We are all parts of each other,
We yearn to be folded into the fullness of life – together.
Life, together with the outcast;
The prisoner, the mad woman, the abandoned child;
Our wholeness is intertwined with their hurt.
Wholeness means healing the hurt,
Seeing and feeling the suffering of others,
Standing alongside them.
Bind the person back into the whole.
For without that one we do not have a whole.

From Desmond Tutu,
“Reflections on Wholeness: An African Call for Life”

Maria’s Story by Wendy Wasson, PhD
(Names and details have been altered to protect client confidentiality)

Over more than 30 years as a therapist with Cathedral Counseling Center, I’ve seen its amazing growth - from two small offices in the basement of the Diocesan Center to today. It’s exciting too to see how the agency’s energy and commitment has an expanding effect — not only in the work we do with clients, but ultimately in the energy they are then able to bring into their worlds - in the many relationships they have in their work, families, and communities. Continued on page 3.
Driving home late one night last summer, I heard a re-broadcast of this 1959 interview on WFMT. Ciardi was impassioned and opinionated, stating that expository or “textbook writing” is prose that conveys facts, while poetry and other literature use language to take us into another’s subjective experience and feelings. In that interview, Ciardi made an eloquent case for the importance of reading, a case that is particularly relevant to clinicians. The people who come to us for help have lived lives we haven’t had time to or would not want to, but we can imagine their worlds through books. We all need books that give us an experience of the resilience of the human spirit and our own aliveness, books that enlarge our capacity for empathic understanding. Here are a few that speak to the theme of wholeness:

**Strength in What Remains** by Tracy Kidder. In this non-fiction saga, Kidder tells the story of a young medical student, Deogratias, who flees genocidal civil war in Burundi, arriving in New York with two hundred dollars, no English, and no contacts. Delivering groceries for subsistence wages, he connects with people who help support him and his ambitions. Deo goes on to graduate from Columbia University and then medical school, later becoming an American citizen. Kidder follows him as he returns to Africa to remember the horrors of his narrow escape and to open a medical clinic where none had been. This is a tale of devastating trauma, heroic compassion, and the long journey home.

**Dear Ghosts**, by Tess Gallagher. Published in 2008, this is Gallagher’s first book of poetry in 14 years. In it, she explores the death of her husband, her own cancer and survival, and her fascination with the natural world. Evocative poetry like Gallagher’s gives the reader the experience of joining the author in her experiences of loss, elation, and gratitude. One reviewer said, “So compelling are Gallagher’s graceful poems, they leave the reader feeling rearranged from the cells out.” The reader is left more alive, more whole.

**Cutting for Stone** by Abraham Verghese. In writer-doctor Verghese’s first novel, twins are born in a mission hospital in Ethiopia, the result of a secret union between an Indian nun and a British surgeon. After their mother's death and father’s disappearance, the boys are adopted by a pair of doctors and the many wonderful characters that make up the hospital community. They share a deep, mysterious, lifelong connection. One brother narrates this coming of age story as a way to join with his twin, “Only the telling can heal the rift that separates my brother and me.” Medicine, magic, compassion and humor create a world that is hard to leave.

Maureen R. Kelly, LCSW
Executive Director
One of my first clients at the Center was “Maria” who came in the early ‘80s when she was a student. Despite her success in college, she was depressed and anxious about life after graduation. With little emotional or financial support from her divorcing, disapproving parents, she felt alone and scared. But after a year of therapy, Maria felt ready to start her adult life. She found a job, married a fellow graduate student, and was preparing for motherhood. Maria was hopeful she would create the supportive and loving family she never had.

Many years later she returned to therapy, exhausted and depressed in her effort to hold her family together financially and emotionally. Over the years, her husband had become abusive and refused couples counseling. Hopeless and despairing, she felt that the only alternative was divorce. Maria was devastated. She felt like a failure, guilty that she would be depriving her now teenage children of the intact family she wanted for them. She was also frightened to go it alone.

During the second round of therapy, we were able to deepen our understanding of the compromises she had learned to make in life: tolerating abusive situations, not feeling she deserved anything better. A powerful moment in therapy occurred when Maria was robbed on a CTA bus on the way to a session, and found herself unable to speak or yell for help! Fortunately, other passengers intervened, but Maria had remained mute. This incident helped us understand how invisible and helpless she felt in her life — with her husband, her career, and with her family of origin whom she felt never accepted her. The incident on the bus led us to her past, where she recalled many memories of being unfairly blamed for things, and slapped when she disobeyed. In one incident, she had come home late from a party where she had been sexually assaulted; not believing her story, her parents grounded her for six months. She was confused and ashamed; worrying that maybe the assault had somehow been her fault. On the other hand, she knew the truth, but didn’t feel anyone would listen. Believing that her pain would never be heard, Maria learned to mute herself and her needs. She became very accommodating and careful, a “people pleaser.” Maria held on to the illusion that if she was able to do everything right, things would work out. And she was angry and resentful when she discovered that life doesn’t work that way.

As a result of therapy, Maria became more active in changing her life instead of passively waiting and hoping it would improve. She left her demanding and difficult husband, left a job where she was overworked and poorly treated, and set limits with her family of origin. Nonetheless, it took a lot of work for Maria to leave the comfort of the familiar—she had panic attacks and was convinced that she would lose everything if she took risks or spoke up and asked for what she needed. It took therapy to hold her steady and help her imagine that her life could hold new possibilities.

Continued on page 5.
This year’s series gets underway on October 21 with *Psychoanalysis and Political Activism*. In this workshop, Allan Scholom, PhD, will explore what psychoanalysis is and ought to be, from an ethical perspective, and what political activism is and might be. We will focus on our deteriorating health care system and the power of myth and fantasy used in its creation and perpetuation. What is our ethical responsibility as clinicians to advocate for health care for our clients? How can we find ways to have effective public as well as private voices?

In last year’s highly-rated workshop, *More Together, More Alone: Clinical & Cultural Perspectives on the Technological Age*, Kate Schechter, PhD, and Bonnie Litowitz, PhD, provided a psychodynamic perspective on the developmental and cultural changes brought about by social networking. Their ideas were so thought provoking, participants wanted to continue the conversation. On February 17, in *More Together, More Alone: Part 2*, Dr. Schechter will engage the group in working through a series of complicated clinical situations that raise issues of technique, ethics and values in relation to electronic communication, both between therapist and client, and in the electronic lives of our clients.

Some clients evoke powerful responses in the therapist — like those who are particularly affectively arousing, or about whom one dreams at night, or who evoke responses like falling asleep or becoming bored. These experiences are often at the heart of enactments in psychodynamic work and provide special opportunities for understanding the ways in which the unconscious life of patient and analyst emerge, and for ultimately deepening the work. On March 30, in *The Analytic Relationship and the Dialogue of Unconscious*, Anthony Bass, PhD, will explore the nature of the psychodynamic relationship by considering the relationship as “a dialogue of unconscious.” We will try to deepen our grasp of unconscious dimensions of relationships by exploring difficult therapeutic moments using case examples.

For more information and to register, please visit [www.cathedralcounseling.org](http://www.cathedralcounseling.org) and select Workshop Series under Professional Development.
In becoming stronger herself, Maria weakened the generational chain of abuse that had existed in both her family and her ex-husband’s. Maria learned to stand up to her oldest daughter who viciously devalued her and blamed her for the divorce. While she could appreciate her daughter’s distress, Maria wasn’t willing to tolerate her meanness and verbal abuse. This was not an easy process. Worrying that she was being selfish and fearful of losing her relationship with her daughter, Maria was terrified to speak up and risk her daughter’s ire. But this time, with the support of therapy, she was not mute. Maria’s daughter did blow up and refuse to speak to her. But when they reestablished contact after many months, it was much healthier and more mutually respectful. Ultimately, the gift of therapy made possible by the Counseling Center enabled Maria to share her talents at work as well as in her role as mother to two psychologically mature and talented adult children who are not saddled with dysfunctions from the past. It is not just the therapeutic relationship and technique nor the commitment of the client or the reduced fee that produces these outcomes. There is also something unique about Cathedral Counseling Center that creates an energy that is evident in all the different facets of the agency: the offices, consultation groups, the operations and administrative teams, and the board. This energy ultimately ends up out in the world, in the lives that our clients create.

JOIN THE NEW PRESIDENT’S CIRCLE

The community of donor friends of Cathedral Counseling Center includes many people who consistently commit significant financial resources to support the need for quality, affordable mental health services in the Chicagoland area. To honor these donor friends Cathedral Counseling Center is forming a President’s Circle whose members will:

- Be invited to an exclusive reception and dinner honoring members of the President’s Circle
- Have the opportunity if interested to participate on Board Committees of their choosing such as Events, Development, and Marketing
- Receive special recognition in the Annual Report, in the Annual Gala program booklet, and on their Annual Gala name tag
- Receive preferential seating at the Annual Gala for themselves and their guests

Members of the President’s Circle commit to making a personally significant donation of at least $1,000 for each of the next three (3) years. These pledges will help us make better, more planful long-term spending decisions. Pledges may be fulfilled by check, credit card, or stock donations. If you are interested in demonstrating your support for quality, affordable mental healthcare by joining the inaugural class of the President’s Circle, please contact Leigh Stewart, our Development Director, at (312) 252-9500 ext. 120 or lmstewartccc@aol.com.
Easy Way to Help: Monthly Giving?

How can giving monthly be easier than giving once a year? When it’s done by automatic charges to your credit card. Not only is it easier, but it smoothes your cash flow by spreading the giving out over 12 months instead of having one larger outlay. And if your credit card has a rewards program, you earn points!

So how does monthly giving work? First of all, you are in total control of your participation in this program. All it takes to start or discontinue the program is a quick phone call or email to Leigh Stewart, Development Director, at 312-252-2500 ext. 120 or lmstewartccc@aol.com. When you ask to start the program we will send you a form to fill out and return authorizing us to charge your credit card for the amount specified. We will collect your credit card information and input it into our merchant bank system which is compliant with the TrustNet standard. Cathedral Counseling Center will not retain or store your credit card information. On the 16th of each month, the amount you have authorized would be charged to your credit card on account. At the end of the year, Cathedral Counseling will send you a thank you letter that you may use for your tax return that summarizes your contributions throughout the year.

If you would like more information, please contact Leigh Stewart, Development Director, at 312-252-9500 ext. 120. The following chart provides examples of how different levels of annual gifts translate into monthly gifts (note: each $100 provides a month of therapy sessions to one of our clients):

<table>
<thead>
<tr>
<th>Annual Gift</th>
<th>Monthly Gift</th>
</tr>
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<tbody>
<tr>
<td>$2,400</td>
<td>$200.00</td>
</tr>
<tr>
<td>$1,200</td>
<td>$100.00 (sponsor a client each month)</td>
</tr>
<tr>
<td>$  600</td>
<td>$  50.00</td>
</tr>
<tr>
<td>$  360</td>
<td>$  30.00 (a “dollar-a-day” program)</td>
</tr>
<tr>
<td>$  240</td>
<td>$  20.00 (sponsor a therapy session each month)</td>
</tr>
</tbody>
</table>
This is the title of a new Illinois Hospital Association publication released in May 2011. Among several obstacles the report states:

“The care of inpatients and outpatients once borne by the state has been shifted to the private sector without a commensurate shift in dollars and resources. The state’s continued emphasis on primarily funding Medicaid programs and minimizing any funding for persons who either lack insurance or do not qualify for state and federal payment programs, not only compromises access to care for those persons for whom the state system was designed but it also shifts to hospitals the burden of caring for a growing number of people for whom other alternatives have become unavailable.

“Mental health issues are the invisible enemy, lying within seemingly ‘normal’ individuals of any age. The issues may be masked by homelessness, drug abuse, absenteeism from work or school, or alcoholism. But these invisible illnesses and diseases must be treated as fully as chronic health conditions such as diabetes, high blood pressure or cancer. Reducing mental health resources places a greater burden not only on hospitals, but also on many other social service providers and diminishes the quality of life for Illinoisans.” (The full publication is available at www.ihatoday.org.)

Cathedral Counseling Center exists to provide quality, affordable mental health care to those very people who lack insurance and do not qualify for state and federal payment programs. Over 60% of the Center’s clients do not have insurance.
Save the date for the 2012 Annual Gala

Fun People! Lively Music!
Great Food! Worthy Cause!

APRIL 27, 2012

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