INTRODUCTION

In March 2002 I suffered a complete mental breakdown resulting in several fairly extended hospitalizations, medication and psychiatric therapy, before I could reasonably have some recognition of self and identity.

It took almost eight years before I was reasonably well to consciously pray, and act without disintegrating into a crumbling messy heap at every instance of anxiety. Therapy and medication helped restore some chemical balance in my brain. My wild negative thoughts and actions, extreme anxiety, panic attacks and uncontrollable sobbing continued with short periods of calm in between. These are classic symptoms of chronic depression resulting from Post-Traumatic Stress Disorder (PTSD). The sense of my spirit, my soul screaming out for God was deep and often frightening.

With family support I continued the rituals of life and religion, meaningless and empty as they seemed at the time, but necessary for survival. In retrospect the religious routines learned at childhood provided the needed stability in a chaotic life. The light of reason and love did penetrate intermittently. At other times, I allowed events and life to take over. All through the years my desire to understand my mental illness vis-à-vis the Christian doctrine of the Incarnation of Jesus was strong.

In my case, a breakdown in every sense of the word, was necessary to unearth the meaning of the Incarnation and human suffering for growth and healing. An in-depth analysis of myself as subject called for an honest and authentic understanding of my own consciousness and development to uncover valuable insights for myself, and by extension for others desiring to know, to love and to worship the God in their lives. This thesis proposes that mental illness as a contemporary human condition can allow for a recovery of the doctrine of the Incarnation, its implications and relevance for at least for this believing Christian.
My aim is not to recover in detail the theological arguments scholars have developed so thoroughly over the centuries. This thesis will take the doctrine of the Incarnation as a given, accepted teaching. What it seeks are answers to some specific questions:

1. What does ‘Incarnation’ mean and involve in real human terms for the twenty-first century Christian?

2. What underlies the faith claim: ‘And the Word was made flesh’? (Jn 1:14)

Accordingly,

3. What new questions emerge and direct Christian reflection on key concepts surrounding Eucharist and Christian worship and praxis?¹

To speak today of Jesus the Christ, fully human and fully divine, requires a serious consideration of views regarding the human body that holds the human psyche.² Such a consideration requires a disciplined, rigorous and dialectic engagement with the doctrine to uncover the implications of what is wholesome or destructive to the human person.

Bernard Lonergan’s transcendental method of theological enquiry with a particular attention to doctrines, explored in chapter twelve of his seminal work *Method in Theology*, provides the framework and process to interrogate the data of experience such that ‘a cultural matrix and the significant role of a religion in that matrix’³ is a goal. Such an enterprise necessarily engages itself within an inter-disciplinary context of current scholarship including psychology, the arts, theological anthropology. Scripture, papal encyclicals, the writings of prominent and significant theologians provide the crucial resources for


dialogue and engagement alongside the personal experiences of the researcher as subject for self-appropriation and understanding.

M. Shawn Copeland draws on her personal experiences and the collective stories of African American women as a basis for a theological anthropology to unveil ‘the suffering bodies at the heart of Christian belief’ in relation to the Incarnation experience. This thesis attempts to demonstrate that suffering resulting from mental illness likewise, will allow for an understanding of ‘the meaning and purpose of existence within the context of divine revelation.’ To her contribution to the conversation, I add my own thoughts based on personal experiences of the significance of the Incarnation story.

This research into the doctrine of the Incarnation with a quite specific purpose: to try to elucidate the link between the Incarnation and human healing within the context of mental illness is autoethnographic. It is one consideration of how mental illness can provide a way to consider faith, belief, worship and Christian practice in an age of burgeoning anxiety and hopelessness. The generally silent and invisible torment of this human condition often goes unacknowledged or misunderstood even in the context of religious development and what it means to be God’s own. It begs a modest articulation at least.

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5 Copeland, 23.
6 Autoethnography is an emerging genre of research/writing that moves beyond anthropology, placing the relationship between the subject/writer as knower and the known at the centre of information created through making evidence for, rather than fact finding. It aims to analyse and draw from personal interpretations through a disciplined, empirical method of investigation. Cf: Deborah Reed-Danahay (ed), *Auto/Ethnography: Rewriting the Self and the Social* (Oxford/New York: Berg, 1997).
CHAPTER ONE

1. Who can heal me?

There is in human beings a strong desire for healing in the face of a chronic or terminal illness. For those with a faith tradition, there is often a turning to God or an urgent desire for healing through one’s religious beliefs and practices, particularly when cures seem impossible. It may involve a complementary search for meaning that includes studious and in-depth research into the tenets of the believer’s religion. This chapter begins with such an exploration of understanding the human drive for God, believed to be essentially a desire for wholeness and healing.

1.1 Understanding the foundations of the human desire for God and for wholeness

The desire to know God and oneself in relation to God is gift, is ‘grace.’ For Christians this is an acknowledged reality in human life. Over the centuries many have attempted to define and formulate ‘grace’ for believers and non-believers. One possible definition is the movement of God’s Spirit that, perpetually in a dynamic relationship with us, his creatures, eternally infuses and permeates the created world. This presupposes a Trinitarian relationship that must include the Word, Jesus the Christ, for a genuinely meaningful life.

Accordingly, the human desire to live intelligibly provides the thrust toward an existential or religious quest. For the Christian believer, the movement and momentum toward the God of love is the desire experienced as a call, a strong urge and an unsettling, troubling restlessness to seek some inner peace, calm or fulfilment within the self. Consequently, it is the desire for healing.\(^7\) The aim is a transformed life, requiring the subject to attend to their consciousness in a practical, workable and disciplined method.

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For Lonergan, self-appropriation must begin with the raw data of human experience. The human subject through rigorous yet responsible attending to the conscious and seemingly unconscious dimensions may discover insights significant for greater clarity and intelligibility to life’s meaning and purpose. A more authentic life results, one oriented to God and the common good. Insightful gifts received at God’s appointed time become gifts shared. Until then, ‘all one can do is let be what is, let happen what in any case keeps recurring.’

Understanding this acknowledges the real struggle involved: the tension between the desire for wholeness and the need to respect and give over to God’s time and thereby to one’s own readiness.

1.2 Expressing human desire
This section begins with a brief appreciation of Psalm 63:1-8, to uncover some concepts regarding the human desire for God and healing.

The intensity of human desire, its depth and effect is eloquently expressed in the first stanza. The psalmist cries out to the God so longed for that his ‘soul thirsts’ and his ‘body pines.’ (Ps 63:1) That overwhelming desire is further revealed in the niggling interior restlessness. It is so startling, that a response from God becomes the imperative and the psalmist is drawn to ‘gaze on you in the sanctuary/to see your strength and your glory.’ (Ps 63:2) A call from God to the psalmist and likewise the psalmist’s own desire for God’s response is what Catholic theology terms the movement of grace within the human being.

The reason for the continual desire and yearning becomes clear: God’s love ‘is better than life.’ (Ps 63:3) The psalmist’s response is to praise his God. His life becomes meaningful through attaining an interior joy that further motivates him to continue attending ‘through the night.’ (Ps 63:6) It is God and only God who becomes the reality and certainty amidst the vagaries of life. There is a

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8 Lonergan, Method, 113.

sense of ache, an existential suffering emanating from the psalmist’s experience of seeking God. He is pushed to choose life or death. Therein rests the paradox of human longing for ‘something’ or ‘someone’. For the truly believing Christian the choice must always be ‘Love’ or ‘God’ or ‘Life’. Indeed, all three terms are interchangeable.

True mystics have similarly discovered the desire that seems to consume the whole being. For St John of the Cross, ‘This immensity is indescribable and because of it the soul is dying of love.’10 Again the life-death paradox becomes a fierce reality within the soul’s search for union with Love. Teresa of Avila simply states, ‘What is life if there is no love? The best thing must be to flee from all to the All.’11 Thus life attains greater meaning if and only if Love/God/the Holy/the Divine/the sacred is integral, affirmed and breaks into the reality of human understanding and living. Rosemary Haughton speaks of how ‘The human spirit seeks to know itself...’ and is ‘simply aware of a huge need.’12 This need, ‘that fateful call to a dreaded holiness,’13 becomes confronting for the individual, surfacing into ‘a real desire for life, and the courage to risk something in searching for it.’ This ‘becomes a motive power for action, even though its roots are not recognized.’14 These deep, difficult and frightening existential questions require some resolution through a connection with the ‘Other.’ Then faith and belief merge in the reality that God’s ‘right hand holds me fast’ (Ps 63:8b).

It is grace, we believe that drives our desire, and it is grace that leads us to seek answers to existential questions. It is both response and call to the

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13 Lonergan, Method, 113.

14 Haughton, Transformation of Man, 70.
promptings of God’s own desire to love us. Suffering results but if faithfully and patiently attended to, opens our religious horizons moving us towards a transformed way of life, to further discoveries of who we are in relation to ourselves, our world and our God. Thomas Merton reflecting on Vita by St. Jerome calls it an ‘artful work’ awakening him to ‘the return to unity, to the ground, the paradisial inner sacred space where the archetypal man dwells in peace and in God.’\textsuperscript{15} As with Merton, so it is with any human being trying to understand the workings of grace in their tumultuous lives that lead on to God and healing.

1.3 The distinction between ‘faith’ and ‘belief’
Common usage conflates the meaning of ‘faith’ and ‘belief’ rendering them synonymous. Hefling clarifies that:

\begin{quote}
Love is a state of mind as well as of feeling. A change of heart brings about change in the stand one takes on the most fundamental issues of human existence, and the gift of love without limits or conditions gives rise to convictions that I propose from here on to call ‘faith,’ as distinguished from ‘belief.’\textsuperscript{16}
\end{quote}

At another place he states that faith

\begin{quote}
… is something to live for, some purpose or direction or goal, a reason why life should go on. … In the religious sense … faith is … knowledge that depends on conversion … knowledge that is conscious yet not the self-generated product of conscious reasoning.\textsuperscript{17}
\end{quote}

\textsuperscript{15} Jonathon Montaldo, ed., \textit{A Year with Thomas Merton: Daily Meditations from His Journals} (San Francisco: Harper San Francisco, 2004), 131.

\textsuperscript{16} Charles Hefling, \textit{Why Doctrines?}, 2\textsuperscript{nd} ed. (Chestnut Hill, Massachusetts: The Lonergan Institute, 2000), 19.

\textsuperscript{17} Hefling, \textit{Why Doctrines}, 20.
Hefling draws on Lonergan’s work in suggesting that faith belongs to ‘a realm in which love precedes knowledge.’\textsuperscript{18} The common assumption that ‘faith’ and ‘belief’ are synonymous existed ‘not from an older doctrine, but only from the older manner of speech.’\textsuperscript{19} A contemporary Christian understanding note that ‘faith,’ God’s gift, ‘is itself self-justifying’\textsuperscript{20} whereas ‘beliefs’ are ‘information, interpretation, the formulation of new and the dropping of mistaken judgements of fact and of value …’\textsuperscript{21}

Faith therefore, being closely linked with human experiences of God, is not limited to specific social, political, cultural, linguistic or religious systems. Hefling explains,

Expressing your faith in some way is not optional, but how you express it is. The decision need not be deliberate and open-eyed; the expressions you use can simply be ‘given by your century’ and accepted more or less unreflectively.\textsuperscript{22}

In matters of faith, then, a personal choice is made at some depth. Believing on the other hand calls for a trust in what someone else has said.

In an increasingly secular, pluralistic world where the major religions do not have a monopoly of people’s attention regarding how to live moral, ethical or/and spiritual lives, this faith-belief distinction is necessary. Confusing beliefs with the faith that drives humans toward all that is good can become the basis for a blanket rejection in human affairs both of religious experiences and institutional religions. Understanding the distinction liberates the possibilities for truly religious persons to acknowledge and affirm the faith.

\textsuperscript{18} Lonergan, \textit{Method}, 123.

\textsuperscript{19} Lonergan, \textit{Method}, 123.

\textsuperscript{20} Lonergan, \textit{Method}, 123.

\textsuperscript{21} Lonergan, \textit{Method}, 123.

\textsuperscript{22} Hefling, \textit{Why Doctrines}, 21.
experiences of others without necessarily agreeing with their religious beliefs or philosophies. The potential and promise for dialogue, for connection and for greater appreciation and acceptance of others become more probable. The more religiously authentic person is better able to understand that ‘there are no linguistic or cultural bounds on the experience’ of God, and hold with genuine respect and awe the sacredness of the other, even in the face of contradictory religious beliefs.

1.4 Integrating faith, belief and life

Philosophizing on the abstract level leads to a naïve acceptance of concepts and theories. Theoretical arguments swathed in religious platitudes and slogans, confined to unquestioned cultural, social and historical practices of religion have limited use; likewise the unquestioned orthopraxis of religion for its own sake. Concepts and practices disconnected from human experiences and what they mean for the believers remain on the level of something to admire and to nostalgically reminisce about while being presented as absolutes to be accepted unquestioningly.

From time to time, doctrines, dogma and the justification of practices have to be interrogated if they are to remain relevant and true to the faith experience of those who first formulated the teachings. If teachings are not explored for their meanings, relevance and application to human living, a suffocation of faith can result. Those directly responsible for transmitting the collective faith are finally accountable for the way they present the doctrines and dogmas, given the historicity of each era. This is vital for the following reasons: firstly, so faith communities do endure ‘as new members replace old, (and) expressions become traditional,’ and secondly because the Judaeo-Christian God ‘is a personal entrance of God…into history, a communication of God to his (sic) people, the advent of God’s word into the world of religious expression.’ Unquestioning belief is not only irresponsible, but does no

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favour to the way of Jesus the Nazarene. The heart of his teaching ministry is centred on dismantling the purity laws that denied the people of his time a genuine experience of their faith tradition, one based on the covenantal love between God and God’s people.

For those aware of the need to integrate faith and belief in life, choosing instead to remain ignorant of the dynamics involved puts them in danger of being like the Pharisees who ‘lock the door to the Kingdom of heaven in people’s faces, but … (who themselves) … don’t go in, nor … allow those who are trying to enter.’ (Mt. 23:13-14). Genuine Christian living demands we remain true to the call of the heart to search ‘through prayer and penance and religious love’.

1.5 A personal exploration
This thesis examines precisely the issue of what it means to be part of the mystical body of Christ in the face of suffering. This personal inquiry and reflection comes at a time when a childish faith does not suffice. Escape into the security of what the church has taught down the ages without seriously grappling with the meaning of the dogmas and the doctrines professed each week at the celebration of the Eucharist risks stagnation and suffocation. The ‘formative stage’ where unquestioned belief and aphorisms guide and provide the certainty of daily living must give over to transformation. As Rosemary Haughton states,

> Formation, according to a law which is holy and just and good, is necessary if man (sic) is to live. Yet in practice, if its influence is unbroken, it leads not to life but to death of love by asphyxiation. Transformation therefore can only occur when formation breaks down, and this often happens because people break the law, because they sin. Yet nobody could say that love is the result of sin, for sin is disorder and separation and nonsense, and love shows itself as peace and unity and lucid sense.

Love manifesting as ‘peace, unity and lucid sense’ is a desired personal goal.

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27 Haughton, *Transformation of Man*, 34.
Can we continue to profess an unquestioning belief in the mystery of the Incarnation solely *because* it is dogma? For a steadfast believer the certitude of this article of faith becomes sensible, powerful and hope-filled even to surpass the imagination, only through living it, professing ritually, liturgically, sacramentally, theologically over and over that Jesus Christ, Son of God is both fully human and fully divine. He *is* the Word Made Flesh.

The arguments and the struggles surrounding the Incarnation have been the basis of numerous discourses from the time of the infant church grappling to forge an identity and a collective sense of who and what Jesus the Christ is all about, right up to the present. At a time when the rates of mental illness globally are reaching pandemic proportions\(^{28}\) a sustained questioning by believers of the meaning and practical contemporary relevance of the Incarnation seems called for. To this enterprise I offer my own discoveries.

\(^{28}\) Cf. Appendix 2.
CHAPTER 2

2. Giving mental illness a voice

A personal desire for wholeness and healing requires thorough discernment between a real spiritual drive and the emotional upheavals within the self. The examination requires a stepping back from the complex, confusing and conflicting states of mind and spirit, made more difficult through a chronic mental illness. Investigating the healing of mental illness within the Christian framework begs clarification of the fundamental questions concerning faith, belief and the human spirit. This chapter uses Luke’s account of the demoniac to begin the exploration and Jesus’ own response in effecting healing. A personal narrative highlights several issues for further theological exploration.

2.1 A reflection on Lk 8:26-39.

Then they went out to see what had happened, and came to Jesus, and found the man from whom the demons had departed, sitting at the feet of Jesus, clothed and in his right mind. (Lk 8:35) Now the man from whom the demons had departed begged Him that he might be with Him. But Jesus sent him away saying, “Return to your own house, and tell what great things God has done for you!” And he went his way and proclaimed throughout the whole city what great things Jesus had done for him. (Lk 8:38-39)

Luke’s focus is on Jesus’ healing ministry. A contemporary interpretation through the lens of mental health, sharply questions the basic assumptions surrounding human identity and meaningful living. M. Shawn Copeland notes in her work, Enfleshing Freedom that ‘the doctrine of the human person or theological anthropology seeks to understand the meaning and purpose of existence within the context of divine revelation.’ She alerts the reader to an urgently needed re-assessment of the issues for a ‘Christian reflection on

29 Copeland, Enfleshing Freedom, 23.
being human.\textsuperscript{30} A genuine theological anthropology consequently attends to mental illness as an issue for this examination.

There is, appropriately, a global concern to alleviate abject material poverty, violence and deprivation within human societies. The underlying critical issue of mental health among these suffering millions, nonetheless, requires an equally urgent global response. Many cultures and beliefs have historically attributed mental illness to demon possession. This persisting disordered concept creates unnecessary and unjust torment for unwitting sufferers. Actual demon possession aside, the demoniac can be seen to represent every mentally ill person regardless of gender, class, race, culture, age or specific psychological dis-ease. The tremendous human suffering of mental illness for the most part remains ‘invisible’\textsuperscript{31}. The contemporary Church cannot ignore this crucial justice issue if it claims to have a ‘preferential option for the poor.’\textsuperscript{32}

Mental illness robs people of their dignity, their sense of personhood, as suggested by the demoniac’s socially unacceptable behaviour and nakedness. It disconnects people from the wider community, friends and sadly, family. Isolation and alienation are common experiences. Luke’s possessed man lives in the tombs, the dugout caverns where the dead are (Lk 8: 26). This metaphorically apt description indicates the extreme state of existential deadness, a common experience among the mentally ill. Homelessness too is frequently as much a psychological and existential reality as is physical or social homelessness.

The Gospel account recognises the fact that psychological pain extends over ‘a long time’ (Lk 8:27). The mentally ill often suffer grave social dysfunction complicated by heightened anxiety, physical ill-health, phobias, aggression,


\textsuperscript{31} Cf. Appendix 3.

\textsuperscript{32} Cf. The Medellin and Vatican documents on social justice including \textit{Gaudium et spes} and the social encyclicals from Leo XIII to Benedict XVI.
severe negative and distorted thought processes, to name but some.\textsuperscript{33} Each in itself is a major difficulty requiring appropriate medical and psychological intervention. The man possessed by several demons is a telling image of the mentally ill person.

Jesus initiates the healing with the man’s permission, affirming the rights and cooperation of the individual. He recognises the sacredness of the person, not his crippling condition. With healing, the demoniac becomes calm, clothed and seated at Jesus’ feet (Lk 8:34-37). His identity and dignity as a human being is restored. The recognition of this however, is far from complete.

The man in his new found state of wellness wants to ‘be with him’ (Lk 8:38). Needing Jesus, he remains oblivious to the fact that overall healing requires a supportive and nurturing community. Jesus rightly sends him away, reconnects him with his family and society while urging him to acknowledge the presence of God in his healing. Paradoxically, the demoniac’s restored state challenges the ignorant, fear-bound and faithless community that needs him as much as he needs them. They failed to see Jesus’ creative, compassionate and redemptive work, ironically attributing Jesus’ actions to the work of the devil. Ignorance drives their fears and continues its stranglehold on the whole community.

All sufferers of human injustices risk mental ill-health resulting from trauma, abuse, alienation, exploitation, condemnation and incarceration for no reason other than they are ‘undesirables.’ The immediate connection between mental well-being and anthropological theology becomes obvious for ‘the upheaval of our world and the upheaval of our consciousness are one and the same.’\textsuperscript{34}

\textsuperscript{33} I personally experienced these symptoms.

2.2 A personal narrative

The revealed gospel insights become more convincing as they emerge from a personal experience of mental illness. Modern psychiatry and psychology is only now realising the importance of considering the spiritual dimension in treating mental illness. In retrospect, writing the previous gospel reflection while in a psychiatric hospital was intentional spiritual work, part of a slow and laborious attending to my psyche over many years. The road to recovery has become an attainable possibility. Faith, hope and love remain a life-long goal. The simple conscious acknowledgment of this truth strengthens the spiritual foundations for a consciously meaningful life. Christ himself promises that ‘Those who believe in me even though they die, will live, and everyone who lives and believes in me will never die.’ (Jn 11:25-26) This remains a personal daily motivation.

Could the healing process have been less protracted if there had been access to a spiritual director or another person willing to companion me into my spiritual world as a complement to my psychiatric therapy? One insight gained from my inability at that point to locate a spiritual director or even a chaplain versed in mental health issues, suggests the need for properly trained spiritual guides available to work with the mentally ill. Integrating the skills of science and medicine with those of religion to aid recovery is cogent. Engaging the individual first as a person – remembering that some are persons of faith – rather than a case to be solved scientifically or medically is a skill most often lacking in the provision of general health care. The therapeutic benefits for patients who feel they are respected and are actively involved in their own health concerns are well documented. A pervasive, desensitised and sanitized culture that glorifies reason at the expense of life’s mystery, is one contributing factor to the rising rate of mental ill-health, despite the fact that longevity and access to good medical care has never been better (at least in the developed West).

Mental illness provides moments of tremendous fear and doubt and moments of tremendous grace and restoration; for the one who is ill and for those connected to the unwell person. The challenge though monumental is not
impossible, if there is development and movement towards inclusiveness in everyday living. Genuine, heart-to-heart connectivity is key for wellness; even more paramount in today’s fast evolving societies. For Christians this is central to the incarnation principle and the Gospel injunction to build

...the kingdom of God, which has been begun by God Himself on earth, and which is to be further extended until it is brought to perfection by Him at the end of time, when Christ, our life shall appear, and 'creation itself will be delivered from its slavery to corruption into the freedom of the glory of the sons of God.'  

Ignoring this implicates us in 'structural sin.'

2.3 Understanding suffering as “Holy Invitation”

It is widely recognised that, ‘Suffering is…constructive, it is building stuff, God uses it. Our suffering can be used directly for ourselves; in the solidarity of the human race, our suffering can be used for the building of others, and theirs for ours.’ Such an insight comes only after the fact. Jesus understood suffering when he stated categorically, ‘Am I not to drink the cup the Father has given me?’ (Jn 18:11) The culmination of his personal suffering on the cross demonstrated his full solidarity with humankind. The beauty and the mystery of Christ’s suffering and death is ‘God … reconciling the world to himself … For our sake he made him to be sin who knew no sin, so that in him we might become the righteousness of God.’ (2 Cor 4: 19, 21)

Jesus’ final and total surrender to his human condition is revelation of his divinity, one always ‘orientated to the mystery of love and awe … unrestricted love to reveal and uphold all that is truly good …’ even to accepting death on a cross. His full humanity is likewise revealed through his solidarity with


36 John Paul II, Sollicitudo rei socialis, (Vatican City: Vatican Press,1987),  


38 Lonergan, Method, 119.
those who represent universal suffering: by disease (lepers, haemorrhaging women, and the physically handicapped); by gender (women and especially widows and prostitutes); social status (tax collectors, criminals, thieves) and ethnicity (Samaritans, Romans and Syro-phonecians).

When one is in the midst of an unrelenting, excruciating pain that pulls one into a black hole of nothingness, the reality of God’s invitation through suffering may seem contrary to the image of a loving God who, by faith one knows, is as close as a heartbeat. Before rigorous therapeutic work regarding suffering can begin, therapy must include medication, psychiatric counselling but most of all loving, attentive and respectful care to bring the subject into a reasonable state of being. Soothing through wordless but full engagement with the sufferer frequently provides the needed balm as well. It is Jesus allowing Mary to express her full gamut of emotions through touch and tears. (Jn 12) Suffering expressed, recognised and respected validates the existence of the ‘self’ when it is most needed.

2.4 The transformation of self
When divine abandonment seems total, the dynamism of grace does continue to mysteriously unfurl, although more frequently than not, grace remains indiscernible. For most of my first forty years of life, the sustained and unquestioned belief in religion, family, and community support provided the means for coping. The exhortation to live my vocations as wife, mother, daughter, sister, teacher and friend to the best of my ability using all the resources I believed God blessed me with was a primary drive. The gospel teachings framed my living, strengthened my faith, and allowed me an expression of dedicated, generous love for God by loving others as best I could. Love was the motivating and guiding principle strengthened by communal culture.

With each major life crisis I pleaded unceasingly to God, made sure I acted morally and ethically, scrupulously practiced and lived my beliefs (as I interpreted them). I would be ‘okay’ and up to a point it was ‘okay.’ A devoted servant was how I saw myself in relation to an ‘authoritarian’ God who
demanded sacrifice not intimate love. Religiosity and an infantile faith marked my Catholicism. The incarnation was something that only happened to Jesus. While well-meaning, generous and sincere I lacked the ‘better part’ chosen by Mary to sit ‘at the Lord’s feet.’ (Lk 10: 38-42) The dualistic and sometimes puritanical conduct of my belief system, while having some good outcomes became ‘mind-forged manacles’ that needed to be broken.

In 1994, my husband and I moved our family to Australia. Our life-changing journey parallels many journey stories in literature, in Scripture, in the different stories that cut across all cultures and ages. Unbeknown then, my travel into new discoveries, unfamiliar landscapes, and exciting beginnings became a metaphor for an interior movement to fuller self discovery. The initial adjustment to Australian society was challenging and exhilarating. Being a secondary school teacher in an all boys’ Catholic school was greatly affirming, exciting and satisfying. I relished the opportunity to contribute to a new community in work I enjoyed. School was a major source of connection outside of family, providing the belonging and resilience vital to human well-being. My sense of self could not be stronger; or so it seemed.

After seven fulfilling years, all certainty about self, place, employment, even putting food on the table, crumbled with the appointment of a new principal. I was sidelined, humiliated publicly and privately and expected to respond to unreasonable and unjust demands immediately. The extreme anomaly in behaviour of this professed religious, in an Order I identified with since childhood, was incomprehensible. My professional and personal integrity were attacked insidiously and head-on. My sense of self began to crumble, quickly descending into total breakdown after I left my job. The result: PTSD with sudden disconnection and a meaningful chunk of my life and identity lost.


40 Homer’s Iliad; Coleridge’s poem The Rhyme of the Ancient Mariner, Joseph Conrad’s Heart of Darkness, the Genesis story of the Exodus, John Steinbeck’s Of Mice and Men, all of which portray the journey through the physical and metaphysical landscape, are some favourite literary texts. The study of Literature had a huge impact on my horizon of experience.
Apart from my children and husband, my extended family were geographically distant, in Singapore.

When the self disintegrates, the remnant is often unrecognisable, to the person and to those from the outer looking in. My youngest daughter laments the years she ‘lost her mother,’ at least one whom she found familiar and to whom she could relate. The resultant violent, irrational anger and behaviour brought devastation and discord. The price included a prolonged separation from a loving and loved son and the excruciatingly helpless pain of an immediate family unable to cope with the mysteries of my mental illness. Self-harming to physically express the monumental inner hurt brought temporary release; no real relief, only greater pain all round.

The incapacity to do simple everyday tasks including getting out of bed, showering, making a cup of tea or posting a letter demonstrated the acuteness of my disability. Shopping centres and crowds terrified; every loud sound made me jump. The telephone and the mail became so irrationally feared, I would break out in sweat, tremble, and be nauseated. It resulted in increased self inflicted alienation.41

Major stress affects the many physiological and biological systems of the body adding to further complications. Paradoxically, out of the fragmented mess of the disintegrated self, God’s voice does break through. At my lowest point, when I was so hoarse and exhausted from incessant weeping, I heard the words ‘I do love you,’ ring loudly somewhere in the void of my being. Jung says that, ‘We are so captivated by and entangled in our subjective consciousness that we have forgotten the age-old fact that God speaks chiefly through dreams

41 Psychology and psychiatry defines such negative coping mechanism as associated with reducing contact with the outside world, to avoid many potentially distressing situations. However, isolation will result in the loss of social support, friendships, and intimacy breeding further depression and fear. Cf. Alliance of Hope – for Suicide Survivors (2010), http://www.forsuicidesurvivors.com/coping-with-ptsd-after-suicide.html (Retrieved 9 September 2010) and War and Gender (2010), http://www.warandgender.com/wgptsd.htm regarding post traumatic stress and its effects. (Retrieved 9 September 2010).
and visions.\textsuperscript{42} Was this my own experience? The long and difficult assent to greater understanding and knowing, nonetheless, had begun.

In the confusion and bewilderment I had forgotten how to give and receive love. Realising this was an awakening. The real self, the centre of a person’s true identity, is grounded in love, in the Holy that resides within. My fight against excruciating internal turmoil masked this truth. Slowly, others’ sacredness became more recognisably affirmed. My own sense of personal sacredness remained hidden.

The wisdom of Genesis regarding the \textit{imago Dei}, the beautiful phrase from Isaiah 49:1\textsuperscript{43} communicates the importance of accepting all human life, my life, as sacred. I had to ‘love myself and others to wholeness.’\textsuperscript{44} Retaining that mindset when seriously ill is close to near impossibility. The self-doubts magnified by dependence on others, especially my husband and our three younger children living at home, convinced me of my own diminished humanity and subsequently, diminished worth as a human being. It took years before I accepted that the workplace bullying and harassment did occur; that the effects, that included an unrecognizable altered personality, were devastating. From then on, my own horizon began widening on a number of fronts, paradoxically authenticating what ‘embodiment’ means for me. An ingrained doctrine has become lived experience, achieved only through consciously attending to the meaning of both love and suffering in the context of my life.

\textbf{2.5 Mental illness and communal responses}

Needing others is a redemptive act of humility that blesses others, blesses the self and honours the God of mercy and justice, the Incarnate God. A skewed


\textsuperscript{43} Is 49:1, ‘The Lord called me before I was born/while I was in my mother’s womb he named me.’

\textsuperscript{44} Copeland, \textit{Enfleshing Freedom}, 52. Copeland describes a ritual that ‘commands the people to love their flesh, to love their bodies, to love themselves and one another into wholeness.’
perception only sees reliance on others as indicative of uselessness, creating further internal angst. Jesus’ way uncovers the modern lie: independence and success, defined by society’s values, not God-driven parameters, are indicators of personal value and good.

Stigmatization discriminates and causes further isolation and pain. Even one’s immediate family, through misguided ignorance and a desire to help can unknowingly discriminate. Advice of greater fervour in personal religiosity, the warnings about losing one’s faith due to a lack of prayerful devotions are judgemental and hurtful. Professionals in the area of mental health care in their lack of empathetic responses or misguided notions of what constitutes strength and weakness in effecting healing can stigmatize and discriminate. How unkind, well-meaning statements and actions can sometimes be!

A splintered mind can allow God to enter when the false idolatries of what constitute authentic living are shattered. Psychological nothingness is existential poverty. Until there is recognition and acknowledgment of this fact, a cycle of unremitting hopelessness will continue and widen in society. Existential poverty need not be a pervasive human condition. The tramps in Waiting for Godot⁴⁵ are perfect examples of existential hopelessness. They live unable, or unwilling to change their living circumstances, for fear of missing Godot whom they do not know or have ever encountered. Abject apathy can cripple the human condition into idle and meaningless doing or not doing as opposed to being a being-in-love. God is often revealed in a dance with a subject actively patient, trusting and willing to let God take the lead. Spiritual apathy however, denies or is deaf to the ‘grace’ or the Holy Spirit within to move, melt and mould the individual. The inability of mentally ill people to concentrate or focus can be taken for spiritual apathy. The situation is far more complex. Encouragement and patient friendship from the community helps re-align the troubled spiritual will or desire.

Coming to know I am a loved creation of God, notwithstanding my pain, initiated a major ongoing conversion experience, ‘the primary and fundamental meaning of the name God,’ an experience of falling into the safe embrace of the Being–in-Love. This changed perspective now informs decision making, judgements and responses regarding many of life’s conundrums. A newly acquired wisdom now enriches the web of horizontal and vertical human relationships. This is not to say that the assent has been smooth and uninterrupted or linear. The desire for healing, with the real and only reason located in Jesus the Christ, has really only just begun.

46 Lonergan, Method, 341.
CHAPTER 3

3 The tyranny of Isolation

Giving mental illness a voice puts into perspective what Christianity has long maintained as truth about the human condition in relation to God. These include the fact that:

1. Scripture continues to reveal the incarnate Jesus as the necessary paradigm for healing, inclusion and for understanding the place of suffering in life for individual and communal transformation;

2. Jesus is the incarnate Word, who through his life and love for the dispossessed demonstrates and reveals God in his person and the imago Dei in all human beings. He radically highlights what is commonly denied: the fullness of humanity in the marginalized;

3. His actions likewise reveal the short-sightedness of many in the wider Christian community who cannot see that Jesus the Christ lives and breathes in the mentally ill as well.

Mired in human suffering but often neglected is the question of isolation; the focus for a theological reflection in this chapter.

3.1 The complexity of isolation in mental illness

I am sitting here with the sound of the air-conditioner whirring through the silence. I am suffocating with an overwhelming sadness that has fallen heavily like a blanket or a pall threatening yet again to deny me the light and the life I crave so much. Where is everybody? WHERE IS EVERYBODY? I need someone, anyone just for a moment, just for a moment so I know this too will pass and I will be okay. I hear the familiar scream in my own consciousness and feel myself dissolving quickly into the familiar territory of tears, brought on by an anxiety for a lack of human contact. I feel like Icarus in Breughal’s painting falling into the ocean, hardly making a splash while the world continues, mindless, untouched, unconcerned or even aware of what is happening here in my little world. I am so afraid of this loneliness, this lack of human contact. I am so afraid of what it will do to me. I am so afraid of what I will do to myself.


Jesus breaks open the need to confront what it means to be isolated and what it means to be lonely. His ‘engagement with human misery, including his own affliction becomes a solid reference point.’ As the incarnate Word, Christ is
the source of a ‘freedom for God…a freedom for being human…a freedom for solidarity, a freedom for healing.’

Real freedom through strong human connection works against loneliness, but is not confined there. For full liberty to happen, stories need to be shared, memories uncovered and healed; empathetic listening with the whole being becomes indispensable.

Atticus Finch, in Harper Lee’s novel, tells his daughter Scout: ‘…you never really knew a man until you stood in his shoes and walked around in them.’

Recovering Jesus’ story of life, death and resurrection evokes an even greater power. Walking in Jesus’ shoes and allowing him to walk in ours can surface the underlying solidarity marking Jesus’ absolute empathetic listening to others’ stories. Jesus shows us how, through imaginative observation and right judgement, we can make some entry into the experiences of others, such that ‘Now you together are Christ’s body,’ says St. Paul.

This moves us beyond mere platonic connection. Accordingly, human poverty and suffering reveal that the structures separating, discriminating and isolating one person from another can be dismantled.

My life prior to my mental breakdown was full, busy and meaningful. Isolation was never a real concern. Family, work and church provided that meaningful web of relationships allowing me to feel alive, contented, productive and generally happy.

With becoming ill, all certitude of ‘friendship,’ ‘loyalty,’ ‘service,’ ‘companionship’ was replaced by ‘isolation,’ ‘betrayal’ and experiences of being exiled. ‘Country,’ ‘belonging’ ‘identity’ ‘culture’ no longer had the safe

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47 Copeland, Enfleshing Freedom, 46-53.

The importance of remembering the brokenness of bodies becomes the point of departure for existential freedom leading to restorative healing with Christ as centre of the process. Personal story enhances understanding. The imperative that the stories need to be retold in different ways and forms suggest the importance of Art, Literature, ritual as powerful vehicles to tap into the consciousness of suffering, thus allowing the human psyche to heal.


49 Cf. 1 Cor. 12: 12-30 regarding the unity of the mystical body in Christ.
and sure resonances they used to have. The unique circumstances of the ancient and wise aboriginal people, regarding 'country' and ‘belonging’ in contemporary Australian culture and society, resonate with me. Until my own circumstantial disconnections, are mended, the rest of my life will be a mapless journey to nowhere.

As an adult migrant integrating has been difficult; regardless of my intentions and attempts to belong, the road to greater acceptance is hazardous. The internal and external barriers remain. My enormous sense of displacement, non-acceptance and alienation post-employment is comprehensible. The silence of colleagues and the religious order was immediate, contributing cumulatively to my sense of displacement. My forced isolation left me feeling completely and utterly betrayed. Until I worked very slowly through the muddled and messy emotions I would remain gripped by depression and trauma.

Arising from the abject loneliness were the never-ending questions needing careful and responsible attention: Why do I feel this way? What is it saying of me? Are these valid reasons? How do I know? How can I overcome this? Is it possible to overcome this? Do I really want to overcome this? Each questioning brought the corresponding emotions of fear, anxiety and alienation, complicated by strong bodily reactions. Conversely, emotions point their way into a deeper reality of who we are as persons. The trick is to sift out and attend to these consciously, deliberately, for self-appropriation.

The truth revealed depended on how much I was willing to see each and every event, emotion or thought for what they were and in so doing accept the good and the bad. The mere process of writing this now can churn up unpleasant physical reactions. Wounds are still being uncovered and observed from a distance close enough to see them disinterestedly, but not so close as to be overcome by them. It has taken years to come to this stage of confronting this tyranny of isolation. My journeying is far from over. Soelle

50 Other physical symptoms of psychological stress experienced include insomnia, dry retching, compulsive eating, severe headaches, acid reflux and physical restlessness.
succinctly articulates my personal insight regarding loneliness in mental illness, not generally explained or understood:

The death by which the Bible speaks lays hold of us in the very midst of life...What it means is the death that surrounds us on every side in the very midst of life: the death of alienation, loneliness...What is really difficult, if not utterly impossible, is attaining to a stage or condition of life in which such words as 'leave-taking' and 'grief' still have meaning. We are so alienated from other people that we experience neither the bitterness nor the sweetness of grief. This is the hell that swallows us up in the very midst of life...51

The ‘bitterness and sweetness of grief’ Soelle alludes to, I have had to taste fully and completely at different stages, or otherwise give into that soul-destroying numbness with its power to annihilate the self, in all manner of connotation. Here I am reminded of Jesus’ prompt ‘to put out into the deep’, for such tasting has to take place over and over again, even after working ‘hard all night long and catching nothing.’ (Lk 5:4)

3.2 The fruit of persevering and responsible questioning
Interrogating my own loneliness discloses the following:

1. It is a complex, significant dimension either resulting from or contributing further to mental illness;
2. Being lonely does not mean you are depressed, but it can lead to chronic depression or vice versa;
3. Loneliness is not the same as aloneness;
4. Understanding loneliness vis-à-vis aloneness in the light of Jesus’ own Garden of Gethsemane experience and on the cross provides the hope and the way to a new perspective into this condition in human society.

These conclusions arose from a forensic examination into my own loneliness through:

1. Researching the pathology of loneliness;

2. Examining my own behaviour and thought processes honestly and coming to accept what is valid, helpful and life-enhancing and what is not;

3. Continually using the resources I still possessed: my faith, my values and my relationship with my God;

4. Delving deeply into scripture, learning to be prayerfully contemplative not just mindful of my inner workings, while being present to what is occurring around me.

Reading extensively on the matter was crucial. It provided useful information that explained and generated greater self-compassion. The common misconception that tends to generalize and dismiss loneliness as a condition easily conquered, is false. A major discovery was that there are five types of loneliness as documented by William Sadler:

1. Interpersonal loneliness resulting from massive grief associated with a traumatic loss;

2. Social Loneliness arising from discrimination, ostracism and exile experienced by being a member of a minority group;

3. Culture Shock;

4. Cosmic Loneliness ensuing from an existential loneliness;

5. Psychological Loneliness, the result of one's trauma.\(^{52}\)

Extensive therapy and participation in different programmes to deal with my mental illness were insufficient for me. They did not answer all my pressing questions, one of which is: What is the place of isolation and loneliness in mental illness, specifically in Post-traumatic Stress Disorder? Attaining answers demystified the condition, unravelled its complexity and allowed for subsequent strategies to deal with this debilitating condition. It led to an acceptance of certain aspects of my condition and not seeing them totally as evidence of an inherently defective self. Knowing that God does not create defective persons and experiencing it are two separate issues.

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Sadler’s list is helpful in this regard. My extreme grief was compounded by major loses including:

1. The loss of a vocation I loved resulting in long-term unemployment up to the present;
2. The loss of a significant connection with a religious order whose vision and work had inspired me since I was a child;
3. The loss from a sudden severing of all contact with students, colleagues and friends.

These and the resulting alienation were experiences of social isolation and what Sadler describes as a real culture shock. How quickly I learned what truly constituted friendship!

Social isolation in mental illness arises from the wariness, fear and prejudice of others who fail to understand the incapacitating effects of the condition. ‘Either your doctor does not know what she is doing, or you are not doing what you are supposed to do!’ These cutting words from my own son suggest a common ‘black or white’ thinking magnifying the general non-understanding in society surrounding isolation and loneliness. As for my son, he has yet to come to terms with the chronicity of my illness. He has since kept away from me and severed all connection. The separation from my children at different times brings an associated loss of contact with my grandchildren. Desperate fear and anxiety sometimes still feed my innermost thinking. I fear losing the precious and special bond I have had with my grandchildren since their births. Until the severing of ties, my relationship with my grandchildren provided the respite from the terrible ravages of loneliness. Children have the most wonderful sense of accepting, loving, forgiving and trusting: all pre-requisites to healing.

Unrelenting loneliness arising from trauma and our inability to deal with it invariably, ‘… assaults loved ones and sacred beliefs with no intention of providing restitution. Suffering is not swayed by protestations, bribes or
bargains. It has the potential to wrestle away every form of support and protection that victims can commandeer.\textsuperscript{53}

The experienced cosmic loneliness comes with the existential questions surrounding one’s person, the meaning and value of one’s life, the seemingly distant relationship with one’s God. Paradoxically, the same desired meaning and connection with the sacred are to be found within one’s interior, to be revealed and celebrated in good time. Until there is that breakthrough, the angst-ridden ego continues to struggle violently. Sadly, this potentially diminishes the sense of self and belonging, amplifying instead the existential alienation that comes from being unloved and feeling at times unlovable. This is perhaps the hardest form of loneliness to contend with. As such, I am convinced that, ‘Loneliness is not a force to which we can afford to be indifferent. What is of paramount importance, therefore, is that we seek to understand it, to find out where it comes from, what it means, and how we can deal with it effectively.’\textsuperscript{54}

Consequently, a collective exploration and awareness becomes crucial for a general education about loneliness. The well-being of the mentally ill and surely the universal health of society remain at stake.

Initially, a mental breakdown is like an earthquake. Following that is a series of aftershocks with the potential to create additional harm and danger. My PTSD meant that any remote reference to the school, persons or the religious order in Australia would cause serious re-traumatisation. A chance foray into the Catholic Education Website sent me into a nauseating fit when the photograph of the principal in question appeared. The reaction was so visceral. It seemed at the time, that my treating psychiatrist was the only one able to truly engage me with the many facets of my condition. She became in many ways the needed human contact to walk me through my suffering.

\textsuperscript{53} Robert Grant, \textit{The Way of the Wound: A Spirituality of Trauma and Transformation} (Oakland, California: Robert Grant, Ph.D), 131.

While it was extremely important I saw her regularly, she became an easy, dependable crutch enabling me to navigate my way through the troubled waters. At some stage I had to deal with my loneliness by myself.

The isolation of many mentally ill persons can be self-imposed. I became in many ways a prisoner in my own home, fearing social contact. I feared not knowing how I would react in social settings. I did not know if I would break out in anger or crumble into a sobbing pitiful heap. Both behaviours frightened people off and they frightened me as well. Paradoxically, cocooning in the false state of security within my house did not solve my need for some clue that I do exist, that I do matter.

3.3 Placing our loneliness onto Jesus’ cross

The life-death-life imagery of Psalm 63, explored in chapter one, is embodied in Jesus. Soelle expresses eloquently the meaning of what it is to live and die in the present. Her comment about a life ‘strangled and suffocated’ again resonates, bringing with it a consoling and reassuring validation of an important personal belief and faith:

Jesus took sides with life. He battled against death wherever he found it: the death of outcast lepers with whom none would speak, whom none would touch; the death of the publicans whom society held in utter contempt; the physical death of those who had not yet begun to live...As Jesus saw it, it is worse to live a life that is strangled and suffocated by the death that prevails in the midst of life than it is to die and be laid in the grave.  

Jesus’ engagement with human misery, aligning with the alienated and outcasts even here and now, reinforces the presence of Christ's spirit in our embodied selves. Accessing this is possible, in many ways simple, yet takes years of practice. It calls for silent listening and allowing God to listen to us in the same silence.

Jesus’ empathetic listening to others’ stories and my own empathetic listening to his again through Soelle, make clear that no human story of suffering

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55 Soelle, Inward Road, 12.
stands on its own. The fundamental connectedness is real, pulsating, and yet so frequently forgotten or denied, drawing all who are broken to the cross and to the residing interior divinity. Hope and the challenge to face life collectively even in the solitude of our lives is assured. Restoration, reconciliation, healing and salvation become possible and do-able if we choose these options. Understanding this reality is liberating. Those gifted with this insight can draw grace and strength to work against structures that separate, discriminate and isolate, for no other reason than we are each truly made in God’s image and are always in God’s holy presence. Grace does build upon grace.

My story of existential exile as one of the collective diasporic stories of all mentally ill persons past, present or future, is bound up with the exile story of the Israelites. Just as Soelle profoundly claims,

I speak here for the growing number of people in mental institutions and psychiatrists’ offices — the people we call emotionally and mentally disturbed — because they are the ones who are struggling against the death that surrounds us on every side.

My own discoveries and increasing horizon regarding mental illness and my need to better understand life’s larger questions obligate me to live and witness to the spiritual realities personally received. The question “What does it mean to be human?” in the light of every pressing human concern, in every life-impacting human endeavour, in every human story, becomes the essential one. Loneliness and isolation, while painful, can be overcome once we understand and lose our fear of social isolation and attune ourselves to the gift of solitude as a way of greater union with all and with the Holy within.

Confronting my own isolation continues to be a frightening endeavour. In hindsight, it was necessary for me to be wrenched from all but one vital familial contact: that of a loving and devoted husband. Perhaps this is God’s version of ‘tough love’ forcing me to discover, without any distraction, what needs to happen if I am to be led to that Promised Land overflowing with milk and honey, the metaphorical land of acceptance and healing (not curing) that I so deeply desire. In my own awakening ‘God has made this Jesus whom

56 Soelle, Inward Road, 6-7.
you crucified into the Christ.’ (Acts 2:36) By extension, I have become part of the universal community of all mentally ill persons and so am no longer alone. We are the ‘people (who) are the vicarious substitutes for those of us who think of ourselves as “healthy” because we go on playing the game … (that) in our world this violence has become quite impersonal, indeed, even institutionalized, and it rides roughshod over any and all … It ruins life.”

The poignant exile story of God’s chosen people is hopeful for it illustrates God’s faithfulness to the covenant made with God’s people. The bronzed serpent was, for a wandering nation, a sign in the desert. In my existential diaspora, the crucified body of Jesus the Christ is my standard to lead me out of the tyranny of loneliness. In my own cry for life, I trust I carry along the collective cries of all mentally broken persons. It is a microcosm of the expansive Christ whose crucified body gathers all in a celestial embrace against the tyranny of loneliness. (Eph 1:10; Col 1:16) Placing my loneliness on his cross allows Christ to break into my history of trauma, madness and confusion. The same blessing is available to all who suffer.

3.4 Loneliness and aloneness
Clarity can rise from chaos. Such is the awareness of a marked difference between ‘loneliness’ and ‘aloneness.’ Did Jesus feel loneliness? The ‘sudden fear came over him, and great distress’ and Jesus’ agitation at finding his most trusted disciples asleep as he prayed seem to suggest this. (Mk 14:33-42) Jesus’ agitation is obvious in the three times he found his disciples asleep. (Mk 14:41-42) Yet he was able to transcend any lingering sense of abandonment by his friends and transform his aloneness into an act of union with his God to the point of total surrender and unquestioning faith. His is not resignation to a preordained fate but a peaceful acceptance of aloneness in human suffering. Loneliness, on the other hand, is often closely charged with powerful emotions: anger, consuming sadness, crippling fear, distress – experiences with which I am well acquainted.

57 Soelle, Inward Road, 7.
Aloneness reveals one’s true identity and being within any given situation. It is a resounding acknowledgement that like Jesus’ own condition, betrayal and the cross are daily occurrences in human living. The choice is either to transform the moment faithfully, knowing the presence of God within the self, within the messiness of each situation, or to succumb to hopeless despair that denies the truth of the *imago Dei* in our very beings.

Loneliness fractures, whereas aloneness unifies one into a larger consciousness, where the Holy permeates and breaks through the many personal, social and cultural barriers of avoidance and violence that force people to live in ways where ‘they are virtually strangers to each other.’

Again I stand with Soelle, who argues that the alienation that grips society is a learned behaviour. Likewise, I believe that to discover through faith what it ‘means to take a stand for life’ is also a learned behaviour, developed through responsible, reasonable and intelligent attending to our own human fragility and suffering, a demanding task indeed.

The human Jesus’ own experience in the desert lead him to the place of contemplation and an assurance of who he was and what he was meant to do or be. (Lk 4:1-13) During his ministry he found it necessary to seek solitude, to move away from the crowds, to be alone with his God. He teaches his disciples the importance of praying in that ‘secret place’ (Mt.6:6) to commune with God and discover the Holy within and without. The intimacy and tenderness of these moments leaves one crying for more, such that nothing else matters. There we can be safe, secure and truly ourselves without pretension, self-serving ego or manufactured idols. Jesus’ own prayer life becomes the example to all desiring what it means to pray, such that we become embodied prayers of compassion and faith. The tyranny of isolation then disappears. Thomas Merton sums up the experience simply and

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accurately: ‘Things are as they are in an immense whole of which I am a part and which I cannot pretend to grasp …’

There is great wisdom and endurance in creative contemplation. We each have to explore and express in our own way, in our own time where we can sit, be and discover our own ‘home.’ The ancient Christian practice of contemplative meditation offers a means for self discovery. Artificial human constructed borders or definitions of safety, security or freedom are rendered redundant and pointless in meaningful solitude. On a personal level it is in that place where I continue to discover who I am. It is where I keep discovering Christ in my embodiment and in so doing discover the very same God in all creation.

This discovery becomes at times more frightening for it is fleeting and disappears as soon as it is experienced. Vigilance is mandatory, for in moments of forgetfulness I can revert to the ‘old self,’ to the lonely, alienated needy person full of self-pity and loathing. My estranged son accused me of putting on a ‘long face,’ of being socially difficult to engage whenever I used to visit him or his in-laws. On hearing this I realised how my chronic sadness and internal fear is so physically visible; if I lose the attentiveness to life all around, a learned wariness takes over.

3.5 Loneliness and post-modern contemporary culture
Loneliness is a by-product affecting all in post-modern systems geared towards obscene consumption, power at others’ expense and self-serving ambition and gratification. We either fight or try to flee this culture of death, or we are sucked in. We survive and live if we are able to transcend the dominant culture of consumerism, secularism and individualism through progressive self-appropriation. The rising rate of suicide in such societies is well documented. The line between life and death is a fine one. Is it any wonder then that suicide is an even greater attraction confronting chronically ill persons?

The hopelessness of marked loneliness potentially driving people to end their lives is tragic in itself. The agony induced and encouraged by the relativism of postmodernist society, that reduces humanity to mere commodities where ‘everything is disconnected, standing on its own, unable to validate itself apart from itself, amplifies the tragedy. Everything is diminished and demystified.’

Human life becomes cheap and marked by abject cynicism, apathy and loneliness. ‘There are many ways to kill! The impersonal structure of bureaucracy and red tape can intimidate and harass a person to the point that he will take his life,’ says Soelle who accurately describes the mammoth tragedy of needless suicides or attempts by desperate people to kill themselves. It need not be so.

Challenging humanity to acknowledge the ‘Transcendent Reference Point’ within the self is the way to wholesome living. This is where faith in one’s own God has the power to facilitate healing. The spiritual formation of human beings in secular and materialistic societies has been sacrificed at the altar of rights without responsibilities, of political correctness gone berserk and skewed notions of egalitarianism. The basis for some sense of hope at desperate times is sorely lacking, driving many to seek alternative solutions or misleading spiritual guides that only trap the soul in a quagmire of discontent, malaise and meaningless existence. Perhaps the mentally ill and all suffering people are society’s beacons highlighting what is real and what is false, what should be of concern and what not, what needs encouragement and what can be easily dispensed with or at least placed lower on the list of priorities to ensure human well-being. If so, then the question becomes how far we as a community are willing to examine this complex issue and work towards the common good of all.

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63 Soelle, Inward Road, 7.

64 Rohr & Feister, *Hope Against Darkness*, 70.
What transpires in human minds cannot be fully known. The mind’s power to shape a subject’s despair or hope cannot be underestimated. A compassionate, sensitive and alert response is obligatory, lest we become implicated in the sinfulness that is the essence of loneliness, ‘the privation of total loving … a radical dimension of lovelessness.’

Suffering bodies contain suffering minds and suffering spirits, incessantly pleading for consideration to unveil the suffering Christ within. An anthropological theology which takes account of mental torment ‘invokes memories which protest our forgetfulness of human others’, and keeps before us the truth that ‘there is one who does not forget – Jesus of Nazareth, who is the Christ of God….for all, for us, he gave his body in fidelity to the basileia tou theou, the reign of God.’

This recognition encourages a personal hope that I am not forgotten, that I can be free from my existential loneliness. It confirms a new path, a new vigour to witness to the truth of my own discovery. It challenges my personal perception of what is meaningful, worthwhile and necessary in building the kingdom of God. It plants a consciousness that, as Jesus has not forgotten me, I too likewise must not forget the power of this reality. I live because Christ lives in me. That in a word is ‘Healing.’

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CHAPTER 4

4. Touching Sacred Wounds

Understanding loneliness can allow for a more comfortable aloneness in solitude. It nonetheless demands a strong resolve, risk-taking and trust that we do not walk alone and that we will be safe. Still, the progression to more lasting healing must consider the wounds responsible for the suffering in the first place. For a mentally ill person the difficulty of the task increases but is bearable if the supportive structures are there. Again, faith in others, in God, and most vitally faith in oneself to undertake the tricky interior work that needs doing are necessary. The highly risky and bold step to look at one’s existential and psychological wounds and the profound insights they can reveal becomes sacred work to be handled with great respect and reverence. These are the key points of this chapter.

4.1 The wound as a portal to the interior

As long as we ‘remain blind to (our) own truth,’ we become entangled in our world of pure emotions, confusion and stagnation. Attending to our real inner selves demands an honest and reflective engagement with suffering and existential wounds. The threat of greater pain is real. Paradoxically, it is potentially redemptive. It involves the choice, containing ‘the reality of morals, of building up or destroying character, of achieving personality or failing in that task.’ For Christians it is the way of Christ, the way of the cross. Accordingly, brokenness and massive doubt must be lovingly interrogated, for the faith legacy we leave to subsequent generations.

What price that legacy? For those mentally ill persons capable of such intense scrutiny it may mean separation from loved ones, a temporary

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69 For sufferers of other forms of illness such as severe schizophrenia, such attending may not be possible. Even among trauma victims, not all can be expected to work through their
sliding into greater illness, or if not well supported by a life of prayer, faith, and trust, abject despair and sometimes death. However, until the wounds of life - whether they are self-inflicted through poor judgement, false hopes and pretensions arising from misguided notions of self, or arise from circumstances beyond our control - are re-exposed under safe and secure conditions, they have the potential to re-infect and cause greater harm. If surfacing them safely can be managed, the sufferings we carry then become doorways to greater self-awareness.

The assent to conversion requires a corresponding descent into our own psyche and embodiment. Working through my own mental illness using Jesus’ own journey and his wounds as a reference point, I have re-discovered the truths about the doctrines and dogmas of my Catholic religion and the astounding centrality of these in my life. My view of the world and most significantly my sense of who I am have shifted such that I can honestly and joyfully make my own Paul’s proclamation in Gal 2:15-21.

4.2 Body wounds as markers of life
Over the years with PTSD, I have noticed the spectacular changes occurring in my whole person. My physical body at times seemed unrecognisable to me when I did take a close look at myself in the mirror. My eyes were often not the eyes of the woman I used to know. I have been shocked on occasions when I glanced at the Polaroids taken as part of the hospital admission process. The light seemed absent, at least temporarily, perhaps the result of the cocktail of medication consumed to help me through my worst times. The dark circles appeared permanent. The brooding sadness seemed unshakeable.

There is a difference now. The dark circles and puffiness are less. There is brightness in my own eyes and face. My mouth is not so forlorn. I am able to smile and laugh more spontaneously, abilities I thought I had lost completely. I
can attribute the change in countenance to a new found peace arising from a more integrated self.

I have never lamented my bodily changes and growing older does not concern me much; neither did I take the wonders of my own body with any great seriousness in spite of having had six pregnancies ending with five live births, and at least four operations. I was never too concerned about the scars marking my body especially my torso: the remnant post-operative lines, and those beautiful striations that run longitudinally from my rib-cage to my pelvis, hallmarks of becoming ‘mother.’ My overall attitude to my physical body with the wounds and scars could be summarised as ‘indifferent.’

Recently I allowed myself the task of slowly and carefully examining my own naked body. This exterior self-examination is essential. If I can assess my own physical body as closely as possible, with the eyes of an observer, without pre-judgement, I may discover how I have physically transformed over time. This is critical to my acceptance of myself and who I am. From there I can move into my interior wounds with a similar stance, perhaps avoiding the emotional entanglement when they are crucially examined.

My legs and arms bear the fresh and recent scars from a chronic rash that lasted for a year. Some are still in the process of healing. A suppressed immune system, my diabetic condition and increased level of stress in recent months brought these on. The biological causes remain a mystery. The treatment is ongoing as there is no cure. These very visible scars evoke immediate responses from others who see them. What this dermatological condition does confirm is how everything about our bodies and minds needs to be in equilibrium. A shift in either realm will alter the state of the other.

In contrast I have always loved my overly stretched and striated belly. They are permanent reminders of the magnificent way my body has so tangibly

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worked with God’s creative energy during my pregnancies and birthing of my children. All my children in their very early years loved touching and jiggling my ‘jelly belly’ and resting their heads there. My body is a safe and comforting place as well.

Then there are the scars of past self-harming and of unconsciously picking at cuts or bites. They are visual witnesses to my vulnerability and anxiety in dealing with my internal struggles. My belly protrudes, the result of weight gain from a combination of factors: behaviour resulting from my chronic depression and anxiety and from psychiatric medications. My face is more lined, pigmented, but these days there is a general softness. My jowls are less pronounced. Overall mine is a more radiant and joyful face indicating the distance I have travelled over the bumpy, unmarked track to self discovery. I must mention the deep vertical crease between my brows that I have no wish to erase. It marks my mental torments, as well perhaps my intelligence and wisdom.

The human body is a remarkable organism. We need to celebrate the tangible ways our bodies tell the story of our lives and the state of our souls and minds. They exhibit the times of turmoil and the times of peaceful resolution of who we are as persons. Each physical wound and resulting scar, each facial expression, the condition of our bones, our hair, our eyes, indeed every part of our bodies has the potential of allowing an access to memories to be cherished, denied or hidden. They speak eloquently of our human frailty and fragility that can go unnoticed or taken for granted. It is no accident that through attentively questioning and listening to the inner voice of my spirit I have come to a new appreciation of my physical body and what it has to tell me and vice versa. The marks arising from many occasions of self-harm for instance are now revered, for they remind me of a desperate self, of the violence I am capable of and why I must not go there again. As for my unseen intangible psychological wounds, I have no desire to uncover them;
but access them I must for, ‘until the worst is encountered and brought into the light of acceptance victims are condemned to fearful and restricted lives.’

4.3 The marked body as metaphor for existential wounds

My personal insights surrounding my psychological wounds have resulted from reflectively considering them through the metaphor of physical wounds and scars. Every injury, where the body is split open and the blood and sinews exposed, has the potential to be infected and become more sinister and life-threatening, if not treated properly. Psychological wounds are similar. When approached sensibly, with tenderness and respect, they tell the story of how fragile and vulnerable our interior world can be and how it needs tending. At the same time they are cogent reminders that hope and multiple possibilities for renewal, regeneration and re-growth are there through God’s grace. Keeping this in mind is a most difficult thing to do when one is mentally broken, virtually impossible at the time.

The nature of trauma is such that the wounded self never ceases to deal with the issues surrounding the trauma and ‘the reality for many is that symptoms often linger and return.’ When they are fresh, open and deep, the pain can dominate and even overpower what is good to the point of wanting immediate release. Excessive sleep through medication and constantly expressing a death wish in statements such as, ‘I wish the earth would rise up and cover me completely,’ or ‘I want to die! Please let me die!’ indicate an inability to cope with the pain. Ironically, they may point to a yet undiscovered spiritual desire for the kind of life promised by Christ. Many mentally ill people resort to different addictions as coping mechanisms, complicating their already complex lives. Sadly for some, death does become the only apparent solution.

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71 Grant, The Way of the Wound, 58.

72 Grant, The Way of the Wound, 58.

73 I made these statements to others on numerous occasions. Others in group therapy have expressed similar experiences. Anthony, a participant at in the Day Programme I attended, was a gentle person. In 2010, he suicided in his apartment. He was in his thirties. He lived alone.
The desire to avoid, find a cure, to be vindicated, to come to terms with the wounds surfaces even when we least expect or are aware. They can emerge unconsciously in the comments, actions directed to the unsuspecting including ourselves. ‘You have sold your soul! You are no longer my son!’ is one such remark made in an irrational fit of anger; so too, driving into a fence as an attempt to express the inexpressible. These reveal more accurately my frustrations about my self, the state and sense of displacement and betrayal following my nervous breakdown.

It is transferring personal guilt, pain, shame, and unworthiness. In one letter to my children I wrote:

I know you would stand by me and fight with me if I had cancer and you would be near, very near physically and in all ways. But I want you to know that I am in a fight for my sanity and I hope each day you try to understand this and that you will find it in the goodness of your heart to walk along side me to help me beat this thing that again is threatening to destroy me and those I love. I need you all more in my days and nights of unrelenting distress and heart brokenness than I have ever needed you before.

Cecilia Tan, extract of a letter to my children, 31 January 2011

Reading this extract each time, is stomach churning for it evokes memories, flashbacks of past turbulent times. I am forced to pause, to attend to my bodily sensations, to reflect and to genuinely consider myself then and now. It touches a raw nerve, reminding me of the vulnerability and the violence just below the surface. If not handled respectfully, this susceptibility has the potential to create yet more trauma and suffering. In my own fear of being uncontrollable, I have become uncontrollable. I must avoid this at all cost. Nonetheless, touching my sacred wounds gently was needed for my own sake and those of others.

The horrifying memories for trauma victims do not cease; they can however, become less intense and manageable if we are able or well enough to work with them. Re-traumatizing have at different times reopened old wounds that needed immediate attention. Looking over my convoluted life of the last ten

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74 A recent medication review has indicated that much of my exaggerated, sudden and violent aggression is the result of Effexor, an antidepressant known to cause irrational, extreme and violent behaviour, suicidal thoughts and heightened anxiety in some patients. I am in the process of being weaned off it with remarkably positive results.
years, it is without doubt that practical strategies together with love and honing in on the innate desire for life are ways of working through the pain. The wounds may open numerous times, but similar to physical wounds, they do close and get a little smaller each time as well. I have first to be patient and loving with myself.

4.4 Uncovering old wounds

4.4.1 The early phases
In the early stages, apart from medication, hospitalization and psychiatric counselling, avoidance was the only viable response to the wound of betrayal and severe loss resulting in a fragmented unrecognisable self. In between distractions: movies, television, my books, going for sessions as a day patient at the hospital, were ways of coping. I had to structure my time each day, each week, into manageable segments for different activities, including mundane everyday tasks such as tidying, shopping or showering, even eating. My body and mind required structure and discipline to work as one organism.

Relapses and hospitalizations with increased medication that threw me into some foggy existence until my body got used to them, was de rigueur. I had to work hard and intentionally on skills such as cooking or doing simple tasks one at a time without trembling, through consciously breathing, slowing down to the point where my inner terrors would dissipate. I had to write down almost everything, for I could hardly retain much information. The skills I took for granted when well, needed deliberate attention for daily functioning. These constraints I see as touching the sacred wounds of physical and social disability arising from trauma.

4.4.2 The middle phases
Soon I discovered the value of doing things deliberately, repetitively and creatively to bring meaningful regularity and structure to a formless existence. Knitting, painting, ceramic work, sewing, baking and decorating cakes all helped me regain a general sense of ability and purpose. The deepest and
most toxic wounds continued to fester. Talking about my experiences to others helped but the relief was transient. I had to learn to self-soothe through doing creative work - much like a three year old asking for a bottle after being weaned for months - when faced with insecurity or anxiety. These are my attempts at touching the sacred wound of lost creativity and purpose.

The desire for some validation that what happened truly happened was so strong. My mind could not comprehend the reality that I was indeed a victim of bullying. There were several long periods stretching into months, where I felt I was in an extended nightmare believing I would soon wake up to find it so. Such is the mind that tries to survive. It took my psychiatrist to point out that I had survived the ‘wreck’ before I could acknowledge the truth that I was not responsible for the abuse; that I am indeed a victim of abuse. In my naïveté I perceived that:

1. It was impossible for anyone in the religious community to truly act malevolently;
2. I am confident and self-assured to deal with bullies and am therefore invincible;
3. Seeking some form of restitution for the collective suffering of self and others, namely my family, could bring some resolution and peace.

I told myself (foolishly) all I wanted was an apology and everything would be right again. Of course that did not occur. Unbeknown to me, dealing with the Work Cover system for injured employees, government welfare agencies and the legal systems meant scratching open over and over again the wounds that would not close. I had to touch the sacred wound of broken dreams, of false independence, autonomy and childish ideals.

4.4.3 The failure of systems
An analysis of the different systems that encroach on the well-being of the mentally ill requires comment. I am grateful for the Work Cover system as I can access the vital medical care, and the kind of psychological support
indispensable for me to deal with my injury. Yet these systems of welfare and support are two-edged swords for those trying to cope with mental disabilities.

The Work Cover process is harrowing at the best of times. Psychological assessments by ‘independent’ psychiatrists, nominated by the insurers, often in one-off consultations are mandatory. The reports go to the insurers who then make decisions regarding my care. I am assigned a case manager I never meet or talk to or who even understands my situation. Each assessment meant a re-telling of my story in lurid detail, uncovering in minutiae every aspect of my trauma and the associated pain on many levels. At the start of each evaluation I am warned to be truthful and reminded of where the reports were going. Some of the assessing psychiatrists were far from sympathetic or warm or even made any attempt to put one at ease. ‘Clinical’ is a fair description for their manner. The discrepancies in diagnosis in the different reports leave me dumb-founded. Each assessment left me drained, exhausted and more nervous and anxious, sometimes landing me back in hospital. Rather than being treated compassionately as one who is a victim, the process seemed to question my integrity and the truth of my claims and sought to find other circumstances to account for my mental ill-health instead of stating categorically the real reasons for my breakdown. So it was not surprising I was diagnosed as having borderline personality disorder, or having bi-polar tendencies or some other form of mental condition. These sessions created more doubt, more anxiety, guilt and confusion.

I could not take a support person into the examinations even just for the comfort of a reassuring presence in the room. The hour-long examinations seemed longer when one is in the midst of what is perceived to be a threatening environment. The insights I gained, however, about the cruel and dehumanizing effects of bureaucratic systems are valuable. I learned that rather than err on the side of those suffering, the system requires victims to prove that wrong was indeed done to them. I discovered how we can become bitter, cynical, suspicious and more wounded in the process. I have a new cynicism that even in helping professions, the lure of money is hard to resist.
The bureaucratic red-tape including endless paper work, form-filling showing proper and adequate documentation, has many times left me in complete disarray. It took more than three attempts with help, over several years, before I was successful in getting some disability concessions from Centrelink. I cannot imagine the difficulty of those who are not able to read, write or understand what the forms require of them before their claims can be processed. Cynicism aside, the often unjust system of managing mentally ill patients can create and escalate psychological injuries. Anecdotally, many people become so damaged by the number of assessments even for physical injuries, that some do succumb to depression and anxiety.75

Taking legal action as a way of redressing some issues was motivated by the hope that someone might be spared a similar experience of bullying and the one man responsible for my injuries would be more cautious in his dealings with others. My suffering would then not be in vain. I was also motivated by the fact that other systemic failures needed uncovering because too many have and are suffering needlessly at the mercy of bureaucracy and their minions.

The legal system was yet another minefield to negotiate. It is adversarial, suspicious and again, victims are expected to prove they are thirty percent incapacitated before they can proceed towards negotiation. The idea that one can place a number to determine psychological incapacity seems ludicrous. How does one map mental incapacity in numerical terms? As the legal wrangling proceeds, victims are warned about being followed, watched, and their movements outside the home documented. One is left with a personal sense of violation. I became paranoiac, always looking out for cars parked outside my house or looking over my shoulders to see if I was being followed. There will always be those who abuse the system in any situation. They

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75 My own hospitalizations and emergency room admissions provided insight into the disparity of care between private and public hospitals. Many shared conversations with other patients reveal women as being overly represented in psychological injuries sustained at work and through negotiating the Work Cover system.
remain in the minority and the more just and compassionate response towards genuine sufferers must be forthcoming.

Because psychological injuries are hard to prove, happened too far back for witnesses to agree to make statements or remember details of what had been witnessed, I was advised against taking it all the way to court. I did not want to risk another breakdown as a result of the invasive scrutiny and unrelenting trauma under vicious cross-examination by the Insurer’s legal team. I decided that enough was enough. What I wanted, an apology, did not and will not eventuate. The acceptance of this truth was valuable in coming to terms with some wounds of betrayal, vilification and misogyny. I had to deal with these issues myself.

4.5 The Breakthrough

God’s ways are not my ways, but God has held me and continues to hold me in my many tussles with the wounds of brokenness, of betrayal, loss, loneliness and grief. At the most painful of times, there is respite. The awareness comes when I am able through purposely remaining alert and staying quietly with the terror and confusion until it passes. The success of this varies from time to time. At other times, the joyful and sad occasions with family and friends affirm what it is to love and be loved, to surrender, to trust and to hope. The marriages, births, deaths, reunions and many celebrations that mark personal and communal milestones; the completion of little tasks and the joy of engaging with grandchildren who in their child-like innocence are only capable of unadulterated love and trust, are God’s many ways of leading me through each and every intermittent duel with insanity. My own father’s remarkable journey with terminal cancer and his death ironically strengthened me in my own struggles. He became my most powerful ally through my remembering his faith, his courageous acceptance of his condition and his ever present generosity and gratefulness to every person he encountered in those last few months before dying. In his death he prepared my way to life. The many times I was forced to face the full brunt of my woundedness through re-living the experiences, blow by blow, are now seen
as ways through the dark night towards healing and integration. This writing in itself is release, an act of surrender and trust.

4.6 Christ’s wounds and our wounds

In John 20:24-29, Thomas misses the greeting of peace when the resurrected Christ appears and breathes on the gathering the Holy Spirit. His inability to accept that the risen Christ had visited could only be reversed if he saw and felt Christ’s wounds for himself. In similar vein, all human beings need to see and touch the wounds of life and death in a deep and personal way while seeking confirmation of who we really are in the face of confusion and despair. We are all Thomases needing to acknowledge and transcend our personal wounds, realising that in doing so we are touching the sacred wounds of the very one, Jesus, who generously exposes them to us for our own validation and real peace. Until we align our wounds with those of Christ whose Spirit lives in us, we are far from being healed and at peace. Once that has occurred, all we are left with is to fall on our knees, adore and proclaim, ‘My Lord and my God!’

Such illumination of course does not happen suddenly, painlessly or proceed lineally. It demands listening to our intuitions and trusting our decisions, even if the steps seem tiny and insignificant. It begs for a humility to listen as well to the voices of wisdom that speak to us through what we read, the scriptures, the people in our lives, through stories or conversations across cultures and times and landscapes. It requires astute cooperation with our health professionals and the system while at the same time being wary of what is not working and of the need to speak up when we can, even through our tears and anguish. It insists that we let our bodies through all our wounding speak to us about us, our being and our becoming. It stipulates a trusting and hopeful love in our imperfect selves, including our minds, to find in ourselves a beauty that is uniquely ours - one only we and God can love fully without reservation. The interior work we are prepared to do extends our generosity and compassion to recognizing God’s mystery in the pain of others. Their faith, the discovery of their own woundedness and the wisdom they have gained through an expanded horizon, reveals the truth of Christ’s words: ‘You
believe because you can see me. Happy are those who have not seen and yet believe.' (Jn 20: 29)
CHAPTER 5

5. A Creative Life

One of the best gifts of wisdom I have received is the advice from my academic supervisor: “Do something creative for ten minutes each day.” Her words are a daily reminder to my own life-giving and life-enhancing creative drive for wholeness and healing. This is the wisdom long discovered by the great mystics and the body of work they leave as evidence of their creative lives is no surprise. This chapter explores the centrality of creativity in human living and wholesomeness.

5.1 The Holy Spirit as creative energy

My own urge to create seemed strongest during the most difficult, lonely and troubled early times of my illness. Feelings of sadness or joy now sit more comfortably with a newly acquired inner peace. The conscious, deliberate act of working through each day grounds an understanding that my faith and beliefs need expression through ‘the process of meaning-making.’

Our creative force or energy is that ‘innate instinctual self;’ others such as Mayo, terms it ‘a form of “spiritual seeing,”’ close to the mystical experiences of artists and mystics. Lonergan defines it as ‘fulfilment (that) brings a deep-seated joy that can remain despite humiliation, failure, privation, pain, betrayal and desertion. That fulfilment brings a radical peace, the peace that the world cannot give. That fulfilment bears fruit in a love of one’s neighbour that strives mightily to bring about the kingdom of God on this earth.’ To use Christian language, the creative energy within one’s self is the presence and work of

77 Clarissa Pinkola Estes, Women Who Run With the Wolves (London, UK: Rider & Co., 1992), 6. Estes, a clinical psychologist, uses stories to explain the need to recover and allow the instinctual in human beings to surface with purposeful attention.
78 Mayo, Creativity, Spirituality and Mental Health, 33-53.
79 Lonergan, Method, 105.
the Holy Spirit prompting a response to the Trinitarian God in daily living. It is a form of practical living, governed strongly by awareness and vigilance to one’s inner being; a more inclusive, gentle calmness towards people and situations, a participation in the gifts and fruits of the Spirit. (Rom 8)

To live creatively is a way of being. It finds diverse expression even in simple everyday and mundane tasks. Reading, writing or painting; music, poetry, praying through silent reflection; pottery or baking and even eating, are personal creative expressions. Acting purposefully, concentrating on the processes involved, brings the realisation I am never alone, even in my solitude. Being deliberately present to others in my thoughts as I work through each day unites me in a very incarnate yet mysterious way to others in what the Church refers to as the mystical Body of Christ. A state of prayerfulness, of ‘holding’ so many others deeply in my own interior, takes over. The ancient practice of Lectio Divina becomes then an extended metaphor of multi-faceted prayerful reading and listening to God, not solely confined to scripture.

Accompanying my need for creative expression is an equally strong desire to share the products of my labour as meaningful acts of genuine and generous self-love extending outwards to others. Such reciprocity is a personal acknowledgement and thanksgiving for the initial gifts given by my Creator. Gifts given become gifts shared. Some things or people are easier to part with than others. Giving away my paintings or pieces of sculpture for charity or to others who like them is harder to do as I invest so much of myself in each piece of art. Similarly, I agonise at each letting go of my children. However, my insight tells me that the more difficult the letting go, the more crucial it is to do so. The necessary detachment from things, people and situations and a closer attachment to my God result. It does not mean a severing of all human relationships; rather this detachment propels a sense of ‘agape’. Paradoxically, an even greater and more intimate universal connection with others is experienced. Each letting go is preparation for the final giving over to God at death.
In creative living, the demons of fragmentation are simultaneously exorcised by the Holy Spirit of internal integration. God does not leave us abandoned to the powers of destruction. We make choices either to deny or encourage the spirit of creativity within our souls. Again, for the chronically ill this is exhausting but necessary. Healing becomes possible when we listen and give over to a healthy expression of our own creative impulses. The fractured self then begins the journey to wholeness.

5.2 Waking the dormant artist

There is a difference between talent and the ability to create. As Estes says, ‘It is not virtuosity, although that is very fine in itself. It is the love of something, having so much love for something – whether a person, a word, an image, an idea, the land, or humanity – that all that can be done with the overflow is to create. It is not a matter of wanting to, not a singular act of will; one solely must.’ This distinction is important, as many including those who are ‘well’ will deny their own creativity by saying, ‘I am not an artist,’ or ‘I do not possess a single creative bone in my body.’

Such expressions reveal how we have been conditioned to deny a vital part of who we are as human beings. While such denial may be born of genuine humility, it nevertheless dismisses God’s Holy Spirit in us. We forget, to our own detriment, that we are people of passion created to participate in the ongoing mystery of God’s creation. God’s love, revealed in his giving ‘his only Son, so that everyone who believes in him may not be lost but may have eternal life’ (Jn 3:16) is a powerful reminder. Jesus is God’s own ultimate creative initiative resulting from the infinite passion of the Trinitarian God, awakening and prompting us to reclaim for ourselves our inner artists. The ongoing mysterious, gratuitous and creative love of God is further revealed in us and others. We become in Christian language, ‘witnesses,’ ‘another Christ,’ ‘kingdom builders,’ and personifications of prayer with the power to heal and be healed in the process.

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80 Estes, Women who Run With the Wolves, 298-299.
How we express this passion, this *joie de vivre* grounded always within a healthily acknowledged spirituality, becomes the task for daily living. The difference lies in the details. For some it is in making ‘sublime’ pumpkin soup; perfectly legitimate, valuable and congruently life-enhancing. Julia Cameron speaks about ‘being rooted in the creativity of the entire universe,’ about ‘dreams and desires … funded by divine power …’ that can gift others and ‘encourage the dreams of others.’ The expansive nature of our ‘creative dreams are blessings for the world.’⁸¹ We symbiotically nourish ourselves and others. The misconception that some are ‘born with creativity’ whilst others are not denies the possibilities of a healed, reconciled and more expansive self and world; this is too big a price to pay. For the mentally ill, learning to engage the inner artist can mean the difference between recovery and imprisonment in what feels like unending nothingness.

5.3 **Self expression as a way of healing**

Throughout my journey with trauma, the power and passion of a creative God will not be silenced; a truth revealed in hindsight. Even in my varying states of ‘deadness’, ‘numbness’ and denial, God’s spirit breaks through for:

> The world sounds. It is a cosmos of spiritually effective beings. Even dead matter is living spirit.

- Wassily Kandinsky (1866-1944)⁸²

The first piece of abstract art after my breakdown is entitled: *Where are you?* Painted with a pallet knife, using the cross as a basic stroke, the colours move from the outside of the canvass towards the centre; dark colours slowly giving over to a bright yellow orb. Unknown to me at the time, the painting documents the beginning of a very slow and jagged rise into a more conscious, creative and harmonious life. Subsequent visual and tactile


⁸² Rosemary Crumlin, *Beyond Belief: Modern Art and the Imagination* (Victoria, Australia: National Gallery of Victoria, 1998), 44. Kandinsky, a lawyer, philosopher and artist ‘formulated a coherent theoretical base for abstract art as the most perfect vessel for a cosmic spirituality.’
expressions reveal the inner workings of a psyche desiring a connection that goes beyond the material world, which includes the ‘dead matter’ of human existence. In these works, life, passion, the unconscious desire for healing and connection is given an idiom.

‘Where are You?’ Cecilia Tan, 2002.

Once in an anguished moment of destructive and violent rage, a primeval response to the internal anguish, I kicked through a bedroom window shattering the glass. The shards fell onto the soft soil just below my window. The resultant hole allowed the much needed winter breezes to refresh the stiflingly dark and still bedroom that was my refuge. A few days later I was
compelled, as if led, to go outside, to pick up from the moist earth all the broken pieces including bits of wood that used to be part of the window frame. To an unknown onlooker, my behaviour would have seemed bizarre and incomprehensible. The whole ritual of retrieving the pieces, holding them carefully so they would not cut or harm, became a potent metaphor for the desire for integration after disintegration. The counteracting creative instinct was to collect the pieces of my broken life as it were, and transform it into a work of art. The resulting work, entitled *Piecing Together*, sums up the totality of a common understanding available to all attentive subjects: even dead matter is living spirit.

‘Piecing Together’ – Cecilia Tan, 2003
I do not have any delusions of being an accomplished artist with exceptional talent or technique. However, I do claim the artist within. The mystical beauty of the creation story affirms the truth that God’s creation is always at work in any artistic process. Recovering my inner artist unblocks the stemmed flow of my imaginative processes. I have discovered what Emil Nolde (1967-1956) suggests: ‘… knowledge and science are inadequate when it comes to the simplest questions about time and eternity, about God, about heaven and Satan. Faith alone has no limitations.’83 My methods of dealing with my reality reveal and verify what is crucial for my own well being. Drawing from the sometimes latent creative energy is self care that acknowledges the divine spark within. It provides an inroad into my embodied being and into recognising there the embodied Christ. Incarnation as doctrine becomes real, present and true. Mayo verifies my own suspicion that, ‘the field of psychiatry largely utilizes a medical model for treatment; the healing potential found in creative, spiritual, and religious expressions tends to be overlooked.’84 The trick is to discover activities that allow for this, to focus on the process and not give in to the temptation of being ‘goal-oriented.’

5.4 The unifying effects of living creatively
My father, a musician, lived an inspired and truly contemplative life, more obviously so in his final months. However, I remained personally disconnected from the efficacy of this in relation to my dealings with trauma. Remembering and documenting two specific occurrences reveal convincing personal and perhaps universal truths.

Music gave my father a purpose in life. It sustained the family materially; it provided a powerful tool for self expression throughout his life. Music was his life-blood. He was so visibly alive whenever he ‘made music’, playing the clarinet, saxophone, vibraphone and piano either alone or with others. I have often observed his total concentration as he listened to the melodies flowing through his mind as he arranged, wrote or taught. His spontaneous overflow

83 Crumlin, *Beyond Belief*, 50. Emil Nolde, a painter and print maker was deeply religious and ‘valued the primacy of simple mystical faith over religious doctrine.’

84 Mayo, *Creativity, Spirituality, and Mental Health*, 132.
of tears when stirred by the music he heard always moved me. His total engagement with his passion was not self indulgent. It revealed his generous spirit, a life of faith that said, ‘All is well. God is with us.’

Music was his fluent language of communication. He was unschooled but taught himself later in life to read the newspapers and subsequently the bible. What was deficient in his reading, writing and understanding of the English language, was made up for in abundance by his musical literacy. It is perhaps not coincidental that his faith was strong and unshakeable right to the end for music became his way into understanding his life and impending death.

Over the many months of his dying, my father drew comfort from listening to many hymns and quiet music. One day I noticed that a particular hymn was being repeatedly played over consecutive days and nights. I said, “Pa you keep listening to that hymn. The words are so beautiful and meaningful.” “I wasn’t listening to the words; I was listening to the harmony. It’s beautiful.” In that moment I realised what he meant: life, death, love, suffering, pain, remorse, letting go, everything is tied to a synchronization that is larger than all of us, much as the words and melodies are parts of a unified harmony.

A few nights later, just before his death, he was restless, unable to sleep. I gave him a piece of paper, a pen and encouraged him to compose a new melody, as little as a few lines of music if he could not sleep. The next morning, with eyes bright and alive, he told me, “I finished writing a piece.” I remain moved to tears every time I remember the weak scribbled letters of musical notation on the paper. The rest of that day he engrossed himself, using what energy he still had, transposing the scribbles onto music paper. My brother, an accomplished musician in his own right, has since been given the task of producing and recording it. Unbeknown to me then, my father showed me the importance of channelling my own restlessness through positive self-expression. Just as he needed to ‘make music,’ I needed to carve an artful life. Harmony would naturally follow, if I remained persistent through my own restlessness.
My father taught me the value of listening to our interior with trust; to be courageous and draw from the internal well-spring present in every sentient being. He showed the way to transform the seeds of the imagination into something beautiful and magical, drawing others into harmonious dialogue with what is essential. He taught me the value of remembering, of recovering during reflective times the stories that enrich our lives. In that way the stories, the people, the events continue to have a life of their own even after death. Perhaps this is what Jesus might have meant when he said at the Last Supper, “Do this in memory of me!” I believe in the communion of saints. Perhaps my father had to die at the time of my most intense struggle with my mental illness, so I can live. I remain awe-struck at the mystery of God’s love, which has sustained and kept alive my own faith, within the context of my own mental illness. The creative life indeed generates welcomed harmony.

5.5 Freeing the true self

Gaston Chaissac’s own intuition that, ‘only for him (sic) who is like a child, will the gates of heaven open’ is close to Jesus’ own comments about children. (Lk 8:15-17). The poet Hopkins too saw so clearly the link between being/becoming myself, being Christ, and being playful:

- Each mortal thing does one thing and the same;
- Deals out that being indoors each one dwells;
- Crying What I do is me: for that I came.
- Selves – goes its self; myself it speaks and spells,
- I say more: the just man justices;
- Keeps grace: that keeps all his goings, graces;
- Acts in God’s eye what in God’s eye he is – Christ. For Christ plays in ten thousand places,
- Lovely in limbs, and lovely in eyes not his
- To the Father through the features of men’s faces.

85 Crumlin, Beyond Belief, 112. Gaston Chaissac (1910-1964) is often described as ‘an artist with the soul of a child.’ His art arose from his life-long struggle with tuberculosis, and it represented the need to express elementary feelings without pretensions. He strove for ‘authentic naturalness’ evident in his playful use new materials, spontaneous expression and delight in discovery.

There is no greater solace to a broken heart than to engage fully with children. My own grandchildren remain precious precisely for the consolation they give especially in the midst of crisis. Their unrelenting desires for play, for the exercise of the imagination in creative activities free me to be myself. They permit me the space to be truly myself without reservation or judgement. I find myself transported back to times when I was five, safely dancing with total abandon, twirling and moving without so much as being conscious of who was watching or what they thought. In tumbling, rolling, painting, playing dress-ups, story-telling and a myriad other creative activities, I not only enjoy the playfulness but recover my own spontaneous wonder, so necessary for attaining true wisdom and healing. My grandchildren’s natural responses to life, have given me this precious wisdom: my true self cannot be destroyed so long as I give over to the playfulness and spontaneity of living in a creative and positive manner. The fact that children learn best in the context of play is equally true of adults.

A study by a team of British educators highlights our responsibilities as adults to build our children’s resilience, given the social and cultural cost of rising mental illness among children. It advocates and argues for ‘ways of enabling young people to explore and express their own emotions and feelings in positive and constructive ways. The conventional academic curriculum is not designed nor intended to do this. Yet the need for action is obvious.’ Every person, at different stages of life needs to know how to live creatively; being creative is not just the right of a privileged few. My own mental illness evokes a grave concern for the well being of my children and grandchildren. My impulse to nurture and protect their creative gifts, so they remain healthy, whole and resilient has never been more urgent. More generally, the importance of creativity in preventing avoidable mental illnesses needs to be recognised and honoured.


During one restless night I wrote:

Where then is the kingdom I seek? Am I prepared to enter into that safe place, be trusted, and trusting, willing to surrender to the only one who willingly gives this kingdom for my taking? Am I willing to be stripped of all ego-defining aspects of myself and realise that what they present are what I have created, the golden calf to which I bow down for a false sense of security, ability, and certainty? The fact that everything that previously defined me has been taken away almost at once, I now see as necessary. God has allowed me this suffering of a severe mental illness and all that goes with it, to strip me of the manufactured identity that does not hold, or have a lasting power. The epiphany is clear: I am No-thing and nothing matters or is lasting. The judgement of others, the loss of even loved ones, the missing, the job, the healthy body of a young woman, fertile, fecund, full in the limited human definition, all shrouded the real Cecilia who will not be silent not kept entombed in a vain attempt of pleasing others and God, for personal reasons of validation and praise. My real self cries out amidst the groans and moans of a false self shattering. She wants to be and to become nothing more and nothing less proclaiming for herself, reclaiming herself as a loved daughter of God. The only gift or desire of the heart has always been there … the perfect soul of the child who rests secure, confident in the arms of God. And she it is who must live so that the kingdom of God, the kingdom of peace and healing is hers. She is home.

Cecilia Tan, Journal Reflection, 15 June 2011

My coming to this resolution was and remains liberating for it erased all previous notions of cultural, social and religious expectations that were barriers to self knowledge. Like the clap of thunder heralding the satori of Chao-pien, as recounted by Thomas Merton, there was ‘a sudden awareness, a self-realisation in which the false, exterior self (was) caught in all its naked nothingness and immediately dispelled as an illusion.’ Releasing my creativity in my struggle with mental illness brought healing as I became able to honour, liberate and nurture my true self.

5.6 Developing a creative prayer life

Henri Nouwen notes, ‘Prayer remains central for an authentic Christian life. Prayer requires that we stand in God’s presence with open hands, naked and vulnerable, proclaiming to ourselves and to others that without God we can do nothing.’ The challenge as with other faith aspects is how to develop a

89 Thomas Merton, The Inner Experience (San Francisco: Harper, 2003), 7-11. Merton also elaborates throughout the text on the distinction between the true and false self. See e.g. 10, 12, 13, 21 and 36.

creative prayer life. For me it means delving deeply into my soul and imagination for an authentic relationship with God. My need was and is for a prayer mode that moves from words, thoughts and ideas into a wordless silence of listening and communing either in solitude or among people; either privately or communally. It is meditating even when I am not aware I am doing so, through learned and disciplined concentration. The slow and deliberate process of writing icons, imaginative meditation, any painstaking task that requires patience and delicacy teaches me patience and detachment from the material world and builds an awareness of what being Christian means. Buddhist monks enter into similar states through making intricate mandalas with coloured sand or rice, only to destroy the work once it has been completed. Amish women sew into their quilts something that might be considered a mistake to remember that perfection lies only with God, rendering them conscious of their place in creation. Understanding the reasons for these practices and merging them into a personal expression of contemplative being has provided healing and peace wherever I am, without compromising my own faith system.

The subject of prayer and praying has always been a touchy subject with me, more so after my breakdown. Many others perceiving my supposed lack of faith and praying have told me to ‘pray more.’ I have been singled out for special sets of rigorous devotions accompanied by pious and pithy expressions on picture cards that supposedly have a power to deliver healing because they have been blessed. The enclosed instructions on the rubric regarding the pictures or other sacramentals for efficacy can be offensive. Sacramentals are an important aspect of the received tradition of our faith and can lead us into a deeper expression of our faith. Nevertheless, superstitious mindsets that obscure rather than reveal the invisible God have done more harm than good.

Developing a creative prayer life more authentic to who I am has had healing effects: genuine gratefulness and a sense of blessing punctuate my living; I am energized, more productive and prolific in my writing, my thinking and indeed in my spontaneity in my praying at any time of the day or night.
5.7 **The importance of creative spaces**

Every meaningful pursuit is linked to spiritual well-being. Nurturing one’s spirituality amidst mental illness requires spaces where self expression can emerge safely and non-judgementally. This insight led me to two places with similar underlying principles offering different things. One is *The Yarra Theological Union* (YTU)\(^1\) and the other called *The Open Door*.\(^2\)

Both these places exemplify how the Eucharist we celebrate and pray is to be lived. The ecumenical spirit of unity is visibly present in these two communities. They nurture authentic and creative responses to life. They offer pathways through formal or informal means of spiritual development.

At YTU, the learning environment is enhanced by lecturers and teachers who are more compassionate mentors or companions guiding searchers. An overarching egalitarian spirit draws individuals into communal participation. Questions are freely explored and answers patiently discovered through rigorous, challenging but life-giving studies, necessary for a fuller expression of one’s faith, regardless of one’s tradition or background. Reciprocating friendships based on genuine care and concern for the other is a welcome gift. The co-curricular activities augment the learning experiences weaving all who care to participate, into the rich tapestry that is YTU.

*The Open Door* is a hospitable and compassionate place where meditation, creative writing, sewing circles, tai chi, sacred dancing or art are offered for a very modest donation of a dollar or two. The homely centre in the midst of Dandenong, a city peopled by migrants, refugees and those generally of lower socio-economic backgrounds, is a hub of safety and welcome. One is literally free to walk into a non-judgemental and inclusive environment of genuine

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\(^1\) The Yarra Theological Union is a registered and recognised teaching institution, part of the Melbourne College of Divinity, located within the grounds of the Franciscan monastery in Box Hill, Victoria.

\(^2\) *The Open Door* is a centre for creative spirituality, founded by the Sister of St. John of God. It functions from a modest weatherboard house owned and refurbished by the Sisters as a drop-in centre for anyone wanting to participate in creative activities.
respect for persons. Those who go to The Open Door are unashamed of their mental ill-health or other struggles, or their need for faith enrichment and human contact. No one is turned away; all are received warmly. The offered friendship with a readily available cup of coffee or tea is genuine, spontaneous and warm. People as persons are not taken for granted.

We learn detachment progressively. My own well-being and sanity needed a quieter, unhurried space within my own home while I recovered. For most of the years, ours was a three-generational family under one roof. The exacerbated stress arising from my trauma proved too much at one stage. I had to tell my married daughter and her family to leave. I lament the circumstances surrounding the event; but the painful separation was another lesson in letting-go of a loving daughter I clung to for security. I await the time she does return home and feel secure with a more gentle and self-assured mother. The solitude was confronting and challenging but meant re-discovering, through contemplative being, the same vital relationships, what they should be about and how they can be sustained and flourish. Sometimes we need to create our own creative spaces through breaking away from unhelpful situations while unwell, in order to find ourselves. Again, fracture leads to new beginnings with faith, hope and love.

The scriptural reference that ‘God saw all he had made and indeed it was very good’ (Gen. 1:31) is a personal revelation. In living creatively my enforced solitude I came home; I looked into me and saw what God has made and indeed she is good. She is very, very good. My reconciliation with others and the world has begun. I have to be patient with myself and others, especially those I have hurt as a result of my insanity, and be ready to receive them with a more expansive generosity of heart when they too, return ‘home.’
CHAPTER 6

6. Discovering the hidden reality of living Christ-centred lives

The distractions of contemporary society can potentially destroy the genuine creativity conducive to well-being and purposeful living. This chapter seeks to understand the implications for Christians attempting to live genuinely creative, Christ-centred lives within the modern context. It therefore entails an examination of some central doctrines, beliefs and their expression in communal worship. Accordingly, this chapter will consider a contemporary approach to understanding the Incarnation, Jesus the Christ; the meanings of ‘sacrament’ and ‘sacramentality’; the Eucharist in relation to the concept of solidarity among human beings; and the implications of the above in relation to some received insights into mental illness and healing.

6.1 A contemporary approach to understanding the Incarnation, Jesus the Christ

Theology is both ongoing and contemporary. It therefore requires sustained interrogation of the tenets of faith to ensure that the original meaning is communicated in a way that is relevant and true for believers over time, history and geography. Any intelligent interrogation will necessarily consider new insights resulting from genuine human development in various fields. Tensions naturally result. Inevitably, the spectrum of what constitutes orthodoxy and orthopraxis veers from a rigid fundamentalism in the name of ‘purity,’ or ‘faithfulness’ to a strict sterile tradition, and the other extreme of outright rejection of many sacred practices and beliefs, deeming them outmoded or irrelevant. The latter extreme can lead into dangerous forms of new-


Rahner contends that neo-scholasticism which regarded the immutability of doctrines and traditions as a monolith of objectively held beliefs and practices, must give over to a more critical questioning of what the doctrines and traditional practices mean in contemporary Christian living. Rahner argues for a Church to have the courage of an ‘ultimately charismatically inspired, creative imagination’ (p. 49) to negotiate its way through history keeping in mind that both historical tradition and new development in human society ultimately impact on what the doctrines and teachings mean. See also Rahner’s comments on what he terms ‘sterile pseudo-orthodoxy.’ (p.93)
ageism or into relativism where ‘anything goes.’ Lonergan proposes that ‘If our faith has been ever the same, still it has also regularly put forth different expressions to meet the exigencies of different times. A new age of theology brings with it new expressions no less in Christology than in other areas of belief.’

Faith seeking understanding must therefore find valid, creative expression. The original message remains, and is honoured when brought into sympathetic dialogue with contemporary society, in the language of the people who proclaim Jesus as the Christ. Ultimately, the message is understood when in dialogue with people’s experiences of life. Here then, is my contribution.

6.2 Who is this Christ?

I rush home to a gathered family, a doctor and the writhing, frail and bleeding body of my dying father. I see the anxiety in his eyes. I take in his struggle to articulate his feelings. I arch my whole body over his to shield him from the bleeding mess on the bed. I feel his palpitating vulnerability and shyness at being so nakedly exposed. I hold his face gently in my hands. I say, “Pa, let us do this last act of love for you. Let us clean you, change you and make you comfortable. You don’t have to feel shy or embarrassed. We are all here. We love you and want to do this for you.”

His body relaxes immediately. As my brother, son, mother and others work quickly to clean and cover him, I look directly into my father’s eyes and he looks deeply into mine. No tear from both of us, only a deep understanding love: “Remember what we talked about before about you wanting me here and me wanting to be here when you faced death? Remember how you told me about how you see Jesus carrying his cross every time you close your eyes and how that picture got clearer each time? Can you see him clearly now? It’s OK to go now, Pa. We love you. Just keep looking at Jesus.”

His face relaxes and his eyes take on a remarkable luminosity. He looks just slightly beyond my shoulder. He returns his gaze to me most briefly, before his eyes gently close while he gives a soft sigh of ecstatic union with the God he loved so much. I am convinced a beautiful death is possible.


This quintessential example encapsulates a personal reality of the effect of the Incarnation. Two distinct historical events, the death of a father and the death of Jesus, merged into one instance of what Thomas Keating terms the ‘eternal now.’

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95 Fr. Thomas Keating, OCSO, uses the term 'eternal now' to define the complete surrender to receptive silence in the present.
consuming and consummate love of the Christ embodied in my father as he died. I felt a spontaneous inner joy and exquisite wonder. Grief and the expression of grief would come later, after the event, when missing replaced rapture. The cultural, social and religious rituals provided for further expression and acceptance of a devastatingly personal loss.

My father’s dying was a dramatic metaphor of partial revelation of the incarnate Christ in one significant encounter, of ‘...meeting persons, appreciating the values they represent, criticizing their defects, and allowing one’s living to be challenged at its very roots by their words and by their deeds. ... and encounter is the one way in which self understanding and horizon can be put to the test.’

Human encounters can be explicit and affirming as illustrated above or soul destroying as with the violent encountering of bullying and harassment. The difference depends on many complex factors. The potent religious experience of the death of a loved one widened the horizon of a sentient understanding of the magnificence of life. The sacred encounter in the holy body of a dying father, however, was incomplete because it remained an external event much of the time, similar to the Emmaus experience of walking alongside Christ but not recognising him until the breaking of bread (Lk 24:13-45).

The transition into the core of self as the imago Dei did not happen at that time. God’s love, the blessedness of the moment, the presence of God’s spirit in the manner of my father’s dying; all of this was real. It was a ‘vertical’ assent to the central aspects of the doctrine of the Incarnation but perceived as taking place only in my father. I was more ‘spectator’ than full participant in the intimate dance of life and death in the presence of the Trinity. The surreal sense of joy and peace of the moment indicating the Christ within the self, the truth of Christ’s revelation in my own being, did not register in my own

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96 Lonergan, Method, 247.

97 Lonergan’s use of ‘encounter’ in the context of dialectic in theological method, but it applies equally to individual encounters.
consciousness. A later attending to the meaning of my father's death uncovered and affirmed the sacredness incarnate within all who watched, prayed and companioned a dying father and grandfather towards his full beatific moment.

As with the suffering experienced at a beloved father's death, so too the suffering resulting from any mental breakdown: both expose the vulnerable humanity of the sufferer. Human beings have a need to understand suffering. Grasping the meaning of one's pain and suffering points to a deeper suffering concerning woundedness. It surfaces the surrounding injustices arising from apathy regarding others' suffering. The mentally 'poor' must evoke questions about structures that deny the call of Jesus the Nazarene to see within every life an embodiment of his own humanity.

Christianity's ambivalence with the human body can be anthropologically, historically and theologically traced, a study outside the scope of this thesis. But the dualistic legacy endures. It remains true that our physicality, understood in the context of the Incarnation, 'promotes the value and significance of the body which is never to be disregarded or treated with contempt,'\(^98\) the way it has been in general and in the overall Christian consciousness in particular. For too long perhaps, the meaning of the Incarnation has been taken to be an external abstract idea rather than an embodied reality. At some stage, the mangled body of Christ, God incarnate, must be brought down from the cross, touched, embraced, mourned, respected, anointed, clothed, buried and allowed to rise with every human body with whom he, indeed identifies.

Jesus is the inescapably holy and divine embodiment of a gratuitously loving God. He allows access to an intimate embrace with the Word made flesh both hidden and visible in all creation. The life-giving encounters with the Christ in other persons, recognising in them the face of God without the forgetfulness of our own true identity, liberates all from the dualism and short-sightedness

\(^98\) Copeland, *Enfleshing Freedom*, 56.
of a limiting exclusive vision. A danger remains among believers today, who choose to focus exclusively on Jesus’ divinity to the point of forgetting his humanity, or vice versa. The Christ, the anointed and the chosen one, the saviour, Son of God, is the one and the same Jesus, son of Mary, descendent of David, brother, friend, teacher, healer, mystic, comforter, Emmanuel: God with us.

6.3 Who is Jesus the man?
Lonergan refers to Christ as ‘an identity that eternally is subject of divine consciousness and in time became subject of a human consciousness.’ Simply expressed, Jesus was fully human and fully divine. St. Paul reminds us that, being fully human, Jesus is ‘the great high priest, like us in all things but sin’ (Heb 4:14; 5:10) including his development from childhood to adulthood. His agape developed from boyhood (Lk2:52) is fully realised on the cross. Jesus as subject learned how to communicate in human terms his eternal experience of divinity.

Jesus’ understanding of the potentially liberating covenantal teachings of his religion, revealed through his relationship with others, contrasts with the sterile religious perspectives of the Pharisees and others in relation to their unshakeable and unyielding upholding of the religious laws at all cost. His disregard for laws that imprison rather than free, succinctly exposes the unjust treatment of people based on false criteria that have little regard for imperfection or difference. Such lies are perpetuated in offensive and erroneous notions concerning mental well-being, youth, aging, beauty and the control of bodies.

People and human living, by definition, are ‘messy’- from the moment of birth. The visceral image of gushing blood and bodily fluids during birthing and those from Jesus’ side confirming his death, remains a reality of human living; birth and death, joy and sorrow, and all the paradoxical dimensions of human experiences unite and define us all. Denial of that is denial of divine

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99 Lonergan, A Third Collection, 91.
embodiment; ‘and denial of human incarnation is an insult to the Word made flesh and to God who made us in God’s very image and likeness.’\textsuperscript{100}

Jesus’ own willingness to touch and be touched physically, emotionally, spiritually and psychologically by those considered unworthy, exposes our moral deficiencies when confronted by those who appear threateningly different. How poignant the radical images of Mary pouring with abandon the ‘expensive perfume made of pure nard’ on Jesus’ feet and wiping them with her hair! (Jn 12) Mary’s action honouring Jesus’ body parallels and prefaces Jesus’ washing of his disciple’s feet. (Jn 13) Jesus acknowledged his disciples’ sacredness in not only washing but also kissing their feet. Both intimate, yet public acts infuse all, such that ‘the sweet smell of the perfume filled the house.’ (Jn 12:4.) All, including Judas the betrayer, are perfumed by one great act of consummate love. Dynamic, overflowing and inclusive love is eschatological, confirming the meaning of ‘the mystical body of Christ,’ reminding us of ‘our inalienable relation to one another in God, and (of) … that absolute future that only God can give.’\textsuperscript{101}

Mary’s love for Jesus and Jesus’ reciprocal love in this and other situations gathers, unites and claims all, \textit{including} Judas the betrayer, in the ‘concrete oneness of humanity,’\textsuperscript{102} where healing is available. It is there for the taking as each one needs it. It confirms the covenantal call of God who lovingly says, ‘You are my people, and I will be your God.’ (Ex 6:7)

Fear pointing to possible threats, real or imagined, can debilitate people. Extreme anxiety and fear manifesting itself as irrational thoughts or behaviour, is \textit{not} the sole domain of the mentally ill. This fact of inherent fear and suspicion based on irrational claims is antithetical to the Gospel message of respect for others even when they happen to be different and imperfect.


\textsuperscript{101}Copeland, \textit{Enfleshing Freedom}, 103.

\textsuperscript{102}Copeland, \textit{Enfleshing Freedom}, 103.
Jesus refused to be fear-bound. He challenged the fear of contamination with every embrace, every acceptance of every marker of human imperfection. Seeking the social, religious and cultural pariahs, dining in their company, touching and healing their wounds and even raising them to life, demonstrated his incorrupt and incorruptible psyche. By contrast, as Bernard Lonergan notes, ‘... corrupt minds have a flair for picking the mistaken solution and insisting that it alone is intelligent, reasonable, good.’\textsuperscript{103} Not surprisingly, the Pharisees and teachers of the Law, with their obsessive drive for self-preservation and upholding of the earthly Judaic nation found justification that ‘It is better for you to have one man die for the people instead of having the whole nation destroyed.’ (Jn.11:50) For Christ: ‘What gives life is God’s Spirit; human power is of no use at all.’ (Jn 6:63)

The Garden of Gethsemane accounts provide some insight into Jesus’ psychological and emotional distress. He knew he would be killed for taking the ultimate risk of living a fully authentic life. It was a rational conclusion drawn from his accumulated human experiences of being interrogated, chased out of town, threatened and even literally demonized for effecting healing. Matthew’s perceptive account shows Jesus’ extreme agitation in confronting death; ‘Grief and anguish came over him, and he said to them, ‘The sorrow in my heart is so great that it almost crushes me.’ He pleads with his Father: ‘If it is possible, take this cup of suffering from me! Yet not what I want, but what you want.’ Luke, too, expresses Jesus’ extreme anxiety: ‘His sweat was like drops of blood falling to the ground.’ (Lk 22:44) Here Jesus is ‘everyman’ and ‘everywoman.’ Anyone familiar with acute mental anguish, anxiety and loneliness will find this comforting. Scripture as revealing word and Jesus as Word, bring life. Those who hold Jesus Christ as Logos are called to care for and love the other in times of stress, trauma or privation.

More than the physical pain of the crucifixion, Jesus had to make sense of his exposed vulnerability, sense of abandonment, public humiliation, degradation and ultimate loss of his human identity. In Isaiah’s description: ‘so marred was

\textsuperscript{103} Lonergan, \textit{Method}, 55.
his appearance, beyond human semblance, and his form beyond that of mortals’ (Is 52:14) that it reviled and horrified. Even the last shred of material possession identifying him as person, his garment, was trophy.

His total trust in his God enabled the completion of a mission such that ‘he endured it humbly.’ (Is 53:7) Retaining a compassion for those he loved even through personal distress revealed his divinity. Entrusting Mary to John and likewise bestowing on John his own birth-mother eloquently expressed his compassion. His legacy to those at the foot of the cross and to all who endure intense pain summarizes the incarnate meaning: *Cor ad cor loquitur.*¹⁰⁴ Love cogently and gratuitously expressed, takes over and lasts. ‘Development is not just from below upwards but more fundamentally from above downwards … God meets us as we move to meet God.’¹⁰⁵ (cf Gal 2:20) And there is no more powerful image of this encounter than the cross that reveals Jesus the Word made flesh.

6.4 Understanding ‘sacrament’ as ‘solidarity’

‘Sacrament’ often associated exclusively with rites and rituals can lose its true and rich meaning. Religious and theological ‘jargon’ can lead to aberration and dissociation when meaning is seemed to be lost through systemic control or the lack of information and education. How do we transcend such aberrations? How do we understand the intrinsic call and challenge of Jesus Christ to a transformed life that embraces all human beings as sacraments? Attending to the stories of people with specific sufferings can help to address these questions. The life of Bishop James Duggan of Chicago illustrates this.

A mentally ill patient for thirty years of his life, Bishop Duggan died in an asylum in 1899, and was refused burial at a new mausoleum for bishops when it was built in 1912. It was not until 2001, that Bishop Duggan’s remains

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¹⁰⁴ Lonergan, Method, 73. St. Augustine used this phrase in Confessions; St. Francis de Sales used it in his treatise The Love of God; and most recently the phrase is closely connected with Cardinal John Henry Newman.

¹⁰⁵ Lonergan, A Third Collection, 77.
were buried alongside his colleagues. Shame was cited as a reason for his poor treatment in the burial procedures. Bishop Duggan as ‘sacrament’ was desecrated both in life and death. His story challenges fear, misguided beliefs and an overall aversion to dealing with psychological trauma. Past shameful actions that make invisible the mentally ill must be acknowledged, highlighted and questioned so that such injustices do not continue. The abusive acts that damage and sometimes take away lives must be uncovered. Apologies are necessary but by themselves insufficient for healing wounds. Instead the Church needs to and can become a source of genuine hope, comfort and healing for all believers in every human situation where injustice prevails. Bishop Duggan’s story holds those involved, his own priestly brothers, to account for their practices and understanding of ‘sacrament’ in relation to him, themselves and Christ. The systemic evil arising from rigid conformity, misguided perceptions and the desire to avoid scandal to the Church, dominates in this and other examples. Bishop Duggan, an embodiment of the suffering Christ points to an even greater tragedy: if the Church at the time could treat one of its consecrated brethren with a mental illness in this way, what might be its perception and neglect of those ‘less worthy’ by virtue of their place in the system? The embodied Christ in Bishop Duggan as with many others was sacrificed to appease the god of scandal.

Jesus who questioned and stood in solidarity with the faceless many, must and will continue to be the standard for Christians to critique all existing systems where injustices against the most vulnerable prevail. Copeland’s strong arguments for ‘solidarity’ in sacramental living remind us of how solidarity can address the ‘tragic narratives which have eaten the heart of Western civilization.’


107 Copeland, Enfleshing Freedom, 86.
consequences of the failure ‘to grapple with the depth of psychic suffering caused by social exploitation’ and forced alienation as illustrated by Bishop Duggan’s story, are patently obvious in the sufferings of the mentally ill.

The mere fact that women and women of colour are over-represented in situations of poverty, forced migration, rape numbers by marauding armies, asylum and humanitarian concerns, make mental wellbeing a racial, gender and justice issue, not to be dismissed as something to look into after all other concerns are solved. Where mental illness is concerned, women are twice as likely as men to be sufferers, hence the importance of ‘the approach of those women whose theology is incarnated in their sense of their own humanity.’ The wisdom arising from women’s reflection on their experiences of imposed disconnection can contribute to the solidarity conducive to their healing in mental illness.

Global poverty, mass migration, political and economic flux are hallmarks of the 21st century, with mental illness an insidious by-product, a matter of concern not only for individual societies and countries. The increased instability marking millions of lives globally aggravates the magnitude and complexity surrounding mental health. For Christians, it raises the question of how we look for God among the countless number suffering the horrors of psychological ill-health. If we believe Jesus the Christ is the incarnate one, then his life, death and resurrection remain the ‘corner stone’ (Matt 21:42) for defining sacrament and sacramental living in solidarity with others. Is such praxis the prerogative of Christians? The following illustration provides some response to the question:

It was close to 11.00pm. After ten hours of waiting, I was brought to a bed in the dark and dingy ward of the public hospital. I drifted in and out of consciousness, tired from the drugs and the events of the day. All I wanted

108 Copeland, Enfleshing Freedom, 96.


was sleep. My bed was next to the window facing a courtyard, still brightly lit and noisy. People were playing loud rock music. I tried to raise my head, push the curtain slightly ajar and plead through the glass for some quiet. I felt gentle hands coaxing me into bed. I heard the soft ‘shhhh...’ as she gently patted my shoulder and soothed my brow, like a mother would. I glimpsed a pink headscarf then reclined, feeling somehow comforted. I saw her the next morning: her beautiful and benevolent face framed by the pink headscarf. She spoke no English. I spoke no Afghani, but we somehow understood that even among strangers, among the madness, behind locked inhumane premises, gratefulness, consolation and an unexplained or unexplainable connection is a universal language.


God’s Spirit lives and breathes in surprising solidarity.

6.5 Eucharist and the mystical body of Christ
Copeland maintains that, ‘The mere linguistic convergence of Eucharist and racism disturbs. It makes us queasy, uncomfortable. It should. Bringing these realities together defies all religious, theological, and moral logic, for they signify opposing horizons of meaning.\(^{111}\) This dis-ease is equally applicable to mental illness. Living the Eucharist demands a sustained adverting to self transcendence, the genuine capacity to know what is real and what is good. In gesture, symbol and prayer, in remembering the ancient and holy story of his persecuted ancestors, Jesus offered the saving and liberating love of God, firstly to his disciples and then to all through him. Jesus’ creative use of the meal as symbol and reality expresses and reveals his love and service in those who gather, break bread and worship.

The mundane gifts of bread, wine and ritual washing, artistically and significantly reveal the reality of the Christ in human lives. Honouring and celebrating the good news of the kingdom at each Eucharist entails an acceptance of all persons as sanctified. The remembering and consuming of Christ’s body and blood, present in the Eucharist, should shock us into the realization that he is profoundly part of us, integral to our individual and collective stories. This ‘mystery of Christ’ (Eph 3:4) repeatedly unites us to

\(^{111}\) Copeland, Enfleshing Freedom, 107.
God and others who ‘have become fellow heirs, members of the same body, and sharers in the promise in Christ through the gospel.’ (Eph 3:6).

There is perhaps too much focus on the transubstantiation of the bread and wine, rather than on what the sacrament can effect: an ability to spread in authentic word and deed, the incarnate sacrament that constitutes our being. We then cannot take any human encounter for granted. If we do, our participation fails to live the belief that ‘Eucharist is the inalienable gift that anchors believers in time, connects them one to another as well as to their origin, intimates their future, and “concentrate(s) the greatest imaginary power and, as a consequence, the greatest symbol of value.”’ Equitable access to health care and support, the proper administration of drugs and medicine, the politics of control and fear shaping general opinions and behaviours, the culture of suspicion surrounding ‘others’ impinge on our personal and collective development and mental well-being. The sins arising from misguided prejudices and attitudes call for repentance on our part for all are implicated.

The simple reminder that one in every five people sitting in the congregation during any Eucharistic celebration is hurting as a result of mental illness, must surely move us from our limited horizons. The evil surrounding the poor treatment of mentally ill people and those who by extraneous circumstances succumb to mental illness is revealed each time the Gospel and the Bread are truly blessed, broken and shared. For the institutional Church, the pastoral care of all people requires urgent appraisal and action. Seriously considering the worship practices, the whys of our rites and rituals, the religious language we collectively share and use, and their translation into practical reality is the prophetic vision for our time. We, who constitute the mystical body of Christ, are in danger of perishing. (Prov 29:18).

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CONCLUSION:

Attention will now turn to conclusions regarding:

- the application of Lonergan’s method;
- the insights uncovered from interrogating the doctrine of the Incarnation and human healing within the context of mental illness.

Lonergan’s method is organic, purposeful and psychological insofar that ‘we move from the data of consciousness through inquiry, understanding, reflection, judgement, to statements about conscious subjects and their operations.’\footnote{Lonergan, Method, 8-9.} It moved beyond the philosophical into the realm of the actual where the researcher as subject was compelled to undertake a journey of discovery towards an authentic search for answers. Such a search and method is lifelong and for this researcher, only beginning.\footnote{Lonergan, Method, 11.} Nonetheless, the fruit in applying the method were real and their impact not to be understated even within the constraints of this minor research.

The transcendental method was effective in attaining some understanding of the relationship between the doctrine of the Incarnation and human healing. The psychological nature of the method can potentially generate greater existential pain and suffering particularly when the subject is not ready or prepared for the process.

Within the specific context of the researcher’s own struggles with a mental illness, necessary safe-guards were crucial. Principally, the ongoing support of a wise mentor experienced and knowledgeable in Lonergan’s method was vital. In this case my academic supervisor remained an invaluable part of the investigative process into my interiority where danger sometimes lurked, without sacrificing authentic questioning or risking deeper psychological damage. Praying, immersing myself in the actual practice of contemplative, creative solitary or/and communal activities provided additional support,

\footnote{Lonergan explains the ‘unrestrcited’ or open-ended nature of the transcendental method for ‘answers are never complete and so give rise to still further questions.’}
complemented and many times enhanced the process towards self-appropriation.

Beginning the exploration with general concepts before moving into the particular and more painfully personal data encouraged confidence, alleviated fear and provided the indispensable foundation for deeper inquiry. These were the basis of the first three chapters in which ‘call’ ‘desire’ ‘faith’ ‘belief’ and the psychology of loneliness in relation to the self and post-modern contemporary culture were examined purposefully and securely. It proved to dispel some of the confusion arising from a lack of understanding regarding the complexities of mental illness, religious beliefs and religious faith.

Chapter four documented the movement of the research and theological reflection into more painful territory. Through considering personal wounds - first the physical and then the psychological - the researcher was able to uncover some links between her own suffering and by extension, human woundedness to Jesus’ own story. In this regard, her own horizon as defined by Lonergan116 expanded where the two questions set out at the start of this investigation were concerned.117

The role of creativity and the creative process was explored in chapter five. The researcher upon reflecting and acting on her own creativity and the creative process in general, discovered how moving towards human healing is possible if one is willing to engage deliberately, regularly and with a concentration on process rather than product. Remaining open and responsive to God’s spirit through creative expression became for the researcher a connection to and understanding of what it is to be God’s own; with embodiment, mystery and healing being quintessentially part of a unified whole.

The insights gained through transcendentally adverting to subjective experience prompted further questions regarding the doctrine of the Incarnation in relation to authentic Christian living, the thrust of chapter six.

116 Lonergan, Method, 235-236.
117 Cf Introduction, 2.
Objectification of the subjective experience¹¹⁸ in relation to Eucharist, ‘solidarity’ and what it means in the concrete emerged from considering Jesus’ own humanity and what it revealed of his divinity. For the researcher, the very expression of the doctrine of the Incarnation that is the Eucharist cannot be worshipped, discussed or lived authentically outside an understanding of ‘solidarity’ in relation to human suffering whenever and wherever it manifests itself. The immediate implication of such an insight is a renewed sense of genuine discipleship. The challenges and responsibilities of this discovery remain a constant reminder.

By its very nature, the transcendental method concerns itself with ‘heightening one’s consciousness by objectifying it’ leaving an awareness, not of what is intended, but of the intending; conjuring perhaps some semblance of idiosyncrasy to this work.¹¹⁹ The research attempted a robust engagement with as wide a range of resources as was possible. Ultimately the goal remained for the researcher to be ‘attentive, intelligent, reasonable and responsible’ in considering the data presented- something to be done in and for oneself.¹²⁰ To this end this thesis claims some modest success.

This minor thesis barely touches the richness to be gained through Lonergan’s method in attaining a greater understanding of the complexity surrounding this particular doctrine of the Incarnation in relation to healing and mental illness. What it modestly accomplished for the researcher was to open one small door to the possibilities awaiting further investigation and reflection.

¹¹⁸ Lonergan, Method, 9.
¹¹⁹ Cf Method, 14 and 15
¹²⁰ Method, 18.
Appendix 1

Psalm 63


A Psalm of David, when he was in the Wilderness of Judah.

1 O God, you are my God, for You I long,
   for you my soul is thirsting;
   my body pines for you,
   like a dry weary land without water.
2 So I gaze on you in the sanctuary,
   to see your strength and your glory.
3 For your love is better than life,
   my lips shall speak you praise.
4 So I will bless you all my life;
   In your name I will lift up my hands.

5 My soul shall be filled as with a banquet
   my mouth shall praise you with joy.
6 On my bed I remember you
   on you I muse through the night;
7 for you have been my help,
   in the shadow of your wings I rejoice.
8 My soul clings to you;
   your right hand holds me fast.
Appendix 2

The bare facts regarding mental illness on a global scale:

- Mental, neurological and behavioural disorders are common to all countries and cause immense suffering. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality. These disorders are the cause of staggering economic and social costs.

- Hundreds of millions of people worldwide are affected by mental, behavioural, neurological and substance use disorders. For example, estimates made by WHO in 2002 showed that 154 million people globally suffer from depression and 25 million people from schizophrenia; 91 million people are affected by alcohol use disorders and 15 million by drug use disorders. A recently published WHO report shows that 50 million people suffer from epilepsy and 24 million from Alzheimer and other dementias.

- In addition to the above figures, many other disorders affect the nervous system or produce neurological sequelae. Projections based on a WHO study show that worldwide in 2005, 326 million people suffer from migraine; 61 million from cerebrovascular diseases; 18 million from neuroinfections or neurological sequelae of infections. Number of people with neurological sequelae of nutritional disorders and neuropathies (352 million) and neurological sequelae secondary to injuries (170 million) also add substantially to the above burden.

- About 877,000 people die by suicide every year.

- One in four patients visiting a health service has at least one mental, neurological or behavioural disorder but most of these disorders are neither diagnosed nor treated.

- Mental illnesses affect and are affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behaviour, non-compliance with prescribed medical regimens, diminished immune functioning, and poor prognosis.

- Cost-effective treatments exist for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society.

- Barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of understanding about the benefits of services. Policy makers, insurance companies, health and labour policies, and the public at large – all discriminate between physical and mental problems.

- Most middle and low-income countries devote less than 1% of their health expenditure to mental health. Consequently mental health policies, legislation, community care facilities, and treatments for people with mental illness are not given the priority they deserve.

Appendix 3

The mental health of young Australians

- Young people are more likely to experience a mental illness and prevalence of mental disorders declines with age. In 2007, 26% of 16-24 year olds had experienced a mental disorder in the previous 12 months, while only 5.9% of 75 year olds and over had experienced a mental disorder during that time\(^\text{13}\).
- Data published in 2008 revealed that during a 12-month period, 7% of Australian children and adolescents aged 0-17 were experiencing mental health problems. This rate of mental health problems was similar across both gender groups\(^\text{14}\).
- In 2004-2005, one in 10 young Australians had a long-term mental health or behavioural problem\(^\text{15}\).
- In 2003, mental disorders were the leading contributor to the total burden of disease among young Australians, accounting for 49% of that total\(^\text{16}\).
- There is a higher prevalence of child and adolescent mental health problems among those living in low-income, step/blended and sole-parent families.
- 25% of males and 19.7% of females living in step/blended families, and 22.2% of males and 26.7% of females living in sole-parent families experienced mental health problems, compared to 11.3% of males and 10.7% of females living with their original parents.
- Only one out of every four young persons with mental health problems had received professional health care.
- Family doctors, school-based counsellors and paediatricians provide the services that are most frequently used by young people with mental health problems. Younger children (4-12) were more likely to visit paediatricians and family doctors, while older children were more likely to visit school-based counselling services.
- Even among young people with the most severe mental health problems, only 50% receive professional help. Parents reported that help was too expensive or they didn't know where to get it, and that they thought they could manage on their own.
- Adolescents with mental health problems report a high rate of suicidal thoughts and other health-risk behaviour, including smoking, drinking and drug use.
12% of 13-17 year olds reported having thought about suicide, while 4.2% had actually made a suicide attempt. Females had higher rates of suicide ideation than males.

In 2004-2005, there were 8,013 hospitalisations among young people for mental and behavioural disorders due to drug and alcohol use (almost 2% of all hospitalisations among young people)\textsuperscript{17}.


NB: Response Ability is an initiative of the Australian Government Department of Health and Ageing, implemented by the Hunter Institute of Mental Health in partnership with universities and tertiary educators.
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