EPILOGUE

FLICKERING CANDLES OF HOPE: SPIRITUALITY, MENTAL HEALTH, AND THE SEARCH FOR MEANING
Some Personal Perspectives

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ABSTRACT

People experiencing mental distress often feel let down by faith communities, and find the world of conflicting world views puzzling and unhelpful as they struggle to find meaning, purpose, and acceptance in their own painful journey. This epilogue arises from a recent conference held at Staffordshire University (UK) where representatives from the nine faiths recognized by the Department of Health (UK), together with humanist and service user/survivor perspectives, explored their understanding and approach to mental illness and distress. The wider context of this conference is explored before outlining some of the themes to emerge from the dialogue.

Key Words: hope, meaning, mental health, religion, spirituality

Within some faith communities, the concept of an epilogue sits very comfortably within their experience; it offers an concluding set of thoughts to send people on their way with perhaps a new vision, or at very least a few wise thoughts to take away, upon which it would be useful for people to ponder.

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The epilogue to this special issue on spirituality has something of this "feel" to it, although we cannot guarantee wisdom or profound insight. It does arise from a very specific event, however, and has been informed by a remarkable gathering of people.

In November 2006, at Staffordshire University, UK, as part of the work of its Centre for Health and Spirituality, a conference entitled "Nurturing Heart and Spirit" was held on the theme of mental health and mental well-being, and the contribution that different world views can make toward our understanding of, and response to, mental illness and distress. The nine major faiths recognized by the Department of Health (UK)—Baha'i; Buddhism; Christianity; Hinduism; Islam; Jainism; Judaism; Sikhism; and Zoroastrianism—all accepted invitations to send representatives to this conference, as did the British Humanist Society and several people in recovery from episodes of mental distress. This was the first ever conference in the United Kingdom (perhaps even world-wide) to have such a comprehensive group of the faiths. The aim of the conference was for everyone to listen to each other, and to hear how each world view would understand mental illness and respond to it. A case study approach was used to supplement some opening theological and world view statements.

That the event took place at all was hailed by some to be nothing short of a "miracle": the discussions that it facilitated left everyone wanting more. It is from these discussions, and our personal reflections, that this epilogue has emerged.

It is a feature of many, if not all faith communities, and various other world views that do not have a religious dimension to them, that they exude a degree of confidence. Their way of looking at the world, and the way it provides a context of meaning and purpose, feels to them at least to be a beacon of light for the enlightenment of others, whether or not they undertake any vigorous proselytizing activity to promulgate their views.

For people going through the distress, pain, confusion, uncertainty, and fragmentation of mental distress, however, such external certainties may not always be signs of hope. Admittedly for some, their belonging to a faith community and the love and support this provides, is a key feature in their recovery, which many helping professionals, unfortunately, have often undervalued or even ignored. For others, however, the (at times) conflicting world views that seem to be jostling for their attention and commitment are baffling. For some people, organized religion can be an enabling and supportive "framework" for life, for others it can be a "straightjacket." Certainty seems impossible; the landscape is forever changing; and the pain of their illness, crisis and loss blurs their vision. Their search for hope and acceptance, meaning and recovery, means that more often than not they peer into the gloom hoping against hope to catch a glimpse of some flickering candles of hope—some glimmer that will kindle hope, and the warmth of being accepted for who they are, as they are.

This, in a nutshell, was the challenge that the Staffordshire University conference posed: how can various world views provide some candles of hope to

people who may not be able to appreciate the full complexity of these world views, and certainly could not bear any exposure to the full glare of confident proselytizing. But a flickering candle of hope at the end of dark tunnel may still be more powerful than people realize, and the challenge to the world views represented at the conference was to ensure that winds of doctrinal certainties did not extinguish fragile beacons of hope.

THE WIDER CONTEXT

All of the world views represented at the conference were seeking to make their journeys against a backcloth of vigorous debate about what world views can be held with integrity in the early 21st century. An illustration of this wider context and debate may be seen in the November issue of the journal *New Scientist,* to celebrate its 50th anniversary. Here, a group of scientists predicted that, within the next 50 years, we will be able to regenerate lost organs and lost limbs; find the evidence of dark energy; prevent ageing; communicate with animals; understand "the Big Bang"; and create a unified "theory of everything" (Smith, 2006). Although, as one of the scientists cited in this article managed to crash his Mars probe into the side of the planet, perhaps we should not expect every question within the universe to be sorted out within he next 50 years!

Science and religion have often appeared in opposing camps, but human beings are on a constant search for meaning in life, and wish to bring together the insights of knowledge and wisdom to make sense of their world. As the psychologist Jonathan Haidt (2006) puts it, seeking to combine the insights of ancient wisdom, philosophy and scientific research:

> . . . the insights of ancient religions and of modern science are both needed to reach a full understanding of human nature and the conditions of human satisfaction.

And again:

> the Eastern and Western approaches to life are also said to be opposed. The East stresses acceptance and collectivism; the West encourages striving and individualism. But, as we have seen, both perspectives are invaluable. Happiness requires changing yourself and changing your world (Haidt, 2006, pp. 241-242).

Human beings have always sought for answers to existential questions (see Coyte, Gilbert, & Nicholls, 2007, Chapter 1), and the 21st century appears to have raised a renewal of the "where do we come from?" and "why are we here?" conundrums. The success of evolutionary theory has not stopped the search for new questions and new answers: human beings appear to have a restless urge to keep pushing at the envelope of knowledge.

But just as science has become less frightened of embracing the poetic, so religious faith and its attempts to answer questions of life, living, and death—what one might call "before the cradle and beyond the grave"—is making a comeback. This is much to the annoyance of Richard Dawkins (Dawkins, 2006) who frames his increasingly tetchy question: "How *can* you people still believe this God stuff?"! Biologists and physicists often appear to be at opposite ends of a continuum. Biologists see evolutionary theory as proven and consistent; physicists, stepping back further in the chain of life are asking a series of "why? questions," e.g., what happened before the "Big Bang"? What is dark matter, especially as it makes up so much of the universe?

In Paul Davies' recent and very accessible publication, *The Goldilocks Enigma* (Davies, 2006), the crucial question is posed: how come the universe works as it does when its very mathematical existence is an improbability. As Douglas Adams in *The Hitchhiker's Guide to the Galaxy* (Adams, 1986) might have put it: "The whole universe is on an improbability drive!"

These are some of the imponderable issues, questions and "existential angst" that can underpin the uncertainty felt by many people, and may be magnified, especially when experiencing mental distress. The need for flickering candles of hope, therefore, becomes ever more urgent.

HAPPINESS—THE GREATEST GIFT?

The much-loved UK comedians Eric Morecambe and Ernie Wise used to end their shows with a song beginning: "Happiness, happiness, the greatest gift that we possess." As human beings we appear to be programmed to seek happiness of various kinds. As Jonathan Haidt (2006) points out, however, the basic evolutionary urge towards a materialistic pursuit of pleasure often leads to no more than momentary satisfaction. A number of commentators have pointed out that:

> . . . as the level of wealth has doubled or tripled in the last 50 years in many industrialized nations, the levels of happiness and satisfaction with life that people report have not changed, and depression has actually become more common (Haidt, 2006, p. 89; see also Diener & Oishi, 2000; Hutchinson, Mellor, & Olsen, 2002; Layard, 2005).

Many of the characteristics of modern life have seen human beings, who are basically social animals, becoming victims of what Daniel Goleman calls "creeping disconnection" (Goleman, 2006). David Putnam (2000) describes the phenomenon whereby American workmates used to go tenpin bowling as a group many years ago, and now go "bowling alone"!

The issue of identity is clearly of central importance here for all of us, and especially for people experiencing mental distress and a sense of disconnection. One of the most moving and beautifully written journals of identity is that by

the Polish Jewess émigrée to North America, Eva Hoffman (1989), in her book *Lost in Translation.* Hoffman journeys with her family in adolescence from a Poland that they can no longer live in as Jews, to an open welcome in North America. But the family finds the welcome warm but somehow vacuous. She misses the solidarity and community of a more communitarian country, despite its periodic oppressions. Polish friends of Eva ask why Americans go to psychiatrists all the time.

> Well . . . I say, it's hard to explain. It's a problem of identity. Many of my American friends feel that they don't have enough of it. They often feel worthless, or they don't know how they feel. Identity is the number one national problem here (pp. 262-263).

Bauman (2004), in his text on identity, challengingly suggests that we are haunted by the spectre of exclusion, and that the obvious temptation is to be attracted to a "fundamentalist" message, either secular, humanist, or religious, and its promise of being born again into a home which is secure (Bauman, 2004, p. 97).

These observations provide important contextual signposts that help to counter-act the view that sees mental illness and mental distress as being the fault or weakness of the individual concerned. This pathologizing tendency neglects the impact of wider forces and influences upon individual health, identity, and well-being, and also fails to take into account the effect of the removal of previous fixed points in people's lives, such as shared values and mutual respect. When such flickering candles of hope are snuffed out in people's lives, then the risks to mental, emotional, and spiritual well-being are exacerbated.

These, then, were some of the key issues that formed the backcloth to the conference at Staffordshire University. It is important to draw attention to them, not least as a counter-balance to the individualism that pathologizes mental distress and does not take account of the impact of wider forces and influences that affect individual well-being.

This backcloth is also part of the challenge to religious faith communities and proponents of other world views, who also need to ensure that their world views or theologies are comprehensive enough to take into account these wider perspectives. To promulgate a view that blames the individual for his or her mental ill-health, for example, and does not attempt to understand the wider context, will be to send a cold chilling blast of air towards the flickering candle of hope that may not be able to withstand its power.

These concerns have underpinned the work in the United Kingdom of the National Institute for Mental Health in England and its important work on Spirituality during recent years. These projects have themselves lit many candles of hope, and formed some of the crucial preparatory work for the conference, without which there would not have been the level of trust necessary for everyone to agree to meet together.

THE NIMHE PROJECT AND WORK WITH
FAITH COMMUNITIES

The National Institute for Mental Health in England was set up during 2001/2002 by Professor Antony Sheehan, who then was the senior English civil servant with responsibility for Mental Health, and is now the Director General of Care Services at the Department of Health. The Institute was officially launched in June 2002, and has some similarities with the National Institute in the United States, although with a strong developmental arm allied to a research network. Part of the concept of NIMHE is to assist local communities and organizations improve mental health, not just treat mental illness. That is why Professor Sheehan's vision meant an alignment to, and a partnership with, local governance (see www.nimhe.org.uk). The Institute has a range of programs on a continuum from social awareness to treatment, and covers areas such as: stigma, social inclusion, experts by experience (service users/patients) values, spirituality, acute care, suicide prevention, race equality, workforce, and recovery.

Unlike many public sector projects, NIMHE was conceived with a great deal of care and the building of relationships. In fact, Professor Sheehan has described NIMHE as "a relationship organization." With issues of ethnicity being high profile in the United Kingdom since the marked tensions in London and northern cities such as Bradford and Oldham, work with Black and Minority Ethnic communities has been a major program, with Professor Kamlesh Patel, subsequently Chair of the Mental Health Act Commission, pushing through major reforms.

It was during a discussion of the effect of 9/11 on Muslim communities in England and Wales that Professor Sheehan decided that there needed to be a specific project to focus on working with faith communities, as well as considering individual, and possibly secular and humanistic spirituality. He asked Peter Gilbert, then the NIMHE lead on Social Care (subsequently with Professor Nick Gould at Bath University, one of the two NIMHE/SCIE Fellows for Social Care) to lead on this Project.

The NIMHE Spirituality and Mental Health Project focuses on two main issues:

- Spirituality as an expression of an individual's essential humanity, and the wellsprings of how she/he lives their life and deals with the crises that can leave us drowning rather than waving. It is, therefore, an essential element in assessment, support, and recovery for users and carers in a whole person approach. It is also vital in work with staff in the creation of person-centered organizations. If staff do not have their inner needs and motivations attended to, then how can we expect them to work positively with service users and carers?
- The establishment of positive relations with the major organized religions and faith-based organizations at a time when an harmonious construct between statutory agencies and faith communities is essential. This is also at a juncture

when research studies are indicating the benefits to physical and mental health and longevity for those who are members of inclusive and supportive faith communities (see Swinton, 2001).

Many people who use services say that there is little or no attention to their spiritual needs. If spirituality is about "the essence of human beings as unique individuals":

What makes me, me and you, you?

the power, energy and hopefulness in a person . . .
life at its best, growth and creativity, freedom and love . . .
what is deepest in us—what gives us direction, motivation . . .
what enables a person to survive bad times, to be strong,
to overcome difficulties, to become themselves
(Bradford, 2001, quoted in Gilbert & Watts, 2006, p. 23)

Then, clearly, this is an important imperative that demands to be take seriously.

Of course, people want and need a technically competent service, but they also want something more. Stephen G. Wright, theologian and trained nurse, puts it thus:

If I pop an artery today, I would like to think that the nurses and doctors at the Cumberland Infirmary are clued-up about the substances it's safe to pump into my body, with knowledge based on sound research. But the illness experience is not resolved solely through science; much of being human is, essentially, unscientific, deeply personal and very subjective (Wright, 2005, p. 4).

It was immediately evident that, although work on spiritual care was under-developed in the United Kingdom as opposed to North America and Australasia, a number of practitioners and researchers had been working on this for some time. These included Andrew Powell and Larry Culliford from the Royal College of Psychiatrists, Professor John Swinton from Aberdeen University, Linda Ross and Wilf McSherry from nurse education, and Julia Head from the Maudesley and the chaplaincy field. It was only in 2001 that Professor Swinton published his seminal work *Spirituality in Mental Health Care: Re-Discovering a Forgotten Dimension.* It was also noticeable that the Royal College of Psychiatrists, under the leadership of Dr. Andrew Powell and, subsequently, Dr. Sarah Eagger, were publishing works which were beginning to change the field (see www.rcpsych.ac.uk/college/sig/spirit). Social Work in the United Kingdom has been surprisingly tardy for an holistic profession, but Professors Moss (2005) and Holloway (2005) have now taken up the baton from some earlier and less publicized work in Social Work education.

Once NIMHE started to say it was interested in spirituality as an issue, huge numbers of people using services, survivors, carers and professionals, together with faith communities, wished to engage. In November 2003, NIMHE ran its

first national conference, "Breath of Life," which attracted huge attention, and published its project handbook, *Inspiring Hope* (Gilbert & Nicholls, 2003).

It was evident that in terms of mental health and faith, service users often felt that they had to disguise their religious faith or secular spirituality, because otherwise this would be seen as a manifestation of their mental illness. Sue Holt, in her *Poems of Survival* (Holt, 2003), describes the issue graphically:

> I masked my emotions,
> Otherwise they would keep me in,
> I have to behave myself today,
> No talking of God.
> > (from *Year 2000 on a Section 3,* our emphasis)

In terms of faith communities, many people spoke of a distancing, disempowerment, and denial from the communities they belonged to, or wished to join. A misunderstanding about mental illness within a number of faith communities meant that people experiencing mental ill-health were offered exorcism, rather than sacrament.

The Project has a number of dimensions (see Gilbert & Nicholls, 2003). One of its strongest links is its relationship with the National Spirituality and Mental Health Forum, founded by Lynn Friedli when she was at the mental health promotion charity, Mentality, and carried forward latterly by Martin Aaron of the Jewish Association for Mental Illness.

The conference at Staffordshire University on November 1, 2006, grew out of all this work. Representatives of the nine major faiths as liaised with by Government: (Baha'i, Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Sikhism, Zoroastrianism) together with a Humanist perspective, linked to a strong service user/survivor voice all met together in an immensely respectful and enlightening exploration of issues around faith and mental health. Most of the proponents were nominated by their national organizations, and it took considerable courage for people to place themselves "on the line," because the format invited a group of exponents of belief systems to speak to some pre-circulated case studies. (The conference will be written up in a university monograph badged by the organizers: Staffordshire University, NIMHE and the National Forum, and published as a university monograph (Gilbert & Kalaga, 2007, forthcoming).

REFLECTIONS FROM THE CONFERENCE

Flickering Candles—A Recoverer's Perspective

Important though it always is to ensure that user perspectives are center-stage to such events, there are some important caveats. Mental distress is an umbrella term, and it can impact upon individuals in different ways. For some it may bring a clearer insight into their world and their lives; for others, the fragmentation may bring a cloak of numbness that diminishes their perception and creative

energies. For some, their chosen world view (Moss, 2005) is both enhanced and strengthened, and is a major factor in their recovery; for others, an early casualty is a previously cherished world view that suddenly seems unable to contain, let alone explain their distress. To attempt, therefore, to offer a user perspective is impossible; there are as many views as there are people to hold them.

Nevertheless, such conferences as were held at Staffordshire University risk losing touch with the experiences of those going through mental distress if the user and survivor perspective is not clearly articulated. On this occasion it fell to Mary Ellen Coyte (Coyte 2007) to explore what service users need especially from faith communities.

Coyte's analysis was both stark and profound:

> What service users want and need from faith communities is one of those things which is simple to say and seemingly very difficult to do. It could be summed up with the words, "They want to be loved." . . . Most people in mental distress have been brought face to face with an existential crisis and are looking for something which helps them make sense of their situation.

She went on to itemize responses that help and hinder. Again, these are familiar but nonetheless powerful:

> acceptance without judgment; the genuine response of another human being, without the "carer" attitude; company; safety; honesty and kindness. By contrast, unhelpful responses include, judgmental responses, as in casting out of demons; the "poor thing—let's save his/her soul"; curing us; people who only hear their own dogma, and are not able to value or hear the belief or the life experiences that are a central part of our self image.

In developing the last point, she observed that sometimes faith communities fail people with mental distress:

> due to oversimplification, sometimes adding to the confusion by acknowledging that although "the ways of God/the Other are mysterious," in your case you are bad in some way/have been overwhelmed by evil.

Coyte argued that some helpful approaches of understanding and practice are based on a secular spirituality that can also be applied to faith contexts. Two such approaches deserve to be highlighted here. Coyte suggested that the concept of Breakdown to Breakthrough,

> allows us to see mental distress as a difficult but ultimately positive experience as, if we are supported to move through it in an appropriate way we will become fuller, more whole people. If we include an explicit spirituality or religion in this model, the Breakdown can also be seen as an opportunity or invitation, in some ways an invitation to be given by God, to increase our spiritual understanding and experience.

This approach suggests that, for some people at least, mental distress removes some of the protective defensive layers and masks we all put in place in our

dealings with other people and the mysteries of living in an uncertain universe, and can help us see things more clearly. The permeable boundaries between mysticism and "madness" somehow need to be located and explored, but this represents a clear challenge for some faith communities.

Coyte also highlighted to relevance of the Recovery approach which she described as a "mainly grass roots initiative" as opposed to a professional intervention. This approach is about

> allowing someone with mental distress to have or take back control. It is not the same as cure. It involves things which I would call spiritual support such as hope; opportunity—allowing the quest for meaning and value; spirituality . . .; coping with loss and good relationships. It spells out that it is hard to sustain hope if everyone around you, family, friends, professionals, think you will never among to anything much.

The message was clear: it is service users, survivors, people in recovery, who must be allowed to set the agenda. They are the people who are seeing the flickering candles of hope, or are at least peering into the maelstrom of conflicting ideologies to catch a glimpse of a candle flame. The searing searchlights of ideological and theological certainties that cause them to shrink back and even to shrivel in their glare, are often shunned. By contrast, a flickering candle of "spiritual support" feels welcoming, supportive and somehow on their wavelength.

THE CHALLENGES TO VARIOUS WORLD VIEWS—
WRESTLING WITH QUESTIONS

The nine faiths represented at the conference, together with representatives of a humanist perspective, explored this agenda from a range of viewpoints. They included medical practitioners, theologians, and (as one person put it) "just an ordinary Sikh." Two strands emerged through the conference. First, each faith or world view was invited to locate the phenomenon of mental illness and mental distress within their particular "belief system," theology, ideology, or world view. Second, through the medium of case studies, each representative was invited to comment on a particular scenario both from a "theoretical" perspective and also from a "human" point of view in how they would hope to relate to someone in mental distress, and how their own "location" would enable them to respond appropriately.

It soon became clear that the caveat sounded about the variety of responses to mental distress by people actually experiencing these difficulties was going to be mirrored in the range of responses from faith communities and others at the conference. To attempt to offer a Christian, Buddhist, Jewish, or Hindu definition or response, for example, would fly in the face of the complexities and multi-layered nature of these faiths/world views. The contrast between what is often called the "fundamentalist" and "liberal" wings of various faith communities, for instance, was significant at both the theoretical and personal levels,

as the contrasting attitudes to demon possession vividly illustrated. Nevertheless, the contributions clearly highlighted the tensions that can exist between the "official" world view and an individual's experience. Mental distress poses similar challenges "institutionally" as well as at an individual level. Faith leaders, theologians, and official representatives of various world views/faiths have to grapple with these tensions. Are their theoretical frameworks strong enough to incorporate the phenomenon of mental distress in all its complexities and at times disabling power? If they are, how do they help and support people going through such experiences both to understand the framework and to use it in the process of recovery? And how do they respond when the other person simply cannot make those links?

These are very real issues at the human level, including their impact on treatment and support paradigms. If, for example, one world view states categorically that everything must, and can only happen by the direct will of a Supreme Being, then the person experiencing mental distress will need to wrestle with the implications of this belief. Does this mean, for example, that the illness and distress are the direct will and purpose of the Supreme Being for that person? If so, is there any way of understanding this, making sense of it, incorporating it into the individual's world view, or is it a matter of accepting what ultimately must remain a mystery?

If, by contrast, mental distress is seen to be an aberration—a falling short of the ideal of good health which a Supreme Being has created—then how is this to be understood? Is any purpose served by "naming and blaming" the individual?

Alternative perspectives may, by contrast, see illness and suffering at a range of different levels, as the leitmotif of all human existence. Therefore we should not be surprised when we experience this, but rather accept that on life's journey nothing will be straightforward, but may be seen as invitations to reflect on what it means really to be human.

Alongside these contrasting world views there also emerged a shared commitment to the values and approaches outlined by Coyte from a user/survivor perspective outlined above. Everyone at the conference accepted that the "system" should serve the individual, not the other way round. Secular and faith communities needed to recognize the importance of what Coyte was outlining, and to find ways of counteracting the deep sense of shame that often permeates the thinking and feelings of people in mental distress.

CONCLUSION

There was a sense at the end of this conference that this was a journey that had just begun, and that continuing dialogue and co-journeying was essential if the needs of people in mental distress were to be listened to, supported, and cared for appropriately. Perhaps the biggest challenge was to ensure that during times of mental difficulty and disempowerment, individuals were still fully and

wonderfully accepted and made to feel they belong and have a contribution to make, simply by being who they are, rather than being relegated to the substitutes' bench for an indeterminate period until they regain their capacity to be "useful."

If this can be achieved, then a powerful reversal of images would begin to take place. People who experience mental distress do indeed look for flickering candles of hope to sustain them in their journey to recovery. There will also be times when others need to hold their candle for them when they have temporarily lost the resilience and capacity to grasp it for themselves. At such moments, the big battalions need to be very careful how they direct their powerful ideological spotlights. But they, in their turn, also need hope. Maybe it is the very people going through the uncertainties of emotional turmoil, who feel vulnerable and on the "outside," who can become the flickering candles of hope for the over-confident who think they have got things sorted, but who in truth may be just as much in need as everyone else.

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