

**Allegheny County Coalition for Recovery
Collaborative for Recovery Dialogues
Clergy Trialogue
October 6, 2015
1 Smithfield St. Pittsburgh PA 15222**

IN ATTENDANCE: four clergy and one elder; four mental health provider, five service users; one family member and one observer

Margaret Park and Bob Marin facilitated, the summary was written by Jeannette Lee, Sarah Goldstein, Margaret Park and Bob Marin.

The trialogue began with an introduction and orientation to the trialogue and to Coalition for Recovery.

All participants introduced themselves and gave a brief glimpse of their role in a religious community and/or the role they usually found themselves in mental health. They also gave their perspective on their connectedness to spirituality and/or religion. It was discovered that almost everyone in the room was a family member of someone who was challenged with a mental health problem or addiction issue.

SPIRITUAL AND EMOTIONAL GROWTH One major theme that resonated throughout the evening from both congregational leaders and people in recovery was the focus of spiritual growth that is part of religious life. Spiritual growth was equated with emotional growth. It was said by several that they take place at the same time.

THE RECOVERY CONCEPTS OF ENCOURAGEMENT AND EMPOWERMENT Another theme that emerged from all stakeholders was the emphasis on encouragement and empowerment that is a core ingredient of a faithful life. It was expressed by both congregants and congregational leaders that this was a central part of being part of a faith community through good times and bad. A church member said, "How bad do you want to accomplish what you want to accomplish? How bad do you want to change? Especially if you're someone who wants to make a change. Put yourself around positive people."

Out of this theme came a rich discussion about the place of spirituality in living with addictions and, importantly, living with a loved one who struggles

with an addiction. The examples of addictions ranged widely and included many behaviors aside from or in addition to chemical addictions and substance abuse. The richness and abiding nature of the structure and function of the 12-Step programs was praised by all as a pathway to healing when all else seemed lost. One mental health practitioner said, “I grew up in a large extended family 45 first cousins, 4 grandparents, and 12 uncles. I worked at a Drug and Alcohol treatment center. The first step in recovery is admitting you are powerless then accepting help. I know now that most things in the world I can’t control.

PRAYER Another theme that emerged was that of prayer in recovery. Intercessory prayer was important for both congregants and leaders. Praying with and for people was seen as beneficial to the health of all. An elder expressed it this way, “Prayer has been good to me. I became an elder so I can pray with people and help them.” A person in recovery said, “I pray when things are too big for me. I have a support group that I talk to for help. I can speak to anybody [at church] and I welcome their feedback. Some people look at me as if I am crazy but I say what I have to say.”

LOVE AND COMPASSION A church leaders said, “You have to suffer with the person so you can tap into the person. Another clergy member related his story, “When my father was sick with depression: I was depressed. If you don’t have someone worried about you, you’ll stop caring about yourself. If you worry too much about someone, you can fall into a deep depression. A church leader said, “It’s about spirituality – the fruit of the spirit is Goodness, love, kindness, and morals; we must embrace morals. A family member agreed, “The nature of relationship – coming from the heart; you have to learn to hear and see people and know how to go where they are coming from. People have a language of their own.

RELATIONSHIPS, ISOLATION AND LOVE IN RECOVERY A minister said, “Mental illness is often exacerbated by isolation. Isolation is common. Relationships help the healing process. Others agreed, a chaplain said, “Isolation is circular. Relationship are critical to the whole human being.” “It seems”, said a church member, “that love is the answer, and love unifies us. The Love Commandment bring it all together in harmony. ¹

¹ Deuteronomy 6:4-9, 11:13-21 and Numbers 12:37-41. Matthew 22:37-40; Mark 12:29-31; Luke 10: 25-27, abbreviated. “Hear O Israel, The Lord our God is one Lord, thou shall love the Lord with all your heart, soul, Mind and strength and your neighbor as yourself.

A psychiatrist said, “Love one another as we love ourselves is exactly what psychiatrists are trained to do” He was joined by another who said, “I was trained at the VA in culture transformation toward holistic care; It’s all right to tell patients that you love them within the proper boundaries”.

THE ROLE OF FORGIVENESS IN RECOVERY A clergy member said, “Self-forgiveness is part of a healing journey. Service users often see things in terms of unforgiveable sins. How can I help people forgive themselves? A mental health practitioner agreed and added, “There has to be forgiveness in the family with mental illness in the family. Loving-kindness is necessary in peace making at ground zero. There is no way to talk someone out of a fight except with loving kindness. A church leader added, “Healing in mental illness is going to have to embrace forgiveness. Shootings are blamed on mental illness – that’s pure anger.

Bridging the divide—talking about building relationships across all three areas. This question came from a mental health provider, “How do you talk to patients about recovery, both in both mental illness and substance abuse as well as religion and spirituality in a fifteen minute medication check?

The answer from a young MH Provider was hopeful as he said, “The way of being with a patient is evolving. Spiritually -- if it is important to the patient, it is my job to help evoke and draw it out. It is my responsibility to discover and allow space for the strengths and answers within the patient to find voice. I call it an “attitude of attention” to create space. I do worry that I am an outlier in the psychiatry system.

“I admit spirituality is not the most important thing to our supervisors. Supervisors can look a bit like deer caught in the headlight when spirituality or religion is brought up” Another added “The boundary between psychosis and spirituality is sensitive and is can be a problem with supervisors”.

Another MH provider said, “As far as the 15-minute med. check is concerned, the constraints we must practice within are toxic to the helping impulse. The way we work—the methodology and the ‘fix-it’ mentality of western medicine makes it so that consumers need to be ready to address these issues with providers when describing symptoms and life situations”. Another provider agreed and said, “What’s helpful to me is when someone really tells me what’s important to them and what they’d like to work on.”

In continuing to talk about bridging the gap, an answer from a person in recovery to “How do you speak to your pastors, treatment providers, faith leaders and other church members about mental illness and addiction?” was this, “I came to the realization the only way I was going to help myself was if I opened my mouth and talked to the clinician. I called my pastor who I feel is the mouthpiece for G-d who can get us out of this mess.”

A mental health provider said, “In a med check, we can use 5 minutes to engage in spirituality/ religion if we come to it with no expectation”. Another provider said, “You’re still making a spiritual connection with a person even if the conversation doesn’t revolve directly around spirituality”.

A pastor pointed out, “Historically the foundations of ministry and psychiatry haven’t helped each other at all. G-d is supposed to take care of me totally. Clergy are no different from anyone else when it comes to problems. It isn’t okay for us to admit we are broken. It means we are not good enough.

Because many clergy are fearful of psychiatry, I’m trying to express that mental illness is okay to the congregation so they are willing to get help. The language used by clergy and psychiatry is opposed to each other. That psychiatry is anti-religious is the perception. I am thankful for this group of people to bring us together. I have been in parish ministry for over 30 years and I have never sat down with psychiatrists and doctors.