

# SPIRITUALITY AND WELLBEING



*2<sup>nd</sup> Conference*  
*25-26 February 2017*  
*York, UK*



## **25<sup>th</sup> February (Saturday)**

8.30-	Registration
9.20-9.30	Introduction
9.30-10.10	‘What's spiritual about integrative/holistic medicine?’ Prof Charles F Emmons
10.10-10.50	“‘It doesn’t stop at the church door...’: Experiencing healing and community in Spiritualism and beyond’ Dr Sara MacKian
10.50-11.30	‘Exploring the variety, impact, and presence of 'Hope' within anomalous bereavement experiences: An analysis of fifty cases’ Callum E. Cooper
11.30-11.45	Coffee Break
11.45-12.45	‘Cultural perspective on anomalous experiences and mental wellbeing’ Dr Natalie Tobert
12.45-14.00	Lunch
14.00-14.40	‘Secular mindfulness and the possibility of naturalistic spirituality’ Dr Graeme Nixon
14.40-15.20	‘Creating a mindfulness sangha’ John Darwin & Mike Pupius
15.20-15.35	Coffee Break
15.35-16.10	‘Enhancing inner strength and wellbeing: A value-based approach to healthcare’ Nirmala Ragbir-Day
16.10-16.40	WORKSHOP: ‘Anomalous experience and mental wellbeing’ Dr Natalie Tobert
16.40-16.50	Comfort Break
16.50-17.20	WORKSHOP: ‘The Inner Smile Self-Care Technique: Its physiology and psychology’ Martine Moorby

Dinner @ 19.00

## **26<sup>th</sup> February (Sunday)**

11.00-11.30     “‘Help For Heroes’: Warrior recovery and the Liturgy’ Dr Karen O’Donnell

11.30-12.00     ‘Ritual, spiritual experience and wellbeing’ Prof Kate Loewenthal

12.00-14.00     Meditation and Lunch

14.00-14.40     ‘Reflections on a Red Tent’ Dr Madeleine Castro

14.40-15.20     ‘Mindfulness, compassion and Christianity’ Brother Richard

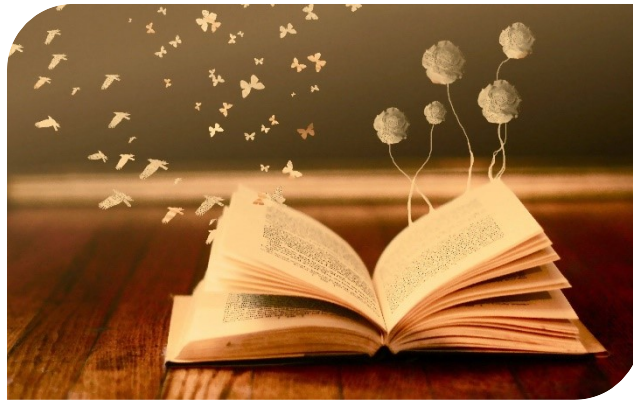
15.20-15.35

15.35-16.15     ‘Awakening to, and working with the higher self for health, healing and wellbeing’  
David Furlong

16.15-16.30     Final comments

16.30 End

# ABSTRACTS



## **What's spiritual about integrative/holistic medicine?**

*Prof Charles F Emmons*

Spirituality in holistic medicine can be observed and understood on different levels. Within the medical establishment spiritual/paranormal elements in "integrative medicine" may be reframed in terms of placebo effect and kept at a distance by leaving them to alternative practitioners, who are sometimes hospital volunteers. From a user perspective individuals vary in their framing of alternative procedures as scientific or spiritual and in how they decide what to use. On a community level holistic wellbeing may include involvement in institutions like churches, pub life and football (soccer).

## **“It doesn’t stop at the church door...”: Experiencing healing and community in Spiritualism and beyond**

*Dr Sara MacKian*

Spiritualism is a religion that is misunderstood, ridiculed and even feared, yet its philosophy is underpinned by a strong narrative of healing. Even Spiritualist mediumship (communicating with the dead) - so often disparaged by wider society as praying on and exploiting the vulnerable - is understood as being essentially about developing a healing relationship between those who have ‘passed to spirit’ and those who are left behind. Spiritualists recognise an otherworldly ‘Spirit’ as playing an active part in everyday life – in church, in relationships, and in everyday places and events; and this serves as a healing framework for daily life. This paper explores some of the ways in which this is enacted, to illustrate how experiencing spirit’s healing presence weaves a coherence around the ups and downs of life because it offers connections, continuity and collective experiences which help to maintain, manifest, and manage a shared sense of community.

In acknowledging and attending to the intangible and otherworldly we draw attention to more than the machinery of the ailing body inhabiting the here-and-now; and relocate that body in the moments, places and relationships which make our lives worth living. I close with some reflections on what we can usefully take from that broader understanding of healing in today’s world where the greatest challenges to wellbeing lie not only in physiological malfunctioning of flesh-and-bone-bodies, but in the social, cultural and spiritual dis-eases of their containing societies.

**Exploring the variety, impact, and presence of 'Hope' within anomalous bereavement experiences:  
An analysis of fifty cases**  
*Callum E. Cooper<sup>1</sup>*

Since the publication of a paper in the British Medical Journal (Rees, 1971) highlighting the commonality of anomalous experiences for the bereaved, awareness for such events within social science and healthcare disciplines has steadily increased over time. The most recent studies of such phenomena have report that around sixty per cent of the bereaved claim to experience such events (e.g. Castelnovo et al., 2015). From detailed examinations of previous studies on post-death experiences (see Cooper, Roe & Mitchell, 2015, for an overview) it has been found that a wide variety of perceived interaction with the deceased are reported. These could include: sensing the presence of the dead (including voices, sounds, and smells), witnessing apparitions, poltergeist type activity, dream interaction, electrical disturbances, and symbolic experiences.

Previous studies have found that such experiences are therapeutic and bring comfort to the bereaved (Krippner, 2006), unlike other forms of spontaneous anomalous events not associated with deceased loved ones (Sannwald, 1963). Several studies exploring the therapeutic nature of such events reported several positive gains, in terms of emotional and motivational changes as a result of such experiences. One consisted theme reported by experients and concluded by researchers was the obtainment of hope.

This presentation reports on the findings of the second study, which formed part a PhD into the role of hope within spontaneous post-death experiences, and its purpose in the process of recovery. The first study explored measures of hope in two groups of the bereaved who did (n = 50), and did not (n = 50), report anomalous events. The bereaved who didn't report such events were found to experience a statistically significant drop in levels of hope. However, those who did report such events appeared to only suffer a marginal drop in hope, suggesting that the anomalous events acted as a buffer to hope and a coping mechanism.

The second study to be presented here, involved a content and thematic analysis of written feedback from the group who did report such experiences (N = 50). The group gave feedback to short answer questions on their experiences (content analysis) and produced written accounts of what happened (thematic analysis). This was done in order to survey the variety of experiences reported, their impact on the bereaved, and further explore the notion of hope's place and presence within such experiences as a natural aid to recovery. The findings of this study will be presented followed by discussion of future developments.

- Castelnovo, A., Cavallotti, S., Gambini, O., & D'Agostino, A. (2015). Post-bereavement hallucinatory experiences: A critical overview of population and clinical studies. *Journal of Affective Disorders*, 186, 266-274.
- Cooper, C.E., Roe, C.A., & Mitchell, G. (2015). Anomalous experiences and the bereavement process. In T. Cattoi, & C. Moreman (Eds.) *Death, dying and mysticism: The ecstasy of the end* (pp.117-131). New York: Palgrave Macmillan.
- Krippner, S. (2006). Getting through the grief: After-death communication experiences and their effects on experients. In L. Storm, & M.A. Thalbourne (Eds.) *The survival of human consciousness* (pp.174-193). London: McFarland & Co.
- Rees, W.D. (1971). The hallucinations of widowhood. *British Medical Journal*, 4, 37-41.
- Sannwald, G. (1963). On the psychology of spontaneous paranormal phenomena. *International Journal of Parapsychology*, 5, 274-292.

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<sup>1</sup> Paper co-written with Prof Chris Roe and Graham Mitchell, University of Northampton

## **Cultural perspective on anomalous experiences and mental wellbeing**

*Dr Natalie Tobert*

Using the discipline of medical anthropology, I discuss a variety of cultural ways of understanding 'mental health', extreme or anomalous experiences, and the interpretation of symptoms. I explore the extent to which the ancient wisdoms of originally remote societies were based on spiritual realities, which westerners had held 'in secret', but which are now becoming popular and mainstream. Certain social groups express dissatisfaction with western bio-medical models of mental health diagnosis and treatment. These include peoples whose lands have been colonised; culturally new migrants; service users, carers, or survivors; plus psychiatrists and other mental health practitioners who are aware their training doesn't fit the spirit of our times. Using contemporary literature and research, I examine the approach taught to medical students about diseases of the brain, chemical imbalance, or the predisposition of certain ethnic groups towards psychosis.

I explore a range of anomalous experiences, and propose they may be part of our normal human faculties. Why does this matter? In the future, I would like to see that those who experience mental distress alongside anomalous experiences or spiritual awakening would encounter enhanced practitioner support. We are on the cusp of a wave of change: I propose we re-evaluate our interpretations of mental well being, and continue to develop new ways of addressing extreme experiences, as part of our core strategy towards social and individual well being.

## **Secular mindfulness and the possibility of naturalistic spirituality**

*Dr Graeme Nixon*

Many of the current criticisms of secular mindfulness discuss an apparent lack of compassionate or spiritual heritage or content in secular approaches and interventions. The 'instrumentalisation' of mindfulness has provoked criticism from a range of spiritual or religious commentators and figures about the misuse of mindfulness out with its various putative religious birth traditions. The use of the term 'secular' in this context has been described as a prophylactic that, while making mindfulness palatable to the western mind-set, has also rendered it infertile. In this paper Dr Graeme Nixon will argue that much of this criticism relies on false binaries around terms such as spiritual and secular, and that mindfulness whilst perhaps being ubiquitous to religious traditions (to varying degrees) is also present in western philosophy and the scientific temper. Graeme will argue for the recognition that, with a better grasp of secularity (as opposed to secularism), a more inclusive, accessible and, at the same time, pluralistic understanding can emerge



## **Creating a mindfulness sangha**

*John Darwin & Mike Pupius*

For the past six years we have been running courses in Mindfulness Based Life Enhancement in Sheffield and the surrounding area. MBLE is a course designed to be accessible to people of all spiritual backgrounds. Initially a single teacher, there are now four teachers and five more teachers-in-training [all the others having taken the course and then desired greater and ongoing involvement]. During the period we have established ourselves as the Centre for Mindful Life Enhancement, itself a small but vibrant community of practice, and run 35 courses – by the end of 2016 we will have trained over 500 people.

From an early stage it was clear that participants wanted a way to keep in touch and have some form of mutual support. We therefore began 'Continuation Sessions' on a monthly basis. These are held in the Multifaith Centre at Sheffield Hallam University, which has been very supportive throughout. To date we have held 47 Continuation sessions, providing participants with the opportunity to explore more deeply themes covered in the MBLE course, including loving kindness, [self] compassion, empathetic joy, equanimity, cultivating emotional balance, the five hindrances, maintaining practice, and forgiveness.

Over the period this has become a community [sangha] of support, practice and shared experience, with over 300 people on the mailing list and regular attendance of 20-30 at sessions. It has led also to regular organised mindful walks, to courses in mindful ageing, and to a sangha conference earlier this year with 80 people attending [and plans for an open conference in 2017]. In addition, we have created a website for use by participants [[www.mindfulenhance.org](http://www.mindfulenhance.org)], with a range of support material, and more recently a Facebook group which is also open to others interested in mindfulness.

In this paper, we will be reviewing this development, but more importantly exploring the experience of active participants – why they are involved, what they look for in such a community and what they gain from participation. Many people who go on mindfulness courses report difficulty afterwards in maintaining the practice, when they are no longer in a group setting, and we hope that this presentation will address one way of addressing this issue.

## **Enhancing inner strength and wellbeing: A value-based approach to healthcare**

*Nirmala Ragbir-Day*

With today's emphasis on quality of service, how can healthcare professionals deliver the best possible care to patients and, at the same time, feel enriched and supported by their work? How can they thrive, rather than just survive? One of the keys to raising morale in healthcare today is to re-emphasise the importance of values in guiding practice at all levels. For values to be meaningful, they must be owned at a personal level and then integrated into our work. The Pastoral and Spiritual Care Department of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) is involved in developing models for staff development in relation to values and ethics in health care application to all staff groups.

Pastoral and Spiritual Care in the NHS must be inclusive, accepting of human difference and based on mutual respect. As we learn to listen better to the particular needs of different people in order to provide genuine patient-centred care and so enhance the patient experience, so in turn we better equip ourselves for care which is both effective and fulfilling. The provision of spiritual care by NHS

staff should not be seen as another add-on to their hard-pressed time. It is rather the essence of their work, the core of providing holistic care. It enables and promotes recovery and wellbeing in the fullest sense.

This paper summaries the evidence of integrating spirituality in healthcare through spiritual training and development by events offered to staff, service users and carers at SWYPFT. It aims to explore the hypothesis tt values instilled in oneself would lead to high morale, positive attitudes and enthusiasm amongst staff which would then lead to increases in productivity due to reduction in stress and sick leave. This can thereby promote spiritual experiences of cultivating compassion and care to enable an effective and efficient delivery of healthcare to the patient and overall wellbeing.

The evidence to support this evaluation is based on open-ended feedback from events offered and follow-up focus groups of participants in using the seven spiritual tools explored in these events. These spiritual tools are meditation, visualisation, appreciation, listening, play, creativity and reflection.

### **WORKSHOP: Anomalous experiences and mental wellbeing**

*Dr Natalie Tobert*

Using the personal experiences of those in our group, we first discuss the specific ways our own anomalous experiences have been interpreted, acknowledged and/or treated. Then we explore our own beliefs around cultural and spiritual wisdoms and the extent to which using them might offer benefit or harm. At the end we brainstorm a way forward towards working with peers and practitioners in the future, as part of a new thinking.

### **WORKSHOP: The Inner Smile Self-Care Technique — Its Physiology and Psychology**

*Martine Moorby*

The Inner Smile is a classic meditation and self-healing technique that sits at the heart of Taoist medicine and spirituality. In Eastern traditional medicine it is considered to be the most fundamental of all the meditation strategies for supporting health. This same technique can also be found in all those spiritual traditions that use the symbols of the chalice, cauldron and grail; as well as the symbolism of the tree of life. In this workshop you will be guided through the actual strategy of the inner smile. There will also be a short explication of its physiological and psychological benefits.

## **"Help For Heroes": Warrior recovery and the Liturgy**

*Dr Karen O'Donnell*

The incidence of Post-Traumatic Stress Disorder (PTSD) is rising in combative countries around the world and churches are increasingly like to encounter persons suffering from PTSD. In ancient Rome, vestal virgins performed a purification ritual for soldiers returning to the cities after battle. Similarly, African tribes, such as the Masai warriors, recognised that the reintegration of warriors into society post-battle required ritual expression of the move from one sphere of life to another. This paper will consider these ancient rituals for the purification of warriors after battle, including the biblical instruction of Numbers 31: 19-21, to demonstrate the responsibility of the Church towards returning warriors and explore the ways in which liturgy and sacrament can function as a place for recovery from PTSD and 'moral injury'. It is my contention that the Church has the potential to offer healing and reconciliation to wounded warriors with the powerful sacramental tools at its disposal. In this paper I will show how a sacramental understanding of the body combined with the elements of trauma recovery that are, I believe, at the very heart of liturgy, can offer healing for returning warriors in both community and communion.

## **Ritual, spiritual experience and wellbeing**

*Prof Kate Loewenthal*

This paper examines the distinction between ritual and spirituality/spiritual experience, and examines the spiritual and emotional impact of ritual, and implications for mental health. It is suggested that understanding of the psychological aspects of ritual has been constrained by distinguishing ritual from private religious/spiritual experience, possibly as a result of secularisation, and /or individualist ideology. Additionally, there has been a misleading confusion between ritual and obsessionality. Studies of religious experience have focused on extraordinary spiritual experiences rather than "more routine" religious experiences. These trends have led to a view that repeated ritual involves "empty conformity". This view first emerged strongly in the social sciences 1970s, and is still prevalent.

It is suggested that rituals are experienced by participants as rich in meaning, normally have a positive impact on well-being, and a range of impacts on physical, emotional, cognitive and spiritual states. Some evidence is reviewed, and further directions for research are considered.

## **Reflections on a Red Tent**

*Dr Madeleine Castro*

Red Tents are a form of women's spaces or groups in the West. Whilst they vary widely in their exact manifestation, all centralise the lives and experiences of women and both honour and celebrate womanhood. A significant aspect of this is, for many, a deeply held passion for what might be called 'The Sacred Feminine' (e.g. Tate, 2014). Whilst the notion of spirituality is often embedded in these gatherings, the arrangement and practice of this varies – for instance Pagan and Wiccan rituals have been integrated into the practices of some groups (Leidenfrost & Starkweather, 2011).

The concept is originally based on a novel by Anita Diamant (1997) called *The Red Tent*, which narrates the rape story of Dinah found in the bible. “The novel makes the argument that to develop a sense of context for the self, we need spaces and time for mothers and daughters to share stories beyond the stories of “great women.” (Blackford, 2005: 78). As a potentially empowering context for women, ‘The Red Tent Movement’ emerged in the US around the turn of the millennia (late 1990s into early 2000’s) and a little later in the UK (approximately 2009 according to The Red Tent Directory<sup>2</sup>).

The concept of the Red Tent has been challenged as a solely positive space for women, some suggesting that its contemporary empowering conception is a far cry from its disempowering roots. The inspiration for the novel’s portrayal of the Red Tent originates in the pre-modern ‘menstrual hut’ which has a fairly well documented depiction of male control and domination, seen as a location for women to be ‘banished to’ during menstruation potentially in part because of perceived impurity (see for instance, Strassman, 1996).

This paper reflects on the history and development (including the increasing popularity) of the Red Tent movement and Red Tent groups. It argues that this movement might represent a way of reclaiming aspects and stages of womanhood and experience to be celebrated and revered (rather than hidden and cursed) and marks a redefinition of traditional conceptions. Focusing on the Red Tent as a context for exploration of the sacred and therefore associated with female spirituality and wellbeing, I will also draw on some of my own early personal reflections and experiences in recently joining a Red Tent group.

Blackford, H. (2005) The Wandering Womb at Home in *The Red Tent: An Adolescent Bildungsroman in a Different Voice*, *ALAN Review*, 32: 75-85

Diamant, A. (1997) *The Red Tent*. Wyatt.

Tate, K. (2014) (ed) *Voices of the Sacred Feminine*. Changemaker Books

Leidenfrost, I. & Starkweather, A. (2011) *Things We Don’t Talk About: Women’s Stories from the Red Tent*

Strassman, B.I. (1996) Menstrual hut visits by Dogon women: a hormonal test distinguishes deceit from honest signaling. *Behavioral Ecology*, 7(3): 304–315.

## **Mindfulness, Compassion and Christianity**

*Brother Richard*

The meditative practices of mindful attention and compassionate outreach have always been taught within the Christian meditative tradition as mutually interdependent methodologies used to bring about inner transformation towards a life of transcendent meaning. Brother Richard, a Capuchin Franciscan friar and mindfulness teacher in the Christian monastic tradition, will share with us these core practices and how they are seen to both strengthen the connection of the practitioner with the community and invite both parties to a deeper way of being.

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<sup>2</sup> <http://redtentdirectory.com/herstory/>

## **Awakening to, and working with the higher self for health, healing and wellbeing**

*David Furlong*

In 1974 psychiatrist Dr Ralph Allison published a paper in the American Journal of Clinical Hypnosis entitled 'A New Treatment Approach for Multiple Personalities', in which he described the intervention, in one of his cases, of a sub-personality that he came to call the 'Inner Self Helper' (ISH). This aspect of the client's psyche, which spontaneously emerged during a regression session, seemed to have a full awareness of the different chaotic personalities that existed within the client and the steps needed for their integration or removal. Following this experience Allison sought out a similar personality in five other cases of multiple personality and discovered the same type character in each of them. When this personality was listened to and the advice followed inner healing became possible (Allison, 1974). Since then Allison has found a corresponding part in many of his clients that seems to have a full awareness and overview of the psyche and the ability to help heal these inner conflictual states.

In the early 1990s another psychologist and hypnotherapist, Dr Tom Zinser, was struggling to help some of his clients who seemed to have inner blocks to every approach to healing. In his frustration, he was about to give up on his practice when one of his secretaries mentioned that she had a spirit guide that wished to communicate him for the guide felt that he could provide valuable information that would be helpful to healing some of Zinser's problem cases. With nothing to lose Zinser agreed to the meeting and was sufficiently impressed from the first session to explore this avenue of approach. For the next ten years Zinser discussed his most problematic clients with the guide Gerod who provided Zinser with insights into the different causes of their psychological, emotional and spiritual condition. Using this information Zinser was able to test the efficacy of these insights to good effect. One of the elements of the psyche that Gerod stressed was a part that he called the 'higher self'. According to Gerod this part, which is an aspect of the soul, has the ability to have an overview on all aspects of the psyche and could direct therapeutic intervention to the traumatised sub-personality areas that need attention. Zinser came to recognise that Allison's 'inner self- helper' was simply a personalised aspect of the 'higher-self' (Zinser, 2011).

For the past twenty-five years and unaware of both Allison and Zinser, I had discovered and been working in my therapeutic practice with a similar 'higher-self' (H-S) aspect of my client's psyche using light trance techniques to access through their sub-conscious minds to this higher dimensional overseeing part of their being. The research from both Allison and Zinser, backed up by my own empirical discoveries has given clarity to this aspect of the self, which can be accessed for all types of health and wellbeing conditions. It would appear that we all have an H-S that sits in the background monitoring our lives, that can be drawn upon for assistance when we need it and if we know how. In this session, focussing on how spiritual experience influences wellbeing, I will outline one or two different case scenarios where the H-S has provided outstanding insights into the inner world and then demonstrate a simple participatory meditative imagery technique for beginning to access into this profound part of our psyche.

Allison R. (1974) *A New Treatment Approach for Multiple Personalities*, The American Journal of Clinical Hypnosis Vol. 17. No 1:15-32

Allison R. (1985) *Spiritual Helpers I Have Met*, Newsletter for the Anthropological Study of Consciousness, Vol. 1 No. 1:4-5

Furlong, D. (2016) *Illuminating the Shadow: Transmuting the Dark Side of the Psyche*, Atlanta Books

Zinser, T. (2011) *Soul Centred Healing: A Psychologist's Extraordinary Journey into the Realms of Sub-Personalities, Spirits and Past Lives*, Union Street Press

Zinser, T. (2013) *The Practice of Soul-Centred Healing: Vol I – Protocols and Procedures*, Union Street Press

Zinser, T. (2016) *The Practice of Soul-Centred Healing: Vol II – Navigating the Inner World*, Union Street Press



## Spectral Space

Based on a series attempting to visualise personal lived experiences of depression, these images explore everyday banal environments through a sensory kaleidoscope of disassociation, anxiety and ghostly dissonance. Everyday familiar and mundane spaces become unfamiliar, challenging and overwhelming worlds of confusion and heightened stimulation. Yet paradoxically, when captured and layered in a single image, these fractured and ruptured worlds often result in strangely beautiful and serene compositions. The creation of each image thus serves as a work of mindfulness, bringing the focus back to the moment to reveal an otherworldly beauty in the haunting chaos around.

A geographer by training, I am currently Senior Lecturer in Health and Social Care at The Open University. My research and related artwork is driven by a fascination with the relationship between the 'real' and the 'imaginary', the body and the spirit, this world and the otherworldly.

Sara MacKian

<https://www.facebook.com/SaraMacKianArt/>

