

Research shows that spirituality and faith can strongly affect mental health.

Vicky Nicholls and Peter Gilbert report on how NIMHE's Spirituality Project is encouraging service users to find their own inspiring and motivating life force, either within or outside of faith communities

The sea, me and God

I (Peter) feel 'at home' on islands, perhaps because I was born on Jersey and still return there when I can. On all islands there is a strong connection between the stark boldness of sea and sky and the ability to cut off from our usual incessant and insistent activity. On another island recently – the Greek island of Skiathos – I was running through a glade of pine trees filled with the croaking of cicadas, when I arrived at a pristine beach embraced by limestone headlands. During dinner at a taverna that evening I explained to the patron my sense of peace and oneness on that deserted beach. 'Ah,' he replied, 'in Greece we have a saying: "The sea, me and God."'

What is it about Greek islands in particular that has such meaning for me at a time when I am working with people on issues of spirituality and mental health? Perhaps it is the Greeks' ability to combine a monotheistic religious belief, an ancient philosophy, a pantheistic sense of sacred places and an inner spirit of humanity. The journey to Greece, says the novelist Lawrence Durrell in his magical and evocative *Prospero's cell*,² offers perhaps the hardest lesson of all: 'The discovery of yourself'.

As well as this inward journey, Greece also offers a genuine feel for community and a capacity to mark out sacred places. Around almost every corner there is a shrine with a candle still lit or a small chapel, sometimes open only once a year for the feast day of a saint. In Kefalonia, St Gerasimos has the reputation for healing mental illness and distress, and many on the island view him as a 'partner', working

with them in a collaborative enterprise for mental health and wellbeing. As the new literature search on mental health and spirituality attests, the conceptualising by a person in distress of the Divine who works in partnership with them can be a major coping strategy.³

However, the relationship with the sea may not always be quite so peaceful or healing. For me (Vicky), the sea represents our coming and our going, from womb to grave. We are reabsorbed into creation after we die, becoming part of the oneness of it all. Walking by the sea, we are tugged by her tides. From the booming of her waves to the clattering of foreshore pebbles, she heaves and sighs, rushes and dies, changing the world ever so slightly with every new line of waves, and yet remaining more constant than anything created by humanity. In the same way, although I can appreciate the majesty and poetry of the oceans and feel a yearning to be near them, my own experience of spirituality is more ragged and uncertain than that of some of my friends.

This tangible sense of the spiritual in people's everyday lives is one of the underpinning themes of the National Institute for Mental Health in England's (NIMHE) Spirituality Project, set up in 2001 through Professor Antony Sheehan's intuition and leadership. The Project, which began a two-year partnership with the Mental Health Foundation in 2003, connects with the fact that people have always looked beyond themselves to a sense of the transcendent, either through an individual quest for meaning and/or



through the search for the Divine via the rituals, sacraments and community engagement of formal religion.⁴ Sheehan perceived the growing interest in spirituality as an issue among people who use services, and also the multi-faith dimension in mental wellbeing, with religious faith surfacing now as a major issue in both global politics and as a local community phenomenon.

Jonathan, for example, describes himself as a 'cultural Jew', but in the midst of his bipolar condition he is yearning for some of the rituals and community cohesion of his youth. Salman's voices deride and undermine him and his faith, but he keeps attending his local mosque for the five daily prayers in the hope and expectation that this will give him stability in an unstable interior world. Helen is an evangelical Christian who feels that she is being unfaithful to God in expressing unhappiness during her depression. Living in the present because events are fate or 'God's will', and the sense of divine empathy and being carried over a sea of troubles, are what get many people through their despair.

While Vicky was supporting research into spirituality in Somerset, she heard many moving statements from service users that spoke of the vitality, neglect and sometimes fear of the spiritual dimension. One service user commented, 'I think they need to believe in their own profession and they need to believe in themselves as

therapists ... Perhaps it is scary to admit that there may be vast areas and infinite degrees of beingness beyond what they feel comfortable with.'⁵

Sadly, the experience of too many service users is still an over-reliance on a biomedical model. Even a welcome policy shift to talking therapies through the urgings of Lord Layard (see OM142) may yet turn into something mechanistic that leaves what is deepest in us untouched. If services fail to connect with an individual's inner spark and motivation, as well as their life circumstances – both emotional and practical – what hope is there for a sustained discovery, recovery and future wellbeing?

The aims of the Spirituality Project meet what one might call the 'Greek island test' in that they focus on individual intimations of spirituality, the importance of organised religion in people's lives and the place of secular spirituality. All of these may interact in some way. Carl, for example, is a Buddhist, but during his severe depression he found it difficult to follow the precepts of Buddhism. However, he did gain support from his sangha (spiritual community) and from his rambling club (secular community). It was on a walk across the Pennines with his secular companions that Carl began to feel that he had the strength to meditate again, and from then the mindfulness inherent in the Buddhist teachings reinforced and protected his recovery.

The Project aims to collate current thinking on the importance of spirituality in mental health on an individual and group basis, to evaluate the role of faith communities in the field of mental health and to develop and promote good practice in whole person approaches. It has a published framework,¹ and works with local projects, faith communities, professional bodies (like the special interest group of the Royal College of Psychiatrists – www.rcpsych.ac.uk/college/sig/spirit), universities, mental health services, charities and so on.⁶

While many initiatives in the UK are either ‘top down’ or ‘bottom up’, the Project has the advantage of a strategic approach meeting a vibrant grassroots movement. The latter appeared to be waiting for some recognition and support from government, charities and professional groups for them to throw off an adherence to a narrow rationalistic and materialist model of life and care that has simply failed to meet people’s aspirations.

Although there have been two national conferences – Breath of Life (2003) and Drinking from the Wells of our Humanity (2004) – the accent has been more on regional and local events, reinforcing the work of pilot sites (see below). Conferences, talks and seminars have taken place across the country: an advocacy conference in Suffolk; work with Approved Social Workers; input into the Sussex Trust’s launch of their spiritual and religious care strategy (www.sussexpartnership.nhs.uk); a major event on user perspectives in Jersey in 2004; and the Social Perspectives Network national study day in 2006.⁷

Pilot sites were set up in 2005, supported by a framework devised by Peter that organisations and groups can build on in a way that reflects and suits their own circumstances. Already, a number of forward-thinking organisations, with positive community networks and effective leadership, have shown themselves committed to making progress. Bradford, North and South Essex, and Sussex have produced policy guidance that is valuable to the whole community served. What actually happens at the frontline between users, carers and staff is vital, of course. Staff cannot be expected to demonstrate humanity and be in touch with people’s spirituality if they, in turn, are not shown humanity by their managers and encouraged by their organisations to be creative and whole persons themselves (see Peter Gilbert, OM138).

The Project is aligned with (but not part of) the national Spirituality and Mental Health Forum (MentalHealthjsmh@aol.com). The Forum brings together a variety of opinion, with a clear focus on hearing users’ views and an accent on multi-faith perspectives. In 2006, the Forum, in partnership with Staffordshire University and

NIMHE, hosted a multi-faith symposium, where a theologian/philosopher and a practitioner from the nine major faiths and humanism (together with a strong user voice) considered the relationship between belief and both mental health/wellbeing and mental illness, and also the synergies between faiths and beliefs. This could be the start of greater in-depth work with faith communities, exploring their potential role in keeping people well.

‘Spirituality is 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 help them 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.’ – **John Swinton**⁸

Current partnership work includes the setting up of a UK-wide research network led by Professor John Swinton of Aberdeen University; recent publication of a literature search by Dr Deborah Cornah of the Mental Health Foundation; work with the Prime Minister’s Inter-Faith Envoy; the creation of a new MSc. in Spirituality and Health and Social Care at Staffordshire University; and work with the Welsh Assembly Government on a spiritual care policy for Wales, as well as commissioning guidance for England.

Research indicates that spirituality and religious faith can have a strong effect on people’s mental health – usually, but by no means always, for the good.^{3,8} The effects on physical health and longevity are also recorded. As humans, we stand on the beach alone, even as social animals. We are the sea, me and God (or the ‘Other’). As such, we need to identify our own spirit; our inspired and inspiring life force.

1. Gilbert, P. and Nicholls, V. (2003) *Inspiring hope: Recognising the importance of spirituality in a whole person approach to mental health*, Leeds: NIMHE.
2. Durrell, L. (2000, original 1945) *Prospero’s cell*, London: Faber & Faber.
3. Cornah, D. (2006) *The impact of spirituality on mental health: A review of the literature*, London: Mental Health Foundation.
4. Coyte, M.E., Gilbert, P. and Nicholls, V. (2007, forthcoming) *Spirituality, Values and Mental Health: Jewels for the journey*, London: Jessica Kingsley.
5. Nicholls, V. (ed.) (2002) *Taken seriously: the Somerset Spirituality Project*, London: Mental Health Foundation.
6. Gilbert, P. (2007) ‘Spirituality and mental health: Practical proposals for action’ in Cox, J., Campbell, A. and Fulford, K. W. M. *Medicine of the person: Faith, science and values in healthcare provision*, London: Jessica Kingsley.
7. SPN (2006) *Reaching the spirit: Social perspectives network study day paper 9*, London: SPN.
8. Swinton, J. and Pattison, S. (2001) ‘Come all ye faithful’, *Health Service Journal* 111(5786): 24–5.