

Workshop 4

TRAUMA

Christ's comfort in deep suffering

Conversations with someone persuaded by diagnostic labels

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Introduction

- Rarely 'the issue'
- Critical psychiatry
- 'De-construction' not the first thing to do

Life Example

Mary is a 42 year old woman who has been struggling with anxiety for many years. She constantly feels stressed, and is struggling to cope with the demands of home and children alongside her part time office job. She knows that, faced with a series of tasks at work, she often procrastinates. And this seems to be worse the more stress she is under. Even when she does finally get to a task she is easily distracted and often leaves it incomplete. Sometimes she just forgets to get stuff done altogether.

Life Example

Life feels disjointed and demanding and her sense of dissatisfaction is putting strain on her marriage. It's also affecting involvement with church – Mary has pulled out of her role helping with a children's group because she's been finding it all too much for her. And her attendance at a women's study group has also become spasmodic.

Life Example

You've been meeting with Mary for a few months to try and explore these things with her. In advance of your next meeting, Mary writes to let you know that she has recently visited a private clinic and been given a diagnosis of ADHD. She hadn't mentioned it previously, but it turns out that she had been waiting more than 2 years for an NHS assessment and finally decided she needed to go privately.

Life Example

In her email Mary expresses great relief at the diagnosis because *‘it finally explains so many of the problems I have been having. I thought it was all my fault, but now as I read about ADHD online, and especially about what it means to be neurodivergent, I can see that I just have different ways of dealing with things.’*

Discussion #1

- What aims will you have in your next conversation with Mary?

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- What aims will you have in your next conversation with Mary?
- If you wanted to help Mary connect this diagnosis with her faith in Christ, what questions could you

Some aims

- Listen and understand
- Identify positive contributions
- Talk past labels to experiences

Initial questions about faith

- Is she thinking of ADHD as part of the many variations in God's creation, so that she just accepts it?
- Is she thinking ADHD is getting in the way of God's plan for her life, so that she wants to change?
- What is she going to pray for?

Life Example (cont)

Soon after this meeting, Mary starts taking methylphenidate (Ritalin) which is a psychostimulant. She tells you that she is thrilled with the changes she is noticing since starting this treatment. She feels calmer, more engaged with people and less prone to irritability and anxiety. Family life has also improved – she is clashing less with her husband and son.

Life Example (cont)

Mary sends you a link to a video (a TEDx video) and says this will explain why the medication is making a difference.

Video

Extract from
TEDx talk



Discussion #2

- What ambitions will you have for this conversation?
- Is there anything that you will aim to avoid?

Some things to avoid

- Not undermining medical input
- Not trying to instantly recast her thinking about neurotransmitters and lived experience

Some aims

- More listening and understanding
- Making connections between body and soul
- Drawing an 'embedded circles' diagram
- Creating a framework for further conversation

Life Example (cont)

Six months later Mary is less positive. She explains that ‘they struggled to find the right dose and so changed me to another drug’. This new drug is lisdexamfetamine (Elvanse), but Mary explains that ‘they still can’t find the right level of medication and I’m worried the improvements I have seen are beginning to fade away.’

Discussion #3

- How will you go about talking this through?

Some aims

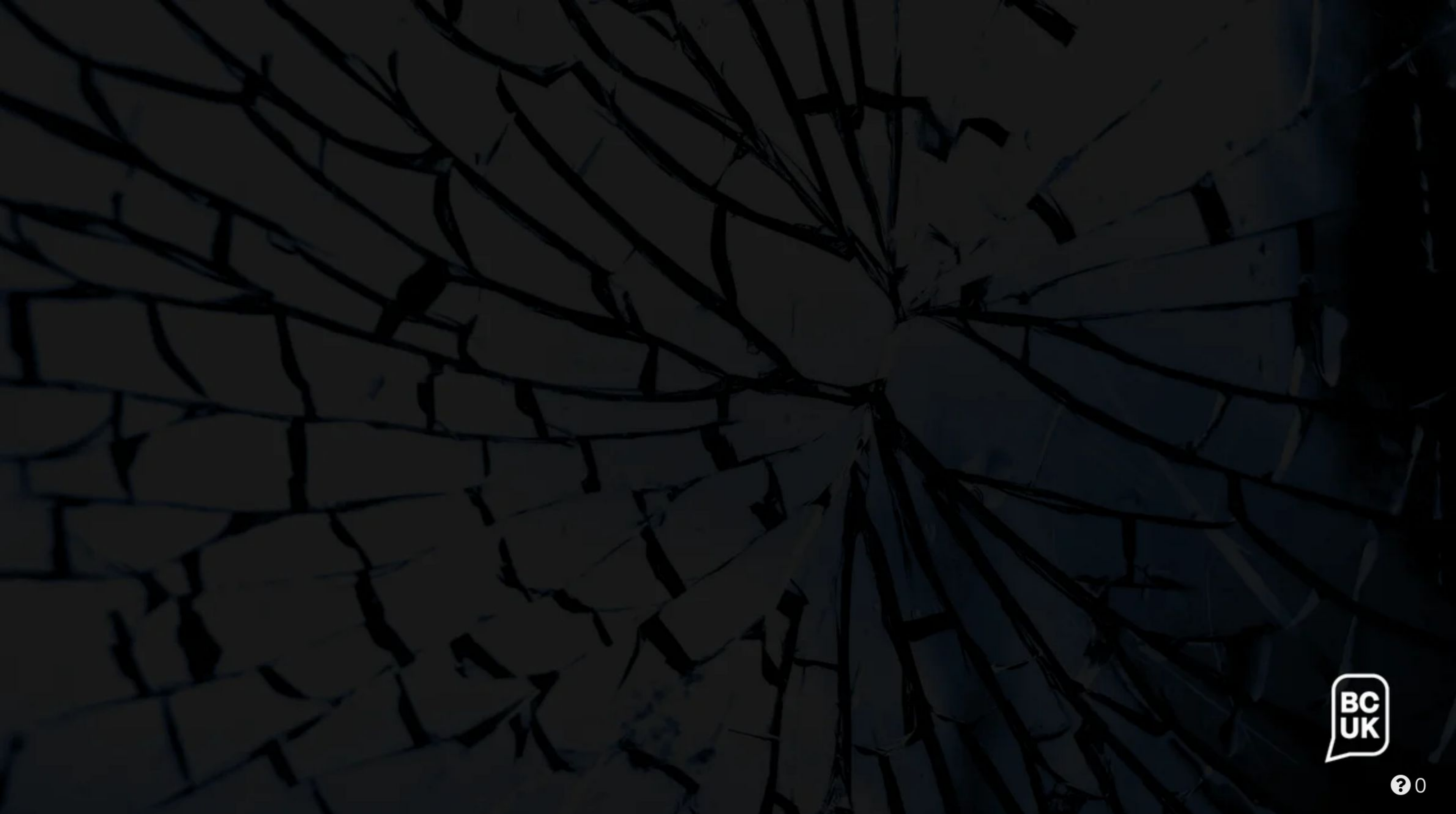
- An exploration of faith and trust
- Exploring ambitions - what does she want more: a removal of 'symptoms' or a growth in godliness? (Can you find a way to say this without sounding pious?!)

Some aims

- A more measured view of the role of medication in her life
- Recognising there will always be other growing to do
- Prayerful engagement with the need for growth in maturity regardless of the presence or absence of a biological basis for her struggle

Questions & comments





Q&A

Top questions

Pinned

Newest

Oldest

Answered

There are no unanswered questions.



