



**SPIRIT OF YEARNING,  
SPIRIT OF SERVICE:**

**Encouraging spiritual  
discernment and  
spiritual formation in  
mental health ministry**

**BY JOHN BOTTOMLEY**

**FOR THE PRESBYTERY OF YARRA YARRA, UNITING CHURCH IN AUSTRALIA 2011**

**Foreword by Quinn Pawson  
CEO Prahran Mission**

Published by  
CREATIVE MINISTRIES NETWORK  
P.O. Box 362  
St. Kilda 3182

Telephone: (03) 9827 8322  
Web page: [www.cmn.unitingcare.org.au](http://www.cmn.unitingcare.org.au)

For  
PRESBYTERY OF YARRA YARRA, UNITING CHURCH IN AUSTRALIA

Published 2011

**Spirit of yearning, spirit of service:**  
encouraging spiritual discernment and spiritual formation in mental health ministry.

© John Bottomley

John Bottomley asserts his moral right to be identified as the author of this work.

ISBN 978-0-9806434-6-6

Printed and bound in Australia by Bendigo UnitingCare Outreach Print Service

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher.

The Creative Ministries Network gratefully acknowledges the funding provided for this project by the Share Appeal of the Synod of Victoria and Tasmania, Uniting Church in Australia.

## Table of Contents

	Page
Acknowledgements	3
Foreword	4
Executive summary	6
Spirituality	9
The source of Christian spirituality in three mental health ministries	11
Understanding God's mercy in the spiritual formation of mentally ill people: healing, the human person, and human community	16
Spiritual formation as social and prophetic critique	23
Spiritual formation for the practice of mental health ministry	26
Spiritual challenges in mental health ministry: contested ground	31
Formation for service: a personal reflection	35
Bibliography	37

## Acknowledgements

This project was coordinated by Paul Stephens, Presbytery Minister (Mission and Education) of the Presbytery of Yarra Yarra, Uniting Church in Australia.

The project was made possible by the three mental health ministers whose ministries are the subject of this report, James Godfrey, Peter Sanders and Pam White. Their enormous passion and desire for healing and justice for those who suffer mental illness and their willingness to share the experience of their ministries was a wonderful gift to the project.

I also acknowledge the support provided by the three agencies the ministers work for, Eastern Access Community Health, *hope springs*, and UnitingCare Community Options (UCCO).

I am grateful to Rachel for permission to include material from an email she sent to the Presbytery to support James Godfrey's chaplaincy, and to Michelle Mercer for permission to reproduce a song she wrote and performed at UCCO's Annual Meeting in 2010.

The Share Appeal of the Synod of Victoria and Tasmania funded this research with the same generosity and passion for justice that has become a hallmark of their grants program.

Margaret Neith, administration officer at Creative Ministries Network, produced the cover design and proof-read the report with her usual creativity and care.

John Bottomley  
Director  
Creative Ministries Network  
July 2011

## Foreword

I was recently talking to a woman who is a doctor in psychology and presents at mental health conferences all around the world. When she travels she has to be well prepared because traveling, and in particular flying, can act as a trigger for an increase in her voice hearing experience. Medically, the experience is referred to as auditory hallucinations.

When she was first diagnosed with a mental illness 30 years ago, the mental health practitioners sat her and her parents down and explained that 'Julie' had schizophrenia and would never be able to work again, or pursue her dreams. As a young woman she was told to expect very little from life. Her parents were told to give up on dreams they had nurtured for her since she was a child. At 22, Julie was seared by a rite-of-passage into a world that expected nothing for her or from her.

For much of western history we demonized people like Julie. We described them in 'religious' type terms such as being possessed, or being taken over by the devil. We dealt with our fear and lack of knowledge of people like Julie by banning them from the tribe, or community, condemning them to a life of isolation with no place to belong.

The 19<sup>th</sup> century saw huge progress in our understanding of what 'Julie' was experiencing and the type of care, and support that might be useful. The origins of the asylums were grounded in the idea of giving people like Julie time to rest and heal. Sadly much of this intent was lost, resulting in our imprisoning her in the name of improving her health.

In the 1970's we began examining the asylums through the critical lens of human rights and they were found wanting. This resulted in the introduction of the de-institutionalization policy which typically said 'Julie's rightful place of belonging is the community not an institution'. Unfortunately our society underfunded this policy to the tune of 50%, resulting in our society replacing the physical walls of the big institutions with the invisible and insidious walls of marginalization and stigma.

In the 1990's 'Julie' found her voice and along with some mental health practitioners began to say, 'condemning people to a meaningless life is not living. People do recover and it is our lack of belief in this that is one of the biggest barriers to people living full and meaningful lives.' The fact that 'Julie' found her voice along with this new belief set us all on the road to recovery.

Recovery is now the fundamental hope that drives people living with a mental illness (it probably always was) and it is the key-stone principle for determining policy and services. At its heart recovery is about hope, faithfulness and compassion. It is about 'Julie' finding hope amid the trauma of mental illness. It is about her being faithful to the talents and unique contribution she brings to our communities. It is about her learning to live compassionately with states of mind that often one would much rather not be experiencing.

However recovery is as much about the 4 in 5 people that don't have a mental illness as it is about the 1 in 5 Australians who do have one. Recovery is an invitation to hold hope even when 'Julie' might be struggling to hold hope. It is about being faithful in continuing to recognise and promote the unique contribution that Julie makes to our community and society. It is about compassionately listening to what Julie's experience tells us about who we are as a community and what we need to become. It is about becoming free of our fear of 'Julie' and being open to what can be transformed by what we learn from her.

This report is a wonderful journey in hope, faithfulness and compassion. It reflects on these themes from a Christian perspective and tells how the Christian story has something profound to say about 'Julie's' and our recovery. It 'fleshes out' how the church's ministry to those living with a mental illness is a source of renewal for people living with a mental illness, as well as the church and our wider society. It invites us to hear the voice of God in the experience of Rachel, Peter, James, and Pam.

I invite you to listen carefully and maybe you will be as surprised as I was about what you hear.

Quinn Pawson  
CEO  
UnitingCare Prahran Mission

July 2011

## Executive summary

The emerging discourse about spirituality in the mental health sector may reflect a deep yearning for holistic care in both the lives of those who suffer mental illness and those who work amongst them. The report seeks to contribute to the social policy discussion about spiritual care in mental health services.

The report addresses the importance of understanding the yearning for improved and holistic care from the particular perspective of Christian spirituality as it is embodied in the mental health ministries of three ministers in Uniting Church in Australia placements; James Godfrey at Eastern Access Community Health, Peter Sanders at *hope springs* and Pam White at UnitingCare Community Options. Their affirmation is unambiguous. God's sovereignty over all life is at the heart of an authentic Christian and deeply human spirituality for holistic care for both sufferers and their ministers.

The conversations shared by the three ministers in the research project disclosed their yearning for a renewed identity for themselves, for their clients, and for the church. One dimension of the yearned for renewed identity is located in Christ's healing presence, which reveals the sacredness and dignity of being human, an inalienable gift of the Creator to every person. This truth immediately locates each individual in relationship with God and the community of God.

A service flowing from that discernment is group work, as program participants share their stories. The ministries affirm the power of shared story as a process for reconstituting broken lives in a connected, narrative form. In Christian spirituality, the important connection is when the truth of participants' stories is accepted by the group in an honest and open way, and often most significantly, in the context of their shared worship. Spiritual formation for holistic care is embodied in a community that is inclusive of all, including the yearning for wholeness of both participants and ministers.

The emergence of faith-based communities at each of the three ministries provides a symbolic social and prophetic critique of the prevailing culture of modern western society in general and a critique of society's prevailing medical model in particular. These fresh expressions of faith and spirituality also advance a strong critique of the limits of religion in general, and Christianity in particular. Each ministry therefore exists in some creative tension with its church or community-based organisational context, as well as the mental health sector more broadly.

The three ministries embrace these challenges by trusting a spiritual presence that persistently contests the ground sought by spirits of control that tend to rob relationships of life, and reduce them to form without content. Traditionally, this presence has been known as God's grace. It is the mystery of love, a presence beyond measurement as a performance indicator, which in Christian faith is known as the life and source of wholeness in relationships. Paradoxically, these three marginalised ministries in the life of the church are revealed by the faithfulness of their trust and prophetic vision to be

critical to the health of the church in the midst of its own depression and split identity about its place in the modern world.

Because it is unlikely that UCA funding will ever provide sufficient funds for the ministries' needs, it is imperative that the Presbytery engage in the public policy and research debate about spirituality in health services and the interest in spiritual care. There is a missional calling for the Presbytery to work with its mental health ministers to determine how to bring the wisdom developed in these ministries to public policy and research debates. This calling needs to address government and community-based agencies in the mental health sector so that the insights documented in this report are brought to bear in the market place of ideas and models for healing and recovery from mental illness.

The Presbytery's mission also needs to engage deeper reflection on how existing social structures and beliefs in church and society contribute to mental illness, and how they may be transformed.

Spirituality is almost completely ignored by secular psychiatrists and psychologists these days, especially when it comes to people with mental illness. There is a stigma we carry due to some people who get fanatical about religious delusions when they are unwell/ psychotic. Spirituality is actively avoided in discussions with professionals in mental health in the vast majority. I think it is a foundational stone for people surviving difficult illnesses and traumas, so I am convinced it is highly valuable for a chaplain to be around for us.

Because I have seen James Godfrey regularly at the hospital and Lifeworks and Halcyon I have chatted with him each time I've seen him (he is always friendly and inclusive) and have built up a rapport and trust with him. I feel like I could ask him any question I would have about religion or spirituality or God or Jesus or the Holy Spirit.

I do not go to church anymore (I tend to panic excessively in churches because of my past), so I do not have much contact with anyone else I could ask these things to. Through talking with James and going to his Spiritual Reflections group I have gone from believing in God but thinking he must really just not care about me, to inviting God into my daily life again and seeing God as much more caring and relevant.

In the Spiritual Reflections group I was surprised how I didn't hear one person attending it goes to church regularly. I see it as a unique opportunity to present and represent some of God's love and grace and mercy and understanding to this group, through James. The people who attend it look up to James and respect him and talk in the group with depth I never hear them share outside of the group.

James is the only "religious" person most of us in these psychiatric services have regular contact with to build up this trust and friendship which allows us to talk with him about God, etc. I cannot express how valuable I see this is. Especially amongst a group in which I see numerous people who have deep hurts which are connected to "religion" associated traumas in our pasts.

*Rachel, participant at EACH*

## Spirituality

The topic of spirituality has emerged in recent years as a growing field of interest in a number of areas of health care, such as palliative care, disability, and mental health.<sup>1</sup> There has been growing research interest in spiritual care, and associated professional training in the provision of spiritual care<sup>2</sup>. A key emphasis in the development of spiritual care has been attention to a more holistic view of the human person that speaks of mind, body, emotions and spirit.<sup>3</sup> This development has also reflected on the limits of aspects of the traditional medical model by emphasising the importance of each person's spirituality.<sup>4</sup>

The emerging interest in spirituality in the mental health field brings both opportunities and challenges to religious services in general and Christian services in particular. For many Christians working in mental health services, the engagement with spirituality has created new opportunities for integrating their faith and professional identity in the services they provide. At the same time, the emerging literature and practice around spiritual care holds a number of challenges for mental health ministries.

These opportunities and challenges are embedded in the experience of three mental health ministries developed and supported by the Uniting Church Presbytery of Yarra Yarra, in the eastern and outer-eastern suburbs of Melbourne. This report seeks to contribute to the development of mental health services by offering a perspective on the topic of spirituality from within the tradition of Christian spirituality as expressed in the experience of these three Uniting Church ministries.

The report wishes to engage secular mental health practitioners and researchers engaging with questions of spiritual care with the understanding emerging from the experience of mental health ministers spiritually formed by Christian spirituality. Further, the report addresses the Church with the challenge of deepening its commitment to its own mental health and wholeness by strengthening its solidarity or spiritual connectedness with these vital ministries.

---

<sup>1</sup> MacKinlay, Elizabeth, *Spiritual Growth and Care in the Fourth Age of Life*, Jessica Kingsley Publishers, London and Philadelphia, 2006, pp 11 – 29; Swinton, John, "The Body of Christ has Down's Syndrome: theological reflections on vulnerability, disability, and graceful communities", *The Journal of Pastoral Theology*, 2004.

<sup>2</sup> See for example, Hall, Joanne and Sim, Pia, 2005, [Spiritual Care and Spiritual Poverty in Aged Care: an investigation into current models of spiritual care in high and low care residential aged care facilities and implications](#), Brotherhood of St. Laurence, Melbourne; Lemmer, Corinne M., "Recognizing and Caring for Spiritual Needs of Clients", *Journal of Holistic Nursing*, Vol. 23, No. 3, September 2005, pp 310 – 322.

<sup>3</sup> McSherry, Wilfred and Smith, Joanna, "How do children express their spiritual needs?" *Paediatric Nursing*, Vol. 19, No. 3, April 2007, pp 17 – 20; Narayanasamy, Aru, "Learning spiritual dimensions of care from a historical perspective", *Nurse Education Today*, Vol. 19, 1999, pp 386 – 395.

<sup>4</sup> Holloway, Margaret, "Spiritual Need and the Core Business of Social Work", *British Journal of Social Work*, Vol. 37, 1997, pp 267.

I cannot help but think of it saying somewhere in the Bible about how important it is to look after widows and orphans and people who are sick and poor. Amongst the mentally ill, there are a lot of people who have lost all support from their families and friends, we are all sick, and the vast majority of us with chronic mental illness are poor because our illnesses prevent us from holding down a job.

I see this community as a central place for Jesus' love and compassion to be shown. If Jesus were here in Melbourne right now, I reckon one of the first places he would hang out would be amongst the mentally ill in the hospitals and the psychiatric programs. He always gave a damn about the underdogs and the powerless.

*Rachel, participant at EACH*

## The source of Christian spirituality in three mental health ministries

The people employed to exercise the three Yarra Yarra Presbytery ministries testify that their ministries were called forth by God in Christ and equipped by God's saving grace for their work. Their belief or faith in the experience of being called to the work they do is fundamental to understanding the basis of Christian spirituality as the presence of God's Spirit in human lives. This Spirit – it is believed - is offered as a gift of God's love to all humankind, independently of a person's human worth, ability or character. The implications from this faith for their mental health practices will be considered further in this report.

The three ministers' testimonies also provide a critique of a society that continues to turn its back on those who fail to fit in to the narrow prescription for health embedded in the culture of our modern world. Further, these testimonies provide prophetic critique for the Uniting Church about its mission. While the church has supported these ministries, it has not reflected adequately on how its beliefs and practices both contribute to mental illness and maintain barriers to recovery for those suffering mental illness. The implications of these critiques for the church and the mental health sector will be considered further in this report.

The report turns now to a narrative from each minister of their testimony.

### James Godfrey

Out of my training in theology and a formation in ministry in Kings Cross Sydney, I discerned a sense of call to serve those on the margins of church and society. Recognising the presence of Christ in 'distressing disguise' I have been drawn to ministry roles within the multi-faith, ecumenical, secular and humanist contexts of broader Australian culture. Returning to Melbourne I worked in the welfare sector at Sacred Heart Mission and then Eastern Access Community Health (EACH) before accepting a call to the role of chaplain.

These experiences have lead me to recognize that 'spirituality' is a fundamental aspect of being human, and therefore cannot be exclusively contained within the structures of formal religion. My approach to chaplaincy accordingly seeks to provide a holistic response to the spiritual needs of the individual person, in the uniqueness of their own particular journey.

In broad terms, chaplaincy involves exploring questions of *meaning and purpose, the need to give and receive love, hope and forgiveness, self-identity, creativity, loss and grief*. These are a cluster of experiences and emotions that often accompany the lived reality of mental illness.

For those who walk with persons experiencing illness – like the staff of EACH - reflection on the fundamental questions of life also naturally arises. For this reason, I seek to offer support to the staff, as well as the clients of EACH. Through my experience working in the community health sector, I recognise the value and

significance of this type of work, as well as the challenge faced by front-line workers to remain nourished and inspired. I continue to be attracted to opportunities to support staff as they explore the various ways of deepening and renewing their passion for the people they support.

My call to the role of chaplain at EACH is, at heart, a call to witness to the sacredness of being human. Living and working within a culture that often assumes a functional view of human identity, I am called to name and bear witness to the intrinsic and inalienable sacredness of the human person.

### Peter Sanders

My first years at Melbourne High School in the early 1960's were wonderful. I did well academically, had a lead role in the school musical, started learning to play the double bass, was cross-country champion and in the school athletics team.

Then things started to go haywire. I started to have difficulty in sleeping, I withdrew from activities and then at particular times of the year everything cleared and I had incredible bursts of energy. By matriculation year I played in the school hockey team, but my academic performance was extremely patchy. I topped the school in chemistry in the mid-year exam but barely passed my final exams. Having at one stage expected a career in medicine (my family are medical type people), I decided to have another sixth form year (Yr 12). My results were no better. Beyond school I was still very involved in Scouting and became a Queen's Scout.

The following year I enrolled to study Science at Monash University. First term was a disaster. I was diagnosed with depression, prescribed antidepressants and at the end of term had a full-blown manic episode resulting in being a certified patient in Larundel Hospital (via blue-light taxi).

For the next two years I was in and out of hospital, which included an attempted suicide. My total inpatient time was 12 months. I was variously diagnosed as having schizophrenia and bipolar disorder. This period put tremendous strain on my parents, who were told by my psychiatrist that I would probably never have a steady job or never marry.

I seemed to have lost everything - my dignity, my friends, my career, any sense of a satisfying life. I was feeling helpless and almost without hope. Sampling the full psychiatric pharmacopoeia, ECT and various other therapies, the next years were characterised mainly by depression, often severe. I had seven jobs in seven years. I had two more aborted attempts at tertiary study. My life lacked clarity and purpose. A long distance runner mentality may have helped me to hang in.

Having grown up attending church, I always believed in God, but had never really apprehended the life of Christ in me. I was fortunate though, to be kept in touch by attending a Sunday evening discussion group with people the same age that was run by

our student pastor. Their friendships prevented me from going totally over the edge. In time I was given a Bible verse to meditate on, Philipians 2:13:

“ . . . for it is God who is at work in you, enabling you both to will and to work for his good pleasure”

This verse created a profound change in my thinking, and I started to believe that maybe God had a future for me. I consider this to be the point at which I began to recover. I realised that other people were praying for me and believing in me in a way that I wasn't able to. I started to accept their support and began to find life again. At the time I was working as a Technical Officer at Latrobe University. I started to respond to the challenges involved and find real satisfaction in them.

Then I met Susie. She quickly became the most important person in my life - very grounded, very concentrated on the positive things, and who helped me, with mixed success, to do the same. We married at North Balwyn Presbyterian Church and through the brilliant ministry there became very involved in the life of the church. My passion for social justice developed strongly. Somewhat irrationally (I was still shy, badly organised and had preached only twice at this stage) I felt a call to ministry which was tested by the church. I became a Candidate for ordained ministry in the year of the inauguration of the Uniting Church. My study included a 3 months program of Clinical Pastoral Education at Mont Park Psychiatric Hospital.

Six years after I received Christ's call to ministry, I was ordained as Minister of the Word in the Uniting Church. A further three years later I finally completed my B.Theol. My exit placement was to the Corner Inlet Parish - five congregations with some wonderful people, conservative, not readily taking to a prophetic voice. Untreated depression was a real issue and after five years I think they were happy to see me move on.

The next ministry was as a workplace chaplain with ITIM. In nine years I was chaplain to over 30 workplaces. This was a time of restructuring in industry, with a lot of stress and change in the workplaces. I was most attracted to the marginalised people, the poorer performers, the people with mental health issues, the people who were first in line for retrenchment. I didn't always endear myself to management. I conducted six funerals for people who suicided - workers and family members of workers. Critical incident response became a speciality and I was part of the team responding to serious incidents, including deaths on site, serious injuries, fires and violence. As chaplain at Melbourne airport I redesigned the Welfare Sector procedures of the Airport Emergency Plan.

My life and ministry experience have thus prepared me for my ministry with others with a mental illness.

### Pam White

I became involved in the Kew Regional Ministry before it developed into the Boroondara Community Outreach. A feature of the ministry is its monthly service, open to all but geared to those who experience intellectual disability and mental illness. On the occasions when I had worshipped there ( prior to being in the ministry role), I always left

with the feeling that were Jesus to return to earth that night then this was where he would come. People were welcomed no matter how they presented, whether they were psychotic, homeless, unkempt or well presented. They all had a place and were encouraged to contribute to the worship according to their talents and inclinations.

My own journey of association with a couple of people with a diagnosed mental illness led me into exploring such ministry when I became a theological student. I did this through Theological Field Education. Somehow either I am attracted to such people or they are drawn to me, whatever ministry position I have been in. I have learned the depths of friendships that can be offered - mutual friendship where I am the beneficiary of their love and concern as well as offering it. Knowing that I am accepted for who I am as I accept them allows for an openness that is sometimes missing in relationships. I have received genuine concern for my health and happiness from many of the participants.

The death of my son, whose depression was exacerbated by his heroin dependence, has tinged any ministry with an imperative for me to be able to speak of God's love and regard for people at whatever ebb they find their lives. No doubt this is the same as every minister's motivation, but it draws me towards the families of, and the people with, a mental illness.

Having experienced being powerless to change a situation, I have a sense that acceptance is all we can sometimes bring to the situation. It is being present in dark times, despite fear. This is the God moment, of knowing ourselves not alone, but supported by the God who is a rock. Such ministry draws upon faith in the God who is love, love that is stronger than death, as in the Song of Songs 8:7 'Many waters cannot quench love, neither can floods drown it, If one offered the wealth of one's house it would be utterly scorned'. This is what the church can offer to people.

I have found that such ministry is less based on therapeutic and medical knowledge and more on attitude and intuition. This is surely the work of God's Spirit.

## **My God, My Church, My Home**

*A song written by Michelle Mercer, participant at Uniting Care Community Options*

1 My childhood faith did leave me  
With too much guilt and fear  
Too much gossip, too much  
Judgement left me insecure.  
Then eight years ago I came here  
Childlike and naïve  
So welcomed, so accepted  
A God who bears my sins, my grief

### **CHORUS**

In our Lord's most sacred heart  
I shall hide my own  
Within this Christian Uniting faith  
I have found  
My God, my church, my home

2 I have found all the strength I need  
In your gentleness  
Nevermore am I afraid or alone  
Because you are my God, my church, my home

3 It only took me 'til midlife  
To realise this Christian uniting faith  
Could be my most joyful surprise!  
I will seek here, I will find  
The Jesus Christ I can call mine  
He shall give me everlasting reprieve  
Because I've found the faith I do believe.

4 And for every other searching heart  
Longing to mend  
I hope and pray a messenger will  
Soon bring them this faith  
That could only be God sent.

### **CHORUS**

My God shall hold me  
In the palm of his hand  
My church shall give me my faith  
To believe and understand  
My home shall be each one of you  
Here ,now,  
For never was I judged or turned away  
You welcomed me and asked me to stay.

## **Understanding God’s mercy in the spiritual formation of mentally ill people: healing, the human person, and human community**

In a diagrammatic depiction of holistic care in 2000, Peter Sanders located the ‘Creator of life and bearer of meaning’ at the centre of all the components for peoples care. If the ‘Creator of life and bearer of meaning’ is at the centre of all the components for people’s care, then God’s sovereignty over all life is at the heart of Christian spirituality for holistic care. Peter Sanders acknowledges the irrationality of his claim that the life of Christ grew in him during his recovery from successive episodes of psychiatric illness and treatment. Yet what appeared irrational in the modern world was, for Peter, an experience of God’s call and gift of acceptance that led to him offering as a candidate for the ordained ministry. In turn, Peter’s testimony was examined and validated by the Uniting Church.

Peter’s sense of the irrationality of being called by God in the darkness of the chaos of his distressing symptoms appears to have attuned his heart to listen non-judgmentally to the yearning in the hearts of others suffering the chaos of mental illness. This is a critical insight into the gift of spiritual discernment, which is the capacity to discern between different spirits. In particular, Christian spiritual discernment seeks to discern the authentic Spirit, which is working to bring healing to a heart yearning to be liberated from the chaotic symptoms of mental illness. The task of discernment is to recognise and affirm the gift of God’s acceptance and love for the troubled person, and so provide a secure foundation for the person’s journey of recovery.

Peter’s experience that it was irrational for him to be the recipient of God’s call and grace in the depth of his illness also gives pause for an examination of our society’s assumptions about mental health. His harsh self-judgment perhaps reveals the social construction of emotional responses that readily dismiss the appearance of God in the midst of mental illness as further evidence of pathology. In particular, Peter’s testimony provides a window into the irrationality of so much anxiety and fear of the mystery of God’s power and presence in a post-Enlightenment society.

### Healing and the human person: a spirit of connectedness and solidarity

Christian spirituality locates Christ’s healing presence in what James Godfrey calls the sacredness of being human, an inalienable gift of the Creator to every person. Christ’s healing restores the dignity gifted to each person by their Creator when their sacred dignity is harmed or diminished by injustice or oppression.

However, the Yarra Yarra mental health ministries appear at times to have been unsure about whether to describe their work in theological terms. The rise in interest in spirituality and mental health in the past decade has brought confusion as well as a sense of opportunity to the Christian ministry of healing those suffering a mental illness. “Researchers across a range of disciplines have started to explore and acknowledge the positive contribution spirituality can make to mental health. Service users and survivors have also identified the ways in which spiritual activity can contribute to mental

health and wellbeing, mental illness and recovery.”<sup>5</sup> The research has struggled to conceptualise ‘spirituality’, although it has tended towards a rather broad definition, such as “that aspect of human existence that gives it its ‘humanness’. It concerns the structures of significance that give meaning and direction to a person’s life and helps them to deal with the vicissitudes of existence. As such it includes such vital dimensions as the quest for meaning, purpose, self-transcending knowledge, meaningful relationships, love and commitment, as well as (for some) a sense of the holy amongst us.”<sup>6</sup>

When James Godfrey says “‘spirituality’ is a fundamental aspect of being human, and therefore cannot be exclusively contained within the structures of formal religion’, he echoes the views in the secular literature about spirituality. Similarly, his description of his chaplaincy as ‘exploring questions of *meaning and purpose, the need to give and receive love, hope and forgiveness, self-identity, creativity, loss and grief*’ is highly congruent with the same literature. These beliefs about what it means to be human, the negative or limited view of religion, and the importance of meaning-making are emerging beliefs in medical circles, government health policies, and mental health service delivery. Many Christians in the areas of mental health, palliative care, physical disability, and hospital chaplaincy have begun describing their work as spiritual care as they seek opportunities to express their beliefs through this emerging paradigm.

However, the Yarra Yarra mental health ministers also seek to bring the distinctive claims of their Christian faith to the emerging paradigm of spiritual care. For example, the claim that all humans have a spiritual dimension is core to the belief of those who want to argue for the importance of spiritual care to meet spiritual needs. Each of the Yarra Yarra workers recognises the deep spiritual yearning of those with a mental illness who come seeking for a connection with a life-giving reality. But perhaps the claim of Christian scripture leads them to respond to that yearning in a particularly nuanced way. James and Peter discussed the importance of listening within the delusions of a mentally ill person, including their religious delusions, for the links with the person’s life experience. Such listening may be grounded in the New Testament writing of St. Paul in Romans 8:16, where Paul distinguishes between a human spirit (which all people have) and the Spirit of God, which joins or connects people to God. Paul says, “It is that very Spirit (of God) bearing witness with our spirit that we are children of God” (NRSV). This perspective encourages listening that may link the struggle of an individual’s story to the larger story of God’s purpose for the universe.

What Paul says is of critical importance to the spiritual care of people with a mental illness. First, not all spirits are the same. They have different sources, and therefore different intentions. This awareness is an argument for those involved in the provision of spiritual care to be equipped with the resources for spiritual discernment. Acceptance of the person’s yearning spirit may take place through deep listening to an

---

<sup>5</sup> D. Cornah, 2006, *The Impact of Spirituality upon Mental Health: a review of the literature*, Mental Health Foundation, p.2

<sup>6</sup> A. Lindbridge, 2007, *Keeping the faith: spirituality and recovery from mental health problems*, Mental Health Foundation, pp.9-10

apparently irrational worldview. Second, the human spirit may be nurtured to healing and wholeness when it is embraced by and embraces the Spirit of God. The minister brings their own spirituality to the task of listening, and in doing so, creates the possibility of relationship and acceptance. What is critical in the view of this Christian spirituality is not merely that the mentally ill person's yearning spirit finds a point of connection, but that it is connected to a source of love that heals, that is, the Spirit of God's healing love. When the human spirit is connected to other spirits<sup>7</sup>, pastors such as St. Paul suggest this is the path to death and/or discord (Romans 8:6). This belief is the basis for the ministry of spiritual formation in recovery from mental illness, work that embraces the 'intrinsic and inalienable sacredness of the human person' that James Godfrey testifies to, because what is sacred in Christian spirituality is the connectedness of each person in creation to the Creator.

When Christian spirituality affirms the sacredness of the human person as the gift of God in creation, it immediately locates each individual in relationship with God and the community of God. This is the profound truth witnessed to by the call narratives of the Yarra Yarra ministers. They are not autonomous individuals searching for meaning. Rather, they are people as Pam White says, who 'know the God moment' in the midst of dark times. It is 'knowing ourselves not alone, but supported by the God who is a rock'. A Christian view of the human person is as a person in community, and the healing ministry essentially encourages sufferers to reclaim or recognise that truth about themselves, God and the community.

It is not sufficient that those seeking recovery from mental illness are spiritually connected in 'meaningful' relationships, because what is meaningful is defined differently according to the source of the spirit. Who mentally ill people (indeed all people) are connected to is critical, for when they are connected to God in Christ, their life story is connected to the larger story in Christian spirituality about the source of meaning for the cosmos. For Peter Sanders, this connection lifted his horizon above that of his own experience of suffering, and encouraged him to believe in a larger horizon where maybe God had a future for him. It did not mean Peter never suffered again from depression, but rather, he could see his experience in a different light, and respond to it in new and more life-giving ways.

Peter also noted the importance of his connection to scripture. The vivid imagery of the psalms in particular spoke to his deep experiences of depression. "Their rich account of the range of human experience means I can always find something there to help me through," Peter says. "Now, when I feel a depression coming on, I open the Book of Psalms and sit with them for a time. It gives me a checking point for what I may do next." Others have said the psalms also describe what they are going through, and this

---

<sup>7</sup> Spirits that are regularly invoked in the Australian context include the spirit of Anzac, the spirit of capitalism, the spirit of efficiency, the spirit of patriarchy. Each of these spiritualities have a strong presence in mainstream Australian culture, yet it may be argued that each of them sustains a worldview that is harmful to physical, mental and social health. See for example Marilyn Lake and Henry Reynolds, 2010, *What's Wrong with Anzac? the militarisation of Australian history*, A New South Book, Australia, for a sharp critique of the Anzac legend and its role in sustaining war, violence and the justification of killing, suffering, and death.

can give them a path through their depression. It doesn't take it away, but sets it in the context of a universal experience. It locates people's experience in the great Biblical story of God's presence in the world. This can be a profound experience of connection and solidarity that addresses the loneliness of depression.

Another important dimension of connection is in group work, as people share their story. It is as if this telling brings people's lives into the light. Biblical theologian Daniel Smith-Christopher has noted how this process follows an established biblical pattern where the reading of scripture and the remembrance of tradition was a regenerative force "in which community self-understanding (during and after a trauma) was reinforced through worship."<sup>8</sup> What these three ministers point to is the power of shared story as a process for reconstituting broken lives in a connected, narrative form. It is significant to understand what type of connection for a heart yearning for healing is important in Christian spirituality. In Christian spirituality, the important connection is when the truth of participants' stories is accepted by the group in an honest and open way, and often most significantly, in the context of their shared worship. This was the foundation of *hope springs* work and Pam White's ministry at Boroondara Community Outreach, and is fundamentally relational in its commitment to the long term of the relationship with each person.

#### Healing and human community: spirit of inclusion

The focus in the literature on spirituality and mental health is predominantly on the spirituality of the client. The literature focuses on what secular service providers need to know and do about spiritual care to support their clients. By way of contrast, the focus of the call narratives above is on the three ministers' faith, and their view of God and the human person, which make imperative their work of forming and maintaining people in an inclusive worshipping community. For Pam, the Boroondara Outreach was a place where 'people were welcomed no matter how they presented, whether they were psychotic, homeless, unkempt or well presented. They all had a place and were encouraged to contribute to the worship according to their talents and inclinations'. The vision of God's inclusive community is fundamental to the spiritual formation for healing and recovery from mental illness.

This vision strongly underpinned the ministry at *hope springs* as a community-based pastoral care service for people in the cities of Banyule and Nillumbik living with mental illness, and their families and friends. *hope springs* aimed to support the whole person through their life crisis, demonstrating that spiritual formation is an integrative activity that connects people internally (their various material and emotional needs are acknowledged and attended to) and externally (through the values of dignity and respect and the role-modelling of positive relationships, people are enabled to establish and maintain friendships). A Christian spirituality of healing aims to enable personal integration along with connectedness to a therapeutic community, that is, a community devoted to the dignity and respect of each person.

---

<sup>8</sup> D. Smith-Christopher, *A Biblical Theology of Exile*, 2002, Augsburg Fortress, USA, p.105

The vision of God's inclusive community is also vital for the growth of the healing program, as ideas for programs and activities come from the group itself. The leader's role is vital in modelling 'being'. It is not so much the expertise and expert knowledge needed to respond to mental illness, but the openness to being human in the midst of what is chaotic and immeasurable. Ironically perhaps, the emphasis of Church and secular funding bodies on statistical reports that seek to measure outcomes for these ministries appears to be counterproductive to a spirit of inclusion. Measurement, almost by definition, sets limits on categories of experience, and creates boundaries that exclude or separate one group from another. There is a form of madness in imposing such systems on community-based healing and recovery programs based upon a spirituality of inclusion that relies on trust, when the systems themselves embody mistrust and social distance.

A service based on a spirit of inclusion will also find the healing community grows in its character and spirit. This is due in no small part to the shift from boundary setting professionalism that demarcates the boundaries of staff-client relationships, to the establishment of friendships that redefine the sense of self of both staff and clients. The development of friendships between ministers and 'clients' has also changed these ministers' views of God. God is revealed more as friend of God's creation, and Jesus is seen increasingly as the friend of the outcaste and the despised. This reforming of faith is the foundation for the embodiment of church represented by *hope springs*.

Perhaps it is worth noting that not all mental health ministries emphasise the healing spirit of inclusive community in the way described. Health care and mental health chaplains have moved to set up a system of support for themselves that appears to establish a professional role for their future security in the industry.<sup>9</sup> While eschewing this as a commitment for themselves, it leaves unanswered where the three Yarra Yarra ministries may look for personal and professional development that enhances their theological convictions and ministry practice.

---

<sup>9</sup> This strategy parallels Paley's observation about the development of structures for spiritual carers in nursing (Paley, John, "Spirituality and secularization: nursing and the sociology of religion", *Journal of Clinical Nursing*, 2007, pp 1 – 12). Paley suggests much of the debate about spirituality and spiritual care in nursing is "part of a professionalisation project ... , a claim to jurisdiction over a newly invented sphere of work" (p.1) Paley argues the literature on spirituality aims "to massively extend the range of experiences that can be described as 'spiritual', while still trading on the term's religious connotations. He suggests this is essentially not an exercise in conceptual analysis, because it is designed not to *identify* spiritual needs but to *create* them." (p.2) He describes this as a 'jurisdiction-claiming strategy'. To support his thesis that the interest in spirituality represents an expanding market and claims for a new area of expertise, Paley points to:

- The transformation of 'spirituality' into a powerful market brand over the last twenty years, representing the commodification of religion in a newly privatised and subjective form. (p.3)
- The failure of the literature to explain the tension between the portrait of a largely secular society and the casually universalising claims that spirituality is the essence of humanity. (p.4)
- 'Spirituality' only began to detach itself from Christian associations with mysticism, piety and the contemplative life during the 1950s, and became incorporated into humanistic psychology and New Age movements by the late 1980s. (p.5)

Living with a commitment to inclusion is also a significant challenge to the Church. It means dealing with chaotic behaviour that can be disruptive. It's also a realisation for a lot of people that 'this could be me'. Church members have their own struggles as with the wider society, but may not want to have to disclose any of that because it doesn't fit the image they may want to project as being successful or a good Christian, upright, law-abiding sort of person.

There are lots of little ways *hope springs* encourages people to take small steps in life to gradually feel the world opening up a bit. Opportunity to grow; the world at large isn't such a scary place; things can improve; gentle and supportive setting so helpful towards all these things.

I'm interested in *hope springs* as a small enclave of help and support for people with mental illness. Something I found empowering for myself and other people. Also at a time when organisations I was involved in at board level were turning their backs on drop in style service so I felt saddened and angry that *hope springs* with so much good will and kindness was actually picking up a very long short fall of this much needed type of community resource and meeting place.

Please hear me when I say as a person suffering from a mental illness, which is so often misunderstood, how much I appreciate starting my week with the Art group. I just love my time there and have begun to feel satisfied with what I produce---In fact I am almost proud of it !!! The helpers there are so caring and giving of their time and (the *hope springs* facilitator) is just loved by us all.

*Participants of hope springs, quoted by Sharron Lane, hope springs program: snapshot evaluation report, November 2009*

## Spiritual formation as social and prophetic critique

When Peter Sanders located the 'Creator of life and bearer of meaning' at the centre of all the components for people's care, he pointed to the touchstone for a social and prophetic critique of the prevailing culture of modern western society testified to by the Yarra Yarra mental health ministries. At the same time, the emergence of spirituality as a discipline of study and practice in the health sector similarly represents a critique of modern western society's prevailing medical model.<sup>10</sup> There are a number of aspects of this critique with which the church's three ministries would agree.

Significantly for our report, the emergence of spirituality also advances a strong critique of the limits of religion in general, and Christianity in particular.<sup>11</sup> Again, there are elements of these critiques with which the Yarra Yarra ministries would agree, including the difficulty many mentally ill people find being accepted in traditional Sunday worship services, the reality of fear-based views of God in both church and community, and expectations amongst some church members and leaders that ordained ministers are the guardians of the status quo.

However, the bold claim that the Creator God is sovereign and lives at the centre of all life stands as a daring critique of the prevailing beliefs in the culture of modern western societies such as Australia, and in particular:

- The culture tends to assume a functional view of human identity, which values the human person for their productivity and what they can 'do'. This belief is strongly critiqued by the experience of the Yarra Yarra mental health ministers that the value of each person is a gift of God in creation, and is disclosed by Christ in 'distressing disguise' amongst those marginalised by church and society. When the sacred quality of each person's 'being' is given priority over the cultural value of what a person can 'do', that action calls into question our society's cultural assumptions about what it means to be a human person.

---

<sup>10</sup> Holloway argues that "Many health professionals express dissatisfaction that the disease-oriented consumerist medical care system frequently ignores patients' spiritual needs important to their health and well-being" (Holloway, Margaret, "Spiritual Need and the Core Business of Social Work", *British Journal of Social Work*, Vol. 37, 1997, p.267). Narayanasamy espouses the value of an existentialist approach to spirituality because it restores the autonomy and humanity of the individual, and validates the search for meaning. These are both important because they "restore these human dimensions that tend to be undermined by positivism, which is a preoccupation of the scientific community." (Narayanasamy, Aru, "Learning spiritual dimensions of care from a historical perspective", *Nurse Education Today*, Vol.19, 1999, p.393).

<sup>11</sup> Tanyi suggests spirituality is an individual phenomenon, embodying relational aspects and one's search for life's meaning and purpose, compared with religion that is an organised entity with rituals and rules (Tanyi, Ruth A., Werner, Joan Stehle, Recine, Ann C. Gentry, and Sperstad, Rita A., "Perceptions of Incorporating Spirituality into Their Care" A phenomenological study of female patients on hemodialysis", *Nephrology Nursing Journal*, Vol. 33, No. 5, September-October 2006, p.533). McSherry and Cash argue that understanding spirituality through religious and theistic approaches is "outdated and not in keeping with modernist, multicultural, or indeed secular views of the term" (McSherry, Wilfred and Cash, Keith, "The language of spirituality: an emerging taxonomy", *International Journal of Nursing Studies*, Vol. 41, 2004, p.154). They welcome the move towards a more secular and 'post modern' view of spirituality as a means of overcoming 'the apprehensions, misconceptions, and fears previously associated' with spirituality defined by (Christian) religion'.

- The prevailing culture sustains the belief that science and technology overcame the irrationality of religious belief through the rational thought of autonomous, independent and secular Enlightenment thinkers. This belief is critiqued by the testimony of Peter Sanders about the path of faith in his own recovery, and the experience of the mental health ministers in their numerous relationships with mentally ill people - relationships based on listening, acceptance, and mutual friendship during the dark 'irrational' times of mental illness. Christian spirituality's experience, in company with the worldview of post-modernity, relativises the claims of modern psychiatry that "religion and mental illness were connected and that religious issues should be addressed in treatment".<sup>12</sup> The negative views of psychiatry about the pathological basis of religious beliefs and practices of mentally ill people are being critiqued by the experience of the church's mental health ministers as well as emerging research evidence in the UK, Canada and the USA.<sup>13</sup>

While the Yarra Yarra mental health ministries have focused on healing and recovery for those suffering mental illness, their critique is prophetic because it speaks to both the personal and social causes of mental illness and to the personal and social path to healing. This is true because in sociological perspective, the personal is political<sup>14</sup>, and in theological perspective, God is present in every sphere of life.<sup>15</sup> The illnesses encountered and ministered to by the three ministries have disclosed a deeper illness in the structures and beliefs of a society formed by the culture of Enlightenment thinkers and the ideology of modernity.<sup>16</sup>

These ministries also disclose how God joins mercy and judgment. God's healing mercy in the lives of those who suffer mental illness symptoms may reveal the sin and evil of the social injustices and idolatries that contribute to the cause of individual suffering and sickness. Both sociological and theological perspectives have interpreted mental illness as a symptom of a sickness in the structure and beliefs of the society. This serves to turn the individualistic assumption about the causes and recovery from mental illness on its heads. The spiritual formation of individual sufferers in Christian spirituality is a journey into community, and pre-eminently the community of worship and shared faith, hope and love. These small groups and communities stand as prophetic oases of mercy and signs of judgment on both the failures of the church and the failure of modernity to shape a healthy and inclusive society.

---

<sup>12</sup> Harold Koenig, "Religion and mental health: what should psychiatrists do?" in *Psychiatric Bulletin*, Vol. 32, 2008, p 201.

<sup>13</sup> Ibid.

<sup>14</sup> See for example Pam Stavropoulos, 2008, *Living Under Liberalism: the politics of depression in Western Democracies*, Universal Publishers, USA.

<sup>15</sup> See for example Margaret Hebblethwaite, 1994, *Finding God in all Things: the way of St. Ignatius*, Fount Paperbacks, Great Britain.

<sup>16</sup> This is not to discount the evidence for biological and neurological factors contributing to mental illness. Nor is it to ignore inadequate theologies that fuelled scientific scorn against Christian beliefs that have blamed mental illness on the victim, such as labelling mental illness as demon possession.

I value that James appreciates every ray of light in our lives and journeys. I value he does not judge us. I value that he listens and represents God's love, mercy, grace and compassion to us. I value that he puts up with our symptoms of mental illness which often society cannot tolerate and they turn away from us when they notice these symptoms (shaking, medication side-effects, mood swings, etc). I value that we can talk with someone about spiritual issues, and they come to us where we are instead of us having to go find them elsewhere where we are not comfortable and would have difficulty getting anyway as many of us do not drive or own a vehicle. I value that you (the Presbytery) have been a part of ensuring James has been able to minister to us.

It makes an enormous difference. You cannot put a price on the value of spirituality and wise guidance (and grace!). Especially among a community of people who are on the very outer fringes of society and who would have a lot of trouble accessing spiritual support outside of their psychiatric community, and who mostly would not bother trying.

*Rachel, participant at EACH*

## Spiritual formation for the practice of mental health ministry

Christian spirituality trusts that Christ equips those called to his service with the gifts needed to offer that service. The fruit of this promise is evident in the three models of mental health ministry that developed in Yarra Yarra Presbytery. These models reflect the calling of those who have worked for the ministry and the needs reflected in their different histories, contexts, and the issues and character of those who participate in their programs.

Each model is described in a way that embeds the theological vision behind the call and giftedness of each of the three ministers.

### Eastern Access Community Health (EACH) chaplaincy

The Uniting Church chaplaincy at Eastern Access Community Health is founded in the historic relationship of EACH with the East Ringwood Uniting Church. The Church established the Maroondah Social and Community Health Centre in 1973 in response to the call of the Gospels to be an 'inn' where those who were suffering with illness and social disconnection could find respite and restoration. Eventually, this service entered into partnerships with other similar organisations and became Eastern Access Community Health (EACH). The position of a church-appointed chaplain maintains the church's link within an organisation that is now not Christian faith-based.

The religious basis of the chaplain's position does not define the limits of the relationship with the staff and clients of the organisation but rather establishes a starting point, a reason for the relationship. The recognition of the sacredness of the human person is the starting-point for a particular kind of ministry of the church that seeks to be present to the implicit spirituality of the human experience.

EACH Chaplaincy provides multi-faith, non-denominational spiritual support to staff and clients, as well as members of the wider community affected by mental illness. 'Spirituality', in all its many and various forms, is a fundamental aspect of being human, and therefore cannot be assumed to be equivalent with the structures and beliefs of formal religion. Alongside the plethora of counselling and therapy options available to EACH staff, the chaplain's spiritual and pastoral support provides an opportunity for engagement that is relational and that does not 'pathologise' the person's experience.

Staff may access the chaplain's support in personal, group and ritual contexts because they seek to explore, challenge and grow through their lived experience. Painful or burdensome experiences are not 'problematized' or reduced to symptoms of illness or dysfunction. Analogous to the role of a midwife, the chaplain accompanies people through the process of birthing their own beliefs, values and orientation for living in the context of a range of religious views and affiliations.

Chaplaincy thus involves exploring questions of *meaning and purpose, the need to give and receive love, hope and forgiveness, self-identity, creativity, loss, grief and deeper forms of freedom*. These experiences and emotions are often acutely present in the

lived reality of mental illness. These questions are explored also in relationships with individual staff and in organizational contexts such as policy development, social activities for group sharing, and 'case conferences'. For those who walk-with persons experiencing illness – such as the staff of EACH - reflection upon fundamental questions of life are inescapable. The questions of self-identity, loss, grief, hope and forgiveness attend the human condition universally and are thus present among both staff and clients.

The historical relationship between Eastern Access Community Health and the East Ringwood Uniting Church, and the social health policy of EACH regarding the place of spiritual realities within human experience create a generous space for a faith-based chaplaincy service within EACH. The chaplaincy exercised by James Godfrey embraces this space and respects the agency's policy position while living out the distinctive hospitality and acceptance of Christian spirituality that endeavours to speak truth to all people within their diverse cultures and experiences. Such chaplaincy is able to speak from within its location in both secular and faith-based traditions, and thus maintain its openness to the world of clients and staff as an embodiment of the church's mission for justice and healing. Perhaps this engagement is this model's gift to the church about the joy of the church's being in the world in the fullness of the world's secularity.

### *hope springs*

The ministry of *hope springs* began in 1998 as a mental health ministry funded for three years by the Synod of Victoria through its Board of Mission and Resourcing (BOMAR). The ministry was funded for a further six years by BOMAR, before becoming a program of Kildonan Child and Family Services in 2007. The move to Kildonan sought to secure funding for the program through the agency's stronger governance, but this outcome was not achieved, in part due to Peter's sense that the ministry assumptions behind the *hope springs* model did not fit with the perceived social work culture of Kildonan. From 2010, the *hope springs* ministry reverted to a congregational base.

This description of *hope springs* model of ministry draws upon elements that emerged over the previous 12 years, and does not represent a description of the ministry at any one point in time. *hope springs* is also a response by its founder, Rev. Peter Sanders, to his own experience of mental illness, including episodes of depression, mania and being a certified patient at a psychiatric hospital,

More particularly, *hope springs* is Peter's response of gratitude and service to God's support for him on the journey of recovery through the congregation he attended during the first episodes of mental illness, his awareness of the life of Christ within him, his marriage, and his gift of passion for social justice. Peter's response to God culminated in his call to ministry. His preparation for founding *hope springs* was enriched by his engagement in industrial chaplaincy with people struggling with mental health issues.

*hope springs* seeks to embody the truth of God's love for all people. This theological conviction underpins the ministry's acceptance of people as they are in their need and

distress as being fundamental to supporting those with a mental illness on the road to recovery. This means the ministry model is based upon pastoral care that is characterised by:

- Opportunities for acknowledging the 'God-dimension' in participants' lives.
- Restoring and renewing those with mental illness to a welcome place in a creative, life-giving community.
- Support for the whole person in their spiritual, physical, emotional, intellectual and relational life.

*hope springs* theological conviction means the ministry model also sustains a prophetic vision that:

- Critiques prevailing attitudes and practices in society that fail to support those with mental illness with dignity and respect.
- Advocates for social change to bring justice to people with mental illness and/or their families.

### UnitingCare Community Options (UCCO), Boroondara Community Outreach

Boroondara Community Outreach has evolved from its beginning in 1993 as a ministry with and to people in the Hawthorn, Kew and Camberwell area who are the hidden face of social and economic exclusion in a generally affluent area. These people often have mental health issues, some have an intellectual disability, most are unemployed, and many live in rooming houses and social housing.

The ministry brought these needs before the local Uniting Church congregations, which became involved through the establishment of a base of volunteers. In hearing and seeing the struggles of people who appear to be on the fringe of affluent society, congregations may realise that there is universality in most struggles, and that we all have much in common.

The ministry also liaised with other services to develop a holistic response to people's needs. Social supports, one-to-one relationships, food security and spiritual development were all part of outreach. A feature of the ministry is its monthly service, open to all, but geared to those who experience intellectual disability and mental illness. People are welcomed no matter how they present - psychotic, homeless, unkempt or well presented - all have a place and are encouraged to contribute to the worship according to their talents and inclinations.

Successes in people's lives are to be celebrated, whether they are small or large. God's place in it all is ambiguous to most of the people. Some can see their situation as having God's love embedded within it, and their development as part of a divine plan. Others rail against a God who can allow, if not cause, such injustice. This ministry is open to both perspectives. No-one understands the mystery of God fully, so when we walk as pilgrims on the path together, it helps us all nurture an openness to faith.

There is a tension between trying to make life better for people by addressing their basic needs for food security, housing, education and employment, social integration and expression of their faith and at the same time herding them together in a not so

homogeneous group who are regarded as 'different.' Different here really translates as inferior. One example is a man who is a member of a UCA congregation. He has some valued roles within that congregation but at the same time is regarded as being needy by some members. He also avoids being known as a recipient of the outreach's services within his congregation. There is a sense of shame for him to be needing help.

Ministry with people with mental illness needs to develop particular coping skills around self care and support, and Jesus' words that 'the poor are always with us' resonate here. Ministers and carers cannot change a person's mental state. Ministry staff have to go home each night knowing that they have done what they can and that they shall try again tomorrow. It is essential to have regular time off, while at the same time being flexible to respond to an urgent need. Keeping up with outside friends and interests also helps maintain a balance.

This model appears to have a greater degree of ambiguity about its foundations than the other two models. While it is located in a *UnitingCare* agency and thus is part of the Uniting Church like *hope springs*, the agency appears to have a 'split personality' with a secular ethos more akin to EACH. Unlike EACH, Community Options today does not have the strong historical and financial link to UC congregations that contribute to the space which enables chaplaincy at EACH, even though the original mental health ministry grew out of the former Burke Presbytery's initiative and first developed in cooperation with Kew regional congregations. The UCCO model highlights the unreconciled identity of life in the UCA that in one sense mirrors the flawed cultural foundations for personal identity in modern western societies.<sup>17</sup>

In similar vein, the three ministers are aware of the UCA's depression as it struggles with how to be the church with an aging membership and how - in Biblical terms - to live as exiles in contemporary society. Perhaps these experiences of 'split personality' and depression in the life of the Church constitute the most compelling theological reason for the UCA to engage with mental health ministry, for in our own experience we can see the brokenness (is it 'madness'?) of the world we are called to serve.

---

<sup>17</sup> See Pam Stavropoulos, *Living Under Liberalism*. Stavropoulos challenges the individualist reading of depression most common in western societies, arguing that liberal values and ideology are in fact risk factors for depression because they rest on an understanding of the 'person' which is partial and distorted.

I am 36 years old. I have been diagnosed with Dissociative Identity Disorder (DID-formerly known as Multiple Personality Disorder) and Post Traumatic Stress Disorder and major depression. When I was 18 I dropped out of high school to go into hospital for being suicidal and for having an eating disorder (which is almost completely better now). I spent most of the next decade in psychiatric hospitals and wards, with some time in medical wards too on IVs for my eating disorder. Then I had about nine years out of hospitals completely, after which I started to fall apart again, and I have had five hospital admissions since about September last year when I was finally diagnosed with DID.

I struggle every day with reliving traumatic memories from my childhood in which I experienced severe sadistic sexual and physical abuse while growing up in a missionary community (Summer Institute of Linguistics/ Wycliffe Bible Translators) overseas.

When I was in Inpatient Unit 1 at Maroonah Hospital (psychiatric ward) last year I was having a particularly difficult time because after being admitted into the ward, I found out there that a good friend of mine, Lisa, had killed herself. I sat crying through my lunch one day (something I rarely do-cry), and discovered a chaplain was sitting opposite me at my table. It was then that I first met James Godfrey. He listened to me and talked with me about what God might think about people who kill themselves (I asked him, he didn't push his ideas onto me), and he checked up on me after that day as well to see how I was doing. I was surprised there was a chaplain on the ward, and especially eating lunch with us who were all very ill in hospital. James left me feeling heard and cared about, and seeking God in the midst of my grief. I probably would not have brought God into my thinking about Lisa dying if a chaplain had not been there that day and listened to me.

*Rachel, participant at EACH*

## Spiritual challenges in mental health ministry: contested ground

### Love and acceptance: recovery and gratitude

Common to the three models of mental health ministry is the primacy of relationship for restoring the dignity of sufferers. But even this simple statement is in danger of being reduced to a measurable performance indicator in the pseudo-scientific governance requirements so popular with public funding bodies. James Godfrey's following reflection on the reality of relationships testifies to a deep truth about the exchange of care, trust and gratitude that is a critical spiritual formation foundation for movement towards recovery. This experience of gratitude is also clearly evident in the testimony of Peter Sanders. *hope springs* is Peter's response of gratitude and service to God's support for him on the journey of recovery through the congregation he attended during the first episodes of mental illness, his awareness of the life of Christ within him, his marriage, and his gift of passion for social justice. Peter's response of gratitude to God culminated in his call to ministry. It is a response of loving thanks for the mystery of God's love given to him. For a care-giver to attempt to stand outside the exchange of love for the purpose of measuring it as 'evidence' is simply an act of bad faith, and a fundamental spiritual barrier to any movement towards recovery. James writes:

"EACH describes itself as 'a creative, responsive and outcomes-oriented organisation'.<sup>18</sup> While this statement serves as a valuable guiding light to our work in EACH, the concrete experience of working in this way inevitably challenges the limits and content of these terms - 'creative', 'responsive' and 'outcome'. What do creative and responsive outcomes look like for the people we support? We strive to support a person's recovery, but when can we say that a person has recovered, or more accurately, moved in the direction of 'recovery'? What are the indications, signs and outward expressions of that movement towards 'well-being'?<sup>19</sup>

In this reflection I will give attention to one of the less obvious signs of recovery – *gratitude*. In a culture that is increasingly one of 'can do', 'will do', 'must do', it can seem as though our entire measure of well-being can be distilled into *what we do*. The hopes and expectations of such a culture are expressed in terms of independence, mobility, and social freedom. If this is the cultural context in which we live and work, it may at times be a challenge to recognise recovery aside from these measurements. Many of our tools for assessing a person's movement towards or away from well-being speak of 'functional limitation'. And while these are important aspects of a person's life, and are in fact pillars upon which much of our happiness rests, there is something missing in these measurements.

Over the summer months just gone I witnessed in an EACH client a 'recovery' that failed to find expression in any of our measures of well-being. This person was at risk of homelessness, and has remained at risk of homelessness. This person was unemployed and has remained unemployed. This person was cut-off from participation

---

<sup>18</sup> EACH website <http://www.each.com.au/about-us/>

<sup>19</sup> 'We aim to improve the physical, mental and social well-being of individuals, families and communities' <http://www.each.com.au/about-us/>

in the mainstream of society and remains cut-off. This person struggled with physical and mental health problems and continues to live daily with that struggle. This person was bitter and resentful in his attitude towards life. He is, however, no longer bitter and resentful. This person once experienced life as a burden and affliction, and now describes it as a gift and blessing. In functional terms very little has changed. In non-functional terms, in the condition of his spirit and the orientation of his heart, everything has changed.

During this person's lowest point, EACH staff offered to him a 'creative response' – they visited him. They did not organize housing, rehabilitation, family mediation or establish for him a social network. They did not review or administer medication, bring him new clothes or provide him with transport (though some of these were attended to later). But they did administer to the needs of his soul, his flagging spirit, his sense of self-worth, solitude and abandonment. Later he named the power of this support as 'caring'. In another person's care for him he discovered a care for himself and re-discovered life as a gift. The effect of this new way of being has started to manifest in ways that are concrete and measurable though these changes have their source in something subtle, difficult to describe, mysterious and largely unknown; in the encounter between two human beings, not in one person's professional expertise and the other's need for help, but in their mutual humanity. And through these kinds of encounters the foundation of any kind of psycho-social well being is built: gratitude, respect, the giving and receiving of love, care for the other.

In a culture that seeks measurable outcomes, it is my hope that we never lose sight of the immeasurable outcome of gratitude. For it is perhaps upon this pillar that the visible structure of our lives rest. Miracles can happen!"

#### Incarnating the form of living with a graced spirit

Even the language of relationships can be reduced to lifeless indicators or 'evidence' in the risk management world of corporate governance that has currently gripped so much publicly funded health and human services. But in Christian spirituality there is a presence that persistently contests the ground sought by the spirits of control when they rob relationships of life, and reduce them to form without content. Traditionally, this presence has been known as God's grace. It is the mystery of love, a presence beyond measurement that in Christian faith is the life and source of wholeness in relationships.

What makes love folly for all practice of corporate governance is its abiding reality as gift and grace. The problem for science is that the very act of attempting to measure love changes it from gift to possession, from grace to a spirit that can be controlled – for this is what measurement attempts to do, but the very attempt to control the gift of love reduces it and changes it to performance. James Godfrey writes on the spiritual space or trust that is needed to reclaim the deep truth about the mystery of love's healing grace for those who seek to serve the needs of sufferers of a mental illness.

"A few months ago I was liberated from a place of doubt and overwhelming feelings of inadequacy when, in passing, a young man whom I had visited at the Maroondah

Psychiatric ward told me that after my visit he had felt a renewed sense of value for his life. While the visit I made to him was one of many that I make each week, for him this visit was a sign that his life mattered to at least one other person. At the time of the visit I left with a only a sense of wishing I could do more for him, wishing I could offer for him some concrete way towards a fuller life and feeling unable to do this. I felt only a sense of inadequacy and uselessness, doubting the value and credibility of my role in his life. However, through his response, that I only knew of many months later, he showed me the power and value of the *intangible* – care, concern, encouragement, affirmation, being known, being heard, witnessing to the sacredness of a human being’s journey.

In the community sector our work involves equal measures of the tangible and intangible; the pathways we create to give access to the tangible reality of housing, employment, community participation, all of which can be recognised as outward manifestations of intrinsic human dignity. As well as these, we also work for the reconstruction of the human person, the restoration of self-worth, responsibility, freedom from addiction, reconciliation with trauma, the re-establishment of hope, relationships that are life-giving. In our work we recognise an overlap between working with and for a person’s situation, and working with and for a person’s personhood – their essential self, their spirit, working with them for the ennoblement of their soul. In this aspect we sow seeds that often we never see sprout. We walk alongside a person through a small segment of their journey and, somewhat like school teachers, we offer something the fruits of which may not emerge for many months or years. And in this we, or at least I, feel the weight of doubt and solitude pressing down.

My later encounter with the young man I visited in hospital has helped me to recognise the underlying meaning of the solitude of service. That, in many ways, it is this unknown, intangible, uncertain reality that places us alongside the clients we seek to serve. The poverty of working for the restoration of the human person offers us a glimpse into the poverty that attends life lived on the margins of society.

What before I felt to be the burden of solitude I now recognise as an invitation; an invitation to believe that feelings of solitude and doubt are not always a sign of failure or inadequacy but, in truth, can be the avenues along which are found solidarity and equality with those we support. But more than this is a call (perhaps spoken by a still small voice) there is the call to trust in the value of mercy, compassion, care and concern; to trust that good seeds will always sprout, sometime and somewhere . . .

The quality of mercy is not strain’d,  
It droppeth as the gentle rain from heaven  
Upon the place beneath: it is twice blest;  
It blesseth him that gives and him that takes.<sup>20</sup>

Shakespeare’s poetic gaze on mercy’s quality echoes the affirmation of Christian spirituality about grace, and its foundational quality for the restoration of relationships.

---

<sup>20</sup> W.Shakespeare, *The Merchant of Venice*, Act 4, scene 1, <http://shakespeare.mit.edu/merchant/full.html> (accessed 7/1/2011)

In contrast to the assumptions of western society's market economies that goods are scarce, and people must compete to meet their needs, Shakespeare also reminds us that mercy given and received is mercy twice blessed. There is abundance in the mystery of love that grows as it is given away. This reminder about the importance of the capacity for spiritual discernment in the character of service providers may be transformative for the relationship between service providers and service users. In particular, the narrative highlights the crucial relationship Christian spirituality emphasises between the formation of the spiritual gift of gratitude in the service user and the capacity of the provider for spiritual discernment.

### Spiritual identity in mental health ministry: the wounded healer

In these ministries, healing is primarily about relationships, and most powerfully it is in the restoration of relationships and people's self-understanding of their relationships. This marks a distinct emphasis from the focus on diagnosis and treatment in important areas of mental health services. The current emphasis on recovery in the clinical sense is also different from the way that the Yarra Yarra services view themselves and their participants.

Each of these ministers engages those who come to their agency, to the extent they are able, in the fullness of their humanity. This commitment was expressed by Henri Nouwen when he wrote; hospitality is "a central attitude of the minister who wants to make his own wounded condition available to others as a source of healing."<sup>21</sup> The relationship forged between clients and service providers is a critical relationship in the healing journey, because establishing the relationship marks a restoration of the sufferer to the community. The barriers of isolation and stigmatising prejudice are transformed.

The ministry of wounded healer must also pay attention to ways the service being offered may open previous wounds, and disrupt, even undermine the ministry. Pam White knew when she started at Maroondah that her great interest in mental health ministry was connected to her son's recent death. She said, "I thought I am going to have this ministry with really ill people and I am not sure what sort of a grip I've got on my own mental health here. The most reassuring thing was when the person chairing my reflection group said, 'we will keep an eye on you.' I had great confidence that if he thinks I'm going off the rails here, he will help me. And that is the same sort of thing that we're saying about our clients. It is being there for them. You may not do anything, but you're there." The wounded healer knows the presence of love and acceptance that supports them in their need is the same presence they offer to sufferers in dark times. Again, spiritual discernment and spiritual formation are intimately connected, and must remain so for authentic Christian spirituality to engage in mental health ministry in every dimension of its calling, service and thanksgiving.

---

<sup>21</sup> H. Nouwen, 1979, *The Wounded Healer: ministry in contemporary society*, New York, Image Books Doubleday, p.99

## Formation for service: a personal reflection

As researcher for this project, two matters arose which touched me personally. I will comment on them here.

### Stigma, discrimination and spiritual transformation for a prophetic mission

Peter Sanders' testimony of his experience with mental illness and recovery is a moving and important story, and those concerned with the spiritual care of those who suffer from mental illness owe Peter a huge debt of gratitude. But as I discussed Peter's story with him, it emerged that he was telling it for the first time. Further, Peter chose to tell his story on the eve of his retirement, a retirement now fulfilled. Peter's reason for waiting until a short time before retirement is simple. He feared he would be judged within the church and the wider field of mental health for having a breakdown, psychiatric hospitalisation, and ongoing encounters with depression.

For all our talk in the Uniting Church about justice and love, Peter felt he needed to conceal his story from all but a few. He felt unable to disclose his experience because he feared the repercussions on his ministry. Before church members resort to the self-justifying rhetoric of blaming Peter for his failure to trust us with his experience, I need to say he is not alone amongst UCA ministers. I know of another colleague who committed suicide, one who attempted suicide, and perhaps 6-8 others who suffer depression or a bipolar disorder, and all of whom hide (or hid) their illness from colleagues and the church. This constitutes evidence of the stigma felt by these ministers towards their mental illness, and the discrimination they endure because they cannot be themselves in the church.

In prophetic perspective, these ministers hold before the church the immense weight of our failure to engage with those with mental illness in our midst. The fault line of social injustice for those with a mental illness runs through both church and community. How could the UCA create a more welcoming space for its ministers and members with a mental illness, free of stigma and discrimination?

This project has shown how important the shared stories at our research meetings were for the three mental health ministers. This experience may mirror the service the ministers offer to their clients when the ministers encourage people with mental illness to disclose their story and their yearning for health and wholeness. Sadly, the project also reveals how few safe places there seem to be for personal disclosure and faith-sharing about living and working with mental illness in the life of the UCA. The Presbytery of Yarra Yarra may contribute to addressing this situation by creating a network of interested ministers and mental health practitioners for this purpose.

Creating this conversation and safe space is critical to the health of the church in the midst of its own depression and split identity about its place in the modern world. The conversations shared in the research project disclosed the narratives of the participant ministers yearning for a renewed identity for themselves, for their clients, and for the church. This is a prophetic calling, in that the narrative sharing is a social process of

'repairing identities'. The construction of alternative narratives about the acceptance and dignity of each person in their programs counters the dominant utilitarian narrative of modernity. Hilde Nelson's conclusion about such conversations amongst refugees may equally apply in this context. "The construction of alternative narratives (is) a creative move to counter the dominant narrative ... counterstories redefine a past that has been, until now, characterised incorrectly. They take a story that has (for the moment at least) been determined, undo it, and reconfigure it with a new significance."<sup>22</sup> The Yarra Yarra Presbytery has evidence of the fruitfulness of this prophetic task in its three mental health ministries, and in the narrative emerging from its research project. Now this movement to a deeper prophetic mission needs to be embraced and consolidated.

### The spirituality of solidarity: strengthening the UCA's foundations for a life-giving mission

The initial impetus for this research project was the precarious financial position of the three mental health ministries. The situation is different for each of the three, but there is one constant. Each ministry relies on church funding to continue, and because this funding is insufficient for their need, each ministry also relies on some government or philanthropic funding to continue.

Because it is unlikely that UCA funding will ever provide sufficient funds for the ministries' needs, it is imperative that the Presbytery engage in the public policy and research debate about spirituality in health services and the interest in spiritual care. To do this, the Presbytery needs to understand that the depth of hostility in the spirituality research literature towards Christian theology and practice is not necessarily reflected in the field or on the ground where the three services operate. Indeed Peter and James have acted as consultants for one community-based mental health agency on the issue of spirituality and spiritual care.

There is a missional calling for the Presbytery to work with its mental health ministers to determine how to bring the wisdom developed in these ministries to public policy and research debates. This calling needs to address government and community-based agencies in the mental health sector so that the insights documented in this report are brought to bear in the market place of ideas and models for healing and recovery from mental illness. The Presbytery's mission also needs to engage deeper reflection on how existing social structures and beliefs in church and society contribute to mental illness, and how they may be transformed.

---

<sup>22</sup> Hilde Nelson, quoted in Smith-Christopher, *op cit*, p.106

## Bibliography

- Cornah, Deborah, 2006, *The Impact of Spirituality upon Mental Health: a review of the literature*, Mental Health Foundation, UK
- Lake, Marilyn, and Reynolds, Henry, 2010, What's Wrong with Anzac? the militarisation of Australian history, A New South Book, Australia
- Lindbridge, Andrew, 2007, *Keeping the faith: spirituality and recovery from mental health problems*, Mental Health Foundation, UK
- Hall, Joanne and Sim, Pia, 2005, Spiritual Care and Spiritual Poverty in Aged Care: an investigation into current models of spiritual care in high and low care residential aged care facilities and implications, Brotherhood of St. Laurence, Melbourne
- Hebblethwaite, Margaret, 1994, *Finding God in all Things: the way of St. Ignatius*, Fount Paperbacks, Great Britain.
- Holloway, Margaret, "Spiritual Need and the Core Business of Social Work", *British Journal of Social Work*, Vol. 37, 1997, pp 265-280
- Koenig, Harold, "Religion and mental health: what should psychiatrists do?" in *Psychiatric Bulletin*, Vol. 32, 2008, p 201- 203.
- Lemmer, Corinne M., "Recognizing and Caring for Spiritual Needs of Clients, *Journal of Holistic Nursing*, Vo. 23, No. 3, September 2005, pp 310 – 322
- MacKinlay, Elizabeth, *Spiritual Growth and Care in the Fourth Age of Life*, Jessica Kingsley Publishers, London and Philadelphia, 2006, pp 11 – 29
- McSherry, Wilfred and Cash, Keith, "The language of spirituality: an emerging taxonomy", *International Journal of Nursing Studies*, Vol. 41, 2004, 151 – 161
- McSherry, Wilfred and Smith, Joanna, "How do children express their spiritual needs?" *Paediatric Nursing*, Vol. 19, No. 3, April 2007, pp 17 – 20
- Narayanasamy, Aru, "Learning spiritual dimensions of care from a historical perspective", *Nurse Education Today*, Vol. 19, 1999, pp 386 – 395
- Nouwen, Henry 1979, *The Wounded Healer: ministry in contemporary society*, New York, Image Books Doubleday
- Paley, John, "Spirituality and secularization: nursing and the sociology of religion", *Journal of Clinical Nursing*, 2007, pp 1 – 12

Shakespeare, William *The Merchant of Venice*, Act 4, scene 1,  
<http://shakespeare.mit.edu/merchant/full.html> (accessed 7/1/2011)

Smith-Christopher, Daniel *A Biblical Theology of Exile*, 2002, Augsburg Fortress, USA,  
p.105

Stavropoulos, Pam, 2008, *Living Under Liberalism: the politics of depression in Western Democracies*, Universal Publishers, USA.

Swinton, John, “The Body of Christ has Down’s Syndrome: theological reflections on vulnerability, disability, and graceful communities”, *The Journal of Pastoral Theology*, 2004.

Tanyi, Ruth A., Werner, Joan Stehle, Recine, Ann C. Gentry, and Sperstad, Rita A., “Perceptions of Incorporating Spirituality into Their Care” A phenomenological study of female patients on hemodialysis”, *Nephrology Nursing Journal*, Vol. 33, No. 5, September-October 2006, pp 532 – 538