THE "GRACE" FACTOR IN "MENTAL HEALTH" --------- ELLIOTT #2046

Today (2Apr86) 4 "mental-health providers" (who should rather call themselves, more accurately--as they don't claim to heal--"mental-help providers") spoke to our Cape Cod Community Council. The first 3 were competent-shallow, comfortable with their godlessness (by which I mean their absence of reference to the religious factor, which Jung said is the main factor in mental cases after age 35). They were men. The 4th was a woman of depth, her words resonant with both humane conviction & praxis. Pat Deegan (Box 142, Cummaquid, MA 02637) is Assistant Clinical Director for Continuing Care, Center for Individual and Family Services.

Why the 3:1 difference? Why was the woman more in touch both with the ultimate and with the human? Yes, possibly because she's a woman--but we all know you can't generalize by sex in either dimension. She's a devout Catholic with an excellent education in a Catholic university famous for philosophical and religious studies. Her work is a ministry of "grace," and she doesn't hesitate to use the word even in secular settings--though otherwise her language is rather moral (ethical terms) than pious (religious terms). (There's some of this depth in Wm. Hurt, who last week got the best-actor Oscar; 3 years of theological studies, though concluding "religion does not represent humanity anymore"--77NW7Apr86.) (NB: I'd never before met any of the 4 speakers.)

1. Pat's emphasis was on (1) the counseling atmosphere (formal and institutional, or warm and enabling?) and (2) the open mystery of why some resisters quit resisting and permit themselves to be guided into participating with the helping process--as she put it, "through some grace." The other speakers hardly alluded to these crucial factors in face-to-face work with the emotionally needy; instead, they sounded like the bureaucrats they are.

2. Pat's philosophical-theological training appeared, among other places, in the excess/defect pattern so prominent both in Aristotle (as hyper-/hypo-) and Thomas (as super-/sub-). See it in the clarity and functionality of her approach (to present which being the main motive for this thinksheet):

"A philosophy of recovery" calls for "a staff instilled with the spirit of recovery." A staff highly motivated toward recovery exudes a contagion of client motivation for recovery. Significant client involvement correlates with high helper involvement. Now for Pat's matrix:

1. Excess	(A) OPTIMISM	(B) FANTASY	(C) WILFULNESS
2. Ideal	(A) HOPE	(B) IMAGINATION	(C) WILLINGNESS
3. Defect	(A) DESPAIR	(B) BOREDOM	(C) WILLESSNESS

Guidance aims at the emergence of realistic 2A against both the immobility of 3A and the impossible expectations of 1A....at 2B, "projecting myself into the world in terms of who I can be," avoiding both fairyworld fantasies (1B) and the doldrums of mental deadness (3B)....at 2C (the will to try, to take a chance, to risk in spite of fear and even certainty of failure; cultivating the sense of being called and able to act), over against 1C and 3 C....Use the recovered as role-models, working with counselors and clients.