

Module 5 - The Journey of Hope

Facilitator's Guide:

You will need:

- A flipchart and pens to capture the points made during the meeting.
- Sufficient copies of the factsheet and testimonies for members of the group.
- Paper for sub-groups to record their thoughts.

Aim of this module:

- To understand mental distress and mental illness as a journey of hope in spite of setbacks along the way
- To consider the recovery model in mental health and to link this to the pastoral and spiritual support we provide as a parish and deanery.

Suggested time for this session: 90 minutes (approx)

Programme/Plan for this module:

Opening Prayer (5 minutes) You will find some possible prayers in the Resource Section.+

Introductions and Ground Rules (See Introduction) (10 minutes)

Scripture reading. Ask one of the participants to read the Emmaus story (Luke 24, 13 to 35) to the group. What are the implications of the Emmaus story for our discussion ? Ask if there are other passages from Scriptures which resonate with us on the theme of recovery. (15 minutes)

Recovery Model - Distribute Discussion Sheet 1. In the group, ask participants what they think of the Recovery Model and to consider what this means in terms of the Gospel message. (30 minutes)

Testimonies: Distribute Discussion Sheets 2 and 3. Ask participants to read the testimonies of either Mary or James (You might ask the group to split into two smaller groups to consider both testimonies). Consider the questions linked to the testimonies. (20 minutes)

Summary: Ask the group to consider the implications of the discussion for pastoral and spiritual support offered by the parish or deanery. (5 minutes). Finish the session with a closing prayer.

Discussion Sheet 1 – the Recovery Model in Mental Health

Anthony (1993) described recovery as " a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

Recovery does not necessarily mean a full, 'clinical' recovery. It means building a life beyond illness, sometimes in accepting that the illness may not leave us.

Each of us with mental distress will experience our own personal journey of recovery. Ultimately, because recovery is a personal and unique process, everyone with a psychiatric illness develops his or her own definition of recovery. Perhaps the most essential contribution to recovery is **hope**.

**"In the depth of winter, I finally learned that
there was within me an invincible summer."**

Albert Camus

Hope is a desire accompanied by an optimistic expectation. It is a foundation of our Christian belief in the resurrection. It gives us a foundation for recovery from our mental distress. Even the smallest belief that we will get better gives us hope.

The Mental Health Foundation has published a helpful online guide to thinking further about the recovery process. Among many factors, it suggests that the recovery model

- Provides a holistic view of mental illness that focuses on the person, not just their symptoms
- believes recovery from severe mental illness is possible.
- is a journey rather than a destination.
- does not necessarily mean getting back to where you were before.
- happens in 'fits and starts' and, like life, has many ups and downs.
- calls for optimism and commitment from all concerned.
- is profoundly influenced by people's expectations and attitudes.
- requires a well organised system of support from family, friends or professionals.

Of course we need more than hope on the journey to recovery. We also need:

Empowerment those around us to empower us to make decisions about our lives as we grow stronger.

Support – both from our friends and family and parish community in being understood and in taking small steps in our journey to recovery. Spiritual support is a vital part of this process. Talking with others as part of a support group can be equally important. Good professional help and input can also be equally important.

Meaningful activity. For some people this will be a return to work or an activity which provides meaning and purpose. The parish can play an important part in helping people with mental distress to feel useful and purposeful

This passage shows that its not just ourselves, but those around us who need to start and promote the healing process. Over recent years we have used the term 'recovery model' to describe a more optimistic and positive outlook on recovery from mental health problems.

Discussion Sheet 2 - Mary's testimony –

The experience of God's healing - a faith journey to recovery

I've suffered from depression for 30 years, thankfully not continuously. It's been a difficult journey for me; without my husband's love and the gradual awareness that God loves me as I am, I would not be here now. Most of its roots were in my childhood. I was blessed to be born into a loving, Christian family, the middle child of three. However, when I was four Mum developed TB and was sent to a sanatorium for over a year. The was family split, as it was impossible for my Dad to work and look after us. I didn't see Mum for all that time. Later in my childhood, Dad had two serious work accidents, which maimed his hands and developed serious stomach problems. Mum recovered from TB but was often not strong. My brother also was sent to an open air hospital for a year, following a longish period of ill-health. This, and a further separation when I was 10, caused me to develop deep insecurities.

The child in me still believed it was my fault that Mum had gone away. I learnt to be quiet and good, work hard and make no fuss. I became a nurse and later a midwife. In nursing I experienced things that left deep scars within me, especially seeing the burnt bodies of two children left at home alone and a tiny infant born far too early but still crying.

I was baptised as an adult in my Baptist church when I was 22, yet didn't believe God could love me. Why should He? I didn't love myself. It took a long time, with God's wonderful patience and much pain before I believed He does. I became a Boys' Brigade officer and a deacon in the Baptist church. I worked hard both in church and at work because, I realise now, I wanted to prove to myself that I was useful and lovable. I knew the Bible said God loves me but I felt he couldn't love me; nobody did, especially me. You can't live like this without something breaking and it did, me. I withdrew into myself but wore a mask so nobody knew my pain. I continued with church and midwifery work, often crying in the car between clients or at home. When I tried to share some of this with a Christian colleague, she told me my faith wasn't strong enough; again it was my fault! It reminded me of schoolteachers telling me I how stupid I was. However, deep down, it was still my faith that somehow kept me going.

In the early 80s my Dad developed motor neurone disease. His care both in hospital and at home was appalling and lacked compassion, leaving me angry and hurt at a profession I'd been proud to be part of. I helped to nurse him at home while still working as a community midwife, having been refused leave to work less hours temporarily on compassionate grounds. This was the final straw in my illness. At the time, I believed it was my fault Dad died; "I'd not looked after him well enough". I sunk into deep depression and one night after church I took an overdose. I was soon admitted to a psychiatric hospital where I was sectioned for five months, trying there to

kill myself twice more. Having reached rock bottom the only way then was up, a long painful journey with many ups and downs.

There has been many down times since. Family illnesses, such as our son's epilepsy and self-harming, our daughter's mental health concerns renewed my feeling of inadequacy and self blame. In the worse times I also started to self-harm. It was the only way I could deal with my own pain when our daughter age 15 was in a psychiatric unit. Again, as usual, I blamed myself. God has very graciously taken his time with me, slowly allowing the healing process. It's been a long journey through at times a very dark tunnel, for me as well as my husband, whom I met whilst on holiday recovering. I believe that God's intervened in those "God-incidences" in my life which have so helped me move on. Meeting my husband was one. About a year after our marriage was another. I was in the church hall looking at some children, when I clearly heard God say to me "don't worry this time next year you'll be holding your own child" (I'd been told by doctors that I was going into my menopause when I was in my early thirties). Our daughter was born the following April, just before my 40th birthday, followed by our son the next year, praise God.

I learned that God was with me in the journey and was helped by prayers of healing; receiving the Holy Spirit at a Catholic prayer group was both a surprise (I was still a Baptist at this time) and a tremendous help. I also received "Life Prayer", which prays for your present, past and background, at a retreat organised by the Maranatha Community, of which I'm a member. This was an amazing break-through for my relationship with my mother and thus began a long but fruitful healing process of my memories and of my attitude to myself, which continues to this day.

- *Some, possibly all, of you will have known somebody close who is suffering or has suffered from clinical depression. How has reading these accounts changed your view?*
- *People with clinical depression need the help of trained professionals, such as psychiatrists, psychologists, counsellors, psychiatric nurses and social workers, and psychotherapists. Nonetheless, without trying to be experts, how can those of us who are not experts help the sufferer?*
- *How can we nurture a sense of hope in those around us who are experiencing mental distress ?*
- *Clinical depression is surprisingly common and, fortunately, now much more openly recognised and discussed than even a decade ago. What more do you think our parishes and the Church in general can do to help sufferers from clinical depression? What if the sufferer is one of the parish's priests or deacon ?*

**Discussion Sheet 3 –
James's testimony - Drawing closer to God in my recovery**

My family has a long history of clinical depression. It can be debilitating and potentially lethal, with the sufferer becoming suicidal. The roots are deep in our family history and experience. My Dad suffered from it all his life, yet his deep faith sustained him and finally gave him much healing.

Indeed, it was the Christian Faith that kept us all going. I've had to deal with several family members suffering from depression, trying simply to be there for them and understand. This could be a heavy burden. Sometimes, coming home after work, I felt there was a dark cloud hanging over our house and longed for it to go; yet I couldn't run away.

In 2001 my daughter began to have mental problems. She became much worse in 2002 and was diagnosed as bipolar. At the same time, major changes at work began, my Dad died, we suffered the trauma of moving house and my wife became seriously depressed too. Because of her mental state, she berated me for being unfeeling and uncaring, which was an added burden, and entirely untrue. I had to carry on as best I could. 2004 became more difficult at work. The policy then was to prefer 20 yearolds; those of us above 50 began to feel very out of it.

Several close colleagues my age left; I felt very alone. I was left for long periods to run the new department I was in, entirely by myself. I enjoy the challenge of setting up new things, and although stressful, this wasn't a problem. I'd begun to work through the stresses of the previous three years relatively well. However, in September, on top of the constant strain of trekking into London, difficulties at work became just one too many stresses. My wife and daughter had been concerned for a while. I was increasingly tired and anxious.

I went to a church meeting on the Monday evening, where I was unusually subdued, got home and just sat in a chair in our conservatory for a long time. At work the following day, after a committee meeting, about which I remember nothing, I went to a disastrous team meeting. Clearly, my previous six months' hard efforts were totally unappreciated and, instead, I got nothing but criticism. I was very angry and felt badly let down.

When I got to bed that night I broke down, burst into tears and hardly slept. Everything I'd been through over the previous three or four years then began to come out. I foolishly went to work the next day. My wife rang our trade union. His advice was "Tell him to come home now!", the best he could give. She did, saying on the phone that if I didn't come home she'd come and get me!

I saw our GP the following day, who signed me off sick and prescribed antidepressants. I had, in total, seven weeks off sick. I was clearly seriously depressed. Others

remarked how I looked strained and worn, not normal for me. I lost my normally healthy appetite and even stopped wanting to read, a life-long passion. My parish priest was a great help and very encouraging. I also had eight very helpful sessions of counselling.

I rested, often sitting quietly for hours listening to Christian music and meditative CDs, but I ensured that I didn't spend all day in bed. I went cycling for exercise. Several times I went to Aylesford Priory in Kent, just sitting for hours in the cloister chapel before the sacrament, experiencing wonderful healing and peace. I gradually got better. During this time, in my helplessness, depression and quiet, I drew closer to God and became much more open to Him. It enabled me to experience first-hand what others in the family had been going through. It gave me a greater sensitivity and awareness of my own vulnerability.

Some questions for reflection and discussion...

- *Some, possibly all, of you will have known somebody close who is suffering or has suffered from clinical depression. How has reading these accounts changed your view?*
- *People with clinical depression need the help of trained professionals, such as psychiatrists, psychologists, counsellors, psychiatric nurses and social workers, and psychotherapists. Nonetheless, without trying to be experts, how can those of us who are not experts help the sufferer?*
- *Some times we may feel a sense of distance from God during times of mental distress. How do we deal with these feelings ?*
- *How can we nurture a sense of hope in those around us who are experiencing mental distress ?*
- *Clinical depression is surprisingly common and, fortunately, now much more openly recognised and discussed than even a decade ago. What more do you think our parishes and the Church in general can do to help sufferers from clinical depression? What if the sufferer is one of the parish's priests or deacons?*