



Newsletter No. 37 May 2011

Helpline 0407 55 8819

Website www.caring4U.org.au

because we love each other as Jesus loves us. John 15v12

NSW Christadelphian Support Network



Dear brothers, sisters and friends in the Lord,

**James 5:16 encourages us to
“Confess your faults one to another and pray for one-another”.**

Such a practice originally designed to encourage self-examination and promote mutual support can actually take a lot of trust and courage to attempt. This applies to both the person confessing a fault or difficulty and the one to whom such confession is made.

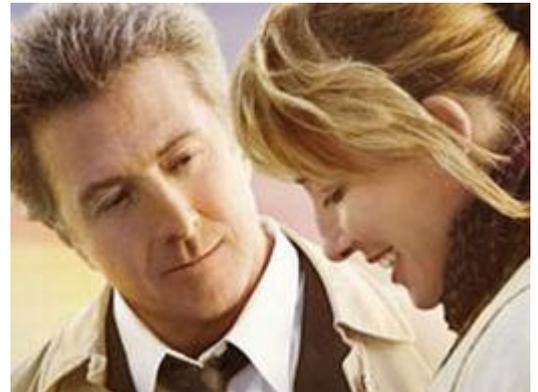
It also depends on what one is admitting to. Telling someone you went to a movie instead of visiting Aunt Maude – while it may cause you to feel guilty and disappoint Aunt Maude – is not quite the same as confessing that you struggle with the temptation to log on to unsavoury and explicit Internet sites or have feelings of same-sex attraction. Or that you battle a strong compulsion to cross-dress, or an addiction to crystal meth.

It should be noted here that we are making a distinction between the person who sincerely struggles with an addiction or behaviour that they know is against God’s will, as opposed to someone seeking support to normalise or justify their actions.

We know God is aware of everything we do and think. He knows our struggles and how sincere we are in trying to overcome them. But how safe would it be to confess them to a brother or sister?

Would they give you a hearing? Would they listen to you before condemning you outright? Would they insist you immediately give up all church responsibilities? Worse – would they tell the whole ecclesia? Would they listen, but avoid you from then on? The risks of confession are high.

And what if we are the one to whom confession is made? Do we recoil in shock? Moralise? Reject them? After all, Christ also tells us that if our brother (or sister) sins we should rebuke him/her (and forgive them if they repent). Luke 17:3. How do we deal with information that may be very much outside our own experience and/or level of expertise? Do we stand there with our mouth open, wondering what to say?



Conservative religious bodies don’t necessarily deal well with issues outside their conventionally constructed and accepted norms. Not only can we have trouble understanding perspectives removed from our own experience, but even when we desire to reach out, we can feel helpless as to what to do.

We may suggest referral to someone with more training. There is a risk, however, that mainstream services will not necessarily understand or sympathise with a Christian perspective. On the other hand, in a small community, those with adequate psychological or behavioural

qualifications are in short supply. They are often already inundated with requests for help and may not be available to advise everyone who needs it.

This doesn't mean we should stop trying to obtain appropriate help where it is warranted, but there might be some things we can do in the first instance to encourage and support the person ourselves.



Firstly we can recognise and appreciate the courage it may have taken for them to confide in us. We can listen without reeling back in horror. We don't have to condone or agree with what they are doing in order to try and understand the struggle they are going through. The fact that they are struggling is an indication that they are not happy with their actions and position before God. We can listen to what they have to say initially without judgement.

We can agree to be there for them if they want to talk, and to support them to access professional help if they wish to do so. We can keep in touch and show an interest in how they are dealing with their difficulty over time. And we can pray with them, and for them.

It may be useful to form small prayer groups who regularly meet to connect with one-another's lives and pray for one-another's problems. While this would require a high level of trust and confidentiality, over time, such a response may very well encourage us all to be more open. It could increase our understanding of some of the difficulties people are facing in their Christian walk. With God's help we could perhaps lessen individual isolation by combining forces to seek help in a spirit of mutual love and cooperation.

Susie Laudenbach

PASTORAL CARE COURSE



As a result of the February seminar,
14 people have become involved
and are now half-way through the course.
We are getting very positive feed-back from all the participants.

We will look at offering a further course
in the 2nd half of the year.

Contact Rosemary Pearce for further information.

Life after Marriage Breakdown



This is the most commonly requested subject we receive. Because it is such a sensitive subject we have always found it difficult to present.

Now we have a group of very courageous contributors who are prepared to help us understand the pain, the confusion and the guilt marriage breakdown can cause. Participants are from a number of perspectives: a partner in the marriage; a child of the marriage; a grandparent.

There will be a group discussion session in the latter part of the evening. The aim of the seminar is two-fold:

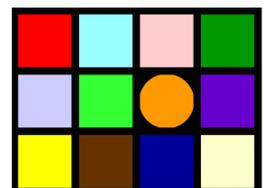
- to help us understand the pain of marriage breakdown
- to help us understand how we can better support and nourish the faith of those who are involved in marriage breakdown.

Sat. May 21st 2011
5pm – 7pm then dinner
SHAFTESBURY ROAD
HALL

**Dinner will be provided
at reasonable cost.**

***Please, Please, advise
if you are coming***

**Phone Tina Burgess
9635 0538**



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MANAGING YOUR PAIN



The following article is taken from *Managing Your Pain* (2006), Nicholas, Dr M., Molloy, Dr A., Tonkin, L. & Beeston, B. University of Sydney Pain Management Centre, ABC Books.

When Pain can be a Problem in Relationships

When you suffer chronic pain, anger, frustration and withdrawal may become a common feature of behaviour towards people, particularly those who love you. You may find you are unable to speak calmly or civilly at home or in social settings. If you say “no” to invitations or requests you may feel resentment of

others, or that you are letting them down if you are unable to keep commitments. They may feel rejected and unsure of you because of your behaviour and start avoiding you. Your relationships may fall apart.

Before you make plans to change your behaviour it helps to look at your goals. Write down some of the goals you may want to achieve in your relationships. Describe your goals as specifically as possible, for example: “I don’t want to shout at the kids so much” may be better phrased as, “I want to speak more calmly to the kids, especially when the pain is bad.” “I want to talk to my partner about our sex life” may be better phrased as, “I would like to tell my partner how much I care about him or her and talk about the best ways to have sex, now I can cope better with pain.”

At Work

You may no longer be working, or may be working reduced hours or on light duties. Your co-workers and/or your employer may be frustrated with your reduced productivity or absences from work. You may never be able to convince some people that you have chronic pain, but there are many others, including employers, who are responsive to hearing your side of the story and making allowances if they are given an idea of what it would involve and for how long. Working out ways of telling others about your pain and how you manage it could be worthwhile.

At Home

You may experience loss of self-esteem as you are no longer fulfilling your role as breadwinner or equal contributor. If your spouse or partner was not working, he or she may be forced to return to work to make up for your lost income. Equally, if already working, they may have to work longer hours. At the same time you may not be able to take up the slack around the house because of your chronic pain. The effect on you may be guilt, loss of confidence and self esteem, anger and frustration.

At the same time, the sexual side of your relationship may become more of a problem as both partners fear causing or increasing pain. They can start to avoid each other at bedtime.





Even when you do try there may be difficulties. Sometimes medications affect mood and libido, and of course, having to cope with chronic pain can leave you feeling as though you have little energy to engage in sex. Trying to explain these issues to your partner is often difficult and can be misunderstood as a form of rejection.

Pace yourselves in building tolerance to touching, stroking and intercourse. Don't expect too much, too soon. Develop romance – show that you care by giving compliments and making uninterrupted time for one-

another. Give flowers and have special dinners.

Try to include your partner when you are trying to problem-solve – don't expect them to read your mind. Solving a problem together can bring you closer.

Try not to talk about pain all the time. If in pain or having a flare-up, tell those who matter but don't dwell on it. Be prepared for difficulties you both may have adjusting to the new conditions and be prepared to discuss these.

Encourage your partner to allow you to try things again, even if it takes longer or it is not done as well as if they did them.

With Friends

Decreased socialising may occur because of financial constraints, physical inability to participate in social and recreational pursuits, unwillingness to commit due to pain. You may have lost interest in socialising, yet you might want to maintain your links with friends. Be direct in letting them know what you enjoy and what you are capable of, without putting responsibility on the other person to do something for you, or work out what you want.

Take the initiative – decide to do things that will bring you into contact with others. Encourage others to join you in fun activities rather than expecting others to “look after you”. Make and keep commitments even if you have to modify plans as you go along.

Children

You may have difficulty actively playing with your children. They may avoid you and deal with your spouse if they are uncertain of your mood and responses. They may become protective of you. They may fear hospitalisations and doctors “doing things” to you.

Older children may become angry at having to do your tasks and your seeming lack of involvement in their lives. The family may get used to doing things without you.

While problems may be caused by other people, it is possible that your responses and behaviours are also contributing to the difficulties you are having with them. That doesn't mean it is all your fault, but if you could change your approach in some way it might help the others involved to change as well.



Some of the behaviours people experiencing chronic pain may engage in are:

Withdrawing verbally – not talking or making conversation, ignoring others, not explaining what is happening, almost expecting them to read your mind. Instead of withdrawing verbally, try telling those you are with that your pain is troubling you and you don't mean to be rude, but you might be quieter than usual for a period. Still, you do want to hear about what is going on.

Withdrawing physically without explanation – leaving the room, going to the bedroom or shed, or "out". Instead of withdrawing without explanation, try explaining that pain is troubling you. Ask them to excuse you for a short period while you go and do your stretch or relaxation exercises.

Exhibiting pain behaviours – grimacing, groaning, complaining about your pain. Instead of exhibiting pain behaviours, try building them into more "non-pain" behaviours such as changing position, getting up or stretching. Instead of talking and complaining about your pain, try to avoid this as much as possible. You may agree in advance with those close to you that you will let them know when it is bad and you need help with something but apart from that you would prefer to be treated normally.

Loss of interest in others – not responding, lack of awareness of others and their concerns. Instead of losing interest in others, try to make an effort to listen to what they are talking about and ask them questions about themselves. You may even find it helps to get your attention off your pain.

Mood Changes – irritability, anger, frustration, despondency, sadness. Try challenging unhelpful thoughts e.g. "This is hopeless." "I can't go on." "The pain is unbearable." Which make you feel depressed and hopeless, by saying things like "I've had pain like this before and I have managed". "I'll work out a plan to get through the next little while." "I'll take a step at a time, cut back on the more vigorous activities and keep doing things I can manage." "The pain is quite bad but it has been like this before and I know it will settle sooner or later."

If you keep checking for unhelpful thoughts and challenging them, your moods will be under your control much more. With practice it gets easier, like learning to drive. It took lots of concentration and practice at first, but after awhile you could do it while talking or listening to the radio. Challenging and changing unhelpful thoughts is just the same. It can become a very useful habit. The key is to recognise the thoughts as soon as they appear – don't wait until you are really down in the dumps before you start to challenge them.

Provocative Statements e.g. "You don't know how bad this is". "If you had pain like this you would understand." "It's all right for you..."

Try checking such statements before you utter them, or apologising if they slip out. Put yourself in the position of the other person – how would you respond to such statements? If you really feel that others don't understand, try asking them about it. You might say something like; "When I say the pain is bad, I get the feeling that you want to withdraw from me. Is that how you see it?" This sort of question doesn't accuse the other person or make them feel guilty. Rather, you are simply stating how you feel or see things and you would like to discuss this with them.

The book's approach is interesting in that while it does not minimise the difficulties of living with chronic pain it focuses on ways of coping. It deals honestly with the difficult area of the way pain affects relationships, and promotes the idea of taking personal responsibility for managing one's pain in order to improve one's interactions.