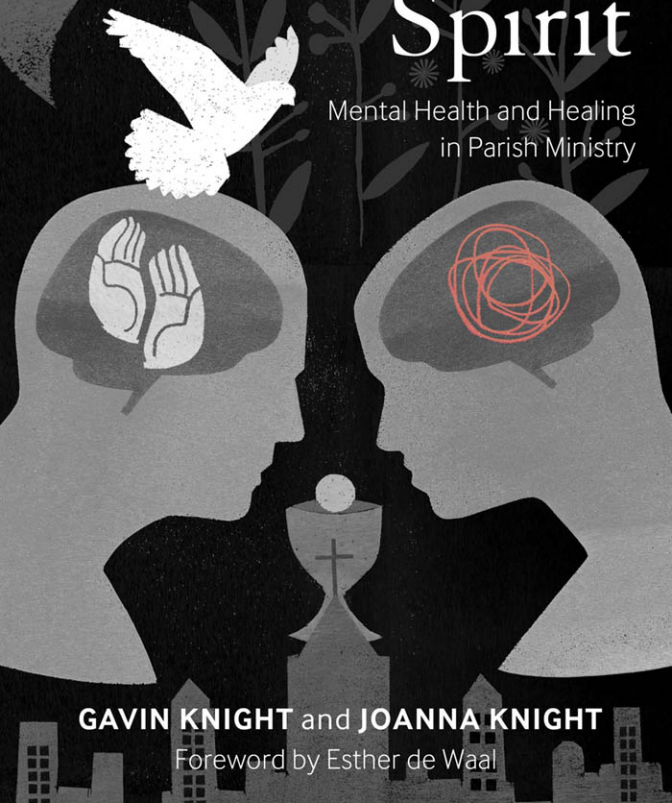


# *Disturbed* by Mind & Spirit

Mental Health and Healing  
in Parish Ministry



**GAVIN KNIGHT and JOANNA KNIGHT**

Foreword by Esther de Waal

*Disturbed by Mind and Spirit*

*For the people of St Andrew's, Fulham Fields*

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Joanna Knight*



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# Foreword

It might seem a far cry from a small and peaceful market town in the Welsh Borders to the London parish which is the scene for the painful drama which lies at the heart of this book. And yet perhaps there is something appropriate in finding that its authors wrote this book out of that setting. For a borderland brings together different things and makes of them something new, and that is exactly what Gavin and Jo are doing here. It is a courageous undertaking, for it has asked of them a willingness to be vulnerable and open, to face up honestly to something which can so easily be denied or hidden or buried. Here we have a priest and a psychologist speaking to us of something which is at once totally specific in an immediate situation, yet at the same time carries a much wider significance. This book comes out of real life, and real love, for it centres on the Eucharist. The connection of liturgy and healing lies at its heart. Theological understanding and psychology become tools working together. The structure of the book means that they are tools placed in the hands of the reader. Here is material that can be used in a variety of different ways. While it can be simply read for its intrinsic interest, it can also be read in order to be studied, and discussed.

What gives this book its particular value is that it is tough and real, and, as a result, searching. This is not some remote, academic, theoretical discussion. It is the work of a husband and wife – an ordained priest and a clinical psychologist – and it comes out of their shared, lived-out and hard-won experience. So we are not allowed to be beguiled by what they have to tell us and then to forget it. We are faced by the question, ‘What next? Where do I come in?’ It does not matter if the reader is a so-called church official, churchwarden, parish priest, or simply a lay



member of the congregation – there are practical implications here about the handling of those stories which, when they are brought out into the light, can tell us so much and deepen our understanding of the way God works through the liturgy to offer healing to a broken world.

*Esther de Waal*  
*Christmas Eve, 2008*

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## Authors' notes

With the exception of St Andrew's, Fulham Fields, and its former incumbent David Paget, all names and identifying information have been changed to protect individuals' identity. In addition, all pastoral and clinical illustrations are representative amalgamations, and do not relate to any one individual in particular.

For ease of reading, 'priest' has been referred to in the masculine pronoun throughout. This in no way reflects the authors' theology – all references are understood to include both men and women.

*There is a place within each of our sacred selves that very few would willingly visit, and yet this place is probably more frequented than any other we know. It is a fragile place, fused with the mind and the spirit. It has many terrains, many voices and many magnitudes. So well hidden is this place that, when we find ourselves on its threshold, we turn our gaze from its path and, deep within our unconscious self, a voice is spoken: I am not here, I have not visited this place, tell no one. And so in that moment of buried recognition, we re-frame what we have encountered and seek to sanitize what we have known.*

*Or do we? Perhaps instead we open the door and risk entering a place from which we might never return; from a place that is so riddled with stigma and myth that, steeped in our society though it is, it only forms the subject of discourse in specialist circles or with a trusted few. It is a sensitive place and it must not be spoken of too loudly. Its limits are poorly defined and its nature unpredictable. Unique to each and every one of us, this place is, we suggest, the landscape of our mental health.*

JDK

# Introduction

Everyone has mental health needs, whether or not they have a mental health diagnosis.

(*Promoting Mental Health:  
A Resource for Spiritual and Pastoral Care*, 2004)

## Defining mental health

Today's media are constantly reminding us of our fragile mental health. One by one, it seems, different social groupings fall under the spotlight as individuals publicly articulate their own experiences of mental health problems or, in some cases, have them articulated for them. No one apparently is exempt: our children, our parents, celebrities, sportsmen and women, politicians, clergy . . . the list is growing, varied and, above all, inclusive.

In recent years the Church of England has also started to voice a growing awareness of mental health. In 2004, the Church of England Archbishops' Council published a lengthy document entitled *Promoting Mental Health: A Resource for Spiritual and Pastoral Care*.<sup>1</sup> It describes mental health as a continuum 'with people positioned at various points along that line at different points in their life' (p. 29). *Promoting Mental Health* recognizes, therefore, that the prevalence of mental health problems is high: an estimated one in six adults experiences mental health problems at any one time, and one in four adults is likely to experience mental health difficulties in different degrees during the course of one year.

Mental health can be defined as follows:

Mental health concerns everyone, and is more than the absence of mental problems. It underpins our health and well-being and influences how we think and feel about ourselves and other people, how we interpret events, and our capacity to learn, communicate and form and sustain relationships. Mental health affects our ability to cope with and manage change, transition and life events such as the birth of a child, redundancy, retirement or bereavement. (*Promoting Mental Health*, 2004, p. 29)

The term ‘mental health’ encapsulates, therefore, a broad spectrum of psychological difficulties and an all-inclusive spectrum of people. Despite this, the concept of mental health carries with it the potential for misconception, a fear of labelling and stigma. As soon as the term is misunderstood or used idly in any way, the potential for stigma or false assumptions is increased. This is not an excuse for avoiding the terms altogether, but it does highlight the need for mental health to be understood in a broader social context.

### **Mental health needs in a parish context**

To date there is very little literature on the subject of mental health in a parish context. Nonetheless the topic does seem to be finding its way into the vocabulary of parish ministry. *Psychology for Christian Ministry* (Watts, Nye and Savage, 2002), a seminal text, offers a detailed psychological perspective on a wide range of issues in the Church, including two chapters on emotional problems and pastoral counselling; and, more recently, Marion Carson’s book, *The Pastoral Care of People with Mental Health Problems* (2008) provides a useful account of a range of mental health difficulties, incorporating suggestions about how ministers might respond to these in pastoral situations.

These books mark the exception, not the rule. And yet, despite the paucity of literature, as a clinical psychologist married to an Anglican priest I have been privy at a personal level to parish priests’ increased awareness of mental health issues. The challenge remains how to translate this increased awareness into practice. This need for greater theory–practice links is critical, hence our desire to respond to the times and move a mental health agenda more firmly onto the Anglican map.

For several years Gavin and I have been struck by the enormous pressure that clergy can experience through their call to pastor all people. By virtue of a priest's diverse role, he will inevitably come into contact with a diverse flock, including people with varying degrees of mental instability. The pressure that this can entail was brought into sharp focus when we moved to the West London parish of St Andrew's, Fulham Fields, not least because we were both living and working in the same locality. The differences in the pattern of our days were pronounced. While both working in the so-called 'caring professions', my work as a clinical psychologist was, if you like, 'incognito'. I went to work, I saw clients at work within a given time-frame, I even worked under a separate name and, when I came home, by and large I was able to leave the day's stresses behind. In professional-speak, my boundaries were relatively clear.

For Gavin, by contrast, the boundaries were more tenuous. Pressures often came over the threshold and could be hard to predict. Parish priests have no neat referral system explaining to them the presenting difficulties in advance. In a parish setting, people in need frequently turn up unannounced. While this highlights the wonder as well as the strain of parish ministry, it also reinforces the pressing need to address a significant gap in a priest's training: that is, to raise the awareness and understanding of mental health in a priest's ministry.

This 'gap' has been articulated in the last decade by leaders of Christianity, Islam and Judaism. The aim of 'The Religion and Severe Mental Illness Conference' in April 1999 was 'to raise awareness of the issue of mental illness as the proper concern of religious leaders and those involved in or associated with religion'.<sup>2</sup> At this conference, Chief Rabbi Jonathan Sacks reflected:

Often clergy are in the front line. They get members of their community approaching them because they have a problem and they need assistance with it. In the majority of cases they haven't the experience or knowledge of what to say or do, or who to recommend the person to.

Jonathan Sacks' comments bring to mind a conversation I had with a friend during his curacy some years ago. James described an incident that had occurred some weeks previously. It was late one evening and the

doorbell had rung. When he answered, he was greeted by a man in his forties, not known to him, and clearly distressed. It was difficult to make out what he was saying, for his speech was rapid and incoherent, but James invited him in and spent some time talking to him in his study. The content of this conversation is not important. The very fact of the exchange, however, serves as an example of many such encounters between clergy and parishioners. For James and myself, the incident led to a wider discussion and debate. What, if anything, should he have done? Should he have let him in? Should he have contacted anyone else and, if so, whom? How might he have known, apart from instinct, that the man was suffering from some form of mental illness? How might he struggle with the tension, on the one hand, between parish priest as listener, friend and above all Christ's disciple, and on the other as quasi social worker, health practitioner and stand-in psychologist? These questions do not presume to offer answers. They do, however, highlight the multiple tensions of meeting mental health needs in parish ministry.

\*            \*            \*

In 2002 Gavin and I attended a day's conference on mental health in the Church. The programme for the conference was promising and the ethos of the day focused much attention on the importance of de-stigmatizing mental health. This was both commendable and helpful and is indeed one of our own aims. At the same time I found I sat uncomfortably with some of the discussions. In the effort to 'normalize' mental health, a tendency emerged almost to down-play the potentially devastating and crippling effects of mental health problems on individuals, families, and even communities. This tendency grew out of a genuine desire to achieve empathy for a vulnerable group. Yet out of this effort we somehow managed to distance ourselves from the very people we were seeking to empathize with. It was as though the group's desire for empathy was complicated by an almost contrary impulse: the impulse to sanitize or 'make good' what we had encountered.

In response to this, we tried to describe something of the challenges of our own parish. The parish was diverse in the fullest sense. Bankers, the unemployed, builders, accountants, the homeless, pensioners, single mothers, all gathered there. Not only was there occupational diversity but also great cultural, ethnic and economic difference. The prevalence

of mental health needs was high. Complicating, sharpening perhaps, the focus of these needs was the traumatic history of the parish itself. Its previous incumbent, David Paget, had died in 2001 in the vicarage in tragic circumstances. He was believed to have been murdered by a man in his twenties who then killed himself a short while later.

David's murder is one of five murders of priests in the UK since 1996 (Tolson, 2007). Most recently, the tragic death of Paul Bennett, a priest in South Wales, caught the media attention. Paul Bennett was murdered by a man with paranoid schizophrenia and a personality disorder, but who was nonetheless not known to the psychiatric services.<sup>3</sup> These stories serve as tragic and extreme examples of what can and has occurred to priests in parochial ministry. It is hard to refer to the events without inadvertently sensationalizing them, or somehow perpetuating the myth that mental illness and violence are inextricably linked. In fact, mental illness tends to be much less a factor in violence against clergy than other factors such as drug abuse.<sup>4</sup> It would seem, though, that there are two clear consequences that have arisen from these events: first, the need to take clergy safety seriously; and second, the need for the Church to raise its awareness of mental health as an issue. This is true not just for those occasions when mental illness has become associated with high-profile incidents; but, much more typically, for the range of mental health problems that affect each and every one of us in its many shapes and forms.

## **Aims of the book**

This book will seek to explore how issues of mental health in parish ministry can be addressed through the dual perspectives of theology and clinical psychology. These perspectives are informed by two frameworks, liturgical and psychological. Specifically, in the liturgical structure of the Eucharist, there are four movements: Preparation–Gathering, the Liturgy of the Word, the Liturgy of the Sacrament, and the Dismissal. Coincidentally, a clinical psychologist's framework also comprises four key components: assessment, formulation, intervention and evaluation. With almost uncanny ease, each psychological component seems to enjoy a potential for relationship with its liturgical counterpart.

We do not wish to force the relationship between the two disciplines – to impose some psychological model on liturgy which does not really