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***2014 National Philoptochos Biennial Convention
Philadelphia, PA***

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**MENTAL ILLNESS:
OUR COMMUNITY'S JOURNEY TO
UNDERSTANDING, COMPASSION AND HOPE**

**A PANEL DISCUSSION PRESENTED BY THE
DEPARTMENT OF SOCIAL WORK
2014 NATIONAL PHILOPTOCHOS BIENNIAL CONVENTION**

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PANELISTS:

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Licensed Psychologist and Clinical Social Worker
Supervisor, Family Services in Morristown, NJ
Private Practitioner in Psychoanalysis and Psychotherapy

CHRISTINA KALLAS, ESQ.

Practicing Attorney and Mediator
Former President, New York Women's Bar Association,
Member of its Advisory Council and on the Board of its Foundation.

REV. PROTOPRESBYTER NICHOLAS G. ANCTIL

Proistamenos, Holy Trinity Greek Orthodox Church, New Rochelle, NY;
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MODERATOR:

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*This summary was compiled and written by Paulette Geanacopoulos
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INTRODUCTION:

PAULETTE GEANACOPOULOS, LMSW

A panel discussion entitled *"Mental Illness: Our Community's Journey to Understanding, Compassion and Hope"* was presented at the 2014 National Philoptochos Biennial Convention in Philadelphia, PA.

Conceived of and moderated by Paulette Geanacopoulos, LMSW, the organization's Director of Social Work, the program offered eye-opening statistics and information about the prevalence of mental illness in society and our community, its impact on family members, cultural interpretations of demonic possession and exorcisms, and proposed actions that we, as a faith-based community, can take to ensure that we treat all of our brothers and sisters -- regardless how *"different"* we may consider them to be -- with love, kindness, and hope.

While one in four Americans suffers from mental illness, Geanacopoulos noted that nearly 40% of the cases that she addresses at the Philoptochos Department of Social Work comprise persons exhibiting symptoms of mental illness. Nevertheless, the cultural stigma causes a large percentage to deny their mental illness and refuse to seek or accept treatment. Geanacopoulos quoted a monograph recently published by Australia's Monash University: *"Ancient Greeks used the word 'stigma' to refer to a mark on the body of a person who should be avoided. Today, stigma refers to being different in some undesirable way. It is a sign of shame, disgrace or disapproval, of being shunned or rejected by others or even the entire community."* As a result, the fear of humiliation leads those with a mental illness and their family members to suffer in silence. Many say that the stigma they face is more painful, devastating and limiting than the illness itself.

Geanacopoulos framed the goal of this program as a first step towards enabling us to develop actions that will create in our Church what some towns and cities are calling, *"mental health stigma-free zones"* - places where all members of a community are regarded equally.

UNDERSTANDING MENTAL ILLNESS:

DEMETRIA DeLIA, Ph.D., LCSW, MA presented the segment on *"Understanding Mental Illness."* She is a Licensed Psychologist and Clinical Social Worker, a Supervisor at Family Services in Morristown, NJ and a private practitioner in psychoanalysis and psychotherapy.

Acknowledging that mental illness is a deeply complex issue that can be difficult to diagnose and even harder to treat, Dr. DeLia reported that it can be caused by a combination of factors including genes inherited from our ancestors, trauma, environmental or emotional experiences, and temperament.

She noted that recent research suggests that mental illness can begin in the womb if the pregnant mother is exposed to infections, toxic chemicals, stress levels, or natural disasters; however, because some fetuses and infants are better able to handle adverse experiences, not all traumatized children will develop mental illness.

Dr. DeLia observed that because some people translate emotional conflicts into physical symptoms, they deny psychological stressors and visit medical doctors in hope of a cure. Even symptoms of the severest disorders, such as schizophrenia, bipolar disorder, and major depression, are overlooked. She gave examples of the paranoid schizophrenic patient who withdraws from society being described as shy or introverted, and the depressed patient who is unable to get out of bed being accused of laziness.

Although a family's concern with appearances may cause them to suffer in silence, she urged families to look for early warning signs such as children who start fires or are cruel to animals. *"Early intervention is the best way to help recover from mental illness,"* she said.

Dr. DeLia discussed the relationship between mental illness and substance abuse, emphasizing that a pattern of avoiding the problem can lead to self-medicating with illegal drugs or illicitly obtained prescription drugs. She noted that such a response complicates the issue, as it adds a secondary diagnosis of substance abuse to the person's illness. Additionally, patients with minor emotional problems who may not be aware of potential risks often have psychotic breakdowns after using even milder drugs such as marijuana.

Dr. DeLia stated that medication compliance is often difficult, stressing that many patients stop taking prescribed drugs because of unpleasant side effects, while others stop when they begin to feel better, thinking they are "well". Because mentally ill persons are protected by law even if they have a history of self-destructive or violent behavior, they cannot be forced to take medication even when we know that their disordered thinking is causing them to refuse the drugs. She cited the example of the patient who refuses to take drugs to help alleviate compulsive hand washing using the excuse that the drug will make them forget to wash their hands; thus, they will be poisoned by germs.

Violent behaviors, including suicide, are highly correlated with abandonment by loved ones or lack of support. Dr. DeLia stated that Adam Lanza, who killed his mother and 26 others at Sandy Hook Elementary School, was abandoned by his father and brother. When his mother left him alone for the weekend, he snapped. While Dr. DeLia said we cannot know exactly what he was thinking or feeling when he acted out this horrendous spree, she noted that perhaps he thought his mother was never coming back either. His case is one of hundreds of documented histories with similar antecedents.

Dr. DeLia examined the issue of abandonment in infancy. She said that it is often an overlooked, serious risk factor for violence later in life. Separation from mother, incubators, a mother's illness, or a child's hospitalization which results in separation from the family often are experienced as abandonment by the child. An important fact is that babies experience emotions that have lasting effects, a characteristic that goes against the commonly held belief that babies do not remember what happens to them. She related the issue of abandonment to adopted children who spent the first months of life neglected in orphanages often overwhelming loving parents who cannot understand why their adopted child, who has been so loved and nurtured, can become violent.

The abandonment of new mothers is another factor that increases stressors in infants. We are horrified when we read of postpartum psychosis -- a psychotic disorder that results in infanticide. Postpartum depression is very common and is caused by the new mother's exhaustion, hormones, and adjustment to her new family. She pointed out the tradition in Greek culture of protecting the newborn and mother with a 40-day period of confinement. During this time, older women in the family take turns to care for the new mother with food, advice, and household help. This wonderful custom ends with the new mother and baby being blessed in Church where she is welcomed into society again. Unfortunately, as we become rooted in American society, Greeks tend to spread out, away from family, often leading to the loss of the 'protection' provided by living close to relatives. Dr. DeLia closed her presentation by stating that family stability can be a protective factor in our work towards helping those who suffer from mental illness.

IMPACT OF MENTAL ILLNESS ON THE FAMILY:

CHRISTINA KALLAS, ESQ. provided personal insight into "*The Impact of Mental Illness on the Family*". She has a private practice as an attorney and mediator, and is a former president of the New York Women's Bar Association. She continues to serve on its Advisory Council and on the Board of its Foundation. Over ten years ago, Ms. Kallas and her husband, Xenophon Theofall, became support group facilitators for the *Family Connections Program of the National Educational Alliance for Borderline Personality Disorder* (NEA BPD) after their daughter was diagnosed with the disease.

Ms. Kallas spoke of parental feelings of overwhelming responsibility, exhaustion, frustration, anger, hurt, stress, chaotic family life, loyalty, loneliness, and tremendous concerns about what will happen to the child when the parents no longer can care for him or her. She spoke of guilt -- whether because of genetics or not knowing whether the mental illness stems from something the parent(s) did or did not do. She cautioned how some family members become enablers while others blame themselves or their spouse or their in-laws for their child's condition. As it is in the best interest of the child, she emphasized the need for both parents to be consistent and "in synch" regarding how to deal with their child.

She spoke of 'casseroles' v 'criticism' - pointing out that there is a clear distinction in our community's responses: families of those with a physical illness are likely to be supported and visited, while those whose children or other family members suffer from mental illness often encounter criticism and rejection.

One of her great points of emphasis was that a family's denial of mental illness is a grave mistake. Early acknowledgement that a family member is exhibiting symptoms of mental illness should be regarded as a loud call to seek professional evaluation and consultation, not only so that parents can seek help for their child but also for themselves. One such way parents can do so is through a family support group.

Referring to her experiences first as a participant in the NEA-BPD Family Connections program and subsequently as a facilitator, she said that family support groups help relatives understand, cope, and deal with their child's mental illness in a safe environment comprising others encountering similar issues. These groups are places to obtain accurate information about their relative's condition; they allow family members to speak about their feelings in a non-judgmental, non-critical setting, and are a resource for brainstorming about what has and hasn't worked among the other families in the group, e.g. what others have done when the child refuses to go to school, or comes home at 4:00 am and wants the parent to pay for her cab ride, or is involved in the justice system, whether jail, bankruptcy, or other lawsuits.

She noted that support groups help relatives evaluate and access appropriate resources including therapists, treatment programs, services, and public benefits. They help relatives improve their ability to communicate skillfully with mental health and medical professionals, with educators, and with extended family members who may or may not understand what the parents are experiencing.

Ms. Kallas urged the audience to focus on the person rather than the disease. She offered a touching and profound closing to her presentation:

"You may never know why your child is ill. You may feel guilt or intense grief, but you need to hunker down and get help. And you need to understand that there is no ritual in life that allows you to publicly mourn your lost dreams for your child".

SUPPORTING THE JOURNEY THROUGH FAITH & HOPE:

REV. PROTOPRESBYTER NICHOLAS G. ANCTIL, Proistamenos at Holy Trinity Greek Orthodox Church in New Rochelle, NY and President of the Archdiocesan Presbyters Council closed the formal portion of the program.

Fr. Anctil noted that in the past, much of our religious instruction came from our mothers and grandmothers who taught us what they had learned about illness -- both mental or physical -- from a perspective that somehow laid blame for the illnesses on the sins of the person; that perhaps even God Himself was imposing some kind of punishment as was done to Adam and Eve in the Garden as a result of their disobedience. Today, though, as most of our religious instruction is taught by our clergy and Church Schools, our perspective is that *God is love; God brings healing; God brings restitution -- not sickness, death and disease.* He stated that we often use the phrase "**the Church is a hospital**" -- a place of healing, a place for people to come and be restored and strengthened in their struggle to be God's people.

He indicated that the charge and Great Commission of our Lord to His disciples, and subsequently to us, was to go into the world and *“Baptize all nations in the name of the Father and the Son and the Holy Spirit, teach His commandments, and receive the promise that God will be with us to the close of the ages. Amen.”*

Following the calling of the twelve disciples, he said that Christ gave them *power* against unclean spirits, to cast them out, to heal the sick, cleanse the lepers, raise the dead, and even cast out devils.

In the days of Christ, Fr. Anctil said that we saw a correlation between sin and physical illness. He noted that among the 40 or so miracles that Christ performed in the New Testament, we hear from the Gospel of John in Chapter 9, *“and the disciples asked Jesus, saying, ‘Master, who did sin, this man, or his parents, that he was born blind?’ Jesus answered, ‘neither has this man sinned, nor his parents; but that the works of God be made manifest in him!’ ”* It is a case where Jesus is exercising not only His power to heal people with physical illnesses, but to reveal it through healing to show His true power as the Son of God.

Fr. Anctil said that several incidents in the New Testament showed recognition by Jesus Himself that demonic spirits existed. He noted the powerful miracle of Christ’s supremacy over demons through the healing of the Gerasene demoniac. In Matthew, Chapter 8 (Mark 5 and Luke 8) we hear; *“a man full of demons, who lived among the tombs met Him. He bowed before Jesus and shouted, ‘What have You to do with me, Jesus, Son of the Most High God? I adjure You by God, do not torment me.’ Jesus asked the demon what was his name. The demon answered, ‘My name is Legion for we are many.’ He begged Jesus not to send them back to the abyss, but into a herd of swine that was nearby. Jesus told the demons to leave the man and gave them permission to enter the swine. The unclean spirits came out and entered the swine, and the herd, numbering about 2000, rushed down the steep bank into the sea, and were drowned in the sea!”*

Remarking on the profound nature of this message, Fr. Anctil stated that Christ speaks with the demon inside this man. The demon acknowledges Christ as the Son of God. And finally, Christ has the power to rid this man of the demon or demons! A most powerful miracle of healing by Jesus!

In keeping with this train of thought, even well before the time of Christ, Greek physicians treated people for mental illness. The Church Fathers routinely refer to medical treatment of those with mental illness (*then called “insane”*) with no hint of disapproval. In one case, (*then called “lunacy”*) however, they insist that the cause is not physical, but demonic. Instances like these confirm that the Fathers of our Church generally believed that mental illness was distinct from demonic possession.

Fr. Anctil then asked the audience, *“So, where does this leave us?”* If we truly believe that the Church is a hospital, we must believe that we are body and soul, physical and mental beings. We believe in God yet we are tempted by the devil in our day-to-day struggle to live Godly lives. The Church acknowledges all that is inside of us, mentally, physically, and emotionally. God knows us, even the hairs on our heads are all numbered.

He noted that the Church deals with each of these human conditions with distinct remedies. On the topic of mental illness, he said that the role of the church is to dismiss the myth that this kind of illness is God’s vindictive revenge due to sin. He cautioned that we should not consider mental illness as a condition that can be cured by exorcism as was depicted in the movie, *THE EXORCIST*. Rather, he pointed out that our prayers of exorcism are those heard at our Baptism during the Catechesis. For those who are spiritually weak, it is the prayer of St. Kyprianos that is read over them.

Because we know that what is impossible with man is possible with God, Fr. Anctil stated that prayer especially needs to be administered according to the need. As such, our prayers should be for those suffering from the illness and for the strength and support of family and caregivers.

Fr. Anctil stated that our collective role should be one of acknowledgement, acceptance, prayer, compassion, and understanding. He said that our Church – and thus, each of us -- needs to be one that

shows love towards those with mental illness and to their family members who stand actively and quietly by their sides. The Church – and thus, each of us -- needs to assure families of those with mental illness that these afflictions should be treated exactly like physical illness and that secrecy only complicates our ability to offer assistance and support.

Fr. Anctil stated that because it is crucial, in this day and age, to support the caregivers of family members affected by mental illness, he proposed that Churches reach out to and partner with local therapists to ensure that their services are conducted with sensitivity to the characteristics unique to our community including our perspectives of religion, faith, and spirituality. He urged Philoptochos Chapters to sponsor and assist family support groups led by local mental health professionals to help families deal with their relatives' sensitive situations.

Regarding the role of our priests, he spoke of what is sometimes referred to as the *"theology of presence"* – that of just being there to offer one's presence and love. He affirmed that sometimes, a priest just needs to be present in the lives of those with mental illness and their families to offer prayer and support. He pointed out that these are crucial to a caregiver who oftentimes feels alone when dealing with day-to-day struggles.

He noted that although the Church offers prayers, Sacraments, and Holy Services to fortify and strengthen those with illness, we should not, in our spiritual innocence, believe that those things alone can be a cure! God has given us the knowledge and ability to diagnose and treat the many different forms of illnesses that affect us.

Concerning responses by our Church, Fr. Anctil said that he is gratified that many of our parishes are proactive in their duty to serve God's most precious -- parishes who put prayer into action by hosting special monthly liturgies on a Saturday or particular feast day for those afflicted with long-term illnesses, special needs, or disabilities. Stating that these services require added attention by the priest in the format of the liturgy, he referenced a parish near his own that calls this liturgy the *"Challenge Liturgy"* at which the church fills with families not regularly seen on a Sunday – families who come with their loved ones in wheelchairs and hospital beds; families who attend with loved ones with mental illness who cannot remain still or quiet during a regular Sunday liturgy.

Urging us to treat all of our brothers and sisters with love, kindness, and hope, regardless of their conditions, illnesses, differences, or challenges, Fr. Anctil closed his presentation with the following appeal: *"A beautiful synergy of God and persons working together will bring about the best situation of living a life of acceptance and understanding in dealing with God's most precious and final creation: human beings like you and me."*

CONCLUSION:

As the time allotted to this program only could provide an overview of the topic, detailed handouts were distributed to provide additional information and resources about mental illness, families, and Church responses. Copies of these handouts are available at www.Philoptochos.org/socialservices.

Q&A: Audience members were given index cards on which to write questions for the speakers. Given time constraints, most could not be responded to publicly at the forum; however, all were answered following the program. The panelists' responses are in the document, *"Q&A SUMMARY: PANELISTS' RESPONSES TO QUESTIONS SUBMITTED FOLLOWING THE PROGRAM."*