

Mental Health Chaplains

Late Spring 2010

I'm sure I got the easy job editing an issue focusing on psychosis. I think it's an altogether harder thing to try and write something about it. People may have common symptoms, or display particular behaviour which is labelled as 'psychotic', but each one will be having a very individual experience.

In the recently published book *Spirituality and Psychiatry*, edited by Chris Cook, the chapter on psychosis begins: "*Both spirituality and psychosis stretch reason to its limits. They share a sense of mystery and each is notoriously difficult to define*".

You will find both chaplains and service users voicing their thoughts in this edition of the newsletter; trying to tease out some of the issues in not only defining psychosis, but also about how to help someone who is in the middle of the experience.

All the articles below are written by people who come from a broadly Christian perspective, using examples from the Christian Scriptures and Christian mystics. It would be interesting if someone felt able to respond from a different tradition in a future edition. It has certainly been harder to find writing about psychosis from different faiths.

You'll also find information, in this edition, on various training opportunities. One of those is the CHCC annual conference which this year, as a trial, we are having as a joint venture for both acute and mental health chaplains. You'll see that it will cost a bit more than previous years - that is mainly because we have had to find a larger venue to house all of us! We are hoping that even in the current climate that won't prevent people coming. Exploring who we are in our encounters in healthcare is hopefully something that can draw us all together in reflection and discussion. The speakers include those from within our mental health resource group, our new CHCC President and Janet Morley, well known for her creative prayers and poems. Do consider coming! Meanwhile, enjoy this newsletter.

Emma Louis



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Stephen Bushell gets us thinking about psychosis and religious delusion with the story of man called Peter. Some of the theoretical issues raised here will be explored in further depth at the 'Challenging Cases' training day in July. See pages 8 & 9 for more details.

Religious delusion and psychosis

Peter was admitted to an inpatient unit in his mid-forties. His self-care was very poor as was his communication; he was pre-occupied, in another world. He had been diagnosed schizophrenic in his early twenties and had had previous inpatient admissions, but spent many years working in a sheltered work project. Part of his story included a powerful religious experience in his mid-twenties. He was a heavy smoker and had tried unsuccessfully to give up. One day walking past a church he followed the urge to go in. There was no service going on so he knelt down and asked God to help him give up smoking. The prayer was answered and from that day he never smoked again. He became involved with an evangelical church that did street-mission work. Peter felt that if God could help him, God would surely help others.



The religious fervour, over time, took on a very different accent. Peter came to believe that during Lent he was one of the Roman soldiers who would be involved in Jesus' crucifixion. Holy Week would be almost unbearable for Peter as he felt that he was participating in causing Jesus to suffer. This was followed with great joy and relief on Easter day. His religious experience was classified as religious delusion with clear signs of psychosis. Peter is a good example of the complexity of working with someone that psychiatry classes as psychotic with religious delusion.

With someone like Peter, the positivistic leanings of psychiatry skew the question as 'either/or': either this is rational and OK, or it is irrational and hence a symptom of illness.

However, if, as James Hillman has written, psychopathology is the language of the soul, then we would do well to listen carefully to the manifestation of psychosis (Hillman, 1975). We need to be able to listen in a way that does not succumb to the either/or stance.

Ken Wilber's notion of the *pre/trans fallacy* is very helpful here (Wilber, 2006). Wilber states that psychotic experience is not simply rational or irrational, as there are two non-rational states: the *pre-rational* and the *trans-rational*. We can fall into *pre-rational* states of consciousness when, for example, a life experience re-exposes very early infant trauma, and we become lost in a chaos of unprocessed emotion that submerges rationality. Here at the pre-rational stage of development the psyche is exposed to deep archetypal energies that ego cannot contain. In such cases the person needs exceptional containment for there to be any hope of emotional repair (Gerhardt, 2004). We can also experience *trans-rational* states of consciousness that are often talked of as experiences of unification with God, Jesus and everything; experiences that take us beyond the differentiating focus of rationality.



Trans-rational states of consciousness are well documented in the literature of the mystical traditions. Such experiences can be the signal of spiritual emergence within the person (Grof, 1989); however, as there is no longer a collective container for such powerful experiences (Jung, 1958), the individual can again experience lack of appropriate containment. In my experience, many people like Peter, who need inpatient care, have little or no religious upbringing, and if they have found a host religious group or organisation it is often not experienced at dealing with such powerful religious experience.



Ultimately, only if the experience can become integrated within the developing personality can it be called a religious experience - 'by their fruits ye shall know them' being the touchstone of validity. The unique work a chaplain can bring to the 'religiously deluded psychotic' patient, is to provide a framework of containment wherein emotional and personal development is enhanced by the trans-rational experience.

Returning to Peter's story, the chaplain was able to validate his spiritual struggles recognising that these were partly pre-rational: the brokenness of his very early experience being projected into a 'spiritual battle' of good and evil. The Lent experience was related to as a serious religious experience and the regular visit of the chaplain, who was also undergoing a Lenten

discipline, gave some containment through to the shared Easter experience.

This pattern was repeated for a number of years. Peter was able to come to see that this was his 'work' which as spiritual work was validated by the chaplain. This enabled sufficient containment for other members of the care team to work on his personal hygiene, exercise and increased access to other activities. Peter was able to be discharged from inpatient care to supported living in the community.

References

- Gerhardt, S. (2004) *Why Love Matters*. Routledge, London.
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- Hillman, J. (1975) *Re-Visioning Psychology*. Harper & Row, New York.
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- Wilber, K. (2006) *Integral Spirituality*. Integral Books, Boston & London.

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Michael Savage invites to sit a while by John of the Cross and his experience of 'the dark night of the soul'. Michael suggests that we can learn much from John, and others, who have described different stages of 'breakdown and breakthrough'. Those others include the people we end up sitting with in our work as chaplains in the mental health context.

Following the Symptom

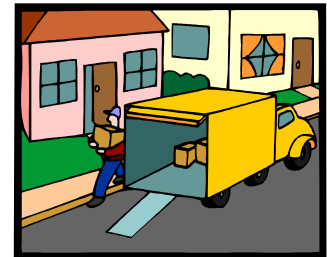
The Spanish Christian mystic, John of the Cross (d.1591), is popularly known for his incisive description of a necessary stage on his spiritual journey called 'the dark night of the soul' (noche oscura). Its symptoms are very familiar to us moderns – distaste for food, gnawings of anxiety, souring of taste, objectless fears, loss of joy, evacuation of meaning – as these are uncannily similar to what a person will give from the inside of the experience of depression.



Was St John of the Cross having a breakdown, in our common sense of the word, when he described this stage of his spiritual journey? Possibly. But more importantly, from our point of view as mental health chaplains, he saw (and surely wants us to see) the list of symptoms as ultimately having their meaning within a spiritual context, which for him involved a Rule of Life, a communitarian setting, and an active exterior life. In other words, the symptoms need a context, which can only yield up its full meaning, when the symptom is 'followed', and given its full weight within a narrative. Of course, the very task and endeavour to situate a person's symptoms within a narrative is already the transition from breakdown to breakthrough. The furniture, so to speak,

in the room of breakthrough may look more or less the same as before, but the difference lies in the perception of greater space between the individual items.

And it is this space which is initially very frightening, as it leads the person into the area of the not-known, which can indeed feel like an experience of death. This is the place where the person often tries desperately (aided by family, friends and some chaplains) to put the items of furniture back as they were, but they just don't seem to fit anymore. Then the temptation is to ditch the furniture completely, which can truly lead to a most deadening state of psychic inertia (a form of spiritual death?).



Helping the person to constructively wait and to send the removal van away can truly open up the space that the symptom needs to find its own level and resolution. Funnily enough, the very act of doing this gives the first hint of new arrangement, and new perception.

All these stages have been very well described by the Italian founder of the psychosynthesis school of psychotherapy, Roberto Assagioli. From him we can learn much, and, of course, from John of the Cross, and others like him.

The document I have returned to again and again to find inspiration, challenge and guidance for my work in mental health chaplaincy, has been *Taken Seriously: The Somerset Spirituality Project*. John Foskett (Adviser to the Somerset Partnership Foundation Trust), who was very involved in that research into service user perceptions and opinions on spiritual care and faith communities, shares here some of the gathered thoughts on madness and spirituality offered in that document.

‘He has a demon and he is mad; why listen to him?’ The Gospel of John 10:20.

Anton Boisen both chaplain and patient in the same psychiatric hospital believed that listening to madness was a prerequisite for understanding God and God’s kingdom. He invited seminarians to join him in that hospital to learn from ‘living human documents’ an embodied theology that the scriptures could not alone provide. Boisen never convinced either his psychiatric or his religious colleagues, although they valued the clinical pastoral education (CPE) he provided so successfully. Madness and mysticism are much like beauty in the eye of the beholder; the beholder within each of us who observes and names our experience and the beholders without who define us according to their beliefs. Psychiatry continues to see pathology in its service users and religious leaders often distinguish between the mystic and the mad. A group of us listened to service users tell us about what they saw within themselves and how they found this looked from medicine’s and religion’s points of view.

What the service users said about madness and spirituality:

They spoke about the ‘good’ and the ‘bad’ they found within themselves and its meaning for them.

- My boundaries became much wider, broader...I suppose I found a lot inside myself that I didn’t know existed...but I am very happy with what I found. ...This is the thing I am very content with...OK it’s not perfect but it’ll do for me.
- The experience was one of both hell and heaven...the very worst depths of despair, but also moments of joy. There was quite a religious content...I felt as if I was being physically crucified and it was not just the sort of experience of crucifixion, it was all deaths that man has ever known.



What they thought psychiatry and religion saw:

They recognised how both could be a help and hindrance.

- Clergy lean you on the side of their beliefs rather than look at yours... You always got to be preached to rather than you are a person and you’ve got a right to have your own beliefs.
- Church is like a family...it’s like going back to meet old friends... ‘Oh, I hear you’ve been ill...but we will get through this together.’
- To invalidate a person’s spirituality no matter how distorted that is, is to invalidate that real core sense of self and I think once you do that you risk doing unwanted damage to somebody.
- The community nurse was terrific... he asked me very, very pertinent questions about how I could reconcile my faith with what was happening to me and what God meant to me.

All quotations were taken from: Nichols, V. (2008) *Taken Seriously*, London, Mental Health Foundation.

Taking inspiration from another passage of Christian Scripture, Hanna Thomas, a Service User Consultant based in the West Midlands, also challenges us to take those with 'psychotic' symptoms seriously, and suggests her own list of helpful hints for chaplains and others in similar roles.

The Man with Psychosis, Christian Faith and User Care

"Psychosis is a major mental health disorder in which a person's ability to think, respond, emotionally remember, communicate, interpret reality and behave appropriately, greatly interferes with the person's capacity to meet the ordinary demands of life."

Schizophrenia: A Handbook for Families 2002

In a story from the Bible (Mark 5: 1 – 20), we read of a man who lives amongst the tombs, is socially outcast, violent and ritually unclean. This individual is not accepted as a member of the community because of his actions, and so he is ostracised.

I wonder for a moment, did anyone investigate the demise of the man's health? It would seem that this man was in a psychotic state. He was always crying, he had to be bound in shackles, and it would seem he was in a very distressed state of mind.

Just like this man, many users can still distinguish the environment around them even though they find themselves in a bad state of consciousness. The Bible shows that this man knew Jesus and called for help, Jesus was like the chaplains that now walk the wards today.

My point is this: don't underestimate a user because of psychotic symptoms. They can still understand! Like the man in the bible, users can still clarify what is required. He knew he needed Jesus.

A user's experience can significantly influence the course of recovery. The people around you, including chaplains, pastoral workers and medics, can make the difference to the overwhelming compulsions to self harm. The man in the Bible was cutting himself as a form of release like many in this current era. He took this form of action because he didn't know what else to do. However, just as

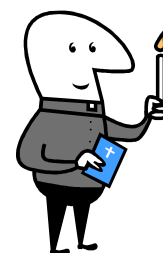


Jesus brought help, the Chaplain can also help, sometimes with prayer, to bring 'release' to the person. And if a Chaplain is praying with a user, it is also important to be encouraging. If a user has psychotic tendencies they may well suffer from low self esteem and confusion.

Some Points for Chaplains and Pastoral workers:

- Be sympathetic, aware and have an understanding.
- Investigate and redefine what is needed in terms of working with users with psychosis.
- Promote recovery with therapeutic methods and strategies of talking, showing reassurance and listening to all concerns when medication is prescribed to calm the user.
- Explore the process of recovery of the user and find out what psychosis means for that individual user.
- Find out if the user's spiritual beliefs help in the time of distress. Did the user find spiritual strength in their weakness?

In a similar way to Jesus, who brought healing to the man at the tombs, a willing, able, and praying individual, like a Chaplain, can resurrect the dead issues of life and bring healing once more.



CHCC Training & Development Programme 2010-2011

September 13 th – 15 th 2010	CHCC Annual Study Conference <i>For chaplains working in acute & mental health settings</i>	Halifax Conference, Centre, University of Sheffield, S10 3ER	Residential £450 Day Delegate £80
October 20 th 2010	CHCC Healthcare Chaplains Seminar: Learning towards registration	Hilton Birmingham Metropole Hotel, National Exhibition Centre, Birmingham, B40, 1PP	CHCC members £60 Non-members £70
November 1 st – 4 th 2010	CHCC Introductory Course for Healthcare Chaplains <i>This is a residential course.</i>	Eastbourne Centre, Grand Parade, Eastbourne, East Sussex, BN21 4DN	£480
Feb 9 th 2011	CHCC Faiths Resource Group Day	The Best Western Leicester Stage Hotel, Wigston, LE18 1JW	Price on application
March 8 th & 9 th 2011	CHCC Introductory Course for Healthcare Chaplains. <i>This is Non-residential.</i>	128 Theobald's Road, London WC1X 8TN	Price on application
March 16 th 2011	Mental Health Resource Group Training Day. <i>This day is open to all chaplains.</i>	Venue to be announced nearer the time	Price on application
May 19 th 2011	CHCC Healthcare Chaplains' Seminar	128 Theobald's Road, London WC1X 8TN	Price on application
July 8 th 2011	Mental Health Resource Group Training Day. <i>This day is open to all chaplains.</i>	Venue to be announced nearer the time	Price on application
September 13 th - 15 th 2011	CHCC Annual Study Conference	East Anglia University, Norwich	Price on application
October 17 th -19 th 2011	Mental Health Resource Group Annual Study Conference	Hinsley Hall, Leeds	Price on application
November 7 th – 10 th 2011	CHCC Introductory Course (Residential)	Hinsley Hall, Leeds	Price on application

Some of these dates may feel a long way off but this is chance for you to get them in your diary and plan ahead!

Further information and applications for all courses may be obtained by contacting, William Sharpe, CHCC Registrar, on William.Sharpe@unitetheunion.com

Please see the CHCC web site www.healthcarechaplains.org for further details of CHCC training.

CHCC MENTAL HEALTH RESOURCE GROUP TRAINING DAY

Friday July 9th 2010, 10am– 4pm
Friends Meeting House, St Giles, Oxford OX1 3LW

'CHALLENGING CASES'

In mental health chaplaincy we are frequently engaged with very complex emotional and spiritual situations. Engagement can be hard to sustain partly because of the impact this has upon us as practitioners and partly because we can become overwhelmed with the presenting material. This is where a good structure of individual supervision and team reflective practice is essential to develop as practitioners and to sustain our energy for the work.

This study day will provide space to explore:

- how group reflective practice can help sustain ourselves
- how working with a model of the unconscious can help to bring fresh insight to the process of engagement
- how supervision is an experience of mutual learning

The format of the day will be to work in groups with presented case material as well as some theoretical presentation. Participants will be asked to send a case study they would feel happy to present in advance.

The cost of the day will be **£40**. (CPD points applied for)

The day will be facilitated by Stephen Bushell & Guy Harrison on behalf of the CHCC Mental Health Resource Group.

Guy is Head of Spiritual & Pastoral Care at the West London Mental Health Trust and has 13 years experience at a senior level as a chaplain in hospice, acute and mental health care. He is a person-centred therapist, accredited pastoral supervisor and has wide experience of facilitating groups. He has a particular interest in developing the theory and practice of "pastoral therapy".

Stephen has worked in mental health chaplaincy for 12 years and is a Jungian psychotherapist. He is currently Head of Spiritual & Pastoral Care at the Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust and represents mental health chaplaincy on the CHCC National Professional Council. He has a particular interest in Eastern and Western meditation practices and sees one of the tasks of chaplaincy is to bring spiritual insight to psychopathology.

If you would like further information you can contact them on 020 8354 8864 (Guy) or 01296 565569 (Stephen). To book places please fill in the form below:

Training Day Booking Form

To book a place on the day please complete and submit this form. Please send your completed form and cheque for £40 (payable to CHCC) to:

Guy Harrison
Head of Spiritual & Pastoral Care
LDC
Trust HQ, St Bernard's Hospital
Uxbridge Rd
Southall
Middx
UB1 3EU

Tel: 020 8354 8864 Email: guy.harrison@wlmht.nhs.uk

Please try to book early to assist with planning. **The deadline for bookings is 28.06.10.**
Places will be allocated on a first come first served basis.

Booking Details:

Name	
Position	
Trust	
Full work address	
Tel No	
E-mail	
Specify any dietary needs	
Specify any other needs	

Please submit your case study to either:

Guy Harrison (guy.harrison@wlmht.nhs.uk)
or Stephen Bushell (stephen.bushell@obmh.nhs.uk)

CHCC Annual Study Conference: University of Sheffield 13th-15th September 2010

The Self as Tool

An exploration of ourselves in healthcare encounters.

This year's conference will give an opportunity for chaplains working in both acute and mental health settings, to join together to explore a theme relevant to all involved the caring professions. If we are the main resource that we take to our encounters with others, then reflecting on that resource is surely time well spent. The conference will enable us to hold a mirror up to ourselves to help build our awareness of all that is present when we encounter those we work with, and to consider how that impacts on all we do.

The conference will be held in **brand new conference facilities** which are part of the **University of Sheffield** Campus. The buildings are situated in a leafy suburb with good access from both motorways and public transport. The conference will begin on Monday 13th September at 12 noon with registration and end on Wednesday 15th September at 3pm. There will be three main themes:

Who cares?

Asking the question 'Who is it that cares?' and exploring this through the lenses of spirituality and psychology, this session will include theoretical input along with delegates engaging with their own spiritual and life journey, and considering how the process of finding meaning has emerged. Led by **Stephen Bushell**, Head of Spiritual & Pastoral Care at the Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust.

The Space between...

An exploration of the nature and qualities of interactive relationships What happens to us in those encounters and how are we changed and challenged by the situations we find ourselves in? This session will be led by **Alastair Ross**, Director of Psychodynamic Studies, University Lecturer in Psychotherapy, Fellow of Kellogg College, Oxford University.

For what?

Reflecting on our particular contexts, what all this means in practice, and how we can best nurture and take care of who we are. This session will be led by **Mark Stobert**, Chaplaincy Team Leader at Dudley Group of Hospitals in the West Midlands and our current CHCC President.

We are delighted that **Janet Morley** will also be joining us to lead a session on how poetry can be a resource for the caring self. Janet is Janet is a freelance writer, speaker and trainer. Her books include All Desires Known and Bread of Tomorrow. Janet will also lead us in a time of prayer and reflection.

The Chair for the conference will be **Ewan Kelly** who is currently the Programme Director for Healthcare Chaplaincy and Spiritual Care for NHS Education in Scotland. The Conference Organisers are Mark Stobert & Emma Louis, Head of Diversity & Spirituality at Sandwell Mental Health Trust in the West Midlands.

There will be two opportunities to attend a **workshop**. These will be focused on different themes relevant to both the mental health and acute contexts and will all look at how it is for us to 'work with' certain themes. If you are interested in facilitating one of these workshops please get in touch with Emma Louis. Emma's details are at the end of this newsletter.

- Working with dementia
- Working with self harm
- Working with trauma and loss
- Working with bodies
- Working with spiritual needs and strengths
- Working with mindfulness
- Working with ethical dilemmas

On the Monday evening the **Conference Fringe** will be an opportunity for individual delegates, or teams, to share what they feel passionately about or bring information on examples of good practice. This will work well if people are willing to participate. Please let Emma Louis know if you want to take part.

The total cost of the conference is £450 for CHCC members and £490 for non members. Day delegates can attend on the Tuesday for £80. Non-residential will be £365 for the 3 days including all meals, except breakfast, and sessions. For more details, a full programme and an application form please contact William Sharpe, CHCC Registrar, on William.Sharpe@unitetheunion.com or phone him on 020 3371 2004.



Peter Richmond, who works as Lead Chaplain at Kent and Medway Partnership Trust, informs us about some documents that he has helped to create using some work coming out of Scotland. Once again, those North of the border have led the way in good practice.

The NHS Scotland Chaplaincy Service Standards and the companion Professional Capabilities and Competencies documents came out in 2008 and 2009. They are both very good pieces of work. They have their origins in hospice chaplaincy and in mental health staff evaluation process developments.

In our South East Coast Collaborative we decided to adapt both documents, with permission, and make them usable for ourselves. We have produced a Service Standards template (for adaptation by individual trusts) and a Capabilities and Competencies Framework (for adaptation by individual chaplaincy teams within the Strategic Health Authority). Each of the documents comes with a simple to use assessment tool.



Kent and Medway Partnership Trust has approved the Standards document, as describing the service it expects to be delivered, and supports it through resources and governance. The Trust has also received the Protocols and Capabilities as a measure for the way the chaplaincy team assesses professional practice.

You can see the original NHSS documents on the UKBHC website at www.UKBHC.org.uk It was the view of members of our collaborative that a simplified version would prove more doable than the originals. It also proved possible to process the Standards document through our Trust governance process when it was produced in a standard A4 format, and could be subjected to editing by the Trust policy staff. I do not believe it would have been possible for the Trust to have simply endorsed a document produced by an outside organisation.

There are real advantages in having a chaplaincy document in the Trust's own format and having passed it through the critical process that is required for a document to become a Trust approved measure of service standards. The main advantage is that it will test the service that actually is, rather than the one that might be wished for. Also, new chaplaincy staff have a clear view of what is expected and what they can expect. It is also much easier to evidence compliance with Equality and Diversity, Patient Experience and Public and Community agendas.

The SHA Equalities Group sponsors the SHA Chaplaincy Collaborative and provides us with hospitality for our three meetings a year. We have been able to proceed with effective shared working, and are pleased with the impact this has had on the morale of chaplains in both the acute and the mental health field. From the point of view of senior managers in our Trust, the fact that we have worked together as chaplains in a SHA based collaborative carries a lot weight. The NHSS national chaplaincy project, developed on a regional basis, and then implemented at a local level, is the ideal way to work these processes.

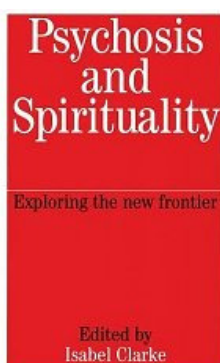


If anyone would like to see the documents we've created, I would be pleased to email copies.

Peter.Richmond@kmpt.nhs.uk

Richard Allen bravely offered (well, maybe I persuaded him) to do a book review for this issue. The tome chosen, and his resulting reflections, are shared below. If you want to review a book relevant to work in mental health or learning disabilities (could even be a novel) do let us know.

Psychosis and Spirituality: *Exploring the new frontier*, edited by Isabel Clarke, Whurr Publishers, 2001



I first picked this book up when I came into mental health work seven years ago. I soon put it down. I didn't understand the concepts, never mind the jargon. I couldn't see the new frontier, since I'd never known the old one! So it was with some

trepidation that I picked it up again to review it.

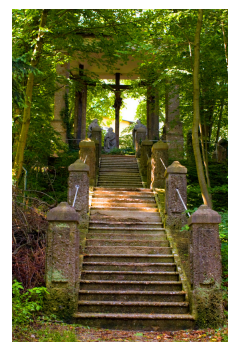
Published originally in 2001, with reprints up to 2003, the list of contributors (predominantly from a psychological background) suggested more of an empathy with psychosis than spirituality. And so it proved, though with some honourable exceptions.

Nathalie Tobert's anthropological approach to the extremes of religious experience and consciousness invited us to find foundations and expression in the warp and weft of everyday society; and Neil Douglas-Klotz's exploration of Middle-eastern mystical approaches to religious experience exposes just how limited a rational, cognitive approach to psychosis and religious encounter can be.

This is not a book for the faint-hearted. It's not an easy read, but it rewards perseverance. Some essays are dense, but most are enlightening. Your reviewer found it a help to have a technical medical dictionary to hand!

The central thesis is that psychosis and spiritual encounter might contain sufficient similarities that they are located on a phenomenological continuum. If this is so, then the urge to pathologise those whose views are outside cultural and societal norms is open to challenge.

However, the contributors are not all agreed on the notion of a continuum. Some argue for a discontinuity between the two concepts, so that 'treatment' can vary. Many identify differences between religious experience and psychosis – eg source, transience, form – which they argue are aids to classification and thus 'treatment'.



Yet what emerges is a strong sense that, in the face of science's drive for empirical, objective evidence, metaphysical and mystical explanations of life's extreme experiences have validity.

The volume feels a little dated, though there is a chapter on Mindfulness on of a number of Eastern philosophical and religious approaches to the treatment of psychosis that are currently gaining ground. But it cries out for the voice of the spiritual professional. In 250 pages, the term 'chaplain' is not mentioned once!

From this book, we know what the psychologists think. Perhaps they should hear how we frame such matters; a companion volume with a variety of views - *Psychosis and Spirituality Revisited*.

Anyone want to take up the challenge?

Copy Deadline

The next newsletter (**copy date: Friday 30th July**) will be focusing on work with children and young people who are accessing mental health services, or who struggle with their mental health and wellbeing. If you have something to contribute please submit it, preferably in electronic format, to either:

Richard.Allen@swlstg-tr.nhs.uk or Emma.Louis@smhft.nhs.uk

Or by hard copy to: Richard Allen,
Barnes Hospital
South Worple Way
Barnes
London
SW14 8SU

