

# Pastoral Care News



## Mental Health

Page 2

- Shame Page 3
- Pre-nuptial Agreements Page 4
- Psychosexual Therapy Page 5
- Learning about Relationships Page 6
- Willows – One Year On Page 7
- Training Courses Page 8

# Embracing Mental Health within Church Communities

by Bishop Stephen Conway



**The Right Reverend Bishop Stephen Conway, Bishop of Ramsbury and current Chair of the charity Mental Health Matters, offers his thoughts on the value that people with mental health problems can bring to church communities and how they can be regarded as a resource given to us by God.**

One of the people I have admired most in my life so far was a fellow Christian minister who was able to offer outstanding service of the gospel while living with chronic and severe mental ill health problems. I shall call her Mary, though that is not her name. Mary experienced periods of recovery within her illness but there was no permanent remedy. Being alongside her gave me the greatest insight into the level of courage which is to be found in people living with the whole gamut of mental illness, a courage which the wider community hardly thinks about.

Mary demonstrated courage in just getting out of bed in the morning, let alone exercising a public ministry in such a responsible way. The cost of her illness was borne by her alone and not by anyone involved in her ministry. Mary, like so many suffering permanently or periodically from mental anguish of some description, exhibits the great Christian characteristic of steadfastness. The Shorter Oxford English Dictionary refers to this as unshakeable in faith, purpose or affection.

I believe that we should celebrate this personal quality that many people who live with mental health issues express through the suffering they endure.

This personal quality is a powerful witness to the mystery which Christians celebrate that, while suffering is never to be sought or regarded as good in itself, God's grace still brings good out of suffering and resurrection out of crucifixion situations.

I am fascinated by the fact that the Department of Health has commissioned research by the Mental Health Foundation (MHF) into spirituality and mental health. The MHF is not in any sense a religious organisation but it conducted intriguing evidence-based research into the impact of active spirituality on mental health and well being, and came to the conclusion that many people's health positively responded as a result of prayer and being cherished within faith communities. It is my long observation that this is not a one-way relationship within faith communities either. We know from the Gospels that the first people to recognise Jesus as the Son of God were people

tormented by mental illness. Mary Magdalene, the Apostle to the Apostles and the first witness to the Resurrection of Jesus, was freed by Jesus from this torment. We may also be aware that many people living with mental illness have considerable spiritual insight as they seek faithfully to live through sometimes frightening and chaotic circumstances, praying for the order that only God can provide. That may not always make them comfortable people to be around, but we can benefit from paying attention to what God may be saying to us through them.

Like other denominations and faith communities, the Church of England has done a lot of work to seek to ensure that people living with mental illness are not only welcomed into church communities for worship, but also drawn in as disciples with much to offer. On the Church of England website there is a pack of resources for reflection and use by individual parishes and dioceses as they seek to make this welcome real. The resource pack also sets out to protect churches and those living with any illness (including mental illness) by providing guidance on boundaries and expectations around both behaviour and support to sufferers. Given how large the spectrum of mental health is in any community and across any human lifetime, it is likely that every congregation will be worshipping with fellow disciples who are less well. It is also likely that the number of acutely mentally ill disciples will be higher in church communities than in the wider population because these people often know that they are special to God. Rather than see this only as a problem or as an issue to ignore, we should rejoice and be realistic. Rejoice because all disciples are not chosen by us but by God and are a gift to us; and realistic about what care and boundaries each of us need for the better health of all.

**For more information visit**

[www.cofe.anglican.org/mentalhealth/gs1678.pdf](http://www.cofe.anglican.org/mentalhealth/gs1678.pdf)

and [www.mentalhealthmatters.com](http://www.mentalhealthmatters.com)

# Shame

by Rosemary Langford-Bellaby

Director of the Sherwood Institute, Rosemary Langford-Bellaby shows how shame can be both damaging and beneficial to our well-being.

Shame is one of the most powerful, painful and potentially destructive experiences known to us. Even the first story in the Bible, of Adam and Eve, is a story of shame. Here, Adam and Eve disobeyed the rules of the Garden of Eden. They became self-aware, fearful of judgements and afraid of the consequences of their actions. They saw their very selves as bad, they had betrayed God's trust and were bad down to the very core of their being - they needed to be punished. This is the essence of shame, the fear of negative evaluations by others, via exposure of our undesirable qualities and behaviour.

## Shame and Guilt

Shame and guilt are often confused, so understanding the difference between them is essential and can enable us to see why shame is such a powerful emotion.

Guilt is a sense of having offended the other person. Imagine that we have stolen something from another person. We are then the source of the wrongdoing and the responsibility for making amends lies with us. The injured party may make efforts to remind us of our responsibility and might reject us or show contempt for our actions. It is this rejection or contempt that is likely to elicit guilt, thus prompting us to right the wrong.

Shame presents a different focus. Imagine that we have not achieved 100% in an exam and have been shamed for it. We then become the object of scorn, disgust,

contempt, ridicule and humiliation, the source of these being those individuals from whom they emanate. We feel exposed, paralysed, helpless, passive, inhibited. They feel good, active, powerful, uninhibited and free. We are made to feel inferior, smaller, and weaker whereas they exhibit the qualities of superiority and strength.

Our feelings of shame will cause us to have involuntary body responses such as blushing, gaze avoidance or crying. This can lead to poor functioning to the point where we want to hide and conceal ourselves from those responsible for our shame as we reflect on what we have done. When we are made to feel shame, this can have a devastating effect on us.

Shame is a very powerful process. It can also have the power to bind other emotions to it. For example, we can be taught that it is wrong to be in need of support to the point beyond thinking 'I must not need help' to actually thinking 'I am bad for needing help' and even 'I must hide my need for help because I will feel ashamed and will need to take myself out of the way'. We have not done anything wrong in needing help, we are not guilty of anything but we can feel exposed and distressed. We feel bad and judge ourselves as being bad. Other common emotions often associated with shame are helplessness, anger, (at self or at others) self-consciousness, anxiety, inferiority, sadness and weakness.

Many aspects of the media thrive and make a great deal of money by creating a culture in which we can feel shame if we do not conform to the "norm". The diet and the cosmetics industries (especially "anti-ageing" products) being clear examples.

## Shame and Conscience – the positive side of shame

Shame can be regarded as an emotional conscience that inhibits transgression against the rules and standards of society. Such transgressions can be costly and painful. It can be argued that without shame we would have no personal conscience, since shame informs us of when we might need to be appropriately ashamed. For Christians this could be breaking one or more of the Ten Commandments. In examining the Holocaust, if the perpetrators of the horrors had felt shame, they would not have been able to continue with their appalling processes.

## Conclusion

Shame has many shapes and dimensions. It is arguably the most common problem in human development. The better we understand it the better our understanding of our relationships with each other will be. Shame is essential in the development of conscience but an 'overdose' can cripple us and affect so many areas of our lives and thus prevent us from being that which we are all called to be – children in the image of God.

Rosemary Langford-Bellaby is the Director of Training at the Sherwood Institute in Nottingham. This major training institute offers a variety of courses from the 10 week Introduction to Listening Skills through to Masters Programmes encompassing different therapeutic approaches. The Institute can provide trainers for various events and conferences as well as being a resource center. Rosemary and other staff are happy to receive enquiries on 01159 243994 or via e-mail to [therapy@spti.net](mailto:therapy@spti.net)



# Pre-nuptial Agreements

by Lyn Ellins

Lyn Ellins, Family Lawyer with Charles Lucas & Marshall, explains the purpose of pre-nuptial agreements and why they are not just confined to the rich and famous.

The recent case of Radmacher -v- Granatino made the headlines when the English High Court upheld the principle that pre-nuptial agreements could be binding. However, they are still not enshrined in British matrimonial law and the courts have discretion to set them aside if circumstances warrant.

In essence pre-nuptial agreements are contracts between couples who are contemplating marriage or a civil partnership. They can be comprehensive enough to include who is going to pay which bills, who will buy items for the home, whether each person will retain ownership of items purchased by that person, how assets will be divided in the event of a divorce, and who will be responsible for the debts. However, they can be much more basic, for example, merely state that each person will retain his or her own house.



In the past, wealthy families used marriage settlements to ensure that the bulk of their wealth did not pass out of the family when a daughter married. Pre-nuptial agreements can be seen as the modern equivalent of marriage settlements. Nowadays, however, they are not confined to the rich and famous. In these days of increasing numbers of second marriages, we are seeing increasing numbers of older couples seeking to preserve their assets for their own children. A pre-nuptial agreement can avoid bad feeling between stepchildren in the event of the second marriage breaking down. It can also prevent resentment arising between children and their stepparents during the course of the marriage. Adult children can be assured that they will get their fair share of the family's assets on the death of one or both parents.

We are also seeing people marrying for the first time much later in life than in previous generations. Men and women in their thirties or older may have already purchased their own homes. Knowing that so many marriages end in divorce, they may be conscious of the possibility of losing assets that they have acquired in their own name should the marriage break down. A pre-nuptial agreement may be a consideration.

Under the present law, it is essential that both parties follow certain rules if a pre-nuptial agreement is to stand up when a marriage fails. For example, the parties have to disclose full details of their finances to each other, they should be separately advised as to the implications of the terms of the agreement, and the agreement should be settled and completed well in advance of the wedding to avoid any suggestion of undue pressure.

The courts are becoming increasingly inclined to take pre-nuptial agreements into account when deciding on a financial settlement in divorce. Although judges have discretion to make settlement orders as they see fit, taking all the circumstances into account, a pre-nuptial agreement is one factor that will be considered. The most common reason for disregarding a pre-nuptial agreement is in the case of children being born after the pre-nuptial agreement was completed. In such circumstances, the court's first priority is the welfare of such children even if, for example, a wife has agreed not to make any claim over a property owned by her husband. That waiver may be over-riden to provide a home for the children.

A pre-nuptial agreement should therefore be regarded in the same light as an insurance policy: once completed it is put away in a drawer and forgotten about unless and until it is needed.

For Christian couples this means conducting their marriage according to the vows made before God, friends and family. No one undertakes marriage expecting a divorce but sadly, statistics show that two out of three marriages fail. Divorce can be a traumatic experience; therefore an effective prenuptial agreement can prevent expensive and prolonged disputes over finances may be seen as cost effective when compared to the acrimony that is potentially avoided.

# Psychosexual Therapy

by Annie Law

In this article psychosexual therapist Annie Law explains how this specialist counselling works and the success that can be expected from it.

Most people are likely to experience a sexual problem at some time in their life. Often, the problem will be overcome and outside help will not be required. Occasionally, however, a difficulty persists and that is when seeing a psychosexual therapist can help.

Psychosexual therapy is a form of therapy specifically designed for people experiencing a problem in their sexual relationship. A psychosexual therapist is a qualified relationship counsellor, who has undertaken additional training specifically to diagnose and treat sexual difficulties.

## What causes sexual difficulties?

The causes of sexual difficulties are many and varied but can include;

- Physical causes such as illness, injury, disability, surgery or the result of taking certain medication
- Psychological causes such as depression, anxiety or other mental illnesses
- Emotional causes such as the impact of childhood messages or experiences, previous sexual experiences, unresolved grief or unhappiness in the relationship.

Most sexual difficulties result from one or more of these factors.

## How does Psychosexual Therapy work?

Firstly, it is important to check that there are no underlying health issues. It is not unusual for a therapist to suggest a visit to a GP before therapy commences in order to eliminate any health problems.

Whilst many people find talking about sexual matters difficult or embarrassing the first meeting with a psychosexual therapist usually puts the client (or clients, if it is a couple) at ease. Assessing the needs of the client is a collaborative task



where the objective is to agree a way forward. The therapist will often want to take a detailed history from the client that will include questions about all aspects of the client's life. From this, the therapist will gain an understanding of why sexual difficulties are being experienced. At this stage the therapist may recommend counselling as a way forward to resolve a particular issue. If it is thought that psychosexual therapy is the appropriate way forward, mutually agreed

goals are set and the therapist then formulates a tailor made programme of treatment. This will involve attending psychosexual therapy appointments on a regular basis. All of the work in the therapy session will be based on talking. However, this is combined with additional activities and exercises that are carried out by the client (or clients) in private.

#### Who benefits from Psychosexual Therapy?

Whilst some clients are referred through their GP, Consultant, or Counsellor, anyone can make an appointment to see a psychosexual therapist.

Therapists work with a wide range of sexual issues and whilst many people will have apprehension about attending therapy, the therapist is experienced and accustomed to putting people at ease.

Some clients prefer to attend alone, whilst others attend with their partner. Occasionally, a client might simply wish to talk through some aspect of their sexuality that is causing concern whilst others may have specific sexual difficulties such as loss of sexual interest, painful intercourse, erection difficulties, ejaculation difficulties, orgasmic difficulties, sexual abuse, sexual trauma, sexual addictions or sexual and gender identity.

#### How successful is Psychosexual Therapy?

This form of therapy has been established for forty years. Results are good and success rates high. Most people also find that the benefits of psychosexual therapy will extend into general relationships and confidence levels. Commitment is a necessary requirement of therapy but the rewards can be an investment for life. Treatment times vary considerably depending upon the sexual problem. A typical treatment programme requires around 15 sessions whilst further time might be needed for more complex difficulties. The therapist works at the client's pace and comfort levels.

#### How is Psychosexual Therapy Accessed?

It is important to choose a qualified and reputable therapist who is accredited by The British Association for Sexual and Relationship Therapy. (BASRT) Accreditation is awarded to psychosexual therapists who have met BASRT strict criteria of training, experience, knowledge, ethical standards, ongoing professional development, regular supervision, insurance and the required minimum practice hours. Therapists meeting these standards are licensed on an annual basis by the BASRT.

Inappropriate intensive therapy for sexual difficulties can make problems worse but it is encouraging that in recent times people are more willing to seek help. However, many people who want help are not sure how to find it. This is due to there being a shortage of accredited psychosexual therapists in practice and sadly, not available in some NHS areas.

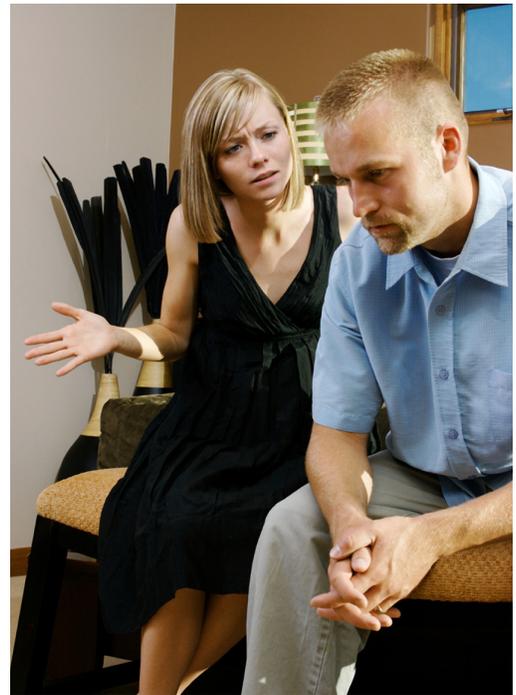
#### Psychosexual Therapy Works

Whilst taking that first step towards getting help for a sexual difficulty might feel daunting, psychosexual therapy results in most people usually achieving their goals. At the end of their therapy most clients tell me that they didn't realise it would be as challenging as it was, but that they achieved much more from it than they anticipated.

Having initially trained and counselled with Relate, Annie Law has been in private practice as an accredited therapist for eleven years and offers psychosexual therapy alongside general and relationship counselling.

For more information contact Annie on 01793 339482 or visit [www.cpcounselling.co.uk](http://www.cpcounselling.co.uk)

For Information about BASRT, telephone 020 8543 2707 or visit [www.basrt.org.uk](http://www.basrt.org.uk)



## Learning about Relationships

### Passive, Assertive, Aggressive - what's it all about?

By Dr Ruth Cureton

Willows' Mission Development Manager, Dr Ruth Cureton, explains how different connotations of language that describe behaviour can result in either positive or negative experiences for the listener.

Have you noticed that language changes like fashions? 'Trendy' isn't trendy anymore, and even 'so five minutes ago' now seems to be passé.

How about the words Passive, Assertive, Aggressive - will these be old hat before long, or are there deeper nuggets of truth to glean here?

I'm always struck by the phrase at the end of the 'Fruit of the Spirit' passage, (Galatians 5 v 22-23) 'Against such things there is no law.' There are no laws anywhere against Love, Joy, Peace, Patience, Kindness, Goodness, Gentleness, Faithfulness and Self-control. Thank goodness for that! But do these 'fruits' stand alone as a navigation guide for all shades of human relationships? What about the workplace bully; the domineering in-laws; the painfully shy visitor? Perhaps we need other strings to our bows.

Passive behaviour may be the easiest to understand: apologetic, hand wringing or uncertain communication. Such behaviour may draw others to be decisive simply to reach a conclusion! Passivity can be mistaken for humility but it isn't. Hearing "I used to be indecisive but now I'm not sure" statements can be hugely frustrating when one genuinely wants to know, for example, where a friend would like to visit as a birthday treat.

Aggressive behaviour steps in with ease to fill the gap, making decisions, filling the space, perhaps with a misguided sense of having 'helped' the passive person. Aggression leaves little room for negotiation and overuses imperatives, such as 'Must', 'Should' and 'Ought' as if it were a stern teacher. There is use for such aggressive language, but not in day to day adult exchanges where there is a genuine interest in the other's point of view.

Assertion holds one's own ground, neither going in all guns blazing, nor retreating with a white flag of surrender.

*Assertion allows time for another's view to emerge without the need for capitulation to he who shouts loudest.*

Assertion may involve calmly and consistently restating one's own view and perspective; asking for time out to fully consider the options; or negotiating a win-win outcome, all without rising to the tempting bait of mud-slinging. One cannot actually eat one's words but were it possible some might have tasted rather bitter on occasions.

So speaking and listening, hearing and understanding, showing consistency and using the 'fruits of the spirit' will ease the ebb and flow of relationships whether between individuals or across communities.

If you are interested in exploring this and other concepts in more depth in a lively group setting then why not consider our 'Introduction to Pastoral Counselling' course beginning in the Autumn at the Willows Centre.

## The Willows Centre – One Year On

On 20th May 2009 Willows moved to new premises. It has been a year full of new things for us. After the initial flurry of where to put everything, we have now settled into our various routines. We have been truly blessed and now have five counselling rooms, a training room, a large waiting room, library, offices and a car park. We also have sufficient funds to refurbish our old property at 496 Cricklade Road, which we hope to rent out.

New procedures and policies are being put in place to strengthen our work. We welcome Mr Ron Headon as our new Office and Centre Manager who will be in post from 6th April 2010. This has enabled Gilly Price to fully concentrate on her role as Counselling Service Manager.

We have expanded our services to the community and have been part of two local projects; Targeting Swindon Project, which helps those in the area deal with the effects of the recession and domestic violence

whilst the CLASSP pilot scheme assists families who have separated. Our Outreach counselling services at Barnardo's, NSPCC and Booth House continue to help us network with other agencies and generally self-referrals to our service have increased.

The Willows Debt Advice Service is fully subscribed and will now focus on recruiting a Co-ordinator and providing budgeting information and self-help forms for clients.

Our Level 4 Diploma course students will complete the Therapeutic Counselling course in July. Our new counselling courses for Level 3 and Level 4 will start September 2010 (see enclosed leaflet.)

**We had such a great response to our official Grand Opening day in September 2009 that we would like to invite you to our Open Day on Saturday 22nd May 2010 from 11.00am – 4.00 pm.**

If you have not already been to see our premises, please do put this date in your diary, we will be delighted to show you around.

So, we would like to thank all those people who have contributed to Willows in any way, and enabled us to realise this long held dream. We will keep you informed of any new developments.

Our AGM will be held on Wednesday 6th October 2010 where our speaker will be the Mayor of Swindon.



# Training

## TRAINING DAY AT HARNHILL

Saturday 12th June  
**Motivating clients to change**  
Susan Tollington

Saturday 19th July  
**Touch and the role of the body in recovery**  
John Silverstone

November 13th 2010  
**Creative Approaches in Therapy**  
Dr Elspeth Schwenk

## LEVEL 3 CERTIFICATE COURSE

One year extended course in  
**Integrative Counselling**  
commencing Wednesday

8<sup>th</sup> September 2010 (term-time)  
9.30 am – 2.30 pm

Cost £875 (plus some Saturday workshops and books)

## LEVEL 4 DIPLOMA COURSE

Two year Diploma in  
**Therapeutic Counselling**  
(CPCAB approved)

Commencing

Thursday 9<sup>th</sup> September 2010  
9.30 am – 3.45 pm

Further details available from  
The Willows Centre.

[training@willowscounselling.org.uk](mailto:training@willowscounselling.org.uk)



### How to Contact us

You can telephone us on 01793 426650, Monday to Friday, 9.30am to 4.30pm. At other times you can leave a message on our answerphone.

You can write to us at Willows Counselling Service, Willows Centre, 11 Prospect Place, Old Town, Swindon, SN1 3LQ.

Or email us at [willows@willowscounselling.org.uk](mailto:willows@willowscounselling.org.uk)

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