

Choosing Life: Mental Health and Well Being from a Christian Perspective

I'm not quite sure how dangerous it is coming at the end of a lecture series, particularly one with such erudite and committed speakers. As we have explored the issues of faith and mental health we have heard from a people firmly rooted in practice and research reflecting on how faith and spirituality are vital components in our struggles for health and well-being. Part of those struggles is to overcome the imbalance of power in the hospital, the clinic, in our communities, in the allocation and control of resources.

We have heard of the marginalisation of the discourses of faith in the understanding of our mental health, the secularisation of the model offered in training, and failure to understand the role that churches, mosques and temples can play in strategies that engage and promote well-being in faith communities and beyond. Dr Skinner spoke of the need to revisit what our religious traditions say about the nature of self and human identity, and gave us an Islamic perspective that drew on a range of classical and Islamic sources. He emphasised that the reality that all religion is embodied. Professor Edge reminded us of the need to create spaces where spirituality and religion were taken seriously, and not dismissed by a secularist model of human beings and society. This was underlined up in Frank Keating's talk when he said ‘

Religiosity and spirituality are important dimensions in the lives of individuals and should not be ignored' and illustrated in how in a racialized society the culture of religion was often dismissed despite the identified positives found in the well-being of religious people and the communities to which they belong.

We have heard about how religion fares in a market place NHS economy. The role of chaplains remains vital in our NHS trusts, but this role is often marginalised or secularised into a manger of religious needs with fewer hours and no expectation of a contribution to the strategic thinking in a Trust.

Of greater concern is how religion is treated by training models that begin with secular or post-religion assumptions. (A similar scenario which we find in community work, development or social work.) Our previous speakers have explored how a different paradigm, a different approach to religion might assist those who provide services, as well as those who use them.

This evening I want to talk from a mainstream Christian perspective about why mental health is a challenge and opportunity in the life of the church, and more particularly two of the local churches here in Tooting at Holy Trinity and St Augustine. I want to explore how our Christian social practice comes out of our particular faith tradition. You may be aware that at Holy Trinity we have been engaging with those living with dementia over a number of years – so I will be reflecting on what we have

learnt, what we have discovered about ourselves, and what we might do in the future, and how our faith, our understanding of God, scripture and faith underpins that work.

I hope I can draw this together with some thoughts about what we might do doing across the faith communities in this area.

Its easy to become an expert – just put a notice outside your church advertising a service and support café for those living with dementia, and immediate you are the person that everyone rings up hoping that you will provide the answers for their church.

So I want to talk about how we have worked on this in practice. What is it that makes us do what we do as Christians?

That's where theology comes in.

Rather than a dry encounter with books theology is a dynamic encounter where our traditions interact with the reality we find around us. It is the activity through which we work as we ask 'What does God require of us?' or 'How do we make sense of this situation in the light of our tradition and respond faithfully?'

Liberation Theologians have use a cyclical model – SEE JUDGE ACT

- SEE How do we read our context?

- JUDGE What do the resources of our tradition offer us?
- ACT How do we respond in the light of that tradition?

This ongoing cycle is supplemented as we reflect theologically integrating our faith resources within each act.

We know much about our community here in Tooting through various published statistics, we also know much about our community through the encounters we have on our streets and in our churches.

Why should Christians respond to this particular aspect of community life?

There is in the Christian tradition, and the wider Judaeo Christian tradition, a concern with the health and well-being of individuals and communities. We do God together.

In the Mosaic tradition the people of God are called to 'choose life' as they enter the promised land. To remember their story as vulnerable people who God has chosen to liberate to live a distinctive model of community life.

The Hebrew prophetic tradition speaks of the care of the vulnerable and the struggle for community well-being as part of God's ideal society.

Isaiah 65.20-23

No more shall there be in it
an infant that lives but a few days,
or an old person who does not live out a lifetime;
for one who dies at a hundred years will be considered a youth,
and one who falls short of a hundred will be considered accursed.
They shall build houses and inhabit them;
they shall plant vineyards and eat their fruit.
They shall not build and another inhabit;
they shall not plant and another eat;
for like the days of a tree shall the days of my people be,
and my chosen shall long enjoy the work of their hands.
They shall not labour in vain,
or bear children for calamity;
for they shall be offspring blessed by the LORD—
and their descendants as well.

Healing and concern for the well-being of society lie at the heart of the accounts we
have of the ministry of Jesus.

Matthew 9

35 Then Jesus went about all the cities and villages, teaching in their synagogues, and proclaiming the good news of the kingdom, and curing every disease and every sickness. ³⁶When he saw the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd.

He proclaims God's Kingdom – God's new order, a regime change where the elite are brought down and the vulnerable are restored, where longed-for-change, personal and communal, is possible. In the gospels the accounts of healings and exorcisms become metaphors for the healing and repossession of a land and society under military and economic occupation. But we are warned that being faithful in the struggle for that new order is where we will find our true well-being.

Interdependence and communality become the model which the followers of Jesus pursue in the early church. We are given the image of the body and our interdependence. As Christians we are constantly reminded that our health and wholeness should never be restricted to the individual. In the New Testament epistles health is a matter for the whole church community, its well-being depends on all its members.

James 5. 13 -14 Are any among you suffering? They should pray. Are any cheerful? They should sing songs of praise. ¹⁴Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord.

This is a marked contrast to the healing cults and practitioners of the Greek and Roman cities in which the first Christians lived. Healing is seen in the new Testament in terms of the restoration of social relationships. In the gospels those who are healed are told to return home, to rebuild relationships which illness has excluded them from – to be rehabilitated.

The social order which Jesus embodies (the first shall be last and the last first) is a challenge to the imperial rule and ordering of society on based on economic utility.

American Biblical scholar, Walter Brueggemann has written:

...production-consumption values inevitably place a central; priority upon utility, upon reward for people who can perform useful tasks. Such values tend to discard people without utility. And Jesus, [...] announced and embodied the conviction that in [God's] new land (the kingdom) the issue of utility as a means of entry was not pertinent. *The Land* SPCK/Fortress p194

Then where do human beings get their dignity? The Christian tradition is definite it is not through status in society, economic wealth or intellectual ability. St Paul picks up

the Hebrew tradition of human creation being in the image of God and talks of the how we seek glorious liberty of the children of God to which we are all called.

These traditions permeate our prayers and worship. Our theology is a resource on which we draw constantly to reflect on our situation and action to assist understanding and discernment.

Being aware of the needs of the community in which our churches are set and the traditions on which our faith draws we looked for ways to engage with mental health and well-being.

These needs are often apparent in the daily lives of our church buildings – not least the different groups who rent space for support or recovery group. At Holy Trinity we have a longstanding commitment to being an open church – a place of prayer and quiet for those seeking sanctuary. Our doors are open during the hours of daylight for whoever wants to come in. Our position on a busy road as well as our proximity to Springfield means that this provides a space which is regularly used. (An open toilet helps as well).

There is an awareness of our context and a real calling to respond. Congregation members work with the homeless, with carers and babies, as well as volunteering with prison groups, local mental health charities and as lay-panel members in the trust.

For a number of years, the congregation at Holy Trinity had become increasingly aware of the reality facing those living with dementia – through the pastoral care of congregation members living with dementia, as well as the need to care for elderly parents, often at a distance. This, as ever, was compounded by the apocalyptic data which bombards us from our media.

A legacy made it possible for the church to enter into a partnership with the Alzheimer's Society to provide a monthly support café, preceded by an act of worship. Advertising this on our church railings put us in a very public situation – others would ring wanting to know what we were doing and what good practice we could share. This made us reflect on what it means to be a dementia- friendly church and the support which carers and sufferers needed, not just to attend a monthly special service but to be included in other aspects of the church's life.

This has also made us more open to other initiatives in which mental health has a significant component – our weekly support café for those who are homeless, our involvement with a psychiatric care home.

As we have provided space for those living with dementia in our church we have drawn on a number of recent writing on theology and dementia, as well as work on what makes a dementia friendly activity or community.

If you want to go deeper I'd recommend John Swinton's *Dementia: Living in the memories of God* (SCM Press) which won the Michael Ramsey Book Award last year, or a series of articles by Peter Kevern which appeared in the journal *Practical Theology*. In the wider field I've drawn on the work of Professor Frances Young (*Arthur's Call* SPCK & *Encounter with Mystery* DLT), Jean Vanier and Stephen Pattison (*Pastoral Care and Liberation Theology* SPCK).

What I want to do is offer a few insights which have been important to me as I try to make sense of what is going on.

I've mentioned already our monthly service and the clover café. Our encounter in these setting is often with strangers people we have not known at other stages of their life. At others times in the week we encounter people with a wide range of mental illness and psychiatric problems, not least in our ministry at the Care Home just up the road.

Meeting someone we don't know for the first time will usually raise the question of identity – Who are you? What can you tell me about yourself?

The fundamental question facing many we encounter maybe – Who am I – even if I don't know?

Perhaps the statement we want to make here is – the most important thing we know about you is that you are made in the image of God and what we want you to know about yourself is that you are welcome, you matter, you are loved.

What does it mean to be made in God's image? Is it what we see on the outside or what we expect to come from within?

In the Easter season we often insert these words into the eucharistic consecration prayer in our communion service.

For by the mystery of his passion
Jesus Christ, your risen son,
Has conquered the powers of death and hell
And restored in men and women the image of your glory.

When I look out from the altar whether its an ordinary Sunday morning, or at the Care Home, I have to ask myself what I am seeing in front of me. Am I seeing men and women restored in the image of God's glory. Am I looking for serious signs of spiritual or intellectual growth or something else? Where does that image reside – in the eye of the beholder? In a reflection that only God can see?

The gospel tradition carries a great deal of material on seeing and recognising. In the story of the transfiguration of Jesus the disciples on the mountaintop see Jesus for he is really is. He is transfigured yet they still recognise him. (How they recognise

Moses and Elijah is a theological question for another time) Transfiguration unlocks the reality that has been suppressed (what theologians call the messianic secret) Transfiguration places Jesus within the bigger story of God's people. It is a moment when the disciples' fragmentary glimpses of God's kingdom comes together for a moment. The voice from the cloud describes a reality that the disciples are not yet ready for but one which will enable them to piece some of the fragments together.

Theologian and biblical scholar Bishop Westcott (1825-1901) wrote: 'The transfiguration is the revelation of the potential spirituality of earthly life in the highest outward form...Here the Lord as Son of Man, gives the measure of the capacity of humanity, and shows us that to which he leads those who are united with him.'

There are moments when transfiguration happens. The work that's been done on dementia and music may be creating one of the spaces where that is possible. I believe that the place of music in worship may also be one of those moments. For a number of years our church hall hosted a project called Singing the Brain – The Alzheimer's Society website lists five reasons why music therapy stimulates the brain:

1. Music evokes emotions that bring memories.
2. Musical aptitude and appreciation are two of the last remaining abilities in dementia patients.

3. Music can bring emotional and physical closeness.
4. Singing is engaging.
5. Music can shift mood, manage stress and stimulate positive interactions.

<http://www.alzheimers.net/2014-07-21/why-music-boosts-brain-activity-in-dementia-patients/>

At St Augustine's Church we were able to accommodate three members of choir who were at different stages of dementia.

The space we worship in is also important. While much has been written about worship in a residential setting what we do in our church building matters. How do we make our church buildings dementia friendly spaces? I was intrigued a few years ago to hear a radio programme about the West Yorkshire Playhouse in Leeds and their work on dementia friendly theatre, and how they made their auditorium & other spaces dementia friendly. This involved looking at lighting, ensuring that the audience was not crammed in but had space to move about, making sure that those who did get up to wander could do so safely by increasing the number of staff, as well as reviewing the content of the performance to ensure that any incidental sound effects or music would not be confusing or distressing.

<http://www.bbc.co.uk/programmes/b04v3289>

How do we shift attitudes?

Too often in our intellectual northern European ways we've associated religious faith with intellectual assent. We are told we should understand as a qualification to participate. Being able to remember is the basis of most of our education. Especially so in church where we lay great emphasis on remembering Bible verses and prayers – and test our children's readiness to participate on understanding, remembering what is happening.

But what about the other end of life? Should we withdraw the sacrament when someone is no longer able to understand what it is about? We have taken communion from St Augustine's to two members of the congregation with advanced dementia – one giggles through the prayers, the other takes the host from her mouth and stares at it, unable to bring pieces together in her mind – even though she assures me she is in church every Sunday. Is there a moment when we stop being spiritual? How do we keep people connected whatever stage they are at?

How might we allow those with dementia to grow into the person God has created them to be. Swinton recalls how Christine Bryden writes

As I lose an identity in the world around me, which is so anxious to define me by what I do and say, rather than who I am, I can seek an identity by simply being me, a person created in the image of God. My spiritual self is reflected in the divine and given meaning as a transcendent being. 192-4

To do theology with those living with dementia demands we look beyond the intellectualising, and somewhere in the fragments, the cries of despair, the moments of transfiguration, the glimpses of the glory I think we may find something of a spirituality, a metaphysics. But we cannot expect those with neurological damage to do all the work.

John Swinton uses the threefold understanding of selfhood. We are conscious of ourselves – we are alive, we basic have needs. We care physically present – we take up space, we make our presence felt. The third dimension is our social persona – we are who we are because of others, because of the recognition others give us. That's the hard one – when a loved one, a friend, a fellow Christian is changing.

John Swinton writes:

Overcoming the alienation, isolation, and enforced strangerhood that accompanies the experience of dementia cannot be done without friends and without a community that has learned to recognize the value of strangers, and

that can acknowledge the reality of the experience of affliction and in so doing, bring healing and new hope. (268)

Sticking with people is an essential part of discipleship. Disciples are those who remember, who keep in touch. John Swinton defines dementia as: the product of both damaged neurons and the experience of particular forms of relationship and community' 107 We can all think of cases where those detached from the conviviality of friends, family or church go into decline. People's circumstances will shift and change but the existence of a relationship is a sign of hope and sustains that aspect of people's personhood. Those relationships may have to be built in very small moments, windows, of encounter.

For some the experience of dementia has been described as Living in the continuous present. There is some indication that emotion may linger longer than memory – being with someone in the moment is more important than expecting the memory of the visit to last. But people can easily experience stigma, the transference of anxiety, social rejection and isolation.

The church has a communal sacramental task here, because according to our scriptures we are the body of Christ, we should not, cannot discard other parts of the body.

1 Corinthians 12 But God has so arranged the body, giving the greater honour to the inferior member, 25that there may be no dissension within the body, but the members may have the same care for one another. 26 If one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it.

In south Africa as people came to terms with the AIDS epidemic a slogan underpinned the church's awareness campaign – The body of Christ has AIDS. The epidemic could not be othered but needed to be owned

Maybe we could adapt that slogan – 'the body of Christ' has dementia (schizophrenia, eating disorders, paranoia etc) – its not happening to someone else its happening to us – and care needs to be taken of our body

Being chapter 12 that admonition comes before Pauls' hymn on love:

Love is patient; love is kind; love is not envious or boastful or arrogant 5or rude. It does not insist on its own way; it is not irritable or resentful; 6it does not rejoice in wrongdoing, but rejoices in the truth. 7It bears all things, believes all things, hopes all things, endures all things.

When are we the body of Christ?- when all are included but not just included but when a conviviality, interaction is made possible.

We've talked about being a dementia friendly church. This is as much about our physical space as our orientation to the other. How we approach friend and stranger with the recognition of God.

John Swinton tells the story of the patient in the hospital anxiously walking the corridors repeating the word God over and over again. A nurse intervened in an exceptional moment of wisdom and asked why she was saying God – I'm afraid I will forget him came, the reply. The nurse held her But God can never forget you. 'We are because we are sustained in God's memory' .

For Christians, the memory and future of God is incarnated in the Church through the rituals of faith and the interactions of the body of Christ. We sustain our relationships through telling stories, sharing memories, sometime we will be privileged to return someone a fragment of memory – in a song, an image, a prayer, an act of kindness – a piece of a jigsaw puzzle that fits for a moment.

Professor David Ford writes about the need for the church to reimagine its role in terms of encountering mystery rather than problem solving. (L'Arche and Jesus in Frances Young *Encounter with Mystery*)

How we approach mental health as a church will be within a pastoral framework – one that is aware of our wider context. Our work will model, critique and compliment the work of other agencies and statutory services. We will inevitably work with a sense of how the spiritual can offer transformation.

Both our churches have a long term commitment of prayer for healing – this is not an attempt to replace medical practitioners or turn those who are ill into what, Prof Frances Young, calls ‘miracle Fodder’ by offering impossible regenerative miracles. - brain cells will never be miraculously restored for those living with dementia, as legs will not grow back for amputees – but as we pray for wholeness and well being we are seeking with God to find ways through which dignity can be restored and maintained as people are enabled to live as part of communities where a different set of values are possible. And I think that is where we can take our approaches to mental health seriously as an interfaith challenge.

Much of what I have said obviously comes from a Christian theological reflection on the challenges of mental health. In a diverse community we know, however, It is the same system which we all encounter; with which we do business, in which we invest our trust. In this series we have discovered a great deal in common across religious and ethnic communities who are struggling for well-being and wholeness against the

back drop of modern life, and the everyday injustices and discriminations of the mental health system.

One option has been to step outside, or at least find a complementary, parallel approach. Jean Vanier, the founder of the L'arche communities where those with profound learning disabilities live in community with carers, presents such a challenge. It began by Vanier – a philosopher and theologian, welcoming into his own home two severely disabled men who the system was failing. Those community hosues may share a faith or have an interfaith ethos. But all these groups focus on the challenge of creating relationship which defy accepted categories, confronting ideologies of economic value and usefulness, with grace, patience and reciprocity.

Human beings look for success, for fulfilment, for valuation in terms of the contribution we have made. But value is not something achieved, or even inherent: it is something given, something accorded to something or someone who is valued by someone lese - In community we make real that dignity and worth by valuing each other. Value is given and it's a two-way process. (See Frances Young *Encounter...*)

This lecture series has allowed to go deeper but we also need to find the space for dialogue, to take what we have learnt and talk about it together, to identify habits through which we might find those different ways of living together.

In the empowerment network we talk a lot about co-production and action planning – and the recommendations in the report from the University of Stirling picked up much of this. Co-production, as a partnership between the trust or providers and local communities which have the knowledge and experience of failing systems at first hand. While much of our work on this is proving effective we still need at times to connect with each other and build our shared values. Maybe we need to do more work on how co-production has a common set of values within faith/ethnic communities which enables them to work closer together within such partnerships or in creating a new level of awareness. How do we work on the physical spaces we share?

What would a dementia friendly community in Tooting, or more ambitiously in Wandsworth, look like? (see the work done by Joseph Rowntree Foundation in York) What steps would we need to take raising community awareness, training from the practical wisdom that we have developed?

<https://www.irf.org.uk/dementia-without-walls?gclid=CLGsivby39QCFQ88Gwodo1MO8Q>

I've quoted Walter Brueggemann's words on presenting an alternative paradigm on human worth. The way we build communities will speak about our priorities. This is as much about the networking and relationships as how we work on issues of planning and the built environment. (The re-evaluation of high rise living needs to look at more than the physical threat of tower blocks but also the long-term damage to mental wellbeing individually and collectively.) I would also commend the work being done on the Tooting Neighbourhood plan as an opportunity to look for the transfiguration of our lives together. Like many in this room I've spent a great deal the past 25 years talking about regeneration, maybe its time we took control of the vocabulary and the agenda.

In New York radical urbanist Peter Marcuse imagines the concrete nature of place: "We need cities that will be conditions of life, of full and free unfragmented lives, not cities of discretion and domination; we need walls that welcome and shelter, not walls that exclude and oppress".

Marcuse, Peter (1994) 'Not Chaos, but Walls: Postmodernism and the Partitioned City' in Watson, Sophie & Gibson, Katherine, *Postmodern Cities and Space*. Blackwell

Choosing life – wellbeing and wholeness - must be the vision and priority for our faith communities – I hope this lecture series has built our awareness and confidence to speak and act about the experience and treatment of mental ill-health

in our community, as well as positively accompany those who live with long term conditions. Our tentative steps in co-production should enable us to work strategically with other stakeholders, well focussed selective training has begun to raise our involvement with community members living with mental illness in their families. Hopefully we will find ways of keeping in touch and integrating what we have learnt into other dimensions of the Borough's life to allow room for grace to flourish.

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