

Slávka Bulíková

Czech Republic, 2001

## Restoring human dignity

### Some remarks on the work of the SOS Centre of Dia-konia in Prague, Czech Republic

topics:

- *society in the Czech Republic*
- *the work of church institutions in the Czech Republic*
- *social work and Christian faith*

source: *Intercultural Pastoral Care and Counselling* No 8, 2001; pp 65-69

#### About the state of society

When in 1989 the communist regime was overthrown the radical change of the social system was initiated with all the positive and negative phenomena that go hand in hand with transformation. The totalitarian system on the one hand, gave a firm structure and some social securities. On the other hand it obstructed the freedom of thinking, free initiative and spiritual development.

Nevertheless, the oppression stimulated the churches to hold on to the authenticity of life. The attempts for a moral cleansing of the society did not come to a positive ending. Public moral repentance did not take place. The transforming process of the economic system into a market economy very soon showed how deep the moral devastation of the communist regime had gone. The entrepreneurial sphere was penetrated by people who in some way were compromised by the former regime. The struggle in the political scene revealed the fact that democracy wouldn't rest on a bed of roses.

After the restructuring of the economy had been completed, the market mechanism started functioning. Social care, formerly maintained by the state, had to be covered by other resources. New NGO's started to emerge, such as church charity organisations, civic associations and private health care institutions. They gained ground especially where the state wasn't effective enough (refugees and old people's homes, youth activity centres, centres for the handicapped and long-term disabled etc.). The finances for running these institutions are partly provided from the state budget and partly covered from their own resources.

Previously unknown phenomena such as *unemployment* appeared. In 1999 the unemployment rate reached 10 %. Certain social groups such as Gypsies, youth school graduates, and the disabled have only little hope in the labour market. Borders opened and migrants entered the labour competition, too. the number of for-

eigners, legally involved in labour market, is approximately 200,000, illegal labour migration is estimated at 100,000. Social *classes of rich and poor* have emerged in a previously classless society. About half of our families live just above the living wage. Social benefits are granted to those living under the minimum living standard. Nevertheless, there are people who are not able to fend for themselves and don't fit into any social protection system either. This is the case with *the homeless*. Church and charity organisations, *Salvation Army* and further Christian denominations enter the social scene just here.

Our republic with its 10 million people registers – just like in the West – a *decrease of population* and a sharp fall of the birth rate. The annual decrease comes to about 10,000 inhabitants. But for the immigration of about 10,500 people a year the tendency would be much higher. With the general birth rate of 1.17 children on one woman the Czech Republic has joined states with the lowest one. In 1998 we had 91,000 new-borns and 56,000 *abortions*. The *divorce rate* in 1998 reached 58%. The marriage rate maintains a low level as well. The average age of people getting married is growing as well as the number of people living in common-law partnerships. The number of *suicides* has diminished, though. A special type of addiction has emerged in our country after the opening of the borders and the coming of capitalism: *gambling*. Unfortunately the age of those experimenting with *drugs* is getting lower. The dealers entered even our primary schools.

Due to the geographic location our republic has become the transitory land for many migrants. That means for us *trading with people* within migration flows targeted to the West. We are not able to stop *female trade* either. Another social problem that has to be solved by more and more communities is the growing *prostitution*.

Such is the face of modern Czech society and the ailments it suffers from. To assist in solving these social problems is the aim of our Crisis Centre – the SOS Centre of *Diakonia*.

### Concept and service of the SOS centre

We belong to the church assisting institutions. The integration into the Czech Brethren Evangelical Church means that the church provides the spiritual grounds for our service. Our team consists of mainly active members of various Christian denominations. The ecumenical dimension and team work are essential aspects of our service. We try to approach the client with respect to his personality, faith, world view, etc. The mission of our SOS centre is in assisting clients to find and accept themselves as they are, their meaning of life, faith, hope and love of other people. We are not meeting them as strong and weak but as brothers. The SOS centre is a specialised workplace dealing with pastoral psychotherapy. It is open to all and provides a free of charge service with possible total anonymity. We have got our own hot line and are a member of the Czech association of help lines. Apart from work with individuals we are able to form and run pastoral psychotherapy groups. We co-operate with similar centres, charity and church organisations. We serve also as a training place for the law and social schools. As our name indicates essentially we offer crisis intervention and support during the process up to its end. We also give short-term and long-term care (adolescence problems, depression, loss of life purpose, problems in relationships, in prevention of neurosis and psychoses etc.).

Furthermore, we offer spiritual and humanitarian support to the lonely, ageing and those coming to terms with heavy losses, spiritual assistance in solving faith problems, psychological and social counselling, support in searching for motivation to rehabilitation. We also run a Gay help line, that is meant to assist homosexuals and their families.

Again, our main activities are:

- a) crisis intervention
- b) solving a particular problem
- c) handing over a client to a more specialised place
- d) group therapy
- e) social counselling and information.

Our staff offers the above mentioned services to mothers with children living in a safe haven, also run by the *Diakonia*. In specialised cases, the therapist visits clients in their homes, and sometimes we provide psychological assistance to clients of the Home Care service within the *Diakonia*.

From its beginning our centre relies on the substantial help of volunteers. They work on hot lines, the crisis intervention of clients coming from “the street”, in group therapy or visiting clients at home. Regular sexologist and psychiatric services are offered by volunteers on a fortnight basis as well as legal counselling service on the SOS centre premises. once a month. We have training for professionals and volunteers (e.g. courses for counselling on the telephone crisis line) and they all are supervised. They also are engaged in several other educational and organisational activities. They help us with public relations and fundraising.

Let me now present our service in the following figures.

Our centre consists of an average of 10 regular *employees* (mostly working part time) and about 15 *volunteers* who made a total of 8,808 contacts last year. They provide crisis intervention counselling both personal and by phone: phone contact (7,835 – i.e. 88,95%), visits (947 – i.e. 10,75%) and letter writings (22 – i.e. 0,25%). Professional contacts make up a third, information the other and crisis talks, which show a rise of 25% in 1999, a third one.

## Our clients

Long-term clients come for counselling and psychotherapy as well as clients for one single session. We give support to shaken self-esteem or to violated human dignity, not only to those suffering from violence or are handicapped by mental or physical diseases, but more or less to all those who are seeking help. I am going to present two cases of clients who have given their consent to making their story public. Names are of course changed.

The first case is about *support to a dying woman and her family*. A psychologist from our team describes:

### *The Case of Family X.*

*Members:* the father is graduate pensioner with a psychiatric diagnosis (psychosis), the mother is graduate as well and in the final stage of cancer. Sons are 12 and 13 years old.

*Assistants:* members of the congregation of the Czech Brethren Evangelical Church where the family attends. One of the members is an assistant of our sisterly organisation.

*The story:* In June a member of the Evangelical congregation and the assistant of our sisterly organisation contacted us and asked for help for a family where the mother was dying. The mother had been ill for one year (she became ill at 49, doctors at that time were assessing her life expectancy for some weeks only). Now, after one year she was supposed to undergo an operation because of the worsening of her physical state – her liver had been affected.

First I contacted the father. A modest tall and a bit restless man came and told me with some caution what he was expecting. They wanted me to find “the ideal grandmother” for them who could care for him and the sons when the wife had died. The father wanted to look at the mother not as a sick person. He wanted to keep a “genuine childhood for the children” not spoiled by disease. This principle forced the mother to take care of the family despite her worsening state. She used to talk with the children – and she did not mention her low chances for recovery. She tried to fulfil expectations, but was not able to do. I told the father, that ideal grandmothers are not met except in fairy tales. First considerations on living in that fairy tale reminded me a bit of a fairy or film story. How should we make their situation public in a Christian newspaper and ask for help in a situation where the disease should be kept in secret for the boys?

In the meantime the mother was put into a hospital, grew substantially weak, was confined to a bed and had to be fed artificially. The husband used to see her and went on leaning on her vigour with which she fought for life.

When we talked first and last she told me that after having learned the diagnosis she surrendered to the Lord accepting His will. She was humble and patient. Still it was hard for me to understand why she was so stubborn in keeping her approaching death a secret from children. The father seemed to be quite realistic in spite of his serious mental illness. He used to say he didn’t want his children to be bewildered by the death of their mother and “to be able to say her goodbye”. He violated her wish and shortly before her death told them the truth. Afterwards he told me that they took it calmly. During summertime they went to a scout camp and health resort. The husband himself kept visiting his wife assiduously.

While the mother was still alive I met the husband and the children only once – at that time the boys still didn’t know how serious the situation was. When I was talking about possibilities which could happen if their mother died, the older boy broke into tears but spoke with courage. He said they would manage somehow, they would be able to take care of themselves. The younger brother kept silent nearly throughout the whole session. I thought that the father could be encouraged and calmed down by such positive attitude – he really was surprised by the reaction of his older son.

During the mother’s hospitalisation the care for the children was shared by sisters from the evangelical congregation. At that time they had to organise only their holiday programmes as there were no school duties. I was in touch with the father regularly but not too frequently. When I suggested he could meet with the organisation which is caring for children he insisted that his children would not be in troubles. He repeated the expression when he visited me after his wife’s death. His expectation was again very laconic: “Help me, I don’t want to loose my children.”

In reality such a threat doesn't exist but the father is enormously frightened which is one of the signs of his illness. The situation is made more and more complex by the uncertainty of the assisting sisters of the evangelical congregation concerning their competence in the case, by the responsibility of the state child's care department and their efforts to make the family use the home care services.

Upon the first meeting with the father and the children after their mother's death, the boys' reactions were brave. We spoke where their mother was (and they discerned where her body was, and where her soul) and that they were keeping her image in their hearts. They would manage the situation at home with the help of the congregation that they trusted entirely. They appreciated their father's openness in telling them about the seriousness of the mother's situation. Although, originally they couldn't bear the symptoms of their father's illness suddenly they showed almost an adult-like tolerance. They manifested the determination to manage with the house work without any professional help. I felt in their statement not only a great deal of eagerness but also some mistrust or suspicion towards anyone who could invade their space and didn't belong to their family.

At present they are beginning to live on their own, the sisters in the congregation defined the fields in which they could help and said they wouldn't try to make plans for them but with them. There are of course many dangers, misunderstandings, tendencies to manipulate and to intervene inappropriately. More difficult than helping to run the household and with their school duties, would be to replace their mother's love if that is ever possible.

#### *Different roles in the helping activities*

The role of our SOS centre is co-ordination and support. One day we might become mediators between a state organisation and a family or congregation. Another time we have to mediate between father and children or helpers. Sometimes we may become guides for helpers from the congregation. Many questions come into my mind: what are the expectations of the helpers, where will they get their strength from (the sisters are employed), what will be the state of the father's mental health?

In ending I would like to mention a motto from the mother's obituary (Proverbs 31:10-11): "Who can find a wife of noble character? She is worth far more than rubies." And the other one (Psalm 46, 2): "God is our refuge and strength, an ever present help in trouble."

#### *The Case of Mary*

The next story could be called: "Searching for the mother". It is about supporting a *young girl victim of domestic violence and sex abuse*.

Mary has become my client 14 months ago shortly after she repeatedly failed her final exams at the first year of a secondary school. She was over 18 and lived in a special young people's home. She was sent to psychotherapy for repeated self-inflicted injuries, suicidal tendencies and changes of mood.

To her family's case history belongs the alcoholism of both, the mother, and the father.

When her parents were drunk they used to beat her and sometimes she was even locked in a cellar for the whole weekend. She used to be sexually abused by her drunken father since she was ten. She was an unwanted child. Her mother didn't

manage to have an abortion, as she was in a late stage of pregnancy, so she tried to kill her daughter shortly after the birth.

From the very beginning I tried to support her self-esteem and her safety by unconditional acceptance. Soon she asked me if she could live with me. When I explained the limits of our therapeutic relationship she withdrew. Later on she used the same strategy with other helping women – a matron in another young people’s home or teachers at the secondary school where she started to study. Sometimes she showed her interest in the Bible or Christian faith. From time to time she was not able to cope with difficult situations: a older man attempted to abuse her when she was working for him on a short term basis; she was accused of stealing money; in a bus terminal she was attacked by an adolescent. Her contacts with her parents living far from Prague were mostly limited to occasional phone calls. Nearly always the calls sounded like this: “Come back home immediately, otherwise the father will kill you” followed by vulgar abuse. Sometimes they made false promises that were turned into jokes when she arrived. Even when the matrons mediated regular weekend visits at helping families she clearly felt that it was just a weak substitute and so she tried to come back to her problem parents. From time to time she played truant mainly when she fell into depression or was ill with repeated viruses. She hardly ever caught up with her missed lessons despite her considerable intelligence. Once when she was in bad need of some cash she tried to steal a travel card but regretted it and gave it back. As a result she used to be blamed for other small losses in her young people’s home. She felt awfully humiliated and started threatening with suicide. That way she managed to stop the accusations but the sisters took her to see a psychiatrist. He tried to give her medicaments and to refer her to a female therapist. She resisted to both and also stopped with our sessions for six weeks.

Then Mary came back to our therapy and we entered the more difficult phase with clearing up relationships, maintaining personal borders and unveiling conscious or unconscious manipulation. Mary, who in the meantime found a new close female helper and was in conflict with the favourite matron, used to be the source of my total helplessness or failure. I also had to learn that she was often playing out her female helpers against each other. In June she failed some of her exams again but not as many as last year. When it seemed as if she would terminate our sessions and pass to another therapist (flightiness in relationships is frequent with this disorder), she surprised me by her interest for further sessions and greater maturity. Even her self inflicting efforts have diminished.

So she survived her failures in school. Now she is trying to enter into a new school, where she has managed to be admitted. Such was the year of our work together which was emotionally very demanding but at the same time rewarding. Without the prayer as an important aspect of my therapeutic style, I would have given up the case very soon.

## Conclusion

As both cases imply, our work is based on our faith even if very often it is not genuine pastoral therapy. We are supported by faith when the client doesn’t show much progress or when it is necessary to face existential insecurity. It lends a special meaning to our work.