



Exploring New Terrain



Driving to the day treatment program for the first session, I knew the sweaty palms on the steering wheel of my yellow VW Bug were not due strictly to the heat and humidity: I was suffering from performance anxiety. The staff skeptics were waiting, ready to appear when the first client became delusional.

Earlier in the day, the clients had been told that a new group was to be formed, one focusing on religious issues, and that while all were welcome to join, they had the option not to.

On the way to the center, I managed to hit every red light. Waiting, I reassured myself that I would not lead the group discussion as a chaplain, or, for that matter, as a nun, but as a clinical psychologist who happened to be a nun. I had no idea about what I was to encounter, who the participants would be, or what ideas they might have about the group or especially about me. Maybe they'd had bad experiences with nuns.

That morning I had carefully chosen a soft yellow blouse and a yellow skirt with a blue pattern, simple earrings, and no cross or symbol of my religious affiliation. I did not want to look "nunny," nor did I want to appear off-putting in a too-professional way.

Up to this point, because I had not worked on an inpatient psychiatric unit, I had limited experience with clients suffering from serious mental illness. I recalled an incident in 1972 when I was attending a clinical pastoral education program at one of the state hospitals. Innocently walking onto the ward, I'd held out my hand to an elderly woman sitting in a chair in the day room.

"Good morning, I am Chaplain Kehoe."

In a flash, she swung her arm, hit me in the jaw, and said, "I don't want any g—damn chaplain talking to me!"

A decade later as I headed to another mental health facility, I knew I certainly wasn't going to introduce myself as "Chaplain Kehoe." Approaching the parking area, I saw only a slightly built woman in her fifties walking away from the house with her head and back hunched over, obviously carrying the heavy and unseen burden of depression. Anxiously, I noted that this was one client who was opting out of the first religious issues group. I hoped I wouldn't begin to see a stream of people leaving the building.

I parked my car, took a deep breath, said a quick prayer, and got out, trying to appear confident and relaxed as I approached the white structure, a pleasant facility that housed the program. A youngish-looking man came out, lit a cigarette, descended the stairs, and began walking in circles, totally unaware of my presence.

Though it wasn't far from the parking area to the house, I had already encountered two people off in their own worlds. While I mused on the sensation of being almost invisible, a woman with heavily made-up eyes, long earrings, a bright pink cotton blouse, a floral skirt, and laced boots, came out and said to me in a high-pitched voice, "So who are you?"

"I'm Nancy." I tried to sound calm, but my voice wavered.

"And what are you doing here?" She wasn't so much rude as curious.

"I am going to lead a group with some of the clients." I realized that I didn't want to use the words *religious issues* to describe the group. But she knew.

"Oh, you're the one that's going to do some religious thing."

"Well, I guess you could call it that. Are you going to come?" I asked hopefully.

"I'm thinking about it, but first I have to have my cigarette." Lighting up, she turned back to me and said, "You see, I have this rosary I wear around my neck—helps me at times."

"I hope you'll join us." I tried to be gracious, assuring her that I wanted her to participate.

“We’ll see.”

As I walked up the stairs and into the narrow corridor, I wondered if the woman with the rosary would ask me to say it with her or for her.

When I’d been in the house for the consultation a few weeks earlier, I had not paid much attention to the interior arrangements and what they suggested in relation to the psychiatric treatment offered there. To the right of the corridor were a kitchen and a dining area where some of the clients and staff were cleaning up after lunch. I discovered that preparing lunch, sharing a meal, and cleaning up were integral parts of the program. Dishes clanked; some clients chatted with the staff, and others wandered in and out.

To the left was the community room, where all the large meetings took place. An upright piano at one end, a sofa, an assortment of chairs, a file cabinet, plants, and scattered magazines made the room seem cluttered. Although the staff clearly made some attempt to make the room comfortable, it seemed to mirror the lives of the people who used it: like them, it was worn and tired, with a hand-me-down feeling.

The postures of the clients waiting for the religious issues group to begin suggested that life was a burden they struggled to carry and that they spent many hours waiting—waiting to be given their meds, waiting for groups, waiting for a cigarette break, waiting for lunch, waiting for a bus, in control of so little. In nice weather people could spend time outside. But in inclement weather the only place to congregate was in the community room or in the dining-kitchen area.

My palms were still sweaty as I went upstairs to the staff room to meet with the director, Clare. Because she was familiar with the clients, I knew I could depend on her knowledge and her expertise as we embarked on this new endeavor and I tried to get my bearings. Clare and the patients were in different groups

together all week long: men's groups, women's groups, art groups, and substance abuse groups. I was the new kid on the block.

Together we went downstairs. As we entered the room and sat down, two clients joined the six already seated.

Clare began in a calm voice: "I'm glad you all are here. I'd like to introduce Nancy, who is a psychologist and a nun. She and I are going to run this group, which we are calling 'Spiritual Beliefs and Values.'"

We had decided on that name rather than "Religious Issues," fearing that any reference to *religion* might be problematic.

Clare continued, "The staff and I know that many of you have talked about your religion and your beliefs, but we haven't really addressed those topics in any way in your treatment. So Nancy has agreed to lead this group with me."

Her words sounded surreal to me. As I looked around the room at the eight participants, I choked up, because I saw men and women, aged thirty to sixty-five or so, who had been warehoused in state mental hospitals for years. My grandfather had been hospitalized twice for depression. As I sat there, flashbacks of painful visits with him washed over me. But the images passed quickly, and I refocused.

In the posture of the older clients I saw defeat. Life seemed to have gotten the better of them. The younger clients were more animated. One of the younger-looking men seemed to be having a conversation with someone unseen to the rest of us. Physical twitches and blank stares are telltale marks of psychiatric medications, and there was a lot of twitching going on. Many of the clients were overweight, a side effect of the meds as well as of years of poor institutional nutrition.

It dawned on me that I wasn't the only one taking a risk this day. In coming to the group, these men and women were risking a conversation about their religious views, views that might be termed delusional and might lead to stronger doses of

medication. A total stranger, I was asking them to talk about their beliefs, a subject that may have been even more frightening than asking them to talk about sex or the use of drugs or alcohol.

Trying to sound calm, I said I was happy to be there and looked forward to having a chance to meet with them weekly. I asked them to introduce themselves individually and indicate what religious tradition they belonged to so that we could have a sense of one another's backgrounds, adding that it was fine for someone to be in the group who may not have come from a religious tradition of any kind.

One of the younger men in the group who was seated near the air conditioner said in a booming voice, "Can we turn the air conditioner off? I can't hear you."

After an animated discussion, we decided to leave it on. The two who had been having a cigarette break entered the room.

Clare said, "Alex and Jane, it's important for you to be here when the group begins, so next time you have to finish your cigarettes more quickly."

A woman named Betty said to me: "You're a nun. You don't look like a nun. Why don't you look like a nun?"

I felt challenged. Trying not to sound defensive, I replied, "Most nuns don't wear habits anymore."

Charlotte chimed in, "I saw a nun who looked like a nun last week. Some nuns still look like nuns."

I wondered if she wished I still looked like a nun.

"That is true," I told her. "Some nuns still do wear habits, but most don't."

Sheila said, "I wouldn't come to this group if you had a habit. I had nuns in school, and I hated them. They were so mean to me."

With some relief, I thought that I had one on my side, but I wasn't sure how Charlotte and Betty felt. So I said, "That is why we want to have this group, to give you a chance to talk about your experiences with religion."

I hoped we weren't going to spend all our time talking about bad experiences with nuns, "Sister Beatrice Marie who pulled my ears in third grade." But I kept this to myself and suggested to the group that we share our religious backgrounds.

Charlotte said, "I'm Catholic. I pray, but I don't know if God hears my prayers, because I have a mental illness."

Roger spoke next: "I'm a Pentecostal. I go to the Pentecostal church. I count on the Spirit to heal me."

Susan said, "I was a Catholic, but I'm angry with God because I had cancer and a mental illness. That's not fair—one's enough. So I don't want to talk to God."

With noticeable irritation, Betty said, "Is this just going to be about Catholics? I'm Jewish. I don't want this to just be about Catholics. Are you going to try to make us Catholics?"

Little did Betty know that having grown up in a predominantly Jewish neighborhood in Chicago, I cherished Jewish traditions. In my own way, each year, I observe the High Holy Days from Rosh Hashanah to Yom Kippur and celebrate Passover with my Jewish friends. At Hanukkah, I light my candles. On my knees, I begin and end each day with "*Baruch ata Adonai*," and I have a mezuzah at my door. My grandfather was Episcopalian. So I was bringing my own interdenominational history to the proceedings.

I tried to reassure her: "No, Betty, this is not just going to be about being Catholic. And I am certainly not going to try to make anyone anything. This is just about giving people a chance to talk about what they believe and to see how this group can help. As Susan said, she is angry with God. That is the kind of thing we can talk about. Have any of you ever talked about your beliefs with your therapists?"

"Are you kidding?" Netta said incredulously. "No, that's not safe. All those doctors would have thought we were crazy. I keep my beliefs to myself."

Donald explained, "I am Lutheran now, but I was a Catholic, and then I went to the Assembly of God. I don't have a mental illness. I just have a lot of stress in my life. I was in divinity school but had to drop out because of the stress."

Donald was the man who'd been trying to convert his Jewish therapist. Anxiously, I considered that he might now try to convert the group, since we had given him a forum for his beliefs. He might be a handful, I concluded.

Clare asked, "Hilda, what about you?"

"I'm nothing," Hilda replied.

"Did you ever belong to a religion?"

"As a child, we went to some church, but it didn't mean nothing to me."

Roberta joined in: "I don't believe in God, but I believe you have to have faith. I have faith. Faith is like a beacon. I write poetry. I'll bring in some of my poetry."

"That would be wonderful," I said. "I would love to hear it."

I explained the guidelines, and Clare ended the meeting—but not before Jane had the last word: "This is groovy," she said.

I suspect that everyone was on his or her best behavior that first day. Responses were limited and guarded, divulging only the most benign information, except for Susan, who had cancer, and Betty, who was concerned I had an agenda. I had a sense that they were testing me to see if I was going to defend God or if I thought it was OK to be angry with God, a theme that has cropped up again and again over the years. They were probing to see if I was really going to be neutral.

When I started the group, I secretly entertained a wish that the men and women in it would discover a kinder God, not the angry one they feared. In the early years of my own life as a religious, the God I had encountered seemed demanding and harsh. I, too, was looking for a gentler God, though I scarcely realized it at the time.

As each group member explained his or her background, it was evident that we had the potential for some lively discussions, as well as the possibility for tension; we were Roman Catholic, Jewish, Pentecostal, atheist, Methodist, Lutheran—a great diversity, with mental illness the only common denominator.

Back upstairs, Clare and I uttered a huge sigh. Our first group discussion had developed fairly organically, although this first attempt was a little like leading an orchestra in which everyone was playing from a different sheet of music. I was to learn that this would happen frequently.

In my journal that night I wrote only, “I began the Spiritual Beliefs and Values group at the day treatment program today.” Clearly, I held no crystal ball to tell me the significance of that day or what the future held in relation to it.

After this initial meeting, new members joined, and a few dropped out. Over the years a core group of regular members has formed the backbone of the group, with others coming and going, due to hospitalizations, departures from the program, or the choice for a different group within the program.¹ Early on, I developed a pattern, always beginning by asking what was on people’s minds that day. I could see that a certain confessional tone was emerging. Members would talk about not having gone to church for a long time or having an affair and feeling guilty. “Sister, forgive me . . .,” they’d begin. Some talked about “church shopping” and wondered if it was OK. They were testing what was kosher to say to a nun.

After the first few weeks, it became clear to me that I could stop making generalizations. I saw no need to have a planned program; I just showed up. While I usually came with some ideas that might focus the group, it seemed that the members had their own agenda. Fortunately for me, during the summer months and into the fall, Clare was a steady presence. Beneath my calm exterior, I felt anxious and insecure every week as I drove

into the parking lot. Gradually I was learning how intense the sessions could become.

One day I began a session by introducing myself to two new members and telling them, "We ask each new person what religion you belong to and what brings you to the group," a fairly benign request that on this particular day unexpectedly unleashed pent-up emotions. Before the words were out of my mouth, one of the new members, a tall, thin young man with wavy red hair, neatly dressed in slacks and a sport shirt, said in a compressed tone of voice, "I'm Burt. I was raised Congregationalist, but I just think that it's important to believe in yourself—that you need to believe in the positive. I think that is related to believing in God. Clare, don't you agree that you need to believe in yourself?"

"I do, Burt," said Clare, "and I know that you struggle a lot with that."

"It is so important," Burt insisted, "to believe in yourself."

The repetition made me keenly aware of how desperately he wanted to believe in himself but didn't. Then we heard from the other new member, Matt: "I went to a Pentecostal church. But I know when I am getting manic that I can use religion in the wrong way. I really go overboard, so that is not a good sign for me. I do talk with my therapist about God, even though he tells me he is not a believer."

"But Matt," Donald responded, "religion is good for you. It is good for me."

I'd been waiting apprehensively for this side of Donald to appear. With what I hoped sounded like gentle firmness, I reminded him of what we'd said at the beginning: that this group was not about trying to convince people about our own beliefs but about listening to each person and hearing what his or her beliefs meant. Though Donald's religious beliefs and practices helped him, what Matt was telling us was that he recognized that getting too religious was for him a sign of becoming manic.

"You got that right, Nancy," Matt said.

Ricardo chimed in: "The Blessed Virgin protects me. You know, she appears to people. Do you think she will appear to me?"

"Ricardo, I am not quite following you," I said.

"Nancy," he replied, "you don't want to follow me; I'm lost."

At this, everyone smiled, and after a pause, Sheila spoke: "I don't always find God in church. I find God in people. I have been working for the Little Sisters, and I see their kindness. I see a change in me working there. I am gentler with myself. The sisters say that God does not push you beyond what you can do. I'm not sure I always believe that, because sometimes I feel pushed pretty far. Nancy, what do you think of that?"

For the first time I was being put on the spot. "I am not opposed to answering those kinds of questions," I said, "but I really think it is important to hear what each person thinks. I am not here as the expert to give answers but to help us all struggle with our questions."

I really meant that: I wanted to know how they made sense of this kind of religious message, a message that I, too, had heard often—that God doesn't give us more than we can bear. At that moment I didn't have time to process my thoughts about something I had uttered glibly in the past.

It struck me as a question with many layers, and I needed time to reflect on the lives of people burdened seemingly beyond their capacity. Questions such as Sheila's have made me reexamine much of what I've been taught as I've struggled with the clients to make sense of life, of suffering, of religious teachings.

Donald noted, "Scripture says that God tests those He loves," whereupon Netta burst in angrily, "What kind of a loving parent pushes their kids beyond their limits? I feel that is what God does to me sometimes—He pushes me beyond my limits."

I hoped Netta wouldn't demand an explanation from me: with her experience of parental abuse, mental illness, and losing

a child to foster care, she has been pushed pretty far. Fortunately, Tonja changed the subject.

“What about God and forgiveness?” she asked. “I feel I have done things I can’t be forgiven for. I didn’t take good care of my kids, and now they are in foster care. I think that’s a terrible sin, and I am being punished for it.”

Charlotte chimed in, “I don’t get this forgiveness stuff. How can Hitler be forgiven for what he did to all the Jews?”

Kerry seemed to concur: “I don’t believe in God. If there was a God, how could He let the Holocaust happen? I have hope, but I don’t have faith.”

Over time I was to learn that Kerry often came back to the Holocaust, making me wonder if his obsessive-compulsive disorder (OCD), self-diagnosed while watching *The Oprah Winfrey Show*, was his own Holocaust. It had robbed him of his life. But at that moment I was overwhelmed as the discussion moved from believing in oneself to God’s testing people, to punishment and forgiveness, to Hitler.

Matt joined the discussion: “And not just what he did to the Jews but to people with mental illness, like us, and to gay people and elderly people and Gypsies. How can God forgive Hitler?”

“Scripture says God will forgive over and over again,” Donald pointed out.

“But aren’t there things,” Tonja interjected, “that are just too bad to be forgiven?”

And Charlotte said to Donald, accusingly, “You hide behind Scripture, but what about that? Do *you* think that Hitler can be forgiven?”

Charlotte was expressing exactly what I’d been thinking: don’t just give us Scripture; tell us what you think.

Donald replied, “Scripture says God will forgive. Maybe I don’t get it, but that is what it says, and I try to hang on to what it says, even when I don’t understand.”

Burt noted, "What I think is important is accepting the good in oneself. We have to find the good in ourselves, not just the bad. We have to believe in ourselves."

Wanting to acknowledge the validity of all these questions and feeling challenged by them, I said, "I think the question of forgiveness, especially in light of horrors like the Holocaust, is difficult to get our minds around."

Our allotted time had run out. Clare summed up: "Today we have talked about believing in ourselves, the question of forgiveness, where some of us find God, and how people use their beliefs—all rich topics that we can come back to. But we have to end for now."

Driving back to my office in my little yellow Bug, I reflected on the discussion. Does God hand us more than we can deal with? Would God forgive Hitler? Was Donald going to become a handful? But given that I had appointments immediately with my private psychotherapy clients, there was little time to dwell on the questions the clients had raised with such clarity.

Feeling that my life was stable and fulfilling, I went about the rest of my week. On a daily basis, I didn't feel pushed beyond my limits as these clients did, so it was less urgent for me to come up with a satisfactory response to their existential questions.

But at some point their questions seeped into me and changed me, the way rain changes land formations or rocks, a drop at a time.

One postcard-perfect New England fall day, the kind that always makes me glad to be alive, with a clear blue sky and leaves of gold and red tinged with green and orange, I saw the group in a new light. I am ashamed to admit that I, too, had some preconceived and to some extent unconscious negative notions about mental illness before meeting with the men and women in the program. It was group sessions such as the following that began to alter my perspective.

Outside, the air was clear, brisk, and invigorating: But for the clients, the interior climate was gray and somber. When I arrived at the group, I heard the news: one of the men who had been in the program the previous year had committed suicide at one of the residential houses.

When Clare and I entered the community room, the atmosphere was like that of a wake. A pall hung over the eleven clients present. No one spoke.

In a soft voice, Clare began: "I told Nancy about Jack's death and that many of you knew him."

Donald said, "His death makes me really sad."

Charlotte said, "I know I shouldn't feel this way, but I get angry when I hear that someone killed himself. I try so hard to hang on, and then someone goes and ends it all. I think—why couldn't he keep trying, like I do?"

Sheila said, "I have tried to kill myself more than once. When you get that far down and you feel so much pain, you just want to end it all. You can't imagine living another day feeling so bad."

Charlotte rebutted, "I have tried to kill myself, too, but now I am glad that I didn't succeed. I can see there is some light at the end of the tunnel."

Roberta admitted, "I tried to jump out a hospital window, but luckily someone saw me in time and stopped me. Now I am grateful that I didn't end it all. I wish I knew who saved me so I could thank him."

In my private practice I had clients who were suicidal at times, but I had never been with so many individuals in one place who had attempted suicide. Their pain, their memories of going to the brink, of not wanting to live another day with so much misery, the honesty of their response to Jack's death—it all moved me. They were not being dramatic; they were simply telling their stories and expressing their feelings with integrity, coherence, and clarity.

Never had I heard people being so honest about what they felt in the face of death, and I have been to a lot of wakes. At the time of this meeting, the brother-in-law of a friend of mine was dying. No one would talk to him about his impending death, nor would family members talk to each other. I had worked with clients whose family members committed suicide who lied about the cause of death for years. Thus the openness of the group members touched me deeply.

Roger spoke up: "What is so terrible is what happens to the people you leave behind. My father killed himself, and our family has never gotten over it."

Kay added, "Pain sucks. You just aren't yourself. You just want to get rid of it, and it goes on and on. At that point, you aren't even thinking clearly."

"At those times," I asked, "does it feel like you can't connect to anything, to anyone, or to any beliefs that you might have?" I was struggling myself, trying to grasp the level of their pain.

Donald asked if it was true that the Catholic church says you will go to hell if you kill yourself.

I'd been dreading this question because in fact the Catholic church had changed its teaching on the subject. Suicide used to be deemed a mortal sin, and the person could not have a Mass or Christian burial. Indeed, it was the fear of hell that seemed to have kept some people from killing themselves. But the church's teaching had changed, and suicide was no longer considered a mortal sin.

Though I was worried that telling the truth might be a factor in someone's suicide, I decided to take the risk and trust that each person could deal with it. That decision—to tell the truth even when it seems potentially problematic—has continued to shape my responses to the clients over the years. This day was the first test.

I told them that though the church used to teach that suicide was a mortal sin, it now recognizes that a person in that much pain is not fully himself or herself.

Sheila added, "I have known both physical pain and mental pain, and I think mental pain is worse."

I asked, "How do we tap into any faith when we are in so much pain?" Feeling powerless in the face of their comments, my question seemed weak and ineffectual.

"Sometimes knowing others care helps," Sheila explained.

"That is when I go to Scripture," Donald said.

As we ended this painful session, Clare put on her clinical director's hat and reminded the group that if anyone was feeling particularly stressed, he or she should contact her or one of the other staff members.

Later Clare reflected on the fact that these patients in the Spiritual Beliefs and Values group handled the discussion of suicide very differently from members of other groups. Although they shared their own experiences, the focus was not on whether people felt safe, as it was in other groups when the issue of suicide came up. To Clare, it seemed that the members connected more deeply with each other in our discussion and really heard each other's anguish. Empathy, a heartfelt connection among the group members, rather than the clinical assessment of safety, seemed to make all the difference.

I found it difficult to open myself up to that much suffering. Though I spent the rest of that beautiful day trying to walk in the clients' shoes, at that point I just wasn't equipped to do it. It would take me years of listening to the group members, as well as a personal experience of depression, before I reached a deeper level of understanding.

More than two years after I began the group, I faced another challenge the day Peter joined. Occasionally, the members had talked about their religious delusions, but they never came to the group in the grip of one. During one session, three shared, quite humorously, the times they were John the Baptist and tried to baptize innocent passersby.

Then Peter showed up, sat down, and asked me if I believed he was Jesus Christ. I tried to explain the nature of the Spiritual Beliefs and Values group to him, but he didn't want an explanation. He just wanted me to confirm his new identity.

Finally I said, "Peter, I am not qualified to answer that question. But maybe today is not a good day for you to be in the group." Arguing with a delusion is a no-win situation, so I invited Peter to leave and return the following week, which he did, this time with his delusions under the control of medication. This was one of a very few instances in all the years I have led the group that I was asked to believe that Jesus was there in the room with me.

Reflecting on this session, I think I made a mistake. I was afraid. I had not yet encountered someone with an active delusion. I didn't want Peter to disrupt the group. Now that I have more experience, I wish I had engaged him in a conversation, trying to understand if he felt burdened, reminding him that "being Jesus Christ" means that a lot is expected of you. I know now that Peter was trying to tell me something, but I didn't hear him.

Many years later I was able to use my experience with Peter when a member of another group said she was a Wiccan. Rather than being driven by my discomfort and ignorance of what it meant to be a Wiccan, I was able to ask how she came to that belief. The group members and I learned that she was gay; since her religion taught her that being gay was a sin, she sought out a group of women that accepted her.

Two years after beginning the first group, I was asked by another clinical director to form a similar one at another psychiatric day treatment program. The two programs served the same population of clients, men and women who suffered from serious mental illness. In 1983 I started the second group with a little more experience and more openness on the part of the staff. For six years, from 1983 to 1989, I also led two groups at one of the Massachusetts state hospitals.

Not being a permanent member of either program, I came in each week as an outsider. Once a week I would drop into the two programs, lead the groups, and leave; this was a safe, detached position. For a long time I had a “we-they” mentality. As one of the “healthy” staff, I, the professional, was helping the “unhealthy.”

Looking back, I can see the change in me, though I can’t name the time or the place when the tide shifted. But I know I have become, in the words of one of my patients, “an honorary mental patient.”

With a track record of 3,224 group sessions, I can attest to the fact that no client has ever become more delusional because of the group, no client has tried to convert others in the community, and no client has resisted working with a therapist of a different belief. Clients with different religious beliefs have not split the community. These twenty-seven years have uncovered a rich inner terrain, one that had been hidden from mental health providers but has been a source of strength and resilience for the clients.

This book is my attempt to bear witness to the stories of some of the remarkable men and women I have encountered in these programs: the lessons we can learn from them, what they have taught me, and how I have been changed by their presence in my life as I grapple with the true meaning of the spiritual. In a world with so many burdens to bear, those who have borne theirs with so much grace and dignity and resilience have much to teach us all.