

THE SPIRITUAL WORKS OF MERCY: THE DIFFICULT CASES

By HUGH KAY

THE CHURCH's role, both as a community and as a movement meant to leaven human society at large, has to be expressed not only by the personal contribution of her individual members but also by the community as such, coherent and identifiable. The Catholic parish should be a natural point of radiation for the works of mercy, corporal and spiritual alike. The care of the socially inadequate or handicapped is not to be solely the concern of professional 'servants' (like nuns) nor of a few lay stalwarts winning admiration for their work on the parish periphery, or as an elite doing a job from which the parish as a whole is excluded.

The object of my concern is the large number of souls, running into many thousands, for whom ordinary living presents abnormal problems and pain. The more dramatic examples are the drug addicts, the alcoholics, the committed vagrants, the sexually deviant. Some are ex-prisoners or perhaps convalescent after leaving mental hospitals. Others are simply socially inept or even just lonely – with the sort of loneliness that becomes a panic-ridden obsession. Many are weak-minded without qualifying for compulsory full-time attention in an institution. All these categories, moreover, frequently overlap; and one frequently meets a man who needs 'treatment' on three levels at once: the psychiatric, the spiritual and the personal. His problems may demand regular sessions with a psychiatrist. If he has a religious sense, they will usually be interwoven with problems less disturbed people take to a confessor or spiritual director. The work of priest and psychiatrist alike will often be largely wasted unless the penitent-patient has a social background to keep him encouraged, and to convince him that his efforts are worth while; to help him adapt himself to normal living and to build up sound and enduring personal relationships. Treatment by way of incubation in institutions may sometimes be indispensable, but, where there

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is any hope of real success at all, it should lead sooner or later into a further stage: the *guided* return of the traveller into society's mainstream. As for personal relationships, a basic ineptitude in forming them lies at the root of many ruined lives, and nothing but guided practice in as normal an environment as possible can help the inept to find their sea legs.

It is surprising how often people expect the disturbed personality to find his social feet entirely on his own for most of the time. It seems to be assumed that doctor, priest or welfare officer can, during regular sessions, work some kind of change in a man which will automatically grip his mind, his feelings and his choices during the rest of the week or month. Yet, if the expert is trying to fit him for a proper place in society, how can he apply outside what he learns in consulting rooms when society itself rejects him? But the essential point is, of course, that the real work has to be done by the man himself, aided by an *inter-related* activity by therapists, spiritual advisers and friends. It is for this reason that one would like to see centres of treatment related to one or other form of the Church in community.

It would be as well to say at once that maintaining friendships with disturbed or socially inept men and women is in some respects the hardest of all the tasks involved. Some would-be amateur social workers approach these matters with a good deal of confidence in their own powers of discernment and influence, convinced that life is like one of those old Horlicks advertisements where a little straight talking and the right beverage together transform the failure into a success in a matter of weeks or months. The truth is that, first, the befriender must not see it as part of his role to supply 'treatment'. In this field he can only do damage. He lacks the knowledge and training, let alone the indefinable instinct which is what really tells in the long run. Secondly, any good he does will not derive from doing anything, but simply from being what he is and making himself available, perhaps, simply as a patient listener, for many long and tedious hours. If he is not prepared to face this, he is almost certainly taking up 'do-gooding' to solve his own problems rather than those of the people he purports to aid; the result can only be carnage. Nor must his friendship be selective. The damaged personality will require attention at all, especially the most inconvenient, times. If he feels he is being excluded from the house and table because 'ordinary' friends are coming to a dinner party, his last state will be very much worse than his first. He will rarely be interesting or attractive: the image of the intriguing 'mixed-up kid' has no place in these

matters. Friendship becomes a matter, not only of putting up for hours with tedium, perhaps disgust, revolting social habits and the 'smell' of corruption or sickness, but actually of learning to love the unlovely and unlovable. There are cases which will need some kind of human scaffolding for years and years, perhaps for life; cases where the only tangible consolation will be the last act of contrition. Others will respond more quickly, but rarely without endless series of setbacks, disappointments, lies, broken promises, failures and new attempts. If ever 'seventy times seven' meant something, it means it in this context.

There are innumerable kinds of people needing help, and there is no space to attempt to traverse them all. Let me, for the purpose of this introduction, confine myself to the category I know best, namely the ex-offender, in the hope that some of the principles established will have some relevance for others.

It has been said that for lonely people the weekly moment of truth in urban areas comes at four o'clock on Saturday afternoons when, captives in tawdry bed-sitters, they become conscious that the world outside is going out to play. There is the sense of high expectancy one associated with Saturday afternoon shopping, kippers or bacon grilling for high tea, unwrapping the new shirt, making the last phone call fixing a place to meet, and the date with the girl at seven. These are the hints of other people's hopes. They build up in the lonely spectator's mind to the point of obsessive panic. If he is a young ex-offender, the chances are that he is little more than literate and lacks interior resources. He lacks, too, the money and confidence needed to make friends through the normal channels. Dressed up to the nines, he has nowhere to go. The sight of his own depressing room, little more than a rat trap, is too much for him. He breaks open the gas meters on every floor of the house, buys friendship in a fun fair for an hour or two, and finishes the evening by giving himself up in a police station.

A recent typical case was that of a youngster institutionalized from the cradle to his twentieth birthday in orphanages, schools for juvenile offenders, and hospitals. Having been trained – to be a vegetable – he was at last let loose to stand on his own feet and start making his own decisions. There were three complications: frequent migraine, occasional epileptic-type fits, and enuresis. His isolation was such that, when anyone was kind to him, the compulsion to buy them presents in return usually led to stealing and a return to prison. It was he who told me that, in his view, most crime in cities is con-

ceived late on Saturday afternoons; and it is not without significance that one London after-care service, conscious of this truth, now keeps its doors open on Saturdays until quite late in the evening.

The case in question (call him Arthur) was full of good will and utterly lacking in staying power. Find him a job and all was stardust for three days. Then came the reaction, the overwhelming sense of claustrophobia and pointlessness, the wandering off into the street again, the terror of having to go 'home' to emptiness at night. When I was available to him, a phone call at midnight or six in the morning would ask me whether I thought he ought to change his hair style, or go to see Mr. So-and-So at the welfare office, or start evening classes. The unambiguous anglo-saxon comments that sprang to my lips had to be suppressed: it would have been a sort of murder to slap him down, the prelude maybe to an epileptic fit.

Now there are two ways of dealing with this soft of thing. One is to find a parish, if you can, where the priest is prepared to receive the Arthurs of this world for long conversations (nothing less than an hour will do) possibly late at night and on the spur of the moment; where a family in the parish will take the young man in as one of themselves and get down to the business of loving him as they do each other; and where the local doctor or a psychiatric social worker will see it as part of their parish life to lend their skills in conjunction with the priest to the adaptation of Arthur to normality. This is to ask a good deal. The solution in that case actually came from an ex-prostitute, turned publican's wife and devout Anglican, who, with her husband's full accord, took Arthur in and told him to wet his bed to his heart's content: they couldn't care less! Subsequent history was knotted with snags and setbacks, but that initial act of generosity undoubtedly has some bearing on the fact that Arthur today is holding down a job, keeping a wife and child, and complaining rarely of his headaches. The enuresis faded with Arthur's growing sense that the husband and wife really, astonishingly, wanted to get things right for *his* sake; that they really had somehow fallen in love with him and were not merely performing what they felt to be an obligation in charity.

Such things can and do happen. The missionary parishes in the suburbs of Paris would probably produce examples. Many individual instances conceal themselves in many a humble street in London and New York. But where is the Church as such? Why do these outstanding situations have to be abnormal? Why is the life of parish not geared to making this kind of samaritanism a commonplace in-

stinct, where family conditions allow? It is more in evidence in non-catholic and non-christian circles, perhaps because non-catholics cannot hide behind sophisticated theology. For the catholic, there is always prayer and the concept of grace. The responsibility can so easily be passed to the holy Spirit, and uneasiness damped down by investing the sacraments with therapeutic qualities. A Reverend Mother of a school for delinquent girls, asked why her pupils all seemed to graduate to prison, replied that she had no idea: while at school, she said, they were all made to go to the sacraments weekly!

It may be a long time before catholic parishes at large acquire the traditions of the belgian town of Geel, where most households open their doors to a mental patient who needs a comparatively normal background while he is being treated. That tradition began with an alleged miracle. It certainly needed one.

The questions for parish priests are many and formidable. Should they give up hours and hours each week to attending to the desperate, neglecting those with greater promise? Should they turn the presbytery itself into a Norman House, to be the centre of parish life? Could teams of religious, men and women, be trained to act as ancillaries to parish priests over a wide area and take responsibility for the erring and handicapped? What training does the confessor and spiritual director need to fit him for these tasks? Perhaps the subtlest question of all relates to the issue of responsibility: whether to treat the socially handicapped person as one who bears a measure of responsibility for his own plight, or whether to inflict the ultimate degradation on him and admit to him that he cannot help what he does. Should it, indeed, be admitted at all, even where it is patently true? Unless there is a thrust towards the near-impossible, an ever dynamic sense of hope that rehabilitation can be achieved, the plight of the socially underprivileged can only be one of cushioned despair. There is no harder task than to discern the presence or absence of a capacity to choose, and there is no hope of authentic service in this field until society makes up its mind about what it means by 'responsibility'.

These, then, are a few thoughts to offer a basis for discussion. They touch on the outside edge of vast and multiple problems. But no one at least can remain content with a situation where the Church, instead of seeking, the aid of secular skills, abdicates entirely to a welfare state society, or to a voluntary institutional structure, the person-to-person loving without which the therapist can be as helpless as his patient.