thinking out loud

...about stories we don’t tell
The burden of silence

My father suffered from clinical depression, to the best of my understanding, his whole adult life. At some point before I was born, he suffered what then was called a nervous [now mental] breakdown which included hospitalizations, ECT [electroconvulsive therapy] and extended time away from work. He found his relief by working at his job to near physical exhaustion. He decided to retire from this work at the age of 62 [not uncommon in his time and given the sort of physical work he did] and, as he was near 48 when I was born, I was in my early teens at the time of his retirement. I doubt anyone expected what was about to happen, as no one talked out loud about mental illness at the time. He quickly slipped into a deep depression from which he never would recover. My mother never was able to handle my father’s emotional fragility and was, in short, exceptionally mean toward him. I spent a fair piece of my high school years visiting Dad in psychiatric wings of hospitals, taking him to doctor appointments and even having to convince him to try ECT again. While these things were challenging in and of themselves, what complicated them was that there was no one with whom I ever felt safe in talking about these things. I would never have dreamed of bringing my friends to my home because I wasn’t certain what they might see or experience. While I think a few knew something wasn’t right, blessedly none of them ever brought it up. Mental illness was [and remains] shrouded in deep cloaks of misunderstanding and misperceptions. We never spoke of these things at church either. While ours was a prominent church family, my mother was afraid of social ostracism if word of how my father “really was” got out to her friends.

One of the most burdensome things we can impose on another is the burden of silence. Having to carry the weight of a situation or a problem alone can cause a nearly unspeakable burden, as those of us who have done so can attest. And while we seem to live in a time where no one keeps anything private [spend a moment on Facebook], we know that much of what we make public is merely a well-polished and edited version of ourselves. In my time as a pastor, I know that even in church we have created environments where all we want to hear is happy and polished versions of ourselves. We pray for those who suffer as if they were some sort of “other.” I have known a number of families who felt compelled to carry the burdens of mental illness, addictions and suicide [to name a few] in silence in their church out of fear for what others might think.

As you read through this issue of Thinking Out Loud, you will hear just a bit of thinking and conversation about some of these topics we don’t generally speak about out loud. None of this is to suggest that there is any answer or “cure” contained in these pages — only an attempt to “crack open” the door ever so slightly to a few things we don’t like to talk about — even in church. Part of the mission of a church is to find ways to allow light to shine into dark places. We also recognize that even Jesus, when faced with his passion, tried to gather his friends to him to help carry a bit of the burden. If we believe even a bit of the statistics, we know that many of our friends, neighbors and fellow church members are carrying huge burdens of which they believe they cannot speak. We should find a way to crack the door open just a bit for their sakes.

In our roundtable discussion, Alice Jordan-Miles notes that “there was a time when we whispered the word ‘cancer,’ but we’ve gotten past that. That means there’s hope we can work toward opening this door, too.” Maybe this issue of Thinking Out Loud doesn’t open the door. But maybe it can turn the doorknob.

Peace,

Pastor Gary Erdos
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The data in black and white says challenging things — some tragic things — are happening in our community. We can’t tell by looking whose faces are behind the numbers. But the chances are you would recognize some of those faces.

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“It’s not about ‘fixing’ things,” explains Janet Altmeyer, Director of City Ministry for Trinity English. “It’s an opportunity to walk alongside someone, even when the path is rough.”
Faith in the Midst of Trauma

How can a faith community start and support conversations no one is talking about?
Domestic Violence:

Fort Wayne Police responded to 6,745 calls for domestic disturbance last year. They assigned 465 domestic violence cases.

Addictions:

Fort Wayne Police reported 804 runs regarding overdoses and 81 for death from overdose. In a recent year, the overdose death rate in Allen County equaled the deaths from motor vehicles. Death from overdose in Allen County most affected white males, over 40 years of age. Accidental overdoses are increasing; more than 50 opioid deaths with an estimated 6200+ who are abusing or addicted to opioids in Allen County.

Mental Illness:

Fort Wayne Police made 1,520 mental health runs in 2016. Experts say 24% of individuals will have a diagnosable mental illness in any year — that’s just about 1:4, or the approximate frequency of basketball hoops in driveways. Those whose mental illness may be termed ‘serious’ is about 1:6, or about 15,000 people in Fort Wayne.

Sexual Abuse:

1,167 victims of sexual assault were treated at Fort Wayne Sexual Assault Treatment Center (FWSATC, 2016). The Center has treated victims as young as 37 days and as old as 94 years. 64% of child victims are under the age of 8 years. 30% are under the age of 4 years. 82% of the cases are female. 1 in 4 females under the age of 18 are raped. 68% of victims never report their assault. Fort Wayne Police responded to 86 rape cases and 25 sexual battery incidents in 2016.

Suicide:

Fort Wayne Police responded to 1,143 suicide threats last year. Death certificates recorded slightly more than 50 suicides as the cause of death in that time period (many factors influence what is listed as the cause of death).
So if these challenges and tragedies are touching so many of us, why isn’t anyone talking about them? And how can the faith community start and support these conversations?

This was the topic of a recent roundtable discussion: With all of these nitty gritty real-life challenges happening every day, why don’t we hear more about them? And if church is the safe haven for humanity, the place where we are known and loved down to our souls, why aren’t more churches talking about these issues?

The Rev. Dr. Gary Erdos, senior pastor at Trinity English Lutheran Church, says, “Believe it or not, there are people sitting around us in church with things we would never talk about in church. We can talk about your cancer, we can talk about your mother’s dementia, we can talk about how your kids don’t behave. But,” he says, “we can’t talk about if your kids go to jail. We can’t talk about your addictions, or your mental
health challenges, or the abuse maybe taking place in your home, or sexual abuse, or suicide. For people who say Jesus is the answer, there are a lot of questions we don’t allow to come to the surface.”

Michelle Ditton, CEO/CNO of Fort Wayne Sexual Assault Treatment Center says everyone she sees comes through the door “covered in shame.” She says, “When they speak of their church, it’s with an adamant statement that no one there can know what happened.” These are people who’ve been through an unimaginable ordeal, and the place they ought to be able to seek solace and peace is the place where they positively will not speak of it. Their very spirit has been damaged.

Dr. Deborah McMahan, Allen County Health Commissioner and MD, is adamant that a patient’s well-being is more than just physical. “If we can’t get them to find a spiritual wellness, a spiritual health, they’re never going to find the strength to do what they have to do to be physically and mentally healthy,” she said.

Andy Wilson, Executive Director of The Carriage House, an accredited “clubhouse model” program to assist people in their recovery from mental illness and their reintegration into the community, observes that being people of faith does not make us more intelligent or experienced or understanding of the issues. He says, “The stigma around mental illness and other things isn’t restricted to people of faith. It’s not surprising the misunderstanding is as prevalent in faith communities as it is in the community at large.”
Alice Jordan Miles says it’s a level of social acceptance. For example, 30 years ago, if someone had cancer, people didn’t want to speak the word out loud, or to associate with them: The condition was associated with a negative behavior, like smoking. Fifteen to twenty years ago, no one championed AIDS: People wouldn’t associate with “those people” or go to school or play basketball with them. “This is my bandwagon,” she says, “that we, as a society, as a faith community, we need to start championing mental health. Now, as with cancer and AIDS, we need to celebrate remission and recovery, We wear colored ribbons and have great dinner. and fundraisers and celebrate the cause, and we’re grateful that research has made great strides so people can live longer. Now we need to do this for mental health.”

Andy Wilson gently points out that this is not an “us” and “them” situation. “Just around this table,” he said. “I would bet that at least two of us are taking anti-depressants. It’s us. When we own it, it becomes ‘us.’ One of the worst things to happen to folks with serious mental illness is everyone you bump into is trying to treat you, to fix you, to make you like THEM. But this isn’t us helping them... it’s all us.”

Elka Jackson explains how fine the line can be between “us” and “them.” “At the Center (for NonViolence), we define ‘violence’ very broadly. We say it is any word or action that harms someone,
controls someone, makes them feel weak or power-
less, or prevents them from acting in their own best
interest.” By that definition, we are all
committing acts of violence every day. Jackson
continued, “That’s the ‘us’...that’s what makes me
just like the woman from another part of town with
a different background — our personal stories are
different, but we each know how it feels.”

It’s hard to “own” our own personal stories. We
have so much at stake in keeping the mask in
place. Jordan-Miles said, “Families sometimes
are embarrassed, like it’s a judgment on them.
You can tell by the number of obituaries I know
are for people who died by suicide but it will say,
‘preferred memorials to the Cancer Society or
the Heart Association’: They would rather it be
‘advertised’ and implied that the cause of death
was something much more socially acceptable.”

Ditton agreed. “Exactly. Talk about a hard subject
to own...when we (Sexual Assault Treatment Center)
set up a booth at the Parade of Homes, people don’t
even stop! They’ll step over and look to see what
information we have available. As soon as they
understand what we’re sharing, they are out of there!
You can tell they think, “Wait, someone may think
someone in my family was assaulted, or they’ll think
I was assaulted...” and they don’t even stop. We
need another name. It’s important to share the
information and educate people, but the stigma is
a hard challenge.”

We are hardest on ourselves, many times. We are too
embarrassed or ashamed to admit our own struggles.
It’s a pithy little saying not to judge your insides by
someone else’s outsides. In other words, the picture other people are presenting, in social media, in person, in church—may not be the sum total of their reality. It’s not fair to compare yourself to that picture. None of us knows what’s happening inside another person’s home, with their spouse or with their children.”

Dr. McMahan explains, “Although many adults cope with anxiety and depression, the average age of onset of those conditions is 14 years of age, but it takes the typical child 8 to 10 years to get diagnosed and treated. The average age of addiction is 15 years of age— I can’t help but wonder how many of these kids are looking for a way to stop the sadness or craziness in their head and try an opioid from their parents’ medicine chest or a prescription they received from a doctor for a sports injury and all of sudden feel good for the first time.” It isn’t just something that happens to other people.

We must get to the point where we see only “us” — no “us” helping “them”, no “us” fixing “their” problems, no “us” teaching “them” our ways...

“What a hugely tragic commentary on our community, our church community and on our life together,” observed Pastor Erdos. “We have not done a good job in understanding that these barriers we put up to protect ourselves are actually very damaging. Isolation and separation are not healthy, and not empowering. Hiding is not a good option. Silence does not heal. We are meant to live in community, both to offer our strength and to draw strength from each other. We have to see ‘us’ so we can all move forward, together.”

Thank you to Andy Wilson, Executive Director of the Carriage House (FortWayneClubhouse.org); Michelle Ditton, CEO/CNO of the Fort Wayne Sexual Assault Treatment Center (FWSATC.org); Elka Jackson, Staff Administrative Team and Women’s Program Senior Coordinator for the Center for Nonviolence (CenterForNV.org); Dr. Deborah McMahan, Allen County Health Commissioner and MD (AllenCountyHealth.com); Alice Jordan-Miles, Director, Behavioral Health and Family Studies Institute, IPFW (IPFW.edu/behavioral) and The Reverend Dr. Gary Erdos, senior pastor of Trinity English Lutheran Church (TrinityEnglish.org).
Additional Resources

Most of us want to help when someone is struggling: the challenge is knowing how to help. Many resources exist locally to support individuals and families facing all sorts of issues. Don’t hesitate to offer the following lifelines:

Applied Suicide Intervention Skills Training (ASIST)
Training is available to anyone 16 years of age or older, especially those who work in healthcare, teaching, counselors, police, clergy and volunteers. However, ANYONE can benefit from the training and learn how to intervene and save a life from suicide.

For more information about ASIST:
www.livingworks.net/programs/asist/

If you have questions about finding ASIST training locally, contact Colleen.Carpenter1@gmail.com.

For Youth Struggling with Isolation:
RemedyLive.com/
RemedyLIVE is a listening organization to encourage others, and help youth let go of secret struggles that isolate them from living a life of purpose.

Their target demographic are young people between the age of 13-25, although they chat with anyone regardless of age. RemedyLIVE talks about those life issues that others may shy away from. They approach conversations from a Biblical viewpoint rather than a world view, as they help those they talk with find hope. They believe you have to build a bridge of trust and be invited into the conversation before you can share a message of hope. Their motto is “We chat…We listen…We love…” RemedyLive is funded in part by the Foellinger Foundation.

Mental Health/Mental Wellness
LookUp
In 2016, The Lutheran Foundation announced the launch of LookUp, a web-based initiative designed to provide mental health information and reduce the stigma associated with these serious health issues. By connecting those in need with life-saving resources, The Lutheran Foundation desires to deliver community-wide hope and healing.

LookUpIndiana.org/
24/7 help: Call 800-284-8439 or Text LOOKUP to 494949 for confidential help, 24/7.

Beating the Blues
Do you sometimes feel stressed out or overwhelmed? Would you like to get more out of life? You are not alone. Depression and anxiety are very common, affecting one in every five people at some time in their lives.

Beating the Blues is an effective treatment for people feeling stressed, depressed, anxious or just down in the dumps. You can move through 8 sessions in an online program at your convenience, on your schedule. The program, based on cognitive behavioral therapy teaches strategies to help you cope better in the short term and workable skills for life so that you can face the future with more confidence.

Beating the Blues is offered free to the community through Park Center. For more information or to register, call (260) 481-2715 to receive a free access code to a self-directed course to help give you effective tools to address whatever your challenge may be.

The Carriage House
FortWayneClubhouse.org
Fort Wayne Sexual Assault Treatment Center
FWSATC.org
Center for Nonviolence
CenterForNV.org
AllenCountyHealth.com
IPFW.edu/behavioral
National Suicide Hotline:
1-800-273-TALK (8255)
In the round table discussion earlier in this publication, Alice Jordan-Miles, of IPFW’s Behavioral Health and Family Studies Institute, offered insight on some of the reasons families are unwilling to identify the actual cause of death of a loved one: The stigma around dying by suicide looms large in many cultures and communities. Yet, she wants to see a move toward more openness, more willingness to talk about the sensitive topic. Not only do we need to make it ok to talk about the idea, we need to make it ok to bring it up, she says. “This is a case where you have to trust your intuition,” Jordan-Miles says. “If you're noticing something just not right with a family member or a friend or even a co-worker, you need to start the conversation.” It starts with listening, she says, but if you’re hearing things that make you concerned, you might ask, “I sense you're giving up hope.” If they still don’t have responses that reassure you, you need to ask straight out, “Are you thinking about taking your own life?” and then, most importantly, she says now is the time to pay attention. Their immediate response, especially body language and eye contact, will tell you volumes. If they respond with, “What? No! I’m just having a bad day; haven’t you ever had a bad day?” — that's probably a good sign. If, however, their response sounds more like, “Well, yeah... it has crossed my mind...” — then you know you are tuned in to them. That can be an uncomfortable place for many of us, she knows.

One resource Jordan-Miles recommends is the national hotline: 1-800-273-TALK (8255). If you feel like you need to offer a resource or a lifeline but have no idea how to do that, you can call that number. It’s answered by trained and educated professionals who will help walk you through an appropriate response. They will give you local resources, so you know how to help and where to go. Don’t hesitate to make the call, she says. You could truly save a life.

That last point is one people overlook — but when someone has been wrestling with the idea of taking their own life, they can be calmer and happier once they’ve committed to a plan. Although any of these changes in behavior can signal nothing worrisome, it is important to listen to your instincts and speak up, ask questions, offer help if you detect these behavioral changes in someone who might be contemplating suicide.

Red Flags Indicating Someone May Be Considering Suicide:
> Newly withdrawn; distant
> Sleeping too much or too little
> New interest in guns
> Stockpiling sleeping pills (or other medicine)
> Drinking more than usual or at times other than usual
> Stopping attendance at church
> Decreasing involvement at church
> Lack of attention to hygiene and attire
> Sudden change from depressed to happy or calm
Grieving is a process unique to each individual. People carry around a lot of grief that may not even be connected to a literal “death” — you can grieve the loss of a job, of a relationship, of a lifestyle. Each of those changes can feel like a death. And each of those losses can profoundly impact a person’s well-being.

“I lead people through their challenge by putting creative tools in their hands, allowing them to get their ‘stuff’ out on paper where they can do something with it,” says Kathy Curtis, an Indianapolis native and artist, whose creative talents and intuition have helped her many clients to heal.

Curtis says many people she coaches have a physical condition. “If we can awaken their mind to what their body is saying and awaken the body to what the mind can do on its behalf, we can make real progress,” she says. Typically, this can be done through a guided meditation, which at its core, is a way for the mind to send love to the body. “I give them the ability to enter their own creative flow.” In her process, they don’t use someone else’s words, they find their own.

How does this work? Most importantly, Curtis says, she creates an environment where it is safe to explore those feelings we haven’t wanted to look at too closely. This means it’s non-judgmental, and it’s okay to expect non-linear approaches. Usually, she starts by asking the participant to draw what it’s like to feel how your condition feels. With sexual assault victims, she has offered butcher paper and crayons, and the stories just pour out. Almost always, she says, the participant will apologize for not giving her enough to work with when they hand in their assignment. And almost always, Curtis says, the message is loud and clear, right there, clear to her...but not clear to the person who created it. In our families, in our congregations, in our society: we’re well-practiced in ignoring what doesn’t feel right.

Curtis understood the importance of journaling at a young age. She describes her family as “dysfunctional” and says they didn’t talk about it. But in her diary, she could say what no one else was saying, and address those things that got ignored. In her practice, she utilizes different approaches to getting feelings expressed in words, through planned assignments and stream-of-consciousness writing.

“I really just help people tap into the information they already have,” Curtis says. “People come in to the class or the session and it’s like they’re under a heavy blanket. I know how to help them move out from under it,” she says. “We need to say who we are and express our truth. I think it’s primal — we respond to being asked to say who we are.”

Kathy Curtis is an intuitively-guided healer who uses writing as a primary means of helping grieving people find peace. Her work is available at dailyom.com.
Laura Hoffman’s work with Lutheran Social Services brings her into contact with people from all walks of life, coping with all manner of challenge. Trained in addressing trauma, Hoffman has a better understanding than most about the lingering effects of childhood environments.

Adverse Childhood Experiences, or ACE, impact people their whole lives, she explains. “It’s important to move past the stigma of addressing trauma,” she goes on. “The effects are present in people across every level of education, ethnicity, economic status: These things happen to all kinds of people.”

The ACE survey is a series of questions for people to answer about their lives before age 18. A big study conducted over many years found that people who answered “yes” to four or more of the questions were many times more likely to face things like nicotine use, drug abuse, thoughts of suicide and other daunting challenges.

It’s difficult for individuals to understand that the past has such a strong impact on present life, says Hoffman. “Our culture says ‘move forward’ and ‘get over it’ and we’re ‘too blessed to be stressed’...which are all very judgmental assumptions for us if we do feel stressed or challenged. There is no denying, however, that our childhood experiences shape the person we become. One example is a one-time extreme occurrence like an unexpected encounter with a snake, or a biting dog. That can imprint itself in your subconscious and, for the rest of your life, in similar situations, you have three choices: fight, flight or freeze. The choice you make could relate back to your response to that one time occurrence. The good news is you don’t have to be stuck in that pattern — there are many therapy approaches to treating trauma and adverse experiences, and the Lutheran Social Services clinical staff utilizes a therapy called Eye Movement, Desensitization & Reprocessing (EMDR), enabling you to work through that scene and re-wire your response so you won’t be hobbled in the future.”

With more difficult situations — an ongoing toxic homelife, abuse or betrayal by those who were supposed to protect you, or repeated negative events — the depth of trauma may be deeper and more problematic to address. Hoffman says the Trauma Informed Care approach assumes that people are doing the best they can today, given what they’ve come through in their past. This starts off with giving individuals the benefit of the doubt: People want to be healthy and successful, but many simply aren’t equipped to achieve that, without some help. The “help” is first to
understand their story and, second, to see that the bigger picture God has for them is to heal. They may not fully see that outcome initially, but, if they can even get a glimpse of it, Hoffman says, it’s likelier they will allow others to share some of the tools to move them to that healthier experience.

Since so much of the effect of trauma manifests itself as shame, there is a lot of secret-keeping among people who have had negative childhood experiences. Our society still indulges in a lot of victimization, or blaming of the victim for some or all of their past. It’s wrong, she says, to think children are responsible for what happens to them. Hoffman says it’s important to talk about the truth, bring the secrets out of the dark, to reduce the isolation of shame.

Hoffman is relentlessly optimistic, assuring us that the brain is absolutely capable of healing. Trauma creates chaos in the brain, she says, but you can be retrained to make it digestible. Rather than a figurative snarl of trauma, you can retrain your thoughts to untangle those pieces, and cope with them in manageable bits. You can learn new ways to respond, to cope, to relax. Many people find prayer, spiritual focus and even just breathing to be paths to calming the chaos.

“We’re designed to be in balance,” Hoffman says. “God gave us healing capabilities so the firing and wiring of our brains can help us move toward balance and health. We are capable of learning how to receive love, even if we missed that lesson in childhood.”

Hoffman says she and the social workers and staff at LSSI share a prayer to help focus their interactions with clients. “God, Please let us see others through your eyes when we are dealing with symptoms and behaviors that can be frustrating.”

That just might be terrific advice for all of us.

Laura Hoffman is the Clinical Director and a Licensed Clinical Social Worker (LCSW), Licensed Clinical Addictions Counselor (LCAC), Master of Social Work (MSW) (from IU); and Certified EMDR Therapist at Lutheran Social Services of Indiana (LSSIN.org)

### TRAUMA INFORMED CARE RESOURCES:

- **LSSIN.org**
  Lutheran Social Services of Indiana
  https://www.cdc.gov/violenceprevention/acestudy/
  Centers for Disease Control site about Adverse Childhood Experiences.
  http://acestudy.org/index.html
  The ACE Study represents the contributions of over 17,000 Kaiser Permanente healthcare members who participated in the Study, Kaiser staff members, and epidemiologists at the Centers for Disease Control and Prevention, who continue to analyze data and publish findings. For many people, the ACE Study findings help explain conditions in their lives.

- **Emdria.org**
  EMDR (Eye-Movement Desensitization & Reprocessing) online resource for locating an EMDR therapist locally.

- **Books:**
  1. The Body Keeps Score; Brain, Mind & Body in the Healing of Trauma, Bessel van der Kolk, MD.
  2. Scared Sick: The Role of Childhood Trauma in Adult Disease, Robin Karr-Morse

The ACE Study is a tool to use to dialogue, explore, learn, and develop ways to offset the risks associated with elevated ACE scores and provide healing to past adverse experiences.
I know from living with an abusive man that there are no simple answers. My friends say: “He’s mean.” But I know so many times he’s been so good to me. And I know that the times when I put my foot down and try to be strong are when he gets the maddest and most scary.”

— Wife of domestic abuser

“Today I wore a pair of faded old jeans and a plain grey baggy shirt. I hadn’t even taken a shower, and I did not put on an ounce of makeup. I grabbed a worn out black oversized jacket to cover myself with even though it’s warm outside. I want to disappear.”

— Rape survivor
“A person never truly
gets ‘over’ a suicide loss.
You get through it.
Day by day. Sometimes
moment by moment.
So reach out. Speak up.
The worst thing you
can do is stay silent.”
— Family member

“I am not an illness. I have an individual story to tell.
I have a name, a history, a personality.
I am a sister; I am a daughter; I am a human being.
The trouble is, nobody wants to talk about it.
And that makes everything worse.”
— Person with schizophrenia
Janet Altmeyer is settling into her new role as Director of City Ministry for Trinity English Lutheran Church, where she oversees interactions with people who are seeking assistance from the church. Most of those with whom she meets come into the church during specified hours during the week. Much of the rest of the time, Altmeyer is meeting with agencies and organizations that are also engaged in the stewardship of limited resources earmarked for the many neighbors who are struggling in our community. Her approach is very clear: “We are dedicated to making people feel safe — to know that they can trust us to be kind and compassionate here,” she says. The word is out about Trinity English’s ‘compassionate ministry’, as Janet says several of the people who come to the door seeking assistance start by saying, “They told me you’d listen.”

Thematic Text

Altmeyer says it’s important to know that the welcome goes beyond just her own interaction. “A warm greeting by pastors, staff and members significantly contributes to the experience of feeling at home,” she says. “It takes all of us to create a welcoming atmosphere.”

Though there is no way to generalize the population seeking assistance, nor the kinds of help they need, Janet says it’s fair to say many feel “vulnerable, unsafe, at-risk and afraid” and the minimal assistance they may currently receive from various sources is almost always at risk of being cut off. So there is often a fear of being displaced, of having their children removed from the home, or not having money for needed medications, leaving a large percentage with terribly high levels of anxiety. This, along with various forms of mental illness (often untreated), is observed weekly. Various cultural and religious factors stigmatize many who require treatment and intervention for mental health challenges. Trinity English is dedicated to establishing a mental health ministry as part of the City Ministry initiatives. Raising awareness through education, training and listening to the stories of members and neighbors is a top priority.

That’s where ‘companionship ministry’ (Altmeyer’s specialty and Trinity English’s approach) comes in. “It’s not about ‘fixing’ things,” she explains. “It’s an opportunity to walk alongside someone, even when the path is rough. When God is present, there is peace, even if not a ready fix. There is a sacred space that occurs when people are bold to share their stories. It can be the beginning of what we hope will be a relationship built on trust and hope in Christ, as each of us seeks to be well in mind, body and spirit.”

Trinity’s experience with people seeking assistance is constantly evolving, Janet says. “Recently, our
main demographic has been mothers or grandmothers with children, mainly walk-ins. Last year, we had 552 individual visits.” They have a range of needs, but mainly she says they need to know how to access resources in the community. Trinity offers some initial assistance, but the priority is to connect people to services like Network for Safe Families, Park Center, Lutheran Social Services Works Program and others where they can be holistically assessed and find support and sustainable resources for their respective situations.

“Even though we don’t offer large handouts, we want each person to leave here feeling that they were treated with dignity and respect,” says Altmeyer. “God works through each of us,” she continues. “Trinity’s congregation has a foundation of generosity. Now we find ourselves with new meaningful ways to engage and be present with those outside our doors seeking hope and companionship in a community of faith. People want to step up and make a difference. This congregation has reached out to members and neighbors for generations, through benevolent giving. The compassion here has been extended to the community for years. It’s a privilege and a blessing to help continue that legacy.”

As the Director of Trinity English’s City Ministry, Janet works closely with the pastors of Trinity English, volunteers, and community partners to engage people in meaningful relationships where the love of Christ provides hope, healing and comfort. She welcomes members and neighbors alike to Trinity English — a place of sanctuary where individuals are greeted warmly and treated with respect and dignity.

Janet is a graduate of The University of Saint Francis and Vanderbilt University.

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She Hears...

You Talk & I Listen

Trinity English Lutheran Church is serious about wanting to be the catalyst for tough conversations. The thinking is that the world would be a better place if we all took the time to listen to one another’s stories.

Senior Pastor Gary Erdos set up two lawn chairs in Freimann Square in downtown Fort Wayne on a recent afternoon with a sign to let people know he’s willing to listen — to their thoughts, their observations, their stories: Whatever is on their mind. People seemed curious, but very few took him up on his offer. “It’s about what I expected for the first time,” Erdos said.

Pastor Erdos and Pastor Kathleen Haller and possibly other Trinity English staff will take turns sitting with the sign and inviting people to sit and talk. It’s not a ploy to drag people off to church or to ply them with information about Trinity English. It’s simply a chance to sit with someone, listen to them, and connect as human beings. As easy as that sounds, it can be one of the toughest things any of us can be asked to do. And, as this magazine underscores, these human conversations might change the world, change our community, change our congregations, or change our families, one conversation at a time.

So if you see us out with the lawn chairs and the sign, please sit and chat. Your story matters.