Transcendence, Immanence and Mental Health

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Summary

The concept of transcendence has featured in debates about spirituality and psychiatry both as a core defining feature of what spirituality might be considered to be and also as a significant point of contention. However, it is amenable to interpretation within both psychological and theological frameworks of reference and provides a possible common point of reference to professional and academic discourse. Properly understood, transcendence should be seen in a close relationship with immanence, rather than in opposition to it. A clearer analysis of the relationship between immanence and transcendence in spiritual traditions and practices has potential to clarify some of the present controversies in this field.

Theology, transcendence and mental health

Recent controversies concerning the place of spirituality in psychiatry have touched on a variety of academic, ethical and professional questions (see Chapter 1). These have been directed at the proper interpretation of the research evidence base, the nature of the concept of spirituality, the nature and management of proper professional boundaries and the nature of the relationship between science and religion, among other things. However, relatively little theological attention has been given to these controversies, or indeed to the topic of mental health more generally. This might be thought surprising, given the way in which this professional debate touches upon some important theological concerns and also given the important relationships between mental and spiritual well-being (Cook 2011, pp. 151–202; Koenig et al. 2012, pp. 123–44). Simon Dein, Harold Koenig and I have suggested elsewhere (Dein et al. 2012) that critical theological engagement with the various issues at hand might well shed some useful light on the present controversies and on the nature of the relationship between spirituality and mental health more generally.

As an example of the kind of engagement that I think could be helpful, this chapter will focus on the theological concept of transcendence as illuminative of the relationship between spirituality and psychiatry, although this will necessarily touch on a number of other important themes and disciplines with relevance to the topic at hand, including the nature of the secular context within which the present debate has been located. But first, why might transcendence be a theme worth examining in more detail, and why select this rather than any one of a number of other potentially promising starting points? For example, the nature and concept of spirituality itself is a matter in which sociologists, theologians and others have shown great interest, reflected in a significant literature (Flanagan and Jupp 2007; Roof 1999; Jones et al. 1986; Principe 1983; Sheldrake 2010), which is often not adequately attended to in scientific publications. In many ways, this might seem a more logical starting point. It might also lead to some illuminating insights into the scientific and clinical literature, and more attention to such things is surely needed. However, there are a number of reasons why transcendence would seem worthy of particular attention.

First, transcendence is a central concept to the present debate, both in the minds of protagonists and antagonists. This alone might make it a worthy topic for further theological attention. Second, however, it also provides a useful way in to beginning to think about some of the important theological issues at stake, and it provides a helpful terminology for doing this. Third, and perhaps most importantly, I think it also has utility for finding a way forward in terms of a more constructive, coherent and clinically relevant debate from within which some greater measure of agreement might emerge.

Transcendence as a central concept

There are significant references within the present debate about spirituality and psychiatry to the concept of transcendence, all of which might suggest that this is an important issue. It would seem that many people do in fact have transcendence in mind as a core concept when they speak about spirituality (Cook 2004; Zinnbauer et al. 1997). In the field of addiction, the 'power greater than ourselves' referred to in the Twelve Steps of Alcoholics Anonymous provides a good example of the incorporation of a concept of transcendence into a programme of recovery (Cook 2009). In mental health generally, it is often a transcendent relationship (i.e. with God) that is understood as being at the heart of whatever it is that appears to many to be beneficial about spirituality in conferring resilience towards and improved recovery from mental disorders. For example, Ellermann and Reed refer to spirituality as 'a self-transcendence whereby personal boundaries are expanded transpersonally to connect one to a higher power or purpose greater than the self' (Ellermann and Reed 2001). It is thus a term that, along with cognate terms, is commonly employed by clinicians and scien-

tists, users of mental health services, members of mutual help groups and others as being meaningful in reference to the relationship between spirituality and mental health.

Harold Koenig, in the second edition of the *Handbook of Religion and Health*, refers to transcendence as central to his definitions both of spirituality and of religion:

> Religion involves beliefs, practices, and rituals related to the transcendent, where the *transcendent* is God, Allah, HaShem, or a Higher Power in Western religious traditions, or to Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality in Eastern traditions. (Koenig et al. 2012, p. 45; original emphasis preserved)

> Spirituality is distinguished from all other things – humanism, values, morals, and mental health – by its connection to that which is sacred, the *transcendent*. The transcendent is that which is outside of the self, and yet also within the self – and in Western traditions is called God, Allah, HaShem, or a Higher Power, and in Eastern traditions may be called Brahman, manifestations of Brahman, Buddha, Dao or ultimate truth/reality … Thus, our definition of spirituality is very similar to religion, and there is clearly overlap. The one common element, the minimal requirement to call something religious or spiritual is its connection with the transcendent, however understood. (Koenig et al. 2012, p. 46; original emphasis preserved)

Koenig finally concludes his section on the definition of spirituality with a recommendation that 'for the sake of conceptual clarity researchers not include personal beliefs that have nothing to do with the transcendent under the term spirituality' (p. 47).

In a not dissimilar fashion, although employing the 'sacred' rather than the transcendent as the core category, Pargament points out that definitions of spirituality 'without a sacred core' create a boundary problem. Definitional boundaries that are expanded and ill-defined potentially 'include virtually any pathway leading to virtually any valued destination' (Pargament 1999). Once this happens the concept becomes more or less useless in research, easily confounded with psychological variables, vulnerable to fragmentation and at least potentially is completely meaningless.

Whether most researchers have in the past, when choosing and constructing measures of spirituality for their research, observed such clarity in their thinking as exhorted by the injunctions of Koenig, Pargament and others is clearly doubtful (Cook 2004). However, it behoves researchers to pay more attention to such things, and transcendence, as a concept, would appear to be the closest thing that we have to something that is widely acknowledged as being both distinctive and characteristic of spirituality.

As Koenig points out, the extension of the concept of spirituality to

psychological states and beliefs not concerned with transcendence is both unnecessary and unhelpful. Psychological language and concepts are adequate for such things and people clearly find (for example) meaning and purpose in life outside of what might usually be considered 'spiritual' in any strict sense. When I have asked my own patients, in the course of clinical practice, what matters most to them or what confers purpose to their lives, they frequently refer to family and loved ones. In a sense, these are 'spiritual' conversations, but it is not necessary to use the language of spirituality in such clinical practice (unless of course that is the language preferred by the patient), and it is confusing to do so in research.

This is not to deny that in published writing spirituality often is concerned with such things as meaning and purpose, relationships with loved ones, morality and a range of other concepts that do not require the language of spirituality. Furthermore, these other things that are often included under the umbrella of spirituality usually do relate directly or indirectly to transcendence, in one form or another (Cook 2004). Such things might be considered a part of what Kenneth Pargament refers to as the 'sacred ring', that is, a realm of life within which things become sacred (we might say here, transcendent or spiritual) through association with a sacred 'core' (Pargament 2011). However, if we are to be clear about what is really at the heart of the concept, about how it is to be distinguished from variables more easily defined in purely psychological terms and about how it is to be operationalized in research, Koenig's recommendation that we focus on transcendence would seem to be an important one to heed.

Transcendence also emerges as a point of contention. For example, Rob Poole states that 'The insistence that even nonbelievers have a spiritual life shows a lack of respect for those who find meaning within beliefs that reject the transcendent and the supernatural' (Poole et al. 2008). It is not necessarily the case, although it might be a reasonable assumption, that the assertion that 'nonbelievers have a spiritual life' means that those who do not self-identify as spiritual nonetheless (in the eyes of those who do) have a life in relation to transcendent reality. Some definitions of spirituality maintain an ambiguity about the place of transcendence, or even explicitly exclude the necessity for it (e.g. Goddard 1995). However, it is clearly the case that there are those who do and those who do not assert the existence of some kind of transcendent reality, and that for both transcendence may indeed be the crucial dimension of what spirituality is all about (whether it is then affirmed or rejected). For most (but not necessarily all) of those who identify themselves as spiritual, relationship to a transcendent order would seem to be what they value as central to their spirituality. For those who distance themselves from spirituality, transcendence may well (perhaps often) be the aspect of spirituality to which they most object.

A rather different argument is brought to bear by Richard Sloan, who fears that the inclusion of spirituality and religion within healthcare will somehow trivialize religion. In his book *Blind Faith: The Unholy Alliance of*

Religion and Medicine, in a chapter entitled 'Trivialising the Transcendent: Be Careful What You Wish For', he writes: 'By implementing the approach of scientific reductionism, the transcendent aspects of the religious experience are diminished if not lost altogether' (Sloan 2006, p. 241).

There is an implication here of the possibility of reducing the idea of transcendence (thus spirituality) to psychological (or other scientific) variables, thus effectively negating its reality other than as a belief in a certain kind of thing (a 'thing' that might be understood not to exist in reality at all). Whether scientific research actually does this, or is even capable of such a thing, is another matter. The possibility of 'trivializing' religion in this way exists, and Sloan therefore argues that it is best kept out of medicine.

Whether the concern is that a transcendent dimension will cause offence to those who deny it, or that it will somehow be degraded for those who value it, the clear implication is that transcendence should be kept out of clinical practice. On the other hand, for those who affirm the place of spirituality in research and clinical practice, it often seems to be transcendence that they are affirming. Transcendence, then, would appear to be at the heart of the debate for both detractors and protagonists. But what is transcendence?

Transcendence in psychological and clinical discourse

We have already seen that Poole refers to 'the transcendent and the supernatural' together – as though these concepts are likely to be related. Koenig et al. also write that 'spirituality is intimately related to the supernatural' (Koenig et al. 2012, p. 46) and defines transcendence in terms of various western or eastern theological traditions (including, importantly, the secular western concept of a 'Higher Power'). However, not all writers on matters of spirituality and health understand transcendence in this way.

Fred Craigie, for example, has suggested that transcendence may in fact, importantly for the psychologist, be concerned with the transcendence of suffering (Craigie 2008). Similarly, in Howden's Spirituality Assessment Scale, transcendence is understood as 'The ability to reach or go beyond the limits of usual experience; the capacity, willingness, or experience of rising above or overcoming body or psychic conditions; or the capacity for achieving wellness or self-healing' (Burkhardt and Nagai-Jacobson 2005, p. 155).

Transcendence in this sense, which I shall refer to as self-transcendence, is about facing pain and suffering, accepting that some things are unchangeable and finding a meaningful way through life that acknowledges these realities. Craigie identifies a variety of clinical approaches to helping patients achieve this kind of transcendence (Craigie 2008, pp. 263–309). These include 'letting go', acceptance, mindfulness, non-attachment, serenity, spiritual surrender, gratitude and forgiveness. Of these approaches, it seems to me, only spiritual surrender more or less requires some kind of understanding of the transcendent as God or a Higher Power. The others all

employ a psychological kind of self-transcendence that requires no concept of the supernatural, God or any Higher Power external to the self.

Ellermann and Reed, whose definition of spirituality in terms of self-transcendence was mentioned above, define self-transcendence in terms of 'the person's capacity to expand self-boundaries intrapersonally, interpersonally and transpersonally, to acquire a perspective that exceeds ordinary boundaries and limitations' (Ellermann and Reed 2001).[1] The definition of spirituality that these authors associate with this understanding of self-transcendence clearly refers to a 'higher power', but, again, I don't think it is necessary to infer belief in a higher power from this kind of self-transcendence. It is more about a personal capacity to 'expand self-boundaries', thus a capacity for a certain sort of self-understanding. Self-transcendence certainly might include more than this. It might include some kind of perspective that embraces a transcendent other. However, it does not necessarily do so.

Polly Young-Eisendrath identifies psychotherapy as a kind of 'ordinary transcendence':

> This kind of transcendence provides evidence and insight that being human means being dependent, and that the life space we inhabit is one of interdependence, not independence. It also shows us that self-protectiveness, isolation, and the ubiquitous human desire for omnipotence produce great suffering. (Young-Eisendrath 2000, p. 133)

Ordinary transcendence, again, is a kind of transcendence that does not require reference to a transcendent other in any supernatural or theological sense. It is a form of self-transcendence, a transcendence of self-protectiveness and of the lust for power.

For some clinicians and researchers, then, transcendence is primarily concerned with *self*-transcendence of a kind that reaches out intrapersonally and interpersonally but not necessarily transpersonally. While this kind of self-transcendence clearly has important applications in psychotherapy and counselling, it is more about transcending previous understandings and limitations of the self by expanding them. Each time this occurs, the new understandings, the new limitations, remain a part of the self and do not constitute or refer to any transcendent order external to the self. There cannot be said to have been any movement beyond, or transcendence of, that self that is, in itself, the very agent of the process of self-transcendence. If one does not presuppose a transcendent person or reality, in some sense outside of the self, providing the ability for human beings to transcend their own finite resources, we are really talking here only about *apparent* transcendence or transcendence of previously realized personal resources, but not any fundamental transcendence of human limitations.

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1 Cf Reed 1991, where self-transcendence is said to refer 'broadly to a characteristic of developmental maturity whereby there is an expansion of self-boundaries and an orientation toward broadened life perspectives and purposes'.

Kenneth Pargament, who defines spirituality as 'a search for the sacred', understands transcendent reality as being at the core of the sacred. Transcendence, he writes, 'speaks to the perception that there is something out of the ordinary in a particular object or experience, something that goes beyond our everyday lives and beyond our usual understanding' (Pargament 2011, p. 39). In this psychological sense, transcendence is concerned with perception, experience or understanding of something that is 'out of the ordinary' or beyond understanding. In this sense, it would appear that transcendence is concerned primarily with human interpretation of human experience. It is about our capacity to identify a thing or experience as being 'extraordinary'. As with self-transcendence, this understanding of transcendence does not require any acceptance of a transcendent reality. Although it might hint at such a reality, or even explicitly refer to it, it is easily understood by a sceptical observer in non-supernatural terms. It is essentially a human capacity to interpret experiences in a certain kind of way. It does make the important step of requiring the conceptualization of a transcendent other (in some supernatural, extraordinary or theological sense) but it does not require a commitment (at least on the part of the impartial observer) to the ontological reality of such a transcendent order. For want of a better term, I will call this 'interpretive transcendence'.

What I am calling interpretive transcendence includes more than just a hermeneutic, perceptual or experiential dimension. Ralph Piedmont, for example, refers to a transcendent perspective that is a motivational domain, constituting a dimension of personality:

> Spiritual Transcendence refers to the capacity of individuals to stand outside of their immediate sense of time and place to view life from a larger, more objective perspective. This transcendent perspective is one in which a person sees a fundamental unity underlying the diverse strivings of nature and finds a bonding with others that cannot be severed, not even by death. (Piedmont 1999, p. 988)

As with Pargament's approach, this is very much about interpretation of experience, but Piedmont describes it more as a 'fundamental capacity of the individual, a source of intrinsic motivation that drives, directs, and selects behaviours' (Piedmont 1999, p. 988). Components of this transcendence include a sense of connectedness, a belief in the unitive nature of life, fulfilment found in encounters with a transcendent reality, tolerance of paradoxes, non-judgementalness, a desire to live in the moment, and gratitude. It thus also shares certain features (e.g. mindfulness and gratitude) with Craigie's approach to self-transcendence. However, it goes beyond this in requiring a perception of or motivation by belief in something beyond the resources of the self.

Interpretive transcendence may or may not be understood in explicitly theological terms as making reference to God (or gods). Where there is not

explicit theological language, it is likely that there will at least be a mystical element, relating to the ineffability of the experience (Cook 2004a), but this in itself does not require a theistic stance. Where there is explicit theological language, a degree of ambiguity is often identifiable in relation to any explicitly theological assertions. At least there is often a reluctance to identify unambiguously the transcendent with traditional conceptions of God. For example, Pargament refers to the sacred as encompassing concepts of 'God, the divine, and the transcendent, but it is not limited to notions of higher powers',[2] and later says that 'By defining spirituality as the search for the sacred, we avoid restricting ourselves to narrow or traditional conceptions of God' (Pargament 1999). I think that this kind of ambiguity arises from the perception among many clinicians and researchers that there is a category of experience that patients and research subjects describe which putatively relates to a transcendent reality that lies outside themselves (a reality about which the impartial and scientific clinician or researcher makes no judgement as to whether it really exists or not). The ambiguity arises because it is assumed that subjects who describe this experience in terms of relationship with God, and those who describe it in non-theological terms, are in fact having the same kind of experience. This assumption might well be questionable on scientific, phenomenological and other grounds, but it is a good one to enable a grouping together of experiences that seem to have something ('transcendence') in common. The cost of doing so is the introduction of the ambiguity. Is transcendence about God, or not?

Finally, there must of course be a kind of transcendence that is unambiguously theological. Let's call it theological transcendence. Theological transcendence goes beyond both self-transcendence and interpretive transcendence in requiring a faith commitment. However, whatever position one might hold on this kind of transcendence, a number of things might already seem clear. First, self-transcendence and interpretive transcendence are clinically, psychologically and pragmatically very important. No theological (or a-theological) perspective is likely to undermine or invalidate the relevance of these kinds of transcendence to therapeutic practice or to any understanding of how people cope with adversity (including the particular adversities associated with mental disorder). Whatever one believes about God or any other conception of a transcendent reality, the ways in which people find within themselves resources for self-transcendence, and

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2 Elsewhere, he writes: 'At the heart of the sacred lies God, divine beings, *or* a transcendent reality' (my emphasis). It is left unclear, so far as I can see, as to whether a transcendent reality is understood here as an alternative instance of the sacred, contrasted with God, higher powers and divine beings, or a category within which God, higher powers and divine beings are but instances alongside others within a sacred/transcendent category. As noted above, there is also a perceptual, experiential, emphasis to Pargament's understanding of transcendence that puts the focus on the human psychological account of things, rather than on a theological or conceptual account of what it is (if anything) that is actually, objectively, being experienced or perceived.

the extent to which people interpret reality in terms of the transcendent, will remain highly relevant to psychological and clinical understandings of how people cope with and overcome adversity.

At this point, I think that some comment is needed about the 'supernatural'. It is interesting that both Koenig and Poole, writing from opposite and different perspectives on the value of spirituality in healthcare, both associate transcendence with the supernatural. While a certain sort of understanding of the supernatural might well be associated with an interpretive transcendence, I do not think that it has to be. Indeed, there are many who might consider themselves 'spiritual', or who relate to a transcendent reality, who either understand their spirituality or transcendence in very natural terms (Capra 1975; Heelas 2008), or else who do not see the activities of a transcendent (e.g. divine) agency in this world as subverting or contravening the natural order but rather as working within it in some way. The matter of the supernatural, then, is an additional consideration but I do not think that any particular view on the supernatural is necessary to either self-transcendence or interpretive transcendence.[3]

Transcendence and immanence

To some extent the appeal of the term transcendence may lie in the commonality that it represents across diverse faith traditions in a secular age. At the same time (and perhaps for the same reasons), it is a cause of concern to those who do not believe (Hick 1989, p. 6). However, transcendence can be understood in a variety of ways.

In some simple and fundamental sense, transcendence infers a going above or beyond of some kind. Exactly what it is that is exceeded is left unspecified. Implicitly or explicitly, transcendence is usually contrasted and compared with the concept of immanence. It is the immanent order that transcendence goes 'beyond'. Immanence revolves around central themes concerned with remaining within what is immediately present, the natural perceivable order of things. To a large extent, immanence and transcendence are spatial metaphors (cf. Tillich 1955, p. 292), but the fact that they are inherently metaphorical should alert us to the likely difficulty in pinning them down and defining the relationship between them. So, for example, in his *Systematic Theology*, Tillich (1955) expresses the relationship in terms of being. For Tillich, God is understood as 'being itself' or 'the ground of being', but not as 'a being' or even the 'highest being'. Understood in this way, the relationship between immanence and transcendence becomes one of relationship between the finite and the infinite.[4] All beings participate,

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3 Academic theology also has problems with crude forms of supernaturalism, as for instance in the understanding of miracles (see, e.g., Basinger 2011).

4 I am oversimplifying somewhat, for while Tillich talks of the infinity of being-itself, he also states that 'Being itself is beyond finitude and infinity' (1955, p. 263).

in a finite way, in being-itself while also being transcended by being-itself. God is 'the power of being in everything and above everything' (1955, p. 261), 'God transcends every being and also the totality of being – the world' (p. 263). But Tillich also finds it true to say that 'God is merged into … finite beings, and their being is his being' (p. 263).

Contrary to the impression that one may gain from the recent debate about spirituality in psychiatry and at risk of appearing to contradict what has already been said above, spirituality is as much concerned with immanence as it is with transcendence. For example, many people today report that their understanding of spirituality is concerned with relationships (Cook 2004) – and these relationships are certainly not always with a transcendent order (or with God). Perhaps some quality of intimate relationships might be considered 'transcendent', but in fact it might also be argued that such human–human relationships are of a very natural, this-worldly, 'immanent' order, and young people especially seem to see their spirituality in immanent rather than transcendent relational terms (Savage et al. 2006, p. 51). Again, art is also seen as a source of spirituality, and while some forms of art (e.g. a still life) are more obviously immanent, and others (e.g. abstract art) more plausibly attempt to represent the transcendent, it is difficult to deny that spirituality is often perceived in very immanent objects.[5] Paul Heelas (2008) suggests that many of the newer strands of spirituality, often referred to as New Age spirituality, are in fact characterized by their immanent focus. While Heelas contrasts this with the transcendent focus of the traditional faiths, traditional spiritualities are also not without their immanent forms, some of which are currently very popular. Thus, mindfulness, deriving from Buddhist practice, has a particular focus on awareness of the present reality. It is, according to Thich Nat Hanh, 'keeping one's consciousness alive to the present reality' (Hanh 2008, p. 11).

However, if spirituality has its immanent, as well as transcendent, side, I would wish to argue that this immanent side is never completely divorced from the transcendent. Arguably, some kind of understanding of transcendence, in dynamic relationship with immanence, is fundamental to the nature of human consciousness which, by virtue of its reflexivity, has a tendency to exceed or transcend its own immanent locus and contents. Thus, for example, James Mackey writes of incarnate, human consciousness that it 'projects beyond the range of reality that is already immanent in and so constitutive of it' (Mackey 2000, p. 115). This kind of projective transcendence, which conceives of possibilities and meanings within, above and beyond perceived reality, is very compatible with psychological understandings of transcendence of the kind considered above. However, this kind of transcendence, 'by which marks on a page are transcended towards meaning', is itself in turn transcended by a 'fuller view of transcendence' within which

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5 For an interesting essay exploring spirituality in relation to the 'real' and the 'Real', see O'Hear 1992.

'the sign (the marks with the meaning we give them) is transcended towards the reality it represents' (Mackey 2000, p. 257). This 'fuller' transcendence takes us beyond purely psychological forms of transcendence.

John Hick (1989, p. 14) is, I think, talking about 'fuller' kinds of transcendence when he distinguishes between experiences of the transcendent structured by a concept of deity and those that are structured by a concept of the absolute. The former are schematized in such a way as to relate to 'divine *personae*' (Yahweh, Allah, Vishnu, etc.) and the latter in such a way as to relate to 'metaphysical *impersonae*' (Brahman, the Tao, etc.). The former might be considered more strictly theological, whereas the latter (I would suggest) might be considered either philosophical or mystical. However, while this broadly theological level of 'fuller' transcendence is conceptually important, it is still itself a projection of consciousness that is psychologically understandable, based therefore in the immanent order of things and inseparable from this order. Theological transcendence, or fuller transcendence, is a concept imaginable because of the psychological capacity for interpretive transcendence. But interpretive transcendence is firmly located within immanent, psychological, human capacities.

Mircea Eliade employs the term hierophany to 'denote the act of manifestation of the sacred' (1968, pp. 124–5). We noted above that in contemporary psychological usage (e.g. by Pargament or Koenig) there is a close relationship between the sacred and the transcendent. However, for Eliade, the sacred – the 'wholly other' – is a power that is experienced sometimes in very natural ways:

> Beginning from the most elementary hierophany – for example the manifestation of the sacred in any object whatever, say a stone or a tree – and ending in the supreme hierophany, the incarnation of God in Jesus Christ, there is no real break in the continuity. (p. 124)

The sacred, then, is manifest in a continuous spectrum of modalities, ranging from the mundane to the divine, from the completely immanent to the completely transcendent. When Eliade does use the word 'transcendence' specifically (which he mostly seems to prefer here not to do), it is in relation to the Supreme Being, in respect of whom the hierophany becomes a theophany, but this transcendent power is in direct continuity with the power that is experienced in all things.

All of this considered, it seems very difficult to argue that spirituality is only about transcendence. It seems to be at least as much about immanence. But it is also not clear that the categories are as easily separable as they might at first appear. Thus, take for example Polly Young-Eisendrath's reference to psychotherapy as a form of 'ordinary transcendence' (see above). While we can see what she means by use of the term transcendence in the context of psychotherapy, the term is clearly not employed so as to imply anything supernatural or religious. It is, rather, a recognition of transcendence

within the immanent order of things. Similarly, the various psychological approaches to self-transcendence, interpretive transcendence and transcendence as motivation are firmly bedded in the immanent order of things.

Connolly has suggested that we might distinguish between 'radical transcendence' and 'mundane transcendence'. Radical transcendence is defined as 'a God who creates, informs, governs, or inspires activity in the mundane world while also exceeding the awareness of its participants' (2010, p. 131).

In contrast, and somewhat more obscurely, mundane transcendence is defined by Connolly as 'any activity outside conscious awareness that crosses into actuality, making a difference to what the latter becomes or interfacing with it in fecund ways, again without being susceptible to full representation' (p. 131).

Connolly clearly understands mundane transcendence as being located in a world of immanence and speaks of 'radical immanence' as advancing 'an image of mundane transcendence' (pp. 132–3). One might say, then, that if immanence and transcendence are at the ends of some kind of spectrum, then there is yet a middle ground within which transcendence is manifest in the ordinary.[6]

While transcendence and immanence have their opposing and contrasting characteristics, it is not the case that theology (at least within the Christian tradition, but probably much more widely) has ever seen them as alternatives, one of which is to be favoured over the other, but rather as a dialectical tension within which neither can be adequately understood without the other. Thus, for example, take James Mackey:

> Transcendence and immanence, in their properly sophisticated senses, turn out to be correlative terms rather than contraries; each calling for the other, rather than replacing each other, as happens when transcendence is taken in the crude sense of separation. (2000, p. 117)

It would seem to be the crude sense of separation of transcendence and immanence that has caused problems in the debate concerning spirituality and psychiatry, rather than the properly sophisticated senses of immanence and transcendence in tension.

We might imagine, then, that some of the present controversies concerning the place of spirituality in psychiatry might be advanced by bringing the

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6 Although it seems less often to be spoken of, I think that personal and impersonal senses of transcendence may be much more difficult to reconcile than the radical and mundane. Increasing scientific awareness of the enormity of the universe and the discoveries of quantum physics have respectively expanded our awareness of the outer and the inner worlds to which we relate. Both are in a certain sense self-evidently 'transcendent', at least in a mundane sense and in respect to their scale of size and power, but they are not necessarily evidence of any personal, intelligent or self-aware transcendent reality. It is less easy to think of 'middle of the spectrum' forms of transcendence between the personal and impersonal than it is between the radical and mundane.

immanent dimension of spirituality back into the conversation. If psychiatry represents, in some sense, an immanent frame of reference within which mental disorder and well-being have been understood, and if spirituality has been seen as a transcendent frame of reference within which meaning and well-being might be found, then perhaps there is a way of relating these frames of reference in a creative tension, or at least of finding middle ground between them.

A secular age

An important account of the dynamics between transcendence and immanence in our secular age has been provided by Charles Taylor. The implications of Taylor's account of secularity for the practice of psychiatry are just beginning to be assessed (Crossley 2012; Cook 2012), but there is reason to think that it has much relevance to the present debate about the place of spirituality in psychiatry (King and Leavey 2010; Cook 2010).

In the world today, transcendence is associated both with diverse emerging new forms of spirituality and with traditional religious faith. In either case, according to Charles Taylor, it is something to which secularity seems to be deeply opposed (2007). For Taylor, in the context of a secular age 'in which the eclipse of all goals beyond human flourishing become conceivable' (p. 19), religion is definable in terms of transcendence.[7] Transcendence in turn is to be understood in three dimensions (p. 20). First, it is an agency or power or God of faith, a good higher than or beyond human flourishing. Second, however, and intimately related to this, is a possibility of human transformation, a higher good attainable by human beings only through participation in God's power and love. Third, this transformation opens the possibility of life transcending the natural scope of life between birth and death in this world.

In contrast, for Taylor's secular age, immanence confines itself to the limits of possible knowledge. The immanent frame of our present secular age is constituted by a natural, this-worldly order of scientific, social, technological, epistemological and other 'structures'. Among these are certain 'closed world structures' (CWS) that restrict our grasp of things. Appearing obvious, neutral, objective and natural, they are often more or less invisible and unrecognized for what they are. However, they are also deeply value laden and, in particular, are closed to transcendence. Taylor believes that the immanent frame of our present secular age is associated with a 'malaise of immanence' characterized by fragility of meaning, loss of solemnity in life transitions and a sense of flatness and ordinariness about everyday life. In this context, he describes a 'nova' phenomenon (or immanent counter-enlightenment) of an explosion of new ways of apprehending transcendence

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7 We should note, however, that there are non-religious forms of transcendence, and that religion is not necessarily associated with transcendence (Casanova 2010).

within our secular age. These include both a return to ancient faith traditions and also new, more subjective and individual, forms ofspirituality.[8]

Taylor's account, I believe, goes a long way towards accounting for the controversies around spirituality in the mental healthcare arena. Spirituality – when introduced into a secular context such as that of healthcare – breaks the rule of the immanent frame that transcendence should not be included in public discourse on important issues. Moreover, it challenges the CWS, which are central to that immanent frame, and thus provokes a strong reaction from within the immanent frame. At the same time, that immanent frame, as represented by psychiatry, contributes to the malaise of immanence, a malaise to which the 'nova phenomenon' with all its various options for transcendence is itself a reaction. One might almost say that psychiatry, to the extent that it has resorted to the immanent frame as its primary reference point, has in fact provided exactly the kind of context within which one might have expected transcendence to be sought. It is a part of the malaise to which transcendence is seen as a solution, a solution that it more or less invites.

Taylor's analysis is conducted at a social level, but psychological research is increasingly providing an evidence base to suggest that the transcendent (or the sacred, or spirituality) provides many people with important coping resources in times of illness or adversity, including mental ill health (Pargament 2011). Now that users of mental health services are taking advantage of opportunities to voice their need for such resources, and many more mental health professionals also are seeing attention to spirituality as being an important aspect of their vocation to meet those needs, the scene for the present controversies about spirituality and psychiatry is set.

Immanence, transcendence and psychiatry

Psychiatry, as a scientific discipline, largely finds its identification with the immanent frame of reference described by Taylor. It does this most especially when it focuses on neuroscience, on pharmacological treatments and on forms of psychotherapy that fundamentally exclude transcendence. However, it does have its moments of 'ordinary transcendence', for example in certain forms of psychotherapy, as described by Polly Young-Eisendrath. It has also been open to some forms of spirituality such as mindfulness – now incorporated in official guidelines for relapse prevention of depression (National Institute for Health and Clinical Excellence 2009) – perhaps precisely because they are recognized as being of a more immanent (or mundanely transcendent) nature.

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8 Taylor also acknowledges that there are certain kinds of 'immanent transcendence', wherein there is not understood as being any life beyond death, but where, paradoxically, there is yet 'life beyond life' (2007, pp. 374, 726)

Given a more sophisticated notion of the relationship between immanence and transcendence and given the present state of affairs in our secular age that Taylor describes, I would suggest that there are potential problems when either immanence or transcendence is exaggerated at the expense of the other. Thus the present problems are with an exaggeration of immanence: transcendence is trivialized or denied, and spirituality becomes a utilitarian phenomenon that is either completely excluded or else put to the service of improved health and well-being rather than to any transcendent aim (Shuman and Meador 2003). Meanings associated with spirituality in this context are fragile, this-worldly phenomena and many ordinary people find themselves looking for something more.

While it is not our present primary problem, I can also envisage an imbalance within which transcendence is exaggerated at the expense of immanence. In this situation, we might find spirituality devoid of content. No longer anchored in any particular historical tradition (perhaps because it is emphasized as a common feature of different traditions in which it becomes overemphasized in reaction to the immanent frame, or perhaps because it adopts an anti-intellectualism), this kind of transcendence might resort to supernatural explanations that completely deny the place of science or of immanent explanations for things. Such an overexaggeration of transcendence might find itself completely divorced from present this-worldly realities. Tendencies in this direction might be found in certain healing practices (both traditional and New Age) that reject conventional medical treatments and emphasize the need for faith (even 'blind' faith).

But neither of these situations, in which immanence or transcendence are respectively exaggerated, truly represents the nature of traditional understandings of spirituality. It may therefore be the case that recent controversies concerning the place of spirituality in psychiatry are based on a misunderstanding of the true nature of spirituality (as opposed to religion). Or they may simply be about the use of the word 'spirituality'. Perhaps if we spoke only of such things as relationship, meaning, value and self-awareness there would be less controversy? Yet this again would be a triumph of the CWS in keeping transcendence out of the conversation, and, if Taylor is right, the malaise of immanence would seem to require some kind of more explicitly transcendent therapy.

Ironically, spirituality, theology and psychiatry share common concerns with immanent subjective human experience, and perhaps it is because of this common ground that they have come into conflict with each other. Belief, or non-belief, in the transcendent is associated with important ethical, psychological and professional concerns in clinical practice. Can one really understand why an alcohol-dependent patient fails to make progress with relapse prevention therapy, for example, unless one has understood her reasons for wishing to stop (or not to stop) drinking? Very often, in my experience, these reasons are concerned with the most important things in life – often given very non-religious names and often explained in very

non-spiritual terms. They are, nonetheless, deeply spiritual concerns and sometimes (often if the patient is involved in Alcoholics Anonymous) given a transcendent reference under the name of a 'Higher Power', if not a more explicit name for God.

Spiritual practices are found in immanent as well as transcendent forms, and so it is difficult to know why there should really be any objection to their use in practice – as has already happened with guidelines for the use of mindfulness in the treatment of depression. A patient-centred model of treatment would identify the most relevant spiritual language (usually that employed initially by the patient) and the most relevant spiritual practices for the person at hand. However, in reality, immanence and transcendence are always closely correlated, and it might be argued that such a process is more about avoiding offence, more about avoiding controversial challenges to CWS, than it is about avoiding transcendence. To those inclined to interpret reality in terms of a transcendent order, it will in any case be difficult to have an adequate clinical conversation about meaning without employing the language of transcendence.

In fact, the language of transcendence (especially in its ordinary or mundane forms) does provide some common ground within which clinical and scientific conversations can take place. It does not require participants in the conversation to take a confessional stance, either asserting or denying their belief in God or in any particular faith tradition. It is accessible to psychological interpretations (self-transcendence and interpretive transcendence), which also do not require that any particular theological or philosophical position is adopted by either or both of the conversation partners. Thus, it creates the possibility of meaningful dialogue, with integrity, between a clinician and a patient. It also allows the possibility of scientific research, within the immanent frame of reference, to be undertaken in relation to the part that beliefs in the transcendent play in helping (or hindering) people in their recovery from mental disorders.

This does not mean that the word 'transcendence' has to be used by clinicians, for clearly many patients will not understand this or else will not find it conducive. However, it does provide a relatively neutral category within which conversations about God, a Higher Power, a natural spirit, energy or force can be placed. Because the concept of transcendence does not require theological interpretation, I do not see why it cannot be employed with integrity by the atheist psychiatrist. Because it is amenable to theological interpretation, it provides space within which the Christian, Muslim, Hindu or other religious person can conduct their conversation meaningfully.

If the account of things that I have sketched out here, based on Taylor's understanding of our secular age, has validity, it is to be expected that an immanent frame will continue to reject reference to the transcendent and that exaggerations of emphasis on the transcendent will continue to emerge in response. A better hope for resolution of this state of affairs is thus to pursue a more sophisticated (theological) discourse that recognizes the true

nature of the relationship between immanence and transcendence and that refuses to be polarized or drawn into defence of the crude use of terms. This is not a merely academic point. It has implications, for good or ill, for the way in which mental health service users in the future find themselves able (or unable) to discuss the things that matter most deeply to them with those who care for them.

Conclusions

Transcendence emerges, I would suggest, as a central concept both for protagonists and antagonists within the debate concerning the proper place of spirituality in psychiatry. If we accept and apply Taylor's model of an immanent frame of reference, with its CWS opposed to transcendence, as applicable to psychiatry, then this is not surprising. Transcendence is both the source of offence to those who accept and prefer the immanent frame of reference, and it is the appropriate remedy for those who (consciously or unconsciously) find themselves suffering from the malaise of immanence. However, transcendence, understood in its properly more sophisticated sense as inseparable from immanence, also provides a language that can potentially bridge the gap and enable both scientific research and clinical engagement to proceed and also facilitate a less polarized conversation.

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