



Bridging the spirituality gap

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Abstract

An identifiable 'spirituality gap' exists between the lived experience of mental health difficulties, frequently spoken of in spiritual terms, and the professional expertise of mental health practitioners from whom we might seek help. This paper contrasts the lived experience of suicidality with the academic and professional discipline of suicidology to show that this gap arises from a scientific commitment to objective knowledge that denies subjective knowledge, therefore excluding spirituality. A brief excursion into some contemporary thinking in Consciousness Studies illustrates that this scientific denial of the subjective, and of spirit, is obsolete, based more on ideological dogma than reason, and no longer tenable. The paper concludes with a call for 'first-person data' and 'first-person methods' – in the jargon of mental health, the 'consumer' voice – to be attended to in order to bridge the spirituality gap.

Keywords

consciousness, consumer, mental health, spirituality, suicide, subjectivity

Introduction

My original intention for this discussion on 'bridging the spirituality gap' was to look at the many and varied meanings of spirituality, and how these may (or may not) relate to mental health. But I found myself feeling that such a discussion would actually focus on the wrong side of the spirituality gap.

To begin with, then, I first give a definition of the 'spirituality gap' and argue that it is actually a conflict between two different ways of knowing – on one side the knowledge of objective science and on the other the knowledge of subjective experience. We will see that both of these two kinds of knowledge, although qualitatively very different, have their own validity and legitimacy and should be seen as complementing, rather than in conflict with, each other. But we will also see that a very real 'gap' arises when one point of view seeks to deny and exclude the other.

In order to bridge this gap as we currently find it in the mental health industry will require a much

stronger and more central role than exists today for the 'consumer voice' (to use the unfortunate jargon of the industry). To make this argument, we step away from the mental health industry and take a short tour – a detour, if you like – into some contemporary thinking from the field of Consciousness Studies. Here we will find that at the very core of current efforts to understand and explain consciousness are what these folk call 'first-person data' and 'first-person methods'.

I will then conclude by returning to our topic and showing how some of these ideas from Consciousness Studies represent not only a research challenge for those of us involved in mental health, but can also offer a plank or two to help bridge the spirituality gap.

The spirituality gap

I first heard the term 'spirituality gap' from David Tacey, an academic at La Trobe University, who defines it in his book, *The Spirituality Revolution*, as:

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the ever-present and persistent gap between the patients who report that 'spirituality' is an important element in their personal identity and mental health, and doctors who have no way of entering, at least professionally or 'legitimately', into this spiritual language and terminology. (Tacey, 2003:201)

It is interesting that Tacey himself first heard the term from a psychiatrist friend 'who mentioned that some colleagues in the Royal College of Psychiatry had begun to use this term'. And that 'large numbers of patients speak in the clinic and in therapy about their spiritual lives and problems, but the medical doctor or professional health worker often has no way to reach into this kind of discourse' (Tacey, 2003:201).

I am able to confirm this spirituality gap from two other perspectives. First of all, during my own struggle with persistent suicidality, I found few doctors or other health workers with whom I could discuss spiritual matters. And second, I can now also confirm this spirituality gap through my research work into suicide.

After my recovery in mid 1999 I was still curious to make some sense of my story, so I looked in the library and on the internet for information about suicide. This led me to the literature of suicidology, the academic and professional discipline that supposedly represents our 'collective wisdom' on suicide and suicide prevention. The first thing that struck me here was the almost complete absence of any first-person accounts of living with suicidal feelings. There was little about what it actually *feels like* to be suicidal or what it *means* to contemplate killing yourself – that is, the subjective, lived experience of suicidality was largely absent from this literature. But even more upsetting for me than this was that spirituality, which was so central to my own recovery, was not only absent but was deliberately denied and excluded by suicidology. This absence of my own experience of suicidality anywhere in this literature has led to and motivates the PhD that I am currently undertaking.

The flatland science of suicidology

The deliberate exclusion of the subjective, as well as the spiritual, from suicidology is illustrated well by quoting from one of the major texts of the discipline, *The Comprehensive Textbook of Suicidology* (Maris, Berman, &

Silverman, 2000) – please note the title. Here, suicidology is defined as 'the *science* of self-destructive behaviors' and asserts that 'surely any science worth its salt ought to be true to its name and be as objective as it can, make careful measurements, count something'. Furthermore, '*suicidology has to have some observables*, otherwise it runs the danger of lapsing into mysticism and alchemy' (Maris et al., 2000:62-3, italics theirs).

Traditional science demands objective observables (or is it observable objects?) that can be measured or counted – that is, seen. But are these constraints appropriate when the object (or is it the subject?) of our enquiry are the largely, and perhaps entirely, invisible interiors of subjective lived experience? Such as suicidality?

As for spirituality in this textbook – and please recall its title – the *only* mention of it in 650 pages is found in the preface where the authors acknowledge 'the immense intellectual and spiritual debt that we all owe to our mentors and friends' (Maris et al., 2000:xx). That is, the authors recognise spiritual values and needs in their efforts to write a book, but find no other occasion to mention spirituality in a *Comprehensive Textbook of Suicidology*.

The deliberate exclusion of spirituality by traditional science needs to be seen as part of the systematic and deliberate exclusion of subjective knowledge from its discourse. When this commitment to objective knowledge is then claimed as the only legitimate knowledge, however, then the spirituality gap appears (it also appears when religious fundamentalists adopt a similarly dogmatic attitude but this is not my concern here). This scientific dogma, although it has served us well for explaining the observable, physical world, is demonstrably inadequate for giving us a complete explanation of the invisible interior world of subjective experience.

The American philosopher Ken Wilber has given us a comprehensive analysis of this exclusion of subjective knowledge, including spiritual wisdom, from modern science. The impact of this over the last couple of hundred years, which he calls the great 'disaster of modernity', has been devastating, with far-reaching effects beyond just the suicidology and mental health issues that are our focus here. Calling on some of

the greatest thinkers of modern times, he sums this up as:

the great nightmare of scientific materialism was upon us (Whitehead), the nightmare of one-dimensional man (Marcuse), the disqualified universe (Mumford), the colonisation of art and morals by science (Habermas), the disenchantment of the world (Weber) – a nightmare I have also called flatland. (Wilber, 2000:70)

Wilber further defines flatland as:

simply the belief that only the Right-Hand [i.e. exterior, observable] world is real ... All of the interior worlds are reduced to, or explained by, objective exterior terms. (Wilber, 2000:70)

The science of suicidology is just such a flatland. It systematically fails to reach into the invisible interiors of the lived experience of suicidality because it denies subjective knowledge and sees only reflected surfaces. And this flatland exclusion of the subjective needs to be seen for what it is – ideological dogma, not dissimilar to the religious dogma that used to (and occasionally still does) deny scientific knowledge.

I have written elsewhere of this flatland suicidology and how it denies my lived experience of suicidality, including my recovery, from its discourse (Webb, 2003). So rather than continuing this critique of traditional science and suicidology, I'd now like to further substantiate these criticisms – but also point to a way forward out of this mess – by taking a short detour into the field of Consciousness Studies. I came to take this detour in my own research when looking into concepts of the self, which I felt were central to any understanding of suicide. The self is, after all, the 'sui' in suicide and both the victim and perpetrator of any suicidal act, but to my surprise the self is barely discussed at all in suicidology.

Consciousness Studies

There has been a resurgence of interest in consciousness in the last decade or so, which is bringing together a truly multidisciplinary mix of people to explore some intriguing questions. Its participants include researchers from philosophy, neuroscience, psychology, cognitive science, computer science, cultural studies, and also the spiritual wisdom traditions.

Francisco Varela, a French neuroscientist, and Jonathan Shear, editor of the *Journal of Consciousness Studies*, identify the central question of consciousness as:

a consensus seems to have emerged that Thomas Nagel's expression 'what it is like to be' succeeds in capturing well what is at stake here. (Varela & Shear, 1999:3)

Nagel's original paper back in 1974 was asking the question 'What is it like to be a bat?' (Nagel, 1974), but we could also be asking 'what is it like to be suicidal?' Or depressed? Or a person with schizophrenia? Note also that Varela and Shear draw our attention to *what is at stake here*.

Language and terminology are delicate issues in Consciousness Studies – as they are in the mental health industry. As David Chalmers, an Australian philosopher at the centre of this lively enquiry into consciousness points out:

sometimes terms such as 'phenomenal consciousness' and 'qualia' are also used here, but I find it more natural to speak of 'conscious experience' or simply 'experience'. (Chalmers, 1995:201)

The concern here is therefore not the *mechanisms* of consciousness but rather the *lived experience* of it. To illustrate this and explain one of these terms, 'qualia' refers to, for instance, the redness of red; or we might say, the lived experience of redness; or, indeed, what does redness mean to me? Please also note some of the other terms that we might encounter as synonyms for this experiential aspect of consciousness – such as subjective or lived experience, phenomenal experience (and even phenomenality).

Consciousness is a fascinating topic with obvious relevance for mental health and the human sciences. But it also features in numerous spiritual traditions where sometimes consciousness and spirit are used almost as synonyms.

Before proceeding, I'd like to invite you into a little experiment as you read this paper. In the following discussion, try substituting 'mental health' for 'consciousness' when it appears ... or sometimes try 'suicidality' or perhaps your favourite diagnostic label (e.g. 'depression' or 'schizophrenia') ... and see what sense it makes for you.

The ‘hard problem’ of consciousness

According to Chalmers, ‘the really hard problem of consciousness is the problem of *experience*’ (Chalmers, 1995:201).

Subjective experience is just one other natural phenomenon that each of us has as biological beings, [which has become] a major research problem even for a neuroscientist – they found themselves having to attend to this question of subjective experience whether they wanted to or not. (Chalmers, 2003)

This phrase, the ‘hard problem’ of consciousness, first coined by Chalmers and spelt out in detail in his book, *The Conscious Mind* (Chalmers, 1996), has become accepted jargon in the field for a very real problem that could no longer be swept under the carpet.

The key point here is to recognise that *subjective, lived experience* is absolutely central to any enquiry into the nature of consciousness and therefore cannot be avoided, ignored, dismissed or marginalised, despite the difficulties this might present to the neuroscientists.

Chalmers, Varela and Shear refer to an ‘explanatory gap’ in Consciousness Studies, which sounds a bit like our spirituality gap:

There is an explanatory gap between the functions and experience, and we need an explanatory bridge to cross it. (Chalmers, 1995:203)

A large body of modern literature addresses the ‘explanatory gap’ between computational and phenomenological mind. (Varela & Shear, 1999:3)

The jargon of Consciousness Studies here can be confusing. But the gap referred to here is a gap between objective, third-person explanations (Chalmers’ functions and Varela & Shear’s computational mind) and subjective, first-person explanations (Chalmers’ experience and Varela & Shear’s phenomenological mind).

Varela and Shear also remind us again of just what is at stake here:

To deprive our scientific examination of this phenomenal realm amounts to either amputating life of its most intimate domains, or else denying scientific explanatory access to it. In both cases the move is unsatisfactory. (Varela & Shear, 1999:4)

Consciousness and traditional science

We need to look briefly at why Chalmers calls experience the ‘hard problem’ of consciousness – in contrast to the ‘easy’ problems like a complete description of the biology of the brain. These other problems are easy, he says, not because they are already solved or are not complex, but because ‘we have a clear idea of how we might go about explaining them’ (Chalmers, 1995:201). That is, it is easy to see how the reductive methods of traditional science will eventually be able to solve these problems. But these methods will not help us with this ‘hard problem’ of experience. Chalmers continues:

It would be wonderful if reductive methods could explain experience too; I hoped for a long time that they might. Unfortunately, there are systematic reasons why these methods must fail ... [because] ... an analysis of the problem shows us that conscious experience is just not the kind of thing that a wholly reductive account could succeed in explaining. (Chalmers, 1995:208-9)

Chalmers has systematically shown that flatland science will never solve the mystery of subjective experience because it is simply incapable of doing so – ‘there are systematic reasons why these [reductive] methods must fail’. Varela agrees with Chalmers and summarises the various approaches to the hard problem (Varela, 1996:332-3) as:

Neuro-reductionism - where you simply deny the phenomenon – i.e. ‘you are nothing but a pack of neurons’ (Crick, 1994:2);

Functionalism - which typically explains something else (e.g. behaviour) but leaves the hard problem untouched;

Mysterianism - where the hard problem is simply unsolvable; and

Non-reductionism - which accepts the irreducibility of consciousness/experience.

Neuro-reductionists are the hardline scientific fundamentalists, who simply deny the phenomenon of subjective experience – one example here is biological psychiatry with its ‘chemical imbalance of the brain’ theories. Functionalists, still very much committed to third-person objectivity, tend to explain something else, such as observable behaviour.

Although both of these tell us something and can be valuable, neither of them addresses the ‘hard problem’. Another group, Varela’s ‘mysterianists’, simply regard the hard problem as altogether too hard and say it is an unknowable mystery. Although I have some sympathies with this view, I think it is premature to abandon the enquiry so soon. And finally, there are those who say that what is required is some approach other than the traditional reductive method. This last option is what we need to consider now.

The irreducibility of consciousness

There is now widespread acceptance that consciousness must be approached by some non-reductive method(s) of enquiry. That is, we have to regard consciousness as a fundamental and irreducible feature of the universe, in the same way that physics regards gravity as fundamental and irreducible. Chalmers’ suggests that:

a theory of consciousness should take experience as fundamental ... as a fundamental feature of the world, alongside mass, charge, and space-time. (Chalmers, 1995: 201)

I’ve come to the view, fairly reluctantly, ... that you can’t wholly explain subjective experience in terms of the brain ... you need to actually take something about subjective experience as irreducible, just as a fact of the world and then study how it relates to everything else. (Chalmers, 2003).

Varela and Shear agree that:

lived experience is irreducible, that is, that phenomenal data cannot be reduced [to] or derived from the third-person perspective. (Varela & Shear, 1999:4).

Another way of saying this is that any attempt to translate or reduce first-person lived experience into third-person data – as required by flatland science – will inevitably lead to some loss of information in that translation or reduction. And sometimes what gets lost can be the most significant and meaningful information. For example, the many attempts to dissect and analyse our sense of self often lead to the loss of the most fundamental property of selfhood, which is its wholeness or identity. Similarly, a suicidal crisis is a crisis of personal meaning for those who live it, but scientific, value-neutral neurotransmitters can tell us nothing about this lived experience.

I am not denying the validity of good science here. It has its place and a very important place. But a purely objective science can only ever be a partial description or explanation – that is, it will be not so much incorrect as it is incomplete. What *is* incorrect, however, and must be challenged is the unjustified fundamentalist view that objective scientific knowledge *by itself* can give us a complete explanation and is all that we need to describe, understand and explain the human experience.

First-person data

This irreducibility of consciousness obliges us to attend to what Consciousness Studies calls ‘first-person data’ – what we in mental health might call the ‘consumer voice’. As a neuroscientist exploring cognition and in particular the cognition of awareness, Varela had to accept in his own work that ‘lived experience is where we start from’ (Varela, 1996:334). This required ‘an *explicit* and central role to first-person accounts’ (Varela, 1996:333) because, as Chalmers says ‘first-person data concerning subjective experiences are directly available only to the subject having those experiences’ (Chalmers, 2004:9).

This point is crucial. The first-person data being referred to here are the significant data – and often the *most* significant data – that are simply invisible to purely objective methods. Recall that suicidology insisted that as a science it had to have ‘observable objects’ (or objective observables). This renders suicidology blind to this data, which Varela, Chalmers and others are saying are so essential to understanding consciousness. It is worth stressing this point. Chalmers says,

the distinctive task of a science of consciousness is to systematically integrate two key classes of data into a scientific framework: third-person data about behaviour and brain processes, and first-person data about subjective experience. (Chalmers, 2004:1)

He emphasises that:

both third-person data and first-person data need explanation ... a satisfactory science of consciousness must admit both sorts of data, and must build an explanatory connection between them ... [Chalmers concludes] ... the moral is that as data, the first-person data are irreducible to third-person data, and vice versa. (Chalmers, 2004:2)

This recognition of not only the legitimacy and validity but also the crucial importance of first-person data represents, in my view, a major challenge to how we currently respond to mental health issues such as suicidality. We need to restore the legitimacy of first-person data – that is, of subjective knowledge – if we are to bridge this gap in our understanding of both consciousness and of mental health issues like suicidality. To do this we need what Chalmers, Varela and their colleagues in Consciousness Studies call ‘first-person methods’ of enquiry.

First-person methods

First-person methods are methods of enquiry capable of accessing this essential first-person data, which are out of reach of the traditional scientific methods. As we have seen this first-person data is, by definition, ‘data about subjective experiences that are directly available only to the subject having those experiences’. But where do we begin? Chalmers makes clear that ‘by far the most straightforward method for gathering first-person data relies on verbal report’ (Chalmers, 2004:8).

But there are well-known problems with verbal reports as data, such as:

- difficulties verbally describing experiences (e.g. of listening to music);
- they require language (e.g. infants, non-humans, also fluency);
- questions around their accuracy and reliability (e.g. memory, honesty); and
- interpretation can be corrupted by theory (e.g. ‘the illness speaking’).

Some of these problems can be overcome or minimised by careful control of how we obtain and interpret the verbal reports. This is usually achieved, however, by translating the verbal reports into third-person data, such as what occurs with most of the qualitative methods that use interviews, surveys and focus groups etc.

But remember, we are *not* talking here about just more sophisticated versions of these third-person translations and interpretations. In Consciousness Studies we are asking the question – as I believe we need to ask in mental health – ‘What is it like to be?’ Perhaps not what it is like to be a bat, as Nagel asked, but certainly ‘What is it like to be me?’ Or ‘What is it like to be suicidal?’ For me, at the core of my suicidal

dilemma was the question ‘What does it mean to me that I exist?’ When I was in deep emotional despair and unable to find a satisfactory answer to this question anywhere, suicide became an increasingly attractive and yes, logical, option – until it became the only option. But I have only rarely seen questions like these asked in suicidology, and certainly never seen them pursued with any vigour.

Chalmers makes clear what is required here, saying that we:

should take first-person data seriously, and should proceed by studying the association between first-person data and third-person data, without attempting a reduction. (Chalmers, 2004:4)

But he considers that:

our methods for gathering first-person data are quite primitive, compared to our methods for gathering third-person data ... the former have not received nearly as much attention. (Chalmers, 2004:10).

This lack of attention is partly because we have failed to fully recognise the importance of first-person data, but it is also to some extent due, once again, to the prejudices of scientific dogma. Perhaps these prejudices have some understandable origins, given the difficulties with verbal reports and first-person methods, but it is now time to get past these prejudices and respond to the need for good first-person data and methods.

As Chalmers says, there is much work to be done to bring first-person methods up to the level of sophistication of the third-person methods that have been developed over the last few hundred years. And Varela and Shear make it clear that this will not be a trivial undertaking:

first-person methodologies are not quick-and-easy. They require a sustained dedication and interactive framing before significant phenomenal data can be made accessible and validatable. (Varela & Shear, 1999:11)

Formalised first-person methods

We do have some formalised first-person methods available to us. I can only briefly mention just three of these here, following Varela and Shear (1999:4), but they point the way to how we might proceed and give us an idea of the job before us.

Introspectionist psychology

We need to give back to introspection the good name that it had before the 19th century psychologists Wundt and Titchener ponderously trivialized it (Shneidman, 2002:200).

Phenomenology

the subjective is intrinsically open to intersubjective validation, if only we avail ourselves of a method and procedure for doing so (Varela & Shear, 1999:2).

Eastern meditative traditions

It would be a great mistake of western chauvinism to deny such observations as data and their potential validity (Varela & Shear, 1999:6).

I am not familiar with introspectionist psychology, which seems to have acquired a rather poor reputation in mainstream psychology. But both Chalmers and Varela suggest that it needs to be re-visited as a first-person method. I have included it here for this quote from Professor Edwin S. Shneidman, who is considered the founding father of modern suicidology – indeed he first coined the name for the discipline back in the 1950s. Now in his mid 80s, he is still a lively commentator on contemporary suicidology and something of a hero for me. Shneidman laments, as I do, the trend in suicidology over recent decades towards the sloppy pseudo-science of psychiatry, in particular as found in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), which he describes as ‘too much specious accuracy built on a false epistemology’ (Shneidman, 2001:5). This ‘false epistemology’ corresponds to what I have been calling the ideological dogma of scientific fundamentalism that denies and excludes the subjective, first-person data, including spirituality. Another quote from Shneidman makes this point more strongly:

No branch of knowledge can be more precise than its intrinsic subject matter will allow. I believe that we should eschew specious accuracy. I know that the current fetish is to have the appearance of precision – and the kudos and vast monies that often go with it – but that is not my style. Nowadays, the gambit used to make a field appear scientific is to redefine what is being discussed. The most flagrant current example is to convert the study of suicide, almost by sleight of hand, into a discussion of depression – two very different things. (Shneidman, 2002:200)

Shneidman’s call to ‘give back to introspection the good name’ it once had is the same call that Chalmers and Varela are making to take first-

person data seriously. If I can indulge myself with one more quote from Shneidman that also makes this point:

the keys to understanding suicide are made of plain language ... the proper language of suicidology is lingua franca – the ordinary everyday words that are found in the verbatim reports of beleaguered suicidal minds. (Shneidman, 1996:vii)

I must briefly mention the next first-person method, phenomenology, because it is a well-established method of enquiry within the Western intellectual tradition that actually honours and remains true to the subjective dimensions of human phenomena. In particular, this approach shows that the apparent gulf between objective and subjective knowledge is a false one because objectivity and subjectivity are intimately interdependent. Anything that we might know can only be known in and via our subjective consciousness. There is no such thing as pure 100% objectivity. Subjectivity is always present and must always be included in any comprehensive enquiry, especially any enquiry into the human condition.

This intimate relationship between the knower and the known (between subject and object) brings us to the last of our first-person methods. They are called here ‘Eastern meditative traditions’, though I would prefer to include the contemplative methods of all the great spiritual wisdom traditions. But Varela makes the point here, and has embraced it in his own work in cognitive science (see for instance Depraz, Varela, & Vermersch, 2002; Varela, Thompson, & Rosch, 1993), that these ancient traditions have much to offer as both data and method for first-person knowledge. And even the atheistic David Chalmers, who admits to no personal spiritual inclinations, acknowledges that

the Buddhist traditions and other contemplative traditions have a lot to offer ... these guys have been studying subjective experience for many years from the inside, they’ve been gathering what we might call the first person data about the mind. (Chalmers, 2003)

And I would add that these methods can also be a source of healing as well as understanding, because it was spiritual self-enquiry – which today I might perhaps call a first-person method - that was the key to my own recovery from suicidality.

Bridging the spirituality gap

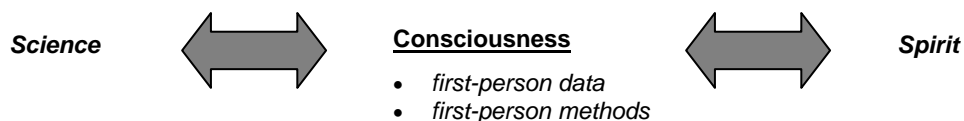
To conclude, and return to the topic of this paper, Consciousness Studies can help us bridge the spirituality gap found in many mental health conversations. First of all, Consciousness Studies clearly sees both sides of this gap and clarifies for us the apparent conflict between objective (third-person) and subjective (first-person) knowledge. It also makes clear for us what is at stake here when one side of the gap attempts to exclude the other. Any attempt to reduce one kind of data to the other invariably leads to some loss of information, and possibly the most significant information. And finally, Consciousness Studies recognises and respects the spiritual wisdom traditions as sources of both data and method for first-person enquiry. Consciousness Studies brings together people from many disciplines, from each side of the spirituality gap, and is evolving a language for communication across this apparent divide, which can be at least a plank or two on the bridge we need.

But Consciousness Studies has more to offer the mental health industry than just this. We have seen how Consciousness Studies has shown that subjective, experiential data is vital for any complete understanding of consciousness. First-person data is now being recognised as equally important, though qualitatively different, to third-person data. It is also clear that much work needs to be done to bring the neglected methods of first-person enquiry up to the sophistication of third-person methods. Consciousness Studies shows those of us involved in mental health the fundamental importance of what we call the ‘consumer voice’. This voice represents a kind of knowledge of mental health problems – whether it be suicidality, depression or schizophrenia – that is only known to those who

experience it. Too often this voice is pathologised, dismissed and disregarded by an objective voice that strives only to reduce observable, negative symptoms, rather than address the lived experience. Mental health problems are also often a crisis of personal meaning for those who have them. Consciousness Studies recognises and respects this invisible, subjective and meaningful ‘data’ in ways that are too frequently missing from mental health.

I personally agree with Varela that this seemingly irreconcilable divide between objective and subjective knowledge is in fact an artificial and false division. Both subject and object arise in consciousness simultaneously in intimate interdependence – there is never one without the other. But if we only attend to one side of this divide and try to deny and exclude the other side, then a very real and serious gap arises. A couple of hundred years ago it was religion that sought to exclude objective science. Today it is scientific fundamentalism that excludes the subjective and the spiritual from our enquiry into the human experience.

In conclusion then, the following diagram summarises the key points of my argument. Asking the question, ‘What is it like to be this or that?’ Consciousness Studies points to one way towards bridging the spirituality gap in mental health. Central to this enquiry is the first-person data – the ‘consumer’ voice – of the lived experience of mental health difficulties, supported by first-person methods to help bring this unique source of knowledge and expertise into mental health research. The critical factor is that neither side of the gap, motivated by fundamentalist, ideological prejudices, can continue to exclude the other side with any legitimacy.



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