



Conference Care Newsletter

Vol. 8 • No. 2 • June 2017

*“And went to him, and bound up his wounds . . . and took care of him” Luke 10:34
“But that the members should have the same care one for another” 1 Corinthians 12:25*

Editorial

“What’s going on?” That’s a question people ask when they encounter something by surprise. Parents ask it; teachers ask it. It’s a valid question. However, if “awareness” is cultivated, the question doesn’t need to be asked as often. And as we ponder the awareness element, we discover that it’s important in many areas.

In elder care facilities, awareness could well be considered the foundation of quality care. Awareness is the step before “What’s going on?” Caregivers know what’s going on because they have their minds and eyes open to what’s happening around them. Training, experience, and a caring spirit add a lot to the awareness dimension.

In our effort to help people in the special-needs area, the committee would like to promote awareness. Awareness is important for parents directly involved with the challenges and for those who look on. It may be especially important for the onlookers. Yes, we would like to find solutions for every problem, but we know that’s not possible. But as we search, we become more aware of what is needed and what’s out there that may help. And we also become aware of what people are actually coping with.

The Empowered to Connect seminar that some attended a few months ago was not being promoted as the final solution for helping children from hard places. Attendance was encouraged to help us become more aware of what’s out there in the line of help. It is not a modern, new parenting method for “typical” families. It is a program that addresses treatment for children from hard places. What did we learn?

We need to remember we are dealing with two types of children: typical children from typical homes and children

with special needs from hard places in our homes. There may be some who fall into both categories.

There is a difference between praise and encouragement. The more a child is troubled or traumatized because of abuse and neglect, the more important it is to use encouragement. A well-adjusted child (typical) in a secure environment (typical) can deal with a lot of stuff, like with typical, caring parents who make mistakes.

Parents who fit into the typical category, yet have some problems with child nurture, might benefit from studying some of the approaches developed by experienced people who have made dealing with troubled children their life-work.

It is important that parents do not zero in on child-rearing methods picked up online or in books and make these methods the foundation in nurturing their children.

It is very important to maintain an open way with brethren, families, pastors, etc. It is just as important that pastors involve themselves in the challenges—stay in touch, support, and assist.

Correct diagnosis is important. With children from hard places, this is not always easy. But guessing and self-diagnosing can lead to more difficulties. There may be more help out there than we want to acknowledge.

We are mostly programmed for typical, traditional family-life settings and tend to base our decisions on what has worked in typical, structured homes. This traditional setting and structure is being challenged as the children from hard places are finding their way into our homes, schools, churches, youth groups, and communities.

Traditional and cultural mind-sets are very hard to change. Children who have been abused physically, psychologically, and sexually will not necessarily respond to

disciplines considered “normal.” Even in typical homes, parents indicate that children do not respond the same to training and discipline. For example, typical parents put a lot of emphasis on physical contact, touch, as they nurture their children. When sexually abused children are being nurtured, physical contact, touch, becomes a new challenge.

People rooted in tradition, failing to recognize child nurture challenges outside the traditional, easily say, “If they would just put their foot down once,” when they see parents struggling with children from hard places. Jesus teaches, “Blessed are the merciful: for they shall obtain mercy.”

We are on a journey, and it appears as if the road is curving. Let’s cultivate awareness. Let’s be mindful of one another. Let’s be careful in our judgments. Let’s be aware of what’s going on around us.

The Resource Team

A few issues back, the Care Committee introduced the Resource Team to readers of this newsletter. In this issue, we are repeating the introduction. We will also list the Care Committee members. As we operate in our Church conference, people are not always aware of what the Care Committee and Resource Team are.

Since the last time they were introduced, we have been in meeting sessions with them numerous times. We are thankful for how they are helping us with the issues we face.

Each person on the team has some involvement in the special needs area. They have been asked to serve in these positions by the committee, or they have volunteered. They have the support of their pastors. They reach out to others who are acquainted with a variety of challenges. These contacts have also been approved by the staffs of their congregations. We are not saying this to make it sound as if these folks are perfect and have a lot of answers for the different problems people are facing. We all feel inadequate; yet as we share, discuss and pray, it feels like the Spirit is at work. At Annual Meeting this spring, the committee and resource team had a special time of coming to grips with some issues and experiencing a sense of togetherness and brotherhood.

We ask you to pray for us. We also ask you to remember families, children, congregations, and staffs that are being confronted with special-needs challenges among us.

Listed are the profiles of the people on the Resource Team. They are open to be contacted and may have an understanding of your situation and may be able to point you in a direction that will help you.

Mark Loewen (chairman): mkloewen7585@gmail.com;
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Has a 35-year-old son who is developmentally disabled and hearing impaired and has a seizure disorder. Because of the challenges they have faced, he and his wife, Glenda, are interested in helping others with special needs.

Lawrence Penner (secretary): mtfawlbp@gmail.com

Lawrence and Bonny have been foster and adoptive parents since 1980. They have had many children of varying ages come through their home. The last number of years they have taken in teenagers who need a break from family, congregation, and/or environment. Individuals have stayed from six months to one and one-half years, one at a time.

Ida Klassen: idajayne@gmail.com

Since 2002, Ida has done individualized in-home therapy for children who have autism. She has experience in working with various professionals in this field. She teaches a parenting course and also has some knowledge of reactive attachment disorder.

Helmut Herman: helmut.herrmann@gmail.com;

Helmut raised a daughter who had Down Syndrome and has been involved with local nonprofit organizations which consisted of parents of disabled children. He, also, was on the regional community council and a provincial council, both of which had involvement with advising government on policy and giving input on the needs and successes found in other places. Currently, he provides respite care for an elderly gentleman as needed.

Marcus Durley: mjdurley@gmail.com

Marcus has worked with children with behavior needs, with support groups, with families, and in the school system. He has counseling experience, working with adults, marriage counseling, and other social issues.

Doeteke Jager: doeteke@hotmail.com

Doeteke is especially interested in children with special needs in our schools. She has experience in this area and is working as a special education teacher.

Vanessa Koehn: vkoehn02@gmail.com

Vanessa is an occupational therapist assistant who has spent years working with physically disabled children in the public school system. She is now the director of the Christian Child Care Home in Gallup, New Mexico.

Conference Care Committee

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Conference Care Committee Mission Statement

We, the Conference Care Committee, take careful responsibility to support and be a voice in the conference in relation to care needs among us. We will keep our hearts open to areas of care, as the Lord, through the voice of conference, directs this work. We will ever seek direction and blessing from our conference to which we answer, especially at Annual Meeting.

We will endeavor to provide support and counsel to our care facilities, including those wanting to establish new homes, promoting a spirit of fellowship and unity. We will facilitate the inspiration for personnel to work in our facilities.

We take responsibility to offer support to the parents and caregivers who are dealing with children with special needs in their homes, ever being mindful to work in unity with and respect to their home staff. We will recruit, take responsibility for, and support our resource team, so they can be available for these parents.

We will organize and hold meetings as needed for our committee, our resource team, the care facilities in our conference, and parents and caregivers dealing with special needs.

With careful stewardship, we will handle the conference quota and grant fund money allocated to our work.

Safe Treatment for Children

It is the desire of the Conference Care Committee to help with the challenges faced by families with special-needs children. We feel that the meetings conducted in various congregations have been valued and appreciated by those who have attended. People have been open-hearted, and the warmth we have felt encourages us to continue with these endeavors. As we have listened, we have shared the frustration and pain. It is our prayer that we can understand and continue to seek safe and Chris-

tian-based diagnoses and treatment plans for our children with emotional disorders. It would seem in place to more clearly state our present understanding on this most important issue.

Many of our homes have been blessed with children from foster care or adoption. These children, as well as those born to us, have their own individual and unique makeup. Sometimes there are emotional or developmental needs that we as parents are unable to understand. Some will require more care and attention, because of their special needs, than others. In some cases, special parenting techniques will be necessary; while in others, some form of professional help may be needed to put a child on the path to a rewarding life.

It is difficult to accept that we have needs in our homes. As a young child develops, and we begin to recognize that he has behavioral problems, special learning problems, or developmental delays, we must be willing to seek help. There are many teachings and programs offered to help parents with children who have special needs. We find comfort in those approaches that emphasize the Christian principles of nurture and structure in the home. One program of this type that we have examined and feel comfortable to recommend is “Empowered to Connect” by Karyn Purvis. This is a program that teaches parenting skills. “Trust-based parenting” is introduced in her book, *The Connected Child*. It is a safe and effective method to help children who have come from “hard places.”

If this consistent practice in the home is not successful, there may be a need to consider professional therapy. After prayer and counseling, it is imperative that the child be given the opportunity to obtain a proper pediatric examination and, if needed, a diagnostic examination by a licensed mental health professional. Inappropriate treatment has the potential to cause further damage. Early diagnosis and the implementation of proven and well established treatment interventions have the greatest opportunity for success and the lowest rate of relapse.

In our attempt to find the best treatment options for those in need, we have found some safe options for our loved ones; there are others that leave us with questions. It is vital that we are careful who treats our children, what qualifications they have, and whether the treatment method has the oversight and acceptance of qualified professionals. Working through, or gaining referrals, from a university- or hospital-based clinic can be recommended. Along with the advantage of a network of consultants, there is a high degree of accountability.

It is not the purpose of the Conference Care Committee to place themselves in the position of telling individuals, or their families, where to seek or not seek treatment. We would encourage anyone who has found their own avenue of treatment and feel pleased with the results to continue.

We would, however, urge caution when seeking therapy. Therapy is not appropriate without professional diagnosis. If the diagnosis is unknown, how can specific treatment for the problem be applied? Applying a label to behavior patterns is not a professional diagnosis. These labels can lead to many alternative treatment methods. Many of these methods are offered by individuals with limited credentials, training, and academic education in the field. Their methods of treatment are often coercive, controlling, and sometimes abusive.

There are various clinics, camps, and seminars offering treatment plans. Some of them place emphasis on treating attachment disorders. These treatments are often based on invalidated diagnoses that are derived from lists of symptoms and unsubstantiated sources. We do not support the practice of “attachment therapy” and would encourage our parents and caregivers to determine whether or not these methods are being employed.

The recognition and differentiation of underlying causes of emotional problems are seldom apparent to the untrained. These symptoms may, in fact, overlap across a broad range of emotional and organic disorders. Many of the claims of successful treatment are founded on anecdotal evidence and personal testimony rather than statistical studies that have been published and subjected to peer review. These claims may be used to boost patient recruitment and justify excessive fees. Even though these controversial programs operate outside the norm of accepted psychotherapy, they have gained a popular following. The fervor with which they are promoted and defended leaves questions. We are continuing to review programs and methods that offer safe therapy that has been accepted and proven by the mainstream mental health community.

We as a committee do not want to represent that we have all the answers. Along with the variety of disorders and conditions come a variety of solutions. After a family has explored standard treatment methods without success, the committee does not feel that counsel has been ignored when different courses are taken than have been recommended. Each situation is unique, and neither this committee nor any individual should become zealous for a particular methodology. Most of all, it is going to take prayer and a wealth of understanding to parent a child who lacks the foundational experiences that form a secure emotional state, and we want to support those parents. We need to share experiences, information, successes, and struggles as we continue to gather resources that may be used for safe, competent care of our loved ones. We are asking the Lord to show us the way. We need continued prayer and support as we move forward in faith.

“And let us not grow weary in well doing: for in due season we shall reap, if we faint not” (Gal. 6:9).

Conference Care Committee

Mental Illness—One Family’s Journey

Bipolar

In the early years of their marriage, the husband and wife were as clueless as anyone about mental illness. Although they had some extended family members who suffered from what they vaguely thought of as “mental issues,” most of these people were undiagnosed, and the couple dealt with these uncomfortable and baffling relatives by distancing themselves from the problems they didn’t understand. The two of them certainly never expected such misfortune to touch their happy little family.

Except, perhaps they weren’t as happy as they wished to be. The dad had an anger issue, but so did lots of other people, right? He was easily disturbed, and his patience was short. The mom thought if she could learn to be a better wife, it would help, but she seemed to be such a slow learner.

As the family grew older, she watched the pain and fear in the children’s eyes as they cringed from the verbal abuse, and her heart broke with her helplessness to protect them. Sometimes she thought of leaving with the children, but then, why would she leave when ultimately the dad’s anger was her fault? So she tried harder to be a better person until she was almost too exhausted to care anymore.

Meanwhile, the dad’s downward emotional spiral continued. The hurts he had experienced as a child, the frequent uprootings as his parental home struggled to survive, the messy divorce, the turbulence of a broken home, and the genes and the temperament he’d been born with, combined to brew up the perfect storm.

The inexplicable desperation and despair he could not escape from often drove him into a pit of depression so deep he saw no chance of escape. He was a very bad person, he told himself, too bad for even God to love. Which meant his chances of being saved were vanishingly small, so what was the point of trying? The pit grew deeper. The light grew dimmer.

At the same time, the dad often felt his family was the problem. Why couldn’t they manage to live the way he wanted them to live? His righteous indignation drove them even further away, but in his misery, he didn’t notice.

Slowly, reluctantly, his wife began to realize there was something more wrong with her husband than being a bit depressed. Perhaps, she began to suspect, there was more wrong with her husband than “being more spiritual” could cure. She noticed mood swings, a withdrawal from close friends, and an attitude so dark, sometimes she had to laugh about it to keep her own sanity. In spite of the innumerable warning signs, when her husband began to share his deepest pain—the suicidal thoughts he experienced,

sometimes on a daily basis, sometimes many times a day—she, the unprepared and naive Christian wife that she was, reacted with disbelieving horror.

She was convinced at last. There was something very wrong with her husband, but what, if anything, could be done to help him? The mom felt bewildered, afraid, and very, very alone.

Then the dad and mom went through a deep valley together, a valley of betrayal and broken hearts. And though they came out on the other side, battle-scarred but victorious, their children suffered from the inevitable emotional fallout. The mom trembled on the brink of psychosis, her security shaken to its roots. The dad's mental anguish deepened and spread into obsessions and possessiveness, and sharpened itself through sleepless nights, his security shaken to its roots.

Nothing good could come out of this murky, painful experience. Oh, that was a dark time, and it would have seemed this could not be part of God's plan for their family. But it must have been, because something good did happen.

The children were mostly adolescents now, and it was during the aftermath of this dark valley that they began to realize something needed to change in their home. And one day they decided to become the change they wanted to see in their world.

The children spoke gently to their parents. They said either their dad would agree to go to counseling, or the children would leave home. Well, when they put it that way, the dad started counseling.

Now, as it happened, the counselor was exactly the kind of counselor the dad needed—kind, empathetic, supportive; supportive not only of the dad and his family but supportive of his Church and his belief system, also. As it happened (and make no mistake, God's handiwork was obvious in both these circumstances) the family was blessed with a ministerial staff who understood the need for professional counseling, were humble enough to admit how much they didn't know about mental illness, and were willing to learn. The dad was persuaded, for the sake of his family, to start medication; it was a difficult side trip of trial and error, and nasty side effects. Even with the rare good fortune of having understanding supporters, the road toward mental stability was strewn with nails, and the family wondered at times if the journey could possibly be worth it.

Layer after layer, the dad dug down through the strata of the causes and effects of his mental illness. He was given the diagnosis of Bipolar II, and though it didn't ease his symptoms, having a name helped both him and his family to view the anger, the anxiety, the depression, the mood swings not as him but as his disease.

The family learned a lot about mental and emotional

illness in general and about their own family's mental issues in particular. They could trace the effects of the disease in their ancestors—now they could see why Grandpa acted the way he did. The bitterness of their childhood experiences faded a bit as they accepted that it was not really their dad but his illness that caused their emotional wounds.

They could recognize the pattern of the illness, how it struck the males in particular and how it spread into the extended family. And when its devastating effects claimed the life of one of their dear young cousins, oh, how they mourned and how they *understood*.

Perhaps to you, this doesn't sound much like the proverbial light at the end of the tunnel. Yet, for this family, it is, because understanding the enemy is the beginning of conquering it. To know what you're facing is half the battle. And another thing, you could talk to this family about depression, or anxiety, or even your suicidal thoughts. Here's a promise: Not one of us will respond with disbelieving horror. We'll listen with patient ears. We'll handle your pain with gentle hands. Our hearts will bleed with yours, because we know. We've been there, too.

Bipolar

I was diagnosed with Bipolar II Disorder about ten years ago.

Those with Bipolar II, as opposed to Bipolar I, do not generally experience cycling between the highs (manic/euphoric) and depressive states, but tend to cycle from depression to deeper depression, and from hopelessness to agitation to anger. Bipolar is a genetic disease, and the severity with which one suffers from it is determined by the strength of their genetic disposition and the environment in which they are raised. One might have the genetics but come from a stable home environment and not be as affected as someone with a difficult childhood. Temperament also is a contributing factor. I had sufficient odds stacked against me to create extreme internal turmoil.

Here is a quick rundown of my childhood. There were three of us children, all boys. My parental home was unstable, and my mom left the Church when I was in fifth grade. We moved away from the Church and ultimately ended up living in Denver, Colorado. When I was in seventh grade, my parents divorced. Until that time, I would oscillate between being scared they would divorce to wishing they would. During the divorce, the court granted custody of us children to my mom.

Very shortly after the divorce, my soon-to-be-stepdad moved into the house. He was from a broken home and had been a sergeant in the army during the Vietnam War. He was an alcoholic, and soon my mom became an alco-

holic. At the age of thirteen, I was allowed to drink and smoke at home, and the cigarettes and alcohol were provided by my mom and her husband. Our house was a hangout for neighbor kids, because they had more liberties than they were allowed in their own homes.

My brothers and I would spend our summer vacations with our dad, bringing along our bad habits and being exposed to the Church for a few months each year. Before I graduated, my dad had moved to the southern United States. After finishing high school, I stayed with my uncle and aunt who were much closer to Denver, and again lived among Church people. At this time, I wanted to get converted, but I couldn't give up my bad habits. A few of the Church youth I hung out with were also into music, drinking, and smoking. I am in no way blaming anyone, but rather feel somewhat responsible because I couldn't have been having a good influence on any of them. These were the same young people I had always spent my summer vacations with, so we had a history together that wasn't so Godly.

Later I moved to the south to live with my dad, which took me away from my former friends, and I had no one to party with. There I was converted and baptized into the Church at the age of nineteen. I was baptized in March and got married in December. God gave me a good wife, but I wasn't the "fairy tale" husband she may have been expecting.

I don't remember a lot of the bad stuff about the years before we had children and when our children were in school. People see things from their own vantage points. A fly caught in a spider's web has a different perspective than the spider. Both sit in the same web but have different views of the same situation. I do remember being depressed at times and feeling agitated a lot of the time. I can only assume, if I felt agitated, someone was on the receiving end. I believe I was a very difficult person to know as a husband, father, employee, co-worker, or school board member. The list could go on.

When my children were in their teen years, problems started to be apparent to me because the children were old enough to express themselves. From my point of view, I was fine, but the rest of the family had it in for me. I was extremely frustrated because I wasn't the one with issues. The problem was their unjust accusations against me. They felt I needed counseling, and counseling was absolutely something I would never ever do. That was beyond humiliating, and I thought I could never subject myself to such open shame.

Then there was a traumatic event in my life, and my response to it was the clincher for our children.

During this time, I did not sleep for four nights in a row. I would go out and walk the streets during the night in hopes it would help me sleep. There were days I would

never want to relive. I was so depressed and having such anxiety and panic attacks, I could not see how I would survive even the next hour. I was beyond desperate for relief, and yet I had zero hope that relief would ever come. If there was going to be relief, it would be via death. I knew suicide was not an option, but yet it seemed to be the only option.

The children gave me an ultimatum, and finally I agreed to seek help.

It was six months before the psychiatrist who could prescribe medication had an opening to accept a new patient, but I did start therapy with a counselor who understood me and my situation and was always supportive of my beliefs. She diagnosed me with Bipolar II, and though I felt the diagnosis brought with it a stigma, it was a relief to know what was going on.

Once I was able to start medication, my desperate depression lifted somewhat. Medication did not eradicate my brain disease, but it helped make it more manageable.

I wish I could say, "And we lived happily ever after."

Living with a person in depression is depressing. For many years, I was so consumed with my own depression, anxieties, and panic attacks I could hardly keep my own head above water. I was in no shape to relate to my family's needs but added to their internal turmoil and insecurities. I became uninvolved in their lives, which drove us further apart.

I am fifty-six years old now, and the bipolar disease has not decreased. One of the medications I took for years stopped working and began increasing my anxiety and panic attacks. During the past year or so, I have run the gamut of medication changes, and, putting it plainly, it has felt like hell on earth. There were some days I was too miserable to be sitting, so I would stand; I would be so miserable standing, I would lie down. I might lie for one minute, and being too miserable lying down, I'd stand up again. There was no way to get away from the intense misery. Again, death seemed to be the only means of relief. I wished for a heart attack and felt there was no way it could happen soon enough. There have been times when I went for days on end thinking about suicide many times a day. I planned how I would do it, knowing I couldn't, but yet wanting to.

I once asked my psychiatrist, "How do I know I need

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to take medication?” because I did not want to take medication if it was not necessary. She said, “I know you need it because you can handle it. If you did not need the medication you would experience double vision, and other odd side effects, similar to being drunk.”

It is far too common that when someone is taking medication to help normalize the brain’s chemistry, they get to feeling better and stop taking it. They MUST realize the medication is WHY they feel better. Stopping the medication causes withdrawal symptoms. Restarting it again puts the person in a wild and horrible roller coaster ride. My personal opinion is, it would be better to not start taking medication, than to stop and restart it over again. It may help to remember that taking medication to help replace the missing chemistry in the brain should not be any more humiliating than taking medication for heart disease, kidney disease, or cancer. The brain is an organ and is just as susceptible to disease as any other organ in the body.

If there is one thing I have often wondered about, that is what it would be like to be normal. Having a brain which lacks the proper chemistry for normal emotions causes an unrealistic view of life. Often, it includes a greater than normal tendency toward brilliance and ingenuity, which may sound nice but isn’t always helpful for fitting in with your peers.

Bipolar disorder, as well as schizophrenia, autism, and others, are often called “mental illnesses.” This is not a correct term, but it is so entrenched in society that it will probably never change. The term “mental” has to do with cognitive reasoning, intelligence, and intellectual ability. Many bipolar people are highly intelligent and creative and, in their own way, have contributed greatly to society.

In conclusion, there is no conclusion. Life goes on. If I were handing out advice, I would say, If you or your family think you may have a brain dysfunction, face the facts. Acknowledge you have a problem. Seek for help, and accept the help you are given. And never give up.

[NOTE: The people who shared the above two articles were open to having their names included. However, it was decided to leave the articles anonymous. THE EDITOR]

A Song Within

by Deb Nightingale

The sky was black, for the day had not dawned. I could feel the stillness of the early morning for the world was still asleep, except for a few early birds. The clock, in the

dark interior of the car, boldly proclaimed the time of the new day, 5:28 A.M. What an insane hour! Yes! What an insane hour to be pulling into the manor parking lot to begin my day.

I swung the car door open, and a chilling March breeze met me, the kind that chills you to the bone. I glanced up at the sky, searching in vain for stars. Not one to be found, for a blanket of clouds covered the sky. I hastened my steps indoors to begin the day, and then I heard it, the song of a robin, a robin singing into the darkness of the early morning. My steps slowed and came to a stop as I passed the bare oak tree. The yard light was shining around the tree, and there I found him, perched on a branch singing as if the whole world was listening! I glanced about the tree, not one leaf could be found to shelter him from the cold wind that was blowing; still he sang on. No stars in the sky to twinkle down their praise on his song; yet he sang. Furthermore, no one in the whole world but me was paying him any attention, so why sing on?

I walked into the manor to begin the workday, but that scene has lingered in my mind. The robin was offering his praise to his Creator that morning. His surroundings were dark and cold; yet he had a song to sing, and he was singing in the night.

How is it in my life? Does my everyday life offer the beauty of praise to my Creator? Do I have a song within? The Holy Spirit is the melody within my heart and is the music in my soul. This melody is felt by those I work with and those I come in contact with. It’s easy to sing praises when the sun is shining brightly, the flowers are blooming, and the world is smiling with me.

What about the times in my life when my skies are covered with a blanket of clouds and I cannot feel the warmth of the Son? The winds may be blowing hard, threatening my very foundation. Can I be still and rest assuredly that the Holy Spirit is my anchor and the Son is there in the midst of the clouds? Sometimes those most troublesome times in our lives produce the most beautiful song of all—the song from within.

The following are some of my inspirations I’ve had while working at the manor.

It’s early morning again, and I’ve begun the day’s work. When I hear a song floating down the hall. I glance up at the clock, 5:55 A.M. and this resident has a song to sing! She had recently told me that she was ready and waiting for Jesus. This morning I heard and felt her song from deep within. The words of her song floated down the hall, “To Canaan’s land I’m on my way, Where the soul of man never dies...And I will spend eternity, Where the soul of man never dies” (Wm. M. Golden, “Where the Soul Never Dies”). Her voice was strong and clear. The notes and timing were not perfect, but it was so beautiful that I could not miss the message—her song from within.

Going down another hallway at noon time, I stopped, for I heard someone praying. He was kneeling beside his walker that day, praying to his Father in the eternal heavens above. His walker became an altar to God that day. I quietly stepped away from his hallowed spot. I felt his song within.

A song within—sing it boldly to this lost world! Let it be heard! And when you feel that all else has fallen in around you, remember, one song remains, the song within.

Notice

A special-needs meeting, organized by the Conference Care Committee, is in the planning stages. It will be hosted by the Glenn, California, congregation and will convene August 17, Thursday, in the evening and then August 18, Friday, till supper.

Courtesy committee will be Bill and Sharon Giesbrecht with cell numbers, 530-330-0811 and 530-520-7684; e-mail: billgiesbrecht@gmail.com; and Daniel and Rachelle Unruh with cell numbers, 530-330-0292, 530-517-1016; e-mail: daniel95970@gmail.com. The nearest airport is Sacramento.

More information will be sent via Conference Services and in the *Messenger* at later dates. Committee chairman, Steve R. Koehn; e-mail: srkoehn@bellsouth.net; Phone: 662-312-4518.

The Care Committee