

REFLECTION ON MENTAL HEALTH CHAPLAINCY

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Abstract: This article reflects briefly on 6 years of mental health chaplaincy work. It stresses the common humanity, with its needs and vulnerabilities, of chaplain and patients, and the need for openness in relationships. Worship in the hospital, and its relationship with the realities of life is considered. The article ends with a reminder of the dependence of us all on the incarnate God.

Key words: humanity, openness, togetherness, incarnate

In December 1998, I left my work as Mental Health Chaplain with the Community Health Sheffield NHS Trust, to come to Aberdeen for a year's research opportunity. I am working towards a Master of Theology degree at Aberdeen University, looking at the significance of the chaplain's spirituality in mental health care. This article is a brief reflection on my experience as Mental Health Chaplain, and on the relationship between my own belief in God and the practice of mental health chaplaincy.

During my time in Sheffield, I was privileged to be able to join with a group of junior psychiatrists, not only for their now-compulsory training in psychotherapy, but also for a year of practical and reflective training which - while of great benefit to all of us - was to assist the consultant psychotherapist in his research study. I learnt so much from these courses that was good: theories of how people relate to one another, and the developmental and environmental causes of relational difficulties; the observations of a Nigerian doctor on western psychotherapy; the weekly relating of theory to practice, as we took turns in presenting case studies, and reflected together on what was happening within the therapeutic relationship. Difficult to accept, however, was the recurring emphasis on the need to keep *distance* from the patient, on the disadvantages of seeing the therapeutic relationship as one of *shared* experience and learning.

While it is not my place to challenge psychotherapeutic technique when it is used in psychotherapy, I *do* want to disagree with it most strongly when it is brought into chaplaincy work.

This is for two main reasons.

1. God does not stand off from us, as the 'expert in human life' who hands out 'his' wisdom and guidance to us when we come to 'him' pleading for help. Rather, God comes to us in the incarnate Jesus, who identifies with us in our human predicament, and teaches us, *out of his own experience*, both how to discover and develop our full humanity, and the truth that, however desperate we may feel - 'my God, my God, why have you forsaken me?' (Psalm 22.1; Matthew 27.46; Mark 15.34) - our God *is* with us, and we can depend on him.
2. We are all human beings, and there is no clear dividing line between sick and well, or patients and staff. We all have our weaknesses and vulnerabilities, just as we all have our strengths and our insights. Chaplains who feel that they cannot learn from patients about life, or, from their insights, about our relationship with God, are not, I believe, facing up to their own vulnerability as human beings; and are, thus, not worthy of the responsibility of being alongside others in their moments of vulnerability and of need.

It is in talking, and listening, and sharing together about our life - as individuals, as families, as communities - that growth and healing become possible. Patients so often feel that what is possible for staff (those to whom they attribute no problems, no difficult feelings, no broken relationships, no doubts about the goodness of God!) is not possible for them. When we collude with this view, by holding ourselves distant, or denying our own doubts and

anxieties, we are trapping patients in the 'slavery' of non-fulfilment of hopes and dreams. We are encouraging them to feel that fullness of life cannot be theirs, rather than helping them to see our common humanity, and the potential and possibilities - as well as the difficulties - that are there for us all. This is not a denial of the problems facing patients, but rather a realistic acceptance of them; while at the same time offering to patients the hope of change and growth.

As believers in the God of hope; as those committed to 'thy kingdom come, thy will be done, *on earth* as it is in heaven'; as chaplains working with those who are mentally ill; we need, in our thoughts and prayers, our words and our actions, in our silences when together we are numbed and confounded by the horrors of experience: we need to offer ourselves as companions, and declare our hope and trust that the incarnate Jesus is with us all, in our vulnerable humanity.

One of the most exciting aspects of my work in Sheffield was attempting to bring together, in meaningful and helpful ways, the past and present difficulties and the anxieties for the future of patients with my theology of the presence of God as hope for the here and now and for the future.

Working within a church setting, this had taken the form of looking at a 'cycle of worship' including work, and day-to-day feelings, and how these related to aspects of Sunday worship, such as adoration, confession or intercession. When working with people who are experiencing life at its extremes of despair or exhilaration, or finding it impossible to believe in their own goodness or potential, this relating of worship to Christian lifestyle takes on a very different character, especially as almost all patients (with the exception of most of those on wards for the elderly) had either no experience of church worship, or, sadly, had met with rejection or hostility when they had approached the church with their needs.

Sundays in the Prayer Room were always stimulating for me, and I know that it was me who gained most from the experience of our times together, for my theological reflections were challenged and re-challenged by the questions, comments and insights of the patients who came. Rarely did anyone accept what they understood to be the tradition of the

church without sharing something of their own experience to counterbalance its taken-for-grantedness by people who have grown up in the faith.

Sensitivity and an awareness of a sense of peace, or presence, seemed to be perceived by all; and even the most noisy and aggressive accepted the gentle reprimands of other patients present. I remember the thoughtfulness and sensitivity of one patient, anxious that a Muslim patient might later be upset that he had come to a church service, who suggested that 'seeing it's near Christmas, perhaps we'd better sing "jingle bells" as well as one about Jesus.' And the man who so patiently explained to the young woman who sat in the service watching a single magpie from the Prayer Room window, that she need not be anxious that she would now have bad luck, for we had been praying to Jesus, whose gift was real hope, rather than random luck.

My fear had been that my faith would not be able to stand the test of my own despair and helplessness in the face of extreme distress, attempted suicides, sense of hopelessness, and rejection of even the possibility of their being a God. In worship with patients, however, I discovered the strength within vulnerability and the celebration of life within doubt. It was *together* that we found hope. I could not *give* hope: though I could, as the hymn 'Brother, sister, let me serve you' (Common Ground no. 16) puts it so well:

'I will hold the Christ-light for you
in the night-time of your fear',
offer to hold onto hope for a patient during
their time of extreme distress.

Such offering, however, is never wholly one-sided. For a while, maybe, while someone is in the greatest need; but it is in our togetherness that we receive from God. The one for whom I had 'held the Christ-light' later that year volunteered to decorate the Prayer Room for harvest, as she wanted - despite her continuing depression - to give thanks to God for her life.

For me, my years as Mental Health Chaplain have been the most rewarding and satisfying, as well as the most demanding, of my working life so far. My trust in the presence of God has been questioned and challenged - and renewed - thanks to the inner resources 'he' gives to those who need 'him' most,

and to the generosity of patients in sharing their insights with one another and with me.

Most importantly - and vitally, I believe, for those who work with people experiencing mental illness - I have learnt, not how to be professional (though I hope I have developed some skills) but, rather, how to be *me*. In order to show us how to live, our God became human, fully human; became as we are. It is when we are truly ourselves that God can best work within us, for it is when we are most truly ourselves that we are open to him and to others. And it is in our openness, too, that we are most help *to* those in need, as they sense the common bond of humanity, and respond by opening up themselves and their needs for our help and support.

As professional chaplain - following guidelines and obeying laid-down recommendations, I can only be of limited help. But, as *myself*, as I ask for God's help, and rely on 'him' to sustain me, I offer myself - in all my jumble of confused humanity - to the patients who need someone to enter into their confusion. It is in this togetherness of humanity in need, looking for guidance, and discovering - in the caring of other people, as well as in the quiet presence of God - just how rich and meaningful life can be, that I believe the purpose and value of the Mental Health Chaplain is to be found.

Lorna Rattray served as a Mental Health chaplain in Sheffield, before taking up study for an M.Th in Practical Theology.