

# The Spirit in the World—VII

## A Catholic Home of Rest

WINGFIELD HOPE

In my recent book, *Each His Own Tyrant*,<sup>1</sup> I introduced a Catholic Home of Rest where a young postulant was helped to understand her own neurosis, and to work free from it. My postulant (Alice) was fictitious, but not so the Home. And I have been asked to write a little more about it here, chiefly in connection with its work for nuns.

First, a brief description of the background. The Home is in a beautiful part of England. It consists of a number of houses and cottages, each in charge of a housemother—the Principal being in close touch with these groups, which are like small families within a larger one. (There is also a house for men, with its own farm, but as this works separately, I shall not describe it here.)

Those in charge of the Home of Rest are not nuns, but lay members of a Third Order with their own chapter. Divine Office (in the chapel) and the Little Office of our Lady (in each house) are recited daily. Not all patients will feel equal to joining in the Office; but those Religious who can't do so will yet feel it an integral part of the whole life—which, with its spiritual facilities and simple rules, is reasonably in keeping with the convent life to which they hope to return.

Most have really come because of difficulties of personality which have prevented a happy adaptation to the conventual life, and the full answer to their problems could never be found in purely secular surroundings. An atmosphere inspired by spiritual values is essential to their cure—but we shall return to this aspect presently.

The Home of Rest is registered as a Nursing Home; a doctor is usually seen on arrival, and at least one qualified nurse is in residence. Nervous trouble often involves physical ailments, and anyhow a complete rest in bed for a week or two is likely to be needed on arrival.

But presently the new member of this 'family' will take her part in its light household or garden jobs, in its hobbies and recreations. What each should do is whatever will be most helpful to herself at the present stage of her illness, and the same applies to devotional practices, extra

<sup>1</sup>Reviewed in LIFE OF THE SPIRIT, November 1961.

to those of obligation. But everything done with others counteracts obsession with self. And what each *can* contribute to the whole life is valued, however little it may be, because she herself is valued in this family and loved in it.

I wish I could convey the cheerfulness of the place, although so many are suffering; the zest with which picnics and expeditions are undertaken; the happy mixture of routine and informality which eases tension and creates a peaceful atmosphere for the work of healing.

Although the whole enterprise was undertaken to meet the needs of sick Religious, lay patients are also received when it is judged that they could really benefit from the life and treatment; and sometimes these may be helped with religious difficulties—they have, of course, the same opportunities as the Religious for seeking the Chaplain's advice in spiritual matters.

Psychiatrists have, over a period of many years, sent patients to the Home; and in the interests of everybody, no one who has been under a psychiatrist is accepted unless his report shows her case to be suitable.

Perhaps this is enough about the general setting; I will now quote some comments on the Home's approach to mental sickness, which were written by a well-known Catholic doctor in a private report which I have leave to use; he is now dead, but he helped this work from its inception, and always kept in touch with it. (He had an important medical post in one of our big provincial cities.)

'In that Home' (he wrote) 'I find the ascendancy of religion, the family spirit, and the application of a practical and balanced psychological approach . . . I find a remarkable record of cure in many, and in others of marked alleviation with growth in self-understanding and capacity for self-management'. And he described the two foundresses as 'endowed with a deep understanding of the workings of the harassed mind, and with a firm grasp of the relation of spiritual disturbance to mental ill-health and as firm a belief in the part of religion in its cure'. (They are still there; and the present auxiliaries have been trained by them, whilst others are in process of training.)

The 'ascendancy of religion' which impressed this doctor is shown not only in the general way of life, but in the whole approach to the curative treatment; for its supreme aim is to integrate body, mind and spirit, so that the whole person may be free to serve God. But each case is a very individual one, and there can be no standardized forecast of practical results. What is the same for all, is the spiritual approach to the illness which should gradually be inculcated, if not already there.

And this, of course, involves the full acceptance of God's will for the final outcome of the treatment. It is he who, all along, is begged to guide the 'forward movement'; and, when all possible human help has been given tirelessly, it is he who will take over, and fulfil his own designs for that particular person.

At the start, efforts are made to help the patient to disentangle and face those experiences of the past which are at the root of the neurosis. Very often this gives almost immediate relief—just to know there is a rational cause for those feelings or anxieties which have tormented her. But, unfortunately, knowing the cause does not immediately clear away the troublesome thoughts and emotions, and it may take months of treatment before a hopeful outlook can be attained.

But all along one can point out (in a breakdown treated as it is at the Home) that the cure, although desired and prayed for, is not of first importance. What matters most, essentially, is the deepening of the spiritual life, involving deeper self-knowledge, and leading to a greater love of God.

And those of the staff who have themselves once suffered as their patients suffer now, and have won through, can testify, with more conviction than most, that a mental illness understood in relation to the spiritual life can be a great fulfilment, in so far as it can become a life dedicated to reparation.

Of course it is no new idea that sufferings are redemptive when united to Christ's; but do we all fully appreciate the value of redemptive suffering in mental sickness? or the opportunities of a treatment in which self-oblation is seen not only as the patient's privilege, but also as a condition for any deep rehabilitation?

But to offer our sufferings fruitfully we must see them rightly. And wrong notions about 'crosses'—which may be anybody's danger—are always liable to be there in cases of neurosis. Mistaken ideas which are often (though not always) created by imaginary grievances. But the picture must be got right if the oblation is to be the real thing, and experienced help may be needed for this. It must also be sympathetic help, even where the patient-with-a-grievance is concerned. Or perhaps especially in her case. For, quite possibly, she did once suffer badly from others, in her childhood; and she is now unconsciously transferring her old, unhappy emotions (which first entered then) to the present situation—a process fully recognized in modern psychiatry. And the saint, who, centuries ago, said, 'Give me a child till he is seven . . .' must have gauged the tremendous influence of the earliest

years upon the whole of life.

In this connection, one could picture an orphaned toddler, adopted by a reluctant aunt; whose bitter, 'unwanted' feelings survived her childhood, and, in due course, entered the cloister with her. Inevitably, she soon found herself unwanted there—slighted, and unwillingly put up with (as indeed had been the case in that long-ago home of her adoption). She read disparagement into the most innocent remarks, and magnified any molehill of criticism into a mountain of disapproval. That the community would be thankful to get rid of her, she had no doubt!

And this supposed unwantedness in the convent was seen by her as her own very special cross, which she must force herself to carry—as she did, to the verge of a breakdown, or beyond it. But her real cross was the 'character neurosis' which made her identify the community with her aunt's unfriendly family, and her Reverend Mother (however benevolent in actual fact) with that unkind aunt.

But her resultant self-pity, and continued suspiciousness could have co-existed with a genuine desire to serve God in her religious life, and to live in charity with her community; this could, indeed, have been a case of a real vocation, threatened with wreckage on invisible rocks.

And if a vocation is endangered by this well-known type of neurosis, or by some other, the trouble may need treating by helpers truly conversant with 'the relation of spiritual disturbance to mental ill health' as well as with 'a deep understanding of the workings of the harassed mind'. So, too, a good deal must be known about convent life if the difficulties of a vocation (whether rational or not) are to be usefully discussed, and a new approach to them induced.

The Home of Rest, through training and outlook, and through its long experience of helping Religious, meets these demands.

The treatment there is interwoven in the daily life, and shares its homeliness; even the most private talks being informal, and not suggestive of the specialist's consulting room. And progress is both tested and helped forward in the simple family routine of give-and-take, in which old weaknesses may continue to tease for quite a while—but these will be usefully discussed with the Principal, or with a trained auxiliary who has been in touch with the patient and understands the issues. Such talks will serve to develop self-knowledge and the power to cope; whilst seeming defeats can also be helpful in bringing home the truth that we can't raise ourselves above ourselves without a steady prayer life, and the supernatural aid which must be found in this and in the sacraments.

To some extent the processes of this whole forward movement are conveyed by the *Case of Alice* in my book, and no detailed description is possible in my present space; so that I shall conclude with a few remarks about the general approach to recovery, and about some varying results of treatment.

Most patients, very naturally, arrive in a state of painful anxiety about their prospects of cure. And the only real answer to this (as well as to their other more individual worries) is trust in God; which the practical treatment may itself make easier, in certain instances, by gradually dispelling an *unrecognized* false concept of him. Sometimes, for example, he is still unconsciously associated with the parent or guardian who once represented him to the child, and who failed that child badly in one way or another—so that the adult of today still harbours that first pervading sense of disillusionment, even if no conscious temptations against faith are experienced (although, in fact, they often are in such a case). This kind of tie-up is likely to be recognized quite early at the Home, and the whole concept of God's fatherhood, and of his providence, may gradually be rescued from that old emotional tangle.

But a more recent, and perhaps more conscious, feeling which may also haunt a Religious is that God has failed her by permitting her breakdown, when she had dedicated her life to his service. And this may be relieved, in the course of the treatment, by a growing recognition (encouraged, but not hammered-in) that one's own will can fall short of God's will; and that if one's chosen sacrifice has seemed rejected, it may be because a greater one is asked.

And this could be so in a case which might be misjudged as a failure, in contrast to those many good returns to convent life which are made from the Home. For *this* Sister can't recover the degree of health of mind and body which her own return would need. With her heart still in her chosen life, she may be faced with a future outside of it, in which steady work and even full religious practices are likely to be beyond her powers. She is, in short, called on for a more complete oblation of herself than she had ever visualized, and will gain through it an inner peace which no future trials can spoil, however badly they ruffle the surface of her life.

But small wonder if the onlooker pities this Religious for her sufferings, seemingly so ill rewarded. Perhaps, to see the picture differently, he needs to recall that passage in Dame Julian's *Revelations*, in which God shows his intentions for another broken life, when a faithful,

wounded servant had appeared forsaken by him: 'Falleth it not to me to give him a better gift than his own wholeness would have been?'

But in every case, even if a return to the convent is extremely likely, there is need for that whole attitude towards the illness which is so strongly present in the Home that it can almost be *felt* before anything is said about it. The illness itself is offered to God. A complete elimination of its pains and symptoms is worked for, prayed for, and may occur; but the final outcome is seen as in God's hands, and the sufferer's will united with his will, whatever it may be.

And, quite early, this approach will raise the patient's mind from purely personal preoccupations, which of course helps forward the treatment at every level. As I have said, it is as needful for the nun who *will* go back as for that other Sister (just considered) who will, in all probability, never be able to. And again, it is equally important for the girl who may come to realise that she never had a vocation, and who needs to find out what God wants of her instead.<sup>2</sup>

Among these last may be numbered some present auxiliaries in the Rest Home who, after a long period of training, have been judged fit for the work of helping patients there; whose own past experience gives them special understanding in their approach to sick Religious. They need, of course, to prove their qualifications fully before they can be accepted—in justice to everyone they can't become auxiliaries just because they broke down in convent life and must serve God elsewhere. But, all else being equal, the lessons of their own past history are invaluable for their present work; while their training at the Home gives them a wider, more informed approach to the whole problem of rehabilitation—but especially in the case of those who come for their healing from convents.

No one is more pleased than these auxiliaries to see a Sister go back, eventually, to her own community, with a new, well-founded hope; able to understand her former difficulties if they should ever recur, and well fitted to cope with them. Nobody is more thankful than these, and other workers at the Rest Home, for the high privilege of helping such a Sister towards the happy fulfilment of her religious vocation.

<sup>2</sup>Superiors are most co-operative in discussing such cases.