fine.

PM 2: Because I have above average levels of empathy, and I really am worried that we're grilling you.

B: No, I don't think you're grilling me.

PM 6: I'm very happy with where he is. I think what happened today just didn't come out as clearly crystallized as …

PM 5: the path you've walked, yes.

PM 6: There might have been another confusion, but a diffusion between the tree example; the last part of that, and the … on the first phase. So this was very well, and I think you can be very happy with what has happened.

PM 5: Good. Excellent to obtain where are the links? What is your argument and where is the evidence to your argument.

PM ?: Well, that's what I think' He's gone … you've got to extensively use in your qualitative assessment, quotes and… trail and…

PM 5: Well, he did; he has all that.

PM 2: Yes, I would imagine that in the write-up we would find that.

PM 5: Yes. His challenge was to present the whole process in a coherent manner and that is what you're saying: It's not always understandable and clear, or simple enough to follow the argument.

WiSET

PM 2: I could even refer you; when we keep saying to you how is this different from the way you want a psychiatrist to be anyway… Some years ago, - it was also one of your students – she dealt with a concept called (and I'm translating and I hope I'm translating well) "mental discomfort" – it was called "geestesongemak" –

PM 5: Oh, that was …

PM 2: Yes, and I'm just trying to translate it. I remember us debating vigorously at the time how this was different from just plain old depression. You know, because there seemed to be such similarities with plain old dysthymic disorder as… remember how we were talking about it in those days and we were saying "but how is this different?" and I think that clarity would be important. How is spirituality different from religion? Yes, and how are these values and these skills, as Lynda said, different from what is expected of a psychiatrist? (to-be)

PM 1: I've got to run – I'm sorry

PM 2: Bernard, what would you like to ask us?

B: What I'm starting to see… if the methodology is not coming together, then I'm going back to the drawing board, but to be able to leave a trail of evidence, to make these linkages, and when one goes back, to consciously look at the controversies, of which there are many. And quite true, it is exactly what the literature said, in a discussion of this, one will have to attend to it; it is exactly what is happening in American literature. It is all … this whole bulk of about 90% of it is this literature is Christian-orientated. Quite right. And one will have to take out of that which might still be relevant and still generic, yet at the same time if we only just go for African, then there's a lot of problems there as well. So, to have to be coming out much more clearly on the generic things, and I think in the interviews it was also hard to think of how it could be even a generic spirituality and a generic skill. How do you teach it? How do you evaluate it? And what is that different from psychotherapy teaching and training as we said? So that is definitely in there and I should definitely go back on that and make those things much more clearer.

PM 5: There are such things like universal values for spirituality, which you can't say that is an isoteric thing, (several remarks at once) but there are universal things and I think that is something you can

WitsETD

address. The methodology chain of evidence is there. You couldn't… that isn't the problem, because we've been following you. The links are there. I think what I was listening at was the clearness of what is spirituality versus religion, and maybe as --- says, we must look at those religious traditions and rather take it out.

PM 4: I think I must make my argument even more simplistic; maybe as a question to understanding that. I think there's a tension between two different arguments I hear out of this presentation. The first is that you have to take into consideration, certainly, the spirituality of the patient, on the one hand, to understand the complete and the wholeness of the person. Maybe you're even making slight points in the argument. Maybe you have to take into consideration the spirituality of the people treating, also, but that's sort of on the sideline. But there becomes a more holistic image/ picture/ phenomenon, to be addressed; maybe not even treated, but to be dealt with. That's one set of arguments. But in addition to this, what I'm seeing is that you have to include religion into the treatment. So, if a patient is not doing well, psychiatrically, if there is no spirituality in the person's presentation, you have to actually lead this person to religion, and this is my unease about it, that you're saying that if you have a patient-practitioner situation, and if the patient is not struggling or dealing with religion, then the practitioner even needs to do a bit of Bible-reading or maybe do something else in order to create a more holistic …

PM 5: That is not his argument, No, he would rather go for the spirituality…

PM 4: The first one, I think, is more interesting. The second one is, in my opinion, very dangerous.

PM 5: No, it's not ethical! That is what he's actually saying no, we should not go there.

PM 4: Ja, if he's saying… You are saying that spirituality will actually address a problem from a more holistic or a more effective way. But therefore, all treatments must include a spiritual aspect, otherwise you're not whole…

PM 5: Yes, but this is about consciousness. I don't have any unease about what you're saying. Thank you, ---. I appreciate you. This is about making people aware. And I think that should be part of treatment. I don't know if you agree with me?

WISETD

PM 7: Well, I think it certainly should be part of training.

PM 5: Yes, yes absolutely!

PM 7: I think part of our training is that you deal with what the patient brings, and certainly I don't think that Bernard is saying that spirituality or exploring spirituality should be imposed on a patient.

(General simultaneous comments)

PM 5: You must take religion out.

(General simultaneous comments)

PM 5: That's where that's disturbing, because…

(General simultaneous comments)

PM 3: Can I just come in here?

PM 5: There are times when your religion is harmful …

PM 7: and where it comes into conflict…

PM 4: But if you are saying that spirituality should be included in psychiatric teaching and practice because treatment will be more holistic and effective

PM 5: Yes

PM 4: Then, and if you agree with that…

PM 5: Yes

WitsETD

PM 4: Then in a situation where there isn't spirituality, then the practitioner MUST introduce spirituality

PM 5: Yes

PM 4: in order for the treatment to be more effective.

(Applause)

PM 5: I agree with you, **PM 4**. That is what you're saying!

PM 4: And if that is what you are saying, I have a huge problem with that.

PM 5: Aah! Let's hear…

PM 6: I want to come with… just before, one thing…

PM 7: I don't think that's what he is saying…

PM 5: Spirituality, per se, is about becoming more aware and mindful in the present. Why do we have…?

PM 4: Yes, more mindful of..?

PM 5: Living in the here and now!

(everyone at once)

PM 4: … about intangible, unseen and life-defining matters of mind and soul in relation to…

PM 5: Yes, we'll have to address that. No, no, no!

(Everyone at once… "argument")

WitsETD

PM 5: … we aren't actually talking about, you see, you…

PM 4: God, creator, and praying?

PM 5: Ja, but I hear you stating things that he shouldn't have quoted! Redefine the final definition!! Because I agree with you! No, No, No! I know his work!

PM 4: I'm just following the train of argument…

PM 5: Thank you!

PM 4: I don't know you. I don't know what your belief system is…

B: But what I'm hearing is that there is a lot of clarification needed and I should be very specific.

(Much laughter.)

B: I'm not at all clear what you have a problem with, but if that is how it came across, it is very much definitely…

PM 4: I think this model and its definitions lead to that conclusion.

PM 6: I didn't want to tell you but I've got a big problem with what Bernard has done today. You've set spirituality equal to religion, and that is NOT … (everyone at once)

PM 5: No! He said that right at the beginning… that it's not!

PM 6: I know, but as he developed it…

PM 5: … but definitely in his presentation it would appear to…

B: If that is what is coming out of that graphic then of course it must immediately be…

WISETD

PM 2: Bernard, that's why I said: "Spirituality COLON". Can you see what that colon is saying? Spirituality = all religious traditions equal. It is reducing… (general mutter) that is why I say: That must come out. In contrast with what was said, that would appear to reduce it to religious traditions, which is in contrast with how you began.

B: And then, if that is simply a matter of graphics…. But that is definitely not…

PM 2: You see, people look at your graphic. You could discuss it for an hour…

PM 4: Evangelists would love this! All the people who have been raving about intelligent design would say "This is exactly what we've been talking about!"

PM 3/6 Ja. And that is exactly what he is not talking about.

PM 4: And that's the tension that I was trying to say … sometimes it's spirituality with regard to how to treat spirituality, in the context of western psychiatry, " What does western psychiatry (whatever western means) have to do to deal with this in a more holistic way?" is a completely different thing to than to say that in order for psychiatric treatment to be effective, it has to be holistic, and in order for it to be holistic, it has to include religion and spirituality…

PM 5: No!

PM 6: No, but!

PM 5: I know, I know, but I'm trying to say

(Various other comments simultaneously.)

PM 5: I love what you're saying. What you're saying is the consciousness, mindfulness, awareness, living in the here and now, and having an internal locus of control. We talk about people living their lives asleep. Then you're … And what needs to be done? For example, the person who ALWAYS overspends,

WISETD

and becomes depressed, and does not understand that his pattern of overspending … then he sees (this morning they told me about it – I burst out laughing) Then the woman says: "You know, it's the devil!" She's asleep, you know! Consciousness: What a psychiatrist should do with a person like that is work him so she becomes awake and sees "but it's me! I'm overspending all the time"

PM 2: There are a few places you'll have to take note of that trend, Bernard, when you provided the sample profile of the psychiatrists you interviewed did you see you identified them by religious group as well? Don't do it.

PM 5: It could be one of the criteria. He used religious grouping and he used gender. And experience.

PM 2: Be careful. For example, were all those psychiatrists trained at ---? Even though they work at ---. Might that not be…? Are we together?

(Someone needs to leave.)

… apart from religion. I'm just saying, make your sample profile…

PM 5: Can I say something to you, Bernard? For those who have been given a lot, the criticism will be the fiercest. You must remember that.

B: But I'm getting it quite specifically that it's one of my problems to be coming clear on what one means. I have been experiencing it…

PM 6: No, I think the problem is different. I think you've pulled the (argument ?) apart. You've tried to utilize your paradigm. You've tried to utilize an analogy to express…This is the most difficult thing that you can put across, to take out just that one portion and make it very clear, and in that you have succeeded, but you've played over …(?).

PM 2: You see, I have absolutely no doubt that you have documented your trail. I have absolutely no doubt about it. That the evidence of that is lacking here doesn't even worry me because I know it exists. OK? I think also, Bernard, you must understand our bona fides. You are going to be in far better forums

WitsETD

than this. We are trying to be constructive and say "did you think about this?" We don't want to fight with you, Love!

B: But it's fine! But I'm hearing what you're saying, that it's not coming clear.

PM 7: Maybe one way of dealing with that is: you've looked at all the literature, but maybe you should be parceling out the African, alternative to the Christian, and maybe try and identify what are the common themes which are coming out of both origins of literature and then the common themes from the interviews.

B: Yes

PM 7: And then the other thing that struck me is that you have very much that – although we may be coming from a very biological background and that certainly neuroscience is in the ascendant, there is very much a lot of research going on in the interface between experience, the psychological experience, stress and biology, and a lot of the things you talk about in terms of mindfulness for the here and now, are part of religious traditions, are also very much part of psychotherapy.

PM 5: Absolutely!

PM 7: You have to kind of grapple with that a bit in order to say, like Bernard said, what is extra? what is different?

PM 5: And I wondered while you were talking if one shouldn't have an opposite suggestion than yours and I'd love to hear what you say: If he shouldn't go and root out all definitions; theoretical definitions that has a religious slant? In the meantime, what I'm saying is, that he only looks at the spiritual ones that are neutral, in brackets that does not represent a religious tradition, because that is what Prof. __ – I was listening to him: his definition really is wonderful. I like it. But while he was going through the literature definitions, I could see there was a bias, so the challenge would be now to go back and … them out.

PM 6: There could be a spiritual definition without being religious.

WiSETD

PM 2: That is what we are trying to do. And that is what came through clearly on the island, when you presented to us a little while ago. You see the other thing, Bernard you stated quite clearly that you went only to the medical literature. I don't know if you may have done yourself a disservice in terms of what --- is saying. This whole consciousness-awareness movement in the world, the Pat Chopra's of this world and that stuff, and the stuff you see: Consciousness, in the present, awareness, you're not going to find in the medical literature. You'll find that …

PM ?: Religious literature…

PM 2: No, no, no! Remember that the organized religions are a bit scared of that. You'll find it in the more esoteric literature, which is another deeply-held value and belief system.

PM 5: No, he will find it in philosophy. We all bought the book that is now on the market "From Zombi's to angels" and that is from a professor of philosophy.

PM 7: But you will find it in various… It is something that is pervading literature

PM 5: Absolutely, sure!

PM 2: But not in the regular medical psychiatry books…

PM 5: No, there you won't, you see.

B: And there again, you have to come out clear, that it is only a sample of the medical literature.

PM 5: Absolutely.

B: And as much as it is a sample of thirteen interviews, this is a sample of literature, and you cannot even remotely try and manage it! As much as you have done the interviews to try and take out themes… and in fact the themes are about… I just have to ground it more. It is biased to Christian because of the United States' contribution to this literature…

WISETD

PM 5: Predominance, yes…

B: … and if there is anything in the graphics since the island, that has now swung this around, to be understood and heard that one is secretly promoting an agenda in the sense that psychiatrists must involve themselves with … It should be quite clear that psychiatrists should not have a primary role in that. But the acknowledgement that the incorporation of it in the model is about clarifying the boundary issues and that Psychiatry is sitting in the boundary; is being the boundary. That it is being decided what is out and what is in and this is perhaps also where the analogy is not clear enough, but within professional expectation of what is within the boundaries; what is not? Where must peer review come in? What should you charge the medical aid for even psychotherapy which is not …

PM 2: That's another mine field…

B: and charge the medical aids for it, which is not … All of those things would be in it. And, in addition to that, you have the whole trend to define "If you're spiritual, then everything is fantastic, joyous and happy, and I have a suspicion that you have another spirituality which is NOT that, and this is not coming out in any of the literature.

PM 2: I wouldn't worry…

PM 6: Throw me with that stone. Take the stuff out and … Ja, you know why? It is becoming equal. It is driving … take it out, put it into the back and keep your mind clear, from that what is clear in you, your study.

PM 5: It's very clear. Look. He's got the chain of evidence there is a chain of evidence.

PM 2: And Bernard, I'd like to say as a final thing: I don't think you must worry about thirteen interviews; a sample of the literature. Remember: Science is incremental, science is tedious. You are putting very tentative theory on the table. You don't have to apologize. You're with me? You're going to spend your post-doc life testing the tenets of your theory. Other researchers are going to come along, building a body of knowledge here. As I say, it's incremental. It's a slice. Don't apologize. Do a really,

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really - and I'm sure you have – good piece of work. It's an increment in everything we know. Over time, when you and I are long kicking up the daisies and wherever it is we'll go in the spiritual dimension, you know what it is I'd fancy? I'd love to live 500 years from now. Because we look back over 500 years and say: "Ha-di-ha! It was a fact that the earth was flat." I'd love to live 500 years from now and say " Ha-di-ha! Do you know that they didn't even know what spirituality was?" Are you with me? So, as far as I'm concerned, tentative theory, well done, well accounted for, but it's a tentative theory which is subject to validation.

PM 5: Let me tell you, he has done a thorough job for his Ph.D. But I think a wonderful thing we've picked up now, is to throw out religion. I think that's what we have to do.

PM 2: No, no, no! Don't throw out the baby with the bath-water: it is A facet of spirituality.

PM 5: But the focus must not be on it. It must not be such a predominant thing.

PM 6: You know what. I'm becoming more and more of the stance that (I haven't tested it yet) that the religion produced in a Christian, bedevils everything. But spirituality assists you to become mentally healthy.

PM 2: You know what I like about one word you used: you said "open-minded." Yes. Do you know that THAT is also the definition of objectivity? The more open-minded you are, the more objective you can be, and that to me is terribly important because if it's only my paradigm, let's just take Christianity which now came to the fore. In any other context it could have been Islam, Judaism, you name it. That open-mindedness, I think is very important to spirituality, because that implies the open, so-called mythical, objectivity.

PM 5: Look what…. showed us, because he said, when we say psychiatrists should take spirituality and I said "yes", he said: "but I've got a problem", and when I asked "why?" He went back to… (all at once). But that definition isn't the one you used! But that's very valuable feedback. But I want to clap hands. I want to repeat: for the person who has been given a lot, a lot of criticism will come your way.

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