

Module 1:

'Something Deep Inside Me' - Exploring Spirituality and Mental Health

Guidelines for Facilitators

You will need:

- A flipchart and pens to capture the points made during the meeting.
- Sufficient copies of the discussion sheets and testimonies for members of the group.
- Paper for sub-groups to record their thoughts.

Aims of this module:

To explore spirituality as the 'core' of our being – what gives us meaning and purpose in our lives.

To explore how spirituality relates to our faith and how this sustains us in times of difficulties.

Suggested length of this session:

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Programme/Plan for this module:

Opening Prayer (5 minutes). You will find some suggestions in the Resources section of this toolkit.

Introductions and Ground Rules (10 minutes)

Discussion 1 – 'Something deep inside me' Ask the group to discuss what spirituality means for them. Record their views on the flipchart. Following this discussion you might want to reflect on how we are all 'spiritual' beings, even if we don't have a religious faith. Distribute discussion sheet 1. Are there any factors which we would want to add to our list? How may we combine spirituality and religion in our lives? (30 minutes)

Discussion 2 – Our Faith sustains us. Ask the group to read discussion sheet 2 – 'Bill and Fergus'. Some questions you may wish to put: Can we relate to their experiences? How does our Faith sustains us when we are going through difficult times? Have we equally experienced the 'dark night of the soul'? What has sustained us at these times? Are there particular prayers we find helpful? If you have an opportunity to discuss this issue in sub-groups, consider Eva's story as well. How can we as a community provide a welcome for people such as Eva? (30 minutes)

Closing Prayer and summary – 15 minutes

Discussion Sheet 1 – ‘Something deep inside me’

“We are not human beings having a spiritual experience; we are spiritual beings having a human experience”

- Teilhard de Chardiiin, P. (1955) *The Phenomenon of Man*

All philosophies and religions have a concept of human beings having an inner spirit. The theistic religions see this inner spirit as God-given. The three Abrahamic faiths (Judaism, Christianity and Islam) use very similar ideas of God breathing the divine spirit into each human person.

The idea of ‘spirituality’ is not new. Catholic theologian, Ursula King, reminds us that the first Latin use of the term is found in a letter of St Jerome from the early part of the 5th Century, when he speaks about a sense of the spiritual life resulting from the grace of baptism. St Jerome also sees spirituality as an essential counterpoint to materialism and purely carnal desires (King, U. 2009).

In what is a very materialistic and consumerist age, when human beings are often defined by their consumption, physical appearance and age, it is even more important that we rediscover the idea of an inner spirit. Sometimes this idea of our spirit is very much interconnected with a religious faith, but we know that people move in and out of religious observance; with many people returning to their faith at a time of a physical or mental crisis.

The central features of spirituality	
<i>Meaning:</i>	The significance of life; making sense of life’s situations; deriving meaning and purposeful existence
<i>Value:</i>	Beliefs and standards that are cherished; having to do with the truth, beauty, worth of a thought, object or behaviour; ultimate values
<i>Transcendence:</i>	Experience and appreciation of something beyond the self; expanding self-boundaries
<i>Connecting:</i>	Relationships with self, others, God/higher powers, the cosmos, and the environment
<i>Becoming:</i>	An unfolding life that demands reflection and experience; includes a sense if who one is and how one knows
- From Swinton, J. 2001 and Parkes et al, 2011	

The problem with a very individualised spirituality is that while it may sensitise us, it can leave us isolated, and without a framework to live by. Being someone in touch with our inner spirit, and also a member of a religious/faith community should provide:

- A real sense of God's love for us as a whole person
- A feeling of, in Christianity, Jesus walking with us, suffering with us in divine empathy and compassion (literally, 'suffering with') with the promise of the resurrection.
- An overarching story which explains the meaning and purpose of life; why we were created, the meaning of life and what happens when we die
- A framework for living with symbols, rites, rituals and sacraments
- The social support of a faith community and the promotion of ties and mutual obligation, within a sense of social solidarity and responsibility.

Membership of a faith community creates a framework within which people seek to understand and interpret and make sense of themselves, their lives and daily experience (see Gilbert, 2011).

Of course faith communities can be welcoming , integrative and supportive , while some others can be exclusive and stigmatising in a people experiencing mental ill-health. We all have individual experiences of our parish communities - some parish communities can be very accepting and sustaining, whilst others can feel remote and lacking in understanding.

We are all creatures of a loving God, walking this earth as human beings, with a divine spirit within us.

'Humanity – that's us'...Just as our physical bodies can be prone to illness and injuries, and we all die (despite the modern urge to deny this!) our minds and spirits also can become fatigued, oppressed, burdened, and pulled out of shape.

Despite Jesus' concern to heal mental as well as physical hurt, so movingly described in the Gospels, however, we are still suspicious, and even afraid of mental ill-health. If we are to be like Jesus to our fellow humans, why is this so?

Discussion Sheet 2 - Our faith sustains us

In the majority of studies, religious involvement is positively related to:

- Well-being, happiness and life satisfaction
- Optimism and hope
- Purpose and meaning in life
- Self esteem
- Adaptation to bereavement and loss
- Greater social support and less loneliness
- Reduced levels of anxiety.

The studies also show that a positive religious faith, and a spiritual sense, not simply adhering to formal rituals, can assist in physical as well as mental well-being; a reduced likelihood of substance misuse; and better engagement as citizens.(see Swinton, J. and Parkes, M. in Gilbert, P. Ed 2011)

Our faith can play an enormously important part in our mental and physical well-being. There is a need for us to understand that the human experience is varied and that the 'dark threads' are as important as those which are of 'gold and silver'.

Our spiritual life may depend on a range of elements including a personal relationship with God; the sacraments; the life of the parish community; personal relationships with family and friends; ongoing formation and education; and other creative elements such as communing with nature, exercise, music etc. Affirming the whole person is essential to the Christian life.

Bill and Fergus

'Bill' and 'Fergus' attended the same Sunday morning mass at an inner city Roman Catholic parish. Like many of us they were creatures of habit, and Bill and his family, and Fergus and his wife tended to sit in the same pews each Sunday. Fergus didn't know Bill very well but he knew enough to know that he was a successful self-employed businessman, and Bill always gave Fergus a firm handshake at the kiss of peace, and a warm, pleasant smile. Over the last few weeks, however, Fergus had noticed that the other man had seemed distracted, withdrawn, with a sad expression on his face.

In the parish room, after mass, Fergus quietly asked Bill how things were going. Bill gave a lopsided smile and said that over the last few months the recession had really impacted adversely on his business and he was struggling. "I'm not depressed or anything!", Bill said defensively, but "times are hard". Fergus paused and mentioned that a few years previously he had

been made redundant from his factory, at a time when the car industry was in decline, and that he had felt increasingly isolated, irritable with his wife, and eventually she persuaded him to go to his GP.

The family doctor had been very helpful and understanding: she had prescribed sleeping tablets and antidepressants, and arranged for him to see a counsellor, which Fergus had found useful in just simply expressing his anger, frustration and fear at perhaps being unemployed long term. Fortunately he had found another job, the antidepressants had lifted his mood, but he'd now discontinued them, and he'd started running with a group of friends to "clear my head" and get in touch with nature and the outside, which he felt he had become separated from.

Bill listened carefully but made no comment. A few weeks later, however, he bumped into Fergus, thanked him for sharing his experiences and said that he too had gone to his GP, found his doctor reassuring, and was now sleeping better, feeling more at one with himself, and had regained enough self confidence to take a business opportunity, which looked as though it might well re-float his business.

He had also talked to their parish priest, whom he'd found very understanding, warm and supportive, and, as they both agreed, the framework of attending mass and receiving sacraments had helped both of them through a difficult time. As Bill put it, speaking quietly to Fergus: "I felt, to be honest, I was walking through 'the valley of the shadow of death', but when you showed some understanding, and shared your experience with me, I realised that, of course, Jesus would be walking with me through that 'valley' – I've always been very independent, and I still am, but I know I'm not alone!".

Eva's story.

'Eva' was brought up in a staunch Roman Catholic family in Poland. In her early 20's she came across to England to both study and find work. Bewitched by the consumer culture, she dropped out of the practice of her faith, but as the new benchmark of her success was a material one, she felt she never quite made it. Becoming depressed she found herself alienated both from her faith, and also from her new friends, and became increasingly isolated.

The visit of Pope Benedict XVI to the United Kingdom in the autumn of 2010 revived her interest in her faith, and stimulated her to contact her parish church.

For further reading and reflection...

Mental ill health throughout history

Perhaps one of the reasons we find mental health so challenging, is that the earliest human beings grew up in small tribes. To make sure that we were safe, we learnt how to discern difference. We needed to know who was and who was not in our tribe, and in many ways this is the basis of all discrimination, not just racial discrimination. We were suspicious of anyone different from us.

This suspicion of mental ill-health has been with us throughout history, although many philosophies and religious traditions have also seen a state of mental imbalance as an opportunity to become closer to God, and to use one's creative instincts.

The mediaeval Christian monasteries have been described as the 'first welfare state'. When the monasteries were abolished in England in the 16th Century, many people who had found sanctuary there just had to wander the streets, or were placed in Poor Law institutions. In the 19th Century, reformists, with strong Christian instincts, such as Lord Shaftesbury, initiated the building of major hospitals for those with mental illness. These were often beautiful buildings, created with the best of intentions, but then often became overstretched and turned into the institutions which warehoused many people with mental illness (see Gilbert, P. 2011).

From Institutional Care to Community Care

In the 1980's the large institutions gradually gave way to more community based services. Inpatient units provided the minimum number of beds thought necessary - many would argue that this number remains insufficient - others would argue that however many beds are provided, they will always be filled.

In many ways the old institutional thinking still remains, as professional staff are often taught that they are almost a different category of people from those experiencing mental ill-health. There are some mental health trusts, such as St George's and South West London, with a policy of employing a high percentage of people who have experienced mental ill-health, and are able thus to better empathise with those experiencing mental distress.

In a moving interview, Dr Ian McPherson (a psychologist and head of the Government's mental health advisory group from 2008 to 2011) spoke of the fact that he had received treatment in one of the old institutions as an adolescent, and on qualifying as a clinical psychologist, had hoped to bring that understanding with him. But, as he recalls: "I quickly got the message -

subtly and less subtly – that even in what is a fairly liberal profession, there was an implicit distinction between people who are patients and people who are professionals”.

Ian now feels that there has been something of a sea change. Although his own illness “gives no unique insights” into mental health conditions in general, Ian insists, what it has done is to “allow me to understand what it feels like” to be seen as separate, or “that person over there with a mental illness” (O’Hara, M. 2009).

American philosopher, Benjamin Franklin once wrote in a poem that at some stage God will “unroll a canvas”, and explain why “the dark threads are as needful in the Weaver’s skilful hand as the threads of gold and silver in the pattern He has planned”. Humanity, in God’s plan, requires the dark threads and the gold and silver to be intertwined.

References

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