

Church Movement Grows to Aid Handicapped

By Edythe Westenkaver
Religious News Service

America's churches are increasingly involved in helping disabled men and women help themselves and each other to overcome the stigma of being "different" and affirm their own self-worth.

"The churches are the primary resource for the growing movement of self-help groups," says Dr. Seymour R. Kaplan, a New York psychiatrist who has worked extensively with these groups.

In recent years church groups, which have turned over to government much of their one-time work of caring for the handicapped in institutions, have increasingly prodded the public's conscience to obtain all the basic human rights for those coping with chronic disease or disability.

Those close to these people often say, however, that the work of the churches can be even more valuable in helping them to overcome the passivity and negative self-image that hampers their efforts to fight their own battles.

As John Keck, a Catholic layman who is the co-founder and director of the Handicapped Encounter Christ retreats, observes his movement is only secondarily concerned with financial aid, architecture barriers and legal rights.

"Being accepted, respected and considered a whole person, being challenged to grow to one's full potential — this is where we must start," Keck says.

Too often, clergy and congregations feed the handicapped a sugary piety of "suffering" or else shunt them into special groups apart from the general activities, Keck told religious educators in Charleston, W. Va., at a weekend workshop he gave there recently.

The emphasis on healing in many church programs — sending people on pilgrimages or praying over them — reinforces the idea that to be disabled is to be less than fully human.

"If one can be 'cured,' he can be whole," Keck declared. "This perpetrates the values held by our society which does not like people to be different."

Keck, a speech therapist in the Westchester County, N.Y., public schools, developed his philosophy partially from working with the disabled since his teen years but mostly after he suffered a spinal injury at a school where he taught 11 years ago.

In two years in a wheelchair, he found his whole personality changed unexpectedly. "People treated me differently, I responded differently and I began to see myself as less of a human being," he said.

In 1974 he founded HEC with Sister Nancy Mehlum, a specialist with brain-injured children, whom he met at Teens Encounter Christ retreats. In six years the handicapped program has spread to nine cities and more than 80 have been held.

Started as a Catholic grassroots movement — for people of all religions or none — HEC has gradually gained official notice from the Catholic Church. The department of education of the U.S. Catholic Conference has just released a 65-page booklet, written by Keck, and proposes HEC as a model for adoption throughout the country.

Basically, HEC is a three and a half day program that gives those whose condition prevents their going to a standard retreat house a similar experience. A team of volunteers gives needed physical care on a one-to-one basis.

HEC makes a distinction between being disabled — lacking dexterity to function at a particular task — and being handicapped — inability to deal with or adjust to a disability or other problems. The program stresses that all human beings are handicapped in some fashion.

Thus, retreatants and team members share as equals in small group discussions on human feelings, being handicapped, and confronting change and challenge. The pivotal session is entitled "from selfishness to servanthood."

The dynamics of small group interaction, which first became apparent with Alcoholics Anonymous, are virtually identical with those inherent in the small faith-sharing communities that have burgeoned in many churches.

The expression "self-help groups" is actually a contradiction in terms because it is by seeking to help each other that strength and healing comes. "Share-and-support groups" is another description.

Father Donald Conroy, head of the USCC's family life department, says in his foreword to the HEC booklet that this is "like-to-like ministry where people with similar experience and inclination help others."

More than half of the self-help groups in this country have some kind of sponsorship by churches and synagogues according to Dr. Kaplan, who is head of the department of psychiatry at Yeshiva University's Albert Einstein College of Medicine.

After working extensively with groups for the mentally ill, Dr. Kaplan helped set up a similar program of groups for patients at Einstein's Multiple Sclerosis Comprehensive Care Center. He also has been involved with programs for arthritis and diabetics.

Such self-help groups are answering a need for psychological adaptation by the chronically ill to their conditions, a need not being met by existing professional health care systems. He

points out that America's medical system is increasingly organized around the short-term treatment of a large number of acutely ill medical and surgical patients, whose numbers are growing smaller with development of new cures and preventative treatments.

In recent years, there has been a radical shift to a preponderance of patients with chronic conditions which have no known cure but permit them to maintain a modified lifestyle, Dr. Kaplan explains. These people become discouraged and demoralized — their passivity intensified — as they are shunted from department to department in the highly specialized medical complexes.

Writer Norman Cousins shares this assessment in his best-selling book, "Anatomy of An Illness." "Time is the one thing that patients need most from their doctors," Cousins asserts; time to be heard and to have explained the often frightening battery of tests and terminology that have become standard.

"Yet," adds Cousins, "the one thing that too many doctors find most difficult to command or manage is time."

Cousins, a major figure in American letters for 30 years as editor of the Saturday Review, says that during a serious 1964 illness, subject of his book's title, he noticed that patients would discuss among themselves the fears and confusion they would never discuss with their doctors.

His key thesis is a conviction that every person must accept a certain measure of responsibility in his or her fight against disease or disability. One vital ingredient is the patient's belief that he can recover, which the editor calls "a placebo" after the Latin term for a doctor's prescription that contains no drugs but often does produce healing.

The importance of personal conviction is stressed by another writer, Miriam Ottenberg, in her book, "The Pursuit of Hope." Ottenberg is a former Washington Star reporter who had an initial attack of multiple sclerosis in 1960, a week after winning the Pulitzer Prize for a rackets investigation series. Later, after retirement, she turned her investigative talents onto her disease.

In her chapter, "God's Help, Self-Help and Helping Others," she observes that "a working faith, a determination to survive on one's own terms and an encompassing desire to help others" are three ingredients that can heal when no medicine can.

"Scores of women and men I have met turn their backs on instant cures or the persuasions of itinerant faith healers," she reports. "They expect no miracles but do believe that the Lord helps those who help themselves — and others."

"For those who believe or come to believe in prayer, a form of spiritual healing follows. Expecting no cure, they find the next best thing — a life of acceptance and activity."

Dr. Harold H. Wilke, a United Church of Christ minister, emphasizes the need for acceptance of disabled people as regular participants in worship and other activities in his book, "Creating the Caring Congregation," to be published shortly.

Dr. Wilke, who was born without hands, is director of the Healing Community, an ecumenical action research program to aid the handicapped. He is based in White Plains, N.Y., but spends much of his time crisscrossing the country to raise the consciousness of Protestant and Catholic groups.

Disabled people are especially sensitive to the "vibes" they pick up from other people; these, if negative, can reinforce almost beyond-repair a personal conviction that "God may be all good and all wise but with me he made a mistake." Gentle patronization can be almost as devastating as outright exclusion in such a setting.

Both Dr. Wilke and Keck, among others, stress the need for recognizing the variety of the problems caused by the great diversity of handicapping conditions, for example, whether the

disability is visible or not, whether it is acquired at birth or at a later date, whether it impedes normal employment and marriage.

Undergirding them all, however, is the need to become convinced that a meaningful lifestyle can be attained.

Cousins, in his "Anatomy of Illness," tells of going to Africa to visit the late Albert Schweitzer, the famed Protestant theologian, physician and humanitarian, at his jungle hospital. Dr. Schweitzer took the editor to see one of his "colleagues," the local witch doctor.

When the visitor wondered aloud who could be helped by such weird prayers and incantations, his host explained:

"The witch doctor succeeds for the same reason all the rest of us succeed. Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to go to work."



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