



Mental health



From the Acting Director

I am not a physician, nor a counsellor, so I have no specialist knowledge of mental illness. But I do believe that mental illnesses such as depression and bipolarity are real illnesses. They are real, just as diabetes and arthritis are real. Mental illness is real. Sometimes it can be cured. Sometimes it can be alleviated or held at bay. Sometimes it lessens with time; sometimes it worsens with time. There is much about mental illness that remains mysterious.

And mental illness is present, unobserved, within our congregations. Just as I have been taking medication for years for hypertension, others are taking medication against anxiety. If I can happily take anti-cholesterol pills, why should I be troubled about someone else taking tablets for depression? All of us are

damaged creatures in some way, less than the beings our Creator would want us to be, and we need all the help we can get. Yet within that, as Paul McIntosh points out, each one of us bears the 'imago Dei'. That is a central part of our anthropology, whether ill or not ill. There is something about each one which is to be valued.

Why is it that church people sometimes have special difficulties interacting with the mentally unwell? I wonder whether one factor is unpredictability. We are easily unsettled when someone behaves in a way we don't expect, and we become wary of what might happen next. But Jesus seemed to have a rather laid-back attitude towards people doing the unexpected. He did nothing to stop a strange woman from weeping over his feet,

From the Acting Director (continued)

and then wiping the tears away with her hair. Going with the flow is something we might all become better at, as Richard Noble describes with his friend 'Kevin'. Simply being with another can be a ministry – we don't all have to be doing something all the time.

Those who experience mental illness are suffering in so many ways. If there is any doubt about that, do no more than read Graham's gut-churning recollections of his time in Porirua. A particularly searing aspect of his story is the loss of the sense of self during his times there. He does not remember being treated with the respect due to him as a person.

It is a cliché that we cannot experience another person's suffering, but it's made more difficult when the suffering is mental. I can at least have some idea of another's physical pain, but I may be at a total loss when considering the depths of mental illness.

Because I don't experience the suffering of someone who is mentally ill does not make that suffering any less real. So a 'pat' answer directing people towards Bible reading or developing a personal prayer life is not likely to be helpful – it's not that easy. What will always be welcomed is to be treated as a person who is valued.

The simple courtesies of welcome are not likely to go amiss: the dignity of a handshake and a smile, the courtesy of learning another's name and using it, the invitation to linger over morning tea.

"As followers of Christ and as his representatives, we are called to follow his example. We are called to reach out to

suffering people, to stick with them rather than shrink away. We are called to believe that no one is ever beyond hope, past the point where God's grace and love apply to them. God does not give up on people, even if they give up on themselves. After all, we are not called to have all the answers, understand all life's mysteries, or fix everyone's problems. But we are called to love." (Amy Simpson. *Christians Can't Ignore the Uncomfortable Reality of Mental Illness*. Christianity Today, April 2013.)

Reverend Lyall Perris

A message from the Editor

For a number of years now, WIT has enjoyed bringing you our newsletter. During these years, we have considered a number of topical issues through a theological lens, including crime and punishment, child poverty, the priority of the poor, discipleship, climate change, sexuality, marriage, and sport.

But this newsletter will be our last one in its current form. The focus of WIT has been changing, and so has the way we work. And we recently decided that other channels will better communicate what we are now doing. So we are not going away; we are just keeping up with the times.

We have really appreciated the support and feedback you have given the WIT Newsletter over the years. And we look forward to reaching you in new ways.

Peace and blessings.

Darryl Ward

This newsletter is published by Wellington Institute of Theology (also known as WIT), a body set up by the Anglican Diocese of Wellington to explore contemporary theological and ethical issues, with particular reference to the context of mission and ministry in Aotearoa New Zealand.

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What lens are we looking through?



As we discuss the issues and challenges of mental health from a faith perspective, we have to be aware that at times the Church has not responded compassionately or even rationally to those in need. Yes, there are many wonderful stories of the Church making a positive difference. Yet there are still stories of people who have been left feeling abandoned, judged, and hurt.

The area of mental health is complex. Being human is complex. Yet in the context of caring for the last, the least and the lost, the Church doesn't need all the answers before it responds to those in need. Nevertheless, it is important that we have a good lens to look through in order to see the world and know how to respond.

Uttering the very words 'mental health' can conjure up various thoughts and reactions. One of the negative ones is an automatic 'us and them' response. A quick response that can lead to the connotation that one group is 'sorted' and the other group is 'broken'. Albeit very subtle, it can then lead to rendering one group to be perceived as having more value than the other.

And it's at this point that one can be ironically comforted by the Fall.¹ The Fall

renders us all equal. We are all tainted with the same brush. All feel the effects of sin. Because that's what sin does; sin distorts our humanity. So before we rush to conclude that the person standing in front of us, albeit looking through the window or into the mirror, is broken and needs fixing, we are reminded that all of humanity is broken. No one can stand up and say, "I am perfect".

While the doctrine of the Fall renders us equal, it is empty without the doctrine of Creation. In particular, the Creation account speaks into both our common identity and value as humans:

"Then God said, "Let us make humankind in our image, according to our likeness...So God created humankind in his image, in the image of God he created them; male and female he created them."²

Whatever we understand this 'image' and 'likeness' to be, there is something of the Divine imprint within every human being. All of humanity has value. Each and every unique person has value. If this wasn't clear enough, it is as if the Creation account goes on to underline and highlight this. We see after each day of creation God sees what He has created and says it is *good*. Then after

What lens are we looking through? (continued)

the completion of creating humankind, God looks at all of creation again and says it is now *very good*. It describes how good and creative God is, but it also speaks about the value humanity has in God's eyes.

One of the great tragedies of what was to come in the Fall was that the serpent twisted God's words and made Eve doubt that they (humankind) are already *like* God. The serpent says:

"You will not die; for God knows that when you eat of it your eyes will be opened, and you will be *like* God..."³

The serpent was very crafty to make them think that they were not already like God. As a result of accepting the serpent's offer, rather than gaining the likeness (and image of God), their likeness and image was distorted.

Although humankind's image of God and likeness was distorted, there is nothing in scripture to say that this was completely lost. Furthermore, we find language of the 'image of God' in scripture post the Fall.⁴ We may therefore deduce that the image of God is still to be found in all human beings.⁵ Therefore the doctrine of Creation allows us to say that humankind intrinsically has value.

This language of the image of God continues into New Testament, where we see that Christ is the perfect image of God,⁶ and that his followers are being conformed into his likeness.⁷ In other words, the broken image of God that all humanity carries is being redeemed and recreated through Christ. The value of humankind is continually being reinforced throughout the New Testament.

"God so loved the world that he sent his one and only Son..."⁸

God's radical love for humanity is expressed and seen through the life, death and resurrection of Christ. Christ took on human flesh, he didn't discard it. He came to redeem our humanity, not to condemn it.

Through the grand narrative of scripture we see that God has given humankind significant value, and we see that God loves us and is for us. This is the lens that God has given us to see the people around us. We all have equal value.

Any attitude or behaviour that doesn't see others as equal, including that which leads to some people feeling inferior or judged, is outside of God's desire. In fact, by doing so, we are inadvertently doing the very thing the serpent did in the Garden. We lead people to doubt that they have any value at all, that they have to do something else to achieve it. We make them doubt that they are made at all *like* God.

As the Church, we are invited to form communities of radical love. Where everyone has equal value because we see the Divine image in everyone. They are communities where people feel they belong regardless of their situation or experiences. They are communities of healing and redemption.

"The Church is called to be a community of disciples who love one another with the passion of Jesus, and in their passionate love for the world reveal to the world that it is loved."⁹

Reverend Paul McIntosh

¹ Genesis 3

² Genesis 1:26-27

³ Genesis 3:5

⁴ Genesis 5.1-2, 9.6

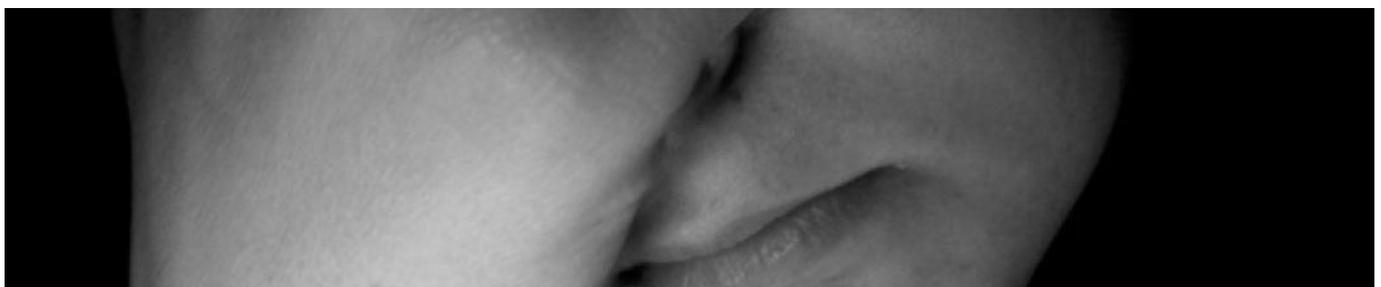
⁵ WS Towner, *Clones of God*, pp. 351-352.

⁶ 2 Corinthians 4:4, Colossians 1:15,

⁷ 2 Corinthians 3:18, Romans 8:29

⁸ John 3:16

⁹ J Vanier & J Swinton, *Mental Health - The Inclusive Church Resource*



Porirua Revisted



Abandoned building at Porirua Hospital, May 2015

I recently found myself in Wellington and took the old Glenside back way to Tawa and Porirua and, being of an enquiring mind I decided to drive through the grounds of the old Porirua Mental Hospital and check out some of my old haunts (yes, pun intended) of the eighties. I was feeling quite light hearted when I turned through the gate at the bottom of the driveway – a beautiful tree-lined roadway that winds up the hill through more trees shining in their bright spring green. The lighthearted feeling disappeared as I hit the three speed bumps , evenly spaced on the hill, which always denoted “arrival” to me – whether at night or in the day, whether laughing or babbling or crying, those humps meant that I was back in Porirua again.

Twenty-five years have softened the bumps of this old institution. Twenty-five years that have seen the demise of the big asylums. Twenty-five years that have seen the rebuilding of my broken life and the rebirth of hope, purpose and ambition.

Here on the Porirua hillside, I look for the buildings that housed my body, while my soul struggled to find peace. Still there but nearly unrecognisable, old villas and wards are

crumbling into the ground. I have to think hard and look beyond the peeling paint and rotting foundations to pinpoint the places that were the landmarks and the milestones of my mental distress for many years. Here are the foundations of the secure ward where you would be isolated, examined, searched and deprived of your clothes, your valuables and your sense of self. And look – over there – isn't that the path that they would take you, tied to a gurney, when they wheeled your hopeless, spiritless, helpless body to the medical ward for electro-convulsive therapy? 'A jump start for the brain', one orderly told me – 'assault and batteries' I called it.

And now I stand in front of the prefab building that I returned to time and time again – 8 times in 9 years I think. I entered into Ward Nine in many different states, sometimes laughing hysterically, sometimes weeping, but always fearful of what the future would hold. I have a vivid memory of desperately scribbling poetry, to get it out of me before the medications they would give me took hold and the fires in my mind were chemically quenched. Dullness of mind, stiffness of joints and constant dribbling became the norm as the chemical

Porirua Revisted (continued)



Graham Johnson

straitjackets tightened their grip and reduced you to the basics of breathing, eating and sleeping. Stripped to the bones of self, with the task ahead of rebuilding personality and insight and re-entering a society that now wanted to hold you at arms length.

Eight times I rejoined the world and began again. Each time with fewer friends, little money, diminished resources and nothing to hope for. From owning a home to flatting, to boarding, to supported accommodation, with the odd bout of living on the streets in between. From having a wife and family to having a landlady and eventually a series of support workers. By the end of my times in Porirua, the only people in my life were those who were paid to be there. I hated most of my life. I hated the pills that controlled me and I hated the mess I made of my life without those pills. I loved the gift of poetry that came with the madness but at the same time I detested my inability to focus and hold onto any goals such as publishing my work. But I digress!

Down the hill from the remains of Ward 9 there is still the old hall, where the weird mockery of social occasions were held. Saturday night dances – with only a solitary dancer waltzing with an imaginary lover. And over there, the cracked remains of a swimming pool that I was never allowed to swim in. I don't know why.

The turning point for me came when my story was included in a book of personal stories that described 20 peoples journey through madness and into recovery. Insight came from being taped, reading the transcript, and seeing the finished book. This was the beginning for me of a long slow passage into a new world that contained forgotten aspects of life, such as stability, family, friends and eventually employment. The ghosts of madness past – still there in Porirua, but they no longer have any power to harm me. Time to move on, as my life has moved on. Down towards the bumps in the driveway and down towards the gates that lead me back into the present and the long drive to my home, job and life in Northland.

For most of the last 12 years I have lived out to the west of Whangarei and one of the most enjoyable parts of my drive into town is coming off the top of Maunu, down the straight past the Kiwi House and the Clarke Homestead. Looking straight ahead, over the top of the city and out to Whangarei Heads, I see what I consider to be one of the most spectacular views in the world as seen from a public highway. Stretching out ahead are the jagged rows of the guardians of the harbour – Mount Tiger, Mount Lion and Mount Manaia, with its jagged teeth reaching to the sky. They present themselves to the viewer differently every time they are seen - sometimes in full sunlight, grey, green and brown, or perhaps with showers shining along their sides and coloured slate grey. In spring they pierce the harbour fogs, looking like islands floating on a sea of pearl grey. Other days they are different shades of grey and look like a screen print hung on the horizon.

Just Visiting

A chemical straitjacket held me fast
when life for me was something past.
Electric shocks restoked the fires of life.

And now I'm free again -
To wander and to wonder
the highroads of life.
I've searched the corridors of madness
and the alleys of insanity.
I've touched upon
the fringes of eternity –
Just visiting the world beyond the edge.

Graham Johnson

Always different but unchanging in its grandeur, I often reflect as I look at that view on the changes in myself over the years as I come down that hill towards Whangarei.

For the first few years I was in the slow process of rebuilding my life after being diagnosed with bipolar disorder and the resultant upheavals – loss of house and savings, breakup of my marriage, many visits to many wards and the hopelessness that results from the inability to be in control of my own mind and my own life.

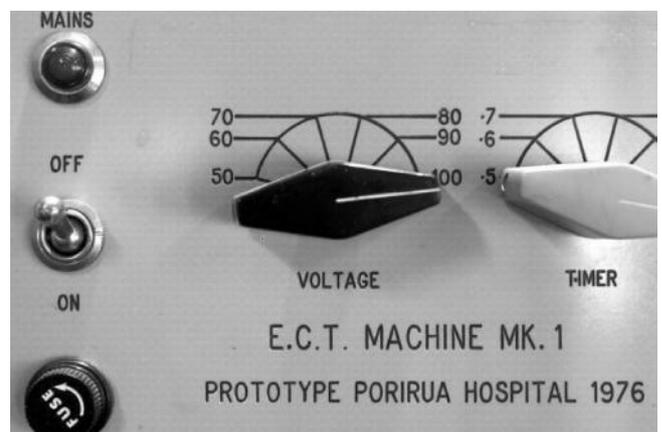
What has changed for me is that all those things are behind me. I have found employment in a field that suits me and supports me at the same time. I work with and support people who are my peers and my friends. I have found strength and confidence in myself and hope for the future.

No more form letters without a signature standing by the name (have you ever tried asking for the letter writer by name), no more being treated with suspicion because I don't look sick and no more having to account for every detail of my life to an ever changing

parade of people, none of whom ever seemed to listen to my needs as a struggling member of our society

My favourite view from the top, although it looks the same as ever, feels different, it has a flavour of freedom to it that had been missing from my life for many years and I journey into Whangarei these days with a smile on my face as I look to the east, to Whangarei Heads and to the new chapters in my life.

Graham Johnson



ECT machine from Porirua Hospital

Mental health ministry

***Jesus' family went out to restrain him, for people were saying,
"He has gone out of his mind." (Mark 3:21)***

In reflecting on my experience of ministry amongst - and alongside - those living with mental illness, I draw on multiple threads:

- my friendships over many years with those – including fellow clergy - for whom maintaining mental wellbeing is an ongoing struggle
- more than ten years of ministry in a parish (Wellington South) which has had both a particular welcome to those living with mental illness, and probably a greater number of such folk as a proportion of our congregation than might be the case in other parishes
- my employment over the last nine years as a support worker in a mental health residential facility
- my own experiences of bouts of depression and anxiety throughout my adult life

When thinking about 'mental illness', it's important to understand that this covers a vast and diverse range of experiences, from those with psychosis, through anxiety and depression, bipolar disorder, obsessive compulsive behaviour, personality disorders, and much, much more. 'Mental illness' is not an homogenous entity but rather is an umbrella term encompassing a kaleidoscope of experiences, symptoms and behaviour that impacts on those whose lives it affects in vastly different ways. For some it's a one-off bout of depression following a major life change that, when acknowledged and appropriately addressed, can bring about significant personal growth. For others it's a debilitating, lifelong affliction, sometimes experienced so acutely that medical treatment is imposed against a person's wishes, and resulting in physical confinement, at times for years, and in extreme cases for the rest of their lives.

What is clearly apparent to me is that those who live with ongoing and intense experience of mental illness at times suffer greatly. I have witnessed this first hand in close friends, family members, and those to whom I have been called to minister. I think of one parishioner who went through a period of such deep depression that they simply wanted to die, and had to be confined under lock and key to prevent them from taking their own life. My own experience of depression notwithstanding, I cannot really understand the intensity of despair that they must have felt. Thankfully, in this particular instance the mental health services were an effective safety net.

This is not always the case. Last year during a period of unwellness my friend 'Kevin' jumped to his death from the balcony of his flat. He was a lovely man for whom I not only had a soft spot, but who had personal qualities – a gentleness and warmth of spirit - that I genuinely aspired to. I miss running into Kevin on the streets of Newtown and, at his insistence, us kneeling together on the footpath to pray. He was my friend, and I loved him.

The flipside to this depth of suffering is that those in the Church who live with mental illness, and particularly its more acute expressions, are fellow members of the Body of Christ, and fully so. We all have God-given gifts to offer in the service of the Kingdom, and we all have limitations in what we can contribute. Experience of chronic and/or acute mental illness does not disable the Holy Spirit, and so folk with mental illness are not just people for us to minister to: they are just as much those we should expect to receive ministry from, as God has gifted them. As such, in our parish life at Wellington South, experience of more pronounced mental illness is not in and of itself considered a reason to limit someone's involvement in ministry. It is simply a case of



discerning wisely what gifts a person has to offer, and then finding opportunities for them to use these gifts, and this includes in leadership. Of course, this discernment of gifts should apply to everyone, 'mental health consumer' or otherwise.

St Paul's perspective that all have gifts to offer in God's service has been borne out by my experience in ministry, not only at the Parish of Wellington South, but also in the wider community, and in what I have received from those that I care for in my workplace. I got to know my aforementioned friend Kevin when he was a resident in the supported mental health accommodation where I work, and after he moved out to live 'independently' I remained in contact with him. I remember one evening at work when I was feeling a bit down in myself. Whether Kevin sensed this or not, I don't know, but he quietly took me aside and told me he wished to bless me, and then prayed over me. It does not surprise me to find that folk who have done the hard yards through the mental health system often have a sensitivity and compassion to others who are going through a difficult period in life, simply because they themselves know what it is to suffer.

Last but not least, our parish life has been greatly enriched by the distinct humour that experience of acute mental illness and the mental health system engenders in those subject to it, as the following words from a Wellington South parishioner bear witness.

Reverend Richard Noble

Richard Noble is non-stipendiary Assistant Priest in Wellington South Parish and is employed as a Community Support Worker in a mental health residential facility.

The Psychiatric Rainbow

Multi-psycho-schizo-mani-phobia-neurosis

Even though the sound of it is something quite atrocious

If you say it long enough you'll know your diagnosis:

Multi-psycho-schizo-mani-phobia-neurosis!

Michael Dunningham

Diploma of Anglican Studies (DAS)



This ongoing programme could be for you. To find out more, contact Joe McGarry, who is the diocesan coordinator: joe@wellingtoncathedral.org.nz

Or visit this page on the diocesan website: http://wn.anglican.org.nz/ministry/dip_ang_studies

Or see the Diploma of Anglican Studies Facebook page: <https://www.facebook.com/Angstudy/>

The Spring term has a New Testament Exegesis paper (Gospel of Mark) as well as a Te Marae paper. Participants will be staying at St Michael's Anglican Church and Marae and are really excited! An Introduction to Old Testament paper will feature in the first semester of 2017.

Mental Health: The Inclusive Church Resource

Jean Vanier, Bob Callaghan and John Swinton

Mental Health

The Inclusive Church Resource

*Personal experiences, theological and practical resources.
The ideal handbook for churches seeking to be
welcoming and open to all.*



Includes a Theology of Mental Health by

Jean Vanier & John Swinton



'Very useful pastoral resources. Highly recommended.'

Church of England Newspaper

Jean Vanier is one of the world's most respected philosopher-theologians, and founder of L'Arche, an international organisation that creates communities where people with intellectual disabilities and those who assist them share life together.

John Swinton is Chair of Divinity and Religious Studies at the University of Aberdeen, as well as a leading expert in Disability Theology

See: <http://www.darton-longman-todd.co.uk/titles/2057-9780232531497-mental-health-the-inclusive-church-resource>

Living well, dying well

A one day seminar from the Wellington Theological Consortium
Saturday 13 August, 9.30am - 4.30pm
Mercy Convention Centre, 15 Guildford Terrace, Thorndon, Wellington

Medicine and Life	Dr Sinead Donnelly
Law and Humanity	Māmari Stephens
The Social Impact	Ross Wardle
An Ableist Society?	Wendi Wicks
Theological Perspective	Dr John Kleinsman

Registration Costs		
Pre conference	waged: \$35.00	unwaged: \$15.00
On the day	waged: \$40.00	unwaged: \$20.00

Morning and afternoon tea will be provided. Please bring your own lunch or you can purchase lunch from the Molesworth Street New World or one of the many cafes in the area.

The Mercy Centre is located at 15 Guildford Terrace, and is just a short walk through Parliament Grounds from Wellington Railway Station. Alternatively, if you need to bring your car, parking will be available opposite the Mercy Centre at Sacred Heart Primary School, Guildford Terrace.

For further information email office@tci.ac.nz

For electronic banking of registration fees, please deposit into Westpac Bank Account number : 03 1531 0085204 00 (Wellington Theological Consortium).

Please enter your name & the code "EOL" into your payment and email your name and contact details to: office@tci.ac.nz

You can also register by filling out the form below and posting it to:
WTC Seminar
The Catholic Institute
PO Box 12243
Wellington 6144

Pre conference registration slip

Please register me for the "Living Well . . . Dying Well" seminar on 13 August

Name: _____

Postal address: _____

Phone(s) _____

Email _____

Waged / unwaged (delete one)

Cheque attached for \$ _____

Contact details and library hours

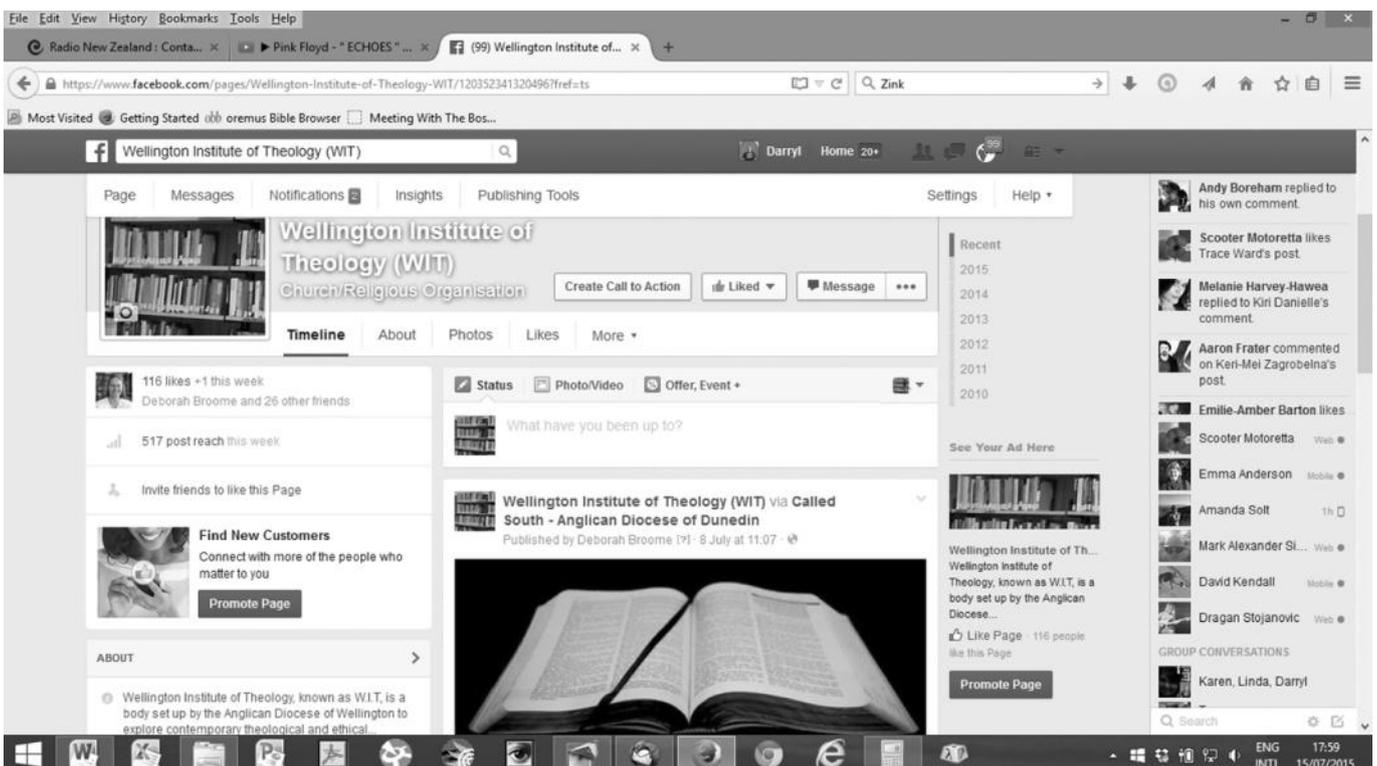


The Wellington Library is located on the first floor of the Anglican Centre, 18 Eccleston Hill (off Hill Street), Thorndon, Wellington. Contact Librarian John McCaul on 04 4718599 or: WITLibrary@wn.ang.org.nz

The Wellington Library is open whenever the Anglican Centre is open, which is usually 8.30 am - 5.00 pm, Monday to Friday. The Librarian is usually there from 3.00 pm - 4.30 pm on Tuesdays, Wednesdays and Thursdays.

The Palmerston North Library is located at St Peter's Church, 229 Ruahine St, Palmerston North. Correspondence should be addressed to the WIT Council, c/o the Anglican Centre, PO Box 12 046, Wellington 6144.

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