

Who sits with John?

A reflection on being there and the contribution of mental health chaplains

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The other day I wandered up to the Cox's Road shops and there, sitting alone on the bus stop bench, was John (not his real name), a hospital patient. I walked over to him, greeted him with an open hand said "hello" and asked his permission to sit with him. Recognising me, and with a cheshire catlike grin he motioned for me to sit. I did. We lazed together like two lizards warming themselves in the morning sunshine happy to sit side by side sharing each other's space. John sat in contented silence, puffing away on his custom-made cigarette (a collection of discarded butts he had gathered from the pavement which he had ingeniously woven into a single fag). It was a little more awkward for me though, just sitting there, resisting the urge to speak and disturb John's quiet time away from his discordant hospital life. I find silence so unnerving. Probably after about five minutes, I rose to depart. As I did, John eyeballed me and said, "Thanks for sitting with me, Peter." I was blown away. I didn't think that I had done much and I was about to leave feeling pretty useless and helpless. But just sitting beside John, not saying much, was huge for him. You see, outside the hospital, no one sits with John.

It is said, "we fear what we don't understand" and there is much we are yet to learn about mental illness. Consequently, there is a corresponding cache of anxiety lurking in the community over the mentally ill. You will know some of them because about one in five Australians will suffer from mental illness at some point in their life¹.

At Macquarie Hospital, there people who are deemed too sick to care for themselves adequately. They suffer from depression or anxiety or schizophrenia or bipolar or dementia or a concoction of these ailments. Some are residents are only admitted for a short stay and, once they are repatriated, released. Others have made the hospital their home. One woman in her sixties told me she had been in the hospital for over forty years and the nursing staff confirmed the truth of this. She is not called a "patient," she is a "resident" and when the chaplain pays a visit, it's a home call. Some are highly educated and come from respected, wealthy families. Some come from low socio economic backgrounds. Some are Caucasian, Middle-Eastern, Asian, Islander. However, mental illness is no respecter of persons, privilege, gender, ethnicity or ability. One man I met was a paramedic at the Granville train disaster. Pulling bodies out of that train wreck snapped something in his brain and he never fully recovered.

¹ The Australian Bureau of Statistics reported 1 in 5 Australians aged 16-85 years suffered a mental disorder in 2007.

When I hear their stories, my heart goes out to them and, at times, I feel like sobbing. But, that wouldn't do them any good. So what can a mental health chaplain do? Well, I can say that after twenty-eight years in parish ministry it's quite different here. For a start, everything I have been trained for in pastoral ministry relies on linear logic sermon series, Christianity Explained courses, counselling sessions are all based on people's ability to follow ideas in logical succession. However, many of these people cannot hold two thoughts together, because their illness or the medication or both, muddles their cognitive functioning. So every encounter with them is a new one, a new conversation, just like John at the bus stop (although we had had many conversations previously).

One has to broaden one's idea of "ministry" therefore. As I reflect on Jesus' words to the disciples in the upper room after his resurrection, "*Peace be with you. As the Father has sent me, so I send you*" (John 20:21), I am driven to ask: so how did the Father send the Son? Answer: via his incarnation! He became one of us, tabernacled among us, sat on our turf. Yes, there will always be the task of doing and goal setting and productivity in ministry that of *doing*. But, as I ponder Christ's incarnation, there is also a ministry of *being*. Not just speaking the message of Christ but also of just being present, in the likeness of Christ and injecting some love, acceptance, grace, meaning and, above all, hope. Their world is filled with professionals who poke and prod and regulate and prescribe and take notes and assess and then do it all again. The darkness that overshadows their mind is often exacerbated by the dehumanizing environment in which they live (mind you, I think the staff here are wonderful). So I feel a bit like one of Job's friends, sitting there with him as Job laments his losses, pathetically scraping his sores. But, please pray that I won't open my mouth as Job's mates did and theologize about his suffering. They were ignorant. What people like John need is someone to sit with them with no clinical agenda and, by all means talk about God and heaven and forgiveness...if they want to (and many of them do). But, to me, Christian ministry is not just about claiming another scalp for the kingdom before we hunt down the next one. It's about extending the humanity of Jesus in a dark place where humanity and hope have all but flown from the cuckoo's nest. They need an oasis where they can find rest for their souls. Now I'm not going to claim that I am their rest (you may think I'm suffering a grand delusion of my own!). In a sense, I can do more than tell them about Jesus. I can be in the moment with them. That way they don't suffer alone and they can get the sense that God is in there with them too.

Furthermore, I am amazed at the amount of faith there is here among these tortured souls. While some secularised clinicians may believe spirituality is unimportant and chaplains an irrelevancy, there are many mental illness sufferers

for whom spiritual pursuits are important and we must cater to those needs too if our care is to be holistic and comprehensive. Many sufferers are strong believers but few of them express their faith in a language we understand and we fear what we don't understand. So we write them off, shove them in a hospital and forget about them or, in our churches, we just avoid them. Isolated from the socio-spiritual interactions with friends, church, neighbours, clubs and, in many cases, family that we can take so much for granted and enjoy, I wonder, what would their world be like if there were no chaplains to sit with them?

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