Association for the Pastoral Care of the Mentally Ill

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APC MI

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EDITORIAL

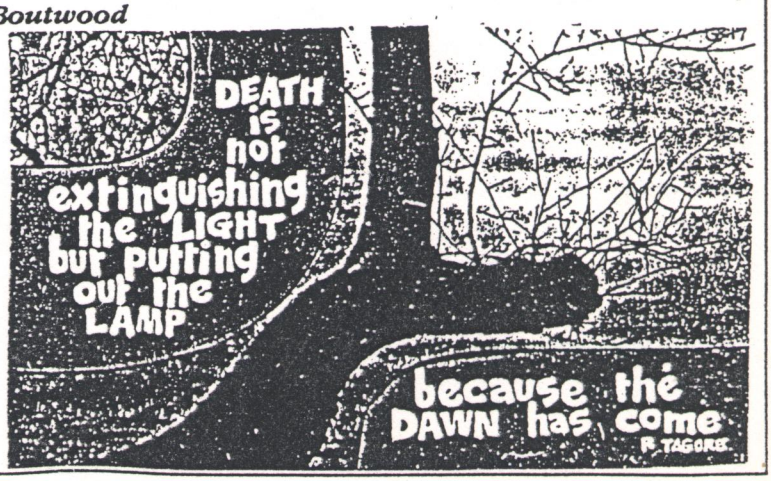
Adrian Lindon died in the early hours of 10 January. He was the inspiration for the founding of the Association, because it was in trying to give true recognition to the real dignity of his life that his parents, Jane and Austin, have felt energised to give birth this vital movement of love for those who suffer with mental health problems, sometimes to a chronic degree. Those of us who attended his requiem at St Ethelreda's Catholic Church in London were aware that this somehow would contribute to a new start for the Association , that out of a period of great difficulty would emerge an Association better equipped to provide the right kind of support and spiritual space for those who suffer and for their family and friends.

This small journal has no news of the past. Instead it contains a number of articles which explore the meaning of a label, especially in the context of the work and name of our Association . We hope that they will provide some focus for the AGM planned for the beginning of July, when all members of the Association can hear what has been happening recently and what is proposed for the future .

May we all pray that we can discern the right way forward, so that God's Will may be done. If we really listen with hearts open to the distress and anguish of those who suffer from mental illness, then the future will be full of promise. God never deserts his favoured ones - the weak and the vulnerable - and he must want us to share in his choice of favourites. If we do that, then the purpose of the Association will continue to be fulfilled.

Jeremy Boutwood

Giving Meaning to a Handless Statue of Christ.



ADDRESS

given at the Requiem for Adrian Lindon

"My peace I give unto you".

Today we mourn the passing of a young man full of promise, full of life, who was struck down by the terrible scourge of mental illness. For the past ten years, his life has not been a life of peace. But now we can truly say that he is at peace, the peace of Christ which "passeth all understanding". For many of you, it no doubt seems a waste of life, the total pointlessness of existence. And yet Adrian achieved much in his life. His life has been the cause of much good being done to other people. He is truly the founder of APCMI, the Association for the Pastoral Care of the Mentally ill and their families.

I well remember Adrian ten or twelve years ago when he was a boy at Dulwich and probably the only Catholic in his class, how he used to come to me for advice on how to handle the next tricky theological or ethical problem that his classmates could think up. It probably gave him a good grounding in his faith and sharpened his wits. He then embarked on a University course, and the rest you all know - ten years and more of suffering, suffering not only for him but for his family and friends, who at times no doubt had to stand around helplessly, not knowing what to do. It was a daily crucifixion for his family, a veritable Calvary of pain and suffering.

Physical suffering we understand a little, but mental suffering is for most of us an unknown factor and one that we shy away from. The training and education of so many of us is not equipped to deal with mental suffering. For example, the training of clergy, until very recently, took no account of mental suffering. I know that if you broke your arm and went to Bart's Hospital, the chances are that you would receive a visit from a clergyman before the plaster was dry; but go to a mental institution, and the chances are that a clergyman's visit would be rare as a snowstorm in the Sahara. This is not necessarily the individual clergyman's fault. It is a fault of the overall priorities of the Church, and basically a confession that the Church does not know how to handle such a specialised ministry. And it is also true that not all clergy are well adapted to such a ministry.

The churches are much more aware now, as indeed is society at large, of mental illness. There is more evidence of mental illness in the High Street now than ever before, and there has been government policy offloading the mentally sick back into the community. We know where that will lead them - on to the streets of our towns and cities.

Adrian Lindon is the true founder of APCMI. He has been its inspiration. And if great things are done by the APCMI to help families of the mentally ill in the future, then it will have been Adrian and his family who have brought hope and comfort to many people.

So the marvellous thing is that Adrian did not live in vain. To the eyes of many, it would seem that his whole life was wasted, that he did nothing worthwhile on this earth. But now we know that his life was precious and of value. His life has been an inspiration to many. We give thanks to God for his life, and for all that he did. And we who have faith know that Adrian has found peace. He has conquered his illness. Eternal rest grant unto him O Lord, and let perpetual light shine upon him. May he rest in peace.

Fr. Kit Cunningham
Saint Ethelreda's, Ely Place, London,

Renaming

Names are extremely important. People are known and identified by their names. When people come together for a special purpose they choose a name which gives an idea of what they stand for, and in time they become known by that name. Therefore it is very important to choose one that gives the right message.

When the National Association for Mental Health was formed earlier this century it was at a time when indiscriminate and compulsory committal of people was still taking place, often without proper justification, which resulted in a great deal of injustice and misery. This practice began to be questioned and there was a move to look into the different types of mental illness and to look for ways of bringing hope to large numbers of those who had spent much of their lives confined to old Victorian hospitals well out of sight of people in the Community. This new movement, aimed at restoring at least some degree of wholeness to those suffering from mental disorders, resulted in a more positive attitude being adopted. Thus it was considered vital that the term Mental Health should be used in preference to Mental Illness. However serious a mental illness is, there must never be a passive acceptance that there is no hope of healing.

When it comes to considering the name of APCMI, we in Croydon have always felt that using the term mental illness was like stepping back into the last century. In addition, to refer to any group of people as "the mentally ill" or "the physically handicapped" or "the blind" is now considered by all concerned to dehumanise them

Nowadays the vast majority of people suffering from and recovering from mental illness are being looked after in the community and the use of modern methods of treatment-early intervention, medication, psychotherapy, counselling and support of all kinds are being developed by people of vision. In all but exceptionally severe cases, the practice of keeping people isolated for long periods in hospital, resulting in them becoming institutionalised, is now being discouraged.
Croydon APCMI is caring for the increasing numbers of people who are being successfully cared for in the community and who would not wish to be labelled as mentally ill.

If our name was changed to the Association for Pastoral Care in Mental Health it would cover all those who are our concern and it would not exclude in any way those suffering acute forms of mental illness. We could then be thought of as a Pathway to Wholeness. Our Lord never considered anybody to be without hope of wholeness and He healed people who were acutely mentally ill by giving them His Unconditional Love. If we are to be His true followers we must try to follow His example.

The words Mental Health embody the ideal of wholeness which we need to keep in the forefront of our minds and in the minds of people in the community. So let us give due consideration to the important matter of changing our name in the way I have suggested.

The National Association for Mental Health later decided that this full name was too much of a mouthful and they adopted the one word MIND which has a double meaning - that we are concerned with disorders of the mind but also that we mind (care) about people. MIND has retained its full name in small print below it's logo and we are registered as a charity in this way.
I would like to think that APCMI's next move would be to choose such a single word and like MIND, retain its descriptive title in the same way,
I have thought long and prayerfully about this and suggest the word

"PATHWAY
(Nat. Ass. for Pastoral Care in Mental Health)

The word conveys that we are a way ahead for all those we serve and is appropriate for many different Faiths:

- *Christians follow the Path of Christ who said, "I am the Way the Truth and the Life."*
- *The Islamic code of behaviour is Shari'a, which translated means Pathway.*
- *The Buddhist Faith is a Path to Enlightenment.*

Norma Croft
Croydon Branch.

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WORDS

ASYLUM.

Seen as a place of rest a sanctuary from the stresses and strains of the world; a safe place. In Victorian times when they were set up, the standards and surroundings were much better than those in which many ordinary people lived in the community. Little was available in the way of treatment except to give sedatives and provide supervision and physical care.
The asylum was a complete community on its own and had its farm workshop, sewing room, workshops and laundry. As much as they were able, the "inmates" did most of the work, for those who were able there were sports provision and entertainments. As social changes took place in the community the asylums did not change. All was not always as it should be, some were there who should not have been. Clothes made in the workroom were pretty awful.

MENTAL HOSPITAL

With the coming of the National Health Service the asylums became Mental Hospitals. Those in them became patients. That they worked was seen as exploitation and this had to stop.
When large numbers of domestic staff were recruited to do the domestic work patients sat around playing games or went to occupational therapy, doing various things which had little relevance to day-to-day living. The cost of these extra people was very large, as was the loss of the meaningful occupation.

REHABILITATION.

The arrival of the new drugs offered the expectation of cures and that patients could leave hospital and return to the real world. Programmes were set up to prepare them to live their own lives, many made it. At that period there was a demand for unskilled labour. Accommodation was fairly easy to obtain. Numbers in hospitals fell, buildings were deteriorating, hopes were high.

COMMUNITY CARE.

This is now the in-word, seen by some as the solution to everything. The provisions are to come into force in April. It is supposed to provide better care for the mentally ill, will it ?
Places that remain are being run down by the local authorities over shortage of money. The payments the Mentally Ill receive from the social security are hardly enough to keep body and soul together.
They have little hope of finding paid work. I look at the quality of life of the Mentally Ill in the community and wonder are they any better off?.
One of our members said, "I would sooner be back in hospital as it was when I first ill about twenty years ago than live as I am living now." He was one whom most people would say was settled and doing well. Have they lost a secure and caring community only to be thrust into a community that does not care?.

*WE all think we know what the Words mean but it is the **ACTION** that counts in the end.*

Evelyn Sumption
Dulwich and Forest Hill

MENTALLY ILL

This can emphasise the needs of those in the back wards of the mental hospitals - the chronically " Ill" rather than those at the other end of the spectrum - the " worried well ". In any change in name we must beware that we do not (however unconsciously) shift the emphasis of our CARE from those most marginalised, by both society and Church, to those for whom a degree of provision and acceptance does exist. The Association was founded because of an apparent lack of provision of " spiritual " care by the Church to some on the margins.

Adrian Tate

LABELS

"ACCEPT ME AS I AM AND I WILL ACCEPT YOU AS YOU WANT TO BE ACCEPTED".
(CHRISTOPHER NOLAN)

What's in a label ?

Labelling is a necessary part of everyday life. We cannot go shopping and buy what we want without reading the label that may tell us what it is, what size, who made it, its destination, its contents as well as the price. We expect labels to be accurate and informative so we can make the right decisions on the information given. Labels tell us what something is and equally therefore, what is not.

We also use labels according to the dictionary as a "short classifying phrase or name applied to persons." The label may help distinguish one group from another by stating the difference, for example, old, young, tall, short, man, woman, and so on. Nothing wrong with that we may think, but those simple descriptive words, or labels, can be used in a way that is derogatory. A label used in this way makes us rise in indignation, for rather than discerning differences the label has become a tool for discrimination and a stigmatising stamp.

So why do we need labels? People with a particular interest use a title, or label, to descibe their activity or interest so others may know what they do and can decide whether to join them or not. It may be, however, that others only share part of their interest or see it in a different perspective. The label thereby does not become wrong, it may accurately describe the original interest. Others can chose to join in and use the title or else decide that their interest though similar is sufficiently different to use a another label. Labelling helps to define boundaries. We can keep within a boundary, move or alter them, but if we have no boundaries, no definitions, no labels, life becomes ill-defined, confusing and at the worst chaotic.

In the medical world, diagnostic labels are used to describe illnesses, symptoms and syndromes. Without a clear diagnosis or labelling of a condition it is very difficult to describe the right treatment. It is also very difficult to get resources for something that is ill-defined or unclassified. Before a need can be met we have to describe and define it and frequently label it.

If I go and knock on the door of some helping agency and ask for help, I will be asked "What is your need?" My need may be financial, so I might be labelled poor to show that I fit in to that category, within the boundaries, in order for the resources to be supplied.

Sadly, though, the boundaries that clarify can become the brick walls that divide. When the label is seen as the last word on a person and even used in terms of a judgement on them, the use of the label has an edge that cuts deep, it wounds and hurts and should that wound not be redressed, it can become a scar deep within us.

When we use labels to classify people and their needs we can stereotype them and go on using the label forgetting that it is attached to a person, who hopes to be treated with respect and dignity. When the label is used with a stinging criticism or implied negative judgement we wither on the end of the barbed tongue: the label becomes a stigma and we feel branded.

We live in a world that classifies and defines. We all do it: define our own boundaries and classify others even to the label of "looks nice" or "looks nasty" and we let people "in" or keep them "out" of our personal boundaries by our own personal labelling system, and other people label us. What can we do? We could start by looking at our own labelling systems, are they fair, are they accurate, unbiased, distinguishing, or are they unfair, inaccurate, prejudiced and discriminating, ignoring the person behind the label? In seeking to be understood let's start with understanding and looking at our own attitudes. Those who have "more voice" let them speak up and speak out whenever and wherever the label has become a "lie-bel" and denigrating of the person and the common humanity of all us "labellers", for we can be sure of one thing, we all have to live with labels.

Miriam Thompson
Mental Health Case Manager
Guildford.

The label of being Mentally Ill

When the pressures of everyday life seem impossible - a not uncommon experience in our modern- day hectic and complicated world - how do we cope?

If we encounter a traumatic crisis, a form of 'breakdown' may often result. This can be accompanied by acute mental disturbance involving total disorientation of thought and feeling, whereby folk find themselves divorced from down-to-earth reality.

The added burden of being 'labelled' as MENTALLY ILL by most members of society only compounds the problems and increases the sense of isolation from the rest of the community. It can be difficult enough to be involved in the world of psychiatric and diagnostic labelling with medical terms such as schizophrenia and manic depression. Terms which often cover a wide range of states.

So what sort of response should we make to the intrusion of the term "Mentally Ill" into a person's identity? Should we wage a campaign of resistance to what some see as an assault on their personal value as creditable human beings? Certainly the destructive image of the "lunatic" linked to the Victorian Asylum, still lingers on in these days of 'Care in the Community'. If on the other hand we passively accept the use of such terms which have aquired a marginalising image, withdrawal from life will take place and the new-found identity just reinforces such individuals in their incapacity. The limited support then offered provides little or no prospect of recovery.

Clearly each person will respond to such labelling in a way that their personality and need determine. Nevertheless carers should endeavour to discourage attitudes that are unhealthy and should seek to emphasise more positive images.

Our faith as Christians should give us a lead. Jesus's earthly ministry witnessed to compassion for the needy (that's all of us). He ministered his unconditional love with its healing power without denying the truth of the individual's life and circumstances. Such relationship between cared for and carer leads to wholeness being restored.

When we echo Jesus' oft made challenge "do you want to be healed?" is our faith enough? Unfortunately often in our frailty and human incapacity we are unable to minister to needy folk in the way our Lord did. This dispite his prophecy that "we would do the works that he did and even greater"

All of us therefore to operate from our present level of discipleship in the way of Christ, bearing in mind the primacy of LOVE in all of our dealings with each other. But that love must be in accordance with TRUTH or it is not really love - it's just so much cotton wool. So back to the question prompting this article. How do we, as members of an association labelled "Mentally Ill" respond with Christlike love?

One implication of "every individual is a credible human being that God has made in His image is that all, including those with Mental Health problems, are fully viable as co-equal citizens of society, whatever the strengths or weaknesses affecting their capacity to be actively involved in established society. We must therefore make a distinction between the practical value of a human being and their physical limitations. Everyone should be loved and cared for and so helped and encouraged to his or her full potential despite any impression of inadequacy.

The type of label that demeans a person's personhood must be avoided. Those that help understanding of specific problems provide positive use of labelling.

Andrew Polson - Southend on Sea

Mental Illness and Types of Christian Counselling: Dramatherapy (1)

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 something'; I say 'this is someone else saying what I want to 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.

In another issue of the Journal I hope to describe an actual dramatherapy session.

Roger Grainger

FROM THE NORTH

In November, a small group of people from throughout the region met at Fangfoss (in Humberside) to explore ideas for development in the North of England. Following a lively meeting, tentative plans are being made for a pilot initiative within a Health Authority Region.

This issue of the newsletter has been produced by students at Woldgate Comprehensive School, Pocklington, as a part of their Information Technology Course. They have taken time and trouble to research their subject (see article) and have shown a real interest in their work. Many thanks to them, and their teacher, for their co-operation, support and hard work and to the Wolds Enterprise Bureau for producing the final copy.

Christine Kelsey

WOLDGATE REPORT

We are sixth form students from Woldgate School, currently doing a D.V.E course, D.V.E standing for Diploma of Vocational Education. The course consists of 12 modules varying from Engineering and Childcare to Business studies.It is equivalent to 4 GCSE passes and is more practical than the A' Level courses. It is constantly assessed through course work. For the students who have passed English at GCSE level there is a Communication Workshop where we became involved in this APCMI project with Sean McDermott our teacher. We all meet up once a week for meetings to go over anything we are unsure about and talk about the courses we are doing.

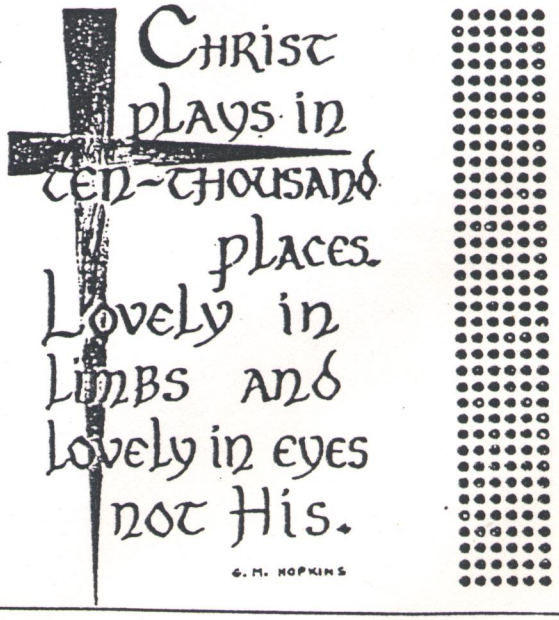
We visited Moorlyn, the Mental Health Day Care Centre in York, for an afternoon.

MOORLYN VISIT

On the 26 January 1993 we visited Moorlyn Day Care Centre and were greeted by the Area Manager Noel Blythe. We had a one hour discussion about Mental Illness and it's effects in society. He talked to us about how people who suffer with mental Illness are treated and how they are given therapy and advice. They are rehabilitated into a working lifestyle. The Moorlyn Day Care Centre does not issue drugs or medicines.

ROSS GREENLEY

The Wolds Enterprise Bureau, a new venture at this school, agreed to help the APCMI by producing the newsletter for them, the D.V.E students agreed to help and produced most of the work for the newsletter.



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