Researcher BN: Great. So, I thought we could, just if you could just start briefly by stating your age and your gender, and your role here?

SP9: So I'm (SP9), I'm 54, I'm male, and I'm the vicar of (name of church) which is er set in (name of location).

Researcher BN: Great, thank you. So what goes on here, generally, including kind of community activities as well?

SP9: Quite a lot. Erm (laughs). In the parish center, we erm, hire out er, most of our rooms to therapists who erm, do therapy and (name of organization) bereavement care for (name of location) and Newcastle is based here as well so er, quite a lot of listening goes on in here, erm, in this very room er yoga happens. It's also used quite a lot by er, the dancers of Newcastle, training people in spiritual direction and spirituality generally, and this is used quite a lot for one to one meetings for people who want to talk about their life with God. Erm, this is for community use, full stop really so, endless organisations use it. Erm, I can't give you a full list (name) could next door. And in the church similarly, it's used for, erm today is art ventures with the children’s group using our hall. Erm, Zumba on a Monday and erm, Brownies, Scouts and all of that kind of thing through the week. And yeah, erm, the toddlers group, and an art class, erm, and we've got a lot of concerts in church now, music is becoming a really big thing. So, not just our own music, but erm, there are outside groups, so the (name of group) is giving a concert at Christmas, erm, a local ex head teacher is organizing a schools, erm, concert in December as well, and we have come along and sing (name of group) on Saturday. Erm so, those are kind of some of the things we do.

Researcher BN: Great, lot’s going on, yeah.

SP9: Erm, schools come and do a lot of visits here, so, I've just been to listen to a reading at (name of location) school erm, and I go every week and I do that every week. I go to (name of school) every week, to do lunch duty, and I’m a Governor at (name of school) I do regular assemblies there, and, at all three schools actually, and then they'll come and do visits to church,

Researcher BN: Ah okay.

SP9: ..so year 2 are coming to church in a few weeks for a Christingle, year 1 have just been for baptism. (name of school) have their carols concert in church as well.

Researcher BN: Great. So, have you got any kind of direct involvement in any community activit-, activities? Or is it more the chur-, within the church?

SP9: Well I suppose the big thing we're involved in, I’m involved in and the churches are, is the (name of location) festival. Have you heard of that?

Researcher BN: No, I haven't been in (name of location) long enough (laughs).

SP9: So that’s held every other year, but this year it was three years since the last one because of the pandemic. Erm, I think 15,000 people came to it. It was in the park. Erm, it's the largest number we've ever had erm, it’s a days festival, stalls, bands, erm, activities for children, that kind of..

Researcher BN: Oh great, so you’re involved in that as well, yeah?

SP9: Yeah, school governor.

Researcher BN: Yeah. Wow (laughs). So what kind of day-to-day conversations do you have with people who come to (name of church)?

SP9: Well my day is never the same so, I can never predict what it's going to be.

Researcher BN: Yeah.

SP9: Erm, what kind of examples are you looking for?

Researcher BN: Just if you kind of describe a, well, I suppose you couldn't describe a typical day, erm, but what, how, how your interactions might play out with people that come here?

SP9: Well it’s everything from someone who walks through the door to come and light a candle to talk about someone who's died or, situation they're worried about or someone who’s ill. Erm, commonly as a priest, some things happen because you know, you're taking a funeral and therefore, erm, someone tells you about a person’s life, or someone comes to get married and you find out about them, weather they've come with their child to be baptised. So those are kind of, in some ways kind of structured, but quite a lot of my life is unstructured, you know, so you never quite know, you know that when I went and did an assembly at a school on Friday and talked to the headteacher that, one of the pupils parents had just killed themselves. So then you're aware of that whole situation and erm, I’ll obviously pray for that family and that kind of thing, so you never quite know what yeah, what's gonna crop up. One of my parishners was in hospital yesterday to have, well her husband was to have stents out in this morning, well it turned out that that's not happening. 'cause they need a bypass operation..

Researcher BN: Oh wow.

SP9: ..so those kind of, yeah.

Researcher BN: And how long, what kind of duration are those conversations, do those conversations tend to be?

SP9: Well everything from seconds to hours, I mean, erm, I took a funeral for a young person, a 15 year old who killed himself in February. And I went the day before the inquest to his parents to take some flowers and a card and his mum was in. You know, and then I ended up having an hour and a half conversation with her, so you never, you never quite know.

Researcher BN: Yeah.

SP9: Erm, but then I've just spoken to (name), who's the new landlord, who's ours, I was meant to be seeing him tonight, he wants to meet up to find out about community engagement with the church and erm, er, we've rescheduled that meet- you know, so it can be, it could be fun things like that and, very profoundly sad things as well.

Researcher BN: Yeah, the full, full spectrum.

SP9: Yeah.

Researcher BN: Yeah. So, is there any sort of themes that come up that aren’t faith-based, that aren't to do with directly to do with prayer or things like that, is there any other conversations that come up?

SP9: Yes, regularly I mean I’m, erm, in some ways the faith-based are less common, erm. So erm, at the moment I'm on a one person campaign to get the lollipop person back on the coast road and that, which is, I've been campaigning for for about two years. And erm, the system says there should be a lollipop person there and they haven't provided one for, since the pandemic, erm and so those kind of conversations I would have with the headteacher particularly at (name of school). Erm, erm, yeah, so they're very, often very practical stuff around the community.

Researcher BN: Mmmm.

SP9: Erm, also, I live here and shop here and stuff so you, you have interesting conversations at local shops about how workers and how businesses and, erm, and er, you get a sense of the frustration of digging roads up, and erm, I'm a cyclist as well so all the stuff around cycling as well.

Researcher BN: Yeah.

SP9: And I guess we, we would create, we want to be a place where people can come. So we've, we've often hosted kind of, those kind of conversations when the city councils wanted to have a meeting about the cycle lanes, some years ago they came to (name of church) and we created a space for that to happen.

Researcher BN: Okay, oh great, so do you ever talk about health, like physical activity, diet, exercise, smoking, alcohol? Do those conversations ever come up at any point?

SP9: Yes, frequently quite a lot to do with..

Researcher BN: Oh okay.

SP9: ..you know, my partial care of, of, so in the Church of England, a vicar cares for the whole of the parish, regardless of whether they come to church or not, so there're just over 16,000 people in this parish. So if they want my care, that's offered free of charge to any of them, so erm, health stuff is a really big issue yes, both erm, in the schools I, I'm involved with, and issues around obesity and erm, erm and emotional health hugely, obviously, since the, particularly since the pandemic. Erm I, so for instance, I've done an assembly, erm, because I used to be a university chaplain before I was here, I've done quite a lot of talks on mental well-being and self-care and around suicide. So I did a, an assembly on, after (name)’s death, when he, the guy who killed himself erm, for the sixth form around self-care and that kind of thing. Erm, I was, I'm not, I’m not sure smoking comes up very much anymore. Erm, er, I think erm, diet is more common and, well-being I think is more common, yeah.

Researcher BN: Mmmm. So do they tend to be when you're giving talks or in a group setting, or one to one, or both?

SP9: One to one, but it's so, it's not, I have a parishner who’s husband's an alcoholic, that so, you know, that impacts on their life.

Researcher BN: Yeah. So who tends to initiate the conversations about health and well-being, that you have?

SP9: Mixture, me sometimes and then, I think in a communal setting more likely, erm, me, and in a pastoral situation, the person who's come to see me.

Researcher BN: Uhumm. So by communal, do you mean outside of this setting, so do you mean out and about?

SP9: Yeah.

Researcher BN: Yeah.

SP9: Well like in the schools.

Researcher BN: Ah OK, yeah. So they happen both in the church and out and about?

SP9: Yeah, so for instance, I, I know the school counselor well at (name of school) so I’ll often pop in and my stock question is how's the mental health at school? Erm.

Researcher BN: OK. So how do the conversations about health and wellbeing tend to go, do they go well?

SP9: Depends what you mean, what by well? Erm, it depends, I think erm, one of the things, one of things that is extraordinary about being a vicar is that you have an overview of how society and community are functioning. So I think one things I have found that don't, doesn't go well, is how, erm, you know, how the National Health Service functions within itself, so, I've had Parishners who have eventually died who've had kind of multiple series of illnesses, that get treated in a kind of silo way. So you know they might have, the person I’m particularly thinking of had diabetes, so that's treated by the diabetic clinic, and then they had a heart condition and that's effecting their breathing, so that's done by the heart consultant, and it kind of went, you know, it goes on and on from there, and no one seems to talk to each other, and then you get into this awful kind of spiral where they're not gonna operate because, erm, that, you know, because the diabetes is that bad and the breathing, you know, and the heart can’t, you know, all that stuff. And then they end up dying, erm or, I’m thinking of someone who died this year. Lovely guy who actually painted this room,

Researcher BN: Ah, wow!

SP9: ..that we're sitting in, who had a heart attack in hospital, and just said to me I, I wish I'd died.

Researcher BN: Mmm.

SP9: And I think I have every sympathy really. I mean, if he had a heart attack somewhere else he probably would have done, but because he happened to be in hospital at the time, they brought him back to life and he, he lived a very unhappy life after that, he was a very happy man, so it was, or a very positive man, so it was very upsetting to see that. So, so you see quite a lot and, even the guy that went into hospital yesterday, erm, you know, this kind I suppose sums up where the NHS is at the moment, the Freeman, the secretary to the consultant at the Freeman said, if you want to get this done quickly, you need to go to A&E, and then you're, and present to A&E, and you'll get through the system quicker.

Researcher BN: Oh wow.

SP9: So you’re, yeah I know (laughs) so, you, you learn quite a lot about how systems are working or not working. One thing is I kind of slightly regret is, is not having closer working relationship with the GPs. Erm, I have occasionally when someone's, there’s meant to have been a serious mental health issue, so I’ve referred people to them, but erm, it feels like they're a very separate bit of, the community.

Researcher BN: Ah okay.

SP9: I imagine mainly because of work lecturing.

Researcher BN: Mmmm.

SP9: Erm, so yeah, I think I see quite directly how, and have quite direct conversations about what needs to happen. I mean sometimes that's around what someone doesn't want to do, and I think that’s a really interesting thing about my job is, compared to medics, is erm, I think faith is about change actually, and I presume that, well I know lots of medics, one thing that is really hard for a medic to persuade someone to do is to change their habits.

Researcher BN: Mmmm.

SP9: Erm, my previous colleague who, so a curative is like an apprentice priest, er is the (name of occupation) at the (name of hospital), so, and we have quite a few doctors worship here. So it’s that kind of area isn’t it, (name of location) is full of them. Erm, yeah so, so you know, then you have a conversation with a GP who comes to church who was saying that she's really seeing the impact of erm, fuel poverty and cost of living because some of her, and this is not in Newcastle, some of her patients can't afford to run a, you know if they have oxygen at home, can't afford to run that for the electricity.

Researcher BN: Mmm.

SP9: So that, so you get very sensitized to different situations that people are facing.

Researcher BN: Yeah.

SP9: There’s a lovely young couple that I married, comes to church who she's a GP and he's a psychologist in (name of location). And again, we kind of socialise together so you get a kind of sense of, and six months ago they were talking about how poverty is already impacting on people’s wellbeing.

Researcher BN: So do you find that impacts the conversations you have with people about health and wellbeing, the input you have from people who are in, kind of health care, do you think?

SP9: Well it, yeah, is has just sensitised me to a whole load of stuff really. I mean like a, you know, so you just learn a lot in the job, you know school governor, you know safeguarding is surrounding into a massive area, part of which can be physical neglect, can't it? So, erm, I'm conscious of the kind of statistics with, erm, I don’t know if you’ve heard of the church urban fund, but it was something that was created after, erm, the riots in Liverpool many years ago, decades ago. And it still exists, and it's there to support, erm, work of the church in deprived areas, but it has a really useful, erm, database of, so you can work out what your poverty levels are under parish. So, even in (name of location), er is it 17% of children live in poverty, and 1/5 of pensioners.

Researcher BN: Wow. That feels like a lot doesn’t it. Yeah.

SP9: Then obviously we support the local food banks, so you get a sense from them what some of the challenges are, and because we work together very closely with our other Christian, erm, churches here you get, erm some of which have their own food bank outlets where you get a sense of what people are, what the local kind of concerns are. So I think we, so it's hard to know how you kind of get a feel for what's going on. You know, I feel we have quite a strong sense of that.

Researcher BN: Mmmm, yeah. And do you, yeah, do you ever use that, to impact conversations one to one, do you think?

SP9: Yeah, well I think one of the things we've discussed quite a lot is the, is the trauma of COVID. So I have some parishners who will not come back, who have never come back to church, and it kind of feels like it's almost, they've almost been given permission to be, erm hermits, you know, just to live, and never go out.

Researcher BN: Oh wow.

SP9: And I don't know if you've come across that, but that's seems quite prevalent, that if someone’s already had, maybe some hidden anxiety, but now they’re, and these are usually, since people, are quite often the most intelligent people in the congregation.

Researcher BN: Okay.

SP9: Er, then they've just decided well to minimise the risk, you just don't go out.

Researcher BN: So have you kept in touch with them online, or are they just..

SP9: Yeah well I’ll knock on the door and stand in the drive, yeah.

Researcher BN: Yeah. Has COVID impacted any other health and well-being conversations in any way, do you think, before, during, after, was there any change in what you were talking about concerning health and wellbeing?

SP9: Yeah, iso-, isolation, huge stuff around that. Loneliness, erm, social interaction, erm, just general wellbeing. Erm, and again, you can see a bit of a spiral of kind of, you know, not getting out, not taking exercise, not feeling very good. You know, all that spirals down. Erm, it also doesn't really, you know, it's kind of, doesn't really make much sense because they might go to the hospital for, you know, a routine appointment or something and you think well, if you're not going out at all, probably the worst place you can go, if you wanted to avoid COVID is a hospital. Erm, yeah, so erm, someone who’s quite, who I would guess has already had quite profound anxiety, has come back to church recently but, erm, I mean, they wouldn't even open the door. I mean they, they would just speak through the glass, and they live near the coast, right? So it was really, really hard to hear them, because we'd have the traffic and them shouting through the door.

Researcher BN: Yeah, definitely. So, how would a conversation about isolation typically go? Who would initiate it? How, how would it go?

SP9: I don't think people generally say they're lonely. So erm, it would be more around just erm, you know, who have you seen recently, erm, who are you talking to? I guess, I guess the advantage is with the Internet and mobile phones, and that kind of thing, that people generally do speak to someone. Erm, but I, yeah, we had someone who has only been back to church once or twice I've been thinking about quite a lot would be a, a dad probably around my age. Erm, lecturer, university, lovely guy. Who went off work with stress during the pandemic, and, I'd say his anxiety levels are probably pretty massive now I guess. But I don’t know he’d been to church I think all of his life so, you kind of wonder where that, where that gap’s been filled if it has been.

Researcher BN: Mmmm. And you haven't really spoke, been able to speak to him?

SP9: It’s been a bit of a dilemma with this in the end, about how often, you know you can't (laughs), you can't just pursue people so, you know, at what point is the pandemic over, in inverted commas or you know, and I've kind of largely decided now, you know we've been back open and running for, since January 2020 so, 21 sorry, so you know, I.., hmm.

Researcher BN: Yeah. So is there anything that would help you talk about health and wellbeing with parishners for example?

SP9: I, no, I don't, I don't find there’s a problem with, if people want to, you know, people tend to tell me if they want to erm, yeah, it's not an uncommon subject. So, yeah, I'd normally go and visit people if they've been in hospital and that kind of thing. And obviously that just lends itself to that.

Researcher BN: Yeah. Definitely. Anything that stops you from talking about health and wellbeing?

SP9: No I don’t think so.

Researcher BN: Great (laughs). So what about the, you kind of mentioned like the social determinants of health, like housing, finance, employment. Do those conversations come up often?

SP9: (long pause) Erm, hmm, I don't think housing comes up very much. We have a link with (name of organisation) which is in this parish. Which I went to the other, on Monday erm, just briefly, they, that's a young, homeless hostel for 16 to 25 year olds. And I suppose, so yeah, I mean, I guess homelessness affects people’s wellbeing. We don't, erm, so we do some stuff around, you know, we give them lots of Easter Eggs at Easter, and we give them all Christmas presents and stuff at Christmas, and we try giving them, I guess a sense of being valued. Erm, plus, as a charity I guess they try and make sure where they live is acceptable, erm, having been a university chaplain, I'm very conscious that where students live can affect their wellbeing, but erm, I wouldn't say that’s a, something I have direct contact with them here. Erm, I think obviously, I think work and pressures of work, erm, do obviously effect peoples wellbeing. And people do talk about that, but mainly people here have, are kind of professionals, and have a fairly stable job. You know, those in the National Health Service are under phenomenal pressure at times. Erm, so it's, yeah erm, hrmm, people do talk to me about their mental wellbeing quite a lot and erm, I guess you know, typically with people who are quite driven that can sometimes be quite a big topic.

Researcher BN: Mmm. And do they initiate that, or you?

SP9: They do usually, yeah.

Researcher BN: Yeah, any specific topics? Any kind of themes?

SP9: Erm, yes, I'd say mainly stuff around anxiety. Anxiety, depression, stress.

Researcher BN: Uhumm. Yeah. Erm, and is there anything that would help you talk about the social determinants of health with parishners?

SP9: No as I said, I think it's already there, I think it's particularly interesting in schools, I think erm, I'm interested in, for instance, er at Harvest Festival, one of the schools decided not to have a collection for the, for homeless people this year because they didn't want to put any pressure on households that might actually not feel they could give anything. So they didn't do anything at all. Erm, er, I was really int-, we just interviewed last week for a new deputy headteacher at (name of school), the primary school I’m governor, and I was really interested in how many of the candidates mentioned wellbeing for, for teachers. You know, emerging from pandemic. Erm, er, I think erm, I think one of the things that's really interesting for me is knowing all three headteachers very well at the local schools, which is a role that’s quite similar to being a vicar and actually about their wellbeing, and you know, how, how they're doing, particularly, particularly during the pandemic, one of them comes to church and just, just the amount they had to kind of weigh up and hold, emotionally during the pandemic was quite, colossal.

Researcher BN: Yeah. Definitely. Ah so do you have conversations with the head teachers about health and wellbeing and do you think?

SP9: That's what I mean yes, yeah.

Researcher BN: Yeah.

SP9: For, for them or for the community?

Researcher BN: With them personally, so yeah.

SP9: Yeah that’s what I mean so, oh yeah, it's very honest, yes.

Researcher BN: Ah OK. Yeah. Interesting.

SP9: Yeah so for instance when (name), erm, died through suicide, you know, for a head, for a headteacher that is a mammoth moment in a school. Erm, and I've come across that through my university work, so erm, yeah, I see it very much as part of my role to support someone like that, who you know, where else is that support? Not a lot of support for head teachers really.

Researcher BN: Yeah, definitely. And, what do those conversation involve if you don't mind, kind of not, but is it more listening or advice or, signposting?

SP9: Both I think, yeah.

Researcher BN: Yeah.

SP9: Yeah, I think sometimes because know it for myself, it's also just so, I suppose the advice bit would be saying, you know, do you know that you, please recognise this is a really big thing, and it takes a big toll and you know, you need to be careful and kind to yourself. Erm, because quite often you don't realise what, in the middle of it, what it's doing to you.

Researcher BN: Yeah. So do you think, does faith kind of come integral to these conversations sometimes? Or is it quite separate? In the way the conversations play out?

SP9: Well I’d never, I never, so my role is not to prossetise and push, and evangelize, and that sense of pushing god onto people, just in a situation where they're quite vulnerable. I would never do that, I guess part of what I feel like I'm doing evangelistically, erm, when I'm with someone like that is witnessing through my, through my presence and hopefully kindness and thoughtfulness, not by anything else. So I erm, these are all three state schools, so I don't go in as a, so I'm pushing god on to people, well I never would anyway, but erm, so that's not my, that's not what I would do, but erm, but I'm conscious, you know, I’ve got a dog collar on and as a Christian minister, erm, anything I do, and what I say and how I do it is, is reflecting on my faith.

Researcher BN: Yeah.

SP9: But I also come, you know, as I say, a vicar has this extraordinary amount of experience of, the whole range of what our community does and offers, you know, so I have, I have taken the funeral of quite a few young people who've died of suicide, so it does mean that I have a level of experience that hopefully some other people haven't had. That means you can offer some advice and support.

Researcher BN: Yeah, from your experience.

SP9: And similarly, when headteachers are having to reinvent education, we were having, in the pandemic, we were having to reinvent church. So there was, there was a kind of mutual kind of ahhhhhh! To it (laughs)

Researcher BN: (laughs) Yeah I bet.

SP9: Erm, you know, and clergy wellbeing was as much an issue as it was for teachers.

Researcher BN: Mmmm. Yeah. And so when we were university chaplain, did you notice differences in the types of conversations you had to here?

SP9: Yeah, so I was a university chaplain for 10 years at the College of (name of college). So very, very different setting. So this is a Parish of 16,000, that was a college of about 13 hundred, 13 hundred I think. Erm, all of whom had to know me because I was part of the management of the college, erm, and obviously, mainly 18 to 21 year olds. All those staff as well, so, it was quite a lot of pastoral work with staff, and quite a lot of health stuff with them. Erm, but the thing I think was extraordinary at (name of location) was erm, the level of contact with students, so students would regularly come and see me, and talk about everything, rarely about faith, but erm, quite a lot about sex and erm, a lot around mental health. And erm, a good friend of mine who was head of counseling in (name of location) is now head of wellbeing at (name of university) and we would do a lot of work together around that. And I also, I did a lot of work with Nightline, which is the kind of student Samaritans, so yeah.

Researcher BN: Ah, OK.

SP9: And most vicars would never ever have contact on that level with that age group. It just doesn't happen and you know, they, they most of them only know their (name of school) pupils. But you know, I've only very rarely had one to one conversations with them. You know, it's, a) it's not cool, erm, but b) it’s just not, they, there's, that's just not how it is set up for it, and you know there's lots of people who can do that, arm. So it's an extraordinary privilege, really, to be at universities, be able to have those kind of conversations, and they really did range from, you know, I remember going out for lunch with a student, who just suddenly said I was, I got, I was raped in the holidays, and I find it hard to go to church, erm.

Researcher BN: Wow.

SP9: I know. I mean, stuff that I never, I’ve never, never been prepared for, yeah.

Researcher BN: Mmm. So is it more like a, like a counseling role then, with these longer conversations, one-on-one, when you were there?

SP9: Yeah. They're very similar to counseling, yeah.

Researcher BN: Yeah (laughs), definitely, it does sound like that.

SP9: But rather more, (laughs) it was just quite a lot more drama. So, yeah, I remember (laughs), I remember ringing (name) one of my friends and saying I have to go soon 'cause I'm saying grace at formal dinner, I need to get changed you know that's my job. But I've got one of my tutees he’s got a knife in his hand and he said he's got it in, he's been holding it in his hand for the last two hours and, I really just need someone to do something about this 'cause I, I have to be off (laughs). And so she took hold of that situation, and er, she just told him if you don't come to counseling in an hour I’ll ring the police or something. Erm, so there, there is some quite.. and, and all, and on health, there was just mega stuff, so, one of my tutees had, erm, meningitis and erm, and there’s a humourous side to that which I can tell you about, erm, because I had to, she shared a partner, I had to tell them. And erm, I remember coming to the general to see someone with malaria. Er, you know, because you've got people from around the world and, students are endlessly breaking their legs and limbs and, erm, a rugby lad who almost died in the river when he’d been out on social. Erm, who’s, you know erm, yeah and, it goes on, yes, so they're quite big stuff for anyone,

Researcher BN: All sorts.

SP9: It's like being in casual-, well sometimes it was in casualty, yeah.

Researcher BN: Oh wow (laughs).

SP9: So here's lots of data on some levels (laughs), yeah.

Researcher BN: So other than obviously your experience, have you had any training in brief health conversations or anything like that?

SP9: No. Erm, I trained as, as a cruise bereavement counselor. But, you know, when I was training for priesthood, so I, and erm so I know quite a lot, and erm I have a masters in psychology of religion. So I have an interest in psychology and, erm, I do a lot of spiritual direction which is one to one listening, so I, I hope I'm quite a good listener and quite perceptive. But no, I haven't done anything specific on, health beyond what's been done to me if you know what I mean.

Researcher BN: Yeah. So no formal training or, have you heard of making every contact count? Is that a familiar term to you?

SP9: I've just seen it on an e-mail today actually I think but, erm no not really.

Researcher BN: Yeah, yeah that's fine. Erm, is there any training you would want to receive to help you have health conversations with parishners for example?

SP9: I think I know enough doctors to be honest (laughs) that I'd ring them up or talk to them if I felt there was something that I was concerned about. Erm, I think no, not really, no, I think erm, there are some very, but I, from the very beginning when I was, I've been ordained 30 year, and I started off in (name of location). And very early on, and it's strange you know because when you get older you, in some ways you can remember, 'cause that was kind of such formative stuff, I remember some of that better than more recent things, but there was a lovely woman who I got to know and she had motor neurone's disease. I think she's the only parishner I've ever had with it, actually. We had some very profound conversations, and erm, but through her I got to know the Butterwick Hospice and Mary Butterwick, who founded it. So I've had really close relationships with hospices often, I’m a great fan of them, when I was in (name of location) as a volunteer at (name of organisation). Erm, but I think, I raised all that because I think things like Parkinson's and motor neurone disease, degenerative neurological diseases and then dementia, my father had vascular dementia. Erm, some of those are really long term hard things for people to deal with aren’t they, both the person who has it, and the carer. Erm, just two streets away from here is a parishner who’s Husband actually is in hospital at the moment he had a stroke some years ago, erm, and he’s quite badly affected down one side. Erm, and I, I suppose my personal interests of kind of psychology and stuff, there's some things I'm really interested in, in that erm, whole care of particularly like dementia where, my dad used to go along to a music thing where we went and erm, Singing for the brain. And that, you know, I don't know if you’ve come across this but I, I certainly have where you, I had a parishner who was a great singer in, when I was in Washington, and you’d go and take communion where she lived, and she wouldn't follow a word of it, and you’d start the hymn and off she would go, every word, and sang beautifully, and similarly my, and my dad had the last rites, my, mum was amazed you know, when, when the priest said amen and my dad said amen, you know, at the end of his life with dementia, and I've certainly been with people who couldn't have a conversation, you say the Lord's Prayer and suddenly outcome the, outcome the words 'cause it's in that bit of the brain that's still functioning. Erm, so part of me would quite like to learn more about that, I suspect churches could do a bit more in dementia care.

Researcher BN: Ah OK, yeah, and someone dealing with the diagnosis, do you think or, more about how to care for them?

SP9: The care I think, yeah.

Researcher BN: Yeah. So that would be the training you would, the one bit of training that you would maybe want to receive?

SP9: Well, just out of personal interest yeah, so we have a nursing home here. (name) nursing homes I go into but you know, where people do sit most of the day, doing that, nothing, erm.

Researcher BN: Mmm. Yeah. So can you describe any other resources that you might want or need to help have health conversations with parishners?

SP9: No, I know you’ve asked that a few times in different ways, but I, I think I'm quite confident in what I, what I can talk about. I don't know if all clergy are, but I feel I am.

Researcher BN: yeah. And what do you think that is, why do you think that is that you feel confident?

SP9: Experience I think.

Researcher BN: Yeah.

SP9: Well it's changed a lot in the church now. 'cause we, when I was first ordained, the Church of England did most funerals, weddings and that kind of thing, now funerals in cities are largely done by, er, humanists or funeral celebrants, and so many weddings can take place in so many different places. So you, if you do lots of funerals and in Washington you seem to, there are endless people you, you just learn huge amounts about health, because you, you hear the people’s stories and you visit their homes and, so in Washington erm, my second ministry erm, they had newels, which was the asbestos factory, so lots of people had asbestosis and, there's also been several pits, so people had erm, endless lung problems. Erm, Pneumoconiosis and all that kind of thing. So, you just learn a lot, erm.

Researcher BN: Yeah.

SP7: Erm, and you can learn which cancers not to get, you know. Well, erm, although even then you know, I'm praying for someone that, who I’ve never met at the (name of school) who’s a relative of the receptionist who's got pancreatic cancer and had that for years now. And when I was first ordained you usually died, just like that. And erm, it’s extraordinary.

Researcher BN: Yeah.

SP7: I wanna, actually I should tell you this because I think this has been an extraordinary thing for me, is that we had a parishioner, a lovely, lovely prisoner die a few years ago of cancer. And I was obviously visiting him, and a palliative care nurse, obviously clocked me. And, since then she's referred two people to me because they have faith and she thinks they need a priest to support them as they die, erm, yeah.

Researcher BN: So what does that support involve?

SP9: Erm, thinking about what, where God is in, in this, in what they're going through, what heaven might be like. Erm, all the feelings that they're experiencing, how they express those to God. How they prepare for their death, for their death. That they can be at peace.

Researcher BN: Yeah. So do you think, ultimately, if you did receive training in brief health interventions, do you think that would ultimately have an effect on the health and wellbeing of parishioners?

SP9: Possibly, I think there's a very interesting dimension which we haven't mentioned that is, is what spirituality does for people’s health, and particularly their mental wellbeing. I think there are, well I know there are case studies of how people of faith often are physically and emotionally erm, fitter. Erm, I know about mindfulness and all that kind of thing. Erm, whether it would have any effect on smoking or alcohol, exercise, I’m not so convinced, I don’t know. I mean I’ve, I’ve routinely talked to students and parishioners if they’ve asked me about you know, if they're not feeling very well in themselves about, you know, what exercise they do and that kind of thing. Erm, 'cause I know for myself how much that affects my wellbeing.

Researcher BN: Uhumm. Ah so that’s something you would bring up, the link?

SP9: Yeah, yeah. Work life balance and all that kind of stuff.

Researcher BN: Yeah. So have you seen anecdotally like you say with spirituality, having a strong link to health and wellbeing, have you seen that within the parish?

SP9: Yeah. I think particularly when you're, when you're up against it.

Researcher BN: What do you mean by that?

SP9: Well, if life’s really tough then, and we're going through a challenging situation, I'm not sure how some people, how they cope without that.

Researcher BN: Mmm.

SP9: I’m not saying it makes it all better, but it gives, well, I suppose it almost gives you some strength, I had an interesting interaction with a parishioner day, you get lots of quite intense conversations in and out of church on Sundays, sometimes take a bit of processing, and this is kind of on, on a less kind of, isn't, yeah it's not superficial, but she said to me anyway, she got stuck in an airport the other day getting back from Crete or somewhere, and she said I thought about what you said about seeing Jesus and everyone, and I looked around the airport, and that really helped me in all the kindness people were showing and that kind of thing. Now that's a kind of interesting, that's a kind, you know, I don’t know, semi-serious example of where someone’s faith and understanding of it changed what was a very stressful situation to actually something that still was, but different, became a different situation.

Researcher BN: Mmm. Yeah. And yeah, so that was really what I was meaning earlier when I said does faith come into the conversations you have?

SP9: Yes, with someone who comes to church, yeah.

Researcher BN: Yeah.

SP9: I'll be very tentative, with someone who didn't, to make it explicit I wasn't trying to convert them or something.

Researcher BN: Yeah. Uhumm. So with the people that are coming to church, how does that come out in the conversation about health and wellbeing?

SP9: Well, I think erm, we have a, a healing service once a month, which is quite popular. In the Bible it talks about Jesus laying hands on people, and lots of people being anointed with oil. And we do that, as kind of a regular part of church practice. And, I think one of the things I've really learned about healing is that sometimes it's about acceptance. So sometimes we make things worse by fighting against them. And erm, sometimes faith can actually bring a really deep acceptance that this is OK, that actually god is with you, in whatever, whether you have cancer, whether you have Parkinson's, or whether you have anxiety, or whether you feel shit about yourself, that there's something, erm, bigger than that, that there's a God who loves you, and that, now that might be part of the conversation really, in a way of God is in this, and how is god caring or you, where is god showing his love.

Researcher BN: Yeah.

SP9: Does that make sense?

Researcher BN: Yeah, definitely. Well that was everything I had to ask you, did you, is there anything else you want to add that you feel like we haven't gone over or talked about?

SP9: I think that last bit's rather important. I think there's some, something not right in Britain at the moment about healthcare (laughs), there’s probably not a lot quite right, but the, one of them is, and I was talking to, so this, I talked to, so that's one thing I do love, I love lots of things about being a vicar, but it's the randomness of conversations. So in I go to (name of school) on Monday, I was going in early 'cause actually I was going away to do some wellbeing for myself, and erm, I go to see the school counselor and he's not in, but his colleague is there, and we start to chat 'cause actually he's going through quite a tough time that I had no understanding about, and erm, which got on to ME, and I've, in fact just in my prayers this morning I prayed for three people I know with ME, one of whom is a former student, and I was saying have you read the book, erm, The body keeps the score, I don’t know if you've come across that, about trauma

Researcher BN: I’ve heard of it.

SP9: Yeah, it's quite famous, I've, I've tried reading it twice, but never, it's not really holiday reading

Researcher BN: Yeah (laughs).

SP9: Erm, and erm, we had a really interesting conversation about how our body holds pain, and how I feel that, it's not an original thought, the National Health Service feels like it's very much like taking a car in to be fixed, you know you kind of, if the exhaust is gone you could replace it or whatever, but there's no kind of, it feels like quite often there is a lack of holistic stuff

Researcher BN: Yeah.

SP9: …and erm, I'm, I'm pretty sure this book talks about yoga and other stuff, and meditation and Massage and things, and exercise for wellbeing. And, there are some people in parish with PTSD and I erm, currently in my spiritual direction, I see someone er, who has who's been abused, erm sexually abused in childhood, and has PTSD. And I think I'm, there is some really interesting stuff around what spirituality can do as part of the conversation of healing. Erm, there’s a lovely book called Well I think it was by a GP who has or had cancer. An amazing quote from a Tibetan monk who said, you know that since in the West you think that you're gonna live forever and you get very annoyed about being ill and that kind of thing, well in Tibet we recognise that we are going to die, it's just a question of when. So that kind of deep acceptance of that's just going to happen. It's just some, you know, sometimes it's when you're young and sometimes it's when you're old. Erm, and I think spirituality has a key placing that somewhere. Erm, that's often neglected. Erm, so there's something, so I think some, I think people kind of get the kind of oh, you know, the belonging bits. You know, it's nice to be part of a community and we get a lot of that at (name of church), that people feel it's a lovely place to be part of, and that erm, but there's also something interesting, you know, so just on Sunday, that’s me trying to process Sunday morning comments, but a guy who's, I'm, the only funeral that I've ever done for someone who died of COVID was this guy's dad, in the middle of COVID. And he came with his son because he's a, cub now, and it was a parade service for Remembrance Sunday, and he said you just walk in here and it’s, there's this peace (SP9).

Researcher BN: Mmm.

SP9: Now you, you know, how do you quantify that, or how do you know what that does for people but, certainly when we reopened, and most places were still shut, you'd walk in regularly to (name of church) and find people just sitting there. Erm, either praying or just sitting and erm, yeah, faith gives a different perspective, a difference. Understanding, the possibility of acceptance, and also the possibility of thinking about what, how you value yourself because erm, because God values you. So if he values you then that means you should value you, if you know what I mean.

Researcher BN: Yeah.

SP9: And I think, erm, I think therapy is great in many ways, but there is a problem when kind of, your crisis happens on a Friday afternoon, and your therapy session is not till Monday, you know (laughs). And actually, God is, erm, present all the time and loves us all the time. And if you can connect to that, that's, that's quite something, isn't it?

Researcher BN: Uhumm.

SP9: It’s easier than getting a GP.

Researcher BN: (laughs) Yeah.

SP9: Erm, and I said all that because when I, I was just thinking that when I, so commonly you anoint someone before they die. And I'm remember going to see a guy, he was quite a proud man, and again, this is when I was in (name of location). And, not always very easy, and was dying, he had a cancer of the oesophagus. And I, and I anointed him, and I think we both knew that when I anointed him, it was like saying I know you're dying. But nothing was said, but everything was said if you know what I mean.

Researcher BN: Mmm. Yeah. So do you think there's a, a role, a real role for that to play in these conversations?

SP9: Where appropriate. But I think a little bit as the erm, a little bit of the, they’re a kind of hidden bit of life aren't they, and increasingly, I think people think, again in kind of silos that you know, OK, you can do the religion thing, but you do that at church, that’s not anywhere else. So whether, my experience is that's just not the case at all, and I think, you know, if I, you wanted to know, I, I know it's almost as easy to talk about physical health, nut, you know, one of the things I'm moved by with this, with (name)’s death at school was that they, that his friends wanted to have a celebration assembly, and the teachers said Father (SP9) that’s what they call me there, could you, you know, could you come in and help us to work out how to do this? 'cause you have experience of how this would work, and again I'd say that was a very important bit of healing, potentially for his year group, because quite a few didn't come to the funeral, but how we, how you deal with a death like that, and how you deal with grief and, and the trauma of that kind of death.

Researcher BN: Mmm.

SP9: And. I think there's some really, it's really interesting stuff around that about erm, you can do quite subtly, without it necessarily being Evangelistic about, yeah about, I found it, I find interesting particularly at (name of location) is what, as I say that the students felt they could come and talk to me, and that erm, and it was usually for the things that didn't fit anywhere else.

Researcher BN: Ah Okay.

SP9: You know, like relationships and that kind of thing. Because you know, you wouldn't go and talk to your tutor about that, and it wasn't a counseling issue and it wasn't really for a doctor unless you know, (laughs) you’d needed some medicine. Erm, er, so the kind of, you know, where that place is for the existential bits of life. And then of course, that does have an effect on your health doesn’t it that’s…

Researcher BN: Mmm. Yeah. And do you find after these talks that you do at schools and things that people come up to you and want to speak to you individually about them after, or not so much?

SP9: Sometimes, yeah, I had a lovely conversation with a Muslim young woman once, which I remember really affectionately where she just said, you know, could you tell me how to get closer to god?

Researcher BN: Ah Okay.

SP9: Isn’t that amazing, that a Muslim young woman would talk to a Christian priest about that.

Researcher BN: Yeah.

SP9: I find that, kind of, yeah, hrmm.

Researcher BN: Yeah.

SP9: Yeah, so (name of location) as I say just doesn't happen as much here because it just doesn't, there isn’t a mechanism for that really, you wouldn’t, they wouldn't know how to. So there's a bit of that, erm, but more likely it’s with the teachers. And staff.

Researcher BN: Mmm. That, that you that you would talk about that with, yeah.

SP9: Yeah, and I’d talk, you know, so at (name of school) on Monday there was a, one of the deputy heads was there who I know really quite well, and I said I haven’t seen you for ages and I know she I know and I said I know you broke your foot didn’t you in June, so she was telling me about metatarsals and how difficult they are to heal, and the physiotherapist she's going to have at (name of hospital), which I know, and erm, so you know, you get kind of, yeah.

Researcher BN: Wow. So you really are the listening ear for everything.

SP9: Hopefully, yeah.

Researcher BN: Yeah.

SP9: And you kind of clock stuff you know, I went to see some staff and one of them, has had a child, and she doesn't look, it looks to me like she's not eating. You're just gonna clock that in your head, you know, for one day and I, I see the headteacher almost every week and he's already told me about several staff marriages have broken down recently, and, so just have that in your kind of mind.

Researcher BN: Mmmm. So when you think, see things like that, is it when you say you kind of store it away, is it storing away for them to bring up to you? Or would you ever raise things like that with them?

SP9: Yeah, she, they were, they were having, three of them were together, so I wouldn't raise it in front of someone else.

Researcher BN: Mmm, yeah.

SP9: But possibly yeah. I find, eating disorders are quite a, if that's what it is, it’s, they're quite difficult to raise aren’t they because of the nature of them.

Researcher BN: Yeah.

SP9: Self-harm, I don’t know if you’ve come a lot across self-harm but erm, I always found that very upsetting at (name of location). So I remember doing a talk for night, I think it was, it may have been on LGBT talk but the, I remember doing a talk anyway where I saw this guy, (name) his name is, and erm, during the talk he, he pulled his jumper up or his sleeves up, and they were all these cuts, and then he put his sleeves down again. It's like, students often tested you, and I reckon that was a test, can you cope with this.

Researcher BN: Yeah. Ah so that, that's come up as well?

SP9: Self-harm?

Researcher BN: Yeah.

SP9: Mega, big time, yes, I don't know what, I can't imagine what (name of university) now 'cause it was, mental health stuff was huge when I was there but I think it must be much much bigger now, erm. Yes, so endless stuff really.

Researcher BN: Wow. Well, so yeah, that's, as I say that's everything I had to ask.

SP9: Have you met many vicars?

Researcher BN: Not yet, you’re the, you’re my first for the project.

SP9: Really?

Researcher BN: Yeah, so thank you very much. It's been very useful.

SP9: It’s okay. No, well I hope it’s been what you wanted.

Researcher BN: Oh, definitely yeah.