



St. Thérèse: Sign of Hope for Mental Health

Dear Friends,

Once again we are marking October as the month of the missions. Most of our supporters know that St. Thérèse, whose feast we mark on October 1, is a co-patroness of the missions. However, as a result of her life often being sentimentalized and her memoirs and letters being highly edited (more than 7000 revisions being made to Thérèse's manuscript by her sister, Pauline, alone) how many of us are aware of another side of this young woman's life with which we can identify only too well?

October 10 is World Mental Health Day. A fairly recent report indicated that in Ireland 25% of patients attending their general practitioner had a mental health problem and over 95% of these problems were dealt with in primary care. Despite increased attention in recent years to mental health issues, fear, denial, and a reluctance to discuss problems related to mental health are still a common experience for those affected and their families.*



In regard to some stories written about saints, Thérèse herself said, "We should not say improbable things, or things we do not know. We must see their real, and not their imagined lives." It might help us to realize that Thérèse experienced much trauma in her life, and the way in which she responded to stress can give us hope and confidence. She was a woman of her times, those times including the Long Depression of 1873-1896, a period of price deflation with severe business downturns, not unlike our own.

Her mother gave an insight into Thérèse's personality when she said, "She is a very highly-strung child". She experienced the loss of her mother at the age of four and wrote: "When Mummy died, my happy disposition changed.

Continued inside

*Copty M. Mental Health in Primary Care. Dublin: ICGP/SWAHB, 2004

When did we see y



Children being weighed to assess nutritional status. They will be given anti-malarial treatment and food.

An issue that has dominated the headlines in recent months has been the food security emergency mainly affecting the eastern Horn of Africa. The crisis is in large part the result of two consecutive seasons of below-average rainfall, resulting in one of the driest years since 1995. Crops have failed, substantial livestock mortality has occurred, and local cereal prices are very high. More than seven million people need humanitarian assistance and emergency levels of acute malnutrition are widespread. In most pastoral zones of the eastern Horn, pasture and water availability is below average and is likely to result in serious pasture and water deficits during the coming dry season (June–September). This is the most severe food security emergency in the world today.*

*FEWS NET EAST AFRICA Food Security Alert June 7, 2011

MMM worked in this area for over 50 years, and so we have a special empathy for the people affected. Naturally we felt impelled to respond to this need in whatever way possible and we have been deeply touched by your generous response. We have agreed that donations coming to MMM for the famine will be channelled by our headquarters through the MMM East/Central Africa Business Administrator in Nairobi, who will see that they get to the Diocese of Lodwar in northern Kenya. We feel with our long history in Turkana and relationships built up over years, we will be able to contribute and monitor the work there. The Diocese has developed a comprehensive program for responding. As well as food distribution to answer immediate needs, there are plans to address longer term issues with livestock restocking, seed distribution, water and sanitation, livelihood promotion, and preventive education.

We have been very moved by your generous response to the needs of those in another part of the world despite difficult economic times here and the concerns and anxieties of many of our supporters. To illustrate what your contributions have meant we share part of a report from Sister Martine Makanga, MMM. While in general there



Staff giving health education while people wait for food. Education is also planned for schools and by radio.



Food distribution in Napateo: the miracle of the loaves!

Are you hungry and feed you? (Mt. 25:38)

are sufficient staff already available in Kenya, we were asked to send someone to coordinate food distribution and we were able to send Martine, a paediatric surgeon from the Republic of the Congo, to participate in famine relief work in Turkana. She had just completed six month's work as a volunteer in Nairobi and went to help from August 2 -15, 2011.

She described her work as follows:

In each village, a local Turkana man or woman helped us with translation and weighing children. They also helped in keeping order and calm as there was much excitement around food distribution. Attendance varied from one village to another between 200 to over 1000 persons. We only saw a few men as most of them were far away to find grass for their cattle. The groups most affected by malnutrition were the children under five years, the pregnant and lactating mothers, and the elderly people.

She related a personal experience:

We were in the village of Napateo. As people kept coming and I wondered how we would feed the crowd, I shared my fear with the team and I prayed in my heart as we went on with our routine of education, screening, and consulting.



Sister Martine with a group of children in Napateo. The diocese is hoping to look after the needs of over 120,000 people.

By midday there were over a thousand women and children when unexpectedly, a lorry pulled in and people from the NGO Share came to us. They were on their way to another village but when they saw the crowd gathered, they wondered if they could use this opportunity to make a food distribution. Of course, this was the answer. All of a sudden the parable of the multiplication of loaves and fishes became for me a reality right here in Napateo. We thanked God!

I am grateful to my Congregation leaders, my community in Sports Road and all MMM sisters for their encouragement. I was privileged to be able to go to Turkana, even for a short period to help a little in this time of famine to be in solidarity with the people with whom MMM have lived for so many years. I learned much from the people of Turkana whose patience, tolerance and resiliency I admired.

With gratitude.

Sister Martine



Woman with malnourished child: they are often the most affected in a food crisis.



The new vehicle, on the road to Tapuyman! The people of Tapuyman cannot thank you in person but they gathered for a photo to express their appreciation: Thanks to you, our sisters and brothers, who are making it possible for us and our children to have a better quality of life.

Thank you again! For the vehicle for Honduras

In last autumn's supplement you read about the plight of our MMMs in Marcala, Honduras. Sisters Bernie, Cleide, and Rita visit the sick and elderly, run empowerment workshops for women, and work to improve the health status and self-esteem of people in remote areas. The vehicle they used for providing these services was in a bad state of repair and they hoped to save enough money to purchase a new vehicle. The Sisters described how you made their hopes a reality:

On May 31, 2011, the Feast of the Visitation, we set out from our mountain home in Marcala at five a.m. to make the four- hour journey to the capital city, Tegucigalpa, to collect our brand new pick-up. We arrived back in Marcala twelve hours later full of excitement. The parish priest blessed the car and since then we have clocked



Sister Bernie, Sister Cleide, Martha Lorena Argueta, Martha Garcia, Aida Aguilar, Roberto Melghen, and Sister Rita

up 7,500 km in the mountain villages. It is a wonderful experience to drive without the worry of breaking down. The people from the rural areas are delighted that we have less difficulty arriving for our activities. Every time we sit in this pick-up we thank God for all of you who so generously helped us acquire it.

Love from Rita, Cleide, and Bernie

St. Thérèse: Sign of Hope for Mental Health – continued

I had been so lively and open; now I became diffident and oversensitive, crying if anyone looked at me." When Thérèse entered school she was bullied because of her young age and high grades. When she was nine, her sister Pauline, who had acted as a "second mother" to her, entered Carmel. Thérèse was devastated and the shock reawakened in her the trauma caused by her mother's death. She began to suffer from nervous tremors, which her doctor diagnosed as reacting "to an emotional frustration with a neurotic attack." She also suffered from scruples, what we might name today as an obsessive compulsive disorder. At twenty-two, Thérèse, then a Carmelite, admitted: "I was far from being a perfect little girl."

For someone whose life was centred on her relationship with a loving God, the emphasis of preachers at that time on sin, the sufferings of purgatory and hell did not help Thérèse, who in 1891 experienced great inner trials, even wondering sometimes whether heaven existed. When dying of great pain of tuberculosis she said, "What a grace it is to have faith! If I had not any faith, I would have committed suicide without an instant's hesitation." About a month earlier she was in such pain that she spoke of nearly losing her mind.

These problems may be more common than we realize. So how did this young woman deal with them? She describes an incident at age 13 that was a turning point in her life; she called it her "complete conversion." On Christmas Eve, starting to react to a remark by her father with an episode of weeping, she pulled herself together and entered happily into the occasion. Years later she stated that on that night she overcame the pressures she had faced since the death of her mother and said that "God worked a little miracle to make me grow up in an instant." She said, "Jesus, content with my good will, accomplished the work I had not been able to do in ten years."

Does Thérèse have something to teach us about struggles with mental health? Perhaps it is that same insight that she gained: that in our struggles with mental health issues we ultimately find the need to trust in God (or a Higher Power if that is the name we prefer), in the discovery that we cannot do it on our own. Perhaps more importantly, she does not tell us that the battle will be easy but she does tell us she has been there - this young woman who lived in obscurity but was canonized and declared a doctor of the Church. Our awareness of the person that Thérèse really was should help to remove some the stigma and fear surrounding mental health issues and to face them honestly.

Prayer of Saint Thérèse

*Jesus, help me to simplify my life
by learning what you want me to be
and becoming that person.*



New Mission to a New Country:

In our MMM Constitutions we are invited to: "Reflect on the signs of the times... In faith and humility, respond to God with creative fidelity, and allow the Spirit to unfold the charism that is given to you as MMM. In hope and love, be ready to walk in paths that are new. Be with those who suffer, the oppressed, and those on the margin of life." Below you will read of our latest adventure in living those words.

On 9 July 2011, we heard the official news: South Sudan had become the world's newest country, having gained independence from Sudan as the result of a 2005 peace deal that ended Africa's longest-running civil war. Formed from the ten southern-most states of Sudan, South Sudan is a land of expansive grassland, swamps, and tropical rain forest on both banks of the White Nile. It is highly diverse ethnically and linguistically and the South Sudanese mainly follow traditional religions; a minority are Christians. Despite oil wealth, South Sudan is one of Africa's least developed countries. However, the years since the 2005 peace accord brought in an economic revival and investment in utilities and other infrastructure.* The description of this young nation has special significance for the Medical Missionaries of Mary.

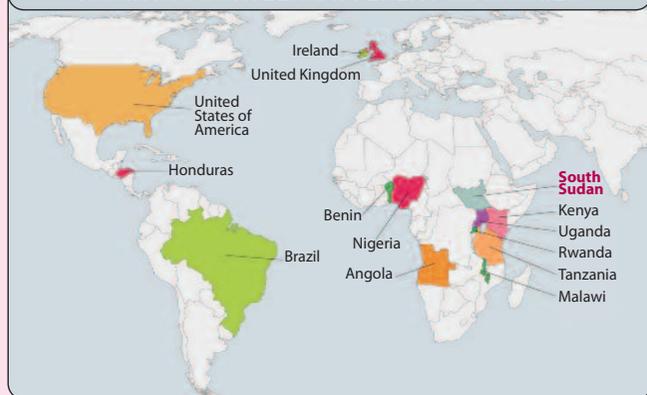
*BBC 8 July 2011

At the end of 2008, Sister Kay Lawlor, MMM Area Leader for East/Central Africa, received a message that a bishop from South Sudan wanted to meet with her. Bishop Rudolf Deng Majak, Bishop of Wau, was asking for medical personnel for his diocese. After meeting with him in Nairobi, Kay sent the details to our new Congregational Leadership Team (CLT). In March 2011 Sisters Kay and Emelda Ukamunna travelled to Wau for an exploratory visit. Both MMMs seemed to have the same question in mind: *How do we respond to a real and urgent need in view of our present commitments?*

They found many things that one might expect after a war situation: poor infrastructure, buildings without roofs or in a very poor state, facilities that had been looted, and continuing

insecurity. They were shown several places of great need in the Diocese of Wau, which covers approximately 160,000 square kilometres, including camps for displaced people, clinics, hospitals, and schools. However, what came across even more strongly in the reports that Emelda and Kay wrote was the enthusiasm and feeling of hope as many people – local people, missionaries, and other

MEDICAL MISSIONARIES OF MARY WORK IN FOURTEEN DIFFERENT COUNTRIES.



Republic of South Sudan



Sisters Emelda and Kay with some of their new friends in South Sudan

organizations - worked together to build a new country. It seemed that everywhere they went they were welcomed and project staff emphasized collaboration and self-reliance.

You will be delighted to know that as a result of their visit and recommendations, within the next year three MMMs will be 'walking in paths that are new' as they start this new mission and ministry. Most probably it will be in community-based health care in an area of Wau where there are almost 25,000 displaced people. There is no infrastructure and no services and the people are living in grass-roofed huts. There is a major problem with malaria because the settlement is close to the river. In any event there will be plenty to do when this initiative begins in 2012.

The excitement that Sisters Kay and Emelda felt was evident in the conclusions to their reports. Kay said, "This visit brought back to me all the enthusiasm for mission that was there when I first entered MMM. It will not be any easy mission but it will be a real one."

Emelda's comments were even more telling. "It brought back the stories of our MMM beginnings...It was also striking for us that the Bishop, the Sisters running the Catholic hospital, the Solidarity for South Sudan Community, and the priests we met at the different places were all singing the same song as we in MMM – "shortage of personnel!" On leaving Sudan on the 16th March, I had one question: "How can we as MMMs make a contribution?"

How You Can Help

Help Us Plan Ahead! Donations in the form of regular Standing Orders help us to plan ahead. We can send you the appropriate Standing Order Form for Sterling or Euro by post or e-mail.

Making a Will?

Please include, 'the Congregational Leader, for the time being, of the Medical Missionaries of Mary'

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£70 buys a bicycle for a rural health volunteer.

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Sisters Called to their Eternal Reward



Sister
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Died 26 April 2011



Sister Eileen
Carmel Keogan:
Died 1 June 2011



Sister
Margaret O'Connor:
Died 9 June 2011



Sister
Marie Stevin:
Died 13 June 2011



Sister M.
Helena Mulcahy:
Died 13 June 2011



Sister M.
Annette Walsh:
Died 12 July 2011

May they rest in peace.

TRIBUTES TO EACH DECEASED SISTER
ARE PUBLISHED ON OUR WEBSITE.

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TO MMM RECENTLY, PLEASE IGNORE
THE ENCLOSED APPEAL.

Our Promise

When a donor specifies a country, project or special need (e.g. famine or AIDS), 100% of that donation is transferred to the specified country or project. Non-specified donations are allocated by us to the most urgent current needs overseas, or may be added to our General Mission Fund, which pays for airfares, professional training of young Sisters, and the numerous emergency needs overseas for which assistance is required.