

# NEWSLETTER

MARCH 1998

## *Letter from the Chair*

When we are physically ill we feel and indeed are, vulnerable. We can, for instance, be more easily hurt, manipulated and provoked. If this is true, and we know it is, how much more vulnerable we are when mentally ill. It follows then that we in APCMH have to be especially responsible and accountable in all we do. I think the following account will verify this.

Many years ago now, long before APCMH days I was talking to Bill, a fellow parishioner a kindly, gentle man who was obviously stressed and unhappy. In confidence, he told me his wife refused to have John visit them any more. He told me that unfortunately, John was visiting and telephoning too frequently, very often at inconvenient times. It had caused tension and friction between Bill and his wife. At the time I remember feeling very sorry for all involved without really understanding the dynamics of the situation.

I remembered this incident when, not long ago, I was trying to explain why I feel so strongly that APCMH needs to be structured with accountable clear aims and objectives that protect everyone involved. Let us look again at those three people, Bill had noticed John as a newcomer in church, and his vicar had, in confidence, told him John needed a friend and that at times he suffered from depression.

JOHN was someone with mental health problems - a sensitive, vulnerable person living alone who, because of his illness, often felt friendless, lonely and sometimes very depressed. When BILL made friends with him, gave him his telephone number and invited him home to meet his wife, it felt almost like a miracle. If he happened to visit at mealtimes they invited him to share their meal. BILL'S WIFE was initially very happy to welcome John and loved the way he appreciated her cooking. He soon became very dependent on them both.

Bill and his wife acted with the best of motives but with little experience or understanding of the way the situation might evolve. At the point when Bill spoke to me it had developed into a very sad situation - John was feeling bewildered, rejected and in many ways was worse off than before he had glimpsed the treasure of their friendship. Bill's wife, who had just had a bout of 'flu felt angry and quite resentful towards John and her husband because she felt they had both taken advantage of her generosity. She also hated the sense of guilt she felt because she was the one spoiling it all. Bill felt in some way he had let them both down.

That situation, I suspect, has been repeated in many places since Bill confided in me.

APCMH above all, believes in and indeed, promotes such friendships. I feel most people reading this will be able to see why things went so wrong. If Bill and his wife had received some clear guidance and support and had set some boundaries until they all got to know each other much better, all the hurt, most importantly that John experienced, could have been avoided.

I hope this demonstrates why I believe so strongly that as a national body, when we respond to requests from churches and other groups for information and training, it is so important that we go strengthened with the knowledge that we have clear and agreed recommendations of good practice that we pass on. These then can be monitored and applied in any situation where APCMH might be involved.

Working in this way, I am sure, will result in first and foremost a better experience for John and others like him. It will also gain a wider recognition for all that we believe in and merit, for our Association, a more favourable response when we apply for the financial support that is essential if we wish to develop and grow.

*Barbara Vigar*

# "BEFRIENDER AND BEFRIENDEE"

First of all, I'd like to introduce myself, I'm Janet Soppitt, Fellow of the Institute of Chartered Accountants, Manic Depressive, long term mentally ill, unofficial befriender and befriender to a number of people. I do this to ask you, **"What's in a name or label?"** For me, with a surname like Soppitt, names ceased to matter at an early age, but for people with mental illness they matter very much.

Why? Because with mental illness you are not just fighting the illness but public opinion as well and this matters. The cost can be so high - lost jobs, lost homes, lost loved ones and in some cases, as for me, lost memory, it all adds up to loss of self. No-one is asking for favours, just fair play, to be treated as human and a 'normal' (whatever that means) member of society, not a second class citizen with their head held under the water.

I tell you that I'm a Chartered Accountant - albeit unorthodox - to illustrate that one can sometimes achieve as much as other people. I was certainly a relatively successful woman in a man's world at an early age, despite my illnesses, but many people with mental illness hold or have held higher position. Winston Churchill and Spike Milligan - both manic depressives - to name but two.

## SO WHY THE STIGMA?

If it is due to fear, people are afraid of Cancer, but it brings people rallying round rather than what often happens with the mentally ill, who often lose family and friends. **In my experience there is no pain like mental pain.**

## THIS IS WHY BEFRIENDING IS SO IMPORTANT

Now if I may tell you a little of what it's like to suffer from severe depression as distinct from a fit of the blues. I'll leave the manic side out for the moment, though at best it can be quite creative and rewarding (if a trial to others), but at worst you think you're going round the bend.

If you have been enrolled as a befriender, you've already been given full training in all aspects of mental illness/health, including personal perspectives of sufferers, including schizophrenics so I reserve my comments now to depression.

Personally, I've had 8 maybe 9 severe attacks that have required hospitalisation and ETC (shock) treatment of which I've had 42 treatments also narcosis, and now live with the fear of another major attack, the day to day fight with depression, and the knowledge that because of memory difficulties and a certain detachedness, probably caused by medication, I'll never be quite the same person again, but overall despite everything I've had a good life. Think of those on the outset of their lives.

## SO WHAT MAKES DEPRESSION SO DEBILITATING?

- . Continued feelings of hopelessness, worthlessness and/or guilt come from nowhere and can't be eradicated. These at worst lead to thoughts and even attempts at suicide and bring fear that you will do something against your beliefs.
- . Loss of interest - everything is grey and even black.
- . Loss of energy and extreme tiredness. I've known it take me three hours to put on a pair of tights.
- . Acute insomnia - that is awake all night for successive nights or alternatively excessive sleeping. (Depression is often worse in the middle of the night and/or early morning).
- . No enjoyment in anything.
- . Loss of sense of humour.
- . Loss of feelings and ability to express them, often unable to cry or excessive crying.
- . Loss of concentration.
- . Possible lack of appetite or alternatively overeating.
- . Inability to control oneself or be positive.
- . Withdrawal and loneliness, detachment from rest of world. Even nearest and dearest.
- . Deep down awareness that you're poor company, not performing and again guilt that you can't help yourself and are causing pain to loved ones.

Continued .....



- . Everyone - or rather the common opinion is that you should help yourself, but you can't do anything. You're unable to read, watch TV, listen to music, talk, etc. I have listened to the radio in desperation just to hear human voices, not because I knew or cared what they were saying.
- . Going for a walk makes you even more aware of your depression. Can't even smell a flower or see colours. Crowds disturb you. Travelling is very difficult.
- . Most of all, and I did have on Consultant who realised this, one can't even pray or go to Church. One loses touch with God.

The very effort of trying too hard or trying to act can actually make the depression worse. One's subconscious seems to rebel. Thankfully one does get better, even if it takes a long time.

So what causes depression or other mental illness? I'll leave detailed discussion to the professionals, suffice it to say, it's still really not known and even GPs are being educated.

In my personal case the causes are thought to be wholly chemical. Psychoanalysis despite preliminary tests, at my request, was thought to be unnecessary. In my case too, it has been proved not to be stress in the normal course of events - in fact it's more likely to be brought on by life's non-events than life's events. The nearest I have got in my case is a conflict of conscience - I still look for a cause because I still feel guilty and because of family and other pressures, I still think it must be my fault even though I know it's not. Depression often hits sensitive, creative, intelligent and perfectionist types, but it is across the strata of society.

So what can you do as a befriender other than what you have already been told. Most importantly, listen and draw out, encourage and find ways for the person to motivate themselves, but if I may say, please suggest things rather than impose ideas. **Healing comes from within.** Little things help apart from those already discussed by other people.

Personally, I find that having odd verses from the Bible, favourite meaningful hymns, prayers or other quotations that matter to you just lying around helps. When you are getting better, music helps and I have too, a happy, laughing photograph to remind one that one has been happy and instil the hope that one will be again.

Mentally ill people often have an awareness of life that so called 'normal' people do not have.

Lastly, I would just like to reiterate that there are other ways you can help.

Mental health charities are the poor relation in the Charity World. Just to give you some idea, they gross about £6m a year whereas, for example, Cancer charities gross £82m a year and yet one in five people are known to suffer from mental illness in their lifetime.

There is a lot more that could be said, this is only a precis, but I thank you for "listening" and caring enough to read this far. Let me reassure you that the sun does come out again for most of us and maybe it is better to be appreciated despite everything.

Janet Soppitt, Merton Branch

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### LOVE IS A FOUR-LETTER WORD

abused, confused, used in a thousand ways.  
Dog-eared, spattered, battered, tattered with use.  
No word more profusely uttered  
No more studiously ignored.

Love is a feeling, is it not?  
A warm glow when lovers touch,  
A sudden rushing of the blood,  
A beating of the heart,  
A burst of emotion, An ecstasy of the spirit.  
Love is an affair of the heart, is it not?

Love is more than a feeling.  
Love is more than an affair of the heart.  
It is an act of will - It is a decision - commitment -  
promise - A covenant.

It is when the warm glow becomes  
A persistent light,  
Empowered by an I and a Thou.  
It is when the blood pulses in regular rhythm.  
It is when the heart beat steadies life together.  
It is when feeling is complemented by thought.

It is when two spirits grow in truth.  
Love is a decision, a commitment, a promise,  
A covenant.  
Love is a decision.



## EXAMPLES OF INNOVATIVE PRACTICE

**Abstract.** The World Council of Churches see the Church as "the covenant community of faith", where life is affirmed and transformed. The Church is called to be "a conscience, monitor and advocate as it relates to the ministry and role of older adults", and to "create an environment in which intergenerational sharing and ministry can occur."

The church family has members of all ages, who must live together and love and support each other. Retired and older people make important contributions to society. People of all ages want to feel useful and needed. The care of the elderly can be a joy, not a burden.

### **How churches are responding to the challenges of an ageing population.**

Pastoral care is well developed in some parishes eg Towcester and Cromer. In Blackburn Diocese 140 church volunteers have linked up with Age Concern in a "Share and CareScheme". Elsewhere Roman Catholics, Methodists, United Reformed Churches, the Salvation Army and others all care in their different ways. Churches Together in Leyton, London organise volunteers to provide practical help in an emergency. The charity Help the Aged is trying to develop a network of Church Friends, and encourages clergy to hold annual services for older people. Methodists do likewise. Worship opportunities for housebound people in residential and nursing homes are sporadic, and need to be developed nationally. Helpful information on this is available from the Christian Council on Ageing.

**Visiting and befriending** schemes for the housebound elderly, and those in residential and nursing care are needed, for many residents are desperately lonely. Lessons can be learnt from the Association for Pastoral Care in Mental Health who have pioneered a befriending scheme for mentally ill people in Hastings. Volunteers would need some training but this could be arranged.

**Carers**, both informal or family carers, and professional carers must be supported. Many members of the caring professions are under great strain and need encouragement and support from the public. Churches might consider hosting inter-professional meetings to enable carers such as doctors, social workers and clergy, to meet informally, for the furtherance of mutual support and understanding. Even Moses needed help from his friends. (Exodus 17 verses 11-12, Numbers 11 verses 14-17).

### **Priorities for action should be :-**

1. Visiting and befriending
2. Supporting carers, both informal carers and professionals.
3. Worship in residential and nursing homes, and the development of a community chaplaincy team.
4. To value retired and elderly people more.
5. To find ways to bridge the generation gap.

All things are possible with God

*Dr Gillian Craig - Retired Consultant Geriatrician*

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## **1998 MEMBERSHIP SUBSCRIPTION**

Enclosed with the newsletter is a form for renewing your membership of the Association for 1998 if you have not already done so. Membership fees are an important part of our funding, so if you are able to continue your support of the Association please can you complete the form and return it to our address at Edward Wilson House. In addition, if you know of anyone else who may be interested in becoming a member please let us know.

For taxpayers the most efficient method of making regular donations to charity is by way of a Deed of Covenant. This is a legal document by which a person promises to pay a fixed sum of money every year (for at least 4 years). Because of the tax status of charities we can then reclaim £0.31p for every £1 actually given by you. If you wish to pay your subscription by way of a Deed of Covenant please can you indicate this on the membership form. But please remember that there is no advantage in a non-taxpayer making a Deed of Covenant.

Similar tax relief is also available for one-off gifts to UK charities through Gift Aid, although in this case each donation must be at least £250. If you would like details of Gift Aid please can you indicate this on the form.

Thank you for your support and best wishes for 1998.

*Neil Mackenzie (Honorary Treasurer)*



# PASTORAL CARE IN DEMENTIA

Pastoral care for patients with dementia is "shepherding" in a church context. On theology, we can only speak from the overflow of our own experience. We are **spirit, soul** or **psyche** - (the source of thought, feelings and will) and body. The Holy Spirit of God is linked to the human spirit via the Cross. We are recognised in Christ, and can recognise each other through him. Dementia strikes at the heart of this recognition. We must never talk over a person, even if they are apparently not there. There is so much more than the way you see it - never limit the Holy Spirit.

There is nothing we can do in our own strength, only through God. He puts the lonely in families - the Church family. We are asked to care for the hungry and thirsty, to clothe and shelter strangers, to visit prisoners and the sick, and to bury the dead. These are the seven corporeal works of mercy. You cannot love others if you receive no love yourself, but you can receive the love of God, whatever your circumstances, through prayer and worship. Acts 2, verse 42 speaks of a live church that continues steadfastly in fellowship and in breaking of bread, and in prayers.

We live in a dislocated society. The meaning of our lives is dislocated, health care also. Christians however do not, and must not take their cue from that dislocation, but from a **good** source. People recognise each other in community by encouragement and helping gifts. Pastoral care is a reflection of all this. Corinthians 2 verses 7-10 speaks of comforting people, lest they be swallowed up with overmuch sorrow. Wounds used in the way of the Cross become salvation. We must give priority to the whole person, whether patient or carer, not forgetting that the lone carer situation can affect professionals. The 'person package' includes the nurturing skills - or lack of them - of a parent, the knowledge of an adult, and the spontaneity of a child. The creative, childlike, joyful part of us lives on in the adult, but may be repressed - even in the church. Christianity replaced stoicism, but a lot of people have reinvented stoicism. We all need inner healing.

The Church should touch people - literally, and there are God-given channels for this - laying on of hands, anointing, the "peace" and the sacraments. Lay people can anoint. St Francis said "Preach the Gospel, and if you have to, use words." We are living in a sacramental universe, great things can happen!

Recognition of the **soul** involves the listening ministry, touch, counselling, being an uncritical 'parent', never limiting the soul. Recognition of the body involves practical networks to keep in touch with the person cared for. If caring brings feelings of hate rather than love, talk to someone.

**Carer release** after the death of the one cared for is also traumatic. The person needs to get their life back. The reality of the loss must be recognised with friends. The child in you needs to be held. Understand the feeling and work through it. Come to terms with the empty places. Life can be reinvested in new places and/or new ministries. You can be released into new things. Requiem healing can occur at Easter and anniversaries.

Pastoral care is a reflection of all this.

*The Rev Christopher Goodley. Chaplain to Princess Marina Hospital, Northampton.*

## BOOK REVIEW

### "Brainsquall - Sounding from a deep depression " by Jim Cotter

Cairns Publications, 47 Firth Park Avenue, Sheffield S5 6HF Price £14.99

Towards the end of May 1994 Jim Cotter experienced a sudden breakdown and a psychotic episode. He was sectioned three times in five months. He wrote the book as part therapy, part pilgrimage and gratitude that he could write again. I've read the book twice and value the frankness and honesty that Jim shows covering many areas of his relationships, treatment and reflections on many aspects of the Christian life.

He describes depression as losing one's soul and being an empty shell. An image he constantly refers to is being hurled along a passage through a trapdoor by a stormy wind and landing up on the floor of a stony cellar with just enough air through a ventilation shaft for survival. He speaks very lovingly about friends who supported him and those who found it hard to do so, and it makes the reader realise how much a person suffering is aware of even in their darkest moments, when they are seemingly unaware of what is happening around them. He speaks of the powerlessness of being nobody and nothing, but states that unexpected gifts sometimes come the way of nobodies and nothings.

Throughout the book hope is there and it gave me hope reading it.

"There is hope even in my deepest despair  
I am Jim and I am bigger than my despair  
I can and I will overcome it.

Jim feels that physical exercise such as walking and cycling are helpful when one is battling against the odds, and tells us to "love the fragments - love yourself in your own fragments - even in your less appealing habits and moods treat yourself kindly".

A thought-provoking, poetic book I feel I have had the privilege of reviewing. Thank you Jim.

*Pam Freeman*



## OUT OF THE BIN AND GLAD TO BE MAD

One group in the country has fewer rights than the rest to what they say, they are mocked in harsh, ugly language and some can't even vote. They can be discriminated against at work and locked up even when they have committed no crime. Comedians joke about them, headline-writers demonise them and now the Government is set to erode their liberty yet further. They are the mentally ill, and their anger is growing - driving what could become Britain's next great movement for civil rights.

Frank Dobson catalysed the latest surge of activity, apparently announcing in the Daily Telegraph that dangerous patients released under the care in the community programme would go back to institutions, where they could no longer make a noisy or violent nuisance of themselves.

Those alarmed by the spate of murders committed by discharged schizophrenics - which the 1992 stabbing of Jonathan Zito by Christopher Clunis is the best-known example - have greeted the Dobson idea warmly. They've had enough "nutters on the loose" either killing random passers-by or shouting and screaming in the high street. No one wants such unfortunates sent back to the ball-and-chain asylums of the Dickensian past - but if they can be got out of the way, we'd all be much happier. Besides, it's for their own good.

That seems to be Mr Dobson's thinking, but the movement of "users" of mental health services begs to differ. They disagree on the specifics of care in the community but they go further - challenging the entire canon of received wisdom on mental illness. Spend an afternoon with some of their most energetic advocates, and the prejudices fall away.

Start with the scary statistic that someone is killed by a mental patient every fortnight. It sounds like confirmation of the psycho-killer myth - but it hardly survives scrutiny. For the roughly two dozen homicides by mental patients are a tiny fraction of the nearly 700 murders in Britain every year. Tabloid tales of "crazed killers" are statistical flam, designed to tap into a deep and ancient fear of the lunatic: made bad and dangerous.

The "user" movement is not blind to the flaws of the current set-up. It's just that it believes care in the community has never been tried properly.

"It was always about getting people out of hospital - not getting them into the community", says David Crepaz-Keay, a former chairman of Survivors Speak Out. He boasts a career that includes several stints in Britain's mental institutions and at least six different diagnoses - proof, he says, that psychiatry is hardly an "accurate or absolute science". Crepaz-Keay would prefer smaller, well-staffed "cottage" clinics where "users" could check themselves in when they saw turbulence coming. Such places would offer asylum - in the genuine sense of the word.

But that approach will take money - enough to fund perhaps 400 homes for the 5,000 people deemed "a danger to themselves or others". More deeply, it will require a complete change in the way we think of mental illness - as profound a shift as society has made in its view of women or blacks or gays.

First it is not "them", but us. Figures cited by the Audit Commission show around *one in four* Britons consulting their GP over mental or emotional distress, with one in ten held to have a recognised mental health problem.

Those in serious trouble can enter a Kafka-esque spiral, in which a diagnosis becomes true just because it's been made: once branded a schizophrenic, a patient cannot object or resist treatment - after all, he or she is now a nutter. Next they might be pumped full of drugs with grotesque side-effects, so that if they weren't made before, they soon seem it. The "user" can say nothing. Branded as a mental patient, he is no longer a credible witness - even about his own mind.

The diagnosis becomes a mark of Cain, a bar to personal relationships and employment. The "user" often ends up destitute and alone, with little hope for the future. Depression sets in, with suicide the frequent result - as many as 1,000 a year. What might have begun with a highly understandable problem - a bereaved parent hearing the voice of their dead child, for example - becomes a "symptom", then a diagnosis and ultimately a death sentence.

When one hears the personal stories of the mentally ill, one soon realises why they and their families speak of "survivors"! or "chemical imprisonment". Once drawn into the system, it can be impossible to break free.

It's no wonder that a kind of liberation movement has arisen, determined to assert its rights. "Users" argue that we have moved beyond blaming all black people for the actions of the odd black criminal, yet we still punish all mentally ill for the violence of a few. We no longer tolerate headlines about yids or niggers, and yet "psycho" is still acceptable. We allow cancer patients to refuse treatment, yet we wave aside those whose illness is not in the body, but the mind.

Liked the best civil rights Campaigns, some "users" celebrate the very source of their oppression - insisting that their condition is not affliction but a blessing. Simon Barnett, the current chair of Survivors Speak Out, signs his letters "Glad to be Mad" - just as gays reclaimed the word "Queer." He has set about organising a Mad Pride rally, modelled on Gay Pride. Last year saw an effort to "reclaim Bedlam".

All this has happened while the rest of us have been stuck in the old thinking about nut cases and weirdos. The lunatics have not yet taken over the asylum - but they are raising their voice.

Jonathan Freedland



## TRUE OR FALSE?

Have you got your facts straight about dealing with mentally disordered people?

- |   |              |
|---|--------------|
| 1. Mentally disordered people are often violent.  | True / False |
| 2. Restraining mentally disordered people is difficult because their mental condition gives them superhuman strength.                               | True / False |
| 3. If a person is having delusions, it is not a good to go along with them.   | True / False |
| 4. Many sufferers can recall in detail things that are done or said to them when they are ill, even if they appear to be out of touch with reality. | True / False |
| 5. Quick decisive action is always better than calm attempt to defuse the situation.  | True / False |
| 6. Sufferers carry a card/Medic Alert tag.  | True / False |

### Answers :

1. **False** - mentally disordered people are far more likely to harm themselves than other people.
2. **False** - people suffering from paranoia or delusions may see attempts at restraint as an unprovoked attack. They may believe they are fighting for their life. Most of us would find surprising reserves of strength in a similar situation.
3. **True** - but it is best not to contradict them either, or try to reason logically against delusion. Tell the person that you accept that they can see and hear the things they tell you, but make it clear that you cannot hear or see the same things.
4. **True** - mentally disordered people, like everyone else, must, of course, be treated with politeness and respect at all times.
5. **False** - it is much better to take your time. A careful assessment of the situation now will save time and aggravation later.
6. **Both** - some sufferers may have a card or Medic Alert badge, but there is no specific form of identification.

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## LISTEN

When I ask you to listen to me and you start giving advice. ---- You have not done what I asked.

When I ask you to listen to me and you begin to tell me why I should not feel that way ---- You are trampling on my feelings.

When I ask you to listen to me and you feel you have to do something to solve my problem ---- then you have failed me, strange as that may seem.

Listen! All I asked, was that you listen, not talk or do - just hear me. Advice is cheap, a few cents will get you both Dear Abby and Billy Graham in the same newspaper. I can do for myself, I am not helpless, maybe discouraged and faltering, but not helpless.

When you do something for me that I can and need to do for myself, you contribute to my fear and weakness.

But, when you accept as a simple fact that I do feel what I feel, no matter how irrational, then I quite trying to convince you and can get about the business or understanding what's behind this irrational feeling. And when that is clear, the answers are obvious and I do not need advice. Irrational feelings make sense when we understand what is behind them

Perhaps that is why prayer works, sometimes, for some people because God is mute and he does not give advice or try to fix things. (S)He just listens and lets you work it out for yourself.

So please listen and just hear me. And, if you want to talk, wait a minute for your turn, and I will listen to you.

anonymous

## I.C.C.S. OASIS DAYS

In association with :

Wesley's Chapel, City Road  
Rev Dr Leslie J Griffiths MA  
Superintendent Minister

St Giles Church, Cripplegate  
Rector : Rev David Rhodes BA  
Curate : Rev Sue Nightingale BA

A day of quiet - prayer - reflection for people who are wary, heavy burdened, weighed down with responsibilities, feeling jaded, spiritually dry, or just need a day of renewal and uplifting!

WHEN : SECOND TUESDAY of EVERY MONTH  
WHERE : ST GILES CHURCH, CRIPPLEGATE  
WHO : LED BY LEADING LAY & CLERICAL FIGURES IN ENGLAND  
COST : £10 TO INCLUDE LUNCH AND ALL COFFEE/TEA BREAKS,  
OR £5 FOR LUNCH & ONE MEDITATION (1-2PM FOR WORKERS  
UNABLE TO GET AWAY FOR THE WHOLE DAY.)  
TIME : 10am - 4pm

### SPEAKERS/TOPICS FOR MARCH - JUNE 1998

10 March 1998 *"Jesus the Counsellor" (A Psychotherapist looks at Jesus the healer)*  
CANON IAN AINSWORTH-SMITH, Psychotherapist, Chaplain at St George's  
Hospital, co-author of "Letting Go"  
14 April 1998 *"Letting God Be God in your Life"*  
DOUGLAS W HIZA, Pastoral Counsellor, Former Hospital Chaplain.  
Author of "Spiritual Pain" - Our Own and Others.  
12 May 1998 MURIEL HUNTLEY - author of "Windows of Hope"  
*"Coming out of Darkness"*  
MICHAEL SEED, Franciscan Friar, Ecumenical Adviser to Cardinal Hume  
and a Chaplain in Westminster Cathedral.  
9 June 1998 *"Faith For Today" - Certainty or Risk? Power of Powerlessness?*  
CHRISTINE POCOCK, Methodist Minister, Secretary, Health Care Chaplaincy  
Board, Free Church Federal Council.

FOR MORE INFORMATION OR TO REGISTER, CALL :  
0171 336 - 6197

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## CLINICAL THEOLOGY ASSOCIATION

### **"FEELING and THINKING about EMOTION and CARE"**

*Passion, Affect and Mood are key words for this counselling Conference.*

**1ST - 4TH SEPTEMBER 1998**

**VILLIERS HALL**

**LEICESTER UNIVERSITY**

Conference Events, Workshops and Small Groups  
with Ian Davidson (Edinburgh), Thomas Dixon (Cambridge)  
George Giarchi (Plymouth), Stephen Pattison (Open University)  
David Runcorn (Bristol), and Fraser Watts (Cambridge).

Brochure from : CTA Office, St Mary's House, Church Westcote, Oxford OX7 6SF  
Tel 01993 830209

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### **The Association for Pastoral Care in Mental Health**

An association which supports those who are mentally ill and their families.

Registered Charity No. 327532

**National office : Edward Wilson House, 26 Queen Anne Street, LONDON W1M 9LB**

The views expressed in the Newsletter are not necessarily those of the Association