

The Christian Fellowship of Healing (Scotland) worked from the early 1950's to support and spread the healing ministry within churches and to encourage engagement with the medical profession. To further these aims a centre was run in Edinburgh where people could come for prayer, listening and healing. A loving and supportive prayer community formed, which came to an end in 2011. This document is part of a legacy of resources which we hope will support others in their engagement with the healing ministry. More archived material is available to the public at the National Library of Scotland.

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Reverend Jenny Williams was Chaplain of the Christian Fellowship of Healing for twelve years, from 1997 to the closure of CFH in early 2012.

She has kindly made available three of her current publications:

- "Towards a Theology of Experience - through and Exploration of the Practice of Healing Ministry," *Theology in Scotland* Vol XIV No1 (Spring 2007): 61 – 72
- "Maggie Centres: A hermeneutic of spirituality," *Theology in Scotland* Vol XVII No1 (Spring 2010): 57 - 69
- "What is spiritual about being ill?" *Scottish Journal of Healthcare Chaplaincy* Vol 14 No 1(2011): 16 - 20

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**Former CFH Resources can be found at:**

[www.st-cuthberts.net](http://www.st-cuthberts.net) | [www.mindandsoul.info](http://www.mindandsoul.info)  
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# MAGGIE'S CENTRES – A HERMENUTIC OF SPIRITUALITY

by Jenny Williams

*"Above all what matters is not to lose the joy of living in the fear of dying"*

Spirituality is a term being increasingly used in our culture, in healthcare, in education and in business. It is noticeably absent from most current church vocabulary except when it refers to specific traditions such as Franciscan spirituality. This article is an attempt to engage and grapple with the question – how can church communities better understand and participate in the on-going attempts to articulate the nature of spirituality in our society now?

In order to do this I have chosen to look at one sector, that of health, and to take as a case study the growing appearance of Maggie's Centres in hospital grounds throughout the UK and now also beyond. Maggie's Centres are interesting in that they do not write about their work in spiritual terms. I hope to show that they both express much of what is now described as spiritual in healthcare. Further I suggest they also give those of us in church communities some vocabulary to enter and contribute more fully to the debate. This, then, is a form of conversation between current attempts to define spirituality, the actual practice of Maggie's Centres and our Christian heritage.

Briefly, Maggie Centres grew out of the life experience of one woman, Maggie Keswick Jencks.<sup>1</sup> She was diagnosed with breast cancer in 1988, received treatment and got on with her life. In 1993 the cancer returned and she spent the last two years of her life in seeking to live as fully as possible during which "She came to believe that this quite deliberate move from passive victim to active participant was the single most important step she took in dealing with her illness. She was living, even if she was dying (as indeed we all are)".<sup>2</sup> In the midst of this she wrote a small book called *Empowering the Patient*; yet she soon came to feel that yet another piece of text was not quite enough. What she and others needed was a welcoming place near the hospital with good information available through both staff and a library. The plan for a place had begun to emerge. Maggie had worked as a landscape architect with her husband Charles Jencks, she was convinced of the importance of the physical aspects of creating a welcoming space. Richard Murphy, an Edinburgh architect, provided the plans to convert a small stable building in the grounds of the Western General Hospital in Edinburgh and the first centre was being developed when Maggie died in July 1995.

This story illustrates spirituality as it has been defined within the current NHS Scotland policy documents on spiritual care. There has been a gradual integration of spirituality into healthcare definitions over the last fifty years. In 1948 World Health Organisation discussions defined health as "a state of complete physical, mental and social well-being and not more merely the absence of disease or infirmity".<sup>3</sup> In 1984 the organisation invited its members to include a "spiritual dimension" into

their health service planning.<sup>4</sup> These roots gave rise to the UK and Scottish governments adopting spirituality as part of healthcare and requiring each NHS Trust to provide guidelines on policy for all staff and training.<sup>5</sup> In a recent document explaining spirituality to staff John Swinton is quoted as saying "Illnesses are deeply meaningful events within people's lives, events that often challenge people to think about their lives quite differently..... A person's spirituality, whether religious or non-religious provides belief structure and ways of coping through which people begin to rebuild and make sense of their lives in times of trauma and distress..... these experiences are not secondary to the 'real' process of clinical diagnosis and technical care. Rather they are crucial to the complex dynamics of a person's movement towards health and fullness of life..."<sup>6</sup>

Maggie's experience of illness can thus be seen as an outstanding example of an individual who found meaning in her personal situation, allowing the rebuilding of purpose into her life. She became sure that her active participation in dealing with her illness helped her to live the rest of her life fully, but also, that belief provided inspiration that has taken shape and form in a way which continues to inspire others to embrace and engage with their own experience of cancer in a similar life-giving way. Many people coming to the centres ask about her life and want to hear her story.

It is interesting to note that the word inspiration rarely occurs in the literature regarding definitions of spirituality and this points to a possible aspect that the church could usefully highlight and bring more centrally into the public debate around definitions and understanding of spirituality.

The word inspiration also links to the central feature of space in Maggie Centres. They are places where people can breathe and tell their story. In contrast to the busy environment of the hospital with its own agendas, Maggie Centres are for people to find space to ask their questions in an atmosphere that is relaxed like a home. The buildings are designed to be interesting, to draw people in, to invite towards the table with a cup of tea. Maggie's seeks to offer welcome to any individual and companionship. This picks up two features articulated in Spiritual Care Matters. Firstly there is expectation that spiritual care is offered on an individual basis, one to one, in a way that is person centred,<sup>7</sup> secondly that spirituality is considered to be primarily relational.<sup>8</sup>

At first sight this would correspond with many churches' tradition of pastoral care which is often offered individually and seeks to be tailored to the particular needs of each person. Yet here I detect an edge of difference between the heritage of the church and the current use of the word spirituality. For in healthcare, it is clear that the language of the psychological world is being used. Pastoral care can be offered from such a framework but it is not universal to do so. Many church contexts still operate from a primarily paternalistic frame where the intention of the giver is to help from a position of power or of knowledge. Often this is associated with providing support in a time of distress by making arrangements and helping people. A person-centred approach, in contrast, works from assumption that the person being helped is in charge and with guidance of good information can make their own decisions. The role of

the person alongside them is to assist them to create space for reflection.

Within the context of a Maggie Centre there is a trusting that the physical spaciousness will mirror into peoples' internal reality, bringing an experience of space consistent with a person-centred approach. Talking and reflecting with others is one of the ways that this is embodied. Another is good, accurate and up-to-date information not only on the medical questions but also about nutrition, exercise, and relaxation. In other words, the aspects over which the patient has more control themselves and through which they can be part of supporting the nurture of their own being. They are given encouragement to live as fully as they can within the limits of their illness. This can be done in a variety of ways, over a cup of tea, in individual sessions, in teaching groups or classes, in therapy groups. Many of these are not only open to the individual who is ill but also to their family or any close friends. Maggie Centres are thus combining good professional information and expertise with a person-centred approach that begins with the experience of the individual and seeks to support them to integrate current knowledge into their own situation and empower them. In this way maybe they are offering the church a window of understanding into what aspects of spirituality are embedded in our tradition (supporting people in times of crisis) and also revealing to us the subtle shifts that the current use of the word indicates. The focus of attention is on the resources within the individual and the role of professional is to draw out the competency of the individual through the process of self-awareness rather than offering help externally in guidance given or instruction offered. There is a subtle but clear issue here of where authority or knowledge is understood to reside. Is that within the person seeking help, or with the institution (or individual representing the institution) that is offering help? Spirituality is generally opting for the former.

Much writing about spirituality speaks of its life affirming nature and its roots in the experience of individuals. Paul Heelas and Linda Woodhead from the University of Lancaster, writing from a primarily sociological perspective, argue that there has been a trend since the Second World War towards a "turn to life".<sup>9</sup> "The turn to life need not, of course be religious..... As a rule of thumb one could say that the turn to life has a religious or spiritual dimension when life is understood as something which cannot be reduced to its material and empirical components but is always (albeit mysteriously) something 'more' than these."<sup>10</sup> They articulate "the turn to life seems to represent not only a turn to something, but also a turn from something - from religions perceived to be anti-life or life-denying."<sup>11</sup> They consider that this trend explains the growth in interest and participation of small groups that encourage personal growth often associated with spiritual practices or with alternative and complementary therapies. Such groups place an emphasis on experience and the value of sharing in a communal setting. They also notice a similar trend within churches across denominations, from those on the liberal wing such as Creation Spirituality through to Alpha Groups on the evangelical end of the spectrum. In other words they would argue that spirituality is already present and affecting our church communities.

This raises a question as to whether the increasing use of the word spirituality is indicating a change in the way people want to relate to one another as human beings? Does this focus on learning in small groups, in which experiential sharing is a strong component, point to an emerging form of freedom and life? Are we in a time parallel to the Reformation when education was seen as a means to bring a substantial shift of power and to facilitate many more people to participate more fully in society? Is this trend telling us that there is a new form of educating and life happening in small groups which is less based on information giving and more focussed on learning which has a strong focus on relationships? I suggest that this is indeed part of what the word spirituality means.

When we turn to the world of science there is a growing question as to whether spirituality is a normal part of all human behaviour. This question arises both from qualitative work which analyses what people report of their experience and also from the quantitative work of neuroscience where new techniques are facilitating much more detailed analysis of the effects of meditation and prayer on the brain. David Hay working from the Alister Hardy Institute, now based at the University of Wales in Lampeter, has been a significant contributor to the debate in the UK about spirituality. With Rebecca Nye<sup>12</sup> he undertook some fascinating research with children where they were given photos depicting children of their own age in contexts where awe was expressed or questions of values raised. Analysis of the recorded conversations allowed articulation of a common theme which they called 'relational consciousness'. This phrase sought to identify two key aspects: that the children had a level of perceptiveness distinctive from their normal conversation, and that they expressed this primarily in language of relationship with other human beings and with God. This becomes significant especially when it is held alongside some of the quantitative research. The latter has made leaps forward since it became possible to begin to map the chemicals underlying our emotional experience. A strong practical consequence of this it is now possible to be sure there is a correlation between emotions and our immune systems giving rise to the new speciality of psychoneuro-immunology. In other words our feelings do affect our ability to fight infection, so this means it has become clear that working with feelings has the potential to facilitate physical health. This begins to give a scientific underpinning of why telling one's story has the capacity to support health and healing. Herbert Benson of Harvard University's Medical School, a major researcher in prayer and spirituality says "Western medicine still makes serious distinctions between mental, emotional and physical roots of illness despite the amassing of research that finds mind and body are so interwoven that such distinctions are not only artificial, they're unscientific."<sup>13</sup>

One of the things this tells us is that old boundaries between disciplines are breaking down. Science is no longer in a completely separate frame of reference from the worlds of feeling or of spirit. A consequence for those of us in the church is that areas of human experience that have been considered our domain, things of the spirit, are now being investigated and named without our initiative and without our control. What does it mean for us that scientists are beginning to define spirituality as a quality

of being human that is hard-wired into our biological make-up? How do we respond to this situation? Do we object as if we were fighting for territory? Do we see it as an opportunity? And if the latter is so, what sort of opportunity do we see – one of promoting our position, or one of learning and contributing to a new situation? What would bring health for ourselves and others? Using the language of spirituality as practised in Maggie Centres and articulated in Spiritual Care Matters, the first step would be to listen. To listen and wait for what is beneath the surface of our questions: to create space and to see what emerges from the relationship of encounter.

So rather than continuing looking at Maggie Centres to try to understand the current definitions of spirituality, I now want to change the focus and look at what the 'language' of Maggie Centres might reveal to us about the church. Can we listen to what others might see in us through the spectacles of spirituality? What heritage might they see, what guidance might be offered to us about the latent potential within our tradition?

Looking from this perspective others might draw our attention to the rich heritage of stories that we have primarily in Scripture: narratives that give voice to human dilemmas and struggles that echo throughout centuries. These stories have the potential to offer companionship, meeting the experience of loneliness and fear, providing reassurance that people in the past have navigated themselves in and through such difficult territories of human experience. In some ways this an obvious thing to say and people of faith continue to do this, normally facilitated through preaching, through individual and corporate reading of Scripture, and through pastoral care, usually of the minister. It might be pointed out to us that our articulation and facilitation of this process could be made a lot more accessible to more people.

What is often lacking in our churches are contexts where people going through similar life experiences can meet together in a way that they are enabled to support one another. In recent years narrative theology has given voice to the process whereby individuals can find their personal story mirrored in Scripture and progress their journey of faith. Yet generally we have not integrated into our patterns of church structure small groups in which people can safely explore those inner places where faith and life experience throw up discontinuities, confusions, and painful feelings. We do not have a strong culture that faith and belief grow and change throughout life and that this is expected and normal. Experience of Maggie Centres show that strength can be found by making space for that which is vulnerable within us. They indicate that strength can come from sharing feelings. They show us the value of small groups that are not about joining or signing up to a set of beliefs but rather sharing experience of life. This is to build on awareness that is already clearly articulated within our Christian tradition by such writers as Henri Nouwen and Jean Vanier. It also ties up with trends already present in our church communities such as an annual services for people bereaved. It encourages us to use such opportunities to create space where sharing stories can bring life and hope.

Maggie Centres might also point out to us their experience that when faced with the crisis of serious illness most people are asking deep questions about meaning, people of all faiths and none. So they might encourage us to think of ways that we could offer such listening and meaning-making contexts for people beyond the immediate church community. How could we relate with GP surgeries and offer support to people in health crisis and/or for people living with long-term and chronic ill health? Anthropologists such as Arthur Kleinman<sup>14</sup> have mapped clearly that the meaning families attach to illness is something that needs attention in its own right. Creating space for people to safely explore their meaning, allowing them to express their story, this is a form of resource. This is the kind of spirituality that Paul Heelas and Linda Woodhead are analysing as culturally appropriate for this time of history. In such contexts the people coming set the agenda, they might speak about God and they might not. As in Maggie Centres they are likely to speak of their common health concerns and what emerges from that. They show us some clarity about the practise of narrative theology. Much of their 'text' is the nature of the illness, and how to stay attentive to life in the midst of that - are they are showing us an example of contextual theology? This might not sound like a conventional way to spread the gospel but it actually does. In a very straightforward way it seeks to serve people who are ill, offering them space, time and respect. More than that, if we can enable a context, a room, someone to accompany those wanting tell their story, we promote the search for meaning. Barbara Glasson has lived such a ministry in central Liverpool where she set up what became known as the Bread Church in a flat in the city centre. She records her own learning from listening to those who came twice a week to bake bread, in her book "I am Somewhere Else". More recently she has worked with survivors of sexual abuse and written of what they have taught her. She says "Through Christ we are called to hear, to bear witness to those who groan and travail, to the silenced among us..... This is not simply a piece of therapy, but an act of redemption. It is the work of God in the world." <sup>15</sup>

This approach of listening both affirms life and it actively combats fear. Fear reduces the working of the immune system preventing the body's natural healing capacity. One of Maggie Keswick's greatest concerns was that peoples' fear be addressed. She said, "fear, compounded by ignorance and false knowledge - is a paralysing attack in its own right. The myth of cancer kills as surely as the tumours." <sup>16</sup> This resonates well with the most frequently repeated phrase in the Bible 'do not be afraid'. To facilitate people telling their story is allowing the naming of fears, is about being heard and valued, is working with human longing, and looking for ways to embody life and love. This is very much in tune with Jesus teaching perhaps best expressed in John 10.10 when he said "I have come that you might have life, and that abundantly". He told parables drawn from every day life, he responded to questions of the disciples as they arose. He understood the power of story. In our day we have heard and seen the power of story-telling in extreme circumstances such as the Truth and Reconciliation Commission in South Africa, it may be less obvious to us that such strategies could be embodied in local churches helping to make peace in peoples' hearts.

Maggie Centres have been designed by world famous architects, who have created stunning, striking and interesting buildings. Their experience might cause us to reflect again on the many amazing buildings in which we worship and the fact that people can be deeply affected by spaciousness. Maggie Centres call our attention to the resource our sanctuaries can be for enabling the creation of inner space that encourages reflection. They remind us that beauty is a part of our heritage and that it can be very sustaining and affirming in times of suffering. Maggie Centres often run creative groups using writing and art work showing us other ways that small groups can support the making of meaning and companionship.

Another common small group offered in Maggie Centres is meditation. This is normally offered in a guided meditation format, where the person leading takes people on an imaginary journey that usually includes sensual aspects of taste, touch, smell and awareness of the beauty and value of life. The advantage of this way of working is that it is open to all, accessible to people whether they hold religious beliefs or not. People describe these times as relaxing and life affirming. So what is possible to learn from this? Possibly that worship services that have space in them might be appreciated. There are many liturgies available to us now from the Taize community and Iona Community where both our heritage is upheld and there is room for people to reflect on their own. The Ignatian tradition, which is now networked across Scotland by the ecumenical Epiphany group, offer people and resources to encourage prayer, meditation and inner reflection. Perhaps, linking this with the interest for people to talk in small groups, there is more willingness to engage in questions about meaning than we might suppose. Maybe it is a product of the Reformation, with the focus on people learning to pray for themselves without priests doing it for them, that has resulted in our current culture where people are wanting to make meaning themselves starting with their own experience. Rather than assuming that people are rejecting traditional faith, maybe this move by people to work things out from inside their own experience is a natural product of the freedom our tradition literally fought for?

The language of spirituality is here to stay whether we like it or not. I suggest that it offers us space for reflection, not so much about the content of our message, but more about how that message is to be communicated in our current world. It raises the question of how people are learning when so many have access to good education and information. It reveals that questions of values and the making of meaning are now coming more centre stage in our cultural awareness of what brings people life and health. It shows us that practices of prayer and meditation are currently points of connection with the scientific community.

This means that the church has much to contribute. The understanding of the word is still being debated, in particular there are unresolved questions about the overlap between spirituality and religion? Such questions are being integrated into training for our doctors and nurses. I suggest at every level of our church community it is in our interest to actively engage



with this new description of being human. Our presence and heritage is rich, if we offer our perspective in a spirit of reciprocity we can be part of creating a bridge between disciplines that have held themselves separate for many centuries. This word 'spirituality' has the potential to enable communication and a reconnecting of a common human search for meaning and truth in our society.

## **End-notes**

1. For more details about Maggie'slife <http://www.maggiescentres.org.uk>
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3. WHO Basic Documents Geneva WHO 1948: 1
4. Wilkinson, John Health and Healing (Edinburgh St Andrews Press 1998), 4
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6. Spiritual Care Matters NHS Education for Scotland
7. *ibid*: 21
8. *ibid*: 31 – 34
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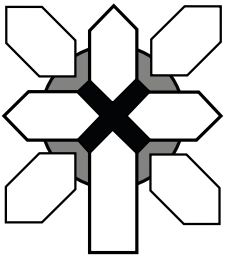
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# Credo

*used by the*

***Christian Fellowship of Healing (Scotland)***

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## **The Christian Fellowship of Healing:**

**is united in its commitment to the practice of prayer as the foundation of all our ministry.**

Prayer is the means through which we believe the Holy Spirit can use us, here and now, to continue the practice of healing incarnated by Jesus.

**is an ecumenical group of Christians who openly embraces a range of theological understanding and language to describe 'how' God heals.**

We accept that health and healing can and does come through medicine, counselling, complementary therapies and other means. This does not negate the real contribution of prayer, rather it upholds the role of prayer to support individuals to listen to the Holy Spirit within them, guiding them, facilitating health and healing.

**is committed to being alongside people who are suffering and experiencing pain, struggle and distress whatever their background.**

We acknowledge that suffering faces us all and challenges our understanding and belief. Yet we can, with integrity, offer reassurance of God's loving presence accompanying every human being as seen in Christ who has shown us the capacity of God to be vulnerable even to the point of death. Living in and from this truth of the ever present loving God we respond as authentically as possible from our hearts, and we can offer an understanding of the range of meaning of healing which includes miracles.

**is convinced of the importance of the varied aspects of healing displayed by Jesus in the miracle stories.**

This includes an intense personal encounter with Jesus; affirmation of the individual as a person of value, physical healing, restoration of meaning and purpose, social inclusion; as well as challenge to those in power; confronting rigid thinking and lack of compassion. We believe all these components are aspects of the transforming love of God and reflect the wholeness Jesus calls us into. We see healing as deeply linked with the Christian tradition of vocation through which the living God calls each of us to discover and fulfil our potential.

**is united in our understanding that healing in the New Testament includes wholeness.**

This links the transforming love that effects miracles with the transforming love that brings the disciples through their fear and resistances into their ministry of apostleship. Our experience is that the practice of prayer in small groups, with a commitment to sharing and listening, enables those of us offering healing prayer to grow in ourselves and in our capacity to experience and share God's love. This includes the reality that some people have a gift of healing and a greater capacity than average to bring about healing.

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