

NEWSLETTER

JULY 1999

THE CHAIRMAN'S LETTER

At our last Committee discussion in June, our chaplain, Mike Pritchard, gave us a reading about the different sounds made by the rain; for example, when falling on soil or on concrete, when dripping from gutters or trickling through trees. We hear different sounds but it is the same rain. The point was that it is similar with God. We may all hear God in different ways but it is the same God whom we hear. The same can be said about our Association. We have all sensed that there is something special about the Association. But as we strive to agree how to express our different experiences and perspectives. This makes the exercise difficult and sometimes frustrating. "Why can't everyone else see it the way I do?" The exciting part is that it also becomes clear that we are all talking about the same thing! We need a little more time to reach final agreement but I do believe that we will shortly do so.

I would like to share with you how I see our Association and its role.

Mental ill-health, the mental health system, and the stigma attached by society, can leave us feeling de-humanised. Relatives can also feel isolated or even like outcasts. The key message is the importance of "being alongside" individuals who are experiencing these difficulties. We are "companions" on a journey. Churches are a potential source of comfort and support for those of us affected by mental or emotional distress or difficulties. My vision is that if churches can be inclusive, accepting and understanding, the stigma will be reduced. People will be more supported and less isolated. Both quality of life and self-respect will improve as people are valued for their views, their talents and, most importantly, themselves. Their spiritual growth will be sustained. Hopefully they will feel re-humanised. Our communities will be enriched. If we can be alongside each other at times of mental and emotional crisis we will all grow in God's love and peace. It is similar with other faith communities.

As a National Association our main role should be that of an encourager. We should encourage churches and other faith communities to be alongside those affected by mental health difficulties; we should encourage them to put this into practice by developing local initiatives such as befriending schemes or drop-ins, we should encourage mental health workers to recognise the importance of spiritual needs. We cannot realistically provide individual support or develop projects ourselves - anyway not at present with our very limited resources. But we can spread our message and encourage others.

If that is our agreed role, then our energy should be directed at ways of fulfilling this role of *encourager*. This would involve the development of resources to help people at local level and also of ways of communicating our messages./ Everyone from individual supporters, friends and members to local groups and national committee members can be actively involved in this work or raising awareness and keeping mental health issues on the agenda in our communities.

The other important area of the Committee's discussions has been our core values. These may be expressed by words which we identified in a group exercise. These were *spirituality, respect, wholeness, journeying, friendship, inclusion, empowerment, inter-dependence, mutuality, hope, strength in weakness and humility*. We are not all happy with "empowerment", or "inter-dependence". Possible additions or alternatives might be "encouragement", "community", "openness" and "integrity". When the values have been agreed I believe that they will say much about our Association and should underpin all our activities. Your comments on these values would be helpful.

We are still looking for a "snappy slogan" and/or a name which would make it easier for people to recognise and understand our Association and what it stands for. Examples are "companions together", "journeying together" or (subject to the agreement of Sheila Cassidy who wrote a book by the title) "sharing the darkness". My personal favourite is "being there" as it points to the importance of being, the concept of being alongside and the contrast with running away and hiding from mental health issues. It also describes the fact that the mere existence of the Association is important. Several people have said to me that it is good just to know that there is an Association which is concerned with mental health and pastoral care issues. The name is much more difficult. Any ideas are very welcome.

John Vallat - July 1999

Spirituality

..... Sometimes, inner voice has something to say

The patient asked the psychiatrist : "How is it that when I say I talk to God, you call it prayer; but when I say God talks to me, you call it an hallucination - proof that I'm mentally ill?

Back when I was minister of a growing parish, the last thing I wanted to face was parishioners keen to come and share with me either dreams or their experiences of "hearing the voice of God." Though I would have been offended had anyone said so, I knew nothing about dreams. Regarding "voices" I was just as ignorant and shared the prejudice the patient in the story complains about. Now, from experience and insight, I know something about both. We'll consider dreams in a future column. Here, I'm concerned about inner hearing - a voice within - and its importance in living a spiritual life.

Over the years, many have written to tell me about their most private, inner selves, and in doing so have opened up to describe "peak" or "cosmic-consciousness" experiences in which "hearing" a voice or voices was often a key feature. In most of these, the tone was sensible, and the content was life-changing. Struck by this, I became gradually more aware of just how many occurrences there were in the Bible of leading characters, including Moses and Jesus, hearing either from outside or, most often, within, the voice of God or of the Spirit. The same phenomenon proved to be true of other faiths.

St Paul's sudden conversion, and that of St Augustine later, came as the result of mystical experiences in which inner hearing and seeing were involved. Muhammad received the verses of the Qur'an from the voice of the Archangel Gabriel. George Fox, with his visions of an "inner light" and his experiences of an "inner voice" brought about the founding of the Quakers, or The Society of Friends. One of the reasons Socrates was finally put to death by the ancient Athenians was for "introducing new religious ideas." He said that in daily conduct he was guided by a "daemon" or inner divinity, which never gave him positive orders to do anything, but always told him when not to follow a certain moral path or decision.

Anyone who has attempted to live a life of prayer - though an inner "voice" is by no means restricted to religious folk, since it's familiar to artists, novelists, and most who explore true creativity - knows that talking to God is never a one-way street. For those who listen, there is a response, perhaps a "still, small voice." Gandhi began his first long fast for social justice during an inner spiritual struggle in which he "heard" the voice of God : I can offer no proof....But, I can say this - that not the unanimous verdict of the whole world against me could shake me from the belief that what I heard was the true voice of God."

At the height of his civil-rights campaign, Martin Luther King Jr. said "More than ever....I am convinced of the reality of a personal God....God has been profoundly real to me in recent years. In the midst of outer dangers, I have felt an inner calm. In the midst of lonely days and dreary nights I have heard an inner voice saying, 'Lo, I will be with you.'" What kind of "voice" is this? Certainly it's not a sound that could be heard if only the right technique could be found to tune in. It's not a vibration impacting on one's eardrum. Yet, it's definite, identifiable, believable and compelling. It wells up from deep within and is received by heart and mind simultaneously. The test of authenticity is whether or not what is being "said" is for the greatest good. Is it truly loving? Does it enhance the freedom and humanity of all it affects?

There are evil voices that can flow from within. Sadly warped and ill personalities can follow and obey illusions that lead them astray and do harm. But, labelling all inner voices as "auditory hallucinations." as western psychiatry has done, is a gross mistake. That's why I find myself in such strong agreement with an article called "Inner Spiritual Voices Or Auditory Hallucinations?" It's from the Journal of Religion and Health, vol. 36, no.1, spring 1997 and was written by Beverley J. Scott, the anthropology, sociology and social work librarian at the University of British Columbia. (The quotes above from King and Gandhi came from it.)

Scott calls upon the American Psychiatric Association to re-define auditory hallucinations as "inner voice" which can be positive, neutral, or negative. It depends upon the level of consciousness from which they come. The term hallucination, she argues, distorts the issue because it starts with a built-in negative bias: "Perceiving a voice does not automatically denote anything about the state of an individual's health."

Without the inner voice of conscience and the divine Spirit, there would be no religion and little spirituality around.

Tom Hapur. The Toronto Star.

WHY?

Oh why, oh why are these things sent
to try me so, my heart to rent?
Bereaved of family -
No end in sight.
Alas, Alas, is this my plight,
Does no-one care?

Is this the Hand of Wrath I see?
Or is it part of God's plan for me?
Does no-one, does no-one care?

But..... Then speaks a voice in sweetest tone.
Alas my child you're not alone.
Look on these scars
That I thy Saviour bear
Does that no show
How much I care?

William Caldwell

Creating Action Locally Some Key Questions

- Where does the Holy Spirit come into all this ?
- How much does the way you do things depend on the particular theology of your community ?
- Is "Church" a place of empowerment, from which people go out to be with people with mental health problems in other settings ; or is "Church" a community into which people are invited ?
- Do you look outwards, or start with your own community ?
- Do you go for discrete mental health support (with all the dangers or stigma or ghetto), or raise awareness in existing activities, eg coffee mornings, homeless drop-in, church socials ?
- Is "Action" a matter of creating new things, or more of creating awareness within existing facilities ?
- How do you help people with mental health problems to feel part of a community that respects them as valued members ?
- Will mental health professionals welcome church involvement ?

One of the real tensions for APCMH has been to know where to act. Should it be a merely Christian organisation, working to help church communities make themselves more inclusive to those with mental health problems? Or should it be helping to create facilities in the community that complement existing services provided by statutory and voluntary organisations, eg drop-in centres, befriending schemes? Or should it be raising awareness of the spiritual dimension in supportive relationships?

None of these are mutually exclusive. Raising awareness may inspire some communities or individuals to take action; running a drop-in where mentally-ill people are welcome will gradually change the ethos of a parish, making it more open and accepting for all; the deepening of the spiritual life of a parish will lead to a more open and accepting environment.

APCMH sees itself as a catalyst for creating an environment in which people with mental health problems are accepted at the level of "being" as well as of "doing". This presence of people who call on our love are missionaries for the real values of solidarity, of compassion and of identification with the crucified One.

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TAKING A LONG VIEW

It helps now and then to take a step back and take the long view.
The Kingdom is not only beyond our efforts, it is even beyond our vision.
We accomplish in our lifetime only a tiny fraction of the magnificent enterprise that is God's work.
Nothing we do is complete, which is another way of saying that the Kingdom always lies beyond us.

No statement says all that can be said.
No prayer fully expresses our faith.
No confession brings perfection, no pastoral visit brings wholeness.
No programme accomplishes the Church's mission.
No set of goals and objectives include everything.

We plant the seeds that one day will grow.
We water seeds already planted knowing that they hold future promise.
We lay foundations that will need further development.
We provide yeast that produces effects far beyond our capabilities.

We cannot do everything, and there is a sense of liberation in realising that.
This enables us to do something, and to do it very well.
It may be incomplete but it is a beginning, a step along the way, an opportunity for the Lord's grace to enter and do the rest.
We may never see the end results, but that is the difference between the master-builder and worker.

We are workers not master-builders, ministers not messiahs,
We are the prophets of a future not our own.

Oscar Romero

A CARER'S POINT OF VIEW. PART TWO

APCMH Conference Ely, March 1999 by Edna Hunneysett

I will give you a few snippets taken from my dissertation literature research which I feel are relevant to carers and spirituality and will be mentioning some authors eg Swinton & Kettles who feel that an approach to an individual needs to respect the person holistically as one with physical, emotional and spiritual needs. They add that when people's spirituality is taken into full account, they are seen as people rather than problems and this approach embodies respect for persons because *'a person's spirituality is the overarching framework which a person interprets and makes sense of their reality.'* (p.119).

McCann sees basic human needs divided into physical, intellectual, emotional and spiritual. She believes that spiritual pain is a profound reality which *'may be the pain that requires most attention and held (and) concerns the depth of what it means to be human'* (p.113). *'Everyone has profound spiritual needs'* (p.56). She states which, whilst lying below the surface of the carer's consciousness, will inevitably surface and may do so with great force.

Nolan and Crawford agree that *'the language of spirituality provides a way of talking about meaning and purpose'* (p.291). They believe that people are at a key stage in this search when in a crisis and that *'this call for a rhetoric of spirituality is to ensure that the spiritual is valued alongside the scientific'* (p.293).

I examined Church teaching. As I'm sure you will agree, Gospel values have always included special emphasis on helping the poor, the sick and those with special needs. We are taught in the Letter from James that charity in deeds is a sign of love for the Father (James 2.14: 16) and are reminded in the Letter to the Romans that this includes sharing the joys and sorrows of one's neighbour and not judging (Ro.12.9:21). Christ identified himself with the suffering neighbour; (Matthew 25. 31:46). His compassion was evident especially for sick people and their families; (Mat, 15.22:28; Luke 9.38:43).

In the Catechism of the Catholic Church published in 1994, it states that *'works of mercy are charitable actions by which we come to the aid of our neighbour in his spiritual and bodily necessities'* (CCC2447; Is.58.6:7; Heb. 13.3) and spiritual works of mercy include consoling and comforting (CCC 2447).

A document from the 2nd Vatican Council in 1965 on the Lay Apostolate (Apostolicam Actuositatem) teaches that wherever people are racked by misfortune or illness, *'Christian charity should... comfort them with devoted care and given them the helps that will relieve their needs'* (AA.8). Consequently, *'works of mutual aid for the alleviation of all kinds of human needs are held in special honour in the Church'* (AA.8) and today these works of charity have become much more urgent and charitable action should reach all needs (AA8).

The Church document issued in 1972 on Introduction to the Pastoral Care of the Sick (Hominum Dolores), it states that *'it is the duty of...all who have taken it on themselves to succour the sick to do whatever they deem necessary to help them both physically and spiritually'* (HD 4). This fulfils Christ's command as it was Christ's intention *'that the whole person should be their concern and that they should offer both physical relief and spiritual comfort'* (HD4.) I feel this is very important when addressing needs of carers.

A document (The International Year of Disabled Persons) issued in 1981 teaches that persons handicapped in any way and their families belong to the whole human family but may be in a minority. It is necessary to reflect on the distressing situation of the many people who undergo stress and shock that disturb their psychic and interior life and it is important that the health of the spirit is fostered so that a person is not damaged in his deeper needs. It says that *'spiritual ecology is needed as much as natural ecology'* (Flannery, p.522). By the Church's very nature and mission, *'she has particularly at heart the lives of the weakest and most sorely tried brothers and sisters'*. (Flannery, p.518). Those responsible for planning programmes in social care and integration of disabled people should make the family the starting point as families need to be given great understanding and sympathy so as to help prevent feelings of isolation and rejection. Heroic strength of mind is required by these families and the witness which these families give to the dignity and sacredness and values of the human person deserve open recognition and support by the whole community.

In my research I note that another author, Chiu, feels that, in reality, no amount of prayers being said can totally support a carer who is in danger of being fragmented and states that many tragic spiritual and psychological breakdowns have occurred in Christian carers down the centuries who have taken this as the only way of restoring their integrity.

Similarly, Oglesby states that the time may come when the emotional psychological and spiritual energy of the carer is heavily drained which results in a need for crisis intervention and that Jesus' response to a need was by becoming personally involved as demonstrated by the Good Samaritan parable (Lk.10.29:37).

I conclude with Ledger who says that were Jesus here today in person he would be aware of carers' deep emotional and spiritual needs and adds that Jesus asks today that we be available *'to allow his Holy Spirit to bring love, comfort and support to the forgotten people - the carers'* (p.145).

CARER'S DIARY

My son and his befriender - by A.N. Other

My son had a difficult birth.

Although initially very bright and lively (he could read by the age of four) he developed eccentricities of behaviour and failed to develop social skills so that relationships with others, even his brothers and sister, were difficult.

He was under treatment with a child psychiatrist by the age of nine with no improvement. He was unhappy at school and academically made little progress. From the age of 20 he had several long spells in a psychiatric hospital and in residential homes for the mentally ill.

For the last ten years he has been in lodgings with the same landlady and has led a reasonably stable life. He comes home to us at least three days a fortnight and visits the local day centre for people with a mental illness. He copes well with his medication to relieve the tensions which continue to attack him and I have a great admiration for the way he manages his life. However, he still has little social life and is very inward looking and still lacks the social skills to enable him to develop really meaningful friendships.

Here I must express my sincere gratitude to the Association for Pastoral Care in Mental Health. My son's befriender has made a very big difference to his life. They meet once a week and the relationship which has developed is one of genuine co-operation and friendship. It is entirely without patronage and is open and natural. Given that the burden of mental illness results in great loneliness this friendship is of very great value. His befriender is a friend who is his own and not merely family or friends of the family.

If you wish to support this vital service, or you are caring for someone with a mental health problem who would like a befriender, contact the Association for Pastoral Care in Mental Health, Merton Branch on 0181 646 0832.

Merton Messenger July 1998

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IF I HAD MY LIFE TO LIVE OVER

I'd dare to make more mistakes next time.

I'd relax, I would limber up.

I would be sillier than I have been this trip.

I would take fewer things seriously.

I would take more chances.

I would climb more mountains and swim more rivers.

I would eat more ice cream and less beans.

I would perhaps have more actual troubles, but I'd have fewer imaginary ones.

Where beauty shines clear, let us enjoy it
Where beauty is hidden, let us unveil it.
Where beauty is defaced, let us restore it.
Where there is no beauty, let us create it.

You see, I'm one of those people who lives sensibly and sanely hour after hour, day after day.

Oh, I've had my moments, and if I had it to do over again, I'd have more of them.

In fact, I'd try to have nothing else.

Just moments, one after another, instead of living so many years ahead of each day.

I've been one of those persons who never goes anywhere without a thermometer, a hot water bottle, a raincoat and a parachute.

Slightly adapted from Robert McAfee Brown and quoted in the Tabler, 9 May 1988

If I had my life to live over, I would start barefoot earlier in the spring and stay that way later in the fall.

I would go to more dances. I would ride more merry-go rounds

I would pick more daisies.

Nadine Stair. 85 years old

SPEAKING AS A "SCHIZOPHRENIC" CHRISTIAN

Day-to-Day Problems

I suffer from Schizophrenia and am a committed Christian and have been so for twelve years.

I am 33. I have had twenty jobs in my career, and have had to leave or had employment terminated in all of them due to poor mental health, and am presently too ill to work in society, although I am in the process of writing a book, which I would rather do anyway, if the truth be known.

I have only one friend but many acquaintances at church and no boyfriend or meaningful relationship. I live with my parents who are non Christians and my father does not accept my illness. I feel privileged to have left school with 3 'A' levels and managed to complete an HND at Polytechnic, although I have failed on two other occasions to stay at college.

My father has recently had a slight stroke or is starting with Alzheimer's Disease (the experts are not sure which) and my mother, who has *always suffered with her nerves* has been in bed for the past week with recurrent "disc" trouble.

I have an appointment with the psychiatrist to continue to try to find medication without the awful side effects. (stabilised by medication I will perhaps one day be able to have a meaningful relationship and not work so hard with a "support" group to get people to accept and understand me; unstabilised means the converse is true.) A support network or group means you fully inform yourself and others close to you of your illness - I have done that with the support of my church's prayer and ministry team, and with the help of the National Schizophrenia Fellowships publications. Being a private person, I don't like pouring out my troubles to people at all. If I am a "Schizophrenic Christian" this does not mean that I feel ambivalent towards the things of Christ, rather that I have a severe mental illness.

I lost most of my friends in the autumn due to an attack (see enclosed). Four of them - one I had known since Infants school. Apparently I am a *nice* girl, except when I am ill and then I am convinced everyone is *out to get me or attack me*. My last delusion was that I was an angel from Milton's Paradise Lost. (Glen Hoddle eat your heart out) and that I had to identify and hide from the proponents of the New World Order.

These *proponents* were family and friend. I am terrified of people in general, find it incredibly difficult to relate and would rather hide at home. *Standing at church makes me feel like wringing my hands. I am a bag of nerves inside all the time.*

I admit I, *daily*, have a problem with bitterness due to hardheartedness encountered in general, but I am by no means a completed work in Christ and keep short accounts of my failings, without excuse, with the Lord. As Christians, we should stop making excuses for our lack of mercy, love and kindness. People won't ask us things twice and they won't visit churches, or allow themselves to be prayed for by our ministry teams again if they have been treated with unkindness. Once is often enough to confirm their worst fears about church people. I know many, many incidences of where people choose not to visit our churches because of unkindness and a general lack of compassion. *When we fail we must apologise and seek to make amends, or at least try to humble ourselves and own up to our failings. Suffering is a tool used by God to soften hearts.*

Personally speaking, I am grateful for every ounce of discipline and illness I have ever received at the hands of Jesus because I feel closer to the Lord because of my handicap. How can we ever relate to Jesus' Gethsemane experience if we have never had our own. *Heaven will only be Heaven because of our suffering not despite it.*

How can we relate to the Messiah of the first three verses of Isaiah 53, *if we truly don't know what he's talking about in this portion of scripture.*

I find of inestimable value and without fault the books of Joni Eareckson-Tada particularly, the Bible reading aids books "Glorious Intruder" and "Secret Strength", I use them every day, along with (at the moment) Oswald Chambers "My Utmost for His Highest" to study the Bible. I am reading again her "Three books in one" (The Joni Story etc.) and find particularly helpful the account of her depression after the diving accident, in that I feel I can relate almost totally to this as do other sufferers from clinical depression. (Joni was totally paralysed in a diving accident at the age of 17 and is a quadriplegic with an international writing and speaking ministry, I work for her disability outreach in Surrey called "Through the Roof" trust.)

I also found of *immeasurable* help, "When God Weeps (why our sufferings matter to the Almighty)" - Joni Eareckson-Tada with Steve Estes (from the local Christian Bookshop). This really served to answer some deep questions for me. I have a question for myself today : **Am I kind?**

Since I wrote this in March for the "Through The Roof" disability outreach I have been stabilised on 6mg of Stelazine per day with a side effects drug procyclidine to combat the over sedation. I feel a lot more relaxed and am planning to return to college in the autumn, one day a week, to study Beauty Therapy. The correct drug was only possible with the help of the NSF booklet, "Finding the Right Medication."

MENTAL ILLNESS AND TYPES OF CHRISTIAN COUNSELLING :

DRAMATHERAPY

Dramatherapy is often talked about but not all that often understood. It is usually described as a way of acting out people's problems. This is only partly true, and does not really do it justice. Dramatherapy is not about acting out problems, but acting out life. Dramatherapists are people who are aware of and excited by, the action of drama as an event which is therapeutic in itself - therapeutic without having to be used for therapeutic purposes. We don't use drama, they would say - we explore it; and they would point out that there is a difference between using a technique and exploring a process.

There are many ways in which drama is a healing experience. The most fundamental is the interplay between distance and involvement on which it depends. It is "only" a play; and yet you really take part in it and show its reality. In exploring drama we explore relationships, the different ways in which we are to one another and ourselves. We are encouraged to put ourselves in one another's shoes, or see the world through one another's eyes to an extent that without the framework of the drama, the protection of what we choose to call illusion, we would not feel safe to do. The illusion of make-believe draws us into the embodied reality of human encounter and the sharing that is human relationship. The flexibility of human communication is vital. There are many ways in which human beings can mean things, and they are all real views. Consider the following ways in which I can go about the business of saying something: I say something: I pretend to be you saying something, guessing what you would say; I say "this is me saying what someone else wants me to say" etc. These ways of saying things are all part of ordinary human reality. We are always finding ways of getting across the shift in perspective signified by the quotation marks in the examples above. And we don't only do it in plays: Jumping backwards and forwards comes naturally to most of us.

Not to everyone, however. Depressed people find it difficult for emotional reasons. Being someone else can be just too painful. Some people categorised by psychiatry as schizophrenic find it very hard to make these mental distinctions between "self" and "other" and the changes of perspective they require. Those with effective psychological defence mechanisms resist self-disclosure in drama or outside it.

For these groups, and others, dramatherapy provides a kind of laboratory for relationship, presenting them with the thing that frightens them most, in a form which they can learn to handle. This is the gentlest of experiments, carried out in the language of make-believe by means of dramatic metaphors - journeys, ascents, penetrations and conquests, images of transformation and renewal; never imposed, always negotiated; change presented as an optional expansion of the territory of the self. Even the most vulnerable may respond to this challenge, using the contrived dramatic framework to gain experience of the drama of human relationship.

Dramatherapy aims at creating a place and time safe enough to allow us to respond to challenges both from outside and from inside ourselves. Things about other people rebound upon the self to be taken up or deflected according to our ability to sustain a particular kind of confrontation on a particular occasion. Growth takes place at our own speed, and is always our own growth, emerging from our own experience.

Roger Grainger

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WHY SAVE FOR SOMEDAY WHEN SOMEDAY NEVER COMES?

Someone interviewed me recently and wanted to know whether I save ideas so that I could be assured of at least one strong column a week. I don't save anything. My pockets are empty at the end of a week. So is my refrigerator. So is my gas tank. So is my filed of "ideas". I trot out the best I've got, and come the next week, I bargain, whimper, make promises, cower and throw myself on the mercy of the Almighty for just "three more columns" in exchange for cleaning my oven. I didn't get to this point overnight. I came from a family of savers who were sired by poverty, raised in the Depression and worshipped at the altar of self-denial.

Throughout the years, I've seen a fair number of my family who have died leaving candles that have never been lit, appliances that never got out of the box. It gets to be a habit. After a while, you have dreams that you hide away for the days when you have "time". You have nice compliments to say to people that you put aside until the "right moment." You squirrel away plans to take a trip when all of you can "get away". You have old grudges that you are going to settle when you "get round to it." I had a relative who, for years, entertained in her basement. I once described the decor as "Early Hot Water Heater." We sat on glider swings and drank from plastic as we surveyed the room around us: a workbench, outdoor tables, mismatched lamps and stationary tubs. Upstairs was a perfectly beautiful living room that was misnamed. I used to call her and say, "Let's go to lunch today! We'll eat something fattening and talk about everyone who isn't there." She always hesitated and said, "Let's plan it."

I have learned that silverware tarnishes when it isn't used - perfume turn to alcohol and never smells as sweet as when it is used ... candles melt in the attic over the summer ... plastic left on lamp shades to keep off the dust makes them wrinkle ... and ideas that are saved for a "dry week" often become dated. I always had a dream that when I am asked to give an accounting of my life to a higher court, it will go thusly, "So empty your pockets. What have you got left of your life? Any dreams that were unfulfilled? Any unused talent, that we gave you when you were born that you still have left? Any unsaid compliments or bits of love that you haven't spread around?"

And I will answer, "I've nothing to return. I spent everything you gave me. I'm naked as the day I was born."

ANON

World Mental Health Day

Sunday 10 October 1999.

Our Patron, the Bishop of Ely, has compiled resource material for use by churches in worship on World Mental Health Day. He hopes to obtain funding in order to send it, under APCMH's name, to all churches in the United Kingdom. Please keep a look-out for this in your church. Also it would be good if as many churches as possible did something special on this day. Maybe suggest that someone with personal experience of mental health difficulties or a relative might speak at the service?

C H A N G E O F D A T E

NATIONAL AGM

NOW ON

SATURDAY 6th NOVEMBER

AT

ALL SAINTS CHURCH, BATTERSEA

FROM 10.00am to 3.30pm

"Growing Together"

will be the theme of our forum and AGM.

The idea is to share what we have been doing, particularly at local level, and to spend some time in groups discussing special interests. We hope that we will learn from each other and feel more part of the Association. Please put the date in your diary. If any branch, or individual, would like to do a presentation then please let us know. Also if you have any special interest that you would like to discuss.

***NOTE :** Change of date and venue due to World Mental Health Day events taking place on Sunday, 10 October in different parts of the country. Please notify the newsletter editor of your event for publication in the next edition, as our readers may like to attend the conference.*

The Leeds Conferences have had to be postponed from the 8th and 9th October, as we have not had time to finalise the arrangements. Hopefully they will be re-arranged for next April.

The Association for Pastoral Care in Mental Health

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

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

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