

narrative reflected in his write up although, like everybody else, I have my own.

There is an old wine in a new bottle in all these discussions and narratives. The old wine is what prehistoric man and ancient civilisations perceived as 'spirit', as it is not difficult to imagine that a 'spirit' or anything 'spiritual' must reflect a story or narrative, the beginning of which must have a purpose (known or unknown) and the end a meaning that 'loops back' onto the purpose at the beginning. Everything about the human mind will be pointless, as some intellectuals say about the universe, unless it is centred on 'meaning.' There is no need to bring in Wittgenstein's legacy since we can figure this out ourselves from scratch. The ongoing recording or tape of our individual experiences (consciousness) is what forms our memory, which itself determines all future thinking and moment-by-moment definition of reality. The process of our minds determining or defining reality on a moment-by-moment basis is what we call (ordinary) perceptions. What is significant about this old wine, however, is that these recordings or narratives are intergenerational, ancestral and ultimately biological (DNA-based). Therefore even emotions and instincts represent forms of narratives, because they are the stories and instruction our ancestors continue to tell us that allow us to perceive without previous individual experience of what we 'just know' or feel. In response to Jeremy Holmes's letter, 'What about psychodynamics?',² I suppose it is now obvious that Freudian psychoanalysis and whatever psychodynamic psychotherapy and interpretations that we come up with can only represent the individual and/or culturally shared narrative. To the average Itsekiri (my fellow tribesman), psychoanalysis would be meaningless unless this Itsekiri person is tutored in Western culture and psychoanalytic narratives. For education and training purposes it is important, as stated in the adult psychiatry curriculum of the Royal College of Psychiatrists,³ that trainees should be 'able to appreciate the "scientific unknowns" in the relevant field of psychiatric practice'. To be able to do this the trainee needs to be encouraged to see the movie (narrative or story) on the DVD and not the chemical constituents of the DVD, the mechanism of the DVD player or description of its casing. Here is the secret of the so-called 'mind-brain problem' resolved in part. Each new generation comes with a new narrative worth listening to as part of the clinical encounter. It is unlikely that the impersonal biological DVD player (the brain) and its mechanisms, like those of other animals, will physically change much over a generation, but the narratives (the movies or stories held on the DVD or tape) that give meaning to people's lives - their spirituality - will continue to change and evolve for as long as the species exists.

In our consensus approach to patient consultation, the word 'narrative' may be more acceptable than 'spirituality' as it has no direct association with religion (something that one should rightly be suspicious of), but if 'meaning' is what we aim to centre consultations on, then it is important to understand that underneath the various terms we use, a 'meaning-centred approach' must be the same as spirituality and psychiatry.

1 Wallang, P. Wittgenstein's legacy and narrative networks: incorporating a meaning-centred approach to patient consultation. *Psychiatrist* 2010; **34**: 157-61.

2 Holmes J. Meaning centred approaches: what about psychodynamics? *Psychiatrist* 2010; e-letter (<http://pb.rcpsych.org/cgi/eletters/34/4/1579964>).

3 Royal College of Psychiatrists. *A Competency Based Curriculum for Specialist Training in Psychiatry: Specialist Module in Adult (General and Community) Psychiatry*. Royal College of Psychiatrists, 2009 ([http://www.rcpsych.ac.uk/PDF/Adult_\(General_and_Community\)_Feb09.pdf](http://www.rcpsych.ac.uk/PDF/Adult_(General_and_Community)_Feb09.pdf)).

Temí Metseagharun, Staff Grade Psychiatrist, Robertson Centre, Kidderminster General Hospital, Bewdley Road, Kidderminster DY11 6RJ, email: drtemi2008@gmail.com

doi: 10.1192/pb.34.9.404b

Better definitions of concepts

If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.

Nelson Mandela

In their article on religion, spirituality and mental health, Dein *et al*¹ have made some very important points. As health professionals, we are encouraged to become competent in our understanding of the role of culture and religion in the mental illness phenomenon but at the same time our effort to reach such understanding could be perceived in a negative light.

We seem to restrict our definition of spirituality. In my search for better understanding I have found the following definition by Murray & Zentner² very helpful: 'in every human being there seems to be more a spiritual dimension, a quality that goes beyond religious affiliation that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God. The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes essentially into focus in times of emotional stress, physical (and mental) illness, loss, bereavement and death'. This has suggested several important implications for my clinical practice; especially, how I can incorporate this meaning in the patients' understanding of their mental illness in relation to their spirituality. The individual patient approach employed by Western-trained psychiatrists and other mental health workers may fall short of what the patient expects in some cases, as a result of our ignorance of this important aspect.

1 Dein S, Cook CCH, Powell A, Egger S. Religion, spirituality and mental health. *Psychiatrist* 2010; **34**: 63-4.

2 Murray RB, Zentner JP. *Nursing Concepts for Health Promotion*. Prentice Hall, 1989: 259.

Ibtihal Elshikh, ST4 in Child and Adolescent Mental Health Services, East of England Deanery, Hemel Hempstead, email: ibtihal_gha@hotmail.com

doi: 10.1192/pb.34.9.401

It's belief systems that keep us healthy, not religion

Dein *et al*¹ appear to believe, on the basis of suggestive but by no means overwhelming evidence, that religious belief is associated with good mental health. Bruno Bettelheim, in his account of his concentration camp incarceration,² noted that those who survived best were those with firmly held beliefs and ideology. Devout Jews and committed Marxists (atheists all) survived longer than those without a belief system. It is not religion as such that saves, but - however derived - a sense of community and connection, and the capacity to put even

indescribable suffering into a wider context. Christianity can do this, but so equally do secular belief systems, including non-theistic religions such as Buddhism.

- 1 Dein S, Cook CHC, Powell A, Eagger S. Religion, spirituality and mental health. *Psychiatrist* 2010; **34**: 63-4.
- 2 Bettelheim B. *Surviving and Other Essays*. Vintage, 1980.

Jeremy A. Holmes, Visiting Professor, Department of Clinical Psychology, University of Exeter, email: j.a.holmes@btinternet.com

doi: 10.1192/pb.34.9.401a

What about traditional healers?

In studying the relationship between culture and the concept of mental distress, anthropologists have shown how people from different cultures explain mental distress and how these models of distress influence causal attribution and presentation of disorder as well as determining patterns of help-seeking. It is important to try to define some of the concepts we talk about in our clinical practice as they are important to set the context for any valid research.

It has been recognised that traditional healing practices exist side by side with modern medical practice.¹ The term 'traditional medicine', as identified by the World Health Organization, is 'the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness'.² This definition is very broad and does not suffice in a culturally aware and unbiased context. It acts as an external definition imposed on the people using these methods of healing, as they were not asked what a traditional/spiritual healer represents to them, and it is clear that the meaning is different to different people; this is why there is a need to have more focused qualitative research in this area.

The role the healer plays could be holistic as the patients seek help for a variety of illnesses, including sexually transmitted diseases, divulgence of secrets, protection against witchcraft, prophecies of future events, and annual check-ups.³ It is important to know that healers are not a homogeneous group and there are distinct differences between diviners, herbalists and faith healers. While these broad distinctions seem to be generally valid across different cultural groups, it is not unusual for healers to integrate aspects of more than one orientation into their practice.

There is a relative lack of critical literature on indigenous healing,⁴ although examples of indigenous treatment that have caused harm to patients are frequently cited. I argue that it is critical to appreciate the importance of the patients' understanding of their mental illness in relation to traditional/spiritual healing and that there should be an emphasis on the role of the local explanatory models for mental illness in the different cultures. As practitioners we need more awareness and resources for developing locally relevant community mental health programmes to meet health needs of our target population. This will provide better understanding of local concepts and may inform policy makers on how to incorporate traditional/spiritual/local healers' services into the existing mental health services to enable patients to have input according to their needs.

- 1 Lambo TA. Psychiatry in the tropics. *Lancet* 1965; **2**: 1119-21.
- 2 World Health Organization. *Traditional Medicine*. WHO, 2010 (<http://www.who.int/medicines/areas/traditional/en/index.html>).
- 3 Hund J. African witchcraft and Western law: psychological and cultural issues. *J Contemp Relig* 2004; **19**: 67-84.
- 4 Swartz M. Illness and morality in the Mombasa Swahili community: a metaphorical model in an Islamic culture. *Cult Med Psychiatry* 1997; **21**: 89-114.

Ibtihal Elshikh, ST4 in Child and Adolescent Mental Health Services, East of England Deanery, Hemel Hempstead, email: ibtihal_gha@hotmail.com

doi: 10.1192/pb.34.9.402