

**SUBMISSION**

**TO**

**SENATE SELECT COMMITTEE**

**ON**

**MENTAL HEALTH**

May 27, 2005

Prepared by  
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## 1. ABOUT THE SUBMITTER

The Christian Science Federal Representative for Australia identifies with and supports the growing public interest in spirituality and promotes the goal of religious rights for all. It provides accurate information to the public about Christian Science and its discoverer, Mary Baker Eddy.<sup>1</sup> The Federal Representative is supported by various state Committees on Publication who are appointed by local Christian Science branch churches in those states. (Christian Science is not Scientology).

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<sup>1</sup> Mary Baker Eddy spent many years searching for practical, permanent solutions to the many challenges in her life. She discovered a Bible-based method of spiritual healing (which she named Christian Science) that enabled her to gain control of her life and triumph over obstacles such as divorce, homelessness, family rejection, and chronic poor health. Eddy devoted her life to sharing with others this spiritual system of healing. In addition to healing many, teaching others to heal, and giving public talks, she wrote and published many books and articles explaining these revolutionary ideas. See [www.marybakereddylibrary.org](http://www.marybakereddylibrary.org) In her late eighties, she established *The Christian Science Monitor*, a well-respected international newspaper. [www.csmonitor.com](http://www.csmonitor.com)

## 2. EXECUTIVE SUMMARY

We appreciate this opportunity to make a submission to the Australian Senate Select Committee on Mental Health. We commend the Committee for addressing a broad range of aspects in the provision of mental health services with particular reference to the Commonwealth's National Mental Health Strategy. This inquiry into mental health services in Australia is most timely.

This submission introduces a new area to be considered concerning the care for mental health consumers and their carers - **specifically a need to recognize spirituality as an approach for improving mental health outcomes**. This more "holistic approach to improving mental health and well-being" is in accord with recommendations in the *National Mental Health Plan 2003 to 2008: Australian Health Ministers July 2003*.<sup>2</sup>

**TWO CORE ISSUES** are addressed throughout the submission:

- ❑ **The need to utilize a more holistic approach to the treatment of mental illness that includes spirituality.**
- ❑ **A person suffering from a mental illness, whether living in the community, admitted voluntarily, or admitted under detention in an approved treatment center, a prison, or a migrant detention center, should have an expectancy that their right to access his or her spiritual care practitioner,<sup>3</sup> as well as the utilization of spiritual approaches in the treatment of mental illness would be acknowledged and provided for.**

There is a growing body of research supporting the inclusion of these core issues in mental health legislation, - some of which is referenced in this document. The research indicates spirituality offers improved outcomes for consumers suffering from mental illness or disorders.

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<sup>2</sup> See <http://www.dh.sa.gov.au/mental-health-unit/documents/mhplan.pdf>.

<sup>3</sup> The term "spiritual care practitioner" as used in this submission should be construed in the broader sense and include, for example, a rabbi, imam, ordained minister, member of the clergy, monk, priest, Christian Science practitioner etc. For information about a Christian Science practitioner (See <http://www.tfccs.com/aboutchristianscience/practitioners.jhtml>).

### 3. OUTCOMES FROM ADOPTING THIS APPROACH

- **A More Holistic Approach To Treatment:** Legislation and policies that support a more holistic approach to mental health treatment and care, which recognizes that “Australians now expect a timely, respectful, individualized and holistic approach to their mental health care”, delivered in accord with cultural *and religious needs*.<sup>4</sup>
- **Patient Access To Spiritual Care Practitioners:** Legislation in all States and Territories, as well as nationally, that respects and ensures that patients who admit themselves voluntarily to, or who are under detention in, an approved treatment center, a prison, or an immigration detention center <sup>5</sup> (or carers responsible for a patient, and who so request on their behalf), shall have regular access to clergy and other spiritual care practitioners of their choice.
- **Patients Rights & Religious Liberties:** Legislation in all States and Territories, as well as at the national level, that allows persons who are mentally ill or who are mentally disordered to receive the best possible care and treatment in the least restrictive environment, and with the least interference, and which “affirms the rights, dignity and civil [and religious] liberties,”<sup>6</sup> and self-determination.
- **Mental Health Research Agenda:** In order to better inform legislative decisions for change – the immediate establishment of a strategic national mental health research agenda. This should include ongoing research into alternative treatments for mental illness and disorders such as spirituality; and the benefits of encouraging patient self-determination, especially allowing a choice to be made for spiritual care rather than coercive psychiatric treatment. Such a programme should include provisions for sharing outcomes with all State and Territory Health Departments and mental health professionals.

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<sup>4</sup> National Mental Health Plan 2003-2008: Australian Health Ministers July 2003 p.7.

<sup>5</sup> Australian Immigration Detention Standards Principles underlying care and security [http://www.immi.gov.au/illegals/det\\_standards.htm](http://www.immi.gov.au/illegals/det_standards.htm) 4.2 Detainees have access to spiritual, religious and cultural activities of significance to them.

<sup>6</sup> SA Dept of Health Review of Mental Health Legislation, Terms of Reference.

#### 4. TERMS OF REFERENCE and RECOMMENDATIONS

**This submission addresses the following Terms of Reference:**

- b) “the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care;”
- d) “the appropriate role of the private and non-government sectors;”
- e) “the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;”
- g) “the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;”
- k) “the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimizing treatment refusal and coercion;” and
- n) “the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.”

**Responses to these Terms of Reference are addressed as follows:**

- **The benefits of spirituality for mental health patients** - Terms of Reference b, d, e, g, and n.
- **Issues with detention of mental health patients** - Term of Reference k.

Many Australians identify with the spiritual aspects of their lives. Recent research supports this fact. In the 2001 census, 75% of Australians reported having a religious affiliation (6.7% non-Christian). The proportion is higher in rural (86%) and elderly (83%) communities.<sup>7</sup>

It is therefore vital in the current climate of high rates of mental health illness that health professionals, mental health workers, as well as carers are trained to recognize and understand how to respond to a person suffering mental illness

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<sup>7</sup>Australian Bureau of Statistics. Census of population and housing: selected social and housing characteristics, Australia, 2002. Canberra: ABS, 2002. (Catalogue no 2015.0).

who desires treatment with a spiritual approach; therefore, it is necessary now to broaden the concept of what is “best possible treatment and care” so as to allow access to spiritual care practitioners, for those patients (or their relatives, carer, or guardian) who request that method of treatment.

Such an approach requires consideration of the inclusion of expanded coursework on spirituality and health in medical school curricula such as is now common in many medical schools in other parts of the world, especially in the USA. This would more closely reflect community attitudes in the 21<sup>st</sup> century.

The current Terms of Reference of this Senate Select Committee Inquiry are silent to any spiritual component in the provision of care for mental health needs of individuals. This vital aspect of caring for individuals with mental health needs should not be excluded from future discussion.

To support our request that there be innovative research in this area, we offer a small sampling of published reference material confirming the need to specifically include research into the relationship between spirituality and improved mental health outcomes. Also that there is a further benefit of allowing a person suffering mental illness, access to spiritual care practitioners.

<b>5. WHY SPIRITUALITY CAN BENEFIT PATIENTS - Terms of Reference b, d, e, g, &amp; n.</b>
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Recognition of the spiritual needs of patients in providing proper care for the mentally ill is growing. To some patients it is crucial. Honoring a patient’s request to be in contact with his or her spiritual advisor is usually in the best interest of the patient, and is a component of recognizing the religious rights of the person. It provides an important safeguard for a patient that respects their individual dignity.

**(1) SAMPLING OF AUSTRALIAN RESEARCH RELATED TO  
SPIRITUALITY & MENTAL HEALTH**

- (a) In a significant study published in 2003, Hedley Peach wrote in the *Medical Journal of Australia* that greater participation in religious activities is associated with better health outcomes.<sup>8</sup>

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<sup>8</sup> Hedley G.Peach, Religion, spirituality and health: how should Australia's medical professionals respond? MJA 2003 178 (2): 86-88.

- (b) According to the Australian Community Survey, conducted by researchers from Edith Cowan University and NCLS Research,<sup>9</sup> one in three Australian adults says that the desire for a spiritual life is a very important or the most important principle guiding his or her life. Another third of all Australian adults say that it is important.
- (c) Dr. Craig S. Hassad, Senior Lecturer, Department of Community Medicine and General Practice, Monash University, wrote in a 2000 paper, "*Depression: dispirited or spiritually deprived?*"<sup>10</sup> - "The 20th century has seen a widespread decline in mental health in Western society. One important factor may be the lack of meaning and spiritual fulfillment that is part of our increasingly secular and materialistic society. In medical education and practice, religious issues are often marginalized or 'pathologised,' despite consistent evidence from the literature of the protective effect of 'religiosity' or 'spirituality' on mental and physical health."
- (d) In the ABC Radio National programme *All in the Mind* 2 June 2002, entitled "Spirituality and Your Shrink" Natasha Mitchell interviewed Dr. George Halasz and Dr. Russell D'Souza, both psychiatrists practicing in Victoria.<sup>11</sup> It was stated in this interview that more than two thirds of patients being treated for psychiatric problems indicate that spirituality is important to them, according to a number of survey studies worldwide. That's compared to just ten percent of psychiatrists acknowledging the spiritual needs of their patients as important, and only three percent of this ten mustering up the courage to ask their clients about their spiritual beliefs. Psychiatrists included in this tiny percentage say their colleagues are overlooking something that could play a vital role in therapy, and that mental health professionals generally need to re-engage with the spiritual. Dr. Russell D'Souza is the Director of the Centre of Excellence in Remote and Rural Psychiatry at the University of Sydney, and a consultant psychiatrist at Box Hill Hospital. And though he's not a religious man himself, he is prepared to try and engage with the spiritual dimension of his work, and he's part of a growing and mainstream movement worldwide.
- (e) In an ABC TV *Compass* programme "*Psyche & Soul*," presenter Geraldine Doogue reported - "today there's a growing community of psychiatrists worldwide who regard spirituality as a missing link in their profession". Dr Russell D'Souza commented in the interview that for the first time in

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<sup>9</sup> See [www.cra.org.au](http://www.cra.org.au).

<sup>10</sup> See article published on the Internet by *The Medical Journal of Australia* eMJA 2000; 173: 545-547, [www.mja.com.au](http://www.mja.com.au) 2000 *Medical Journal of Australia*.

<sup>11</sup> See full transcript of this programme at <http://www.abc.net.au/rn/science/mind/s569671.htm>.

37 years the Royal Australian & New Zealand College of Psychiatrists had a whole symposium spreading over the whole day actually devoted to religion, spirituality and psychiatry at the most recent meeting.” This programme looked at the work of two psychiatrists – D’Souza and Dr George Halasz, whose research is showing that spirituality can play an important role in the care of the human psyche.<sup>12</sup>

- (f) A Discussion Paper issued recently in connection with a NSW Department of Health Review of the Mental Health Act 1990, commented that around the State (NSW), there are many significant populations of people from culturally and linguistically diverse backgrounds. These populations had their own understanding of mental illness and their own traditional healing methods. Individuals in such diverse backgrounds often rely on other methods of healing including spiritual healing, rather than medical treatment alone, in dealing with mental illness and other diseases.

This small sampling of research illustrates the importance of recognizing all cultural and religious practices, which for those communities described above, are associated with better health outcomes including in mental health.

## **(2) SAMPLING OF RESEARCH STUDIES FROM UK & USA RELATED TO SPIRITUALITY & MENTAL HEALTH**

### **(a) UNITED KINGDOM:**

A significant article by Dr Andrew Powell (UK), based on a paper he gave to the College of Psychic Studies, London 27<sup>th</sup> September 2002 is important to note. <sup>13</sup> Referring to empirical research into spirituality and health, Powell states that “Health,” according to the World Health Organisation, is *‘a state of complete physical, mental and social well-being, not merely the absence of disease’*. The WHO report continues: *‘the health professions have largely followed a medical model, which seeks to treat patients by focusing on medicines and surgery, and gives less importance to beliefs and to faith – in healing, in the physician and in the doctor-patient relationship. This reductionism or mechanistic view of patients as being only a material body is no longer satisfactory. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process’*.<sup>14</sup>

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<sup>12</sup> ABC TV Compass “Psyche & Soul” October 5, 2003 Full transcript see <http://www.abc.net.au/compass/s961481.htm>.

<sup>13</sup> Dr Andrew Powell “Mental Health and Spirituality” See [http://www.rcpsych.ac.uk/college/sig/spirit/publications/nl10\\_nine.pdf](http://www.rcpsych.ac.uk/college/sig/spirit/publications/nl10_nine.pdf) for this paper.

<sup>14</sup> World Health Organisation WHOQUOL and Spirituality, Religiousness and Personal Beliefs: Report on WHO Consultation Geneva: WHO 1998.

Dr Powell summarized his paper by saying - "*Spiritual awareness needs to be a cornerstone of psychiatry.*"<sup>15</sup>

## **(b) UNITED STATES**

David Larson et al. (1998) reported on the work of more than 70 mental health and other related researchers.<sup>16</sup> Their report stated: "The data from many of the studies conducted to date are both sufficiently robust and tantalizing to warrant continued and expanded clinical investigations." The report concluded that "religious/spiritual commitment may enhance recovery from depression, serious mental or physical illness, and substance abuse; help curtail suicide; and reduce health risks. More longitudinal research with better multidimensional measures will help further clarify the roles of these factors and whether they are beneficial or harmful."

Given just these two examples from UK and USA, both of which include further significant research resources, we recommend to the Select Committee that there is further valuable research to be done to examine whether there is a connection between spirituality and improved mental health outcomes.

Though it appears there has been considerable work done in the past in Australia at the national level to foster research under previous national mental health plans, we agree it is time to establish a "national framework for coordinated innovative research and development . . . strongly informed by consumer and carer perspectives".<sup>17</sup>

## **(3) SERVICES OFFERED BY SOME SPIRITUAL CARE PRACTITIONERS**

- (a) Services offered by spiritual care practitioners are often central to fostering human dignity. A patient's access to such services should be protected through legislation, which though becoming more widespread in the USA, (for examples see (7) later in this document), is not as yet found in Australian jurisdictions.

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<sup>15</sup> Dr Andrew Powell (2002) "Putting the Soul into Psychiatry" See [www.rcpsych.ac.uk/college/sig/spirit](http://www.rcpsych.ac.uk/college/sig/spirit) Newsletter No.8.

<sup>16</sup> Larson, David B., Larson, Susan S. and Koenig, Harold G. "Research Findings on Religious Commitment and Mental Health" Psychiatric Times Oct 2000. See <http://www.psychiatrictimes.com/p001078.html>.

<sup>17</sup> National Mental Health Plan 2003-2008, Australian Health Ministers July 2003 p.27.

- (b) Some of these services, including those offered by Christian Science practitioners, have been found effective in meeting the spiritual needs of those who request it in the treatment of mental illness.<sup>18</sup>

## 6. THE DETENTION PROCESS – TERM OF REFERENCE k.

### (1) THE DETENTION PROCESS

We concur with the *Model Mental Health Legislation* principles<sup>19</sup>, which recognize:

- “as far as is possible, people with mental illness are to be treated in the community” 4(b);
- “the provision of treatment and care is to be designated to assist people with mental illness to as much as possible, live, work, and participate in the community” 4(c);

Including the above provisions from the *Model Mental Health Legislation 1994* in the State & Territory legislation would provide a valuable support to those who have relied in the past on treatment from spiritual care practitioners such as Christian Science practitioners and who request such contact and treatment. Where appropriate, it would provide a much needed and familiar support framework to remain in the community allowing regular contact with these spiritual care practitioners so as to achieve healing of mental illness and mental disorders.<sup>20</sup>

Allowing these patients to remain in the community while under treatment by spiritual care practitioners can help avoid the outcomes from unfamiliar medical treatment as well as unfamiliar custodial detention, which have been found in many instances to be counterproductive to the therapeutic process.

Treatments that lead to healing of mental illness, assisting the patient to have access to cultural and religious treatments, activities and support groups in the community, rather than just managing the illness through treatment in detention under security and custodial situations should be maintained as a primary

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<sup>18</sup> See Appendix A to this document, “Services offered by Christian Science practitioners”; also Appendix B “God has given us a sound mind”, Plum, G *Christian Science Sentinel* March 21, 2005. Recently published article illustrating the benefit of treatment of mental illness through spiritual means.

<sup>19</sup> Commonwealth of Australia (1994) *Model Mental Health Legislation*.

<sup>20</sup> Christian Science practitioners do not diagnose patients or maintain a record of their symptoms or conditions; do not offer them advice about medical care or the use or administration of medications, medical remedies, equipment or technology; and do not use manipulation, massage or any other kind of physical contact or therapy on patients.

objective, and would be in accord with the United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.<sup>21</sup>

## (2) CONSENT TO TREATMENT OF PERSONS WHO HAVE MENTAL ILLNESS

In light of relevant research on mental health issues, we recommend that medical practitioners, psychiatrists, and others who have responsibilities for ordering treatment arrangements, take into careful consideration the wishes of the patient, or if the patient is unable to respond, to consult with and respect the wishes of carers or guardian, or a medical agent, acting on behalf of the patient, in all cases where treatment decisions are made. While some States do offer provisions under advance health directives, or enduring guardianship provisions there is a need for more widespread awareness of the benefits of making these directives, This is especially so where patients refuse consent to treatment because it is not in accord with their cultural or religious beliefs or practices

Dr. Spencer Zifcak Associate Professor of Law and Legal Studies at La Trobe University in Melbourne wrote in *The Australian Journal of Human Rights* <sup>22</sup>

. . . new legislation should not attempt to prescribe effective psychiatric practice but, rather, should aim to facilitate and underpin it. Consistent with this attitude, new laws should be concerned principally with process rather than practice or outcome...**those who suffer or have suffered from mental illness, and their carers and advocates, should play a much more significant part in decision-making than they have previously done.** (*Emphasis added*) As the prominent English campaigner for mental health rights, Larry Gostin, has observed:

“From the patient's perspective there is no human rights principle more fundamental than to give him access to a decision-making process which he can have confidence in.” <sup>23</sup>

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<sup>21</sup> Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care, United Nations General Assembly (1991) 46th Session, Item No. 98(b). The text of the UN Principles is reproduced in *Human Rights and Mental Illness, the Report of the National Inquiry into the Human Rights of People with Mental Illness*, Human Rights and Equal Opportunity Commission, Volume 2, Appendix 5 (AGPS, Canberra 1993).

<sup>22</sup> Dr Spencer Zifcak “Towards 2000: Rights, Responsibilities and Process in the Reform of Mental Health Law See <http://www.austlii.edu.au/au/other/ahric/ajhr/V4N1/ajhr413.html#fnB24>.

<sup>23</sup> Gostin L "Human rights in mental health" in Bluglass R and Roth M *Psychiatry, Human Rights and the Law* (Cambridge University Press, Cambridge 1985) p 152.

## 7. USEFUL LEGISLATIVE EXAMPLES FROM OTHER JURISDICTIONS

It should be noted that in the United States, in the mental health laws of some states there are provisions that allow a patient to have unlimited access to certain categories of professionals, such as attorneys or ministers of religion. We recommend that all Australian States and Territories follow this precedent.

- For example, the Kansas Care and Treatment Act for Mentally Ill Persons provides that:

“(a) Every patient being treated in any treatment facility, in addition to all other rights preserved by the provisions of this act, shall have the following rights: . . . (8) to communicate by letter with . . . any . . . minister of religion, including a Christian Science practitioner. All such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination; (9) to contact or consult privately with the patient’s . . . minister of religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, their parent; (10) to be visited by the patient’s . . . minister of religion, including a Christian Science practitioner, legal guardian or attorney at any time and if the patient is a minor, their parent . . . .

(b) The head of the treatment facility may, for good cause only, restrict a patient’s rights under this section, except that the rights enumerated in subsections (a)(5) through (a)(12), and the right to mail any correspondence which does not violate postal regulations, shall not be restricted by the head of the treatment facility under any circumstances . . . . (c) Any person willfully depriving any patient of the rights protected by this section, except for the restriction of such rights in accordance with the provisions of subsection (b) or in accordance with a properly obtained court order, shall be guilty of a class C misdemeanor.”

**Kan. Stat. Ann. § 59-2978(a)(8), (a)(9), (a)(10), (b), (c) (2002).**

- A similar law in Utah provides:

“(3) Notwithstanding any limitations authorized under this section on the right of communication, . . . [i]n no case may the patient be denied a visit with the legal counsel or clergy of the patient’s choice.”

**Utah Code Ann. § 62A-15-641(3) (2003).**

- The Montana Mentally Ill law provides:

“Patients admitted to a mental health facility, whether voluntarily or involuntarily, shall have the following rights: . . . (3) . . . Patients shall have an unrestricted right to visitation with attorneys, with spiritual counselors, and with private physicians and other professional persons. . . .”

**Mont. Code Ann. § 53-21-142(3) (2002).**

## 8. CONCLUSION

We recommend addressing the spiritual needs of mental health consumers and their caregivers. We hope that at the national level there will be recognition of the benefit of spirituality as a tool in treatment of mental illness and to ensure the right of mental health patients to have access to a spiritual care practitioner such as a minister of religion or a Christian Science practitioner.

We welcome any questions or requests for further information the Senate Standing Committee on Mental Health may have concerning this submission.

An opportunity to discuss these issues at a face-to-face meeting would also be welcome any time by contacting the undersigned.

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## APPENDIX A

### WHAT IS CHRISTIAN SCIENCE?

- Christian Science is a universal practical system of spiritual, prayer-based healing premised on the Bible.<sup>24</sup>
- It is available and accessible to everyone – not just those who call themselves Christian Scientists.
- Mary Baker Eddy discovered Christian Science in 1879 as a result of her own healing of a life threatening illness.
- Eddy's primary text on spirituality and healing, *Science and Health with Key to the Scriptures* sets out this spiritual method of healing.
- People of many different faith traditions as well as those with no faith tradition have found comfort and healing through reading and praying with the ideas in *Science and Health* and the Bible.

**Christian Science** is a means of spiritual care through which individuals have found better emotional and physical health, answers to life's deepest issues, and progress on their spiritual journeys.

Many people find the Chapter on Prayer in *Science and Health* particularly helpful. Likewise the last Chapter gives 100 pages of verified testimonials of healing.

Healthcare decisions are always a matter of choice. Neither Christian Science practitioners nor the Church of Christ, Scientist offer counsel or interfere in an individual's decisions.

Basic ideas:

- God is divine Love, Father-Mother, supreme.
- The true nature of each individual as a child of God is spiritual.
- God's infinite goodness, realized in prayer, heals.

### WHAT IS A CHRISTIAN SCIENCE PRACTITIONER?

Briefly, a Christian Science practitioner:

- performs a healing ministry;
- provides prayer for the healing of human ills;

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<sup>24</sup>See further <http://www.tfccs.com/aboutchristianscience/>

- does not provide patients with advice or counsel about how to conduct their lives or what decisions to make;
- maintains confidentiality at all times in sacred communications made by patients to them in their Christian Science practice in accordance with the rules of the church governing document – the *Church Manual of The First Church of Christ, Scientist* ;
- does not diagnose or maintain a record of symptoms or conditions;
- performs this healing ministry professionally, full-time;
- meets a review application process for moral, ethical and theological standards; and
- usually advertises as a Christian Science practitioner in *The Christian Science Journal* which contains contact information for Christian Science practitioners worldwide.

In Australia, Christian Science practitioners have been active since the early 1900's.

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#### **WHO WAS MARY BAKER EDDY:**

- Mary Baker Eddy spent many years searching for practical, permanent solutions to the many challenges in her life.
- She discovered a Bible-based method of spiritual healing, which she named Christian Science, that enabled her to gain control of her life and triumph over obstacles such as divorce, homelessness, family rejection, and chronic poor health.
- Mrs. Eddy devoted her life to sharing with others this spiritual system of healing. In addition to healing thousands, teaching others to heal, and giving public talks, she wrote and published many books and articles explaining these revolutionary ideas. Her key work on spiritual healing is *Science and Health with Key to the Scriptures*.<sup>25</sup>
- She founded the Church of Christ, Scientist with a healing mission that embraces all humanity.<sup>26</sup>

#### **WHAT IS THE CHURCH OF CHRIST, SCIENTIST**

- The Church of Christ, Scientist was founded “to commemorate the word and works of our Master, which should reinstate primitive Christianity and its lost element of healing.”<sup>27</sup> (*Manual of The Mother Church* by Mary Baker Eddy, page 17.) The First Church of Christ, Scientist is not related to New Age Thinking or Scientology (Church of Scientology).

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<sup>25</sup> *Science and Health* is available to read online at [www.spirituality.com](http://www.spirituality.com).

<sup>26</sup> <http://www.tfccs.com>

<sup>27</sup> The purpose and mission of The First Church of Christ, Scientist, as well as its current focuses and objectives, are set forth in its Mission Statement

- The First Church of Christ, Scientist publishes the Pulitzer Prize-winning, international newspaper, *The Christian Science Monitor*<sup>28</sup>, and provides international broadcasting services.
- The Church also publishes *The Christian Science Journal* and *The Christian Science Sentinel* as well as *The Christian Science Herald*, which is published in a number of languages. *The Christian Science Quarterly – Weekly Bible Lessons* provides the Sunday sermon for worldwide branch churches. TV and radio versions are syndicated throughout North America.
- The first Christian Science branch churches in Australia were established in 1898
- Individuals, who join The First Church of Christ, Scientist, and its worldwide branch churches, are completely free to choose whatever health care system they think appropriate for their needs. Free choice is a basic part of Christian Science.

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<sup>28</sup> [www.csmonitor.com](http://www.csmonitor.com)

## APPENDIX B

This article can be found on <http://www.spirituality.com>

### **God has given us a 'sound mind'**

Giulia Plum

Reprinted from the March 21, 2005 issue of the *Christian Science Sentinel*

*Giulia Plum is a practitioner and teacher of Christian Science who lives in Redding, Connecticut, with an office in nearby Norwalk. She also gives public talks on Christian Science. Before becoming a practitioner, she had a private practice as a licensed psychotherapist. Below are excerpts from a recent conversation Giulia had with the Christian Science Sentinel.*

What I feel most deeply when helping individuals who struggle with mental illness is the conviction that God loves each person—both the one with the difficulty and the caregiver. That love runs deeper, and bigger, and higher, and broader than we can possibly imagine. While this type of illness can be extremely challenging, I've found it helpful to begin addressing it by being willing to consent to the power of that love while praying to understand and practice it better.

In Christian Science, one definition of God is Mind—the universal, all-good, all-inclusive consciousness. Good mental and physical health has its source in this Mind and is our natural state. Therefore disease, or a disturbed mental state, is unnatural. As God's children, we all have the potential to show forth mental soundness, even when we are struggling with an illness that would seem to take it away. We can embrace each moment as an opportunity to draw a little closer to, and gain greater clarity about, our unity with the divine source of consciousness.

*The Christly, spiritual  
identity in each of us.*

There's a wonderful passage in the Bible that says, "God hath not given us the spirit of fear; but of power, and of love, and of a sound mind." To me, this passage is referring to the Christly, spiritual identity of each of us. In our prayers, we can strive to see ourselves and others in this Christly light—going beyond an identity based on gender, heredity or diagnosis, to the purely spiritual perspective of our oneness with God. Praying this way can help dissolve fear, whether it's fear for oneself, for the loved one who is ill, or the fear that another family member will get the disease.

No matter how hard the problem is—even if it is considered incurable—in Christian Science there is always the expectation of healing. Disease is not God-given or God-created. We can challenge disease on this basis with a deepening conviction that it's impersonal and without divine authority. By that I mean that mental illness neither originates with the individual nor with his or her family. It is never a part of

anyone's true identity, because each is the child of God.

While Christian Science teaches that disease doesn't have the substance or permanence it may seem to have, Christly compassion and practical wisdom are of primary importance as we apply these spiritual concepts in prayer and in our lives.

If a loved one is confused, depressed, behaving erratically or is self-destructive, it is never wise to ignore the problem or address it only in a superficial manner. Immediate, specific, consecrated prayer that embraces this one in the safety of God's love is clearly needed. This prayer leads us to know what steps to take to keep our loved one safe. Continuing treatment in Christian Science holds the expectancy of complete healing.

*Prayer can help us gain freedom from incurable conditions.*

Prayer can also help us gain full freedom from any condition that is considered treatable but not curable. While it wasn't a diagnosed mental illness, I was faced with that prognosis for a thyroid problem. It was completely cured through Christian Science treatment—substantial proof to me that “with God all things are possible.”

I understand from personal experience the challenges of caring for someone with a mental illness. It can be very demanding, even overwhelming at times. I think it's important to recognize that we don't need to be ashamed or afraid to ask for help for ourselves as we give this care.

Prayer during these times is deeply sustaining and healing. Family members need to know they can turn expectantly to the very source of health and wholeness, and draw on the love that God has for all of us. They can lean on God's love even when they feel they can't take another step or go on another day.

It's a powerful love. It's a strengthening love. It changes how we think. It stills fear. It brings peace to our hearts and minds. And ultimately, it heals.

*God's healing love:*

**Science and Health:**

[180:25-27](#)

[114:23-24](#)

**King James Bible:**

[II Tim 1:7](#)

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