Case Study Mental Health: Anna

Anna is a woman, 62 years of age, who lives in an apartment of her own in the Netherlands. Over the last years, she has regularly been confined to a mental health institution because of serious depressions, suicidal inclinations, and manic episodes with psychotic spells. Anna hates being in the mental health institution. Every time again, she experiences staying in the institution as traumatic. The staff of the institution therefore do their utmost to keep her stay as short as possible. As soon as her situation is stable, she is allowed to go home where, with the help of ambulatory care, she tries to return to ‘normal life’ as well as possible. Whenever Anna is in the institution, the chaplain visits her weekly. From her choice of words, her speech, her intonation, and her fine sense of humor, it is clear that she is an educated lady. She feels that she does not fit in with the other patients and avoids contact with them. “You can see that I do not belong here, can't you?” she keeps exclaiming again and again to the chaplain.

When Anna is confined to the institution after throwing herself from a high wall, the chaplain comes to visit as usual. She is sitting on the bed, curtains closed, undressed, her hair unbrushed. The chaplain asks her how she is, and she answers without emotion, as if automatically: “It is not good at all; actually, it is horrible. Look at me. Locked up between psychiatric patients. I used to have everything: I was beautiful, I was musical, I had a sense of beauty and of religiosity. I had an extremely good memory; even the doctor was jealous of my memory. People turned their heads when I passed in the street. I had everything, and I have let it all drop. I did not live well. I made wrong choices. I want to die. I cannot cope with this life. This is not the way I am. This is not me.”. Every week again, she repeats this monotonous lament, also when the chaplain asks about the wrong choices or the meaning of not living well.

Then, finally, she is allowed to go home. She feels that everything will change for the better now, but very soon the despair and loneliness take hold of her again. At the request of Anna and the psychiatrist, the chaplain now visits her every week at her home. Again, she tells the chaplain that she does not want to live any more, that she has an intense desire for not having to go on, for peace. Finally, she requests for euthanasia. As she explains to the chaplain, her biggest fear now is that the request will be rejected and that she will have to return to the mental health institution again. After a long and intensive process, she is finally allowed euthanasia. But then, suddenly, when Anna hears that she is allowed to die, she starts to have strong doubts.

When the chaplain visits, she tells: “I do not understand it! All the time I longed to die. I longed for peace and for liberation. And now, now that I am allowed to die, I am not sure any more. All the time I think: if only I could start all over. If only I were still young, beautiful, talented. I would do everything differently. I have so many regrets... Wat do I have to do? Help me! I am getting crazy! My life is unbearable, and now even the prospect of dying does not offer consolation. I cannot choose life, but I also cannot choose death. I am trapped, totally trapped, and I have done that all by myself!”

Case translated from:
Chaplaincy in a secular age:
How to take care of ‘non-religious’ patients

Carmen Schuhmann & Annelieke Damen
June 23, 2019

Non-religious → unaffiliated

“...a move from a society where belief in God is unchallenged and, indeed, unproblematic, to one in which it is understood to be one option among others”


→ an increase in religious diversity
→ a blurring of boundaries between ‘the religious’ and ‘the non-religious’

‘non-religious’: does not do justice to diversity and blurring
→ we use the term ‘unaffiliated’
Metaphors of movement and orientation

Philosophers Charles Taylor and Iris Murdoch:

*We need metaphoric language in order to describe our existential situation*

*in particular metaphors of movement and orientation*

How to go on?
Where do I stand?
Where do I want to go?
How can I stay close to myself?
Path in life, pilgrimage, ...

Orienting in life → ‘visions/stories of the good’

In order to experience life as meaningful, we need orienting frameworks by which we can determine ‘where we stand’ and ‘where to go’

Orienting frameworks:
(culturally rooted) visions of a good life (a life worth living)

→ ‘stories of the good’

“... as I project my life forward [...] I project a future story, [...] a bent for my whole life to come”

(Taylor, Sources of the self, p. 48)
Loss of meaning: (severe) disorientation

Chaplains meet with people in **severely disorienting situations**, when ‘the good’ seems lost or out of reach

“I feel lost”
“I feel I am wandering in the dark”
“I do not know how to go on from here”

Three ‘ultimately disorienting experiences’:
- Incomprehensibility
- Evil
- Suffering

Geertz (1973), *The interpretation of cultures*

Representing the Good:
Stories of hope and consolation

In religious contexts
Chaplains represent (the possibility of connecting to) God, even in desperate situations

→ *Religious stories of hope and consolation*

In a secular age
Chaplains (also) (need to) represent *transcendent visions of the good - the Good* that are believable to unaffiliated patients, even in desperate situations

Murdoch (1970), *On God and Good*

What Good do chaplains - in particular unaffiliated chaplains - represent?
Writing exercise

What stories of hope and consolation of unaffiliated clients do you encounter in your practice?

What stories do you offer when traditional (religious) stories of hope and consolation do not resonate with the patient?

Sharing of stories

What stories of hope and consolation of unaffiliated clients do you encounter in your practice?

What stories do you offer when traditional (religious) stories of hope and consolation do not resonate with the patient?

What hope and consolation do you recognize in the stories of the unaffiliated clients?
What hope and consolation do you offer?
What Good do you represent?
How do you represent this Good when working with unaffiliated patients?
Introduction ‘Basic methodology for chaplaincy’

- ‘Basic methodology for chaplaincy’ model extended with orientation metaphor and visions of the Good/a good life

→ Meaning making as a response to ‘life itself’: I live and now? → orienting frameworks

→ Chaplains meet with people in severely disorienting situations, when ‘the good’ seems lost or out of reach

→ Chaplaincy care understood as support for life orientation

Approaching Celebrating

Deepening Connecting

Letting be
‘Basic methodology for chaplaincy’ II

1. Approaching:
   Stepping into the moral space/ orienting framework of the other; building a relationship

2. Deepening:
   Helping to identify and articulate **moral/existential/spiritual questions**
   Helping to identify and articulate (existing or possibly new) **directions towards answers** (credible visions of the Good/a good life)

3. Letting be:
   Being touched, facing **tragedy/fragility**

4. Connecting:
   Integrating credible visions of the Good/a good life

5. Celebrating:
   Marking, rituals

‘Basic methodology for chaplaincy’ III

<table>
<thead>
<tr>
<th>Approaching</th>
<th>Celebrating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stepping into the moral space of the other</td>
<td>Marking, rituals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deepening</th>
<th>Connecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping to identify and articulate moral/existential/spiritual questions and directions towards answers (credible visions of the Good/a good life)</td>
<td>Integrating credible visions of the Good/a good life</td>
</tr>
</tbody>
</table>

**Letting be**

Being touched, facing tragedy/fragility
Case-study exercise in small groups (20 minutes)

Practice with phase 2 and 3:

1. Form a group of three people
2. Think about a case-study with an unaffiliated client
3. Share one of the case-studies (if you don’t have one, we will provide a case-study)
4. Phase 2: Identify moral/existential/spiritual questions in the case-study. Which visions of the Good/a good life are at stake?
5. Phase 3: What does ‘letting be’ look like in this case-study (when you leave your stories of consolation and hope at the bathtub rim)?

Discussion

Share some experiences of working with this model.

What do you need to feel confident in working with unaffiliated clients?

How do you hope that chaplaincy develops in view of secularization?