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(See associated powerpoint slide show)

TOWARDS A SPIRITUAL WESTERN PSYCHOLOGY. IS IT FEASIBLE GIVEN CURRENT PARADIGMS?

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Introduction

The mental health discourse today – at least in Europe and North American - seems to be moving away from the traditional illness-approach by referring to ‘mental health problems’ rather than mental illness and symptoms, and to ‘interventions’ rather than treatment. Yet, much of the thinking continues to be strongly influenced by ideas in (western) psychiatry and western psychology. These ideas are concerned with concepts built up over the years about ‘mental’ matters concerning (western ideas about) ‘mind’ as distinct from ‘body’ (seen in terms of physiology and general medicine) and from ‘spirit’ (seen as being located within religion).

Today, a significant demand from users of mental health services in the UK is that the disciplines of psychiatry and psychology should incorporate a spiritual dimension. And so the question arises at to what exactly is being asked. What is meant by spirituality? In my view, many people conceptualise the ‘spirit’ as a concept similar to the ‘mind’ but yet different. When people talk of being ‘spiritual’ they generally seem to mean a feeling of connectedness - the personal being connected to others, the ‘I and I’ principle of the Rastafarians which ‘expresses the oneness between two persons’ (Cashmore, 1979: 135) – to the ‘community’ (a ‘community spirit’) or even wider to the land or environment (an ‘ecological’ spirit?), the earth and the sky – the cosmos (an unity with ‘atman’ the Hindu godhead, Jewish Jehovah or Christian God?). Such connectedness implies in practice openness, tolerance understanding and so on. Some experience spirituality in the appreciation of music, dancing and the arts in general; some in poetry or prose or looking at a picture. And some seem to find it in communal life especially within adherence to some religious order.

Lack of spirituality may be experienced as an impoverishment of the spirit – a sense of emptiness. Then, prayer and meditation may be a way of replenishing this lack; joint action in a group setting may equally well do the same and various other culturally determined ways may exist. Can psychotherapy or even psychiatry provide a way too?

The question arises too of how all this relates to spirit possession or ‘spirit illness’ - possession by jinns, or devils or at least some supernatural beings. How does the explanation in some quarters that ‘spirit loss’ (i.e. losing one’s personal spiritual identity) results in illness (e. g. see Lebra, 1984) fit into the picture and what about claims of spiritualists to communicate with the ‘spirit world’?

I do not think I can even try to encapsulate in this talk all these aspects of what ‘spirit’ and spirituality may mean – not even if I limit myself to the context of psychotherapy, counselling, psychiatry and other disciplines that address matters to do with ‘mind’.

What I mean to do is to throw out a few lines of thought that you may follow in exploring the topic (or range of topics) around spirituality. Inevitable what I have to say is a personal viewpoint but I hope one that would ring some bells and provide some food for thought. First, I would like to look very briefly at the origins of psychiatry and western psychology, and then say something about spirituality in relation to these disciplines, and about Buddhism as an example of a spiritual psychology.

I speak of *western* psychology because there are other systems of thinking about what we may roughly call 'mind' that have developed in other (non-western) cultural settings, such as (say) Sufi psychology, Buddhist psychology and many others. But with regard to psychiatry as a part of western medicine there is perhaps nothing quite like it in other systems of medicine – except perhaps practices described within Tibetan Medicine (see Clifford, 1984) and now possibly extinct. I need not describe to you the wide-ranging types and forms of human problems that psychiatrists of today strive to encapsulate in terms of illness - sometimes against their better judgements. But even when the discipline first came about – say two or three hundred years ago - the extent to which madness was medicalised was far in excess of any such (medicalising) movement within other (non-western) systems of medicine (see Fernando, 2003).

History of Psychiatry and Psychology

Psychology and psychiatry (which I think fall under the category 'human sciences'), these disciplines, like the natural sciences, were products of the European 'Enlightenment'. In the sixteenth century, Descartes established a strict division between mind and body setting the style of (western) psychology (Murphy, 1938). Since then, western thinking has increasingly split thought from affect (emotion) (Fromm et al., 1960): 'thought alone is considered rational - affect, by its very nature, irrational; the person, I, has been split off into intellect, which constitutes myself, and which is to control *me* as it is to control nature' (1960: 79). Western psychology, aping the physical sciences, dissected human nature, reducing complex systems of emotional and intellectual life in order to 'find' laws, basic 'facts', natural tendencies etc. - the reductionist approach to gathering knowledge. Later, psychology took on the mechanistic approach of Newtonian physics, analysing human feelings in terms of cause-and-effect, 'forces', etc. In adopting this mode of thinking characteristic of nineteenth century (rather than twentieth century) science, anything to do with supernatural influences and spirituality was excluded.

Psychiatry as we know it today arose in Europe about 200 - 300 years ago from two main sources. First the need to control and put away so-called 'lunatics' who were disturbing, one way or the other, social order in European cities. And secondly, from a growing interest in matters to do with the 'mind' in European medical circles. The great confinement (into asylums) occurred at a time when European thinking had entered the 'age of reason ... [so that] ...all beliefs and practices which appeared ignorant, primitive, childish or useless came to be readily dismissed as idiotic or insane, evidently the products of stupid thought processes, or delusion and daydream.' (Porter, 1987: 14-15). People exhibiting such attitudes and behaviour - 'outsiders' - were identified as disturbed (rather than 'disturbing') and people seen as 'alien' to polite society were assumed to be 'alienated' in mind.

The early psychiatrists were called alienists because they set the boundary between the mentally 'normal' and the insane. 'Illness' of the mind became the basic model for understanding people regarded by society as 'mad'. But then this approach extended widely so that both socially undesirable behaviour and states of mind that were not easily understood were equated with symptoms of 'illness'. Various theoretical concepts about such illness (of the mind) were developed, initially drawing upon the Greek Hippocratic tradition (Simon, 1978) that had been preserved during the (European) dark ages by being translated into Arabic by scholars of the Islamic empire. Later, psychiatry drew from a variety of sources. 'Pathologies' of emotion, intellect, beliefs, feelings, thinking etc. were identified and elaborated. As illnesses were named, modern psychiatry came into being. And over the years the illness-approach has been applied to many human problems and situations (see Fernando, 2003).

Now the situation in the cultural traditions of Asia, Africa and pre-Columbian America is very different. For example, in Eastern traditions, health is seen as a harmonious balance between various forces in the person and the social context. The Chinese tradition views illness as an imbalance of *yin* and *yang* (two complementary poles of life energy) to be corrected by re-establishing 'balance' (Aakster, 1986). The Indian tradition emphasises the harmony between the person and his / her group as indicative of health (Kakar, 1984). And the concept of health in African culture is more social than biological (Lambo, 1969). In all these non-western cultures, human life is conceptualised as an indivisible 'whole' that includes not just the western 'mind' and 'body' as one but also the spiritual dimension of human life - the term 'spiritual' referring (as I have already suggested) to a sense of connectedness in keeping with a holistic approach. Further, understanding about the human condition does not (in non-western cultures) naturally divide up into the fields of study as defined in *western* thinking of 'psychology' 'religion', 'philosophy' 'ethics' and medicine. So the culture of psychiatry and western psychology are based on certain assumptions.

Overhead: Culture of Psychiatry

Although western psychology originally developed hand in hand with psychiatry (psychology studying what was constructed as the 'normal' mind while psychiatry constructed and studied the 'abnormal'), western psychology has veered away to some extent from an illness-approach. But both psychiatry and psychology have followed ways of thinking that we generally call scientific. From a sociological viewpoint a scientific approach is implemented within what Kuhn (1966) calls a paradigm, meaning a system of beliefs and assumptions that determines fact-gathering within the science - 'the rules of the game' that are often implicit, rather than being clearly stated, more like shared beliefs (1966: 40 - 45). And the paradigm determines 'what constitutes useful and respectable data, what form theories [within the discipline] should take, what sort of language [the] scientists should use, how they go about their business' and so on (Ingleby, 1981).

The paradigm within which 19th century natural sciences (physics, chemistry etc.) was pursued until the early 20th century (and to some extent now) is the paradigm within which western psychology and psychiatry developed and tends to continue. As you would know modern science (the 'new physics') promotes a very different paradigm

with Einstein's theory of relativity, of Heisenberg's uncertainty principle, of chaos theory suggesting the importance of unpredictability (see Davies and Gribben, 1991).

Overhead: Paradigm of Western Psychology and Psychiatry

This perhaps already outdated paradigm we adhere to in western psychology and psychiatry includes (a) positivism, the belief that reality is rooted only in what can be observed; (b) causality meaning that everything has a cause yielding a mechanical cause and effect model and implying that nothing is truly random and nothing beyond understanding (i.e. supernatural); (c) objectivism, where feelings become things 'out there' to be studied as objects, and moral judgements are not valid; and (d) rationality, where the final arbiter of truth is reason and all assertions verifiable by logical reasoning. The methods of study are (a) the mechanistic approach of Newtonian physics; (b) reducing complex systems into its parts; and (c) intellectual, logical reasoning as opposed to any other type of understanding, such as intuition.

As European culture came under the influence of the so-called 'Enlightenment', science and religion started to draw apart from the 16th century onwards, 'science' coming to the forefront. Consequently, ideas that had been allied to religion, such as spirituality, were excluded from both psychiatry and western psychology as these disciplines developed 'scientific' approaches. But I suggest something else happened too. While, before the Enlightenment, religion and spirituality were closely linked together – and one and the same thing for all practical purposes - a gradual secularisation of institutional religion has occurred during the modern era, gathering force in the latter half of the twentieth century, in so-called post modern times.

I suggest that, today, spirituality is no longer an inherent part of many organised religions. As institutions, organised religions are more political and social than spiritual. True, organised religion propagates what are called 'moral values' but these are usually based on literal interpretations of what some people might have said or even worse what is thought of as divine revelation written in books, be it the Torah, Koran or Bible. Perhaps organised religion always has been like that. What I am suggesting is that, whereas at one time 'spirituality' was *also* an important part of many organised religions especially when they first arose, that is not the case now.

Another way of looking at this topic is this. Over the past two or three decades religious institutions (perhaps with the exception of Islam and evangelical Christianity of the US), institutionalised religions have lost influence over people in the UK and North America. This move away from religion applies especially to the mysticism (for want of a better word) mysticism within religions and it is that mysticism, I think, that represents whatever spirituality is left in them. Here Islam and fundamentalist Christianity may not be exceptions because it is not the mystical side of Islam or Christianity that is apparently popular – it is the political, the so-called fundamentalist dogma that is popular. What served the ambitions of George W. Bush were the 'three fs', faith, flag and family values translated by Andrew Rawnsley (2004) in the Observer as the 'g spots gays'n, guns'n, God'. Sounds to me more like bigotry than spirituality.

So, I suggest that spirituality and religion (as we understand it today) no longer coincide in the experience of most people, but I concede that there may be exceptions.

So when we try to understand what exactly people mean when they ask for spirituality in psychology, psychiatry or psychotherapy, we should not look to organised religion primarily, or perhaps at all. People who claim to be ‘spiritual’ – or are seen as such – are not spiritual because they adhere to an established belief system that is propagated by a specific religion. And adherence to such a system is not necessarily a measure of spirituality.

Psychology and Psychiatry

So where are we now with respect to the practice of psychiatry and clinical psychology applied in therapy as psychotherapy or counselling. It may be said that, in practice, spirituality has never lost its relevance to mental health and concepts of disordered health. Indeed, many people who use mental health services, and even some professionals involved in providing these services, seem to feel that the secularised approach of psychiatry and psychology is a drawback, rather than an advantage. In Britain, this feeling is particularly evident among black and Asian people, perhaps because many of them come from cultural backgrounds where spirituality is inherent. Recently, voices have been raised even within psychiatry calling for the discipline to reconsider the place of religion and spirituality in psychiatry (e.g. Turbot, 1996); the Royal College of Psychiatrist has now got a special interest group in spirituality.

In the classic book *Zen Buddhism and Psychoanalysis* (Fromm et al.1960), Erich Fromm proposes that psychoanalysis emerged as an attempt (in European thinking) to find a solution to what Fromm called ‘western man’s spiritual crisis’ (1960: 80) - a crisis attributed by Fromm to Europe’s ‘abandonment of theistic ideas in the nineteenth century’ with ‘a big plunge into objectivity’ (1960: 79). Cultures in Asia and Africa did not undergo this change and, although undoubtedly influenced later by western ideas, they appear to have maintained a spiritual dimension to their thinking in many ways until the present. So I think that Asian, African and pre-Columbian cultural traditions still carry spirituality as central to human experience – and that this ‘spirituality’ is different to ‘belief’ or ‘cognition’ or ‘emotional state’.

We may get some impression of what it is like in other traditions by listening to people from these traditions active in North America. Ross (1992) writes about indigenous (first nations) Americans undergoing spiritual observance in preparing to embark on a task such as making a journey or venturing on a hunting expedition. To quote African-American thinkers, a theorist in the field of African (Black) Psychology, Wade Nobles (1986), believes that the integration of mind, body and spirit is characteristic of the worldviews derived from African thinking; and Dona Richards (1985) claims that African spirituality ‘survived the middle passage, the slave experience’ to continue in African-American communities (1985: 207). Indeed Du Bois (1970) in his classic *The Souls of Black Folk* originally published in 1904, saw ‘Spiritual Striving’ as a characteristic of the cultural ideal of black (African) Americans. Ninety years later, bell hooks (1994) writing in *Outlaw Cultures*, regrets the ‘spiritual loss’ of modern African-American communities in the US and advocates the need for political movements that can effectively address the ‘needs of the spirit’ (1994: 247).

In Britain as in the US there is a cultural fusion in music, dance and the arts in general. Yet, spirituality *seems* to be a more active part of the lives of many British

black and minority ethnic communities than it is in the lives of most indigenous white people. But I may be wrong and, in any case, any difference is unlikely to be absolute by any means.

Buddhist Spirituality

Interest in Buddhism is said to be growing phenomenon in western societies today. Basically it is more a psychology in western terms or at any rate a system or way of thinking and living that has developed I think fairly precise methods of reaching spiritual insight and liberation from suffering – perhaps the very outcomes that we aim for in psychiatry and psychotherapy. As it spread from its original source in North India to other parts of Southeast Asia, China, Japan and Tibet, Buddhism accumulated varieties of practices and beliefs. The term *bhavana*, or ‘cultivation’, is the closest Sanskrit equivalent to spirituality in Buddhist writings. Bhavana refers to liberating the mind and realising the ultimate truth, nirvana (Yoshinori, 1995). The earliest interpretations of the message of Buddhism are described as follows (Pande, 1995):

[Buddhist] Spiritual life consists in the effort to move away from ignorance to wisdom. This effort has two principal dimensions: the cultivation of serenity and the cultivation of insight. Ignorance is the mistaken belief in the selfhood of body and mind, which leads to involvement in egoism, passions, actions, and repeated birth and death.

(1995: 10)

The wisdom through which the ultimate truth (nirvana) is reached is characterised by no-self (*anatta*), impermanence (*anicca*) and suffering (*dukkha*). The variations of these characterisations, their elaborations and interpretations, have resulted in a variety of Buddhist traditions. Therefore, Buddhist spirituality may seem close to what in western psychology would be seen as self-knowledge but with one important proviso. Understanding the *lack* of a ‘self’ as something permanent - the ‘non-selfhood of body and mind’ (1995: 10) – and the realisation of ‘self’ as illusion is an integral part of liberation.

In contrast to the Buddhist tradition of downplaying the ‘self’ as impermanent and illusionary, western psychology *elevates* the self – the ego – to centre-stage as something separate from all other aspects of a personal individuality, as autonomous and very important. As a result, psychological therapies - the western equivalent to ‘ways of liberation’, according to Watts (1971: 4) – these therapies emphasise developing and maintaining self-esteem, integrity and ego-boundaries to protect the self, boost the self etc. Similarly psychiatry (dealing with the ‘abnormal’) looks for abnormalities of self – categorised as self-depreciation, hopelessness, guilt etc.

Overhead: Self / Ego in Western Psychology and Psychiatry

Conclusions

The term ‘spirituality’, like the term ‘mental health’, does not denote a precise concept but is used widely. In exploring spirituality, it is important to note that its essence is not necessarily represented in the written or spoken word nor necessarily evident in organised religion - in the West at any rate. Yet, it is likely that spirituality

may well form the original basis – the ‘spiritual basis’ – of all religious systems and traditions – the inspiration of Shakyamuni (The Buddha), Jesus (The Christ), Mohammed (The Prophet) and indeed many others who we may not even know about. Religious systems have built superstructures over the years, pointing to somewhat different paths to be followed, the languages used have differed, and their cultural contexts have been different. And of course politics (of organised religion) has distorted and often corrupted the fundamentals of every religion. However it may be possible to extract from these traditions some aspects of spirituality in (as it were) its raw form – separated out from the social and political superstructures around it.

It may be the case that wisdom within the great religions, even the three mono-theistic western religions Christianity, Islam and Judaism, the wisdom contained within them (whether oral or written) may guide one to an understanding of spirituality. So recent movements for mental health services to try and link up with so-called ‘faith communities’ may be a way forward if its limitations are recognised. Students of psychology and psychiatry and psychotherapy studying religious texts under the direction of religious teachers may be helpful. At a personal level perhaps each of us needs (at least) to widen our horizons and experiences. This is for you to discuss – I do not have the answers.

The traditions identified in the field of mental health as ‘western’ are now very different to those identified as ‘eastern’. One could say the paradigms are different. On the whole I believe that the ‘eastern’ is more in line with what is generally considered a ‘spiritual’ approach to life, although I should hasten to add that the contrast I present could equally well be designated North and South, Broad and Narrow or Holistic and Reductionist. And the differences may well be merely ones of emphasis.

Overhead: Ideals of mental health

Having stated East-West differences of emphasis, I suggest that *fundamentally* in terms of what actually happens on the ground East and West may be much closer to each other than one thinks. Communication and interchange between East and West go back in time for thousands of years and is not just a recent ‘new age’ phenomenon. The connections between North and South (in terms of Africa and Europe) are equally strong – see *Black Athena the afro-Asiatic roots of classical civilization* by Martin (1987). It may well be the case if you examine (say) your own practice as psychotherapists that there is much of what I call ‘East’ in Western practices and I am sure today there is much of ‘West’ in current Eastern practices. So, although we may need a paradigm shift if western psychology is to become spiritual, the shift may be less fundamental than we think.

In the introduction to a translation of the *Bhagavad Gita* (Prabhavananda and Isherwood, 1947), the epic conversation between Arjuna and Krishna which epitomises the Vedanta philosophy that is commonly called Hinduism, Aldous Huxley, a western philosopher and scientist, states: ‘In regard to man’s final end, all the higher religions are in complete agreement. Contemplation of truth is the end, action the means.’ Huxley goes on to suggest that this was a universal orthodoxy until:

The invention of the steam engine produced a revolution, not merely in industrial techniques, but also and much more significantly in philosophy. Because machines could be made progressively more and more efficient, western man came to believe that men and societies would automatically register a corresponding moral and spiritual improvement. External circumstances came to be regarded as more important than states of mind about external circumstances, and the end [meaning the aim] of human life was held to be action, with contemplation as a means to that end.

(1947: 11 -12)

Overhead: Action and Contemplation

So perhaps the paradigm change that we need for spirituality to be incorporated into western psychology may be one of changing the balance between the importance given to contemplation and that given to action. Something that perhaps psychology can handle successfully.

To return to the book *Zen Buddhism and Psychoanalysis* (Fromm et al 1960), Erich Fromm drawing on Suzuki's chapter in the book on Zen, Fromm argues for similarities (perhaps no more) between Zen and the tradition initiated by Freud, especially in its developments in humanistic and existential therapies. It is a book you need to read for yourself if you have not done so already, and the best I can do is to quote from it at some length.

While Freud represents the culmination of Western rationalism, it was his genius to overcome at the same time the false rationalistic and superficially optimistic aspects of rationalism, and to create a synthesis with romanticism, the very movement which during the nineteenth century opposed rationalism by its own interest in and reverence for the irrational, affective side of man.

(1960: 81-82)

Fromm argues that by emphasising the role of knowledge (or knowing oneself) in transforming the self, emphasising the limitations of conscious thought, and emphasising free association as superseding rational thinking, Freud 'moved in a direction which had been developed much farther and much more radically in the thought of the East' (1960: 83).

Overhead: Paradigm Shift?

Finally Fromm says,

The foregoing remarks are not meant to imply that Freud, in his conscious intentions, was close to Eastern thought or specifically to the thought of Zen Buddhism. . . . Freud was too much a son of Western civilization, and especially of eighteenth- and nineteenth-century thought, to be close to Eastern thought as expressed in Zen Buddhism, even if he had been familiar with it.

(1960: 84)

What Fromm tries to show, correctly I think, is that 'in spite of these obvious contradictions to Zen Buddhism, there were nevertheless elements in Freud's system which transcended the conventional concepts of illness and cure, and the traditional rationalistic concepts of consciousness, elements which led to a further development of psychoanalysis which has a more direct and positive affinity with Zen Buddhist thought (1960: 84-5).

So perhaps I can leave you with the thought that developments in psychoanalysis into humanistic and existential psychology combined may be with post-modern thinking that promotes a cross-cultural relativist approach and finally a feeling among both therapists and users of therapy that spirituality is lacking in current western psychology, psychotherapy and psychiatry, that all these together may produce the context for paradigm shifts of sorts that can enable spirituality to become an integral part of western psychology – at least in the practice of psychotherapy and counselling.

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