

Pastoral Care for Mentally And Spiritually Confused Patients

BY SOLOMON KENDAGOR

Chaplaincy addresses spiritual issues which involve religious beliefs. Spiritual care providers understand the importance that spirituality plays in the healing process. Therefore, it is primarily the chaplain's responsibility to respond to patients dealing with spiritual issues. But how do we deal with patients who, in their confused state, cannot see their need for help and, even worse, cannot reconcile their beliefs with their mental illness?

As an example, I will tell the story of a patient I will call "Mary." It was a normal evening in the emergency room where I was doing my routine visits with patients. However, I noticed a group of teenagers standing by a bed crying. My immediate suspicion was that they must have received some bad news. I went over to see if I could help and found they were standing around their mother, who kept uttering strange sounds and phrases. The teenagers were crying because their mother considered them evil and did not want anything to do with them. She kept asking them to move away from her. Obviously, the rejection was painful for the teenagers.

Mary, who was involved in a religious group I considered a cult, believed that her children were evil and a hindrance to her relationship with God. In her confused mind, she perceived her children as representing ungodliness. Thus, it was a godly thing for her to chase them away. Because of her mental and spiritual confusion, she had stopped feeding her children a few days before coming to the hospital.

I was determined to minister to Mary. The first priority, however, was to provide food for the children, who were very hungry. The hospital helped me find some food for them. That was the easy part.

The real challenge was the mother. How does one minister to a patient whose mental illness is mixed up with her religious beliefs to such an extent that she does not trust anyone who seems to disagree with her beliefs? As I thought about ministering to Mary, three things stood out in my



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mind. First, I needed to treat Mary with respect, recognizing her human dignity. Second, I needed to gain access to her world so I could communicate with her in a language understandable and acceptable to her. It was important that my approach did not come across as an attack against her beliefs. She needed to see me as an ally. Third, I needed to find a way to touch her pain and communicate healing.

DIGNITY AS A NECESSARY INGREDIENT

I did not know what led Mary to embrace her beliefs. But regardless of the reason for her decision, she was a person in need of healing and deserved respect and dignity. My goal was to relate to Mary in such a way that she felt loved and respected. Treating her with respect needed to come out of my theological belief and understanding that every human being bears the image of God in some form or another. It did not matter how she behaved or responded to me. I was there to remind her that she was a person of worth before God. This did not mean endorsing her behavior or beliefs. Treating a person with dignity means looking beyond the faults and seeing the human being. It is treating people with agape love, the unconditional love of God.

ACCESS TO HER WORLD

Mary was trapped in an unreal world. It was a world in which she and God were in the right and everyone else was of the devil. This meant any disagreement with her was a disagreement with God. That posed a real challenge. My desire was to help her come out of her cage and see that she was in a dangerous bondage and needed freedom. But her religious belief formed the greatest barrier. Anything I said could come across as criticism of her beliefs and cause her to reject my ministry.

A listening ear was my best tool in gaining acceptance into Mary's world. Active listening is a tool that all spiritual care providers must develop

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HUMAN ELEMENT

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and use. I encouraged Mary to tell me the story of how and why she got into her religious group. I affirmed the positive aspects of her story. For example, her desire to follow God was something positive and deserved acknowledgment. As I listened to Mary, her attitude began to change. My presence communicated love, acceptance, and understanding, and, slowly, she started to see me as a friend and an ally.

Listening to Mary helped me understand how to minister to her more effectively. But, more important for Mary, it helped her experience respect, love, and acceptance in such a way that she was able to open up to receive help from me and others. My presence and active listening helped Mary realize that her story was important to me because she was important.

A WINDOW OF OPPORTUNITY

It was time now for me to take the next step. Mary was in great distress. But was she aware of her turmoil?

Two factors helped me realize that she was aware of her need. First, her willingness to come to the hospital meant that somewhere, deep in her heart, she was crying for help. Second, it was not a happy experience for her to reject her children to please God. By listening carefully to Mary, I concluded that she was in great turmoil and her religion may have been a way to cover the pain. Now, I needed to help her get in touch with that pain.

This was a critical moment. I was aware that she saw me as a friend and, in a sense, I had earned her respect. But I was ready to venture into an area in her life that she probably kept pri-

vate and covered up with claims of religious experiences. She could easily turn around and reject me as a devil.

Quietly I asked her, "Mary, if your experience is from God, do you know why it is creating so much turmoil in you and in your family?" Mary broke down and cried. Obviously my question touched her pain. As she sobbed, I held her hand. I continued to affirm her as a person and continued to acknowledge her desire to please God.

I told her, "Mary, look at the lovely children God has given you." I was trying to replace Mary's negative image of God with a positive one. She looked up and gave them a hug. That was such a positive moment for me to see.

Mary was admitted into the psychiatric ward. Two days later, I visited the floor and saw Mary, with a big smile on her face. She gave me a hug.

Not all stories in ministry have a happy ending like Mary's. This incident does not represent all mental health patients. Nor can I claim that the principles I used are applicable in all circumstances. My point is that there is room for spiritual care providers to play an important role in the healing processes of the mentally ill, especially when religion becomes a part of the illness. Also, it is important to realize that spiritual intervention can play a very important role as part of the initial treatment. Some patients may be too violent for chaplains to intervene. But we should never dismiss a situation just because a patient is confused. Our intervention may be just what the patient needs. Why should we allow such an opportunity to pass by? □