



Newsletter

MAY 1994

A FRIEND IN NEED

A Manifesto of appropriate response

Keywords at a Brainstorming At the Conference held at All Saints, Battersea on
March 5th, 1994

- COMMITMENT** Have a personal plan of how you want to be involved
Keep reviewing what you are doing - are you missing change?
Keep going!
- CONSISTENT** Make regular times and stick to what you have promised
Be consistent in your attitude
- "UNCONDITIONAL LOVE"**
Interest, Affection, Warmth Let nothing stop your love
- ALONGSIDE** Come beside people where they are -
not where you want them to be
- KOINONIA** help to make a bonding, a sense of being part of a community
- USE PEOPLE'S GIFTS** Try to empower those with vulnerability to use their special
talents - encourage a sharing
- TIME** Allow time to build up relationships and trust
- DO NOT LABEL** Let people be individuals, not part of a "group" (the mentally ill)
- RESPECT** Always respect the mystery of the individual
- MUTUALITY** Never be patronising
- REALISM** We are not 'Superman' - we can't get on with *everyone*
- KEEPING BOUNDARIES** Know your limits - know when to call on others
Don't be afraid to admit boundaries,
- HAVE A SERVANT HEART** Be prepared to take the lower place
- ACCEPT COINCIDENCE** Be surprised by similarities
- AVAILABILITY** Put yourself at the service of others
- but remember and accept your limits

Association for the Pastoral Care of the Mentally Ill

An association which supports the mentally ill and their relatives

Registered Charity No. 327532

THE VOICE OF A CARER

The suffering of people with mental disorders is matched by that of those who care for them, particularly when they are family members and those who feel unsupported by their Church. Edna Hunneysett from Middlesbrough expresses just such frustration and feelings of neglect when coping in love with her young daughter's distressing illness.

EDNA HUNNEYSETT

How much pastoral and spiritual support is available, and known to be available, to sufferers and their families in all the areas of mental disorders and illness? My own experience is that as a church community we fall short of providing for the needs of the sufferers and their carers in what is a devastating experience for a family of a sufferer when a member develops a mental disorder.

I think that this is particularly true with regard to young people. Around a year ago we watched our intelligent, happy, carefree, talented thirteen-year old daughter slowly disintegrate. It is a grieving process as one 'loses' a much-loved daughter as she slowly sinks into an abyss of blackness. The physical/psychological pain is acute. In her hourly crying sessions, our daughter begged me to get her life back for her as she described the light slowly dimming. The days moved into weeks until the crisis, when I held her in my arms willing her to hang on to life. The cause: a hormonal/chemical imbalance aggravated by the monthly cycle. The trauma of psychiatrists and mental hospitals is devastating though I can not fault the service they give: unscheduled appointments and a phone number if I needed help when things were at their worst. They were kind.

My husband and her brothers and sisters struggled to come to terms with what was happening, as I did. I longed for a compassionate Christ to walk with us as I journeyed with my daughter in her pain. She tried to express it on paper; a heart (her feelings and the source of her pain) from which were falling copious tears, and in each tear she coloured the burning flames of fire symbolising the intensity of the pain. There seemed to be no one to turn to. Many kind priests, nuns, and lay people were praying, but I needed a Good Samaritan to pick us up and be with us, but it seemed there was not one around. Had my daughter been older and had a stroke or some other debilitating sickness, pastoral and spiritual care would I am sure, have been in evidence and rightly so, but Christ did not differentiate between the mind and body or youth and age: all the sick were his concern: the whole person. I know the church is for the poor, the sick and the marginalised.

SHAME

The shame and stigma of such an illness lies heavily on a sufferer. No one must know and so the mental torture is suffered daily behind closed doors. I think that there is a great need for re-education in the attitude towards sufferers of mental disorders, and I think the church should be in the forefront in being known for its care and compassion. Only when these sufferers can believe in their dignity as a person with self-worth, and acceptance of their illness as a disorder and not of their person as a whole, will they be able to come to terms with it, and be able to talk about it, and that will depend a lot on our

attitude. They are not 'mental', 'odd', or 'crackers'. They have a sickness. They hide, not daring to come out, because of what people might think.

I relate this not as a criticism of our Church which I love, but to bring to attention the real gap and need that I feel there is in the ministry of our Church to all sufferers of mental disorders, especially to our young people and those with severe suicidal tendencies. Soon more sufferers will be released into community care from mental hospitals. Is the help that you can offer in your community, both spiritual, pastoral and practical, **known** so that the carers of sufferers know who to turn to, and so that those who when asked for help, and feeling themselves unable to give it, are aware of the support available and can direct this to the families in need?

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EDITORIAL

Just when I thought I had tamed the computer -see my last Editorial - it decided to get its revenge; it 'went down' as the jargon goes. Fortunately this was not my fault, I wasn't even working on it at the time, but to meet our publishing deadline here I am back on the faithful old Amstrad, with limited possibilities of type size and shape and all those other fancy bits I was just beginning to get used to! Maybe for September the machine will kindly co-operate again! Some material will be held over as the better computer takes more copy per page.

THANK YOU for your responses to our last Edition; some letters (edited down) are included in this number. Clearly some of you do actually read what our contributors write.

Interestingly my plea for copy brought several similar articles; accounts of personal experiences of mental distress and the consequences either as carers or as sufferers. My only complaint is that these were somewhat lengthy and in one or two instances possibly libellous of individuals (though I recognise the depth of feeling being expressed). With some work I hope to include appropriate extracts in a future edition; in this months edition see 'The Voice of a Carer' which I feel sure will ring some bells for many of you out there.

Since the last edition the Church of England has moved me from 18th. century splendour in considerable decay, to 20th. century functional living space, so all future correspondence for the Newsletter should be addressed to:

The New Rectory,
183a, London Road,
PETERBOROUGH,
PE2 9DS

Can I please have your offerings for September by 6th. August? Can Branch Secretaries make a special effort to send news of their activities? Thank You.

Douglas Stevens.

PAIN AND THE PASCHAL MYSTERY

Sheila Cassidy

UNDERSTANDING PAIN

The work of 'accompanying' suffering people is not so much a ministry in which we give from a position of strength and wisdom but a walking alongside, a being with, a sharing of their experience. If we create, by the way we treat people a place of safety in which they are free to own their 'shadow' side, to admit those feelings of which they are ashamed, we are being Christ for that person. We may never mention God's name, open the Bible or say a prayer, but we are mediating the love of God just as truly as if we were giving Holy Communion. We give people comfort and hope not so much by telling them that God loves them as by revealing to them that they are loveable by the way in which we treat them. We care for them spiritually by valuing their humanity; by taking their pain and other problems seriously.

It always takes me by surprise when I find that my power to heal is exercised much more through my weakness than through my strength. It is as St. Paul said: 'when I am weak, then I am strong'. Each time I fall prey to depression or anxiety or other ills that spirit or flesh are heir to, I am gifted that much more for working with the afflicted. After all, how can one understand the pain of another's humiliation without having been humiliated oneself?

Carl Rogers, the American psychotherapist, speaks of the 'conditions for growth in a therapeutic relationship' i.e. the doctor-patient, therapist-client, or priest-penitent relationship. Rogers tells us that we must be *congruent*, that is, we must be aware of our own feelings and present, as far as possible, an honest face to the person we are with. In particular we should not put on a protective professional facade, because that will only alienate us from people. We should strive to have *empathy* with the person we are with; entering as far as possible into the feelings of that person. Rogers stresses that we should try to experience the person's world as if it were our own, *but without losing the 'as if' quality*. I believe that it is important that we take both parts of this instruction seriously: if we do not make a real effort to understand how a suffering person feels, our power to help them will be very limited. If, on the other hand, we allow ourselves to be overwhelmed by their suffering, our capacity to help and support will likewise be diminished.

Rogers' third condition is what he calls U.P.R. *unconditional positive regard*. This means that we are to accept a person's feelings without judgement: that we acknowledge a woman's right to her own feelings, whether or not we agree or feel comfortable with them. This means that I accept an individual's feelings of anger or hatred or shame without judging either the feelings or the individual. Put another way, our acceptance of an individual is not dependent upon their being polite or loving or conformist. We leave their judgement to God.

THE GOSPEL IN ACTION

Roger's final admonition is that the therapist should reveal to the client all of these qualities: i.e. we should let people know by the way we receive them that we are *trying* to understand how they feel and that whatever their feelings are, we will not reject them.

It seems to me that Rogers' magic quality of U.P.R. is *the* Christian virtue. If we can accept the wounded, the disgraced, the angry and the despairing as Jesus accepted the prodigal son, the widow of Nain and the woman taken in adultery, then we are incarnating the gospel as he would have us do it. The Christian stance to suffering, therefore, is about proclaiming the gospel by action rather than words. Jesus would have us wash each others' feet rather than push our own religious ideas unasked on to others. What he wants is 'mercy not sacrifice', 'knowledge of God, not holocausts' (Mt. 9:13 and Hosea 6:6)

'Knowledge' in the scriptures is not so much an affair of the head but of the heart and 'knowledge of God' is equivalent to carnal knowledge, the way an individual knows a lover. This deep personal 'knowledge' of God is by far the best, if not the only way to prepare for ministry to the afflicted. If we ourselves 'walk' with God, in prayer, in suffering, and in *lectio divina*, reading the scriptures, our faith will become part of our very being rather than a respectable coat to be worn for church and for hospital visiting only.

Having said all that, we still need our human gifts of sensitivity and communication. In particular we need to be aware that different people often talk different religious language and worship in different ways. It is no use for example telling a woman who has been abused in childhood that God is a loving father longing to hold her in his arms. God can indeed be understood as a loving father, but he is also spouse, lover, light, water, wisdom and a myriad of other images, so we do well to walk barefoot until we know what language any individual person is comfortable with before we speak too much ourselves.

PASCHAL OVERVIEW

In addition to Rogers' conditions for growth in pastoral relationships, I would like to add a couple of conditions for the *survival* of carers. The first is that the Christian carer should try always to take a *paschal overview* of suffering. By this I mean that he or she should keep in the same focus the harsh reality of suffering and the mind-boggling truth of resurrection of life after death. If we focus only on the redemptive power of suffering and the joy of resurrection, we may lose sight of the reality of pain and loss and become insensitive to people's grief. On the other hand, if we enter so deeply into the pain of another that we lose sight of God's promise, we ourselves may flounder with them and lose hope. We must as it were, keep our feet firmly on the ground of human reality and keep our gaze ever focused on God and his mysteries.

My other requirement for survival is that we have the humility to know our limitations, to take time out. No one, but no one can work day in, day out with the afflicted without respite. It is both stupidity and arrogance to think we can. In times of national disaster, of course, we work till we drop, but this is no way to conduct a regular ministry. Single people, priests and religious are particularly vulnerable to this kind of folly, and those of us who are Catholics have probably been brought up on what must surely be a spurious quotation from St. Ignatius: 'Lord Jesus teach me to be generous; to give and not to count the cost, to fight and not to heed the wounds, to work and not to seek for rest, save in the knowledge that we do God's Holy Will.' Even if Ignatius did write this I would still dare to challenge him and say; Don't be daft. God has called you to look after his people, to fecundity, not to burn out.

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NATIONAL A. G. M. 1994
Saturday June 25th. 1994

at
The Taplin Centre, Upper Maze Hill
St. Leonard's on Sea

10.00a.m. Seminar: APCMI in the COMMUNITY
12-1.30p.m. Working Lunch (Please bring food to share)
2.00p.m. APCMI National Annual General Meeting

WELCOME TO HASTINGS!

Last Christmas Eve my wife and I were shewn to our Delhi hotel room by an Indian porter. As we went we chatted. He asked us where we came from. We told him we came from Hastings in England. His face immediately lit up and he almost shouted - "Battle of Hastings 1066! - everyone knows that!"

And that apart from Hastings being a seaside resort, is all that most people know about the town. Sure enough, we do have a very pleasant 'front' with all the usual seaside attractions, and there is the 'Old Town', which gives the visitors hours of harmless pleasure. In fact to the casual visitor, a very pleasant place to be.

This all obscures the fact that Hastings is one of the most depressed areas in the south east, with chronic unemployment; it has always been poverty stricken. There is also a high incidence of mental illness, both indigenous and imported.

In 1989 an article in 'The Independent' exposing the plight of the mentally ill in Hastings, shocked the sensibilities of the town. It also brought Dennis Murray (then APCMI development worker) who met up with the Revd. Barry Trill, known for his social theology. Together we formed a branch of APCMI. WE came from Quakers, Methodists, Hastings Unemployment and Claimants Advice Centre, All Souls, MIND, NSF, and Social Services. We set up a one to one befriending scheme, providing training and on-going support for the volunteers. The Health Authority has assessed us, and found us worthy of a 3 year funding for a paid co-ordinator.

Meanwhile, there has been a general improvement in the mental health services in the town. Case Management has been set up, to cope with patients discharged from hospital - there is a court diversion scheme, in conjunction with a forensic psychiatric unit.

A CPN is now posted in the local Casualty department to cope with attempted suicides.

We now work with all the psychiatric services, providing where we can 'low level' support for those in need.

Ian Stuart.

Branch News - Aberdeen

Contrary to the views of a York member reported by a Scottish enquirer, the Scottish branch of the APCMI is not defunct, but very much alive! We have been too busy recently to blow our own trumpet.

The Scottish branch in the last year has been extending its activities on the firm foundation laid down in the two previous years. This year we completed work on our First Level Course on the Church and Mental Health and used it successfully with five congregations of differing denominations. So far we have had enquiries from another five and propose to present it some time this coming year. We also hope to interest a local Council of Churches in letting us run it for them. The course comprises four sessions; the nature of Pastoral Care, Mental Illness, Congregational Profile and Further Development and is geared to be adapted to the individual circumstances of those participating.

Enough interest has been shown in taking this further to enable the Committee to begin the task of creating a Second Level Course leading to the creation of a pool of Befrienders.

We also hope to set up a sub-group in North East Grampian in order to extend the work into at least one of the more rural areas. We are proposing to set up some kind of consultative panel composed of those knowledgeable in the church and the field of mental health to advise the branch on its future policies.

The Committee took a stall at a one-day Psychiatric Health Fair which took place in Mental Health week, and was able to acquaint people with the work of APCMI, and to field a number of enquiries about its local activities. Details of APCMI are now entered on the local Grampian CAREDATA computer, available to the general public from libraries, social work depts. etc.

Through the personal efforts of the Chairman details of APCMI have been circulated to other hospital chaplains in Scotland, and the part which the Organisation can play in the care of mentally ill people in the community has been emphasised, but there are no signs as yet of other branches being set up in Scotland. This may be something Grampian Branch may be able to facilitate in the future but at the moment we have our hands full.

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From the Revd. J. Gutteridge; Waltham Forest.

"We have been blessed with considerable activity in the mental health field in the Borough of Waltham Forest over the last ten years or so, with a highly successful Mind branch, our own 'Welcome in' and our branch of the Alzheimer's Disease Society, which has run a support group for six years now.

All of these efforts run independently, yet have somehow managed to keep in touch, as well as the Carers Association, Association for people with Disabilities and Community Health Council.

It has always mystified me that with so much going on we have tended to complicate matters by setting up national organisations which do complement what is being done, but also seem to run without reference to these networks. I refer particularly to APCMI, The Carers Christian Fellowship and the Christian Council on Ageing. One wonders how much communication goes on between these bodies, all of which share similar objectives."

YOUR LETTERS. . . . and The Name. . . .

From Pastor Ken Bunting, Derby.

"I heartily agree with all that is written, particularly the 'At their level' feature on the front page..for this sums up all that I have tried to do since commencing training as a student psychiatric nurse back in 1947."

..,wheras for Sheila Henwood, Coulsdon.

"The poem 'At their level' which has pride of place in your newsletter, exudes an air of unreality and of patronage by the helper of the helped which I find insufferable.

Apparently she can be unflagging in her efforts to be all things to all of *them*. Who are *they*? What does she mean by *Their level*? Who is she to decide wher and what that is? What is she doing with with her own stress, anger, ignorance or delpendency needs? Where will the unacknowledged shadow find expression?"

(I think she is a man Sheila, Rene not Renee, as this is from France. Perhaps that explains it!)

From James Boyes, London.

"Kenosis may or may not be a good choice, (of name) but I have to correct you on your definition of the term. You describe it as Christ's emptying himself on the Cross. Historically and theologically, Kenosis has nothing to do with the Cross, but everything to do with the Incarnation. It refers to the debate as to what extent our Lord divested himself of his divine attributes at the Incarnation.

I do wonde whether the meaning of 'Kenosis' would be intelligible to 90% of the public who have never heard of the word."

From John Gutteridge, London.

"The new name: I feel strongly that 'Kenosis' is not only extremely pretentious, but will be meaningless to the very people who suffer from mental disorders, and fo whom the present name is so objectionable.

Can we please have an ENGLISH word or words if a new name is found?"

From York Branch.

"The Christian Association for Mental Health - or CAMH - by small modification **CALM**"

And finally, some books from Joan Scott of Aberdeen.

'The Masks of Melancholy' A christian psychiatrist looks at depression and suicide. John White. IVP.

'Spiritual Dimensions of Mental Health' Judith Allen Shelley. IVP.

'Spirituality and Holistic Living' Sr. Theresa Feist. Mercier Press.

'Hidden Victims'-An eight stage healing process for the families and friends of the mentally ill. Julie Tallard Johnson. Doubleday.

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