

## Christ plays in 10000 places

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I work in a hospital which provides high secure care for men who have been violent when mentally ill. The hospital stands on a hill, looking out over Berkshire away to the east; it spills down the hill like sluggish custard over a crumbling pudding. Built in 1863 for the overflow of patients from Bedlam, it has expanded and contracted from nearly a 1000 patients to now just over 200. There are no women patients anymore; the men range in age from 21 to 80.

In the old days, the hospital did not appear on maps, apparently in order not to assist those who might escape, or those who wanted to peer. I have often wondered what it must feel like to live in a place that does not appear on maps; a country in cartographic limbo. Entering the hospital, the security is like that of an airport, so that coming to work is like travel to a foreign country. For the men, too, admission to the hospital means leaving a familiar world and entering another - a kind of migration from one life to another. Like all migrants, they wrestle with having to live with a new identity; one not of their choosing, although it is of their making. The offender identity entails exclusion and rejection from the communities to which they belonged. They are the shunned men, who go through the gates, to live apart from other people. For an average of eight years, they join a community of the unloved and the unlovable.

Our job is to help men whose minds are highly disorganized become more organized. Another way of thinking about this is to see our people as having minds that are maximally insecure; and our task is to help them increase their psychological security. The process of improving psychological security involves prescribing medications, occupational and rehabilitational therapies, and therapies that help people change their minds.

It is such a commonplace phrase, isn't it? *He changed his mind*. Yet in other branches of medicine (and it is often forgotten that psychiatry is a branch of medicine), the process and means by which an organ is changed is understood to be delicate, complex and rather awesome. Medical technology and skill can change your knees, your kidneys and even your heart. In psychiatry we try and change people's minds: to repair damage and promote recovery of new and better functioning. Perhaps psychiatry and psychotherapy meet with fear and derision because changing minds is an awesome thing: after all, the mind is the only part of the body that votes.

Although medication has its place and an important one, changing minds involves words, and listening to words. The words become sentences and the words of a life story are life sentences; and the process of making meaning creates narratives of offending. What I want to suggest to you is that listening to narratives of offending has links with traditional Christian beliefs and values; and this has implications, not only for

patients and their therapists but also for all of us who might not at once identify ourselves as 'offenders'.

First, there is the initial process of getting alongside someone to help them tell their story. In the story of becoming an offender, there are many interrogations, interviews and statement gatherings on behalf of various parties. All these sources of information are useful and contribute something to an understanding of what happened. But to understand the offender's own view of his own agency and responsibility, there has to be a space for his voice to be heard; for him to tell his story his own way. To tell your story, you need a listener; not an audience who sits opposite you but a listener who sits alongside you. And many of you will know that the word for the one who sits next to you is a 'paraclete'. Christians believe that Christ is also the Paraclete; the one who is alongside us in our search for the Divine.

After the first version of the story is told, we go back and invite the offender patient to recount his story; and consider it from other perspectives. To be able to consider other ways of thinking about our past, we need to be able to speak with faith that we will be given time and space to think deeply and complexly; and the Latin roots of to speak with faith give us 'confession'. There are important ways in which psychotherapeutic conversations are not confessions in the traditional religious sense; not least of which is the impossibility of absolution. It is a common slander put about by those who hate the life of the mind that mental health professionals forgive sins and overlook wrongdoing. But in the hospital, no one says to patients, 'Oh well, it's not so bad', because that would be mad; and the patients know it. They do powerfully desire absolution but they know they cannot get it from us.

The Ministry of Justice always wants to know if our people show remorse for their offences. We think this is probably not a terribly useful question; rather, we look for regret which is the beginning of repentance. But we have to be careful that this does not overwhelm a fragile and shamed sense of self and bring about a self-destructive collapse. We have too many suicides in the hospital.

The next step in the narrative process is what the sociologists call 'a redemption script' - the reconstruction of something good from something intolerably bad. The redemptive process is just now being understood by criminologists as an important part of what makes offenders stop offending: their commitment to a way of being that rejects the past 'bad' self as 'me then'; and articulates a way of being that is both new, and at the same time, more real than before. What is remarkable here is how the language of renewal and commitment to a better future echoes that traditional religious language of confession and redemption with which we are so familiar. The secular echoes the sacred.

Then, and only then, can the mind open to change. With the telling of the story comes acceptance of a bigger and deeper reality of what has happened. Acceptance, with support and a safe base, allows regret to emerge, appreciation of the depth of error and mistake and determination to build good out of bad. At this moment, we must practice the duties of faith, hope and love: faith and hope that there can be a new life, and love for the divine in each other and in ourselves.

It is the prayer of St Theresa of Avila that reminds us that Christ has no hands or feet now but ours; no eyes but ours to see his, and his loved world everywhere. It is a challenge to see Christ playing in 10000 places; ask another Teresa, this time the one in Calcutta. But most things worth doing have their challenges; and think what this is worth. If we can seek, and believe that we can find, the Divine in these, the least loved of our brethren, there is hope for all of us. We can be sure that we will never be lost if by God's grace, we attend to the needs of the lost.

Our minds make us who we are: good, bad and indifferent. God grant us the perseverance, courage and compassion to take our own minds seriously, and those of others.