

ENGAGING THE SPIRITUAL MIND: THE CHURCH AND PATIENTS THAT ARE RELUCTANT TO ENGAGE WITH HELPING AGENCIES.

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Initially, I will quote from John Summers, a retired vicar who attends our local middle-of-the-road Anglican Church. I will then describe my own convoluted experience with religion, which has led to holding bi-monthly multi-faith meetings in our home in South Brent, a tiny but active village in Devon, involving contributions from those of many different religions and faiths. My wife and I also contribute to prayers and many other activities in the Church. Following a visit to the multi-faith centre in Assisi run by Father Mitzi we have also joined a group seeking to bring balanced and comprehensive religious education to schools in our local area. We were impressed that Father Mitzi counts the Dalai Lama, the Archbishop of Canterbury and many other leaders of different faiths as his friends. The welcome at Mass in Assisi is extended to all.

John Summers writes: *'the conviction grew, borne out of many years of urban ministry, that there was something vital missing from the version of the gospel we were proclaiming. There was an undeniable lack of connection between the theoretical Good News to which we were committed and the concerns of most ordinary people and their everyday lives. As I saw it, we seemed to be proclaiming a Gospel of eternal life, forgiveness, and life after death etc. all of which unfortunately did not appear to be grasped as good news by most ordinary people in Devonport, or to come high on their agenda.*

For most of them, "Church Jesus" did not come into the scheme of things. The conditions in which they live, crime, vandalism, lack of jobs, exploitation in employment and the sheer struggle to make ends meet are their issues of relevance. Jesus was immediate good news to those He met and He identified with ordinary people in their situation and need. He gave them their dignity. Jesus dealt with practical issues first; our emphasis seemed to be good news for a future in heaven. The two are not contradictory but Jesus dealt with the practical first."

In most aspects of life in the parish, the watchword is devolution of Ministry to the people. There is a great chance that if a local need has arisen there is every possibility that a member of the church who lives in the immediate area may know the person concerned and be able to follow the matter up' (1).

Summers calls this, 'A new way of being church'.

Over the years, I have become deeply interested in what constitutes 'mentally healthy religion'. I started my own church life as a teenager, joining a Congregational Church in Chicago in the USA. My family then moved to Lady Grey, a small town in a very beautiful, mountainous area of South Africa, where I attended a Dutch Reformed Church.

During my childhood and adolescence I was frequently confined to bed with serious asthma, having the opportunity to ponder issues of life and, perhaps, imminent death. I felt very different to my apparently tough minded, athletic father who had played rugby for Guy's and for England. My father died and we moved to Cape Town, where a close relative had a breakdown

that appeared to follow a period of intense religious activity. He required many physical treatments. His spirituality was very fundamentalist. He isolated himself, constantly talking about guilt with a religious theme. This was the era of the evangelist Billy Graham and others who preached, "Believe and be saved or suffer hellfire and damnation". I was amazed that they never seemed to think that they should concern themselves with those who were starving. I felt that one of the hidden results of rallies like Billy Grahams were recruits to the ranks of social isolates alienating themselves from the reality of this world.

I was a medical student and many of my colleagues came from delightful mission stations run by the Swedish Lutheran church. Their churches looked typically Scandinavian and they had a relaxed and happy attitude to life, enjoying wine, for instance, rather than seeing it as being "of the Devil".

Later, my wife and I moved to Montreal, Canada, where I pursued training as a psychiatrist. We attended a Presbyterian Church that we enjoyed, although I was something of a sceptic. At work, psychiatrists and trainees had monthly meetings with priests and ministers of different churches. We quickly learnt which patients should be referred to which priests!

We then moved to St Louis. Here, there was a very caring, vital Presbyterian Church in a massive building which incorporated all social and sporting activities. Then another move, this time to Aberdeen, and another Presbyterian Church, caring but traditional.

After I qualified, we returned to South Africa, where I worked first as a GP in Soweto. Here I learned a lot about my patients' spirituality, their churches, their witch doctors, and their prayers to their ancestors for help. I also learned of their unhappiness at the Church's teaching against their traditional beliefs, many of which had been helpful to their well-being. I took up a post as a consultant psychiatrist in Johannesburg and where I became psychiatrist to a number of churches. I saw many nuns and missionaries who had become depressed and who were taking scriptural texts too literally. Mercifully, they were not fundamentalists, chained by scrupulosity, and could respond well to a balance of medication and psychotherapy.

We moved to London for psychoanalytic training, later settling in Devon – to the house we live in today – and I became a consultant in child and adolescent psychiatry. I have already mentioned our involvement with the local church and with the promotion of inter-faith. I also attend a group involved with Ignatian spirituality and at Sharpham, an ecumenical Buddhist centre. I find that meditation is of great value in alleviating anxiety states and I also use it in my work with children. Professionally, I have continued my life long research into attachment, its importance for babies, children, and adults and the value of being held as child contributing to feeling held as an adult.

Practical religion, practical Christianity in action, would be of great value for mental health partly because the NHS seems unable, for financial or other reasons, adequately to deliver what it seems to me patients and carers need. There are many patients who are only reviewed by a CPN on an annual basis and who live otherwise totally isolated lives. The "whole person" concept of treatment, which has proved useful even with psychoses, is not followed in many areas of this country. Medication when helpful, day

opportunities, individual, group and family therapy, outreach and even in-patient treatment should all be available to every patient when necessary.

I believe that the Finnish “need adapted” therapeutic approach is a model that can inform us. The Scandinavians make good use of the voluntary sector. In this country we are fortunate to have MIND, NSF and others who do great work, including providing befriending services. Helpers may or may not have had experience of being a patient but all have empathy and some training. (I am wary of using the initials NSF anymore - the government appears to have hijacked them - so I *will* say that I am proud to be a member of the National Schizophrenia Fellowship, which runs many groups for carers and users in our area). I wait with interest to see what effect the new transitional benefit housing payments will have, which the government intends to make to supportive landlords.

In the document ‘A Question of Choice’ (2000), the National Schizophrenia Fellowship discusses people’s view of treatments used in mental illness. Two thousand five hundred patients and carers were interviewed. One quarter considered that medication helped them most, and one quarter considered supportive care was the greatest help (including guidance concerning practical problems and accommodation). The relapse rate was 50% less as a result. 55% of people with severe mental breakdown received ‘talking treatments,’ and of those who were able to get such help, 80% said they had found it of considerable benefit. 25% were offered cognitive therapy, of which 70% said that it had helped them. In fact, from the findings of this survey, only half had received talking therapies. Compare this with the Finnish model, where the State pays for patients wishing to return to work to receive up to three years of psychotherapy. (This is instead of the disability payment they would otherwise receive).

From a church point of view, I have become aware during the foot and mouth epidemic of the work done by the Agricultural Christian Fellowship, demonstrating practical Christianity by providing a befriending service. This service is not a recent one but was already available for those affected by isolation, money problems, distress. This is, of course, particularly difficult when people do not want or cannot receive help, support or love, let alone mental health services. What makes this group special is that it is pro-active and is about farmer contacting farmer – in many ways like the street support discussed by John Summers.

Few of the priests and ministers I have come across have been trained in counselling and I believe that this should be a compulsory part of their training. I am sorry to say that just recently a professor of theology told me that training in counselling was sparse and priests had to arrange their own post-graduate training. Empathy is vital.

It does appear that mentally healthy religion comprises love for your neighbour and yourself and it is vital that the Church is not so heavenly minded that it is of no earthly use. If congregations can become involved in befriending the friendless, not only will they be following their founder’s commandments but they will also prevent relapse and re-admission. In the process, they can reach out to those for whom scripture generates blame, guilt and self-hate rather than healing. My hope is for a repeat of the collaborative approach I experienced in Montreal, with those in mental health

and those in the church working together for the benefit of the whole community.

¹ John Summers (1999) Learning by Doing in *A Tapestry of Stories* Jeanne Hinton (ed)

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