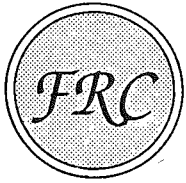


PASTORAL CARE NEWSLETTER



PUBLISHED BY THE FAMILY RELATIONS COMMITTEE
OF PHILADELPHIA YEARLY MEETING

*For Overseers, Members of Ministry and Counsel, and others involved
in pastoral care and counseling*

Vol. IV, No. 2

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Pastoral Care for Persons with Mental Illness

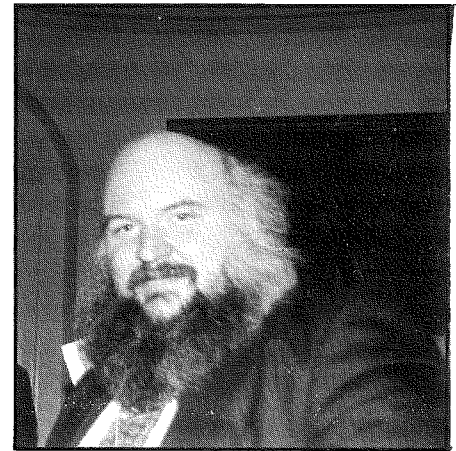
by Joseph Rogers

[Editor's Note: In this issue we present two perspectives on Friends' response to persons with mental illness. The first is by Joseph Rogers an international consultant on mental health consumer advocacy. He looks at pastoral care from the point of view of an active Friend who struggles with long term mental illness. The second section provides concrete suggestions for Overseers from an experienced Overseer and mental health consultant, Lee Junker.]

I'm sitting in Quaker meeting at age 19, hoping to connect with God and with other people; but my state of mind is making both of these goals nearly impossible to attain. Lately, I have been finding the world increasingly difficult to deal with and don't have a clue about how to begin to relate to the people around me, let alone to God. In fact, I'm in a state of panic about making it through the day.

This is what it was like for me 25 years ago, when I was trying to participate in a small meeting in Orlando, Florida. Most of the members were older and were baffled about how to deal with the relatively recent influx of young, disheveled, hippie-looking kids. Luckily there were a few members who had the inclination and expertise to reach out to a troubled youth.

Today I am both a person who uses mental health services and deputy executive director of a large mental health organization. In my work I have been able to learn about the needs and desires of many others who are



Joseph Rogers

copied with a wide range of mental and emotional issues.

My pastoral needs are similar to most people's. I look to a Quaker community to provide a place for worship where I can engage in a dialogue with God and find support in my spiritual seeking. I also see my Quaker meeting as a place to make contacts with other seekers and to get involved in a community. Like most folks with mental illness I have lots of trouble-free times. The ways in which people can assist me in my quest to connect with the community are not very different from the ways in which you would help anyone.

There are times, though, when my mental disability interferes with my participation in the meeting community. At those times, engaging fully in the Friends community has

been a challenge, both for myself and for the leadership and members of the meeting.

It is most difficult when I'm in the throes of what I like to consider not just an acute manic episode but a spiritual crisis. When I'm "highest" spiritually may also be when my mind is racing 100 miles a minute and my ability to communicate with people from Planet Earth is limited. But, over the years, I have found that the response I get from people in Quaker meetings can be very helpful — in my spiritual quest and my quest to connect with Earthlings.

When my state of mind is most confused, I have found it helpful to have people reach out and express their concern. Unfortunately, people often react to someone with emotional problems by looking the other way.

When a person is experiencing emotional turmoil within the context of a worship community, there's a tendency to ignore the elephant in the living room. A friend of mine who was in a church leadership position recalls that when he was in a state of severe crisis, no one in his religious community wanted to deal with his obviously bizarre behavior. It's a form of denial — maybe if we ignore it, it will go away.

Also, if we don't know a person particularly well or if we know them in the context of when they're "doing well" or if they have a leadership role, we may feel that an expression of concern is too intrusive.

We have to respect people's privacy to some degree — but not at the cost of helping. So I recommend reaching out to someone in distress. This does not mean to provide mental health treatment. The meeting is not there to substitute for the very extensive mental health system. We're there as a spiritual community, and our primary mission should be to support people in their spiritual quest.

Reaching out can have an enormous impact. Once, in the throes of what the doctors would call a manic episode, I showed up at Quaker meeting at 8 in the morning and decided to begin preaching the gospel to the community at large. Shortly after I began to noisily broadcast my message, several police cars arrived. Since an emergency number was posted on the door of the meeting, one of the

Overseers was called. She felt she could handle the situation and convinced the police that she could deal with me. She then took me to her home for breakfast, and later to meeting.

This simple act of kindness made a significant difference in my life. Obviously, it kept me out of trouble with the police but, more importantly, it showed me someone cared.

Not everyone can do what this Friend did. Some people are concerned about their own ability to be of help, and are fearful of becoming over-involved with an individual who may be troublesome or overwhelmed by someone who is "intense." In a very few cases, especially if illegal drugs or alcohol are involved, people who are very agitated and upset can strike out and hurt someone. It is important for each of us to acknowledge our limitations. At the same time, however, we can acknowledge the strength of what we know how to do by reaching out to the health in a person. Reaching out to that of God in a troubled person is what we are called to as Friends. We all know how to invite someone to lunch after meeting or make a friendly phone call to say we know that it is a hard time and we are holding them in prayer.

Certain people are better at this than others are, so Overseers and Worship and Ministry might — before the need arises — create a "protocol" for handling people who are experiencing serious emotional problems. However, since we are a spiritual community and not a mental health clinic, these matters should not be assigned to special squads made up only of professionally trained Friends — the ones with Ph.D.s and M.S.W.s, etc. There should be a variety of folks who are interested in reaching out. In fact, some of the best helpers in this context may be those without clinical training. No one comes to Quaker meeting to find a therapist (although appropriate referrals can be useful); they come to be involved in a community. I have found

Pastoral Care Newsletter is published quarterly by the Family Relations Committee of Philadelphia Yearly Meeting. Lyle Jenks, clerk. Patricia McBee, editor. We are located at 1515 Cherry St., Philadelphia, PA 19102. Comments are welcome. **Please do not duplicate.** To obtain additional copies, contact Steve Gulick, at (215) 241-7068.

In Memory of

Frank Kuehner

d. June 19, 1996

This issue of *Pastoral Care Newsletter* is dedicated to Frank Kuehner, a faithful member of the PYM Family Relations Committee, who died of cancer on June 19, 1996.

Frank played an active role in the oversight committee for this newsletter. All along he shared with committee members some of his experience with mental illness, and his a concern for helping Friends learn how to care for and cherish those in their midst who experience mental or emotional illness. He had hoped to write on this topic himself, and we are pleased to be able to dedicate this issue to his memory.

His interests included spiritual growth, faith healing, and the relationship between mental illness and spiritual experience. He read widely on these topics. His poetry reflects his sensitive and questing spirit.

Frank is survived by his wife Gina, their young son Evan, and three grown children. He was a member of Arch Street Meeting.

Interfaith Workshop on Pastoral Care to be held at Friends Center on February 1

The Pastoral Care Workshop is designed not only for clergy, but also for lay people, pastoral counselors, and others. It would be an ideal opportunity for Overseers to learn about effective pastoral care for poor families, especially women and children.

Workshops include: Referral, An Act of Pastoral Care; Violence and Abuse against Women and Children; Helping Exceptionally Challenging People; Assisting Families in Crisis; and Self Care of the Caretaker as a Spiritual Discipline. The conference will include a display of resources on the workshop topics from Project H.O.M.E.'s Cornerstone Bookstore.

The sponsors of this event are Women of Faith, an ecumenical Task Force of the Metropolitan Christian Council of Philadelphia; Samaritan Counseling Center, a ministry of

healing to those seeking emotional and spiritual growth; Black Clergy, Inc., an African-American ecumenical organization for the empowerment of church and community; and Hispanic Clergy, Inc., a network of Protestant, Pentecostal, and Evangelical Clergy.

The workshop will be Saturday, February 1, 1997, 8:45-3:30 at Friends Center. Registration fee including lunch is \$15. For more information, call (215)563-7854

Upcoming In Pastoral Care Newsletter

March 1997

Community Building in Your Meeting

June 1997

Supporting Spiritual Growth among Men

September 1997

When Professional Help is Needed.

Also in March

Information on unsubscribing to PCN for 97-'98



PENDLE HILL

A QUAKER CENTER FOR STUDY AND CONTEMPLATION

Winter Workshops

Inquirer's Weekend

Basic Quakerism

Oliver Rodgers & Barbara Platt Feb. 7-9

Grieving and Gaining in Our Transitions

Bill Ratliff Feb. 7-9

Clerking

Betty Polster Feb. 28-March 2

Forgiving Others, Forgiving Ourselves

A Retreat

William J. Kreidler March 7-9

For more information on these and other programs contact Irené Ramsay at (800) 742-3150 or (610) 566-4507, ext. 142. 338 Plush Mill Road • Wallingford, Pennsylvania 19086

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Establishing Boundaries. Although Friends need to create accepting and nurturing environments, it does not mean that we should not take action when a person behaves inappropriately, such as giving disruptive messages in meeting for worship or preventing a committee meeting from accomplishing its work. When such situations occur, Friends should take action both to safeguard the meeting and to try to obtain help for the individual. For example, individuals can be told that they are not permitted to attend worship or committee meetings until they are better. Sometimes the meeting may have to brainstorm strategies to be effective in such situations. In some cases, Friends may need to be in touch with the individual's family or the treating mental health professional to ensure that the individual is getting the necessary help.

As previously mentioned, developing a strategy with the individual in advance of a crisis situation is a good remedy. This may involve having the individual give written consent to

his/her doctor for a specified meeting member to be able to talk with the professional about the situation. Unless such a written consent is given, the mental health professional is not permitted to release any information about his/her patient, including the fact that the individual is in treatment.

Seeking Guidance. In all situations, we should seek for the guidance of the Spirit.

Joseph Rogers is a member of Central Philadelphia Monthly Meeting where he serves on the Committee on Worship and Ministry. He is the Deputy Executive Director of the Mental Health Association of Southeastern Pennsylvania. As a leader of the consumer movement he has contributed to giving consumers a decisive voice in the design and delivery of mental health services.

Lee Junker is a former clerk of Overseers at Central Philadelphia Monthly Meeting. She has worked in Philadelphia's community mental health system for the last twenty years and is currently a consultant to the city of Philadelphia on development of mental health care delivery systems.

Resources on Mental Illness

- Cronk, Sandra, *Dark Night Journey*, Pendle Hill, Wallingford, PA, 1991.
Jamison, Kay Redfield, *An Unquiet Mind*, Random House, New York, 1995.
Kaysen, Susanna, *Girl, Interrupted*, Random House, New York, 1993.
Klein, Donald F., M.D., and Paul H. Wender, *Understanding Depression*, Oxford University Press, 1993.
Mihalas, Dmitri, *Depression and Spiritual Growth*, Pendle Hill Pamphlet, 1996.
Sheehan, Susan, *Is There No Place on Earth for Me?* Random House, 1983.
Styron, William, *Darkness Visible*, Random House, 1991.
The Wounded Meeting, Friends General Conference, Philadelphia, PA, 1993.

Pathways to Promise: Ministry and Mental Health (5400 Arsenal Street, St. Louis, MO 63139-1424, Phone 314-644-8400) provides books, pamphlets, and videos relating to religious congregations' support of members with mental illness.

Scholarships for Study at Pendle Hill

Pendle Hill is seeking applications for 1997-1998 scholarships. The Henry J. Cadbury Scholarship is awarded to a scholar with serious interest in Quaker faith, practice or history, to work on a research project benefiting the larger Religious Society of Friends. The scholarship covers three terms of tuition, room and board. The Kenneth Carroll Scholarship is for one term of study in Bible and Quaker faith and practice. Other scholarships are available for people working in education or peace, or showing leadership in the Religious Society of Friends.

Requirements for both scholarships include membership in the Religious Society of Friends and English language fluency. The Cadbury Scholarship requires demonstrated commitment to appropriate research and a promising project which offers benefit to an individual meeting or the larger Society of Friends. The Carroll Scholarship requires an endorsement letter from the monthly meeting's clerk.

Contact Liz Kamphausen, Pendle Hill, 338 Plush Mill Road, Wallingford, PA 19086-6099. Applications are due by March 15, 1997.

that having friends who are there because they want to be my friends can be much more helpful than having one more person who treats me as an object of clinical interest.

Sometimes it may be helpful to inquire about issues such as: Have you taken your medication? Are you getting treatment? Are you dealing with your mental illness? But it is important not to get bogged down in these issues. As a meeting we should do what we are charged by God to do: to help in a person's healing through practices of our faith. The most effective way in which we can engage people, whether their suffering is physical or mental, may be through prayer.

Often, even in my secular work in the field of mental health, I have found that Quaker practices can be the most effective way of dealing with someone in turmoil. I remember walking onto a forensic unit to interview someone who was brought to me in shackles. When I asked that the shackles be removed, the staff responded that, if they removed the shackles, the person would more than likely physically assault me. I still insisted that the shackles be taken off. And I could feel the expectation in the room: shackles off means violence. I was in a quandary about how to engage the person, because I didn't want to be beaten up. So I called on my training as a Quaker and sat in silence, waiting for divine guidance.

At first the person was obviously agitated and on the verge of doing what was expected of him. But after about 15 minutes of silence, he took a big breath; I could see his muscles begin to relax and a quiet came over him. In about 20 minutes we were engaged in very productive conversation.

As Quakers, we're taught to seek silent and meditative approaches. When we are dealing with someone who seems very unquiet and disturbed, we can forget that; but sitting in silence, especially one on one, and helping someone center down and become focused can become the most healing opportunity. We usually start with quiet, meditative prayer but, after a while, we can become involved in a mutual dialogue or three-way discussion: myself, the person sitting across from me, and God. I can't tell you how often I have found this prayerful approach useful for working

with someone who's highly agitated or disturbed. A silent prayerful presence can also be very helpful when a person is depressed and very withdrawn.

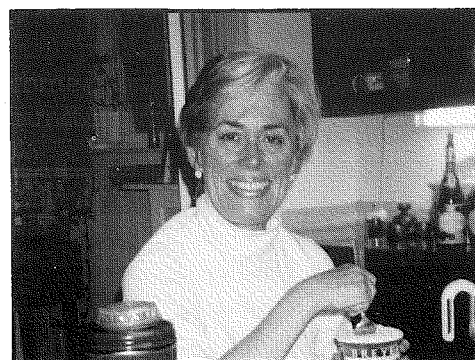
We have some of the most useful and beautiful tools in our training as Quakers for helping people accomplish what they want to in a spiritual search. When someone who has serious emotional problems needs or wants to be supported through pastoral care, these tools should be fully engaged. Our work as ministers of Christ is to reach and seek that of Christ in others. What greater challenge and what more exciting result than to work with individuals who, because of a mental illness, are plagued by demons. To find that quiet place and that quiet time to help soothe those demons is our challenge.

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Suggestions For Overseers by Lee Junker

Remember That People with Mental Illness Are People First. If we are unfamiliar with serious mental illness, we can find it frightening, and this fear can sometimes prevent us from seeing the person as distinct from his/her illness. It is important that we provide understanding and outreach to our members and recognize that they have wonderful gifts and abilities like everyone else, which can and do greatly enrich our meeting communities. We also need to look for ways to communicate to these individuals that they are cherished, valued and accepted.

Mental Illness May Not Be What You Think. The term mental illness covers a range of serious disorders which impact on a person's mental, social and emotional capabilities.



Lee Junker

Joseph Rogers describes situations when a person's behavior alerts us to their situation. Not all are so obvious to the external observer. It is often the case that we are unaware when one of our members is struggling with an emotional disability.

Most professionals in the field now recognize that mental illness does have a biological basis. Fortunately, with the new developments in pharmacology, its symptoms can generally be managed successfully. People with schizophrenia or affective disorders (manic depressive illness or severe and persistent depression) are often able to lead productive and satisfying lives with the help of medication, and suffer only occasional relapses. Some, however, are not helped by medication or have difficulty with significant side effects.

Creating an Accepting Environment within the Meeting Community. Society at large attaches a terrible stigma to mental illness. People with this disability often feel ashamed, embarrassed, and sometimes even guilty about their illness. If they feel their meeting shares the perceptions of the larger society, they will be hesitant to ask for help and after an episode in which they may have acted out in strange ways or had a psychiatric hospitalization, they may be loath to return to meeting.

For this reason, it is helpful if Overseers are educated about mental illness and help the meeting community to become better informed. Meeting libraries should include some resources, and adult education classes can explore this topic. It can be very helpful to ask a meeting member with mental illness to speak with Overseers about his/her experience with this disease or to write an article for the meeting newsletter.

It is helpful for Friends to talk openly and honestly with the person about his/her situation, and in times of illness not to be hesitant to express genuine concern for the person's well being. Looking for ways to express support and care is particularly important when individuals are in the grip of a severe depression and tend to withdraw, both physically and emotionally, from everyone. We should, of course, always ask the individual if he/she wishes information about the illness to remain confidential. However, it

is my own personal conviction that we should help our members be open about their disability, reminding them that we are their faith community, and we care about them and support them in good times and bad.

Offering to Form a Support Group. Sometimes individuals with mental illness appreciate having a small support group in which they can discuss issues related to their lives. However, as Joe Rogers says in his article, Friends need not and should not try to be mental health professionals. We can function primarily as caring and supportive F/friends.

One question which might be asked of the individual is what he or she would find helpful at those times when the illness is taking over and he or she may not be aware of it. For example, sometimes people with manic depressive illness may become manic and either not recognize it or, because of the nature of the illness, choose to disregard the symptoms; or a person who suffers from depression may withdraw from the community. Talking about such possibilities in advance of the occurrence gives Friends a strategy about what to do in a problem or crisis situation.

continued on insert page 2

Questions for Reflection

1. Is our meeting supportive and loving toward persons among us who may be struggling with mental illness?
2. How do we reach out to the health in the person? How do we support the person's spiritual quest?
3. In what ways are we alert to signs of severe emotional distress our members may be experiencing? How can we prepare ourselves to respond appropriately when the need arises?
4. What can we do to create an environment in which the meeting and a member with mental illness work together to find ways to meet the needs of both?
5. If the illness of one among us has unsettling manifestations how are we able to help others in the meeting to be understanding?
6. How can Overseers prepare the meeting to be clear and firm when someone's behavior in the meeting community is inappropriate?