

Ministering to madness: the narratives of people who have left religious orders to work in the caring professions

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This paper examines the life stories of 14 men and women who spent time in religious communities and who subsequently took up work in the caring professions. Their accounts reflect the alignment between the ethics of care and those of religious life, the centrality of contemplation and self-examination to both Christianity and psychotherapy. There are further correspondences between their narratives and recent academic interest in the spiritual aspects of health care. They also describe profound changes and moments of uncertainty which parallel other transitional experiences like grieving or unemployment. For many respondents also, caring for others is part of caring for oneself. Disappointment with the religious life and isolation on leaving it appear to have brought the respondents into a close relationship with those who suffer mental illness. It is almost as if they seek to heal the distress in their own lives by proxy.

Keywords: religion, spirituality, mental health, life stories, caring professions

INTRODUCTION

The motivation to examine the life choices of men and women who leave religious ministry and subsequently work in the caring professions springs from the first two authors' (PC & PN) own pursuit of careers in mental health after leaving religious communities. This transition we would argue is not exceptional and suggests a strong mutu-

ality between religious ministry and mental health caring. Of course, as Nicholson (1994) has discussed, this transition has had its more visible journeymen in Goodwin Watson and Carl Rogers, both of whom trained in religious ministry before moving to the discipline of psychology. Also, both men, saw an extension of a spiritual focus in their new profession.

In the following study, we are especially interested in the stories of men and women whose course in life has followed a similar trajectory to our own, and indeed, that of Watson and Rogers. The study was undertaken with a

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view to exploring what kind of thinking and what types of personalities drew men or women firstly into the religious life (or as they sometimes have it, to become a 'religious') and then into mental health care work. A further advantage of choosing this particular group to study is that these respondents may be particularly able to reflect on the motivation behind their life choices. We shall attempt to discern how the insights which the quiet and discipline of the religious life may bring with it inform their professional lives.

Those who enter the religious way of life subject themselves to a rigorous examination of the self and the thought processes that lie behind one's actions (Kenny 1985). It is in the acquisition of these intellectual skills that one perfects the art of self-reflection and self-analysis (Armstrong 1982, Dove 1990). As Kenny (1985) has pointed out, achieving the ability to self-reflect can take many years for some while others never achieve it or fall prey to doubt or self-deception. For those capable of acquiring reflective and contemplative skills their understanding of themselves and the world around them is considerably enhanced and though they can see the multiple afflictions that burden people, yet they are able to provide practical assistance while transcending the wretchedness of the human condition (Van Der Post 1982, James 1982). At a time when nurses are being encouraged to cultivate reflective skills as a means of becoming more self-aware and thus improving patient care, much can be learned from those who have received prolonged training in self-reflection. Those who feel able to go beyond mere appearances and seek to understand the spiritual nature of human existence acquire a dimension to their lives which enhances job satisfaction, increases their joy in living and prevents burn-out (Stiles 1990). The aim of this study then, is to examine the experiences of 14 men and women who have left religious communities, and consider how reflecting on those experiences informs their work in mental health care.

LITERATURE REVIEW

Those who leave religious ministry, of course, face the plight of finding suitable secular employment. Given the strong pastoral ethos of ministry — of caring for the sick, the outcast, the dying — it is perhaps not surprising that many 'leavers' seek and find work in the caring professions. In a real sense, religious ministry and caring professions overlap. This is intimately the case, of course, in hospital chaplaincy work, and care projects such as those described by Rissmeyer (1992) which reach out to the mentally ill. As David Rice (1990) notes in his study of the exodus of 100 000 priests from the Roman Catholic Church since The Second Vatican Council, many ex-priests extend their pastoral focus into the secular world:

The preferred professions? Whichever deal with people rather than things, and especially professions that help.

We may imagine that this is similarly the case with men and women across the denominations, either before or after taking vows. The traffic of 'ex-religious' into the caring professions appears to be more than token. The link between the spiritual life and caring work holds good. Such a link, however, is all too frequently submerged within their new secular roles. Perhaps, the ex-religious themselves are understandably reluctant to announce their pasts for fear of ridicule or stereotyping. Rice (1990) alerts us to the difficulties ex-priests encounter in the job market. The bias of employers can lead ex-priests to remain men 'without history', hiding their pasts. Rice quotes the telling words of one job-seeker:

In my job search, priesthood was written all over my face.

Inevitably, we came to the word 'Father'. Once you hit the magic word, you knew you were going down the tube.

Another reason for the submerged link between spiritual and caring work may be the dominant scientific model in the caring professions. In 'clinical' and 'scientific' environments religious or spiritual experience often takes up an embarrassed silence.

There are two important strands which come together in our paper. The first concerns the recent interest in spiritual aspects of health care, which perhaps provides a way of making sense of the continuities between religious life and the caring professions. The second is a strand of thinking that has developed around the study of biographies and narratives, within which authors have been asserting the storied nature of human experience (see *inter alia* Denzin 1989, Josselson & Lieblich 1993, Parry & Doan 1994). This stream of scholarship emphasizes the interplay between cultural conventions and personal meanings in how we construct the stories of our lives. As Bruner (1984 p. 7) says:

A life lived is what actually happens. A life experienced consists of the images, feelings, sentiments, desires, thoughts and meanings known to the person whose life it is. A life as told, a life history, is a narrative, influenced by the cultural conventions of telling, by the audience and by the social context.

We shall be drawing on some more specific insights from this literature as we develop an understanding of how our informants told their stories. For the moment let us note that this strand of work highlights the importance of the act of telling the story. In a sense, we talk or write our lives into being. The importance of narrative structure in organizing life transitions has been noted in studies of people with mental health difficulties (Angrosino 1994, 1997), adolescents (Apter 1993, Leahy 1994) and people who have recently moved to another country (Lieblich 1993). Whether or not the narratives are literally true is

not the point at issue. With data of this kind, as Denzin (1989 p. 68) says 'only the representations of experience can be captured'. What is important is their role in structuring experience and rendering an intelligible account of it to the reader or hearer.

To date a number of publications have focused on spiritual issues in both mental health practice and the caring disciplines in general. These have alerted us to the many cross-over points between religious ministry and care practice. There has been sustained interest in the spiritual approach to care over recent years (Dombeck & Karl 1987, Peterson 1987, Amenta 1988, Warner-Robbins & Christiana 1989, Reed 1991, 1992, Roberts & Fitzgerald 1991, O'Connor & Waller 1991, Harrison 1993, Widerquist & Davidhizar 1994, Oldnall 1995, 1996, Price *et al.* 1995, Loyer 1995). A number of studies examine the benefits of psychology, counselling and therapies to the ministerial profession (Francis & Robbins 1995, Dayringer *et al.* 1995). Thus, the issue is not simply about how religious ministry and spirituality may inform caring practice, but also how caring disciplines may hone pastoral practice. We find a mutuality of interest between religious practice and mental health care (Ashbrook 1990, Gullede 1992, Weaver 1992, Koenig 1994).

The benefits of a far larger study of people who train first for the religious life and then for the profession of mental health would be immense in terms of our understanding of the nature of mental health care work. Here, we hope to advance in some way an understanding of spiritual issues in mental health care, by examining the experiences of those who have switched from religious life to working with the mentally ill.

THE STUDY

We invited people who left religious communities who subsequently chose to work in mental health care to participate in the study, by means of advertisements in professional journals and magazines. From an initial pool of 21 people who replied, 14 agreed to provide answers to a set of questions we had devised. These questions sought to elicit information as to why people entered religious communities, their experiences whilst there, their reasons for leaving, their subsequent employment and the impact of their religious experience on their work in the caring professions.

Of the respondents who completed the questionnaire nine were men and five women. Although the advertisements were not aimed at any specific faith, surprisingly, all the respondents were of a broadly Christian orientation. The mean age of the sample on entering the religious life was 20 years (range: 16–40 years) and the average length of stay was 8 years (range: 5–20 years). All of the respondents entered religious orders which required them to live in community. Prior to entering the religious life, the

respondents had been engaged in a variety of employment which included teaching, the civil service and social services; some had been students. After taking up the religious life, the respondents had been trained for teaching, nursing, pastoral and missionary work. On leaving the religious life, respondents had taken up posts as teachers and nurses; one had become the manager of a rehabilitation centre, and some had become students. However, at the time of the study they were all working in some mental health care capacity.

The religious life

Most of the respondents were born into very devout Christian families whose parents considered that to have children take up the religious life reflected well on them, the local school and the local community. All the respondents found the idea of dedicating their lives to God compelling, and saw the religious life as providing structure and meaning in their lives. In many instances, local clergy were influential in their decision to enter the religious life as were monks and nuns who taught them at school. At the time of entering the religious life, all the respondents were sure that they were doing the right thing and wanted to devote the rest of their lives to God and the service of others.

My family were not religious, but I did attend Sunday School sporadically as a child and as a teenager because it was a social thing. My life drifted along until a 15 year relationship ended at the age of 39 and I turned to God. I was determined not to allow my life to drift any further and so I looked for ways to commit myself. I knew a Brother in the Society of St Francis and considered for a while entering the Third Order, the lay wing of the Society. After some reflection, I concluded that the lay wing was only half committing myself and so I applied for and entered the First Order. At the time, my vocation was to express my commitment to God in a tangible way. I had been doing some voluntary work prior to entering the Order and it was clear to me that the Society of St. Francis offered a combination of commitment to prayer and to good works which would meet my psychological as well as my spiritual needs.

The great spiritual proponents of the religious way of life challenged me deeply to seek a more radical way of living, people such as Gandhi, Francis of Assisi, Ignatius of Loyola and Mary Ward.

However, there were other reasons as well behind respondents' decisions to enter the religious life. For some, it provided an opportunity which they would not otherwise have had to go on to higher education. Some felt that wearing a habit would give them status, and some were attracted by the community lifestyle. One respondent stated that he had been very unhappy at home and that joining a religious community enabled him to escape.

Another woman wrote that the fear of hell engendered in her as a child was so overwhelming that the only way she could cope with it was to enter a convent. Another chose to become a nun in order to escape her loneliness:

I was quite religious as a child and often considered entering the religious life. However, I became fascinated with boys from the age of 13 and all thoughts of entering a convent left my mind! Then, when I was 20, my fiancée broke off our engagement and several months later, I found out that my mother had terminal cancer. My father had died in an accident when I was three and I felt frightened and alone. Shortly after that, I decided to enter the convent.

There is a thread common to many of these different accounts which, according to Denzin (1989), is a powerfully entrenched part of the autobiographical storytelling form. That is, the belief that lives are turned around by significant events. In some of the cases quoted above, this may be the loss of one or more forms of social support and integration, in the form of the ending of a relationship. Or the moment of change may arise out of a desire for a transition away from the kind of life they had been living before. Perhaps appropriately for studies of spiritual development, Denzin (1989 p. 70) calls these moments 'epiphanies' — 'interactional moments and experiences which leave marks on people's lives'.

Once a religious life had been embarked upon, respondents cited many advantages of living in community. They enjoyed being part of a team with shared goals, they found the self-discipline required by the religious life satisfying; they grew in self-confidence as a result of being with like-minded people, and they formed deep friendships. Some found that community worship strengthened their faith. For others, the life of prayer was an attractive one and a love of music grew up from the religious services in which they participated; they enjoyed the times of silence and the opportunity for reflection. Some enjoyed their pastoral work outside the community and some inside, looking after elderly members of the Order, participating in the rituals of dying and death, laying out and burying fellow monks respectfully and lovingly. Others appreciated the way in which disadvantaged people were served by the community and invited to share the religious life:

The congregation was founded in Ghent, Belgium, in 1807 with the main objective of caring for the mentally ill and those with learning difficulties. In the Order that I joined, we had a number of activities in which patients were encouraged to join as part of their recovery. We had lawns and gardens and an aviary to be cared for. We kept a number of hives and these were largely looked after by one patient. We had a vine in one of the greenhouses and this was again a source of occupation for a patient who demonstrated particular horticultural skill. We also had our own bakery and the Brother in charge would have one or two patients helping him out there. The Order owned a 150 acre farm which kept 10–15

patients busy. In-doors, patients helped on the wards and looked after their own personal areas. My day usually started at 5 a.m. with matins and lauds, followed by meditation for half an hour and then mass. I started the working day with the patients at 7 a.m. and I was expected to attend church several times during the day. I eventually finished at 10 p.m. when we had night prayers.

There was also a lot of dissatisfaction with the religious life. Some mentioned the unease caused in them by the contrast between their comfortable life-style and the ethos of their Order which was founded on material poverty. Some were dismayed by the prejudice and lack of tolerance of fellow monks. They found the attitude of the members of the community towards each other often very uncaring:

I found it very difficult to accept that people who had entered the religious life with high ideals had become so selfish and so unable to share anything. Many believed themselves superior to lay people and were unable to cope with members of the Order who became ill through mental health problems or overwork. The overwhelming attitude was to deprecate others. People were constantly devalued; no-one was ever praised because it might make them conceited and so appreciation of personal worth was sadly lacking. Futile arguments frequently took place over trivial matters and members retreated into a self-preserving culture of institutionalization.

Respondents mentioned feeling fraudulent when treated reverentially by local people. Many were lonely and frustrated by the need to ask permission for every little thing that they wanted to do. Some found their pastoral work with the 'down and outs' of humanity disturbing and questioned whether the church was meeting the needs of these people.

Respondents found a stimulus within the religious life to self-examination and reflection on their responsibilities towards others living in the community and people outside. One respondent wrote about how he took a course in psychotherapy to try and confront what he saw as his own rigidity, smugness and confusion. His poor self-image led to thoughts of suicide. Another respondent described how he fell in love with a fellow novice who subsequently became mentally ill believing himself to have inherited his mothers' manic-depression, took an overdose and died whilst the respondent was on leave.

One respondent wrote that his time in community had been the most influential period of his life in terms of character formation. After leaving, he felt and still feels out of place in the world, considering himself a failure because he has not lived up to the high ideals he once had for himself.

The religious life enabled another respondent to find the sources of creativity within himself. He felt that his search for truth within religion enabled him to tap into ideas

about creation, life and death. He learned to value himself and to recognize when he was being exploited by other people. He also learned that there is much insight to be gained from talking to people who are poor, bereaved and lonely, people normally considered in need of help but who have themselves so much to offer. He also learned that too much self-examination may be counter-productive when it leads to excessive worrying about trivial matters and inhibits action.

For several respondents, the key to personal growth was the recognition of the value of other people and the development of a social conscience:

I developed a strong social conscience (I began to get concerned about others instead of being obsessed with my own salvation).

I realised I had to get involved in social action if I were to bring about change; merely caring for disadvantaged people was in a sense condoning the social and economic circumstances in which they found themselves. I also taught humanities and that broadened me spiritually.

Identifying with the suffering of ordinary humanity led to an increase in self-confidence for many respondents and the development of leadership skills; it also helped some to become less preoccupied with material concerns.

EXODUS FROM RELIGIOUS LIFE

Leaving the religious life was, for all the respondents, a frightening and heart-breaking decision. 'My dream was shattered', stated one respondent. The reasons why people left fell into four categories:

- Loss of faith and subsequent disillusionment with the religious life;
- Feeling 'stuck' and needing to move forward;
- Feeling isolated and unsupported;
- Finding religious life too restrictive.

The words of this respondent sum up the feelings of many:

I was unable to reach a point where I was convinced that religion was right. Whereas Christianity had once helped to make sense of the world, I began to find that it did nothing for me but to make me more confused and anxious. In leaving the Order, I also left the Church and have not returned to Christianity or any other religion since then.

I had outgrown the life; I could no longer endure a system that told me that I was not worthy of God's love. I came out and never wanted to go back.

Others felt that they 'had to escape' before they lost all power to make decisions for themselves. And some felt that they could achieve more in their pastoral work and more in their spiritual lives if they were not hampered by the restrictions of the religious life:

Spiritually I felt ground down by others. I experienced the tension between becoming what I wanted to be and what they wanted me to be.

I was in a nursing order and I devoted more time to the work than to the religious side of things. I felt I was not doing either properly and eventually decided to leave.

Some referred to a tremendous sense of disappointment: 'It was not what I had expected it to be. Truth was not put into action'. The isolation of the novitiate terrified some; they felt unsupported and became very clearly aware of what they had given up by entering the religious life:

When I became a seminarian I reflected almost every day on 'Why am I here?' I began to realize fully the things I would never have: a family, children.

After Vatican II, we began wearing ordinary clothes. I became more secularised and began to mix with people of the opposite sex and I realised I wanted to marry and have a family.

In these stories of leaving the religious life there are traces of what Denzin (1989, p. 81) calls 'pentimento' — a term borrowed from painting to denote something that has been painted out of a picture which subsequently becomes visible. In these accounts the participants describe themselves becoming more aware of the disadvantages of the life, which had perhaps been 'painted out' at the outset. It also highlights the way life stories are a mixture of images from the past and the present and are sites where accounts of the priorities, concerns and pleasures from previous phases are intermingled with the storytelling in the present.

The experience of leaving the religious life was one of great loneliness and insecurity for many of the respondents who had little understanding of 'the ways of the world' and few friends to help them:

I lost my friends and was labelled 'liberal'. I was looked upon as ignorant by people who previously revered me as serious and intelligent.

Coupled with frequent financial difficulties, many were also struggling with a crisis of faith and self-doubt:

I was deserted by my firm belief and suddenly I found myself directionless, unemployed and unsure of the future.

Depression was mentioned by several respondents along with resentment:

I felt cheated and angry that at the age of 36, I had to start again.

In these accounts we can see informants grasping for the lost structure and social support which the previous life had given them. The problem is formulated as being one of starting from scratch, or even as one which has parallels with bereavement or grief (Dickenson & Johnson 1996, Parkes 1996). The loss of faith is a loss of a very intimate part of the self, as well as the loss of intimate relations

with others which this faith affords. This loss occurs in the context of other losses too, such as the loss of livelihood, social contact and structure to the day which work involves. In this way, there are parallels between the life transitions reported here and those which people suffer when they become unemployed (Marsden 1982, Kelvin & Jarrett 1985).

At the same time, these quotes disclose a dislocation between the narratives of the organization in which the individuals practice their faith and their own life story. In a sense, once you are out of the organization you are written out of its collective story.

So far we have concentrated on the negative consequences. By contrast, the transition to civilian life was painless for some:

The President of the Community gave me a farewell party. My dispensation came quickly from Rome. My family welcomed my decision and I found a job quickly. I had met my future husband (a priest) while I was in the convent and he was laicized shortly after I left. I had no regrets, no guilt, but great appreciation for the years I had spent in the convent.

Notice how this account emphasizes social support and the availability of relationships, such as that with her future husband, which smooth the transition from one phase of life to another. In contrast to the rather bleak tales told by many informants, this 'epiphany' emphasizes the positive quality of the change and of the feelings our informant has both for the pre and post change segments of her life.

However, for some respondents, leaving the community launched them into a life of addiction and despair:

Terror, despair confusion... I turned to alcohol and encounter groups. I lost my Catholicism.

I could not re-establish my life nor any kind of social life.

I felt depressed and alone. I felt a failure and unwanted — my old friends were hurt by my decision... I had to undertake therapy; it saved my life.

Some handled their sense of loss and difference from the people with whom they now lived by taking up a life of frantic activity:

I threw myself into good causes: antiwar, antipoverty, antiracism with deeply embedded Christianity. It was only after leaving religion that I found enough space and freedom to work towards my own goals, but I also had to face the harsh reality of finding a means of supporting myself.

In these quotations, then, our informants are accounting for their activities after leaving their previous religious lives in terms of some sort of search or adjustment as they pass through what Turner (1986 p. 41) calls the 'liminal phase of experience'. In this phase, the person is in a 'no-man's land betwixt and between the past and the future.'

Despite the difficulties, it is important to note the solutions adopted, whether these be therapy, encounter groups or activity for good causes. The liminal phase, then, yields new stories and new ways of being human.

Old habits and new challenges

On leaving the religious life, the respondents were naturally drawn to the kind of work which they had had experience of in their communities.

All I could do was nursing, so I returned to it in secular life.

I had worked with destitute people in the West End of London during my time in community. I felt I could relate to them.

Four respondents looked for work in a psychiatric hospital and one took a job in a social services department dealing with mental health clients; two more sought nursing assistant posts and one found work with disabled adults. Others took posts as a youth worker, at a University Student Counselling Centre, in a hospice, and with a self-help group for alcoholics. One respondent went to teach in a junior school and one worked in a medical records office.

Whether the move towards a career in mental health nursing was made immediately after leaving the religious life or later, respondents show that their motivation was based on the need to solve problems or fulfil needs relating to their time in the religious community:

I wanted to work with people and I had a need to have more focus and control in my own life.

I was attracted to working with people with mental disorder basically because I felt a certain affinity with this group. It felt that my life had been a struggle and I had experienced a great deal of emotional distress and anxiety... I hoped that this would enable me to help others experiencing the same thing.

The psychiatric hospital was the biggest employer in town and I thought by working there, I could fix myself and others.

It was part of my own recovery, my own interest in the way that humans can transform themselves. I still felt I had to honour my vow to God that I would serve people.

Respondents also revealed a high level of awareness of issues of control in mental health and also of the link between understanding oneself and helping others to understand themselves:

... awareness of the problems of power and control; a continual questioning of one's own motives and behaviour.

... a clear understanding of oneself and of the reason why we are doing the job.

... a healthy self-love and self-awareness and clear boundaries; deep inner life — emotional and spiritual.

Further insights were found concerning those qualities that respondents considered important in working with mentally ill people. These seemed to relate very directly to respondents' experience of religious life and of leaving it:

... being able to take risks, and get close to people who are in chaos.

... not taking over from people; being with them but not doing for them.

... helping people construct bridges to the community.

... being able to drop your 'saviour complex'.

In these quotations then there are some clues as to the relationship between 20th century religious commitment and life in the caring professions. The narratives of biography are, as Denzin remarks, informed by men and women giving meaning to their lives. Meaning is not solely a private experience but is profoundly public in that it is about aligning our experience with culturally available narratives, scripts or transformational 'rules and resources' (Giddens 1984, Cassell 1993). This process of making matters fit a framework of intelligibility can be seen at work in the quotes above. In both contemporary Christianity and theories of psychotherapy there are theoretical justifications for the value of self-knowledge. The Christian rationale can be linked to the mediaeval concern that one might be punished for thoughts as well as deeds in the hereafter. This encouraged an introspective attitude, as a consequence of which the European concept of the person grew by leaps and bounds (Illich 1973, Foucault 1979). Within psychotherapy and counselling too, perhaps because of their pastoral heritage, self-knowledge is considered vital. For example, in Corey's (1995) formulation, one of the desirable features of therapeutic exchange, empathy, is defined as follows: 'Empathy involves a deep capacity to recall, relive, and tap one's feelings through the intense experience of others' (Corey 1995 p. 113). Thus, the experiences in religious communities may, in the rhetoric of contemporary education, result in 'transferable skills' which align themselves with other discourses of self examination and care for others.

The aftermath of religious experience

Respondents often brought with them from the religious life into their secular lives a strong sense of their own worth and a self-confidence which was not dependent on how much they earned or how many material possessions they acquired. They also set a high value on all their actions, seeing each as an opportunity to achieve something good. Whether or not they retained their faith after leaving the religious life, most were interested in the important issues of the day and a social conscience and campaigning zeal informed their outlook:

I am committed to peace and justice in the world and I try to keep a spiritual life going.

I continue to grow spiritually and I am committed to improving the lot of women.

Some respondents felt that what they had gained from their experience of religious life enriched their secular lives:

I feel I know myself much more than I would have had had I not entered religion. I am also more tolerant of other cultures and beliefs.

I have a sense of discipline, poverty, simplicity and honesty.

However, others felt that their time as 'a religious' had destroyed their chance of happiness in the outside world:

I have lost my faith; I am not materialistic and I am not particularly happy.

Most respondents took the opportunity to reflect further on their feelings about the religious life. Their comments revealed much remaining bitterness although it was clear that many are still keenly interested in religion and continue to try to satisfy their religious sense in a variety of ways:

I continue to struggle with my faith.

Sometimes I miss religious life and the church. However, as the years have passed, I realize I never left them. They left me and I grew up, much in the way children do when their parents die. I still feel anger towards the church. I have built up a counselling practice and ironically, I see many religious priests and nuns who feel that I have an understanding of what they are experiencing.

These accounts correspond closely with more secular concerns with equality and welfare. Notice how theologies expressed by informants conceptualize the social world not as divinely ordered or static, but one which they can and should transform. Not for them the theology expressed in the hymn 'All things bright and beautiful' which describes how God had 'ordered the estate' of the 'rich man at his castle' and the 'poor man at his gate', or a world where suffering purifies the soul. The betterment of the human condition along lines corresponding to both theology and secular politics forms a connection between these otherwise contrasting phases of their lives.

It is important also to note that the qualities which our informants say they have brought to the health care, therapeutic and healing professions has parallels with a developing body of work in the academic literature on health. Up to now the bulk of writing on the health care professions has concerned the technical skills, technologies and training involved. However, there has been a recent interest in the notion of spiritual aspects of healing (Glik 1990, Saks 1996) and the extent to which nursing for example, can be seen as a 'calling' (Raatikainen 1997) in

a similar way to religious commitment. Raatikainen (1997 pp. 1111–1112) defines the sense of 'calling' in nursing as 'a deep internal desire to choose a task or profession which a person experiences as valuable and considers her own. She devotes herself to the task and strives to act according to its higher principles.' In this sense our informants are at the very cutting edge of academic thinking about health care and the importance of spiritual dimensions within this.

CONCLUSION

A number of points need to be made in conclusion. Many of the respondents had a prior pastoral role in their religious ministries not unlike that of a secular carer. Care of the mentally ill features strongly in this pastoral activity. The respondents had grown sensitive to the suffering of others, not only by exposure to marginal groups in their pastoral work, but also by the trauma of personal and vocational development. There is a deep sense in which the switch the respondents made from religious life to secular caring in mental health work is not simply co-natural to their previous pastoral experience but also emanates from a sense of loss. Disappointment with religious life, and isolation on leaving it, appear to have brought the respondents into a close relationship with those who suffer mental illness. The community of institutionalized religious life — for good or ill — has been followed by the challenge of an uncharted secular world. In the uncertainty of taking up secular life, the respondents appear to be falling back on what they know — that is, pastoral care — but doing so with the need for self-healing, to be 'fixed', to understand themselves and to be understood.

There is in all this the sense of the 'wounded healer'. If anything, this study adds weight to the spiritual exchange between professional carers in mental health and those they care for. The current concern with spiritual aspects of caring (Dombeck & Karl 1987, Amenta 1988, Harrison 1993) can be brought full circle as a result of the present study. In caring for others our informants are also caring for themselves, both spiritually and materially. Displaced, isolated, and in many cases not experiencing a sense of belonging to 'secular society', the ex-religious not only seek past work habits, but desire recovery by proxy — by joining the community of social outcasts — and hoping to rise with and through empathic exchange.

The continuities in the respondents' stories here between their religious life and their subsequent secular one reaffirm a number of issues in the literature about life stories and therapy. The filaments of intelligibility they construct, which run through sometimes quite dramatic career changes reflect the ordering, constructive role of life storytelling (Bruner 1984, Denzin 1989) as they construct coherence for themselves and the reader.

Relating to this we would wish to emphasize the way that these stories are not static or finished in any simple sense. A life as lived is constantly in the process of being rewritten (Denzin 1989, McNamee & Gergen 1992, Parry & Doan 1994). Writing the story of changes or 'epiphanies' does not merely reflect that experience, it actively constructs it. Indeed it is possible also to see the systems of health care and education in which our informants have involved themselves as vast factories for the reconstruction of life stories. In making the transition from religious life to the secular practice of mental health care, our informants have maintained their alignment with disciplines which are considered to be close to the fundamentals of human existence.

As yet, we do not know what number of people leaving religious ministries enter into mental health work. Further research is required to bring out this largely 'hidden' component of mental health caring. But our limited examination suggests that the numbers may be considerable, and that spiritual distress suffered by the mentally ill may be closely mirrored in mental health carers. This study does not examine the transitional experiences of people leaving non-Christian religious communities who subsequently worked in mental health care. Further research could profitably compare the experiences reported here with those of people from other faiths. Despite these omissions, the paper provides some key insights into how caring for others is part of caring for oneself. In other words, disappointment with the religious life and isolation on leaving it appear to have brought the respondents into a close relationship with those who suffer mental illness. It is almost as if they seek to heal the distress in their own lives by proxy.

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