

# NEWSLETTER

JANUARY 2005 ← must be 2006!

*The Editorial Staff wish all our Readers*  
**A HAPPY AND PEACEFUL YEAR IN 2006**

***This month's Front Page article .....***

**BEING ALONGSIDE OURSELVES** 8th October 2005 St Paul's Rossmore Road.  
In association with The Guild Of Health and APCMH.

Carolyn Byraben helps us to investigate the use of the 'self' using Alexander Technique as she asked us: How did we use ourselves today? A tentative silence ensued and we all adjusted in our seats whilst attempting that 'good posture' position. The holistic quest has begun! The kernel of awareness has emerged from the undergrowth and we are propelled into a creative discovery with Carolyn's skilful approach at blending and interweaving both theory and practice of The Alexander Technique with the help of some very intriguing games and artefacts to demonstrate.

As rather a nervous actor, Alexander, who invented the practice, lost his voice whilst in performance and gradually became aware of certain 'bad habits', which he held responsible for his poor vocal delivery and his general tense performance. Through close observation of himself and others, he began the process of discovering how the body might be used to serve the actor rather than it becoming a slave to habits. As in an orchestra/conductor relationship, similarly he discovered that this 'being alongside' oneself through mindful awareness and observation, could ultimately facilitate freedom within performance and allow creativity to blossom whilst protecting the 'actor's tool' i.e. the voice and physical components involved in production. By stopping to allow the natural release of the head and neck body relationship, he discovered that, 'the right thing would do itself' which can be witnessed in very young children who have not developed poor habits. A video capturing the ease of movement of a young baby illustrated the natural physiology of man before negative influence take hold and create disease.

Alexander's 3 great discoveries were: 1. Primary Control – the relationship of the head/neck with the body.

2. Inhibition – through mindful awareness – allowing for choice concerning the nature of action and reaction.
3. Volition – Directional thinking – the underlying principle being to allow the head to go forwards and upwards in such a way that the back and front lengthen and widen, the shoulders release and the legs go forward and away. – Demonstrated on a massage table with brave volunteers!

As Carolyn went on to explain, the Alexander Technique can relieve many physical and psychosomatic ailments, namely muscular/joint/repetitive strain injuries as well as breathing and stress problems, improving coordination, balance and body image and encouraging natural poise and general awareness of ourselves and others around us. But like most disease that has multi-dimensional aspects to its nature, it is sometimes necessary that some of the causative factors underlying certain physical complaints be addressed with a more appropriate professional therapist whilst attending the Alexander sessions. However, the technique does adopt a holistic approach to healing, facilitating both body and mind awareness and encouraging the intuitive and meditative and creative parts of our minds to be brought into play which can be so often ignored by our western culture via the use of orthodox medicine alone. As creative human beings it is surely vital that we learn to value those God given parts of our design which encourage us to breath and to recognise the freedom that God has intended for us so that we can use our 'instruments' wisely and to be free to recognise positive change in our lives as God might have intended – its difficult to develop a relationship with God when we're stressed out. 'To pray is to change' – Thomas Merton.

**Suzanne Heneghan (Chairman 2005)**

**For those who may wish to contact Carolyn Bryaben the details are on the back page**



# **THE NATIONAL SPIRITUALITY AND MENTAL HEALTH FORUM**

Extracts from the report on the latest meeting of the Forum held at the

London Central Mosque on Thursday 22 September 2005.

The main subject of the meeting was "Misunderstandings", chaired by Mr Martin Aaron.

Imam Shahid Hussain began the meeting with an invocation or blessing, followed by a welcome from the Director General of the Mosque Dr Ahmed Al Dubayan, who gave a brief history of the mosque and confirmed how much members of all faith communities were welcome to events there, and to use their facilities.

## **Introduction: the Need to Believe**

**by Martin Aaron.**

The year 2001 began as the United Nations Year of Dialogue between Civilisations. By its end, the phrase most widely quoted was the "clash of civilisations". The tragedy of 11th September intensified the danger posed by religious differences throughout the world. As the politics of identity replace the politics of ideology, can religion overcome its conflict ridden past and become a force for peace in the future?

The Jewish Community's Orthodox Chief Rabbi, Professor Sir Jonathan Sacks, wrote a book entitled "*The Dignity of Difference*", published in the following year 2002, and with its publication there erupted a controversy in the Jewish Community which re-opened the debate concerning "true religion". Rabbi Sacks wrote, and to quote...."the radical transcendence of God in the Hebrew Bible means nothing more or less than that there is a difference between God and religion." He went on to state that, "In the course of history, God has spoken to mankind in many languages; through Judaism to Jews, through Christianity to Christians, through Islam to Muslims", and of course he meant through other religions through their adherents and exponents.

In heaven, he said, there is truth; on earth there are truths. Therefore each culture has something to contribute. Rabbi Sacks stated that the way he had discovered is that the truth at the beating heart or monotheism is that God is greater than religion; that He is only partially comprehended by any faith. He is my God, but He is also your God. He is on my side, but He is also on your side. He exists not only in my faith, but also in yours.

I found in reading Professor Sacks' book a truthful exposition of how our most senior Rabbi and respected religious leader viewed his and others relationship with God, irrespective of the faith community to which they belonged. Judaism, Christianity and Islam are all religions of revelation – faiths in which God speaks and we attempt to listen. The glory of the created world is its multiplicity; the thousands of different languages, the hundreds of faiths, the proliferation of cultures – in most of which – we will hear the voice of God. God has created many cultures, civilisations and faiths, but only one world.

Judaism believes in one God, but not in one religion, one culture, and one truth. The God of Abraham is the God of all mankind, but the faith of Abraham is not the faith of all mankind. Rabbi Sacks believes that no one creed has a monopoly on spiritual truth. What traumas and tragedies have been created through religious extremism upon the frail human being, raining down on some the most horrendous of psychological blows.

The whole of the life cycle of the human being is peppered with emotional and at times with traumatic experiences. Certain situations arise which cause great anxiety for some and yet less for others. For some individuals it may be severe enough to trigger more serious illness. Therefore during such periods of emotional stress when it is quite natural to become anxious, our faith can play a crucial role in alleviating the emotional crisis.

Our spirituality begins with the first breath that we take on entering this world, the smell of our parents' scent and of flowers, the wonders we see when our eyes are opened and our sight adjusts, the sounds of the life about us. What wonders created for a child's benefit, yet so often destroyed. I think that there are three very important components to the way we live; I will call them the three "B"s – *Belief – Belonging – Be-loved or Beloved.*



Belief is a necessary component in our lives, whether we be Baha'i, Buddhist, Christian, Hindu, Jain, Jewish, Muslim, Sikh, Zoroastrian or of any other faith, we must all have some form of faith belief, even although some people may not acknowledge it.

We also all need to belong, which is a natural human phenomenon and a central motive factor in our psychic lives. (An important point also pointed out in Rabbi Sacks' book.) It stems from our relationship with our mothers, which in many respects becomes a prototype for all future relationships.

Be-loved – We all have a need of love, that feeling of great affection and devotion not only for someone to shower upon us, but our need to convey our deep intrinsic feelings to others.

Within these three "B"s lays the task of educator, of the spiritual and religious leader, and also the psychiatrist. When we come to deal with mental distress of whatever kind, in a certain way, the therapeutic work of the psychiatrist, and in some cases perhaps more particularly the psychotherapist, consists of unravelling the regression which has taken place, in order to bring about a more adequate, realistic relationship between the individual and the environment within which he or she lives.

## **"Misunderstandings"**

**By The Venerable Arthur Hawes,**

Archdeacon of Lincoln; Chair, Church of England Mental Health Advisory Committee.

Arthur began his talk by reminding everyone that Trevor Phillips, the Chairman of the Committee for Race Equality, was speaking the same day in Manchester about what he saw as the increase in ethnic, colour and religious segregation in equality. He gave an example of colour discrimination when a black woman had decided to return to London from Lincolnshire because of the racial abuse she had suffered. In order to assure herself of a quiet journey she had decided to travel first class. She went to that part of the station platform where she was told by one of the staff that she was standing in the wrong place. When she boarded the train and entered the first class compartment, a group of people walking through to standard class invited her to join them, telling her that she was in the wrong part of the train. Later the ticket collector came to the carriage and checked only one person's ticket. It was hers.

In the space of half an hour she had been discriminated against on three separate occasions. This is a measure of the prejudice and ignorance that obtains in British society today. It is for this reason that we must take very seriously the world in which we live, because it provides the context in which we seek to express our spirituality, the presence of God and, what it means to be human. This means that faith communities need to be world affirming and not world denying.

That world is set within the context of post-modernism and it is quite possible that misunderstandings arise because the spirituality expressed by faith communities does not sit comfortably with the values of a post-modern world.

Arthur then compared some of the features of modernism with post-modernism. Society in the modernist world was structured around institutions that included the major world religions. In post-modern society the emphasis is on privacy and a move away from institutions and institutional living. Recent statistics reveal that one person today occupies 40% of all households in the UK. Running alongside the emphasis on privacy is the shift towards individualism, which compares unfavourably with faith communities, which promote community and family, living.

Values in the post-modern world are relative, whereas in the world of modernism they are absolute. World faiths, as a rule, depend upon some absolutes e.g. the nature of God is an absolute and unchanging, not transient and relative.

In a modernist world decisions were prescriptive, said Arthur, and top downward – implementing the word of God is usually understood in this way. On the other hand, in a post-modern world decisions emerge from the bottom upward, offering a great deal of choice. This raises a serious question for faith communities about how they might be able to offer choice without compromising their own belief systems. Human existence was summed up by the philosopher Rene Descartes, in the Latin maxim 'Cogito, Ergo, Sum' – 'I think therefore I am'. In the world of infinite choice in which we live this can well be replaced with 'Tesco Ergo Sum' – 'I shop therefore I am.'

*Continued .....*



## **"Misunderstandings" continued .....**

Arthur continued that comparing modern with post-modern helps us to understand better how misunderstandings can occur. The trick is to find something that will act as bridge between faith communities and post-modern people. Gary Hartz writes *"In the midst of disillusionment and alienation, many find themselves thirsting for spiritual experience and religious community."* Spirituality, then, may well provide a means of connecting.

In the field of mental health there is a sea change. This is understandable because mental health is so often about meaning, well-being and values – how people see, understand and value themselves. On write says, *"Spirituality has caught fire in the mental health field because the limits of medication and psychotherapy have been recognised."*

What world religions provide are the sacred; moral codes, institutions and communities. All these need to be linked to the world of mental health to help those struggling with questions and meaning, how to promote well-being and value each person as an individual in themselves. Spirituality is broad enough to describe efforts to find connections with the sacred outside traditional religion, and so provide that essential bridge. In the meantime, the question for the faith communities is how we articulate our spirituality whilst retaining our belief system. There is a tension between retaining core values, core beliefs and faith essentials with being flexible and endeavouring to work with the trends of the post-modern society in which we find ourselves.

*(Unfortunately, due to limitations of space we are unable to accommodate this important and fascinating reporting in full in this issue, however we shall continue it in our March issue).*

## **~~~~~ Letters to the Editor :**

Dear Sir

The Article you published on depression by Fenella Denning was, I thought, very valuable. Could we please have more like this? Particularly an article on Anxiety.

Yours sincerely,  
Miss S M Allaway

~~~~~  
Dear Sir

I would like to add to Fenella Denning's article in the November issue of the Newsletter on "Capital under stress" by asking a question. It is, "How can churches help to provide the 'stable sympathy groups', which we all see as necessary for the maintenance of good mental health?"

In the nonconformist tradition we meet each Sunday for a service of praise and worship lasting just over an hour followed by a short time for light refreshments for talking to friends and acquaintances about events during the week. A weekly meeting for Bible study and prayer and women's meetings are held against the background of an assumed willingness to accept a conservative approach to all religious thinking.

Interest in Common Mental Health issues has risen on the government's agenda partly stimulated by Professor Richard Layard's recommendations \*. Primary Care Trusts are already strengthening the Common Mental Health Problem Service, which covers such conditions as depression, anxiety, phobias, panic attacks, and obsessive-compulsive disorder.

Jesus' teaching was to challenge the current religious thinking of the time and reach out to ordinary people in their needs. I think that churches should accept the challenges presented by the growing incidence of these common mental disorders and, at the same time, help to reduce the stigma attached to all mental ill health. I wonder how our churches can best respond to the challenges, which these conditions present, in our communities?

**Stan Cramer**

\* "Mental health: Britain's biggest social problem?" Richard Layard. Paper prepared for a seminar hosted by the Strategy Unit of the Cabinet Office. December 2004.



# Overcoming Prejudice against Anti-depressants

There is much information available from the medical profession, and from Charities such as MIND and SANE, about the useful role of medication and various therapies in the treatment of depression. However, when reading articles about depression in the press or in magazines, I am dismayed that the role of anti-depressants is often referred to in a disparaging fashion. To summarize the well-established best forms of treatment ("The British Medical Association: Understanding Depression"):

- **Mild Depression** – self-help, lifestyle changes and psychotherapy often work. Medication may not work at all. For chronic mild depression a combination of anti-depressants and psychotherapy can lead to an improvement.
- **Moderate Depression** – Either medication or psychotherapy can work depending on the symptoms. Some doctors believe that a combination of both is required.
- **Severe Depression** – Most people with severe depression are too ill to benefit from psychotherapy and need to start taking anti-depressants.

An example of a misleading article was that by Fenella Denning in the November 2005 APCMH Newsletter. The author was making the case that psychological solutions, improved nutrition and more exercise were valuable in preventing depression. However, the way anti-depressants were referred to in the article gave the impression that although they were widely prescribed, they were ineffective and can be harmful.

Most of the people who commit suicide every year in the U.K. are suffering from severe depression. The need to get effective treatment quickly is imperative. Some sufferers receive no treatment at all. If a person develops severe depression for the first time, and they or their close friends and family have an established irrational resistance to taking prescribed anti-depressants, it can increase the risk of suicide. Why is it fashionable to knock anti-depressants? I believe there are a number of factors:

- (1) A belief that if a sufferer can get better just by modifying their way of thinking – just using their mind – they are "in control". Taking anti-depressants "hands over control". However, there may be a long delay before various talking therapy treatments can start, and a mild or moderate depression can soon become a severe one. Anti-depressants can have a significant beneficial effect in a matter of weeks in alleviating the mental anguish and pain that are the worst symptoms of severe depression.
- (2) A wholly justified resistance to taking recreational drugs, which can lead to a general view that it is best not to take any drug that affects the brain. Anti-depressants are not addictive and do not permanently change or take control of the sufferer's personality. It is the illness itself that leaves patients feeling they are not in control of their lives; medication is an important step towards regaining that control.
- (3) It has been reported that some GPs are too-readily prescribing a standard "cure-all" dose of the newer anti-depressants (SSRIs) like Prozac for all cases from minor to moderate depression. This type has lesser side effects than older types of anti-depressant. If the depression becomes more severe, then a higher dose or a different type of anti-depressant is required. If the GP fails to diagnose this increase in severity, or the patient does not return to his GP, then the anti-depressants prescribed will not be effective.
- (4) Some believe that the solutions brought about by therapies and life-style change are more longer lasting, and that anti-depressants offer only a short-term solution, simply dealing with the symptoms of depression by numbing our "real" feelings. However, the feelings that are alleviated are the intense depressive thoughts and moods caused by the illness – the sufferers, when recovering, readily recognize that these are not their "real" feelings. Therapies and self-help over time can deal with the underlying causes of depression and reduce the risk of re-occurrence, but that is a poor argument for not taking anti-depressants that can relieve the agony of severe depression and improve the sufferer's condition to the point where they can be receptive to therapies.

continued .....



(5) Various "conspiracy theories", which suggest that anti-depressants are heavily promoted by drug companies, who are concerned for profits. Those advocating alternative therapies can promote such ideas.

(6) Concerns about side effects of anti-depressants, such as dry mouth, drowsiness, constipation, slightly blurred vision, etc. These concerns may be relevant in the case of mild depression, but the common side effects are generally completely insignificant compared with the mental anguish and pain of severe depression.

(7) A belief that anti-depressants may increase, rather than decrease, the risk of suicide. There are many modes of suicide available, and an overdose of anti-depressants is just one of these. Some of those who commit suicide because of severe depression are taking anti-depressants – either because they have not had time to work, or have been prescribed in a sub-therapeutic dose, or because for those particular patients they are not effective.

It is difficult for the sufferer and their close friends and family to deal with severe depression, especially if it is the first time for all concerned. So what should be done? The first step is to help the sufferer to see a doctor, if they have not already done so. Read about depression and try to understand the symptoms and various treatments available. Don't hesitate to ask the sufferer if they have suicidal thoughts or obsessions – if so, it is necessary to press for an urgent appointment with a psychiatrist within days (not months!).

Even if the sufferer is prescribed anti-depressants and continues to take them, there is no guarantee of a quick recovery. It is necessary, if in any doubt, to seek to have the strength of medication increased to the most effective, albeit safe level. Even then, the sufferer may be one of those for whom anti-depressants are not sufficient, and it is also necessary to seek to get help in the form of therapy.

It is most important to be there, alongside the sufferer, and to show them your love and concern. Reassure them that although their painful, distressing thoughts and feelings of overwhelming sadness, despair and guilt, are very real to them, they are just symptoms of an illness. They can be helped to understand that they will recover if they remain patient. Listen, do not be judgemental, argue or chatter. Advise the sufferer to be patient, to take it easy, to get some physical exercise and do manageable everyday tasks, and to cling to the certain hope that they will recover completely. Do not try to make them cheer up, socialize too much, or over-exercise their mind - this is like forcing someone to run on a broken leg.

If the sufferer has a religious belief, encourage them to seek help through their belief and their place of worship, rather than abandon their faith. Persuade them not to act upon their depressive thoughts (it is the wrong time to make decisions like ending relationships, resigning from a job, etc.). Anti-depressants and therapies, under professional medical supervision, combined with understanding, loving support from friends and family, the foundation of a core belief, self-help, exercise and resting the mind, all contribute to the recovery from severe depression and open the way for change and spiritual growth that can help prevent a relapse. The last thing anybody needs in the distressing situation of a severe depression are pre-conceived irrational notions that anti-depressants or any other form of treatment should be resisted.

**David Roe**  
**Secretary, Merton Branch APCMH**

*David wrote this after reading Fiona Denning's article "Capital under Stress" in the November Newsletter.*



## Poetry Corner

### To Samantha

A Friend is someone who is concerned with everything you do,  
Someone to call up during good times and bad times,  
Someone who understands – whatever you do,  
Someone who tells you the truth about yourself  
Someone who knows what you are going through at all times,  
Someone who does not compete with you.  
Someone who is genuinely happy for you when things go well,  
Someone who is an extension of yourself - without which you are not complete!  
Thank you for being my Friend.

*Susan Polis Schutz*

### ~~~~~ *Don't Quit*

When things go wrong, as they sometimes will,  
When the road you're trudging seems all uphill,  
When the funds are low, and the debts are high,  
And you want to smile, but you have to sigh,  
When care is pressing you down a bit –  
Rest if you must, but don't you quit.

Success is failure turned inside out,  
The silver tint of the clouds of doubt,  
And you never can tell how close you are,  
It may be near when it seems afar,  
So, stick to the fight when you're hardest hit –  
It's when things go wrong that you mustn't quit.

*Sam*

### ~~~~~ *Diana ..... Good bye*

Goodbye, see you later.  
Here today, gone tomorrow  
Some, did not have the chance to say goodbye  
The door on life was closed  
For some, tomorrow never came

Here today, gone tomorrow, goodbye

For those of us whose soul is not still  
We are united in grief  
We are united in silence  
We shall not be beaten

Here today, gone tomorrow, goodbye

In the face of adversity  
The true spirit will reign supreme  
It will rise above all forms of evil and justice  
Like a Phoenix from the ashes

Here today, gone tomorrow, goodbye

We now have, rekindled within us  
Increased unity, strength and resolve  
To arm us in the field of battle  
In the spirit of trust and co-operation  
United we stand

Here today, gone tomorrow, goodbye

Goodbye, such a difficult word to say  
Victims of the bomb blast  
Injured, disabled, dead  
And for those who still remain?  
What of them  
Mental and physical scars for life  
That is the stark reality

Here today, gone tomorrow, goodbye

Children, suddenly cut down  
In the flower of their youth  
Parents, grandparents, brothers, sisters  
Cousins, aunts, uncles and friends  
Time will not erase the memory of that day

Here today, gone tomorrow, goodbye

One ray of hope  
Looms upon the horizon  
Our hearts were touched  
We are closer now,  
Since the angel of death  
Has knocked upon our door  
Together we shall strive for peace  
Our community will not be crushed

Here today, gone tomorrow, goodbye

**Carolyn Byraben BSc, MSTAT**

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Oooh look Ethel, the editor's put a funny line round this em'ty space !  
Oooh yeah Flo, I 'spec 'e ain't got nuffink to put in there or sumfink ..... Unless of corse  
'e's just a lazy wotsit..... Oh Ethel, you shoul'n't tike the rise out of 'im, poor soul !

**Reader !!!!! can YOU "Rise" to the occasion ?????**

~~~~~  
**Please note that the Editor's telephone number has changed**  
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*The views expressed in the Newsletter are not necessarily those of the Association*

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