Taken Seriously:
The Somerset Spirituality Project
Acknowledgements

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This report was written by members of the research team and edited by Vicky Nicholls of the Mental Health Foundation.

Cover photograph: Mark Green

Personal note:

I have always felt and continue to feel honoured to be a part of this project, to which all members of the research team have shown amazing dedication and commitment, even when they have been going through times of great personal difficulty – and such times have been part of each person’s journey over the course of the last two years. I hope that the people around Somerset who were interviewed and whose words form the heart of this report, will feel that their experiences have been honoured by the project, and I hope that their words will be heeded by those whose lives touch theirs, whether as mental health workers, members of faith communities, friends and families, or others.

Vicky Nicholls
I am tired of being talked about,
treated as a statistic,
pushed to the margins of human conversation.
I want someone who will have time for me,
Someone who will listen to me,
Someone who has not already judged
who I am or what I have to offer.

I am waiting to be taken seriously.
In 1999 the Mental Health Foundation’s *Strategies for Living* Project was approached about the possibility of supporting some research in Somerset. The idea was that the research, to be carried out by people who had used mental health services in the county, would look into the religious and spiritual needs and resources of local mental health service users/survivors.

At *Strategies for Living*, we already had considerable experience of organising and supporting user-led research projects. This included undertaking national qualitative research investigating people’s strategies for living with mental distress (Faulkner and Layzell, 2000); and supporting a group of six research projects spread around England and Wales exploring innovative approaches to improving wellbeing. These projects looked into topics such as auricular (ear) acupuncture; peer support as experienced in voluntary sector drop-ins; and the role of mosque in the lives of Muslim men with mental health problems (Nicholls, 2001). We were thus delighted to have the opportunity to be involved in new user-led research in an area that we knew to be very important to many people using mental health services.

User-led research as understood and developed by *Strategies for Living* means people with personal experience of using or surviving mental health services or of mental or emotional distress, being involved in all stages of the research. This includes: deciding on the questions to be asked; designing the project; carrying out the research; analysing and writing up the results; and sharing the findings. It also means being open about the ethos underlying the work: for example, having an awareness of issues of power and identity and being willing to reflect on and discuss these. Our ethos also embraces taking a participatory approach in which people are offered opportunities to be engaged with the research as it develops (such as meetings to comment on early draft findings); and building in a degree of flexibility to allow for any periods of ill-health or distress.

Our particular interest in religion and spirituality in relation to mental health arose from the findings of *Knowing our own Minds*, the first national user-led survey of its kind, in which over 50% of the 401 respondents stated that their religious or spiritual beliefs were important to them (Mental Health Foundation, 1997). Following this, people interviewed in the UK-wide *Strategies for Living* research described the roles of their religious and spiritual beliefs and practices. These included: the importance of guidance and a sense of purpose; a comforting role; grounding; the allowance of expression of personal pain; and the development of an inner love and compassion for others.

The resources that people have shared through being involved in the Somerset Spirituality Project, have enabled a deeper exploration of what is important to them in these aspects of their lives; what can help; and what can make things worse.
The reporting of these experiences here can guide us all in learning more about how people experiencing distress might be better supported and understood, particularly within faith communities and mental health services; and about how we can all connect more meaningfully with one another on our journeys.

Vicky Nicholls
Strategies for Living Project Co-ordinator
April 2002
'God' has become my everything. I know that without my faith I would not have survived the child sexual abuse; the abusive relationships I went on to develop; the suicide attempts made by my son; the loneliness and abandonment by my partners and the church; the poverty; the depression; the bereavements; the stigma of being a lone parent at a time when it was still quite rare; the homelessness; the lack of care from the so-called ‘Christians’ I had the misfortune to get involved with; the lack of care too from some of the medical profession; I could go on and on … However I do thank ‘God’ for my faith.

It allows me to try and forgive, forget and move on. The pain is always there and the healing will take forever, but I do have the hope of my faith and that is all that matters now. I can say to so many people experiencing similar things that ‘I know’. And I do know.
The report is written using the words of the interviewees as far as possible, with some comment and analysis. No individuals are identified.

There are six parts to the main report, plus appendices. The main chapters include recommendations at the end:

1. **Introduction**: the research process .............................................. 6

**Findings**

2. **Journeys**: How do mental health service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs? .............................. 10

3. **Mental health services**: How have mental health services helped or hindered the spiritual and religious life of users/survivors? What could help? .............................................. 20

4. **Religious organisations**: In what ways have churches and faith communities been helpful and unhelpful to mental health service users/survivors? How could their role develop? ......................... 30

5. **Acceptance**: What is the role and meaning of acceptance to service users/survivors? .................................................... 45

6. **Spiritual experiences**: What is the relationship between ‘psychotic’ and ‘mystical’ experiences? .................................................... 49

**Appendices**

A. Additional notes: journeys; historical figures; research into psychotic and mystical experiences .............................................. 53

B. Footnotes; references; further reading .............................................. 56

C. Reflections on the process .................................................... 60

D. What is ... religion and spirituality .............................................. 62

E. Sources of information and support; other resources .............................................. 63
Introduction

The research process

In 1997 the then Avalon NHS Trust established a religious and spiritual service for its users/survivors. This followed a period of consultation with service users/survivors, staff and religious organisations (Foskett, 1999). Four chaplain coordinators were appointed to the four localities in Somerset and the service developed from these centres involving local churches, user groups and the Trust’s staff. In order to assess the value of the service, research was planned from the beginning of the project and in 1999/2000 three projects were implemented. One was to assess Trust staff attitudes, experience and training, another to assess local religious leaders in the same way and the third to interview service users/survivors. This last project became the Somerset Spirituality Project.

The research group

A group of people came together who use or have used the mental health services in Somerset. We shared a common interest in finding out more about the religious and spiritual needs and resources of mental health service users/survivors in the county. All of us had a strong personal interest in the subject and all of us brought our own experience of mental ill-health, spirituality and religion. Two of us were members of a mental health self-help organisation, another was a former teacher and an active member of her local church, another was a postgraduate student, whose MSc included a dissertation drawing upon this research, one was the local advisor to the Trust on religious and spiritual matters and another was a local ordained minister.

The research questions

This group of users/survivors of the mental health services in Somerset decided upon the research topics and were at the heart of the whole research process. The Mental Health Foundation in London provided two advisors and trainers (both with personal experience of distress) to help plan, implement and analyse the research. According to their research and that of the Sainsbury Centre for Mental Health (Rose, 2001), interviews carried out by service users/survivors are the most effective in securing the views and opinions of other service users/survivors. The Mental Health Foundation and Somerset Partnership Social Care and NHS Trust each granted £4,000 to the project, so that the interviewees and the interviewers could both be paid for their time and contribution.

The planning of the project included the research team identifying the questions which they thought important to themselves and to other service users/survivors for whom spirituality and/or religion were important. These were used in a pilot study first and through this process the foci of the research emerged as follows:
Introduction: the research process

- How do service users/survivors experience and manage their mental health problems and their religious and spiritual needs?
- What help or hindrance have they had for this from the mental health services of Somerset?
- What help or hindrance have they had from local religious and spiritual groups and individuals?
- How important has acceptance been for them in this?

We recognised that the link between ‘psychotic’ and ‘spiritual’ experience could be very important to some people. But we elected to wait and see if the interviewees raised this very personal issue themselves. We also recognised that the word ‘spirituality’ means different things to different people. We did not attempt to impose a definition: however, we did put together a broad definition that was given out during interviews if requested (see appendix D).

Training

The research group met regularly throughout the course of the project, and was involved in research skills training, including training in interview skills, facilitated by Strategies for Living trainers. Other sessions included consideration of the ethics of research, and opportunities to share and learn from members’ experiences of interviewing as the project progressed.

The interviewees

We invited people who were or had been in contact with mental health services in Somerset and who were interested in the project – which would suggest an interest in spirituality and/or religion – to be interviewed by one of the research group. The invitations were issued through posters, newsletters, word of mouth and via statutory and voluntary sector mental health services, centres and groups, and religious communities.

Thirty-five people expressed an interest in being interviewed. We aimed to include as wide a geographical spread of people as possible; an even gender mix; adults from a range of age groups; and reflecting the most commonly known-about religious and spiritual belief traditions in the county i.e. to include Christians, Pagans and people with non-religious spiritualities, including what is sometimes known of as ‘new age’. Twenty-seven people were interviewed, enabling us to meet most of these criteria. We did not address issues of race and ethnicity in this project.
The interviews took place over a period of about six months between late 2000 and early 2001. We conducted interviews of about one hour with each person. Twenty-five interviews form the content of this report. The quality of one of the recordings was not good enough to transcribe and one person elected to withdraw her transcript. All those interviewed were invited to read the transcript of their interview and to add to or amend it as they chose, and all were invited to a meeting to discuss the findings.

At the beginning of each interview we asked a standard series of questions to help us locate the interviewee in their context, their mental health and religious/spiritual history. The results of this were as follows:

We interviewed 17 women and 10 men.

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<td>23 were British by birth and all were white.</td>
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Mental health experience and diagnoses

All interviewees had lived and been in contact with mental health services in Somerset for at least six months and the majority for over ten years. Interviewees were asked to describe their mental health in their own words, and had a wide variety of ways of doing so. They had also been given various diagnoses and some had been given more than one diagnosis. Information is given here on diagnoses received, as an indication of the range of labels attached to people’s experiences, which some had found meaningful and helpful whilst others had not. For some, receiving a diagnosis had had negative consequences.

13 depression
6 schizophrenia
5 manic depression
4 acute affective disorder
3 personality disorder
Accommodation: half lived alone and almost half with friends or family. One person lived in a group home.

Employment: 14 were employed, including those employed as housewives and mothers, and two were students.

Religion/spirituality: 22 were or had been Christians, some of whom were or had been attached to more than one faith or denomination.

7 Roman Catholics
5 Anglicans
5 Methodists
3 Baptists
2 Quakers
7 described themselves as spiritual rather than religious
6 Pagans
1 Buddhist

The taped interviews
The interviews were all transcribed and read by at least one member of the research team. Themes, needs and resources were identified and it is these which form the major part of this report. As previously stated, these themes were discussed further with some of the interviewees at a meeting before the final report was written. Different members of the team then re-read transcripts with particular reference to one of the themes.

Liz Macmin and John Foskett
As I walked through the wilderness of this world, I lighted on a certain place where was a den, and laid me down in that place to sleep; and as I slept, I dreamed a dream. I saw a man clothed with rags standing in a certain place, with his face from his house and a book in his hand, and a great burden on his back. I looked and saw him open the book, and read therein; and as he read, he wept and trembled; and not being able longer to contain, he brake out with lamentable cry, saying “What shall I do? What shall I do to be saved?”

(Bunyan, 1672)

We’re on a journey, each one of us is on a journey, we either regress or we develop.

(Interviewee)

As we prepared for this project we identified a number of themes and issues which were important to us and we thought would be important to those who we were planning to interview. Also we expected to be surprised by others which we had not thought of but which would emerge in our conversations. One such theme seemed not only important to the person quoted above but also to others, who had implied it in many of the things they said. We think this is the best way to give an overall picture of what the interviewees said to us.

Interviewees spoke of different sorts of journeys. The chronological journey was described, in which people could trace various influences on their lives and how these shaped their identities. Equally important was the spiritual journey or – for some – the quest for meaning, that included many ups and downs, periods of anguish, confusion and doubts as well as profound insights and opportunities for transformation.
The chronological journey

For many their journey began early in their memories and in their childhood involvement with religion:

I don’t believe I had any doubts then. When I was a youngster you read the Bible and it was like a story and that was it.

I was drawn to Jesus as a child and I’ve shared with him ever since.

Most people were introduced to the Christian religion by their parents, but for one it seemed that her parents got rid of her to church:

Mum and Dad decided to send my sister and I to Sunday school. Mum always believed. I’m not sure about Dad, but they weren’t interested in going to church.

For others religion was not so natural or enjoyable:

I had nightmares of the devil hurting me.

Adolescence provoked stronger reactions both for and against religion and spirituality.

I stopped going (to church) and became a rebellious teenager like everybody does.

At seventeen I began reading the Bible again everyday. I wouldn’t say I became religious but it was different … more personal.

Early adulthood was the time of greatest change and sometimes confusion for many of the interviewees. They were very open to religious and spiritual experiences but they were not always easy to handle and integrate.

I went through an acute depressive episode as a student. I was converted to Christianity, in retrospect I wondered if there were elements of psychosis.

For another person it was a time of being stuck and unable to move on their ‘journey.’

I’d been jammed in problems … problems with self-esteem and confidence and I developed anorexia. It was a very big blow to me and to begin with I carried on with my personal beliefs and it did help me but then I got depressed, the first time really deeply depressed.
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

The impact of mental and emotional distress

This crisis could come at any time in the journey. For the interviewee above, depression had this effect.

At that point (there was) a definite change ... I suppose before I had always believed that there was a God and that there is one person or one being controlling your life ... (then) I began to believe much more in destiny – in fate ... It was a very gradual process ... . I wouldn’t say there is a God, but there is a plan to everybody’s life.

For another interviewee, her Christian beliefs were not helpful when she was really struggling:

Being a Christian didn’t help when depression and anxiety were at (their) worst...but I would say being part of a church did. Mm – being part of a loving community actually was helpful, but the faith thing wasn’t – it really wasn’t helping too much at all.

After living in an Ashram in India and learning to practice yoga and meditation, one interviewee had a very stressful work experience which essentially drove him into the mental health system. At this time he had

...What started out as transcendental experiences turned very nasty and became a series of hallucinations and I knew they were hallucinations at the time but they would not go away.

A number of people described the impact of their ‘illness’ as one of disintegration, which could lead to transformation.

Inner fragmentation, a sense of inner disturbance ... . which made it difficult to function in a normal sense but, which once I stayed with and got myself more grounded, was then later very valuable in terms of knowing about myself and indeed other people.

I spent most of my life internalising my anger, punishing and blaming or having other people punish, shame or blame me ... I have done a lot of therapeutic work to reverse that process.

For some interviewees the impact of their mental health problems had led them to distinguish between religion and spirituality and the need to embrace the latter as the more helpful in their lives. Others recounted ‘a deeper experience of spirituality following their mental health problems.’
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

I learnt a lot from the first episode that helped later. The more confident I became personally, the more able I was to question what I was believing. After I had abandoned going to church we had some of the best religious/spiritual discussions, it freed the family up.

God became a friend who got me through … he put up with loads of things and got me through again and again.

Faith has taught me to have courage, as Christ had courage … Jesus experienced hell too.

I feel my religion is a much more personal thing. It’s between you and your beliefs. I don’t think you can organise it. I think it can mean so many different things to so many people.

At least two interviewees had been held back at a time of feeling suicidal by either thoughts or messages that related to purpose or a higher power.

I stood on the edge and ready to jump in and a voice…said to me ‘who sets the length of days for you, my son?’ and I said ‘you’ because I felt it was God speaking to me, and up to that point the knowledge of the waters rushing was sweet, it was like sweet music and I suddenly realised what it was and what I was going to do and then I realised I didn’t want to do that and I think from that point I started to recover.

Although my mind was a maelstrom and I was in the tempest or something…the thought that life was inherently sacred and there was some purpose and almost spiritual evolution, if you like (held me back).
Religion can be a mixed blessing when one is faced with an emotional or psychological crisis on one’s journey. One interviewee, who became a ‘born-again Christian’, paints a vivid picture of the conflicts she encountered during her journey. The crisis followed ‘dabbling with childish things’ and in fear, she went to the church. Initially she had a very positive experience:

*I thought God had saved me to be able to restore my marriage. Instead of that, it fell apart. My husband couldn’t handle it. He said it was like going to bed with Billy Graham. The church made no attempt to help him. He told me I was putting God before him.*

She remained with the church despite her mental distress and now as a single parent she felt very positively about the support they gave her: *God was everything, and I didn’t need medication. I didn’t need anybody else. I was on cloud nine surrounded by lovely people and I wanted to do as Jesus said, ‘Sell your possessions and give the money to the poor.’ I gave a lot of my things away.* Then she began to have a more mixed reaction when she went to live in a Christian community. *These people that I thought were lovely Christians … living in close proximity to them – you see them, warts and all!*

They had not liked her ‘rocking their boat’. When a relationship to a Christian man became abusive and her Dad died, she felt her faith was tested to the limit. She asked why God had forsaken her.

*I felt very alone. I don’t know – I just hung on. The whole thing threw my faith into doubt. I’ve wondered whether I really was loopy! You know – my dad’s dying, my mum’s disabled and diabetic. I’m on my own with two children. You need a lift and you’re told to pray about it (laughs).*

She met another man and they had their faith in common but *by then so much damage had been done and he was showing me kindness and love and I couldn’t handle it.*

Asked about the importance of her religious and spiritual beliefs now, she said ‘very’:

*‘Very’ seems to be an under-statement. ‘God’ has become my everything. I know that without my faith I would not have survived the child sexual abuse; the abusive relationships I went on to develop; the suicide attempts made by my son; the loneliness and abandonment by my partners and the church; the poverty; the depression; the bereavements; the stigma of being a lone parent at a time when it was still quite rare; the homelessness; the lack of care from the so-called ‘Christians’ I had the misfortune to get involved with; the lack of care too from some of the medical profession; I could go on and on… However I do thank God for my faith. It allows me to try and forgive, forget and move on. The pain is always there and the healing will take forever, but I do have the hope of my faith and that is all that matters now. I can say to so many people experiencing similar things that ‘I know’. And I do know.*
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

Companions on the journey

Many of the interviewees gained great comfort from finding people who understood them and these were often other service users.

*I’m saying things now that I did for the whole of my life, but actually I am talking to the right people rather than talking to the wrong people now ... I seem to have a veil lifted on a spiritual basis. I like myself now whereas I never liked myself before.*

For many their companions on the journey were very important in a lot of different ways. Some were faithfully present throughout the difficult times, others prayed and many helped in very practical ways.

*I think the family was hugely important ... they never for a minute rejected me, criticised me, they just seemed to contain the whole experience.*

*I did feel very much alone ... the only person in the world going through this. Sometimes it’s very hard to reach out and try and find help. I’ve learnt that if you can find just one link person and hold on to that link then it’s much better for you.*

*I think I get more out of talking to users because they don’t draw conclusions.*

*I feel stigmatised and I identify with those people (the stigmatised) and I would rather identify with those people than I would any other.*

*I’ve come out of what jokingly is called normal society and moved into the community where people can be bothered ... It’s actually made me feel worthy.*

Carers take the journey too and one was insistent that she too was a service user and should be interviewed.

*I think it is very hard for users to appreciate they are not alone in this (suffering) – other people take the journey too and are affected ... I wouldn’t say I’ve been depressed, but I have been so worn out that I’ve taken to my bed and cried ... The social impact has been the most devastating ... friendships have been impossible to maintain ... I think the hardest thing is other people telling me I’m over protective, too involved.*
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

Problems on the journey

Most of those interviewed had experienced problems on their ‘journey’. Like John Bunyan they felt a great weight which they could not put down. Just as Bunyan’s family and friends did not understand him, so our interviewees felt misunderstood. For some the search produced little that was positive especially in the short term.

*I have actually said to God, why didn’t you just leave me … It was more comfortable when I didn’t know.*

*I suppose once you have sort of lifted the veil of your subconscious you cannot quietly put it back and pretend it didn’t happen, which is how a lot of people would rather be.*

*I believe we blame the devil for far more things than he actually does. I think it’s our own devil that we’ve got. I carried my own devil.*

*Whatever you’re feeling you should allow yourself to feel and not try to run away from it. On the other hand I think you don’t need to pick the scab unnecessarily.*

*I did know enough (Buddhism) to know that ‘om’ was a good word to help you relax, and I found that a great lifeline.*

The goal of the journey

For some there was a sense of destiny to their ‘journey’. They had after all been meant to come this way and through these trials and tribulations.

*The great teacher spent more time listening to people, and then he would pray … . He spent much more time listening and then giving help.*

*I’ve achieved it without help and without being sheltered by a spiritual religious body, and it’s my own beliefs that have won out and at last people listen to me.*

Failure could be the most important opportunity for transformation.

*It’s the bad decisions that you learn from. Then he will heal you, and you will get back your energy.*
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

In turn this can lead to a new direction, task or focus for one’s life. As if for some people pain and suffering prepares them for their contribution to the care of others. One person found his gift as a peacemaker:

*A peacemaker acts like a sponge. You absorb all the enmity and the bitterness of the people who are fighting. It’s something that happens and you are truly making peace between them.*

I sort of came to this idea that I had healing power ... probably everybody does, but maybe that’s something I should take forward.

Another interviewee who described himself as a ‘mystic with a conscience’, writes about social, environmental and political issues, including globalisation and poverty in the developing world. His experiences had taught him that

* Those who are barmy are often driven barmy by a world that is barmy

and that it was a sign of sickness that people in the west were unaffected by world poverty and disease.

* Those who are barmy are often driven barmy by a world that is barmy and that it was a sign of sickness that people in the west were unaffected by world poverty and disease.

There are spiritual solutions to a lot of our material problems but there are not many material solutions to our spiritual problems.

Having been drawn to a number of religious and spiritual traditions, it was Buddhism which attracted him the most and to the idea that

life is a series of stages towards enlightenment and that gradually the trinkets of materialistic existence fade away.

One interviewee experienced a visual hallucination about her son and Christ which led her to make this connection:

*Christ went into hell ... and I knew B (her son) was having problems and we had to somehow go down after him and help him back. So that was ... another bit of very unknown theology for me, not a bit that I would have looked at in any depth.*

Speaking of an early life trauma she said that she thought that.

The psychosis was to bring those memories back into consciousness and at last things made sense. It reminds me, chronic depression made sense ... There were so many things that offered me a way forward ... I’m happier, more content on my own and more alive than I can ever remember being ... and of course having been through it gives you a kind of strength ... you’ve been there.
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

For another interviewee ‘psychosis’ was more complex and at times damaging.

*I see psychosis as a mockery of religious feelings … because of what it does to T (her partner) … he self harms very badly when he is experiencing the religious thing … I see human personality as being complex and psychosis as being one part of the personality … I think the healing needs to be directed to the different parts of the personality … Psychiatry addresses the symptoms, and I am immensely grateful for that … but it doesn’t address the whole personality.*

The journey within

For a few their mental health problems had led them to go on a journey within themselves, and hard as this could be there were often very important discoveries.

*My spiritual journey is something I do for myself … I reach God through my unconscious.*

*I think that if you have got an inner journey that has to be your number one priority in life. I believe passionately that we are spiritual beings who are discovering aspects of ourselves that we did not know existed.*

*My boundaries became much wider, much broader … I suppose I found a lot inside myself that I didn’t know existed … But I’m very happy with what I found inside … this is the thing I’m very content with … OK it’s not perfect, but it’ll do for me. I can stop trying to achieve perfection, it’s impossible, I’m a human being.*

Beyond death

For some the journey does not end in death.

*Another thing I haven’t mentioned in terms of spirituality, I believe that everybody has spirit inside them which lives on … when your body dies your spirit will move on either to be reincarnated or to move into a spiritual world.*

John Foskett
Journeys: How do service users/survivors experience and manage their mental health problems and their religious and spiritual gifts and needs?

Recommendations

We hope this chapter will help people to understand how important spirituality is for some people who experience a range of mental health problems. The material in this chapter can be used in a number of ways. We recommend that:

- It encourages service users/survivors to value their own spiritual experiences however strange and difficult they may be. And no matter what others think about them.
- People use whatever helps them in this material and ignore whatever does not help them.
- People with mental health problems explore their own spiritual journey and find others who are trustworthy to help them both tell their story and discover its meaning.
- People who care for and treat users and survivors use the experiences recorded here to help them understand and support the spiritual journeys of those with whom they work.
- People both as users and carers recognise and respect the individuality and uniqueness of each individual’s spirituality and respond to each other personally and not according to some theory or according to their own experience which may be different.
- Material from the chapter is used in the training of mental health professionals and religious and spiritual leaders.

Material from this chapter forms part of a leaflet about spirituality and mental health for people experiencing mental or emotional distress. We recommend that this leaflet is made available to everyone who is treated and cared for in mental health services and to user groups, voluntary and religious groups as widely as possible.
In the course of each interview we asked about people’s experiences of attitudes towards religious and spiritual beliefs and support within mental health services, and what they thought would help. This included asking about experiences of the recently established chaplaincy co-ordinator service. Interviewees’ responses provide a fascinating picture of how they thought their treatment and care helped and hindered them spiritually and religiously. Places, people, connections and meanings all contributed to this in one way or another.

**Places**

Arrival at and admission to a mental health unit is often a traumatic experience, one which can be significantly softened by a welcoming atmosphere and the presence of understanding people. Inevitably the ethos and atmosphere of units affected the interviewees for good and ill, and many yearned for something familiar that was not so clinically-led.

*I felt very alone and isolated in a strange environment, one which I hadn’t experienced before and things were happening to me that I didn’t know … I wanted some kind of stability within that and that was why my faith and religion were coming in at that time … I wanted to identify with it as soon as possible … Being very vulnerable and feeling you’ve got that (religious) support … I hope I can get that over to people that are looking after me so that they can understand that.*

Some interviewees had had the experience of being offered access to a chaplain, which was widely appreciated. The chaplaincy service in Somerset is, however, relatively new and some people had never encountered a chaplain or suitably trained similar figure. There was clear evidence that being in mental health services can still be a very difficult and isolating experience.

*When I went into the unit it was a most desolate period of my life. I would have been pleased to see almost anybody, especially somebody that had some Christian input, some contact with the real world.*

A number of interviewees were quite clear about what they felt was needed. Several interviewees spoke of the importance of the environment, and in particular of having a place to go which is set aside for religious or spiritual practice, including just being quiet. One person was involved in a discussion which led to a change in this provision on her unit.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

Whilst I was there (on an acute unit) we discussed having a place, a private place, where somebody who had faith could go and be quiet ... I voiced my opinions on how important I thought that it was within that setting.

and later when the room was provided it offered something to everyone,

It wasn’t really a room which you would associate with any kind of religion. It was open to all, which is quite right ... it didn’t feel like you were going to be interrupted and you felt like it was the right place for talking.

Another interviewee described both the place and the resources that it would be good to provide within it. He suggested,

Offering them a place, a quiet place for meditation or a room where they can go and sit, either a form of meditation or just reflection. Offering them books or things to read about various faiths or religions or beliefs.

For some with a Christian faith, receiving holy communion on a unit was very appreciated,

They now have actually got a room available which they use so that was a great benefit to me and being able to have the eucharist celebrated.

On the other hand, being denied access to spiritual places and people and resources frustrated the interviewees most of all, because at critical times spiritual things seemed to matter most.

When I used to be very bad or depressed just going to church would make all the difference to me ... So having a room or having access to a Bible was important to me.

As I walked into the hospital I said, ‘For God’s sake somebody get me a Bible’, and they looked at me with horror in their eyes and no-one would get me a Bible.

As well as the help he wanted being barred to him, this person also found that the repercussions affected his care – as well as potentially his wellbeing – in other ways. He had asked to see a vicar when ‘feeling pretty bad and like I needed an exorcism or something’. Although he made it clear that he couldn’t talk to staff, that he needed to talk to a vicar,
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

... They were persistent ... so in the end I did talk to one of the nurses ... I was talking for one or two hours like just non-stop about everything that was going through my head. For some reason when I went to the unit again she did not like me after all the things I said. It is probably best to keep some things to yourself.

People

Chaplains

The person within their professional role figured very often in the responses of the interviewees. Beginning with the trauma of admission into a service, the presence of a religious person within the service meant a great deal to those who had experienced this. Speaking about a chaplain one person said,

He seemed to be there right from the beginning ... Not knowing him but recognising him by his dog collar. I think the work they do on the site is so important and they are open to everybody.

The chaplains’ significance as a help related both to their presence and availability, but also to what they represent for people in great distress and disorientation. They are for many people a familiar ordinary presence in an extraordinary situation, which enabled some interviewees to recover their own sense of themselves as people who are more than their illnesses.

People who to all intents and purposes had no faith, who spent time with the chaplains and actually sat down and talked to them, found a time when they could re-find a faith that they had lost.

Others spoke of the importance of having someone available in mental health services, who is educated and knowledgeable about spiritual issues outside mainstream religion, someone with whom they would feel safe discussing issues such as the paranormal, paganism and lesser known spiritual beliefs and teachings. Such a person was called for in day services and the community as well as acute units.

The difference made by an understanding approach was underlined by the person quoted above and echoed in the words of another interviewee.

... to invalidate a person’s spirituality no matter how distorted that is, is to invalidate that real core sense of self and I think once you do that you risk doing untold damage to somebody.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

I spoke to him (the chaplain) about different things that I believed in, things I didn't believe in. What he saw was right, what he saw was wrong ... and it was like talking to an old friend, who would give me an arm around the shoulder, a pat on the back and say you're doing well, glad that you've come to talk to me ...

Although some interviewees expressed doubts about enthusiastic and over-zealous religious people (not chaplains) one was disappointed by his care.

The thing I dread is that some well-meaning chaplain would come to see me and never impart any Christian content. In other words just sort of trying to cheer you up, be sympathetic and I think that's terrible.

Mental Health Professionals

If chaplains were appreciated for their understanding and empathy with the often strange and frightening aspects of service users' spirituality, this was even more the case with other staff.

The community psychiatric nurse was terrific. Although he was not a Christian, he asked me very, very pertinent questions about how I could reconcile my faith with what was happening to me and what God meant to me. He was very helpful and made me think a lot ... He did everything he could to help me live in reality instead of wishing things were different.

Others appreciated how sensitively people who were working with them identified what they were looking for spiritually and when they were ready to search for it.

My social worker picked up that I was ready to explore sort of what was happening to me.

My community psychiatric nurse is aware I use the church regularly and that religion is important to me. She's very close to me and so she understands ... especially when I have been suicidal. Then it's been especially important to me that I attend church and that I go to confession.

One person who was critical of the mental health services treating his religious ideas and interests as evidence of his illness alone, did have a very positive experience with one psychiatrist.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

There was a young registrar ... and I mentioned Aldous Huxley to him and his eyes lit up and we had a long conversation about ‘The Doors of Perception/Heaven and Hell’ ... and while he still concurred with this diagnosis of schizophrenia he actually... wrote the review on how I was doing ... and he wrote me a glowing ... testimonial, it was unbelievable ... and I’d obviously made an impression on him, but after that I got hold of my notes a few years ago and it was very depressing reading. I think some of them did not even know what my name was.

Holistic approach

For many of the interviewees personal recognition and interest were very important and especially when they were in most acute distress and thought that the staff were only interested in their symptoms and the effects of their medication.

A human being can have an organic crisis with all sorts of disorders and disruptions to their life which is actually a very valuable experience and not something to be knocked out of them (by medication).

A number of people expressed their frustration with the way services are fragmented and care is delivered in separate and unrelated packages. One however rejoiced in the holistic care she had.

I think it was a combination of my GP, the medicine and my spiritual life. In some incredible way they all came together and I think it was the spiritual element that was the glue that held it together.

Impact on professionals

Others recognised the demands this kind of care can place upon mental health professionals. It requires of them great maturity and that they know how their own mental health is affected spiritually:

When you get near these things (spirituality) the counsellor perhaps is uncertain. Perhaps their own spirituality is not very secure, like shifting sand. I think people need to have their own roots there.

One person suggested that staff should

Hold to their models and their schemes and ideas very very lightly and allow themselves to take the risk of really entering the world of the other person.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

Another interviewee highlighted that making an effort to understand the personal meaning of an experience, can not only help the person going through that experience but also has the potential to reduce the fear for staff:

*It was very difficult but had they talked to me about what I was seeing and why I was doing those things, it might have been a great deal less threatening for them.*

While another acknowledged that this might feel like too great a risk for staff to take:

*I think they need to believe in their particular profession and they need to believe in themselves as therapists … perhaps it is scary to admit that there may be vast areas and infinite degrees of beingness beyond what they feel relatively comfortable with.*

To be able to offer this degree of care staff need to care for themselves psychologically and spiritually.

*I think there needs to be a continuous option to go into some form of psychotherapy themselves (mental health professions), some form of support and to learn about their own internal world in order to understand other people.*

One interviewee also suggested that community mental health teams could discuss religion and spirituality.

A most unhelpful staff response was not to respond at all.

*I don’t remember my consultant saying anything (about my faith), whether it was good or bad. He never passed comment, also my psychiatric nurse … I would expect some response, but then not everybody is able to share … maybe it’s unknown territory?*

Worse still is to have your beliefs rejected or pathologised.

*I have had a bad experience with psychiatrists. They will tell me it’s all in the mind … it’s anxiety or depression, and they don’t understand what’s going on in me … many of them have secular ways of thinking. They’re not spiritually orientated and they have a very very twisted view of what the church is.*

Connections

Easily available information about access to religious places and resources would be a great help as one person observed.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

There’s nothing written up on the noticeboard about there being a local church. I felt that there should be something because when I wanted to look for the ‘phone number of the church I couldn’t access it.

Having serious mental health problems often leads to a sense of disconnection and many of the interviewees looked to their faith to help them reconnect themselves, because the services themselves seemed to accentuate fragmentation.

It is going to church which makes you sort of have a link with people, because they get to know you and they get to see you.

When you are at your lowest and you find it hard to remember a phone number ... just to have someone to take over that burden is tremendous ... The chaplains quickly became available. They were brilliant you know. They were very understanding.

Some looked for connections outside of church or religion, for example connections with nature, with music or the arts as expressions of their spirituality. Others thought much more could be made of faith communities as a resource to help people find connections.

I think there should be more input within the hospital. I was very disappointed that they (the church) no longer dealt with the hospital direct like they used to years ago.

Easy access between the service and local faith groups would be very desirable.

It (religion) is not openly talked about ... it’s so very important and I think the relationship should be openly discussed within mental health teams. For some people it is a lifeline ... I think accessing them (religious helpers) was difficult, because of not knowing anyone and not being attached to a church.

Other interviewees thought it would help to meet with fellow users within the service.

I would find it very useful to have some contact with other people who have similar diagnoses and work in Christian ministry. I don’t rate it as a great panacea but ... it would be good to think it’s OK, there are quite a few of us about and we’re not all pathetic.

It just helped me to see that other people were in the same position as me. Some have even felt the same way and talked the same way as I did.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

Meanings

Religion and spirituality in as far as they are accepted as having a place within the mental health services, are most often thought of in terms of the support they can give to those users who are spiritually inclined. Some of the interviewees were looking for more than this from the service. They wanted to understand the meaning of their illness in religious and spiritual terms and looked to staff to help them with this.

When I was suicidal I would have liked somebody not just to support me. I feel very guilty about it, it’s not Christian ... After a while when things calmed down you forget, and it’s only when you asked me the question, that I think I should have done something about it. I do need to talk to somebody about this.

One interviewee had found a chaplain to speak with at some length.

We had a chat about a few different parts of the Bible and I talked about eschatology but he was not prepared to go down that road ... I’d experienced some strange experiences and that had affected my religious and spiritual beliefs and he was pretty sound about it.

The issue of trust was clearly important when it came to discussing unusual experiences and beliefs with staff. Another person was cautious about exploring his questions of faith with workers:

You have to be cautious about what you say because being not mainstream, a little off track, you have to be very careful you’re not condemned for what you believe by the professionals.

While another interviewee thought that it would have been a help to discuss her faith with somebody, if an appropriate person had been available:

It would have been very helpful, but there wasn’t anyone to go to ... especially when I felt guilty and I felt that I had to be punished ... It would have been very good to talk to someone who had a religious faith.

Rita Matthews, Phil Cracknell and John Foskett
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

Recommendations: to people working in mental health services

The evidence in this chapter shows that mental health services are most helpful when they respond openly and positively to the religious and spiritual gifts and needs of service users. This evidence leads us to make the following suggestions and recommendations to those working in and planning services at both local and national levels:

General

- Crucially, offer **empathy and understanding**, especially at admission.
- With sensitivity, **ask** service users about their spiritual and religious needs and gifts:
  - when they enter the service at assessment
  - throughout their care and treatment.
- Help users to **identify their important values, beliefs and practices**, including what helps them cope with and understand their mental health problems spiritually and religiously.
- Ensure that service users who do not conceive of themselves in spiritual or religious terms are aware that they can talk to a chaplain if they want to.

Resources

- **Provide access** to religious and spiritual resources. These should be easily and obviously available:
  - raise the **profile** of any existing **chaplaincy service** on all units and in all teams.
  - ensure that any chaplaincy service is **sensitive** to the needs of **non-religious** service users.
  - make available trained people – who may or may not be chaplains – who are educated and knowledgeable about spiritual issues outside mainstream religion e.g. the paranormal, paganism and lesser known spiritual beliefs and teachings.
  - such services should be available in day services and the community as well as acute units
  - recognise that spirituality does not always mean religion, and that safe **opportunities to discuss** issues such as the examples given in footnote 5 can be deeply spiritual and very helpful.
  - a **safe space/place** where users can pray, meditate and practise their faith.
  - spiritual and religious texts, writings, pictures etc. appropriate to local faith communities.
Services: How have the mental health services helped or hindered the spiritual and religious life of users/survivors?

- **opportunities** for groups of service users to discuss their spirituality and religion and to worship together.
- display current **information** about religious and spiritual resources within the **local community** on units and in day centres etc.
- make and build **effective links** with religious and spiritual groups in local communities

- Avoid :-
  - **pathologising** the religious and spiritual experience of service users.
  - **ignoring** or **dismissing** the religious and spiritual needs and gifts of service users.
  - **refusing** users access to their religious and spiritual resources, opportunities and practices.6,7

**Managers and planners**8,9

- The **professional needs and resources** available to staff need to be addressed by managers and planners:
- **Raise the consciousness** of staff about religion and spirituality in a mental health context.10
- Include **awareness training** of the beliefs and practices of different faiths and spiritual traditions in the training of all mental health professionals.7
- Ensure that staff are aware of relevant **local resources** for service users with particular religious or spiritual needs, including people within mental health services and knowledgeable and sensitive contacts in faith communities
- Help those staff who wish to, to **explore** their own experience and knowledge of religion and spirituality and its impact upon mental health.9
- Help staff who wish to, to **develop skills and confidence** in exploring the religion and spirituality of service users who wish to, **in ways that do not involve imposing their own beliefs.**
- Provide staff who are offering support to people using services, around issues concerned with religion or spirituality, with **access to personal/professional counselling** to help them manage the demands of providing this service.

Please also refer in particular to the recommendations at the end of chapter six.
During each interview we explored with the interviewee any current or recent experiences they had of churches or other religious organisations or groups, as well as asking about places that were helpful to them from a spiritual or religious perspective. Interviewees reported some sharply contrasting experiences, and were often clear about what can make a difference.

Special spiritual places and buildings

People often identify special feelings about spiritual places. In Somerset, Glastonbury is one such place. This small town has spiritual significance for a wide range of people, from traditional Christian believers to those holding pagan beliefs.

One of our interviewees said,

*I have strong and physical ‘almost feelings’ from places … certain places, special places … going back to ancient times.*

Another talked of *more of an intense feeling … a strength … that certain places are more … important. And the feeling’s stronger in those places.*

Sanctuary

Another spoke clearly of the importance of a specific church building to her. She goes to a particular church to ‘recharge (her) batteries’ and when she needs a ‘sanctuary’. She especially needs that place for relief when unwell or distressed. Interestingly, she chooses not to attend a service there; she prefers to be there alone, to sit there, walk around and look, and her response is such that she is moved to give away all her money there.

Another person interviewed spoke of the ‘aura’ of a church:

*While I’ve been ill? … sometimes I find just going in to a church … some churches have an aura … you can go and pray. I can always find that with (name of church) it has an atmosphere.*

These examples are not uncommon among the people we talked to. One talked about wanting to go to church whilst she was unwell and finding the act of walking there very good. She was comforted simply by knowing the church was there.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

Some found that being in a church or in a spiritual place provides a safe and comfortable place to release their feelings. One person spoke of the opportunity to ‘cry all the time’ or to be ‘angry or sad’.

Inhibiting

In contrast, some found the buildings and structure of the church uncomfortable and inhibiting, or the church as an organisation unhelpful.

I can’t go anymore. I can’t attend a church. I can’t commit myself to a manmade structure – not at all. You know … I don’t think you can find God going to a … building (laughs).

The experience of our interviewees relates mainly to churches in Somerset. There are buildings in Glastonbury and other non-specifically Christian buildings around the county that are spiritually important to some, but these were not brought up by interviewees. There is a dearth of mosques, synagogues and temples in Somerset. People have to travel to Exeter in Devon, or Bath or Bristol for these.

Effects of organisations on people

Stability and continuity

For those who had entered into involvement with a church or religious group, we found quite contrasting experiences and attitudes. Whilst some interviewees were unable to cope with the church and all it meant, for others, the church provides stability in an unstable world – ‘like a rock’ said one, and for another,

I just see the world as twisting and twisting (so the church provides) the stability of religion.

More than one interviewee found the discovery of Christian beliefs in a church ‘very, very comforting’. In her mental distress, she was relieved to find good things in a church which she did not receive at home. Another appreciated the love she found in a church,

Through the experience I’ve had of being in a church, and belonging to a church family, erm I have received more love than I’ve received from my own family … I’ve been quite bowled over by the love that exists within a Christian church family.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

One interviewee, who ‘had a religious calling’, talked about this being a surprise and a comfort. Another appreciated being able to talk freely about God in a Christian organisation. One spoke of ‘the priesthood of all believers’ being helpful.

Elements of religious or spiritual practice

Different elements of religious or spiritual practice were important to interviewees. The content of church services was clearly important. For one woman, a very strong, lifetime faith began with a children’s service to which she responded. Several people mentioned the helpfulness of the Bible and more than one appreciated singing hymns or spiritual songs.

One interviewee talked about the struggles around anger within religion, and how Jesus got angry but that anger is sometimes repressed by religion. What he had found helpful was people:

who allowed me to have an unorthodox view of Christianity … and to validate my own subjective experience.

He thought it would be ‘highly acceptable’ for churches to have services on the themes of anger and sexuality.

Other interviewees had various spiritual practices which they found helpful, including meditation and yoga. For one interviewee, participating in yoga classes was an important part of his spiritual practice.

Talking to God; prayer

Several people interviewed had learned to confide in God – in other words they had learned the value of prayer.

God became a friend … everything, I discussed with God … (He) put up with loads … it’s how I survived.

A different person spoke of having a ‘direct line’ to God. She added that learning that God loved her also

… came straight from God. Nobody told me.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

*I just talked to Jesus all the time,*

said another interviewee. This stemmed from her being brought up to read the Bible every day and say her prayers, for which she was grateful.

*I remember … by my bed … and some nights I’d just be longing to get into bed … I used to always say the Lord’s Prayer. I’ve got a praying card upstairs now that I used to have. A blue one* (laughs).

Two people spoke of the helpfulness of confession. One had found confession helpful from the age of 13,

*when my conscience couldn’t be quietened, otherwise.*

To receive God’s forgiveness was for this lady, ‘bliss’.

Prayer counselling helped some, whilst one interviewee reported a bad experience of this. For one person, this particular approach was a welcome change from secular counselling:

*I’m fed up with starting right from the year dot … I really don’t want to do it anymore … I don’t want a quick fix, but I believe that through (prayer counsellors) praying with me God can ‘speak’. I think God understands what I need to deal with and what I don’t.*

Some interviewees, on the other hand, had found secular counselling or psychotherapy very helpful, with one person citing his therapist as the only person he had learned to trust.

For the person who appreciated prayer counselling, when she had felt ‘very low’ a prayer group was:

*… the beginning of a real religious or spiritual, well, getting closer to God … experience.*

**Doubts and confusion**

Doubts and confusion were common. Some felt uncomfortable about having doubts, and in some cases, church involvement actually reinforced their doubts and confusion.
For more than one, the church was unhelpful simply because he or she didn’t believe in what was said or taught, or they didn’t agree with the overall views of the church.

None of this is for me.

And,

I’ve always questioned weird stories in the Bible.

For some without Christian beliefs, the church was not helpful at all. Others had different beliefs, including Buddhist and Pagan beliefs. One interviewee had a mixed experience of a Buddhist group and later chose to develop his beliefs outside any spiritual group. While he recognised his own ‘rebelliousness’ he struggled with finding a clear path alone.

One woman was, intellectually, unable to grasp the Christian faith even though she wanted to:

My emotions want it, but on the logical level I can’t accept it.

Even those within the church are subject to doubt, questioning and confusion, especially when going through difficult times. One spoke of the help in having a non-Christian friend to help bridge uncomfortable gaps. One, who had been taught when younger about the anger of God, used to think of God as ‘vengeful and angry’ and believed God was punishing her. She doesn’t now, having had to ‘unlearn’ earlier teaching.

People within faith communities: their attitudes and beliefs

The people within churches and faith communities are a crucial element in service users’ experiences. Some can and do give much support. Others, it appears, quite unintentionally, drive people further away.

One interviewee thought that their

united humanity against evil … (made) sense.
Belonging; feeling part of something

Another had found Spiritualist people ‘very, very comforting’. Several Christians clearly found the company and support of other Christians helpful.

I mean I have become fairly OK at looking after myself and I have such a lot of people in the church that support me and would worry about me if they didn’t hear from or see me that I suppose I am not in as much danger…as some people might be…I don’t know what I would do without them really.

Another man said,

Church is like a family … it’s like going back to meet old friends … everyone there shaking my hand. ‘Oh, I hear you’ve been ill … but we’ll get through this together’ … it’s very much one big family really.

Two interviewees focussed on the value of an ‘open-minded’ church. One person attended an Anglican church as carer of her brother who goes there. Although she found the dogma and attitudes of the church quite ‘suffocating’,

I do get something out of it because people are very, very friendly and very welcoming.

Dogma and intolerance

The welcome was, however, one of the few redeeming features of this person’s link with the church. She cringed at the very mention of ‘religious organisations’. She found this church dogmatic, intolerant and hard to cope with. Her discomfort was especially to do with the prevalence of ‘black and white’ views. These belief systems and attitudes caused her to feel excluded and that others there think she is ‘against’ them. Their attitude led her to doubt and to feel excluded because of her doubts. She also found the intolerance shown to one another by believers of different traditions and faiths difficult to cope with.

Another interviewee spoke of feeling ‘hypocritical’ about going to church because she was confused about her beliefs and feelings. This gave her a sense of ‘not fitting in to’ the church.

One man who had explored Buddhism for himself was disappointed to discover
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

The more you get into them, there are rules, regulations and hierarchy … in Christianity and in Buddhism.

A number of the people we spoke to were both self-aware and ‘in-touch’ with how they may come across to other people. One spoke about how being ‘a radical Christian’ helped her, but she thought caused problems for others:

I feel that I try to live my life as closely as how Jesus taught us to live. And that causes an awful lot of problems with an awful lot of people … because he was radical and I’m radical … so it doesn’t sit nicely with certain people

Clergy And Other Religious/Spiritual Leaders

Sooner or later, our interviewees had come across religious or spiritual leaders, and again, their experience was sometimes very positive and sometimes very negative.

One woman was relieved at a point of much personal distress because a clergyman made her feel less guilty. She and at least one other just appreciated a minister ‘being there’ when they had been in distress. One talked about receiving counselling from her minister which had been useful and one was grateful that a lay-preacher had listened to her doubts. Another interviewee had appreciated the openness of a particular pastor who had allowed space for differences in belief. In some cases the priest had been so supportive that they were seen as a friend.

One interviewee said though, that clergy always have a tendency to

lean you on the side of their beliefs rather than to look at yours … You always got to be preached to rather than you are a person and you’ve got the right to have your own beliefs.

Another spoke of the intolerance and strictness of a priest who condemned non-church-goers for not being in church and she found this judgemental attitude difficult.

One person had experienced a drunken priest who had sworn at her for not attending confession for two years!

Some of the service-users and survivors we spoke to talked of the value of being prayed for or being prayed with. Two people talked about how difficult it was to pray themselves when they were unwell or distressed, but how they appreciated the prayers of others:
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

If someone could pray with (us) it would help because you can’t co-ordinate yourself if you’re very stressed.

This person was then asked whether opportunities to talk about mental ill-health might help people (from the church) to understand better, and whether he might be able to do that,

If I’m up to it (laughs) … Yes – it would probably be the thing to ask…to help people who are frightened of things … who don’t really understand.

A different person advised churches not to talk about mentally ill people, but to talk to them.

Pressure Or Choice?

Persuasion to hold to particular religious beliefs or to attend church seems from our research to be very unhelpful:

Let faith be individual and not prescribed by the Church.

People were wary of those with strong convictions and beliefs who want to convince others that they are right. One spoke with feeling,

I have got no intention of doing what a lot of other people do … ramming beliefs down other people’s throats.

One person said quite plainly that she couldn’t abide … ‘born-again’ Christians.

Another interviewee was suspicious of the methods and attitudes of Jehovah’s Witnesses; she had felt ‘preyed on’ and was particularly unhappy about their attitudes towards vulnerable people like herself.

In other words, people do want to be genuinely respected and do not want to be ‘patronised’ or ‘not believed in’. Two different interviewees suggested that discussion of different points of view in small groups would be useful.

It seems as if, as one person says, attending church can be helpful if it is a choice to go, but unhelpful if it is a duty to go. Forcing, or even just taking children and young people to church had been damaging to some.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

Finally, going back to church after a break from it was something that several interviewees had chosen to do,

*When I reached the age of 18 ... I actually left the church ... When I had my first bout of mental illness I didn’t actually turn to religion ... I wish I had now. Now I've had my second bout of illness I ... remembered all the things I used to do...all the fun I had at church ... all the plays I used to be in ... and just wanted to have that feeling of being in God's family really.*

Issues Especially Relevant To Service-Users And Survivors

Many of the observations made so far may be true for many people. We have talked to a selection of people who have been troubled by mental ill-health and who may therefore be particularly sensitive, have particularly deep and strong feelings and may well be ‘hurting’. We could all do well therefore to hear what it is they have to say and how we may better address their needs.

We return to our interviewees. There were examples of rejection or requests being ignored. One man would have liked to have his house blessed, but had had great difficulty in getting a clergyman to do this.

(x) said he’d come and bless this house and he hasn’t ... I asked him almost as soon as I moved in, but he kept putting it off (laughs) ... I have reminded him several times ... he says he hasn’t forgotten, but he seems to have forgotten.

One person talked about being ‘brushed off’ and a second had felt ‘fobbed off’ by the church who had simply directed them to the doctor. Where the church rejects service-users, their pain and anger may be worsened.

Some people find church-going difficult, especially when they are unwell. Two people interviewed said that church was not an obvious place to seek or find help.

*I don’t look for any support from (C. of E. church) ... and I don’t get any from it.*

One person spoke of the church ‘scaring’ them. Sometimes the fear is on the other side and people in the church believe that mental illness is of ‘the devil’. The service user picks up this message and is likely to feel worse or more frightened as a result.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

Particularly significant to those suffering from depression is guilt, so often made worse by the church. One person interviewed spoke of her feelings of guilt about rebelling against what she had been taught. Another said that the over-use of ‘should’ in the church simply added to their guilt.

There were several references to churches being unaware of or not knowledgeable about mental ill-health. Some people talked about it being hard to get support from churches or of no care of service-users in churches. One had made an effort to go to church, only to be disappointed that there was no-one there to talk to about her situation or needs. Another said:

there’s no-one (in my church) who’s experienced mental health problems.

Others had a sense that if there were other service-users or survivors around, it would be kept quiet anyway. There seems to be a feeling that the church is not involved enough with those who suffer mental ill-health. Some made the comment that mental health issues should be highlighted more in church groups. Even the person whose ‘church family’ was described as ‘good and loving’ said that she would speak only to ‘a few’ people about more specific things to do with depression and spirituality.

Another said,

I enjoy going to church … I enjoy listening to the sermons and it gives me my hour a week to confess all my sins, but … personally, I don’t think there’s anyone there that could help me.

Failure to meet those who are unwell or distressed with understanding, love and respect will heighten their frustration and distress, and may trigger anger and antagonism, so that they may rebel against what is being offered. In this research we have come across examples of this. One person interviewed suggests for churches:

the more support we give people and the more reassurance you give to people with a mental illness … the more happy they feel and the more welcoming the doors become … so … people want to go to church because they’re understood there.

Churches and religious groups may need to examine what messages they give to those affected by mental ill-health. One of our interviewees had decided not to put her trust in a religious organisation which from her experience proved to be ‘flawed’.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

I don’t want to belong to an organisation … (church) that … excludes God … the very reason we are all supposed to be there.

She had been let down by the Christian community and had married a Christian man who proved to be abusive.

Actions Speak Louder Than Words

‘Religious help’ which is the most useful is ‘practical and caring’ said one interviewee. Prayer with consent is appreciated by many who are unwell or struggling with life, but two people we spoke to said that they would rather have someone to help at a practical level than the offer of prayer.

You need a lift … you’re told to pray about it (laughs after pause) … you know I think of phrases like ‘they’re too busy in the heavens to be of any earthly use’.

This person tells us how she herself has supported someone else in crisis,

All I’ve done, you know, is like write to her or if she’s in I’ll speak to her … I’ve been up there two or three times … And it’s like well, it’s no good me saying ‘we’ll pray for you’ … you put yourself out and get on with it.

One told us she was very glad of a supportive friend who would pray for her when her own strength to pray failed and also would water her plants when she had to be hospitalised.

It is clear from what our interviewees have to say, that practical support is often very much appreciated. Service users and survivors may not always look unwell and this may disguise the need for practical help. One man suggests;

What would help would be if somebody from the church rang me up daily and left a message or something. Not necessarily the same person. I would not regard it as an intrusion or a nuisance. It’s not about insecurity … I’ve come to the stage that I have acknowledged that there could be real dangers if I am left on my own.

Another interviewee asked specifically for more retreats for people with mental health problems.
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

One common theme to come to light in this research was the loneliness and isolation of service-users and survivors.

*It’s very lonely,*

said one, quite simply. Many do appreciate the support of other people. To be befriended would mean a lot to some. Maybe most would agree with the person who told us that to be listened to helped very much. Perceptive listeners seem to be an added bonus!

*I can remember some people – when I didn’t have anyone to hug … and I said ‘could I have a hug?’ … and I hugged, like …* (laughs).

At least three people identified the hugs which they received as comforting – presumably because they indicated someone’s willingness to reach out to them, to be aware of their pain and in response, to offer some care, concern and love.

**Key message to the church**

It would seem that the church is not as important to those involved in this research as “the soul”. What is *within* – both the church and its people with their varying beliefs, is what people will notice and be drawn to or put off by.

Three of our interviewees had felt more comfortable accepting a Christian faith without being part of an organised church and this is what they had opted for in their lives. One of these also preferred a wider concept of God.

*We would talk about – you know – whatever the higher power …* (laughs) … whatever you want to say rather than *God* … *‘cos immediately people think of the Christian God, the God of the Bible … whereas to me people can think God and I’m not necessarily thinking Christianity … It was not as … rigid.*

There are some sobering thoughts in this research for those content that their church is serving its community. However, many would not be without it and find it, with all that it offers, a great help especially in their difficult times.

What does come across from our talking to people is that the church is most helpful when it is *not* trying to impose a rigid code. The following extract asks that everyone’s point of view be valued. Asked what kind of religious or spiritual support *would* help he replied:
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

Just allowed to talk to intelligent people who can see your side and appreciate your views – not necessarily hold similar views but can actually discuss it in a civilised way without … impressing their own views upon you too much. Even though it is sometimes advantageous in expressing my views, to hear other people’s religious/spiritual views as well (is helpful) so you can actually reinforce your own spiritual beliefs.

Anne Roberts
Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

Recommendations: to people in faith communities

Arising from the experiences of people with mental health problems reported in this chapter, we recommend that people in all faith/spiritual communities:

- Offer **practical help** and support. These are often needed and appreciated.
- Are present to others. ‘Just being there’ counts for a lot.
- Remember to **ask people how they are**
- Offer **company, friendship, support and love** – these are usually appreciated
- Are aware that **open-mindedness** is much more helpful than dogmatic attitudes
- **Respect, value and try to understand** the beliefs of others if they are different from your own
- **Include** rather than exclude service users; **encourage** rather than discourage.
- Recognise and promote the value of **spiritual places and buildings**:
  - As important spaces ‘just being there’
  - As places to simply be alone
  - As safe environments for the release of feelings.

We recommend that ministers and other religious/spiritual leaders in particular:

- **Hear** that many mental health service users need them to be there and are glad they are
- Where the church is concerned, take encouragement from people’s reports that the church seems to provide great **stability and continuity** in an unstable world
- Offer opportunities for **non-judgemental listening and talking** through issues
- **Pray** with service users, if invited or permission given
- **Accept** that some people – including people of faith – may be confused by religious messages or that they disagree with them
- Recognise, allow and encourage that some people prefer to **experience God outside** of and away from buildings and structures.
 Churches: In what ways have churches and faith communities been helpful and unhelpful to service users and survivors?

Raising awareness of the needs of people with mental health problems:

- Be aware that service users may be particularly sensitive. Areas of sensitivity may include:
  - rejection;
  - judgement e.g. that distress or illness is ‘of the devil’;
  - fear, including of churches;
  - guilt;
  - frustration;
  - distress; and
  - anger

- Look at the centre of your organisation – its soul; and examine the message it gives to people experiencing mental distress

- Please use sensitive terminology – check with people how they would like to be described. Language such as ‘nutter’ or ‘loony’ can be deeply offensive and hurtful

- Convey a human gentleness and warmth rather than religious dogma

- Become more knowledgeable about mental health and more comfortable with and open about mental health issues – including by inviting service users to educate others, talk about their own experiences, and have discussions about mental health that include service users with a variety of backgrounds and experiences.
When we were developing the ideas for the project the theme of ‘feeling accepted’ was important for many people. We asked interviewees to tell us what this feeling of acceptance meant to them.

One interviewee said:

*People can be sympathetic toward people with diabetes or heart complaint, and this is no different, really. I want to be treated the same.*

Another interviewee said, starkly:

*Yea, um I mean I don’t think anybody in their right mind would label themselves as psychotic, it’s like labelling yourself as a criminal or an anti-Christ.*

We were also told:

*I think how in reality, I am not any harder to live with than anybody else, that everybody has got potentially unacceptable parts of their behaviour. Mine happens to be that from time to time I have intense mood swings which affect my behaviour and my judgement and likeability. It doesn’t fundamentally alter my belief that I am OK.*

Some interviewees found that being labelled meant that they were not accepted by other people in their communities. One interviewee said:

*I have lost so many friends. They weren’t good friends obviously. I mean some people have really stuck by me. When I first came to (place) when my children were small I was making friends. I would make very good friends with someone and they would find out either from me or from somebody else about my mental illness, and in an instant nobody wanted to know. It’s laughable, really.*
Acceptance: What is the role and meaning of acceptance to service users/survivors?

Some interviewees had painful stories to tell us about the consequences of not being accepted. One account illustrated this problem very starkly, telling us:

*I don’t want to be too bitter, but I am afraid I have been very much rejected by the so-called “normal/conventional” in all areas: my family, even church; I mean very rejected. Yes and some were intelligent people. Silly: even the Vicar’s wife. The worst thing for me is the effect it has had on my children, and I just pray that they will find their way to coping with it and understanding it. Well a mother is someone very important to the child and my son must have been about twelve when he suddenly realised (inaudible), he actually said to me “Mum, are you mad?” Not joking – he wanted to know, and I had to say to him: “well yes, I am mad, but it’s an illness.” And to him that was the end of the world in a sense, that his mother was mad. His friends must have been saying something, you know. And the poor chap just completely froze on me. It lasted for years. He is now 20 and he is just coming round from it.*

Some of our respondents told us that this problem can also arise because, during phases of acute mental or emotional distress or confusion, they may have behaved in ways that others found difficult to handle or unacceptable. For example, one interviewee described his yearning for acceptance:

*Yes it means a lot to me. It means everything to me almost really. I suppose I’m like everybody really in that I want to be loved for what I am. On the whole I think I’m a really nice bloke. It’s awful when the dark side of you gets in the way and puts people off and they feel unable to accept you.*

Survivors of these sorts of experiences attribute their ability to maintain their self esteem and to recover from episodes of acute mental ill-health to the acceptance of others, who have supported them both ‘for better and for worse’.

*They like me here. They know I get violent because of depot, and that upsets me, and then they keep out of my way. I’ve done a lot of work here. Everyone’s accepted me and they like me here and trust me.*

Another interviewee said, poignantly:

*They treat me as if I was a normal human being which of course I am.*
Acceptance: What is the role and meaning of acceptance to service users/survivors?

We were told many stories about members of faith communities and the wider community who remained friends during the bad times and who kept people included during phases of acute illness. For example:

_Oh since 1982 since I met her, my friend M has stood by me, she stood by me for ten months when I was in a locked ward and she paid all my standing charges. She came every day to water my plants. She came twice a week to visit me._

(Interviewer)Yes. Is she a Christian too?

_Oh yes._

Finally, one respondent had felt very supported and encouraged by people outside the mainstream, who had an embracing approach to distress:

_Whereas some of the alternative people that I know see it as an opportunity to grow: as something positive for your development you see, almost. They accept it is not nice; but they see it as something to work through towards development I suppose. Which is much nicer than being called ‘mentally ill’, to feel that attitude, rather than that you are bad, weak or evil or whatever other people think you are; you know._

_Liz Macmin_
Acceptance: What is the role and meaning of acceptance to service users/survivors?

**Recommendations: to all**

From talking to other service users and survivors about acceptance, we recommend to everyone:

- Treat service users as empathetically as you would somebody with physical ill-health
- Remember that being labelled can have very negative effects on people
- Conversely, know that people often respond positively when feeling more fully accepted
- Encourage service users to support each other – people often feel more accepted by other users than when isolated or alone with mental health professionals
- Don’t over-simplify complex situations.

**Acceptance:**

- may involve employing the mind i.e. making a conscious decision to accept
- of service users helps us to accept ourselves more
- of our situation or of ourselves is important to service users, but so is our need and sometimes our right to express ourselves.
Spirituality and psychosis: What is the relationship between ‘psychotic’ and ‘mystical’ experiences?

Traditional and biblical accounts and historical evidence inform us that many of the key characters in the history of western civilisation heard divine voices or saw visions. The way in which they responded to these voices and visions had a major influence on the course of our history.¹¹

Some of our interviewees talked about the relationship between spiritual and psychotic experiences. One said that,

If Jesus turned up today he’d end up in a mental asylum and Mary would be sectioned … Psychosis, it’s a narrow line between hallucination and vision and inner voice and auditory hallucination you know. I mean in medieval times if you heard voices it was good stuff as long as they were pro-Catholic.

One of our interviewees was asked what he made of the relationship between spiritual and psychotic experiences,

There are experiences of perceptual abnormality, experiences of other realms or something. Some people have psychotic experience. Some people manage to interpret them and have a spiritual experience and I’m not sure if that is the case. I think the two are just different ways of experiencing perceiving or dealing with different phenomena i.e. moving beyond the paradox, or deeper into the paradox. Moving into a sense of self that is much deeper or more profound and taking the risk that that could go wrong.

Another was quite clear that

Whatever I had to sort out was a religious existential problem and to them it was classic schizophrenia.

Interviewees gave several accounts of experiences which could be interpreted as either psychotic or spiritual. For example:

There were things going on in inside my spirit and my soul that were certainly beyond anything I’d ever experienced.

I got a tape of the rave and … I heard, unknown to others, ‘You lead the way of the future’.
Spirituality and psychosis: What is the relationship between ‘psychotic’ and ‘mystical’ experiences?

Another person described his/her experience thus:

_The experience was one of both hell and heaven … the very worst depths of despair, but also some moments of joy. There was quite a lot of religious content … I felt as if I was being physically crucified and it was not just the sort of experience of crucifixion, it was all deaths that man has ever known and all that I could ever imagine…That was horrendous and … through it ran a kind of intellectual commentary almost to the effect of … what Jesus went through, all mankind has been through._

This account could be read as being about the universality of human suffering. The powerful imagery of the Crucifixion is to many a symbol of this, as well as a precursor to resurrection and transformation.\textsuperscript{12}

Other participants described beneficial creative aspects of psychotic experiences. For example one participant explained:

_I think we are all linked at an unconscious level and that’s where I was when I was psychotic … There were various insights I carried forward … I hallucinated the book that I hope I’ll get published … not precisely as I hallucinated it but in some real form._

Another participant gave an account of a psychotic experience which, when the meaning is considered, appears to be positively integrating and therapeutic. She was asked about her hallucinations:

_It was almost as if you heard “the timing is right” that is the timing is right to go mad if you’ve got to go mad. “Ask the patient” was another one. It wasn’t like hearing voices, but within the visual hallucinations, conversations were going on. I was part of a sort of family/friends group. I was part of a committee and they would sort of discuss my welfare and when I decided I wanted to be done, I agreed to getting better. I wanted to be done and the committee wouldn’t agree to that, hence the fact that I’m speaking to you today in a sense._

Interviewees did explain their doubts about discussing spiritual matters with mental health professionals. One interviewee said:
Spirituality and psychosis: What is the relationship between ‘psychotic’ and ‘mystical’ experiences?

Not really no. I tend to keep it to myself. I have seen things with my own eyes, whether conscious or unconscious. I don’t talk to them here about it. This is why I want to take part in this interview … I have had bad experiences with them (psychiatrists), (they) might lock me up.

Accounts from the participants in our study lend support to the concerns of contemporary researchers that insensitive responses in the early stages of heightened awareness may turn a potentially beneficial experience into a harmful one. When asked if there might be a way of teaching or educating the psychiatric services – doctors or nurses – to be more sensitive to this area, one interviewee talked of the need for mental health professionals to adopt an open minded gentle approach and replied:

**Trying to take their models and their schemes and their ideas very very lightly and to allow themselves, or to possibly take the risk of really entering the world of the other person. Identifying with their ideas and their, even their very bizarre visions. Allowing themselves, you know really to empathise.**

And went on to say:

**If I could talk about my experience without fear of them being judged or them opposing fundamentally ideas or psychiatric labelling or whatever onto. At my best I can cope with it but when I’m feeling fragile and vulnerable I wouldn’t trust them as far as I can … you know. And the only person who I have learned to trust is my therapist, and we have a very deep relationship and he would not do that.**

Finally, one interviewee was very clear about what is needed for the future development of mental health services:

**We need a Leonardo da Vinci to invent (spiritual psychiatry) which is generations away.**

Liz Macmin
Spirituality and psychosis: What is the relationship between ‘psychotic’ and ‘mystical’ experiences?

**Recommendations**

- Respond sensitively to people in a state of heightened awareness, being as open-minded and gentle as possible.
- Recognise that crisis and breakdown can be an opportunity for breakthrough, with appropriate support.
- Be aware that shifts in consciousness may be experienced as spiritual or religious and must be respected as such.
- Support people in working towards integrating their experiences.
- Recognise the value to many people of their creativity, and provide opportunities to explore and express this e.g. through music, the arts, as well as the potential of positive connections with nature as expressions of spirituality.
Appendix A

Journeys

‘Journeys’ figure prominently in all the major faith traditions. In English literature Bunyan’s ‘Pilgrim’s Progress’ along with Chaucer’s ‘Canterbury Tales’ are the most famous examples of the ‘journey’ and its spiritual and social importance. For the Jews the Exodus from Egypt and the wandering in the wilderness were the necessary prelude to entry into the promised land, which was far from a picnic in fact. The Exile from Jerusalem became the focus for Jewish longing to return to and be at peace within Jerusalem. Muslim believers endeavour to travel at least once to Mecca. Hindus in their millions make their way to wash in the holy waters of the Ganges, and Buddhists cherish the Noble Eightfold Path which helps them to avoid the extremes of sensuousness on one side and self-mortification on the other. For Pagans and Christians there are many holy places – like Glastonbury in Somerset – to which believers are invited to go for their soul’s health. The journey may be literally a physical pilgrimage, but inevitably this is accompanied by a symbolic journey, in order to help the pilgrim attain holiness and find greater integration of mind and body and soul and of humanity’s place in the wonder of creation.

Comment on historical figures

As touched on in chapter 6, many key characters in the history of western civilisation heard divine voices or saw visions. The way in which they responded to these voices and visions had a major influence on the course of our history.

In this way Moses transmitted the Ten Commandments. Jesus constantly listened to the voice of God. Constantine saw a vision of the Cross on the battlefield and thus Christianity became the religion of the Roman Empire. Mohammed was taken up into Heaven to learn the five pillars of Islam directly from Allah. Joan of Arc liberated France because she heard the voice of St Catherine in the church bells and had visions of that Saint in the clouds. Many English soldiers in the first world war had a vision of an Angel at the battle of Mons.

It is also said that Handel might have been in a state of mania when he wrote ‘The Messiah’. The painter Van Gogh experienced states of marked excitability which inspired him to paint groundbreaking works of modern art, but which also drove him to seriously harm himself and to eventually take his own life.

We cannot know how the world might have been different if all of these people had been treated by their contemporaries as insane, especially if they had been forcibly locked up and medicated.
Contemporary Research On The Relationship Between Psychotic And Mystical Experiences

Much recent academic and scientific research in the field of mental health, religion and culture seeks to shed light on the relationship between experiences labelled either ‘psychotic’ or ‘transcendental’. Kroll (1998) has asked ‘can descriptive psychopathology and diagnostics distinguish between certain classes of religio-spiritual and pathological (psychotic) experiences?’ (see also Clarke, 2001; Jackson and Fulford, 1997). Lukoff (1985) has written about the possibility of authentic mystical experiences and the frequent overlap of such experiences with psychotic disturbances.

Shorto (2001) gives accounts of people suffering from what were once deemed spiritual afflictions, then purely medical disorders, and which are now treated as both. Shorto brings to bear issues from consciousness studies, exploring the shared territory of psychosis and mysticism; and the changing meanings of ‘self’, ‘soul’, ‘mind’, and ‘brain’. He considers the theory that psychotropic drugs have a spiritual dimension. He also considers the possibility that addiction and depression are spiritual conditions.

Deikman (1971) likewise described his observations of the onset of schizophrenia and reported that

there is sometimes a mystical state preceding or marking the onset of many cases of acute schizophrenia.

He noted

a marked heightening of sense perception; a feeling of communion with people, the world, and God; intense affective response; and a blurring of perceptual and conceptual boundaries. First person accounts of this type of psychotic experience are strikingly similar to reports of sensate mystical experience and suggest a similar process.

What do mystics tell us of their experience? The Zen Buddhist and mystic, D.E. Harding described his flash of enlightenment or ‘satori’ as a feeling of ‘having no head’. His account of this deeply peaceful experience while walking in the Himalayas is quoted here:

Past and Future dropped away. I forgot who and what I was, my name, manhood, … all that could be mine. It was as if I had been born that instant…. There existed only the now.
It seems likely that this is exactly what Deikman is describing scientifically when he states that:

*In terms of the bimodal model, the experience is one of a sudden, sharp, and extreme shift to the receptive mode: decreased self-object differentiation, heightened sensory intake, and nonverbal, nonlogical thought process.*

Deikman argued that for the mystic, what emerges from the ‘cloud of unknowing’ or the ‘dark night of the soul’ is an ecstatic union with God or Reality. However for the psychotic person, the world rushes in but does not become integrated in the harmony of mystico-union or satori. Instead, s/he creates a delusion to achieve a partial ordering and control.

Blackman (2001) may shed further light on this. Drawing on her research with the Hearing Voices Network, she argues persuasively that many voice hearers are not suffering from mental illness, and that voice hearers who develop non-psychiatric explanations of their voices may live with them quite well. She theorises that the pathological consequences of voice hearing are, to a large extent, linked up with the social and psychiatric reaction to the experience. Her work adds further support to the well-known work on voice-hearing by Romme and Escher, whose previous research with adult voice-hearers has recently been complemented by work with children who hear voices (Romme and Escher, 2000).

This research combined with the observations of Deikman may lead to the conclusion that in some cases, reacting negatively, labelling people and subjecting them to compulsion in early psychosis is a travesty; turning a potentially inspirational, insightful experience into a living hell. It gives weight to the many service users who tell us that they need a place of retreat at such times, rather than a hospital.

*Liz Macmin*
Appendix B

Footnotes

1 Research was undertaken in Somerset amongst both mental health professionals and religious leaders using a questionnaire similar to one used by Neelam and King (1993). See also Foskett (2001). Copies of the reports are available from Somerset Partnership Social Care and NHS Trust.

2 see note on journeys in Appendix A.

3 The leaflet aims to help people care for their values, beliefs and spirituality when within mental health services. Copies are available from the Mental Health Foundation on 020 7802 0304, also from the Chaplaincy, Somerset Partnership Social Care and NHS Trust, Broadway House, Barclay Street, Bridgwater, Somerset TA6 5YA.

4 eschatology n : the branch of theology that is concerned with such final things as death and judgment; heaven and hell; the end of the world. Source: WordNet® 1.6, © 1997 Princeton University.

5 This involves defining what might be meant by ‘spiritual’ and ‘religious’, giving specific and easily understandable examples. For example, the ‘spiritual’ aspects of a person might include their relationship to powerful feelings such as hope, guilt and anger; issues of meaning and acceptance; and a spiritual gift could be the ability to find an element of peace in a difficult situation. ‘Religious’ might embrace beliefs about God and the Universe, for example, and a religious need could be the need for access to relevant rituals and materials.

6 see Barham and Hayward (1995); the Bishop John Robinson Fellowship newsletter (1998 – 2001); the Mental Health Foundation (1999); Read and Reynolds (1996); Survivors’ Poetry (1995); and Swinton (2000).

7 see Breakey (2001); Copsey (1997; 2001); Cotter (1997); Fallot (1998); Gray (2001); Health Education Authority (1999); Koenig (1998); and Swinton (2001).

8 see Breakey (2001); Copsey (1997; 2001); Fallot (1997); Neelam and Lewis (1994); and Swinton (2000; 2001).

9 see Coyle (2001); Johnstone (2000); Narayanasamy (1999); Neelam and King (1993); and Neelam and Persaud (1995).

10 see Claridge (1997); Clarke (2001); Copsey (1997; 2001); Foskett (1999); Jackson and Fullford (1997); and Thomas (1997).

11 see Appendix A for a more detailed comment.

12 as described in the chapter on journeys.
References


Mental Health Foundation (1997) *Knowing Our Own Minds*. Mental Health Foundation: London.


Further reading


Appendix C

Reflections on the research from the team

With all due respect to the Somerset Team, I can remember thinking at the very beginning, that we would do well if we could relate to one another, let alone work together. We are all so different and come from very different backgrounds and experience. How wrong can you be?! As a group we get on remarkably well. I have found the Team very kind and very supportive (and ‘forgiving’ when I have ‘slipped up’). We can talk endlessly, we have developed trust and closeness within the group and perhaps most surprising of all, to balance out the very serious nature of the work, we have had great FUN just being in one another’s company.

Anne Roberts
January 2002

Snippets from a team conversation

John: In the early meetings, there was a big group, varied …

Vicky: The very first meeting seemed to be a room full of dog collars, plus thankfully Anne! I remember wondering how any sort of user-led research was going to emerge from this … we moved a long way from there.

Phil: I didn’t understand the process or the mechanisms. I was suspicious of this ‘band of brothers’ wanting to spread the good word by attaching something to users – I wondered what are they really after? what’s it really about?

John: What struck me was people’s honesty – Phil’s suspicion; Anne’s self doubts – could I do it; me, will the chaplains take any notice … People have been honest when they can’t do things instead of pretending everything’s fine as people so often do.

Phil: I hope the report is a catalyst for real change … as well as services changing, churches – I hope they’ll change – there’s a major gap and no-one with the specific responsibility to bridge the gap … how much can you achieve in one morning and one afternoon session (like the sessional chaplains)?
As it stands, someone might see their community psychiatric nurse on the Monday, a consultant on the Tuesday and be in hospital having missed the chaplain for that week. If one person can make that much difference (as people have reported in the research) in a few hours, how much more could be done with a lot more time?

**Reflections from *Strategies for Living***

We each had our own roles and biases as part of the team. It is impossible not to make assumptions, and we all tried to be aware of our own beliefs, and how these might influence the research. For example, those among us who would identify as Christians were working within frameworks of belief that might assume the desirability of a belief in a higher power. Others might make quite different assumptions.

Each of us brought our own experiences to the project, which might include particularly helpful or unhelpful experiences of membership of a church community; responses to us from people around us to our mental health identities or our religious affiliations; or good or bad experiences of particular aspects of mental health services.

We tried to counter any effect of these on the research by working together as a team, including being in contact with one another by telephone during the period of interviews, reflecting on the interviews during regular team meetings, and checking out with other members of the team any ideas that seemed to be emerging from the data.

The content and quality of this report are the ultimate test of how successful we were in this.
Appendix D

Spirituality in Somerset Project

What is ... Religion and Spirituality?

Spirituality includes more than religion. Religion usually includes belief in a God, or gods, whereas spirituality does not have to. Religion also often implies membership of a church or religious group; spirituality is much more individual.

One way of considering spirituality and religion is to see spirituality as the wellspring within, and religion an outer edifice to mark the spot.

For the Spirituality in Somerset Project, we are interested in people’s own ways of thinking about religion and spirituality.

Below are some definitions from people in touch with the Strategies for Living Project, who spoke of what spirituality meant to them (the page is taken from a resource guide which the Project is publishing):

I often think about how my Gran brought up her children, how she lived her life, and she had a deep spiritual being, not necessarily formatted to a fixed religion – a spirituality within her. In her wisdom, she was very wise, very funny and her zest for life, I don’t know; that sort of spiritual inner self, that deeper sort of thing, I think is important.

I just can forget about everything, and it’s just like being close to nature and close to God or Goddess, or whatever label you want to stick on a greater spiritual being or whatever.

Well I think being spiritual means that you sort of temper your actions towards other people, you care for other people, and you care for yourself, and you look after yourself.

My religious belief is that God is within yourself, there’s nobody up in the sky looking on you. God is within yourself which is your spiritual within yourself, your honesty in everything. Now it’s got to be taught to you from somewhere, but once it’s within you, then you find it surrounds you.

Some people relate less to a language of spirituality. Many feel a deep sense of connectedness to other people, to other living beings, to the world, without seeing this as spiritual. Perhaps the ideas implicit in the word holistic are relevant here, embracing as it does mind, body, spirit or soul, as well as context, our relationship with the world around us.
Appendix E

Sources of information and support

Chaplaincy: In Somerset, contact the Chaplain Co-ordinator at your nearest locality centre. Address your request to:

The Chaplain Co-ordinator, Somerset Partnership,

at one of the following addresses:

Rose Bank, Priory Park, Glastonbury Road, Wells BA5 1TH
Rydon House, Cheddon Road, Taunton TA2 7AZ
Holly Court, 56 Preston Road, Yeovil BA20 2BN
Beech Court, Southgate Park, Taunton Road, Bridgwater TA6 3LS.

Pastoral and spiritual counselling: the national division of the British Association for Counselling (see below) which covers pastoral and spiritual counsellors. The British Association for Counselling can give details of affiliated counsellors in local areas.

Local helplines:

Nightline (Cornwall) 01872 263003
Mindline (Somerset) 01823 276892 (Fri and Sat 8.00pm to midnight)
Bristol Mind helpline 0117 983 0330

Mental health self help/campaigning groups:

Madpride www.ctono.freeserve.co.uk
National Self Harm Network, PO Box 16190, London NW1 3WW.
United Kingdom Advocacy Network. Tel: 0114 2753131.
Bristol Crisis Service for Women. PO Box 654, Bristol BS99 1XH.
National helpline: 0117 925 1119.
Hearing Voices Network, 91 Oldham Street, Manchester M4 1LW.
Helpline: 0161 834 5768.
South West Hearing Voices Network. Tel: 01392 204495.
Speak Up Somerset: coalition of those concerned with mental health raising public awareness. C/o Mind. Tel: 01823 334906.
Advocacy in Somerset. Tel: 01823 324762.
Mental health voluntary sector groups in Somerset:
South Somerset Mind, Dampier Street, Yeovil. Tel: 01935 474875.
Mind in Taunton and West Somerset. Tel: 01823 334906.
New Directions (Bridgwater). Tel: 01278 446935.
Somerset Manic Depression Fellowship, 20 Canon Street, Taunton. Tel: 01823 323363.

Local statutory bodies:
Somerset Partnership NHS and Social Care Trust: health and social care for people in Somerset with mental health problems. Tel: 01823 330502.
Somerset Community Health Council (CHC): Listens to services users' views, and provides information and support when making a complaint. Tel: 01823 271618.

National mental health organisations/support:
Mental Health Foundation. Tel: 020 7802 0300.
Scottish Association for Mental Health (SAMH). Tel: 0141 568 7000.
Manic Depression Fellowship, Castleworks, 21 St. George Road, London SE1 6ES. Tel: 020 7793 2600.
National Schizophrenic Fellowship (NSF), Head Office, 30 Tabernacle Street, London EC2A 6ES. Tel: 020 7330 9100.
Depression Alliance, 35 Westminster Bridge Road, London SE1 7JB. Tel: 020 7207 3292.
African and Caribbean Users and Survivors Forum (ACUSF). 332 Brixton Road, London SW9 7AA. Tel: 020 7411 2944.
British Association for Counselling (BAC), 1 Regent Place, Rugby CV21 2PJ. Helpline: 01788 578328.
The Samaritans, 10 The Grove, Slough SL1 1QP. Helpline: 08457 909090.
Other resources

Local Services
There is an increasing number of local areas in the UK where local mental health services and people from faith community perspectives are working together to build bridges. Below are just two examples:

**Newham**: the establishment of a department of spiritual, cultural and religious care in Newham, east London, has been a hugely important development in mental health. The development of this department and its first years of operation have been written up by Nigel Copsey for the Sainsbury Centre for Mental Health, in two publications listed under further reading:

**Somerset**: the development and first years of the innovative chaplaincy coordinator service in Somerset have been written up by John Foskett in an article:
‘*Soul searching within the service*’ (1999) – full reference given in list; and further in:

Publications and networks
The **Mental Health Foundation** has produced two key publications around religion and spirituality and mental health:
- *The courage to bare our souls* (1999), a collection of deeply personal experiences around mental health and religion and spirituality; and
- *In Good Faith* (1999), a resource guide listing national and local resources for people looking for mental health support that recognises and is open to spiritual aspects of experience. The guide also suggests questions to ask when seeking help.

At the time of going to print, The Mental Health Foundation is also involved in an embryonic network aiming to share good practice in spirituality and mental health. For further information contact Vicky Nicholls on 020 7802 0300 or email: vnicholls@mhf.org.uk
The **Institute of Islamic Counselling** aims to be a vehicle for the practice and development of Islamic psychology, Islamic counselling and related therapies. Further information from: 85 Wembley Hill Road, Wembley, Middlesex. Tel: 020 8902 0100.

The **Royal College of Psychiatrists** now has a spirituality and psychiatry special interest group. Website: [www.rcpsych.ac.uk/college/sig/spirit](http://www.rcpsych.ac.uk/college/sig/spirit)

The **Bishop John Robinson Fellowship** based at the Maudsley hospital aims to apply religious and theological principles to the service of those involved in mental health and community care. There is a regular newsletter. Contact c/o Julia Head, Chaplaincy dept, Maudsley hospital, Denmark Hill, London SE5 8AZ.
The Mental Health Foundation is the UK’s leading charity working for the needs of people with mental health problems and those with learning disabilities. We aim to improve people’s lives, reduce stigma surrounding the issues and to promote understanding. We fund research and help develop community services. We provide information for the general public and health and social care professionals. We aim to maximise expertise and resources by creating partnerships between ourselves and others including service users, Government, health and social services.