

# **‘Please Pray For Me’: The Significance of Prayer for Mental and Emotional Well Being**

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## **Introduction**

Many contemporary studies focus on the importance of prayer, ritual and worship in the healing process, which is the premise on which this presentation is based. Many years in spiritual and pastoral care have evidenced for me the healing and therapeutic nature of prayer in people’s spiritual and religious lives. However, this is often difficult to capture and quantify.

In this presentation I will focus on the nature of prayer from a theological perspective. Further, I will examine why prayer is so important in the lives of many patients and service users. *Why do people need/desire to pray and be prayed for? And what are the effects – desired and actual – of this (human and) sacred process?*

To address these questions I will focus on four main areas:

- *The Nature of Prayer*
- *Types of Prayer and Living Examples*
- *Why do People Need/Desire to Pray?*
- *Working with Prayer in the Mental Health Context*

I am going to approach these areas from an appreciation of the Christian theology of prayer, but I trust that many aspects contained herein will be pertinent to many of the major faith traditions. This presentation comes with a health warning – I will be mentioning God!

## **The Nature of Prayer**

Theophan the Recluse (1815-1894), from within the Russian Orthodox tradition, provides us with one definition of prayer:

‘Prayer is the raising of the mind and heart to God in praise and thanksgiving to Him and in supplication for the good things that we need, both spiritual and physical. The essence of prayer is therefore the spiritual lifting of the heart towards God. The mind in the heart stands consciously before the face of God, filled with due reverence, and begins to pour itself out before Him. This is spiritual prayer, and all prayer should be of this nature... the essence or the soul of prayer is within a man’s mind and heart’ (in Ware 1981: 53).

Prayer is found in, is central to and is a fundamental expression of most of the major religious traditions. Prayer within these various traditions can vary in form from the most simple to the most complex (Stone 1995: 683; Clements 1986: 2). Various features characterise the nature of both public and private prayer. Prayer is:

- Communion and communication with God or a transcendent other – communion and communication between created beings and their Creator (Hinson 1990, 494; Dalrymple 1993: 213)
- Holding a conversation with God. This conversation may be held verbally (including singing), but other elements of communication –gestures, movement

and attentive silence – are all ways of conversing with God (Hinson 1990, 494; Dalrymple 1993: 213)

- Belief both in the transcendent and in the personal nature of God.
- Call and response – where the human response is only possible because of the ‘prior initiative of God’ (Dalrymple 1993: 213)
- Listening to God – a vital element in prayer for those who are finding it difficult to pray.
- A universal, human phenomenon (Stone 1995: 683).
- An ‘entirely normal action’ during times both of joy and sadness, health and sickness, good fortune and hardship. As such, it is an expression of the nature of life itself and varying states of being. Thus, it is anyone’s privilege and not just ‘the prerogative of the few’ (Clements 1986: 1)
- Personal and communal theology ‘moving into action and testing out its own understanding of the divine nature of reality’ (Clements 1986: 3)

Growth in prayer leads to contemplation, which is ‘intuitive rather than discursive, loving rather than thinking’, and which is regarded as a special gift and vocation (Dalrymple 1993: 214; Hinson 1990: 496; Harries 1989: 121).

### **Types of prayer and Living Examples**

*God is in this most blessed and apposite place. Thanks for cigarette, piano, Bach & Scott Joplin. I found great solace here.*

There are different types and dimensions of both individual (private) and corporate (public) prayer:

- Petition or Intercession (a type of petition)
- Thanksgiving
- Confession/Repentance
- Praise or Adoration
- (Surrender and Dedication)<sup>1</sup>

Rather than theorize on the above, I wish to illustrate these different types of prayer by reference to some living examples. A few years ago I was handed four books containing the (anonymous) prayers of patients who came to worship at the Bethlem hospital chapel. Examples of a few prayers from these books reveal the content of prayer and the life within prayer of patients and service users. Elements of petition/intercession/supplication, confession, thanksgiving, praise and dedication are all

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<sup>1</sup> The majority of writers focus on the first four types. See further: Hinson 1990; Dalrymple 1993; Clements 1986.

there, but these elements unfold in the context of lived experience - the richness and the difficulties of the same. One could be forgiven for thinking they are our modern-day Psalms.

Although many of the prayers do not fall neatly into particular categories, there are:

Statements of faith:

*I believe. I pray the suffering will end soon. I have learnt a great deal from my suffering and that of others. I am grateful for all the love & concern I have received. When I am better I wish to spend my life helping others in need, because I know what despair and loneliness feels like. I would like to tell others about God's great love for us. We must all trust in him everyday of our lives.*

*I believe in God's justice.*

Self-directed prayers made in faith:

*For myself I would like to say a prayer. Pray that I may learn from my experiences here as I leave at the end of this week. That I may learn to listen to God's voice and do his will. May his love and grace surround my family during my convalescence with them.*

Other-directed prayers – (an enormous number of the same) – to God, family, friends, other people:

*Please pray for...that she will live and have peace of mind.*

*Please pray for...that he may know God's blessings in abundance. That he receive a special blessing of happiness and peace. God bless him for the love and understanding he shows all the patients and give him the strength to keep loving and caring for them. Thank you.*

*(and a rather partial prayer] Please pray for everyone who has not hurt/upset/ruined everything and caused me grief.*

There are many prayers in this category dedicated to those who have died and their relatives.

'Cosmic' prayers and praying for tragedies in different parts of the world and famous people:

*Prayer for the war in Ireland and the war between East and West. OK?*

*Love to everyone.*

*Pray for unhappy people.*

*Pray for everyone and the world please.*

*...’s family and friends and people all over the world who are sick and mentally & physically ill. May it please thee, Oh Heavenly Father to Heal them.*

General and specific prayers for healing:

*... pray for healing.*

*Lord, heal me in my plight and give me your strength.*

*Please pray that the pain can be taken away from my heart.*

*...for the healing of my compulsion.*

Prayers of thanks – to God, others and more general:

*...gives thanks for the restoration of her faith and joy in life.*

*Just thank you.*

*I wish to thank God that I am alive. I really do. I am so grateful and hope I can do something of value with my life.*

*Thank you Lord for all your blessings.*

*Thank you LORD for growing freedom as we face the fears together.*

*Thank you Lord for making me believe that I can get better....*

*(and the slightly ‘magical’) Please give thanks to God for His care and gifts to us. And for the lifting of my section.*

Prayers of supplication – some directed to God, others requesting the community to intercede:

*Please Lord take this fear and depression away from me....*

*I am being discharged Friday...am very Frightened and Full of Tension. Please ask God to relieve me of my Guilt and affliction and Panicky Feeling. Thank him for me for all he has done and is doing for all of us as I feel all alone and Destitute again. Thank you. God with you.*

*Bless, preserve and keep me from harm.*

*Please pray for me and give me strength to fight my illness. Please don’t keep me in isolation too long.*

*Please God I need your help, such a useless person am I.*

*To pray for me please because I am trying to find a way out or trying to find the courage to take it.*

Prayers of blessing:

*...Bless the consultant that will make us all well.*

*Bless us all. the whole wide world is at your feet...*

Confessional prayers:

*Forgive me and help me in trust and humility.*

*Please cleanse me from my sin and purify my mind*

*Dear Lord, Forgive me, I do not doubt your Existence but I doubt that you care.*

Statements of unbelief, despair:

*God Asks Too much of Human Beings.*

*Dear Lord, So Tired So Bewildered. I have lost the way. I need to come out of The Dark. I need to Know that this is not the End.*

*Dear god, I cant handle life no more im so afraid of being a nobody and being lonely I want to die it hurts so much Please help me, help me escape from all this missarable cayos*

Prayers embracing life:

*God thank you for life.... I love the people around me and I know they love me....*

*To whom it may concern*

*I am sitting in a church in a hospital. I believe in LIFE. I have a responsibility to my baby, my husband and little young ME! I am not angry, upset, or fearful. I am happy not sad, Im so glad. To be alive...*

Statements of love and dedication:

*I always bring you love.*

*I must never doubt you.*

*Lord we are yours: help us ALWAYS to remember this.*

*I commit myself to Thee Lord Jesus. Make me your own. I commit myself to your wisdom, Lord Jesus. Free me from my confused Thoughts. I commit myself to your power. Lord Jesus. Protect me from all evil, and Grant that peace, love, hope, joy, and unity may prevail.*

*We are all God's children. Help us walk a path of LOVE! We need not be afraid.*

Modern day Psalms.

### **Why do people need/desire to pray?**

Many studies report on the beneficial influence of prayer on mind and body – and not least spirit (Zeiders and Pekala 1995; Levin 1996). In addition to my own experience and a few theological insights, I will approach a response to this question from an appreciation of the effects service users experience when they pray, and when their prayer life takes them into communion with others. Some of the findings of the Mental Health Foundation's *Strategies for Living* project will be used here to aid reflection.

In terms of the focus on prayer, the project findings were that:

- many people identified the act of praying as the most helpful aspect of their religion, offering reassurance or guidance
- a number of people only mentioned prayer without identifying the nature of their religious belief
- for some people prayer could be personal and private and did not need to be connected with religious observances or services; it was often the personal nature of the activity that was valuable and that provided peace and comfort in distress
- prayer could provide a means of 'offloading a burden' or of talking to someone who would be prepared to listen in a non-judgmental way
- people did not always want to pray by and for themselves; praying with and for others was a significant aspect of the exercise of their faith life
- reading the Bible can be a helpful or reassuring activity – for some calming and uplifting – for others providing a source of guidance for coping with life – and a means to feel happier in themselves and thus better.

(Faulkner 1997, 73-79; Faulkner and Layzell 2000, 84-89)

There are various themes to consider in terms of why people need and desire to pray:

### **Prayer as Spontaneous Dialogue with God – a desire for and expression of connection**

Prayer is a spontaneous expression of human need – an expression that will find its way out in various forms – not least in a secular society (Stone 1995: 683; Dalrymple 1993: 213-4). It is suggested that:

In the last resort [people] pray because they must, because the need of their hearts will not be repressed without violence to their human nature (Richardson 1989: 458).

Many of the Biblical prayers address God within the context of a very personal relationship. Indeed, what is central to prayer is the nature of one's relationship with God and one's understanding of God will influence very strongly one's prayer life. This is a very important element to consider in our work with patients and service users and one that is linked implicitly to any individual's maturity in faith. Behind the most simple of prayers there must lie a personal theology. That is, how we understand our own

createdness in relation to the whole as well as our relationship to the Creator who we seek to imitate in our own lives – which brings into focus the notion that we are born to become divine (Clements 1986: 10).

Much of this is reflected in the Mental Health Foundation's findings (Faulkner and Layzell 2000: 88), where many people variously reported:

- a sense of God's presence as being a major element in their religious and spiritual lives
- receiving a sense of presence through feelings of unconditional love, prayer or the ability to heal (a factor finding strong expression with the Muslim people in the study)
- that an important aspect of God's presence was the feeling of being loved unconditionally – and thus a belief in God's continued presence whatever happened and however ill or distressed they might be - which was very important for those people who were socially isolated or lonely.

### **Prayer as connection to community - a way of engaging, of not being alone – and of receiving support from others in the community**

Mention has already been made of the dual aspects of prayer – its personal (private) and communal (public) nature. Communal worship of any kind is a 'concerted act of prayer' (Hinson 1990, 497). The Mental Health Foundation findings again highlight the importance of the connection between the private and public for service users, where:

For some people, the most important element of their religious beliefs was the sense of belonging it gave them, to a group or community of people who they experienced as helpful and supportive. Some people spoke movingly of the support they had received in times of distress, whilst others simply of the social networks providing a lifeline and encouraging them out of the house and into company. One or two people valued this particularly because they belonged to an isolated minority religion, hence particularly valuing the company of others encountered at their place of worship [Faulkner and Layzell 2000: 87].

The request to 'please pray for me' is about being held within another's or the community's framework of faith and belief – of being connected with others and with a sense of something greater than the self.

The deeper expression of this sense of relatedness is that:

### **Prayer is being for others – relationship with others - interceding for others**

This is evidenced for me very much in the Bethlem prayers, but also for myself and my colleagues every time we take a service. It is extraordinary, and somewhat humbling to experience how people who are undergoing deep levels of distress in their lives can lift their thoughts to the plights and needs of others. It is also frequently the case that when I pray with a patient, the patient will in turn pray for me – truly a reciprocity.

This being for others, where it occurs spontaneously and authentically, must be a positive element in mental and emotional well-being in that it takes the person away from concentrating on their own pressing needs (however fleetingly). It is an unselfish activity, which involves a reaching out to others and a perception of the needs of others – a disposition that is required at the heart of anyone's prayer life.

## **Prayer and worship as an expression of life**

There are two elements to consider here. First:

Unless prayer is an expression of the ... life of the one who prays it is useless and harmful. In prayer we express ourselves towards God; that prayer is meant to be an expression of the endeavour of our whole lives, not just an 'honouring God with our lips'. The relationship between prayer and living is that they are reciprocal. Good living makes for good prayer. Good prayer makes for good living. They build each other up. When the connection is broken, prayer becomes a dishonest hobby, an escape from... commitment instead of a springboard for commitment' (Dalrymple 1993: 214).

Second is the primacy of experience in developing any theologies that are a true and credible reflection of the worship and prayer lives of people who make up any community of faith. Theology is always in service to the community.

There is no way in which any theory could prepare one for the living reality of what occurs during the service of worship on many an occasion in a mental health setting. Foskett (1993: 20) describes this reality beautifully in the following:

Worship in a hospital chapel or day centre provides.... opportunities to bear witness to.... faith and doubt. The spontaneity, honesty and quality of worship in such settings has to be seen to be believed. Into the traditional themes of established liturgies come the rough and ready material of life's experiences. Anger and hurt, sorrow and despair are offered tentatively or thrown angrily at a God, whose beneficence and even existence is in question. Worship is no longer the rehearsing of the truths and aspirations of another age, it is the celebration of today's agonies and longings echoing those of yesterday's scriptures. The religious languages of all the major faiths encapsulate the best and the worst of human experience.

Reflecting on the above, one can see the richness and interweaving of human expression and experience that comes into just this one element of people's religious and spiritual lives:

- proclaiming
- using a 'sacred' space to emote issues around faith and doubt
- open/honest communication and dialogue
- the connection between human and divine history
- hope and despair
- anger and joy
- catharsis
- remembering
- evocation
- relationship
- healing
- forgiving and forgiveness
- 'connection and attachment to significant others' – both divine and human<sup>2</sup>
- love – in all its complexity.<sup>3</sup>

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<sup>2</sup> See further: Jacobs 1992.

<sup>3</sup> See also: Saliers 1990.



### **Prayer as a way to be at peace – at one – salvation through healing**

This theme links up with research studies that suggest that certain religious rituals, worship, prayer and meditation are all mechanisms that have the potential to reduce stress and anxiety, and contribute to beneficial mental health outcomes.<sup>4</sup>

The Mental Health Foundation report found that a lot of the project respondents spoke about how their beliefs gave them peace:

*Now I think, when I want to pray or when I read simple books about Islam and the spirit and essence of Islam, I find them very very peaceful and it doesn't matter what crazy world I am in at the time, with stress around me, I just feel very at peace...*

*If I'm in stress or crisis sometimes, one of the things I do is go to church, not to a service, but to be in the sanctuary of the church. The peace – just to be there in a peaceful, beautiful space that is huge and that is, sort of, the creation of human enterprise.*

*I feel prayer can be a great help in achieving calm and in maintaining a sense of balance and harmony.*

*I still pray regularly and I get comfort in the fact that only God truly knows and loves me.*

(Faulkner and Layzell 2000: 86; Faulkner 1997: 75)<sup>5</sup>

The familiarity of prayer for some provides comfort and security at times when these are threatened. This is the case particularly with older people who will often experience an (urgent) desire to rekindle their spiritual and religious lives in preparation for their future.

### **Prayer as part of a dynamic movement towards different possibilities**

This concerns the meaning-making process and the potential outcome of the same that we all work with so powerfully in the mental health context. Again here as a resource we turn to the Mental Health Foundation findings, (Faulkner and Layzell 2000:86) which report that their respondents spoke of:

- something/someone higher, or more powerful than themselves - enabling a sense of perspective or balance in their lives
- having a sense of meaning in their lives as creating 'a light at the end of the tunnel' - something to work towards - an afterlife providing peace.

The following quotation in the report is instructive:

*The fact that I have been through all this is enabling me to live a better life and hopefully help others.... I firmly believe that I am here to help others if I*

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<sup>4</sup> See further, for example: Levin 1996; Loewenthal 1995.

<sup>5</sup> Oliver Sachs (1985) provides two other, deeply poignant examples, of the deep sense of peace and connection people can experience and show through in their prayer and worship lives. See Chapter 2 *The Lost Mariner* and Chapter 21 *Rebecca*.

*can. I haven't actually found out how yet, but that is part of my ongoing prayer – that God will show me what he wants me to do in that respect (Faulkner and Layzell 2000, 86).*

Often one of the marks of the resolution (however partial) of any mental and emotional distress and existential conflict is that a person can take up their place again in the 'moral community' – can feel a real desire to make the world a better place to live in for others as well as one's self. Maybe this is the creative power within prayer to move mountains.

Emmons (2003:147-8) speaks of how personal goals have recently been highlighted amongst the elements in a person's meaning system that can be used to construct meaning in the face of adversity:

Traumatic events precipitate meaning crises, raising questions pertaining to the purpose and meaning of one's life and the nature of suffering and justice in the world, as the person struggles to answer both why the event occurred and what the implications will now be for one's future. Goals are used to construct meaning; finding or creating meaning in the face of suffering often involves changing or revising one's fundamental goals, concerns, and values.

Griffith and Griffith (2002: 265, 268) refer to existential crisis states as being both at the 'boundaries of human existence' and as 'sources of anxiety that limit how deeply and fully life can be experienced'. They speak of 'each existential crisis state' as being in itself 'one half of a couplet of emotional postures'. On the one hand there is:

Despair, meaninglessness, helplessness, isolation, resentment, sorrow

that represents 'a retreat from purposeful activity, a readiness to quit responding to challenges whether they be mental or physical ones.' They suggest that 'these are states of breakdown in which coping actions become chaotic and ineffective. As such, they constitute states of vulnerability to illness.'

On the other hand, there is:

Hope, purpose, agency, communion, gratitude, joy

all representing a 'readiness to move forward with goal-directed actions that care for self and others. They are states of resilience to illness'. (They recognise there are other emotional postures but they focus on the above as they relate to different bodies of research on health and illness.)

The point to note is that they suggest that 'spiritual ways of being, whether expressed as beliefs, prayer, ritual, participation in community, or through other genres, physiologically influence these systems of the body by buffering existential crisis states.'

In preparing this presentation it became evident how the words and experiences of service users regarding their prayer life reflected and confirmed themes within the theology of prayer that I came across. This is encouraging really, because, as mentioned, theology is of little use unless it arrives at a faithful representation of the community it serves generally.

As practitioners we need to reflect on our own experience and theology of prayer. Further, what occasions our need to pray, what are the effects of prayer in our lives, why

do we desire to pray for others (if we do) and how it is an expression of our own goals in life and a striving for the same?

Some of these points are now reflected in the experiential material that follows.

### **Working with Prayer in the Mental Health Context**

Reinhold Niebuhr's (1892-1971) prayer, composed in 1934, is very pertinent to this area of discussion:

*God, give us grace to accept with serenity the things that cannot be changed, courage to change the things that should be changed, and wisdom to distinguish the one from the other (In Grenz and Olsen 1992: 101).*

I present, and discuss, below two vignettes of Chaplains' encounters with service users.

There are two significant types of prayer in the mental health/pastoral encounter:

- Prayer which is omnipotent/magical – where the patient/service user desires to skip over what is really happening in his or her life and to have something 'magical' happen.
- The patient/service user's deep engagement with their existential dilemma – even in the face of, often, acute and long-term distress and disturbance.

Both require the same degree of sensitive and appropriate handling – but they reveal two very qualitatively different dispositions to the experience of pain, suffering and crisis in people's lives.

#### **Vignette 1:**

*Rita asks the question: 'No matter how hard I pray, why doesn't God give me a baby?' The longer the Chaplain sits with Rita it becomes clear that she is passing over aspects of her life about which she should be praying. The main aspect is that she is a drug user, and that her lifestyle has led to the loss of her pregnancies on more than one occasion.*

There are various points to consider here. First, prayers are not always answered in the way one would like them to be. That does not mean they are not answered – it just means the matter is out of human control. Further, that it takes a process of discernment to find out how they have been answered in terms of what we need to do to realise one's potential rather than to have instant gratification of one's needs.

Second, the question of whether prayer is about magic or obedience. Well, of course, it is meant to be the latter. The theology of Christian prayer, for example, conveys the concept very clearly that Jesus in himself exemplified how 'prayer is an attitude of filial dependence, as opposed to magic where the prayer aims to manipulate the deity' (Stone 1995: 684). Thus, selfish requests or any suggestion that prayer can capture the attention of, or influence the will of God as a kind of magic have to be abandoned. Of its essence, 'prayer is not asking but offering, not self-seeking but self-dedication' (Richardson 1989: 457).

Richardson (1989: 458) suggests further that:

...the state of our feelings, when we pray, is unimportant. If we are thinking about what we feel, or are concerned with our own religious satisfaction or

enjoyment, we shall not be praying ... If we are preoccupied with psychological problems, such as whether there is anyone there at the other end of the line, we shall not be praying. Prayer is utter dedication and self-forgetting; it should lead to action, not to introspection. Questions about the psychology of prayer are legitimate matters for discussion at the right time and place, but they should not obtrude upon our personal prayer life'.

This statement is all very well – but the distinctions between how one should be disposed to pray, and how one actually is when praying are too prescriptive and rather distant from most human realities, I suspect. And it is another matter putting this particular theory into practice in the mental health context, where an individual's level of disturbance and anxiety (is in the mix which) leads to the defence of self against the vicissitudes of life and unfulfilled desires – and leads him or her to hold this position with such conviction. The quick fix is an attempt to circumvent the pain and sometimes the effects of one's own actions and repeated 'unhealthy' patterns of behaviour.

### **How to work with 'magical' prayer?**

Working from the vignette above, in the first instance, there is no answer to Rita's question. It does not help to explain God's intention. The longer the Chaplain sat with her it became clear to him that the prayer was magical. He responded by using a spatial metaphor. He looked across the room and linked what she was doing to being on the other side – 'that is where prayer takes you, over there.' The difficulty was that somehow she was missing out the in-between steps that would take her there – it had disappeared. In working with that metaphor she could understand what the Chaplain was trying to convey. Her problem though, in understanding, is what does she do about it? The difficulties that journey might entail for her could in turn force her back into the same posture (and into collapse).

The meaning of the pastoral presence is not to give an answer to the question, but to sit long enough for the real questions to emerge. But it is difficult to get beyond to the real questions when people hold their positions with such conviction. The omnipotent prayer acts as a block. The answer to the question: 'Why doesn't God make me better' is that one can see when looking at her life why it does not get better.

The depth of ability that any spiritual and pastoral caregiver, or any caregiver, has to sit with his or her own pain is reflected in the way that they will 'be' with a client, in any encounter. But some encounters test that ability more than others.

The problem of sitting with ourselves or others in pain is that it can take us over, we can over-identify with it. Thus we need to find ways of moving out of that identification. The fact that the Chaplain sat with the patient long enough for the real question to emerge (and this might not be a long time) is instructive. A 'sympathetic' position would identify with the woman's pain of not being able to have a baby. A strong over-identification with this could lead to a desire to 'do' something about it, which of course would lead nowhere constructive. An 'empathic' position allows enough distancing from this pain to examine the difficulties of her context and un-weave some of the elements found there in order to work more constructively with them.

### **Vignette 2:**

This next vignette is not so much an example of how prayer is used explicitly (in words) to address the individual's condition. However, one could say that the existential struggle this person is engaged in – as it interfaces with his mental and emotional disturbance - is his prayer.

*Richard's meeting with the Chaplain always begins with a 'confession' as to whether or not he has been to Church the previous Sunday. He then waits for a response from the Chaplain. If he did not manage to go to Church, he accuses himself of being useless and not a good Christian. He feels his fellow housemates share this same view. He also thinks that God punishes him because he is lazy and does not do what God wants. He struggles with these convictions, and it is apparent that his continuing sense of unworthiness comes in the way of him being able to experience God as he would like to.*

*He does, however, report to the Chaplain that he finds their meetings very helpful. He admits also to a need to 'possess' the Chaplain, to know that this person is there just for him.*

### **How to work with the creative struggle?**

There is a discrepancy between what the person in this vignette wants to think and feel and how he experiences the Chaplain. The question is what image does the Chaplain embody for Richard? The Chaplain's role is to help him to articulate some of that discrepancy, it is not to concur with or reinforce negative self-images, particularly where they border on the potential of his relationship with God. The issue of whether he goes to Church or whether he can or cannot pray is important in its own way, but it is not the most important focus here. It does, however, provide a 'way in' to dwell on a re-framing, on a valuing of how he does live his faith life, given the constraints of his circumstances and his state of health.

Given that he thinks of God in this way, what does he make of the Chaplain and how she thinks about some of the questions he raises? This is perhaps more difficult to surmise, but the answer does lie in the value of 'being with' rather than 'doing to'. Richard often tells the Chaplain that he does not remember their meetings in terms of the words spoken between them over the months they have worked together. Just recently, the Chaplain put to him that he obviously finds the sessions useful, and that it is apparent that he is shifting a lot in terms of his self-awareness. So what 'sense' does he take away from their meetings, such that he wants to continue seeing her? He responded that it was a sense of trust in her, of knowing that she would be there for him, that he could tell her things that he would not tell other people. In a way he holds a sense of something being carried in-between meetings, and in this way he is achieving 'insight'. He can also grasp, perhaps, a taste of the relationality he desires.

Thus, working with the creative struggle is about presenting something that feels solid, unlike the shifting ground of internally driven images. It is about examining what is taking place in that place of prayer – and how to deal with distorted, internally driven perspectives on prayer in mental health care – where the process is about grounding them in experiential reality.

### **Working creatively with distress, pain and suffering<sup>6</sup>**

People with insight can work more creatively with distress, pain and suffering in their lives. It often appears to be a different case, however, with psychosis, where there is often too much fragmentation and chaos at the level of verbal encounter. However, this does not mean that people do not have the capacity for different levels of

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<sup>6</sup> Some of the reflections on this area are made with acknowledgment to Marlyn Donovan, and a recent weekend spent in training with the Psychosynthesis and Education Trust, London where the focus was on *The Creative Use of Pain, Crisis and Failure*. See further: Parfitt 2003, 73-80.

experience. Indeed, experience in the mental health context does reflect the fact that on many occasions one can be surprised by what is understood and how.

The way to work with individuals more so than with words is to be with them through the physicality of presence, and working through the senses. This can mean sitting with them time and time again. And it can mean focusing more on the body, with body referencing activities, whereby the person gradually forms the experience. The point to convey here is that in working with people with psychosis there is no quick route – it is time consuming, labour intensive – repetitive – and it is based on continual re-affirmation of the same experience over and over again. But it is worth inquiring into different and more creative ways of 'being with.'

The most important thing is to get beyond what people feel they ought to do and what they ought to be experiencing. The challenge is to seek to discover and work in the encounter with what feels right for them and what feels helpful and comfortable (in terms of their faith life but also life generally). In this way the creative potential is there for people to come gradually into a more holistic, and often less punitive relationship with themselves – to adopt, in effect, a framework of 'loving kindness' for themselves.

Much of this brings into relief the challenge of how to work with the stuckness of 'pain' in people with mental health needs – some of which has been discussed above. It further brings into relief aspects concerning the creative use of distress, pain and suffering in life and distinctions between the drive for 'curing' and 'healing.' This reflects also those elements of the existential crisis states and goal-directed actions discussed above.

I think it was T.S. Eliot in *Murder in the Cathedral* who said that 'Humankind cannot bear too much reality.' Avoidance of distress, pain and suffering means that people will not hear the message that it is sending at various levels (physical, psychological and emotional) – and the message that elements of one's life need to be changed.

Avoidance of pain and crisis due to fears of various kinds (not least of annihilation - the psychotic position) can make for hard work mentally and emotionally. Pain can numb and paralyse an individual. It can make one feel angry, ashamed, guilty and helpless. But it can give one also a sense of identity – I know who I am and I know that I am alive if I can feel this anguish – in effect, it can be an addiction to adversity.

It requires an act of will to explore this and to enter the 'risky' areas of addressing the pain so that life can change. But the really challenging question is: How much is disturbance a subverting of this will? How much is it an inability to accept personal agency/responsibility? These are difficult questions anyway – but particularly difficult in the mental health context - but they are ones to hold in mind when working with individuals.

On the other hand, there is more of a healing potential for the individual who engages more fully with the existential search that 'distress' and 'pain' and 'suffering' of all different kinds can bring.

Whilst people undergoing an existential search may still adhere to unhelpful patterns of relating to self and others, yet there is a distinctively different drive, a different quest, made in 'faith' and 'trust', which is a type of prayer in itself – a drive towards fulfilment and potential (however circumscribed).

The creative use of pain concerns itself more with the movement towards healing than with quick fixes. It is about recognising the 'mystery' of pain and suffering as part of the human condition, being creative with that experience and having a willingness to explore the 'mystery'. A person's ability to do that does not diminish with mental and emotional crises – it often is heightened – but it can be a difficult journey to make because it can take a lot of courage to move out of a place of pain.

Many people who have experienced 'pain' a lot in their lives, and I am thinking here of countless people I have met in my years of working in spiritual and pastoral care in mental health have a keen perception of and sensitivity to others who are in need. I have no doubt that this is in no small part due to the resources they have discovered within themselves and within their context to cope with the experience that life is bringing them. And for many this will include their religious and spiritual resources. But it might also be to do with the fact that they have found within themselves some part that does remain separate from what they are experiencing – that quiet place where they can come into (can one say, a more prayerful) relationship with the distress, pain or suffering and that allows them to work more creatively with it. It's the 'more than' that all of us are – more than our bodies, distress, pain and anxiety – as encapsulated within these final reflections from Roberta Bondi (1994: 114):

*Being human... I had spent a lot of my life full of vague guilt and a sense that whatever I did, it was always wrong – my own version of Paul's paralysing troubles – 'The good that I would do I do not; that which I hate I do.' The only way I knew then and still know out of this trap is to try to discover what my heart believes so that I can argue with it and seek its healing. Dreams and prayer are unlike each other in many ways, but one great gift they both bring is an ability to strip away the whole accretion of our conscious, chosen thought. Then, if we are brave and if we wish it, we are able to look into our own hearts and find, not what we think we believe, but what we really and truly do believe about life, about ourselves, and God.*

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