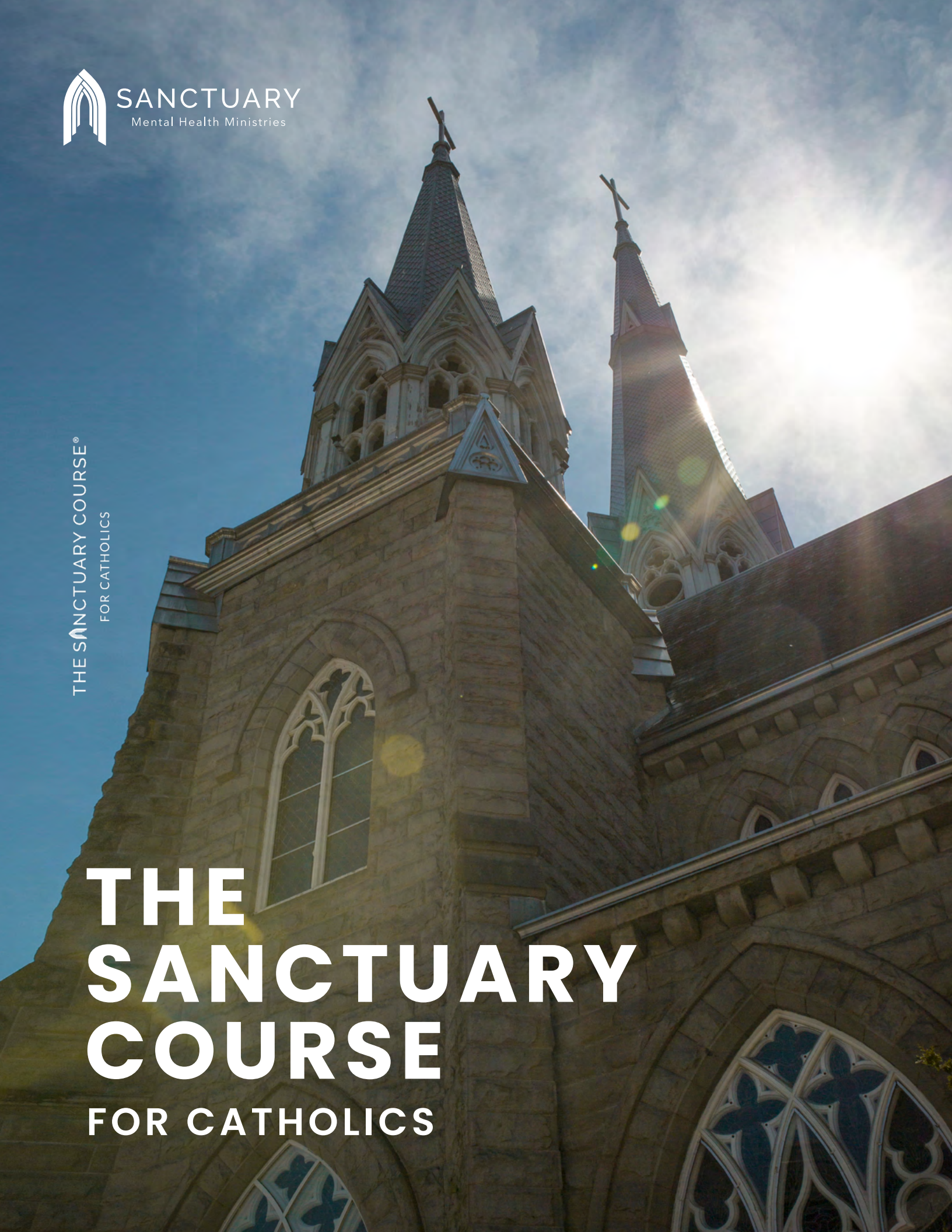
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FOR CATHOLICS

DISCLAIMER

The purpose of *The Sanctuary Course for Catholics* is to raise awareness and start conversations in local parishes regarding mental health. Consequently, *The Sanctuary Course for Catholics* is intended for educational purposes only and the information provided is not a substitute for medical or therapeutic advice. If you feel you may need medical advice, please consult a qualified health care professional.

The films used in *The Sanctuary Course for Catholics* capture the experiences of individuals in their own words. The views and opinions expressed are those of the speakers and do not always represent the views of Sanctuary Mental Health Ministries.

LICENSING AND USAGE

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THE SANCTUARY COURSE®

FOR CATHOLICS

SESSION 1

INTRODUCTION

WHY PARTICIPATE IN THE SANCTUARY COURSE FOR CATHOLICS?

According to the World Health Organization, one in four people will be affected by **mental health problems** at some point in their lives, either through personal experience or through the diagnosis of a relative or friend.[1] While this statistic may be new to you, the sense of urgency it conveys is probably familiar. Mental health issues are increasingly prevalent within our society. Perhaps you are looking for ways to support a loved one, or perhaps you are in search of answers for yourself. Either way, you want to better understand the complex dynamics of mental health.

There is more to it than just understanding, however. As Christians, we want to discover the role of faith in mental health and hear what God, Scripture, and the Church have to say in light of the unique challenges and experiences of mental health problems. *The Sanctuary Course for Catholics* is designed to assist you in this process of discovery. It is the prayer of this ministry that you will find meaningful answers and be strengthened as a local and universal community of faith through your participation. Before you dive into the topic for this session, however, it may be helpful to learn a little more about Sanctuary and the development of this course.

Technically, the term *mental health problem* can be used in the following ways: 1) it can refer to a diagnosed mental illness; 2) it can refer to symptoms that are not severe enough to be classified as a mental illness; 3) it can refer to generally poor mental health and the absence of positive life experiences. However, in this course the term *mental health problem* will be used to describe any experience of poor mental health, regardless of whether it includes symptoms of illness. The term *mental illness* will only be used when referring to a diagnosed mental illness.

WHAT IS SANCTUARY?

Sanctuary equips the Church to
support mental health and wellbeing.

Sanctuary Mental Health Ministries is a Christian organization that was founded in 2012 for the purpose of equipping churches in Canada to make a difference in the lives of individuals experiencing mental health problems. Although its reach has now extended beyond North America to include the UK, Europe, Australia, and New Zealand, Sanctuary remains committed to its founding mission: raising mental health awareness within faith communities and providing theologically-sound educational resources and training to promote mental wellbeing. *The Sanctuary Course for Catholics* has been developed in partnership with Catholic mental health professionals, theologians, and clergy. Through this collaborative effort, Sanctuary hopes to see local parishes inspired and equipped to support members living with mental health problems. (If you are interested in learning more about Sanctuary's programming, please see our website: sanctuarymentalhealth.org)

DISCUSSION QUESTION

Throughout the course you will encounter prompts with recommended discussion questions. These questions are designed to help you engage interactively with the content and process the reading personally. However, it should be noted that these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful. Here is the first question to get you started.

What do you think of when you hear the term *mental health*?

AN INTRODUCTION TO THE COURSE

Now that you know more about Sanctuary, it is time to talk about this session. It is a little different from the sessions that will follow; today you will be introduced to the goals of *The Sanctuary Course for Catholics* and familiarized with the format of the sessions. Your group will also have a chance to get to know one another!

SCRIPTURE: PSALM 42:1–2

Every session will begin with a reading from Psalm 42.[2] Throughout history, people have turned to the psalms in order to express the deepest cries of the human heart. This remains true today, and is reflected in the Divine Office—the official prayers of the Church that mark the hours of the day. Life is filled with highs and lows, and the psalms capture all of these emotions and experiences and teach us to bring them before God in prayer and worship. Psalm 42 is a specific type of psalm known as *lament*. It contains both the raw and desperate prayers of those who are suffering, and the confident proclamation of hope in God's goodness. Although the psalmist is writing about the experience of exile, there are many analogies that can be drawn between the longing for a physical home and the longing for healing in mind, body, and spirit.

There are several ways your group can engage with the verses shared each week. You may want to sit in silence, taking a few moments to pray the psalm individually. You may choose to read the verses aloud together, and then engage in a quiet time of reflection. Or you may discuss the verses, sharing your thoughts, questions, and observations with one another.

As a deer longs for flowing streams,
so my soul longs for you, O God.
My soul thirsts for God,
for the living God.

After the reading, a few reflections will be provided that relate the psalm to the session content. In these opening verses the psalmist writes about a desperate need for God. There are many experiences in life that can produce desperation within us, and poor mental health is certainly one. How comforting it is to be reminded that our God is a living God, and that he hears and responds to the longing of our hearts.

DISCUSSION QUESTION

How would your group like to interact with the Psalm 42 reading each week?

SESSION OVERVIEW

Every week a session overview will be provided with three main teaching points highlighted. This is meant to give you an idea of where the session is headed. Feel free to refer back to these points during group discussions.

In this session you will:

1. Explore the opportunity for faith communities to engage in the broader mental health conversation
2. Consider the psychological, social, and theological components of mental health
3. Discuss the role that community plays in mental health support and recovery

CORE CONTENT

This is where you dive into the session topic. Typically the core content will be divided into three sections (more on that in a moment). However, today will be spent talking more generally about the goals of the course and providing some helpful guidelines for your group. This will set you up for the best possible learning experience.

In the beginning of the introduction a statistic was referenced that reveals the widespread effect of mental health problems in society today. Research suggests that almost everyone will be impacted by mental health problems at some point in their lives. This fact is of great relevance to the clergy, religious, and lay faithful. After all, we are called to demonstrate God's love through the way we care for those in need—and individuals struggling with mental health problems represent a large population in need of care. How many of the people attending Mass in local parishes are silently suffering from depression, anxiety, or some other form of illness? Do they feel seen, understood, and supported by their faith community? These questions help us engage with our mission to love one another well as disciples of Christ.

However, there is another reason why we should pay attention to the topic of mental health. According to the Mental Health Commission of Canada, individuals affected by mental health problems will often seek help from spiritual leaders first and foremost.[3] This is true for a variety of reasons. For some it is a matter of access: they find it difficult to

schedule an appointment with a doctor, navigate lengthy waitlists, find transportation to and from appointments, or pay for services that aren't covered by health care. For others it is a matter of comfort and caution: they are overwhelmed by the idea of discussing something as vulnerable as mental health with a stranger, and they would rather seek out a trusted priest or spiritual director for initial advice and assistance. These are just some of the reasons why the Church is viewed as a potential resource for people facing mental health problems.

Given this reality, it is disheartening to hear reports from individuals who were not met with understanding in their local faith community. One survey conducted among Christians diagnosed with depression found that regardless of tradition, most churches are unprepared to address the topic of mental health. The experiential needs of those with mental health problems are easily overlooked in the preparation of prayers and homilies, and fellow believers are often uneducated regarding mental health.[4] This is certainly not the case everywhere, and the faith communities that promote mental health resources and provide meaningful support for those with mental health problems should be acknowledged and celebrated. But many Catholics want to see their parishes grow in these areas. As Pope Saint John Paul II said in his address on the theme of depression, it is "important to stretch out a hand to the sick, to make them perceive the tenderness of God, to integrate them into a community of faith and life in which they can feel accepted, understood, supported, respected; in a word, in which they can love and be loved."[5] If individuals struggling with mental health are turning to us for help, then we need to be prepared to provide it!

This is why *The Sanctuary Course for Catholics* was created: to **raise awareness** and **start conversations** in local parishes regarding mental health. These are the primary goals of the course. In order to achieve these goals, three different perspectives on mental health and mental health problems will be highlighted: **the psychological, the social, and the theological.** Don't be intimidated by these technical terms. Whether you know it or not, your life is already impacted on a daily basis by the dynamics these terms represent. Let's take a brief look at each one.

The Sanctuary Course for Catholics was created to **raise awareness** and **start conversations** in local parishes regarding mental health.

THE PSYCHOLOGICAL PERSPECTIVE

The dictionary defines psychology as "the scientific study of the human mind and its functions, especially those affecting behavior in a given context."[6] This is the field responsible for studying and treating mental health problems. Academic research and clinical diagnoses will occasionally be referenced in this course, but most of the exploration in the field of psychology will be descriptive. In other words, each session will contain a section that attempts to describe the personal, internal experience of individuals living with mental health problems. This approach is not intended to produce

Many people are unclear about the difference between psychology and psychiatry. While both psychologists and psychiatrists are trained in talk therapy, psychiatrists are also medical doctors licensed to prescribe medication.

experts or mental health professionals. Instead, it is designed to help you grow in awareness of mental health problems, respond with empathy to those who are suffering, and learn through listening to the stories of individuals who have *lived experience*.

Lived experience is a term used to describe the personal experience of living with a mental health problem.

It is important to let individuals impacted by mental health problems be heard in their own words. When you listen to someone's story, you take the time to view the world from their perspective. This awakens empathy and challenges unfair judgments. As part of the psychological perspective shared in each session, you will be invited to view short films of individuals with lived experience. The specific mental health problem discussed in each film will always be identified in advance so that members of your group can individually determine whether or not to participate in the viewing.

WATCH FILM

Today you will be meeting Matthew, who lives with generalized anxiety disorder (GAD) and primary obsessional OCD. The therapeutic interventions described in this film are not prescriptive; please consult your doctor or counselor if you are seeking treatment for anxiety or depression.

DISCUSSION QUESTION

How does Matthew's story illustrate the importance of talking about mental health in our faith communities?

THE SOCIAL PERSPECTIVE

The social perspective in each session will focus on the ways that mental health affects not just individuals, but also relationships and faith communities. This aspect of the lived experience of mental health problems is often overlooked in professional treatment, but recent research suggests that meaningful relationships and supportive communities play a key role in recovery. Devoting an entire section of core content to this perspective will give you the opportunity to examine the unique ways that local parishes can help their members thrive when it comes to mental health.

THE THEOLOGICAL PERSPECTIVE

Theology is a broad term used to refer to the study of God and religion.[7] In this course the biblical themes of suffering, healing, hope, and love will be considered as they relate to the experience of mental health problems. You will also have the opportunity to wrestle with some of the questions and concerns Catholics have when it comes to mental health care. The ultimate goal is to help you integrate faith and the journey of mental health.

In each session relevant mental health topics will be examined through the lens of these three perspectives—the psychological, the social, and the theological. At the end of the day, your faith community will be strengthened in its ability to understand the complexities of mental health problems and cultivate hope as you participate in this examination process. *The Sanctuary Course for Catholics* is not meant to be used as a tool for developing a mental health ministry or designing an individual recovery plan. Instead, this course will help you build a mental health vocabulary within your community so that honest and meaningful conversations can take place. These conversations will equip the faithful to love and support individuals living with mental health problems.

The following topics will be covered in this course:

- Mental Health
- Mental Illness
- Stigma
- Recovery
- Companionship
- Self-Care
- The Church

You may have noticed by now that community is talked about quite a bit in this course. In fact, *The Sanctuary Course for Catholics* is designed to encourage communities. You may receive some benefit from reading through the following sessions on your own, but it is strongly recommended that you discuss them with a small group. These sessions are designed to be engaged in a group setting because community is created and strengthened through shared learning experiences. You are encouraged to share your questions with your group, as well as any personal experiences that might illuminate the session topic. The information presented in this course is introductory in nature, which means that you don't need to have any prior training or experience in the area of mental health in order to participate. *The Sanctuary Course for Catholics* is available to all community members—those with and without lived experience.

Optional Discussion Question: What resonated with you in this session?

One note of caution should be sounded here. This course sometimes deals with difficult and painful subjects which can affect participants emotionally. Your group may want to take some time at the end of this session to talk about how you will respond to one another in these sensitive moments. A sample set of discussion guidelines and boundaries have been provided in the Participant's Guide for your reference.

EXERCISE: LISTENING WELL

A group exercise or a series of reflection questions will be included at the end of each session. These exercises and questions are designed to help you process and apply the information you have just read. Since this is the very first session, here is an exercise intended to help you get to know one another and practice supportive listening at the same time. Each member of the group should take 2-3 minutes to share his or her reason for participating in *The Sanctuary Course for Catholics*. While each individual is speaking, the rest of the group should follow these listening guidelines:

1. Be aware that listening wholly and attentively is a gift you offer to others.
2. Be aware of your body language; sit in a way that communicates openness and

displays your willingness to listen.

3. Listen not only to the words being spoken, but to the emotions being expressed.
4. Don't rush to come up with a response; slow down and focus on simply understanding.

After the speaker is done sharing, select a person from the group to ask one or two questions. Follow these guidelines for framing questions:

1. The best questions are simple, brief, and to the point.
2. Avoid asking questions with right or wrong answers. Instead, ask "how," "what," or "why" questions. These encourage reflection and uncover deeper meaning.
3. Ask questions that help the speaker identify important feelings, images, concerns, and hopes in his or her story.
4. Embrace moments of silence; leave space between questions and answers to encourage further reflection and listening.

PRAYER

Each session will close with either a prayer or spiritual practice. This prayer for courage by Saint Ignatius of Loyola reflects our need for divine strength as we embark on this journey of learning, listening, and healing.

O Christ Jesus,
when all is darkness
and we feel our weakness and helplessness,
give us the sense of Your presence,
Your love, and Your strength.
Help us to have perfect trust
in Your protecting love
and strengthening power,
so that nothing may frighten or worry us,
for, living close to You,
we shall see Your hand,
Your purpose, Your will through all things.[8]

ENDNOTES

1. “Mental disorders affect one in four people,” WHO, accessed February 3, 2020, https://www.who.int/whr/2001/media_centre/press_release/en/.

2. All Scripture quotations are taken from the NRSVCE.

3. “For Community and Faith Leaders: Creating Community Connections for Mental Health,” MentalHealth.gov, accessed August 20, 2018, https://www.mentalhealth.gov/talk/faith-community-leaders.

4. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 125.

5. Pope Saint John Paul II, “Address to the Participants in the 18th International Conference Promoted by the Pontifical Council for Health Pastoral Care on the Theme of ‘Depression’” (November 14, 2003), accessed March 18, 2020, http://www.vatican.va/content/john-paul-ii/en/speeches/2003/november/documents/hf_jp-ii_spe_20031114_pc-hlthwork.html.

6. *The Oxford American Dictionary and Thesaurus,* s.v. “psychology,” (Oxford: Oxford University Press, 2003).

7. *The Oxford American Dictionary and Thesaurus,* s.v. “theology,” (Oxford: Oxford University Press, 2003).

8. Saint Ignatius of Loyola, “Prayer in Times of Despair,” in *The Catholic Guide to Depression*, Aaron Kheriaty with Fr. John Cihak (Manchester, NH: Sophia Institute Press, 2012), 235.

SESSION 2

MENTAL HEALTH

SCRIPTURE: PSALM 42:5-6

Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God.

In these verses the psalmist acknowledges both despair and hope. This acknowledgment affirms the truth that every human experience, whether good or bad, can be brought before God. Reflect on this truth as you learn about the scope of mental health.

SESSION OVERVIEW

In this session you will:

1. Look at the difference between mental health and mental illness
2. Explore the mental health continuum (as individuals and as community members)
3. Look at the role that community and faith play in mental health recovery

CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

It is always helpful to begin a difficult conversation by defining important terms. You may have noticed in the last session that *mental health* and *mental health problems* were referenced, but *mental illness* was not. These terms actually represent two different ways of thinking and talking about this subject. After briefly examining the meaning of each term, you will have the opportunity to discuss how they are related and how they affect everyone personally.

According to the Mental Health Commission of Canada, mental illness "represents the range of behaviours, thoughts and emotions that can result in some level of distress or impairment in areas such as school, work, social and family interactions and the ability to live independently. There are many different kinds of mental health problems and illnesses. They range from anxiety and depressive disorders through to schizophrenia and bipolar disorder, and are often associated with a formal medical diagnosis."[1] There are two important ways of identifying mental illness outlined in this definition. First, mental illness affects behaviours, thoughts, and emotions. Second, mental

Mental illness affects behaviours, thoughts, and emotions. It is formally diagnosed based on the degree of impairment experienced.

illness is formally diagnosed based on the degree of impairment experienced. It is important to include both of these elements in the definition, because not every form of internal distress is the result of mental illness. This is why Sanctuary uses the term *mental illness* to refer to conditions that meet the criteria for the diagnosis of a mental disorder.

What about *mental health*? The Canadian Centre for Occupational Health and Safety defines mental health as "a state of well-being in which a person understands his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."[2] At its most basic, mental health includes a sense of emotional and spiritual wellbeing and the ability to cope with the normal stresses of life.[3] These are helpful definitions that highlight the many dimensions of positive mental health. According to numerous sources, a mentally healthy person is resilient, self-aware, balanced, adaptable, and able to enjoy life as an individual and as a community member.

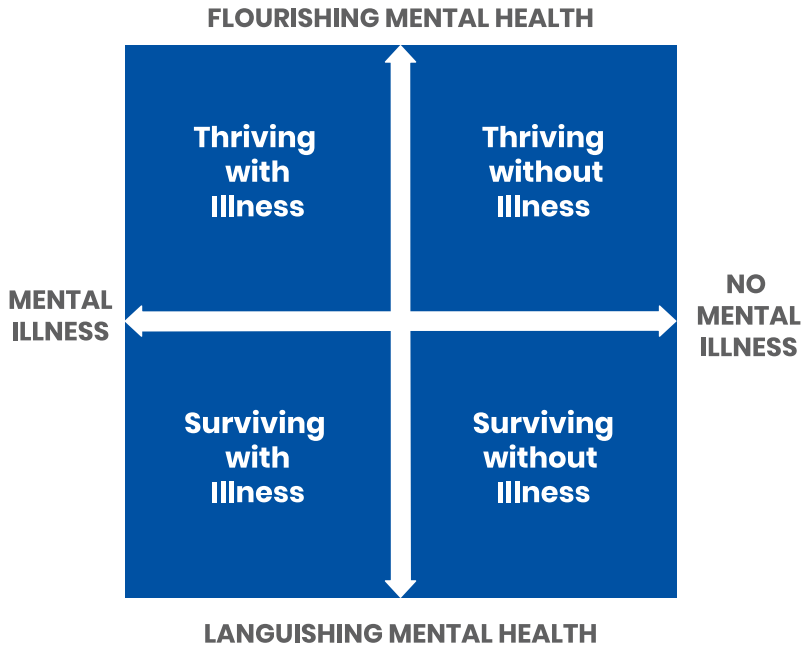
Mental health includes a sense of emotional and spiritual wellbeing and the ability to cope with the normal stresses of life.

Optional Discussion Question: What do you think about these definitions of mental health? Do they surprise you? Do you feel they are missing any key points?

There is something important you will not find in these definitions of mental health, however. Did you notice that neither describes mental health as *the absence of mental illness*? In other words, an individual can be living with a diagnosed mental illness and still experience elements of positive mental health. Most experts today agree that mental health cannot be determined by the presence or absence of mental illness alone because mental health is a far more complex reality.

It is time to introduce you to an American psychologist and sociologist named Dr. Corey Keyes. He was one of the first researchers to point out that people who did not suffer from a mental illness could still be mentally unhealthy.[4] Keyes was interested in measuring the frequency of positive mental, emotional, and social experiences in two groups of people: those living *with* a diagnosed mental illness, and those living *without* a diagnosed mental illness. He found that mental illness did not determine the overall presence or absence of positive life experiences.

Based on his research concerning these two groups, a model known as the **mental health continuum** has been developed. This model takes into consideration not only psychological and medical conditions, but also the numerous life factors identified in our discussion of mental health above—factors such as the presence or absence of self-awareness, coping mechanisms, positive relationships, meaningful work, and connections to community. Here is what the model looks like:



What does this model tell us about mental health? It tells us that mental illness is just one factor among many when it comes to understanding mental health. It also tells us that mental health is a constantly-changing reality in our lives.

Imagine that you have a friend named James. James is healthy, happily married, and loves his job as an engineer. According to the mental health continuum, he is flourishing. Then one day James receives the news that his mother has died unexpectedly. Several weeks later, James loses his job due to a budget crisis at his company. He is no longer spending time with his friends, he is anxious about his finances, he is not sleeping well, and he is struggling to summon the energy to get out of bed every morning. According to the mental health continuum, James is now languishing. Over time, however, James can recover. He can start a new job, find closure through his grieving process, and begin to experience symptoms of flourishing again.

This is just one example of what it looks like to move up and down the vertical axis of the mental health continuum. **Each of you will experience periods of languishing and flourishing over the course of your lives, whether or not you have a mental illness.** Changes in your mental health will be impacted by emotional, psychological, biological, social, and spiritual factors. This reality is reflected in the final term introduced at the beginning of the session, *mental health problems*. This term is used in *The Sanctuary Course for Catholics* to describe any experience of languishing mental health, regardless of the presence or absence of mental illness within that experience. It should be noted that many professionals view *mental illness* and *mental health problems* as synonymous terms. However, in an effort to reflect the complex realities of mental health this course will only refer to *mental illness* if a diagnosed disorder is being discussed.

Optional Discussion Question: Do you agree with this statement? Why or why not?

DISCUSSION QUESTION

Do you find the mental health continuum helpful? Why or why not?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

WATCH FILM

Today you will be meeting Kasey, who lives with anxiety and depression.

DISCUSSION QUESTION

How does Kasey's story illustrate the reality of the mental health continuum?

THE SOCIAL PERSPECTIVE

Now that a foundation has been laid for understanding mental health and mental health problems, it is time to take a look at the social implications of the mental health continuum. Let's return for a moment to our friend named James. During his mental health recovery journey, the presence of his wife served as a constant reminder that he was not alone. In addition, James had a few good friends who regularly checked in on him and provided emotional and practical support. Finally, a ministry group from his parish volunteered to make a few meals for his family and spent time praying for him each week. All of these people contributed to his recovery.

But what would have happened without this support network? Perhaps James would have started drinking to numb the pain instead of turning to close friends for emotional relief. Perhaps the stress of daily tasks like meal preparation would have inhibited his ability to search for a new job, thus prolonging the financial strain on his family. Perhaps he would have been angry and hurt due to the lack of support from his faith community and eventually stopped attending Mass. What was initially a temporary mental health crisis could have become his new normal.

This illustration is not drawn from real life, but it does reflect recent research on the role of community in mental health recovery. Social support is critical when it comes to coping with stress, and the reduction of stress can have a significant impact on recovery.[5] Some studies even suggest that faith communities are particularly effective in preventing mental health problems and promoting recovery.[6] These studies have found that in addition to providing social support, faith communities equip individuals with coping techniques rooted in spiritual practices,[7] and with a sense of comfort, hope, and meaning in the midst of crisis.[8]

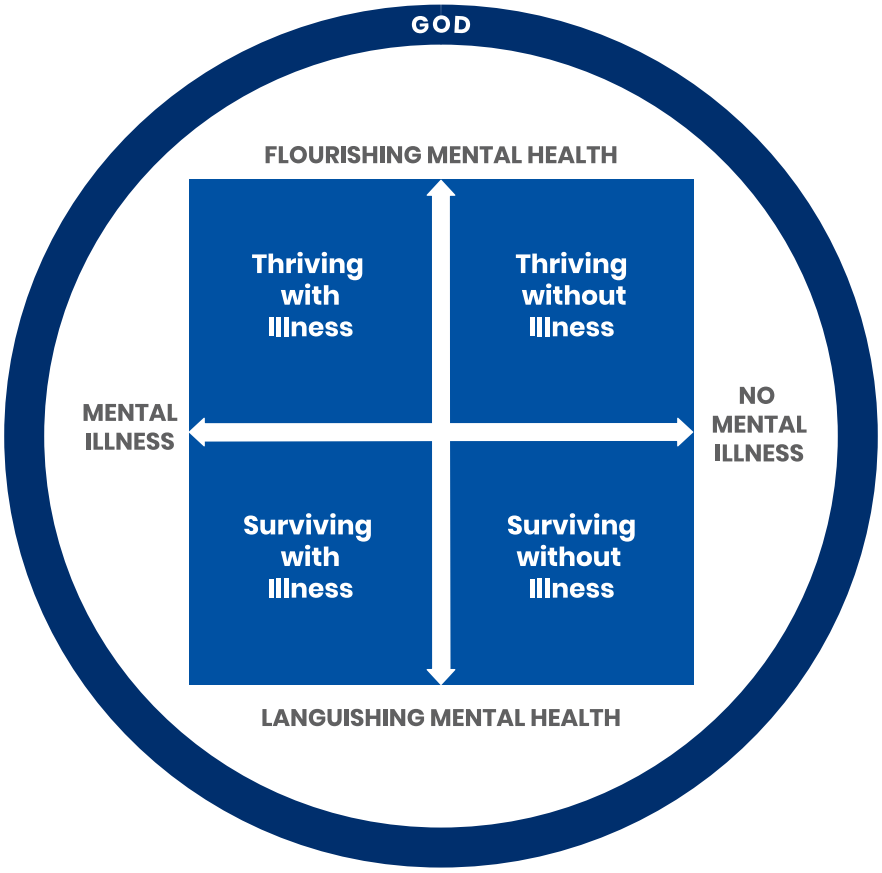
Clearly, our movement on the mental health continuum is affected by our relational network. Individuals with community support (particularly faith-based community support) are more likely to move from languishing to flourishing over time. However, there is another social implication contained in this model. Simply stated, everyone is on the continuum *together*. Each one of you experiences languishing and flourishing mental health, regardless of the presence or absence of mental illness in your lives. These shared experiences of mental health are one facet of the solidarity that binds us together as human beings. Catholic social teaching calls us to demonstrate solidarity through our firm commitment to the common good and to the integral human development of all.[9] When we learn to think about mental health as a continuum rather than a medical condition, and when we remove the barriers that so often exist between people living with and without diagnoses, we are contributing to the growth and demonstration of solidarity in our faith communities.

DISCUSSION QUESTION

Can you think of a time when your faith community has helped you to manage the stresses of life? What was that experience like?

THE THEOLOGICAL PERSPECTIVE

When you were looking at the mental health continuum earlier in the session, you may have found yourself wondering where God fits into the picture. Take another look:



In this new image, the circle representing the presence of God completely surrounds the mental health continuum. No matter where you find yourself—whether languishing without a mental illness, flourishing with a mental illness, or some other combination—God is there.

This may seem like a simple truth, yet it is all too easy to fail to communicate this message to people experiencing mental health problems. This failure can take many forms: some have denied the existence of mental health problems entirely and discouraged fellow Catholics from seeking professional help; others have reacted to the news of a diagnosis by withdrawing relationally due to fear; still others have simply failed to hear, understand, and accept those living with mental health problems, thus creating the impression that God will not hear, understand, or accept them.

This failure is particularly damaging because people look to their faith communities to provide a sense of meaning and hope in the midst of suffering. Although pain is inevitable in life—it is even guaranteed to us as followers of Christ (Colossians 1:24; Philippians 3:10-11; 1 Peter 4:13)—the promises of Scripture, the teachings of the Church, the stories of the saints, and the witness of fellow believers all help us to persevere, reminding us that even during the most challenging times, God is present and at work in our lives.

The Catholic Church offers a unique and robust theology of suffering, rooted in its understanding of redemption. When Christ suffered and died on the cross, he not only saved humanity from eternal suffering in the form of separation from God through sin, but he also redeemed temporal suffering. This means that our experiences of pain and darkness need not be fruitless. Instead, they present us with opportunities to participate in the suffering of Christ and complete what is lacking for the sake of his body, the Church (Colossians 1:24). When we offer up the suffering associated with a mental health problem for a specific intention, we are mysteriously united with Christ and his ongoing work of redemption.

In addition to the theology of suffering offered by the Church, there are many different perspectives on suffering found in Scripture. Here are a few for you to examine as you consider the role that faith plays in helping individuals encounter God in the midst of mental health challenges. The first perspective views **suffering as a means of transformation**. This view is expressed in 1 Peter 1:6-7, where the author encourages persecuted believers:

> *In this you rejoice, even if now for a little while you have had to suffer various trials, so that the genuineness of your faith—being more precious than gold that, though perishable, is tested by fire—may be found to result in praise and glory and honor when Jesus Christ is revealed. (1 Peter 1:6-7)*

While four perspectives are offered here, it is important to recognize that there are many different ways to understand suffering, and not every perspective applies to every experience. Please apply these perspectives thoughtfully and gently.

According to these verses, God sometimes allows challenges and painful circumstances into our lives through his permissive will so that we can discover the places where we need to be transformed and turn to him for help. (The same idea is found in Romans 5:3-5, where Paul talks about suffering producing endurance, character, and hope.)

A second perspective views **suffering as an opportunity for the revelation of God's glory**. John 11 recounts the resurrection of Lazarus. Interestingly, when Jesus learns that his friend is ill, he decides to wait two days before traveling to Bethany:

> *But when Jesus heard it, he said, "This illness does not lead to death; rather it is for God's glory, so that the Son of God may be glorified through it." Accordingly, though Jesus loved Martha and her sister and Lazarus, after having heard that Lazarus was ill, he stayed two days longer in the place where he was. (John 11:4-6)*

Jesus didn't arrive in time to heal Lazarus; instead, he raised him from the dead. We live in a world committed to the ideals of progress, human achievement, and self-reliance. When suffering enters our lives, however, it can remind us of our weakness and our ultimate need for God. His comfort, healing, and deliverance are often revealed in unique and powerful ways when human solutions have failed. (If you want to study this perspective further, John 9:1-7 is a good place to start.)

A third perspective views **suffering as an opportunity for communion with God**. Scripture is filled with the testimony of God's compassion. The psalmist proclaims:

> *The Lord is near to the brokenhearted, and saves the crushed in spirit. (Psalm 34:18)*

The Old Testament prophets describe the coming Messiah as a shepherd who tenderly gathers his lambs in his arms (Isaiah 40:11), and as a man who bears our griefs and carries our sorrows (Isaiah 53:4). In the New Testament, the book of Hebrews describes Jesus as our great high priest who sympathizes with our weaknesses (Hebrews 4:15). Each of these verses remind us that God cares deeply about human suffering, and also understands what it is like to suffer. Pope Saint John Paul II writes, "In his infinite love, God is always close to those who are suffering. Depressive illness [and other mental health challenges] can be a way to discover other aspects of oneself and new forms of encounter with God. Christ listens to the cry of those whose boat is rocked by the storm (Mark 4:35-41). He is present beside them to help them in the crossing and guide them to the harbor of rediscovered peace."[10]

A fourth perspective views **suffering as a temporary condition**. In Revelation 21:3-4, John describes the reunion of heaven and earth:

> *And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe*

every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away." (Revelation 21:3-4)

This is an incredibly beautiful picture that tells us a lot about who God is and what he has in store for his creation. When we are in pain, the reminder that this is a temporary experience can be a great source of hope and comfort. (Paul also relied on this truth to sustain him—in Romans 8:18, he declares that his present sufferings aren't even worth comparing to the glory that awaits him in Christ.)

There is a lot more that could be said on the subject of suffering. Hopefully this brief survey has illuminated a few meaningful ways to think about the suffering produced by mental health problems. However, it is important to note that not every truth is universally applicable. In addition to revealing potential meaning and hope within suffering, Scripture also teaches us about the consequences of living in a fallen world. Often we experience pain as a result of human sin, natural forces of destruction, or the work of the enemy of our souls. It is important not to attribute these forms of pain to God. Instead, when we are confronted with suffering, it is helpful to begin by asking God to help us see him in the midst of our circumstances. As he reveals his presence, greater clarity may emerge. Ultimately, as Christians we believe that hope can always be found, even if it takes some time to find it. The hope of the resurrection exists for all of us, and it is the mission of the Church to proclaim this truth.

DISCUSSION QUESTION

Was there a time when you were comforted by reflecting on one of these perspectives on suffering? Have any of these perspectives been harmful to you?

REFLECTION

Take some time to consider and discuss these questions as a group.

1. Where do you find yourself on the mental health continuum today?

2. Identify a time when you were flourishing. What were some contributing factors?

3. Identify a time when you were languishing. What were some contributing factors?

SPIRITUAL PRACTICE: THE EXAMEN

In the sixteenth century, Saint Ignatius of Loyola developed a prayer model known as the Examen. It is meant to serve as a guide for reflecting on

the events of the day and growing in spiritual discernment. Many people find it useful in assessing their mental and emotional state, and in discovering the gifts and graces that God has already provided for their support. There are five different stages in the Examen. Select one individual from your group to read the italicized text, allowing for several moments of silent prayer in between each stage.

1. **Ask God to send his Spirit**

   We need the Holy Spirit's help in order to perceive the presence of God in our lives. Ask the Holy Spirit to open your heart and understanding so that you might see your day, and your life, through his eyes.

2. **Give thanks for the day**

   Think back on the events of the day and remember moments of happiness, enjoyment, and blessing. Pause and thank God for those gifts. Now remember moments of difficulty or pain, and thank God for the gift of his presence in the midst of suffering.

3. **Review the day**

   Consider the moments in your day where you felt overwhelmed, angry, or lonely. Were there situations where you wish you had reacted differently? Reflect on your relationship with God and others. Were there opportunities to exercise faith and charity that you may have missed? Bring these memories before God.

4. **Ask for forgiveness**

   In light of God's immense mercy and love, ask for forgiveness and turn your heart and life toward him again. Trust that he is your ultimate source of love, and acknowledge your dependence on him. Thank him for the gift of forgiveness, and receive this gift.

5. **Pray for the next day**

   Now, ask again for the presence and help of the Holy Spirit. If there are any particular needs or challenges that you will face tomorrow, bring them before him specifically. Resolve to open yourself even more to God's love and grace in light of these needs and challenges.

ENDNOTES

1. “Making the Case for Investing in Mental Health in Canada,” MHCC, accessed January 12, 2018, https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf.

2. “Mental Health,” CCOHS, accessed January 12, 2018, https://www.ccohs.ca/topics/wellness/mentalhealth/.

3. The Public Health Agency of Canada defines mental health as “the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.” “Mental Health Promotion,” PHAC, accessed January 12, 2018, https://www.canada.ca/en/public-health/services/health-promotion/mental-health/mental-health-promotion.html.

4. If you want some dense academic reading, you can look at Corey Keyes’ 2002 article, “The Mental Health Continuum: From Languishing to Flourishing in Life,” published in the *Journal of Health and Social Research*.

5. Ichiro Kawachi and Lisa F. Berkman, “Social Ties and Mental Health,” *Journal of Urban Health* 78, no. 3 (September 2001): 459-460, accessed January 15, 2018, https://www.ncbi.nlm.nih.gov/pubmed/11564849.

6. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 71-72.

7. Gary R. Collins, *Christian Counseling: A Comprehensive Guide*, 3rd ed. (Nashville: Thomas Nelson, 2007), 19.

8. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 83.

9. Pope Saint John Paul II, Encyclical *Solicitudo Rei Socialis* (December 30, 1987), accessed May 22, 2020, http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_30121987_sollicitudo-rei-socialis.html.

10. Pope Saint John Paul II, “Address to the Participants in the 18th International Conference Promoted by the Pontifical Council for Health Pastoral Care on the Theme of ‘Depression’” (November 14, 2003), accessed March 18, 2020, http://www.vatican.va/content/john-paul-ii/en/speeches/2003/november/documents/hf_jp-ii_spe_20031114_pc-hlthwork.html.

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FOR CATHOLICS

SESSION 3

MENTAL ILLNESS

SCRIPTURE: PSALM 42:6–7

My soul is cast down within me;
therefore I remember you
from the land of Jordan and of Hermon,
from Mount Mizar.
Deep calls to deep
at the thunder of your cataracts;
all your waves and your billows
have gone over me.

In these verses the reality of exile is highlighted as the psalmist remembers the places where God encountered his people in the land of Israel. The imagery of water can represent divine life or divine judgment. Here, the cataracts (a word used to describe a deluge of water) probably refer to the experience of exile and the accompanying feelings of overwhelming sorrow. Grief and loss are often part of the experience of mental illness as well.

SESSION OVERVIEW

In this session you will:

1. Take a deeper look at the realities of mental illness
2. Explore positive and negative community responses to mental illness
3. Engage with the "tough questions" that Catholics ask when faced with mental illness

REVIEW

Before diving into the topic for this session, take a moment as a group to review the difference between mental health and mental illness. If it helps, look at the definitions provided in the previous session.

CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

While everyone will experience mental health problems at some point in their lives, not everyone will live with the reality of a diagnosed mental illness. Today you will explore this reality a little further and encounter some common questions that come up when mental illness is discussed.

Let's begin by looking at the diagnostic practice itself.

1. What are the standards for distinguishing between languishing mental health and mental illness?

   In order to answer this question, it is necessary to introduce you to something called the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition). This is a publication of the American Psychiatric Association that contains the latest information on mental illness compiled by clinicians and researchers from around the world. The DSM-5 has a comprehensive classification system for mental disorders and includes standards for diagnosing these disorders.

   While there are many classes of disorders, the most common fall under the following categories: substance-related and addictive disorders, mood-related disorders, anxiety-related disorders, and psychotic disorders. Each of these categories in turn contains numerous diagnoses. For example, under anxiety-related disorders you will find generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, and more.

2. Who utilizes these standards to determine whether there is an actual illness?

   Doctors, counselors, psychologists, and psychiatrists are all called upon to evaluate mental health. However, not everyone who works in the field of mental health is qualified to offer diagnoses. Regulations vary from place to place, so you will need to do a little research in order to find out who can or cannot diagnose mental illness in your region.

3. What is the diagnostic process?

   When an individual experiencing poor mental health goes to a doctor, counselor, psychologist, or psychiatrist, the professional is looking for certain types of symptoms, at certain levels of intensity, occurring for certain periods of time. A formal assessment like a questionnaire may or may not be administered; sometimes professionals will simply ask strategic questions in order to get the information they need regarding a person's mental health.

   However, it is important to understand that diagnosing mental illness is a very delicate and complicated process. Many disorders have overlapping symptoms, and some disorders have symptoms which may not be apparent for long periods of time. For this reason, responsible professionals are

A *mental disorder* is the technical term for a particular type of mental illness.

The Mental Health Commission of Canada provides the following definitions:

1. Substance-related and addictive disorders refer to a negative pattern of behavior associated with the use of a substance.

2. Mood-related disorders involve the experience of emotions outside the normal range for extended periods of time.

3. Anxiety-related disorders refer to an experience of excessive anxiety that disrupts daily life.

4. Psychotic disorders refer to conditions where individuals lose touch with reality.

often hesitant to diagnose individuals quickly, and it can take years for individuals to receive an accurate diagnosis.

Questions concerning what happens after a diagnosis is received will have to wait until Session 5 when the process of recovery is discussed. For now, let's examine two specific disorders more closely in order to get a sense of the broad range of experience represented by the general term *mental illness*. The first disorder for you to consider is generalized anxiety disorder (GAD). This disorder is characterized by overwhelming anxiety that manifests physically and psychologically. Symptoms can include worry, irritability, restlessness, difficulty concentrating, sleep disturbances, muscle tensions, and fatigue.[1] Individuals with GAD experience symptoms on most days, and symptoms are present for at least six months.[2] The second disorder for you to consider is schizophrenia. This is a very rare and complex condition that affects neurotransmitters in the brain. Symptoms can include hallucinations, delusions, impaired thinking and memory, disorganized communication skills, blunted emotions, and social withdrawal.[3] In some cases individuals experience the onset of symptoms rapidly, while in other cases symptoms may take months or years to develop.[4]

Optional Discussion Question: Can you think of additional examples that illustrate the diversity of mental illness?

As you can tell from these brief descriptions, the experience of mental illness varies widely. Some individuals live with symptoms every day, while others may go weeks or months virtually symptom-free. Mental illness can look like insomnia and stress, or it can look like psychosis. This means it is important to avoid making assumptions if you learn that someone has a mental illness. You can only discover the truth about a particular experience of mental illness by listening well to those with lived experience.

WATCH FILM

Today you will be meeting Hillary, who lives with depression and has experienced postpartum depression (also known as postnatal or perinatal depression)—a serious mood disorder that can occur during or after pregnancy and should not be confused with the "baby blues" (milder feelings of unhappiness that typically resolve within a few weeks of the birth). This film references suicidal thoughts.

DISCUSSION QUESTION

How has Hillary's understanding of depression changed over time? What is the significance of this change?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

Now let's take a step back and look at something called the **bio/psycho/social model of illness.**[5] This model represents the idea that the experience of illness is more than just medical (or biological). It is psychological, involving thoughts and feelings, and it is social, impacting relationships. These "layers" are present in every experience of mental illness, no matter how different the experiences may be. And recently, many people have argued for the inclusion of spirituality in this model.[6] After all, the way we perceive God and engage in our faith is often profoundly affected by our mental health.

DISCUSSION QUESTION

Why is the bio/psycho/social/spiritual model helpful? Can you think of a time when a physical injury led to suffering in other areas of your life? How does this experience illustrate the bio/psycho/social/spiritual model?

THE SOCIAL PERSPECTIVE

Hopefully this discussion of mental illness has given you a clearer idea of why and how individuals are diagnosed, and has encouraged you to think about the complexity and variety of lived experience. As a reminder, the goals of this course are to raise awareness and start conversations in local parishes. For this reason, general information is being prioritized over the examination of particular disorders in greater detail. If you or someone you know is looking for information regarding a specific disorder, there are many helpful resources available. (Some foundational resources are listed in the Appendix.)

Now let's look at the role that community plays in the experience of mental illness. This is the social element of the bio/psycho/social/spiritual model. In the last session you learned about the positive effect that supportive relationships and communities can have on someone who is struggling with mental health. Here you are going to consider two ways that communities can negatively impact individuals with mental illness.

First, community members may cause confusion and trauma by attempting to diagnose those who are suffering. When someone we care about appears to be going through a mental health crisis, it is natural to search for solutions and even jump to conclusions in the process. Often people feel that if they can identify and research a problem, it will become more manageable and less overwhelming. However, as was mentioned earlier in this session, diagnosing a mental illness is complicated because so many disorders have similar symptoms. In addition, the experience of being diagnosed with a mental illness can be traumatic—especially if the person offering the diagnosis is unable to provide helpful or accurate information and resources. For all of these reasons, it is critical that community members not speculate about mental illness and encourage individuals who are languishing in their mental health to seek professional help.

Optional Discussion Question: What are some of the ways you manage stressful situations? Are they helpful or unhelpful?

This does not mean that a diagnosis is not valuable or helpful. In many cases it can help an individual determine how to move forward in recovery, and it is absolutely necessary if

any medication is going to be prescribed. But it is important to recognize that while faith communities offer practical support and nurturing relationships, and the Church offers grace through the sacraments, neither have the specific competence to offer diagnoses.

Second, communities may isolate individuals who are suffering from mental illness. According to the Canadian Mental Health Association, people who disclose a diagnosis of depression report lower levels of social support.[7] This statistic concerning depression reflects a bigger reality. Social isolation is frequently part of the experience of mental illness due to the following factors:

1. Stigma

Individuals with mental illness may be viewed negatively and rejected by coworkers, peers, and family due to the stigma surrounding their diagnosis.

2. The exhaustion of caregivers

Caregivers often distance themselves from individuals with mental illness once the burden of care begins to negatively impact their own mental health.

3. General social withdrawal

It is also common for individuals to withdraw from relationships and social interactions due to their mental illness. This withdrawal might be caused by symptoms such as anxiety or depression, or it might be an attempt to hide awkward behaviors and coping mechanisms.

These are just a few of the reasons why it can be challenging for individuals suffering from mental illness to receive the relational support they need. Some of the practical ways that faith communities can address these challenges and develop sustainable models of care will be discussed in a later session. For now, though, take a moment and reflect on your local parish.

DISCUSSION QUESTION

What is your reaction to the negative community responses to mental illness described above?

THE THEOLOGICAL PERSPECTIVE

The subject of mental illness raises additional questions for us as Catholics because it causes us to wrestle with our expectations and beliefs concerning human health and happiness. In this section you are going to look at a few of the most common questions that come up when faith and mental illness intersect. These questions are designed to help you reflect on your beliefs and engage in a meaningful dialogue with others in your parish. Feel free to take time as a group to discuss each question before reading the comments offered.

Can Catholics experience mental illness?

The history of the Church is filled with the stories of saints who lived lives of exemplary devotion despite experiencing the challenges of mental illness. Saint Alphonsus Liguori (1696-1787) lived with scrupulosity (a form of obsessive-compulsive disorder, or OCD); Saint Thérèse of Lisieux (1873-1897) experienced depression, anxiety, and scrupulosity; Saint Edith Stein (1891-1942) dealt with periods of severe depression; and Saint Òscar Romero (1917-1980) received professional help for OCD. This brief survey illuminates the reality that mental illness is not a sign of spiritual weakness, and that it does not disqualify anyone from becoming a saint. Even the most devout Catholics can have lived experience.

However, therapists report that many Catholic clients ask them whether mental illness is a sign of inadequate faith or lax spirituality.[8] This question often rises from incomplete (or decontextualized) readings of Scripture. For example, in Philippians 4:6-7 Paul describes the peace experienced when anxiety is surrendered to God in prayer. If taken out of context, these verses might lead some to conclude that Christians are promised permanent peace of mind. However, a more complete reading of Scripture reveals that the suffering which proceeds from original sin is a normal part of the life of the faithful (John 16:33), and that God is still present in the midst of difficult circumstances (Romans 8:35-39). It is important to reflect regularly on scriptural truths such as these, for they remind us that mental illness and suffering are not markers of faithlessness. In fact, the Church's understanding of redemptive suffering teaches us to view them as invitations to be united to Christ in his suffering.

Is mental illness the result of spiritual phenomena or demonic activity?

Throughout the centuries different beliefs have developed among Christians of various traditions regarding the involvement of the demonic in the experience of mental illness. It is helpful to envision these beliefs existing on a spectrum. At one end of the spectrum, some Christians would argue that all mental illness is the direct result of spiritual activity, while at the other end of the spectrum, some Christians would claim that mental illness is purely biological and does not involve any spiritual activity. However, in the middle of the spectrum you will find a perspective that takes the whole person into consideration. Human beings are integrated by nature: our thoughts and emotions can impact our physical health, our physical health can be related to our spiritual health, and so on. For this reason mental illness can rarely be attributed to a single cause or factor. It is possible for an individual to experience depression due to genetic vulnerabilities, and to have that experience intensified due to emotional wounds and the onset of spiritual oppression. A combination of prayer, the sacraments, therapy, and medication may be required in order for this individual to begin to heal.

Should Catholics take medication?

In our parishes, practices such as praying for the sick and holding healing Masses serve as a reflection of the belief that God can bring about physical restoration. In addition, the sacrament of Anointing the Sick also mediates healing. However, the teaching of Saint

Thomas Aquinas reminds us that grace does not usurp nature, but rather perfects it. While supernatural grace is always necessary for complete healing, remedies in the natural realm of science and art may also be beneficial. Indeed, the healing effects of prayer and the sacraments are not diminished by the use of medication. You may be familiar with the analogy of the diabetic on insulin—a common illustration used to demonstrate one way to think about disease and medicine as people of faith. You would never tell a friend suffering from diabetes to stop taking their insulin because the medicine was preventing God from healing them. Instead, you would encourage them to take the insulin as a means of living a healthy life, even as you continued to petition God for their greater physical restoration. This same line of thinking applies to medications developed to treat mental illness. While we continue to approach God for healing, we also want to encourage individuals with mental illness to utilize all of the resources of nature and grace—medications, therapies, sacraments, and prayer—that address their symptoms and enable them to live healthier lives.

How do the New Testament promises of healing and redemption apply to individuals struggling with mental illness?

Many people who suffer from mental illness can point to moments where Bible verses were used to shame or silence them. It may have been suggested that they needed to exercise greater faith in order to be healed (Matthew 17:14-20; James 5:15), or that they simply needed to be filled with the fruit of the Spirit (Galatians 5:22-25). However, the teachings of the Church encourage us to adopt a more complex view of human experience. In his apostolic letter entitled *Salvifici Doloris* ("On the Christian Meaning of Human Suffering"), Pope Saint John Paul II reminds the faithful that although Christ has achieved victory over *definitive suffering* (evil and death), in this life we will still experience losses, trials, and pain.[9] The New Testament promises of future glory serve as a reminder that when we turn to Christ in the midst of our suffering and mental health challenges, he is able to redeem those experiences and even make us participants in his own suffering.

DISCUSSION QUESTION

Have you ever wrestled with any of these questions personally?

EXERCISE: RELEASING BURDENS IN PRAYER

It can be difficult to focus on the experiences of suffering that often accompany mental illness. However, we believe that we are not called to carry the burden of sorrow or pain alone. This exercise will require paper and pens or pencils, as well as a jar.

1. Distribute a piece of paper and a pen or pencil to each group member.

2. Think about a word or phrase that represents the burden you are carrying in this moment—a burden for yourself or for others.

3. Write this word or phrase on your paper.

4. Pass the jar around the room. When it is your turn to receive the jar, place your paper inside. Hold the jar for as long as you desire, filling it with your silent prayers.

5. When you are ready, pass the jar to the person sitting next to you. Continue until everyone has placed their papers and silent prayers in the jar.

6. Conclude with a brief time of group prayer, offering the burdens contained in the jar to God. This prayer may be spontaneous, or your group may decide to recite the following prayer out loud together.

PRAYER

Saint Benedict Joseph Labre (1748-1783) was well acquainted with the trials of mental illness. In spite of the challenges he faced, he devoted himself to pilgrimages and gave generously to the poor from what little he had. This prayer is attributed to him.

Eternal Father,
Through the Precious Blood of Jesus,
have Mercy.
Console us in our moment of
need and tribulation,
As You once consoled Job, Hanna,
and Tobias, in their
afflictions.

And Mary,
Comforter of the Afflicted,
pray and placate God for us,
And obtain for us the grace
for which we humbly pray.[10]

ENDNOTES

1. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 4, page 3.

2. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 4, page 3.

3. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 5, page 3.

4. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 5, page 3.

5. John Swinton, *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension* (London: Jessica Kingsley Publishers, 2001), 56.

6. John Swinton, *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension* (London: Jessica Kingsley Publishers, 2001), 38-39.

7. "Social Support," CMHA, accessed April 23, 2018, http://www.cmhaff.ca/social-support.

8. Julia Hogan, LCPC, "Do I Need Therapy?" *Mind & Spirit: Integrating Psychology and Faith*, accessed March 20, 2020, http://mindspirit.com/do-i-need-therapy/.

9. Pope Saint John Paul II, Apostolic Letter *Salvifici Doloris* (February 11, 1984), accessed March 20, 2020, http://www.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris.html.

10. "Prayer of Saint Benedict Joseph Labre" in *The Catholic Guide to Depression*, Aaron Kheriaty with Fr. John Cihak (Manchester, NH: Sophia Institute Press, 2012), 238.


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SESSION 4
STIGMA

SCRIPTURE: PSALM 42:4

These things I remember,
as I pour out my soul: how I went with the throng,
and led them in procession to the house of God,
with glad shouts and songs of thanksgiving,
a multitude keeping festival.

In a psalm that speaks very movingly of personal pain, this verse serves as a reminder that the loss of community can be one of the most difficult experiences in life. The psalmist recalls the joy of worshiping with others in a season when that joy has been taken away.

SESSION OVERVIEW

In this session you will:

1. Examine the effects of stigma on those struggling with mental health problems
2. Define and identify the process that produces stigma
3. Discuss the message of the gospel in light of the realities of stigma

CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

In the previous session you were introduced to the bio/psycho/social/spiritual model of illness and explored the many layers that are present in the experience of mental illness. Today you are going to examine an additional layer—one that often significantly impacts the experience of individuals struggling with mental health. According to the dictionary, stigma is "a mark or sign of disgrace or discredit."[1] At one point in time the term described a physical mark or defect of some kind, but now stigma refers to *the experience of being perceived negatively by or set apart from others* due to stereotyping.

Many people have strong reactions to words like *stigma* and *stereotype*. On the one hand, we live in a society where tolerance and respect are highly valued. On the other hand, many Catholics have been wounded by cultural voices that have misunderstood and misrepresented their faith. Given these realities, it may be difficult to acknowledge or discuss stigma. However, the fact remains that three out of four individuals with a diagnosed mental illness report experiencing stigma.[2] What is this experience like? Take a moment and reflect: Have you ever reacted to someone on the basis of a negative

stereotype, or been stereotyped yourself? As you reflect, notice the words you use to describe this experience—words like shame, hopelessness, distress, and anger. These are some of the most commonly reported emotional effects of stigma.

Optional Discussion Question: Have you experienced or participated in stigma due to race, gender, physical or mental capability, or any other factor? If you feel comfortable, share your story with the group.

Stigma doesn't just impact emotions, however. It can also create barriers to recovery by making individuals reluctant to seek help for mental health problems, inhibiting community participation in the recovery journey, and limiting social and financial opportunities for those who are suffering. Does this seem like an exaggeration? The World Health Organization declared that stigma is the "single most important barrier to overcome in the community,"[3] and studies in the last few decades have shown that negative attitudes and beliefs regarding mental illness are still very common. These beliefs include the following:

- *People with mental illness are violent and dangerous*
- *People with mental illness cannot work or "hold down" a job*
- *People just use mental illness as an excuse for poor behavior*
- *People with mental illness could "snap out of it" if they really tried*
- *People with mental illness are weak and cannot handle stress*

Indeed, an Australian study found that nearly one in four people thought depression was a sign of personal weakness and would not choose to employ an individual with depression. The same study found that one in five people would not tell anyone if they struggled with depression.[4] Clearly these responses are related! Canadian studies have produced similar results: 54% of those living with a diagnosed mental illness felt embarrassed regarding their mental health challenges, and 54% experienced discrimination based on their mental health.[5]

One of the most painful realities for individuals facing stigma is the low self-esteem that results from being negatively stereotyped. When society blames you for your problems, it is all too easy to begin blaming yourself as well. The shame and guilt can be very intense, and these emotions prevent many people from reaching out for the help they need. However, it is possible to break free of the effects of stigma and enter into recovery

DISCUSSION QUESTION

How can people living with mental health problems effectively respond to stigma?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

WATCH FILM

Today you will be meeting Simone, who lives with schizophrenia—a complex biochemical brain disorder that can impact the way a person thinks, feels, communicates, and perceives reality, and that often includes experiences of psychosis.

DISCUSSION QUESTION

How does Simone describe her experience of stigma? Can you identify a point in her story where she advocates for herself?

THE SOCIAL PERSPECTIVE

So far you have looked at the individual experience of stigma and discussed ways for individuals to move beyond that experience. However, stigma is a cultural reality produced by groups of people and reinforced by social systems. This section will break down the bigger picture regarding stigma and help you look for ways to shift the culture surrounding mental health. Let's start by asking the question, "Where does stigma come from?" Research has shown that it is really the product of a process with three steps: stereotyping, prejudice, and discrimination. Looking at each step in a little more detail will further our understanding of how the entire process works.

A stereotype is a belief that most members of a particular group share certain negative characteristics. For example, the preceding section identified a few negative characteristics that are applied to people with mental health problems. When someone communicates the idea that every individual suffering from depression is weak, that is a stereotype. We are surrounded by examples of stereotyping in our daily lives. It shows up in our conversations, the entertainment we view, the literature we read, and so on.

When people are exposed to the same stereotype frequently, it often leads to prejudice. The term *prejudice* relates to personal thoughts and emotions. People become prejudiced when they hold beliefs and feelings about a group that are neither fair nor based on reason. At this point in the process they are not just being exposed to stereotypes; they are actually internalizing them and reacting mentally and emotionally to individuals based on stereotyping.

The final step of the process is discrimination. This is when people act unjustly on the basis of prejudice. In the earlier example, the business owners who stated they would not

want to hire an individual with depression were practicing discrimination. Discrimination can occur between individuals, or it can be institutionalized.

Optional Discussion Question: Can you think of specific examples of stereotyping, prejudice, and discrimination?

Stereotyping, prejudice, and discrimination—this process creates the stigma that surrounds mental health problems. And stigma doesn't just affect interactions between individuals. It actually impacts our society in a surprising number of ways. Stigma affects personal finances and economic policies by determining who does and does not have access to jobs, housing, or government assistance. Stigma affects public policy as well. Who decides what constitutes a "sick day" at school or work? Who determines what is and is not covered by health insurance? These are all policy matters. Finally, stigma affects our entertainment industry by influencing the types of characters that are portrayed. When mental health problems are presented in a negative or threatening light in the media, this can even increase instances of harassment and violence directed towards people experiencing mental health challenges. (Contrary to popular opinion, people living with mental health problems are not statistically more prone towards violence. In fact, individuals with mental illness are ten times more likely to be the victims of violence than the general population.[6])

Clearly the task of eliminating the stigma surrounding mental health problems is a big one. It isn't enough to personally avoid prejudice and unjust discrimination (although that is a great place to start). The stereotypes that exist in our culture and the systems that support those stereotypes need to be shifted. The next section will look at the unique role that faith communities can play in achieving this goal. First, though, take a minute to examine the importance of language in the battle against stigma.

Language is a subtle, yet powerful tool. The words you use shape the way you view others, yourself, and the world. (Language is also contextual. Often, people speak casually and utilize shorthand when in the comfort of their own homes or when talking with close friends—and this is natural. However, language that is used in public or may be overheard by a broader range of acquaintances should be carefully considered.) What responses do you have to the following statements?

"Jane is schizophrenic."

"Michael is crazy."

"That person seemed mentally unstable."

"My mom is depressed. She is so difficult right now."

"Sorry, that's just my OCD coming out!"

Perhaps you noticed that the first few statements identify people with mental health challenges. The last statement minimizes the significance of mental health problems. In other words, speaking in these ways reduces human beings to an illness and trivializes

very difficult and painful experiences. People are complicated, and personal identity is made up of many different things: faith, family history, cultural heritage, personality traits, experience, skills, and preferences. People are not reducible to a label or diagnosis, which is why you want to use language that honors the identity of those you discuss and reminds you to look beyond the challenges they may be facing and see the bigger picture.

DISCUSSION QUESTION

Take a moment as a group and think about different ways to rephrase the statements listed above. Can you come up with language that is more compassionate and that doesn't contribute to the stigma surrounding mental health problems?

THE THEOLOGICAL PERSPECTIVE

Being more thoughtful in our speech is a great way to begin shifting the culture. However, as Catholics we believe in the possibility of transformation that goes beyond language and touches the heart. We don't just want to change our communication style; we want to grow in our ability to love others with the same love we have received from Christ.

> *I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another. (John 13:34-35)*

Our greatest hope in the battle against stigma lies in the power of the gospel. Christ's example of sacrificial love and his commitment to the suffering and the outcast are radically counter-cultural. Nowhere is this seen more clearly than in the Gospel of Luke. Jesus began his ministry by quoting from the prophet Isaiah and declaring his mission to bring good news to the poor and freedom to the oppressed (Luke 4:18-21). From the beginning of his ministry until the very end, he was surrounded by outcasts. Luke records many meaningful interactions with Gentiles, women, and sinners—each one representing a different stigmatized group in first-century Palestine, and each one given the gifts of attention, compassion, respect, and healing by Christ. Take a moment to imagine the shocking sight of a crowd numbering in the thousands coming to a standstill so that one poor, solitary widow could be comforted (Luke 7:11-15). What would it have looked like to witness a "sinful woman" crash a party filled with religious leaders and weep at the feet of Jesus (Luke 7:36-50)? Almost every page of this Gospel presents us with a fresh example of Christ's commitment to love each person he encountered, regardless of how they were labeled by society.

This commitment led him to the cross, where he surrendered his life as he identified himself with the sin and brokenness of the world. In that moment, Christ accepted the ultimate stigma for us. As you read the following words from Isaiah 53:3-5, consider the experience of rejection and pain that Christ endured:

He was despised and rejected by others;
a man of suffering and acquainted with infirmity;
and as one from whom others hide their faces
he was despised, and we held him of no account.
Surely he has borne our infirmities
and carried our diseases; yet we accounted him stricken,
struck down by God, and afflicted.
But he was wounded for our transgressions,
crushed for our iniquities;
upon him was the punishment that made us whole,
and by his bruises we are healed.
(Isaiah 53:3-5)

Here is a reminder that our God knows what it is like to be judged and rejected by society, and that he voluntarily embraced this experience in order to make us whole.

It is important to reflect on the radical nature of God's love and his experience of stigma because these reflections lead to transformation in our lives. If individuals who are careful in their speech can begin to shift the stigma that surrounds mental health problems, how much more can the Church, empowered by the beautiful love of Christ, transform communities through its love for the vulnerable, the suffering, and those facing unjust discrimination?

DISCUSSION QUESTION

In what ways did Christ experience stigma during his years of ministry? How do you think he would respond to individuals who are experiencing stigma today?

REFLECTION

Earlier in the session you were asked to consider how individuals can work against the experience of stigma. Now take some time as a group to discuss the following questions.

1. What are some of the common prejudicial beliefs that exist in our culture regarding mental health?

2. What are some of the common discriminatory practices in our culture that unjustly impact individuals with mental health problems?

3. How can stigma be combatted at a cultural level?

PRAYER

This prayer for peace is attributed to Saint Francis of Assisi. It is a beautiful expression of our desire to demonstrate the radical love of Christ to all around us. Feel free to add your own prayers for your community at the end.

Lord, make me an instrument of your peace:
where there is hatred, let me sow love;
where there is injury, pardon; where there is doubt, faith;
where there is despair, hope;
where there is darkness, light;
where there is sadness, joy.
O divine Master, grant that I may not so much seek
to be consoled as to console,
to be understood as to understand,
to be loved as to love.
For it is in giving that we receive,
it is in pardoning that we are pardoned,
and it is in dying that we are born to eternal life.
Amen.

ENDNOTES

1. *The Oxford American Dictionary and Thesaurus,* s.v. "stigma," (Oxford: Oxford University Press, 2003).

2. "Stigma," Healthy WA: Health Information for Western Australians, accessed March 1, 2018, http://healthywa.wa.gov.au/Articles/S_T/Stigma.

3. "Stigma and Mental Illness: A Framework for Action," CMHA, accessed March 1, 2018, https://cmha.ca/documents/stigma-and-mental-illness-a-framework-for-action.

4. "Stigma," Healthy WA: Health Information for Western Australians, accessed March 1, 2018, http://healthywa.wa.gov.au/Articles/S_T/Stigma.

5. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 1, page 3.

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THE SANCTUARY COURSE®

FOR CATHOLICS

SESSION 5

RECOVERY

SCRIPTURE: PSALM 42:8

By day the Lord commands his steadfast love,
and at night his song is with me,
a prayer to the God of my life.

This verse reflects the truth that God has not abandoned his people even though they are in exile. The steadfast love of God knows no boundaries—physically or emotionally. Every day and every night present the psalmist with fresh opportunities for prayerful communion. This is the foundational hope expressed in Psalm 42, and there are echoes of this hope within the concept of mental health recovery.

SESSION OVERVIEW

In this session you will:

1. Redefine your understanding of recovery
2. Examine the stages of recovery
3. Explore the relationship between healing and recovery

CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

Session 3 asked the question, "What happens after a diagnosis is received?" Today that question will be answered as you look at the subject of recovery. For individuals living with a diagnosed mental disorder, recovery may involve medication, specific types of therapy, and other clinical interventions. But recovery should not be reduced to these elements or limited to individuals with a diagnosis. Anyone who has experienced languishing mental health or faced a mental health challenge can engage in the process of recovery.

Optional Discussion Question: Take a moment to share your understanding of recovery with the group.

So, what is recovery? It is helpful to start by identifying what recovery is not. It is not an instant solution. It is not a one-time achievement. It is not the complete elimination of symptoms. Instead, recovery is a dynamic process. When something is described as *dynamic*, it is constantly changing and progressing. For this reason, people often use the metaphor of a journey to capture the essence of recovery. Take a look at a few definitions from some leading mental health organizations:

> "Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities..."[1]

> "Recovery is the personal process that people with mental health conditions experience in gaining control, meaning, and purpose in their lives. Recovery involves different things for different people. For some, recovery means the complete absence of the symptoms of mental illness. For others, recovery means living a full life in the community while learning to live with ongoing symptoms." [2]

In addition to viewing recovery as a journey or process, these definitions also emphasize the **bio/psycho/social/spiritual model**. You may recall that Session 3 talked about the many "layers" of human experience that are affected by mental health problems. These same layers are also involved in recovery. This is why the definitions above talk about the importance of reducing physical and emotional symptoms (the biological and psychological layers of mental health problems); the importance of cultivating relationships and supportive communities (the social layer of mental health problems); and the importance of discovering hope, meaning, and purpose (the spiritual layer of mental health problems). As you can see, the process of recovery involves every aspect of life.

Stop for a moment and imagine that you are on a journey. In your hand is a map, with a trail labeled RECOVERY. The dotted lines marking the trail twist and turn across the paper, occasionally looping back on themselves. It isn't a straight path, and there is no clearly-labeled destination. However, there are several significant landmarks that dominate the trail: a mountain, a lake, a forest, a valley, and a river. As you encounter each one in your journey, it confirms that you haven't strayed from the path. You are still on the trail of RECOVERY. What do each of these landmarks represent? In other words, what identifies the process of mental health recovery in the real world? Mary Ellen Copeland is a researcher and mental health advocate known for her development of WRAP® (Wellness Recovery Action Plan). Copeland's work has been recognized by the United States Psychiatric Rehabilitation Association, and has shaped much of the current thinking on recovery in the field of mental health. Her research has shown that effective recovery journeys incorporate five realities, listed here in no particular order:

HOPE

The journey of recovery includes discovering and cultivating hope for the future.

IDENTITY

The journey of recovery includes establishing a positive sense of identity.

RESPONSIBILITY

The journey of recovery includes taking personal responsibility for building a meaningful life.

EDUCATION

The journey of recovery includes pursuing the education and information needed for self-advocacy and self-care.

COMMUNITY

The journey of recovery includes developing support systems and engaging in community.

While all five of these realities are significant elements (or "landmarks") of recovery, different people will experience each reality in different ways and at different times in their journey.

Optional Discussion Question: Take a moment and reflect on additional elements of recovery that have been or might be important to you. Share your reflections as a group.

So far this discussion of recovery has focused on "what it feels like from the inside-out." In other words, if you are suffering from a mental health problem and beginning your own journey of recovery, you will soon discover that it is not a straightforward process and that it involves almost every aspect of your life. However, for those who are observing recovery from the outside-in, it may be helpful to think about the journey in four different stages:

1. DEPENDENT UNAWARE

This term describes individuals who are unaware of their mental health problem and are dependent upon the help and support of others.

In this stage individuals may not realize that they are experiencing a mental health problem, may not have the language to communicate their experience, or may simply reject their diagnosis. This stage is often characterized by shame, hopelessness, and a reliance on a few trusted people to manage symptoms.

2. DEPENDENT AWARE

This term describes individuals who are aware of their mental health problem but remain dependent upon the help and support of others (often because they are still in crisis or are in a vulnerable state of recovery).

In this stage individuals have accepted the realities of their mental health problem and are aware of the need for assistance and change. Often, dependency is shifted from friends and family to professionals. This stage is characterized by a growing knowledge of resources, emotional sensitivity, and the need for encouragement.

3. INDEPENDENT AWARE

This term describes individuals who are aware of their mental health problem and are able to independently care for themselves accordingly.

In this stage individuals begin to take responsibility for managing their mental health problems. There is generally a greater awareness of resources, a greater involvement in the community, and an ability to educate self and others regarding recovery needs.

4. INTERDEPENDENT AWARE

This term describes individuals who are aware of their mental health problem, independently care for themselves, and contribute to the overall health of the community.

In this stage individuals are able to serve as a model of recovery for others experiencing mental health problems. There is a renewed ability to cultivate reciprocal relationships and to contribute to the life of the community while maintaining healthy boundaries and goals for personal recovery.[3]

One thing to avoid in this discussion is the assumption that an individual in recovery will move through all four stages in the order they are listed, without any pauses, detours, or steps backwards. This simply is not the case, because every mental health journey is unique. Remember the twisting, turning RECOVERY trail? That is still the best picture of recovery in the real world. Think of these stages as helpful guidelines for assessing needs and setting goals in the midst of recovery.

DISCUSSION QUESTION

What is the difference between a goal and a process? What are the implications of understanding recovery as a process?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

WATCH FILM

Today you will be meeting Augustina, who lives with depression. This film is not graphic, but it does reference suicidal thoughts.

DISCUSSION QUESTION

What elements of recovery can you identify in Augustina's story?

THE SOCIAL PERSPECTIVE

The concept of recovery defined here is a relatively recent idea in the field of mental health. For centuries the majority of society believed that individuals suffering from mental illness or mental health problems were destined to live without any hope of a cure. Asylums and mental institutions rarely offered any form of rehabilitation, and often people were committed for life. This started to change in the twentieth century, when psychiatric medicine began questioning these assumptions and experimenting with new forms of therapy.

In 1987 a group of researchers published the results of a lengthy study that followed 1300 individuals diagnosed with severe mental disorders. "The Vermont Longitudinal Study of Persons With Severe Mental Illness" found that over the course of 32 years, 34% of the patients made a complete recovery and an additional 34% experienced significant improvements in their mental health.[4] These results defied every expectation. Despite being told that they would suffer from mental illness for their entire lives, more than half of the study participants either improved or recovered altogether.

Why are you reading about the results of this study? Stop and consider the following question: What would have happened if the individuals participating in the study had been given reasons to hope for recovery? What if they had been empowered to find meaning in the midst of their illness and given the chance to take personal responsibility for their mental health? How many more would have experienced recovery under these conditions? The way that communities think about mental health problems and recovery really matters, because these thoughts help shape the treatments that are developed and the support systems that are put in place. When communities embrace the possibility of recovery, they will create environments that provide hope, identity, empowerment, education, and relationships, thus increasing the rate of recovery.

In the next two sessions some of the practical ways that communities can promote recovery will be examined more closely. For now, however, take a moment to reflect with your group.

DISCUSSION QUESTION

How is recovery defined in your community? How is it supported? Are there areas where growth is needed?

THE THEOLOGICAL PERSPECTIVE

One of the ways you can work towards integrating faith and mental health is by thinking carefully about language. Scripture is filled with promises of restoration and redemption, and with miraculous stories of healing. How do these theological terms and narratives relate to the concept of recovery? Is there a difference between healing and recovery? In order to answer these questions, it is necessary to explore the meaning of the term *healing*. This term can be used in at least three different ways.

1. MIRACLE

Healing can refer to an instantaneous and supernatural recovery. In the Gospels we learn that Jesus and his disciples opened blind eyes and deaf ears, banished fevers, helped the lame walk, and even raised the dead. Since then, the Church has investigated and approved countless miracles of healing as part of the canonization process for saints. This form of healing is a wonderful gift, but it is different from the concept of recovery outlined in this session.

2. CURRENT PROCESS

Healing can also refer to the natural processes and resources that God has given to humanity. Broken bones and broken hearts are designed to mend over time. These are just two examples of the gift of healing that infuses our everyday lives—a gift that appears so organically and incrementally, we may not even recognize it as coming from God. The process of recovery is best understood as another example of this form of continuous healing.

3. FUTURE PROMISE

Scripture tells us that healing is the ultimate destination of creation. In an earlier session you read these verses from Revelation:

> *And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away." (Revelation 21:3-4)*

The promise of complete restoration is the unique and glorious hope of our faith. In the new heaven and earth, recovery will no longer be necessary.

Like healing, recovery is a current process available as a gift from God. While it is good to embrace this gift and encourage individuals with mental health problems to utilize every available resource in their recovery journeys, it is also important to cherish the future hope offered to us in Christ. This hope can be a great source of strength to those who are battling feelings of fatigue and discouragement in their recovery.

Optional Discussion Question: Share a personal experience related to one of these three forms of healing. Are you more comfortable with a particular understanding of healing?

In addition to providing us with future hope, our faith can support recovery by helping us find meaning within our mental health journeys. At the beginning of this session we noted that regaining a sense of meaning and purpose is part of the recovery process. Many Christians living with mental health problems have discovered unexpected gifts and graces in the midst of their suffering. These may include:

- greater compassion for others (2 Corinthians 1:3-4)
- greater dependency on God (2 Corinthians 12:7-10)
- greater trust in God (Job 13:15; Habakkuk 3:17-18)
- a deeper understanding of, and association with, Christ's suffering
- the ability to offer up personal suffering as a prayer for others
- a deeper revelation of the fragility of life (Isaiah 40:6-8; 2 Corinthians 4:16-18)
- the cultivation of patience and humility (Romans 5:3-4)
- experiential knowledge of spiritual realities

When people are able to discover a purpose in and beyond their pain, this can set them free from bitterness and doubt. Everyone encounters obstacles and experiences suffering in life, but the ability to move forward with renewed hope and faith is a sure sign of recovery and healing!

DISCUSSION QUESTION

Have you ever received an unexpected gift during a season of suffering?

EXERCISE: LECTIO DIVINA

Lectio divina (a Latin term meaning "divine reading") is a prayerful and meditative form of Scripture reading. Your group will be engaging in a slightly modified version of the traditional monastic practice. Select four individuals to serve as readers, and follow the script provided. Four readings of the same text will take place. Once all four readings are completed, your group may choose to share about the experience.

Reader 1: The first reading is for the purpose of understanding. Listen to the passage, and consider its meaning.

> *And not only that, but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us. (Romans 5:3-5)*

(Allow several moments of silence after the reading is completed.)

Reader 2: The second reading is for the purpose of personal meditation and contemplation. Listen to the passage, and notice any words, phrases, or images that resonate with you. Is there an invitation being extended through the text?

> *And not only that, but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us. (Romans 5:3-5)*

(Allow several moments of silence after the reading is completed.)

Reader 3: The third reading is for the purpose of prayer. Listen to the passage, and then use the time of silence to ask God what he is showing you through the text. Respond to him quietly.

> *And not only that, but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us. (Romans 5:3-5)*

(Allow several moments of silence after the reading is completed.)

Reader 4: The fourth reading is for the purpose of action. Listen to the passage, and consider what God may be calling you to do or be in response.

> *And not only that, but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us. (Romans 5:3-5)*

(Allow several moments of silence after the reading is completed.)

PRAYER

The Congregation of Alexian Brothers is a lay order devoted to serving the sick, including those with mental health problems. The Alexian Brothers' "Prayer to Christ the Healer" beautifully captures the hope and comfort available in Christ.

In the comfort of your love,
I pour out to you, my Saviour,
the memories that haunt me,
the anxieties that perplex me,
the fears that stifle me,
the sickness that prevails upon me,
and the frustration of all the pain that weaves
about within me.

Lord, help me to see
your peace in my turmoil,
your compassion in my sorrow,
your forgiveness in my weakness,
and your love in my need.
Touch me, O Lord, with your
healing power and strength.[5]

ENDNOTES

1. Pennsylvania Office of Mental Health and Substance Abuse Services, *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults* (November 2005), 7.

2. "Recovery," CMHA, accessed April 23, 2018, https://toronto.cmha.ca/mental-health-2/your-mental-health/recovery/.

3. Wilma Townsend et al., "Emerging Best Practices in Mental Health Recovery," *Ohio Department of Mental Health* (2000), http://www.tacinc.org/media/13340/Emerging%20Best%20Practices.pdf.

4. Courtenay M. Harding et al., "The Vermont Longitudinal Study of Persons With Severe Mental Illness, I: Methodology, Study Sample, and Overall Status 32 Years Later," *American Journal of Psychiatry* 144, (1987): 718-726.

5. Congregation of Alexian Brothers, "Prayer to Christ the Healer," accessed May 28, 2020, http://alexianbrothers.ie/welcome.

SESSION 6

COMPANIONSHIP

SCRIPTURE: PSALM 42:2B–3

When shall I come and behold
the face of God?
My tears have been my food
day and night,
while people say to me continually,
"Where is your God?"

The cry to behold the face of God captures the longing of the human heart for relationship. In these verses the loss of homeland and temple is magnified by the grief of broken communion with God. Exile has removed Israel from the very presence of God, and now the psalmist's tears have become prayers. This session deals very directly with the significance of friendship and the power of presence in the human experience.

SESSION OVERVIEW

In this session you will:

1. Explore the need for community
2. Define and examine the practices of companionship
3. Reflect on the scriptural understanding of friendship and the gift of personal presence

CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

"What does love look like? It has the hands to help others. It has the feet to hasten to the poor and needy. It has eyes to see misery and want. It has the ears to hear the sighs and sorrows of men. That is what love looks like."[1] These words, written by Saint Augustine in the fourth century, reflect a significant truth. Love can rarely be expressed in isolation; it usually requires community. When we extend charity to those in our communities, the love of Christ is displayed to the watching world. Indeed, Jesus declared: "By this everyone will know that you are my disciples, if you have love for one another" (John 13:35). For this reason, many saints have devoted their teaching and ministry to nourishing loving faith communities.

Community is not just important to us as disciples of Christ, however. The past few sessions have highlighted research in the field of mental health that demonstrates the importance of relationships and social support in preventing mental health problems and promoting mental health recovery. This research shows that communities play a critical role in helping individuals

cope with stress and implement recovery plans.[2] The value of community support is not limited to practical assistance and resources, however. During the discussion of recovery it was noted that the ability to discover meaning in the midst of suffering, the ability to contribute to the life of a community, and the ability to develop and sustain a positive sense of identity are all important elements of flourishing mental health. As you may know from personal experience, these abilities are often nurtured by our friendships and communities.

Many people who have suffered from mental health problems emphasize the importance of friendship in recovery. Patte Randal, a rehabilitation psychiatrist who has lived through psychosis, shares that her illness made her question her own worth. It was only through relationships with others that she was able to rediscover a sense of personal value.[3] Her testimony does not stand in isolation. Every human being is made in the image of God, and therefore possesses an inviolable dignity and worth. This universal truth is reflected in and expressed through our friendships. When we are valued for who we are, it reminds us that we are not defined by a diagnosis or mental health problem, but rather by our relationship to our Creator.

For this reason, effective mental health care requires the development of communities where individuals are supported as they engage in the process of recovering meaning, friendship, and identity.[4] The rest of this session will be spent looking at some of the practical ways that you can offer social support to individuals facing mental health challenges.

DISCUSSION QUESTION

What are some additional gifts of friendship that you have experienced? How might these gifts promote mental health recovery?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

WATCH FILM

Today you will be meeting Lisa, who lives with bipolar 2 disorder and has experienced episodes of psychosis—a temporary loss of contact with reality due to hallucinations or delusions.

DISCUSSION QUESTION

How does Lisa's story illustrate the importance of friendship and companionship?

THE SOCIAL PERSPECTIVE

Everyone needs a place to belong, peer relationships, support in moments of crisis, and a sense of personal worth. These needs are fundamental to human nature. As Session 3 mentioned, however, social isolation and diminished self-esteem are common experiences for individuals suffering from mental health problems. The presence of stigma and the appearance of symptoms can discourage friendships between people who are languishing and people who are flourishing on the mental health continuum. Given these challenges, how do we meet the fundamental needs of individuals suffering from mental health problems?

Craig Rennebohm has devoted much of his career to answering this question. As a chaplain, he spent twenty-five years ministering to people experiencing homelessness and to individuals living with mental illness. He realized that the sense of equality experienced within friendship was critical when it came to building authentic and sustainable connections with others. He then developed a model based on this idea and called it *companionship*.[5] While this model emerged from his work with people experiencing homelessness, it is helpful in framing the ways we think about relating to people in general, and people with mental health problems in particular (regardless of their level of functioning). Ultimately, companionship is an alternative to relationships that perpetuate inequality, such as the professional/patient relationship or the rescuer/victim relationship. (Both of these relationships are frequently experienced by individuals with mental health problems.)

According to Rennebohm, companionship is formed around five spiritual practices. First, **companionship includes hospitality**. When you hear the word *hospitality*, you might picture a cozy home with a fire crackling in the fireplace, a delicious meal laid out on the table, and a friendly face waiting at the front door. This image effectively captures the essence of hospitality. Hospitality means offering a safe and kind environment, sharing simple things like food or conversation, and treating others with respect. These simple gestures can profoundly impact individuals who have been wounded by the experience of illness and stigma.

Optional Discussion Question: What are some of the roles or identities you might need to set aside in order to practice companionship?

Second, **companionship includes neighboring**. Neighbors are people who share common ground. In the same way, companionship encourages people to develop relationships as equals, looking for things that are shared in common between them. This might mean taking the time to talk about the weather, or going on a walk together in order to enjoy a beautiful spring day. No matter how different our experiences have been, at the end of the day we are all human. Through companionship and neighboring we learn to set aside the roles and identities we often inhabit, and simply meet others as fellow humans created in the image of God.

Third, **companionship includes adopting a side-by-side perspective**. In order to make space for the other person in the relationship, we must honor their unique experiences. The picture of two individuals standing next to one another and surveying the same

landscape helpfully illustrates this practice. Neither person is in front, dominating the view. Instead they remain side by side, taking in their own views while acknowledging the different views of the person next to them.

Fourth, **companionship includes listening**. This is another important way that we honor the unique experiences of others. Research has shown that sharing personal stories can be empowering and liberating.[6] When we listen to someone, we are giving them the opportunity to put the pieces of their life together in a meaningful way. The manner of our listening can also support recovery. The best listeners suspend judgment and are sensitive to the heart of the story—the elements that reveal the identity and experience of the storyteller. They also reflect back to the storyteller the elements of faith, hope, and love embedded in the story, and provide encouragement and affirmation.

Remember the listening exercise from Session 1? Here are a few of the principles discussed:

1. Be aware that listening wholly and attentively is a gift you offer to others.

2. Be aware of your body language; sit in a way that communicates openness and displays your willingness to listen.

3. Listen not only to the words being spoken, but to the emotions being expressed.

4. Don't rush to come up with a response; slow down and focus on simply understanding.

Fifth, **companionship includes accompaniment**. This involves both practical and spiritual support. When we hold someone in our thoughts and prayers, we are accompanying them on their journey of recovery. We can also accompany individuals by going with them to important meetings and medical appointments, offering to buy them groceries, and providing other assistance as required. This is the element of companionship that reminds individuals that they are not alone. However, it is important to recognize that accompaniment seeks to support and empower others rather than do things for them.

These are the five spiritual practices of companionship: providing hospitality, neighboring, adopting a side-by-side perspective, listening, and accompaniment. If you had to summarize these practices and identify how they differ from other models of relationship, you could say that companionship offers presence rather than solutions. In companionship you do not need to have all the answers, provide a diagnosis, or resolve every problem; you simply need to make space and time for another person. Rennebohm describes it in this way:

> "Our hospitality may be as simple as a nod or a smile, our neighboring the willingness to linger a moment nearby rather than pass by on the other side. We may choose to share the pew, or share the table at a meal program instead of remaining behind the serving line. We may follow up a hello with a 'how is it going?' and a willingness to hear a person's story however they may be able to tell it. We may remember the stranger in our prayers, or help an individual add to their circle of care and support. In every congregation a small group of companions can meet regularly and share with one another **this basic ministry of presence**."[7]

There is one final observation to be made concerning companionship. Rennebohm speaks of a group of companions, and this is not an accident. Companionship is not something

that individuals should offer without the support and participation of a larger community. It takes many people to absorb and distribute the strain created by a mental health crisis or a lengthy recovery journey. When a faith community is filled with companions, individuals are free to step back if the demands of life increase or if they sense that a fresh presence is needed. This communal approach relieves the burden of care that often falls heavily on priests, lay leaders, and family members, and it presents parish members with the opportunity to come together as the body of Christ.

DISCUSSION QUESTION

Can you think of a time when you offered or received one of these spiritual practices of companionship? Reflect on this experience.

THE THEOLOGICAL PERSPECTIVE

Rennebohm's model of companionship clearly draws upon the New Testament vision of friendship. Jesus called his disciples to form a community around him, to imitate him, and to join him in his mission. His teaching transformed and elevated them, making them his equals in friendship (John 15:12-16). Paul picked up on this theme in many of his letters, reminding those early congregations that they were part of one united body and should therefore guard against division (1 Corinthians 10:17-34; Galatians 2:26-28).

Optional Discussion Question: What are some of the unique gifts that you can offer to your community?

What is at the heart of this vision of friendship? It is important to remember that the biblical authors did not believe in ignoring or removing the gifts, roles, and identities that make people different. In fact, they celebrated the unique gifts given to individuals, and they encouraged congregations to recognize those gifts and place them in service to the Church's mission (Ephesians 4:7-13; 1 Corinthians 12:4-27). Instead of teaching us to ignore our differences or allowing them to divide us, the biblical vision of friendship reminds us that we share a common dignity as children of the Father, a common love as friends of Christ, and a common mission as coworkers with the Spirit. Our differences are meant to call us into relationship with Christ and with each other, enriching the Church through the complementarity of our respective strengths and weaknesses.

One of the most powerful illustrations of this calling is found in the Gospel of Luke. As you read the words of this familiar parable, look for the ways it may reflect the spiritual practices of companionship and the biblical vision of friendship.

> *But wanting to justify himself, he asked Jesus, "And who is my neighbor?" Jesus replied, "A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away, leaving him half dead. Now by chance a priest was going down that road; and when he saw him, he passed by on the other side. So likewise a*

Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan while traveling came near him; and when he saw him, he was moved with pity. He went to him and bandaged his wounds, having poured oil and wine on them. Then he put him on his own animal, brought him to an inn, and took care of him. The next day he took out two denarii, gave them to the innkeeper, and said, 'Take care of him; and when I come back, I will repay you whatever more you spend.' Which of these three, do you think, was a neighbor to the man who fell into the hands of the robbers?" He said, "The one who showed him mercy." Jesus said to him, "Go and do likewise." (Luke 10:29-37)

The Samaritan was motivated by compassion and a sense of shared humanity, and he also demonstrated hospitality and accompaniment in his care for the wounded man. But there is another interesting detail in the story. Did you notice that the Samaritan stayed at the inn on the first night in order to care for the stranger personally? He had the financial resources to pay others for the necessary care, yet he chose to remain and to offer the gift of his presence in addition to the gift of his resources. This is perhaps the most humanizing act of all.

Optional Discussion Question: What spiritual practices of companionship do you see in this parable? Take a moment to share your observations as a group.

The value of personal presence is also deeply biblical. In fact, it reflects the profound truth that we are created for relationships because we are made in the image of a relational God.[8] Just as the Father, Son, and Holy Spirit exist in the mutual love of the Trinity, so we are designed to be fundamentally connected to those around us in friendship. And this connection is laden with mystery. In ways that we may struggle to express or fully comprehend, the simple presence of another person can help us release emotional burdens and receive spiritual comfort. We are able to feel with and for one another—something the New Testament describes as bearing one another's burdens and mourning with those who mourn (Galatians 6:2; Romans 12:15). This beautiful reality is something we can all participate in, regardless of whether our mental health is languishing or flourishing.

DISCUSSION QUESTION

How can you offer the gift of presence in your relationships? In the context of your faith community?

EXERCISE: WHAT/WHERE/WHEN/WHY/HOW

As a group, generate a list of ways that you can practice companionship individually and as a faith community. Use the following questions to help start your discussion:

WHAT? What are the practical needs within our community? What are the relational and emotional needs? What are the spiritual needs?

WHERE? Is there a place for people in our community to meet regularly and receive encouragement?

WHEN? Does our community set aside time to provide care for vulnerable individuals? How can we incorporate companionship into the natural rhythms of our community?

WHY? What motivates our community to practice companionship? What discourages our community from practicing companionship?

HOW? What are the unique gifts and resources our community has to offer? How are these gifts and resources currently being used?

PRAYER

Saint Teresa of Calcutta lived a life of service dedicated to the poorest of the poor. She founded the Missionaries of Charity and established homes for orphans, lepers, and the dying—homes where the marginalized were cared for with love and dignity. The following prayer, written by Saint John Henry Newman, is said to have been one of her favorites.

Dear Jesus, help us to spread Your fragrance everywhere we go.
Flood our souls with Your Spirit and Life.
Penetrate and possess our whole being so utterly
that our lives may only be a radiance of Yours.
Shine through us and be so in us
that every soul we come in contact with may feel Your presence in our souls.
Let them look up, and see no longer us, but only Jesus!
Stay with us and then we shall begin to shine as You shine,
so to shine as to be a light to others.
The light, O Jesus, will be all from You; none of it will be ours.
It will be You, shining on through us.
Let us thus praise You in the way You love best, by shining on those around us.
Let us preach You without preaching, not by words but by example,
by the catching force, the sympathetic influence of what we do,
the evident fullness of the love our hearts bear for You. Amen.[9]

ENDNOTES

1. Saint Augustine, *The Confessions of Saint Augustine* (New York: Bantam Doubleday Dell Publishing Group, 1960), 176.

2. Ichiro Kawachi and Lisa F. Berkman, "Social Ties and Mental Health," *Journal of Urban Health* 78, no. 3 (September 2001): 459-460, accessed January 15, 2018, https://www.ncbi.nlm.nih.gov/pubmed/11564849.

3. Chris Cook, Andrew Powell, and Andrew Sims, eds., *Spirituality and Psychiatry* (London: RCPsych Publications, 2009), 54.

4. John Swinton, *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension* (London: Jessica Kingsley Publishers, 2001), 58.

5. The following discussion is based on the principles of companionship outlined in Craig Rennebohm's book, *Souls in the Hands of a Tender God: Stories of the Search for Home and Healing on the Streets* (Boston: Beacon Press, 2008). Additional information can be found in "The Companionship Series," a course that guides faith communities in responding to the challenges of mental health problems.

6. If you are interested in this idea, you should start by looking at the work of psychologist Roy Schafer.

7. Craig Rennebohm, "A Call to Healing," *The Christian Citizen* 2 (2014), accessed May 1, 2018, http://www.mentalhealthministries.net/resources/articles/call_to_healing/faith-mentalhealth-essay-eennebohm.pdf.

8. Pope Saint John Paul II speaks extensively and eloquently on this point in his well-known series of addresses, *Theology of the Body*.

9. John Henry Newman, "Radiating Christ," *Mother Teresa of Calcutta Center*, accessed June 2, 2020, https://www.motherteresa.org/her-favorite-prayers.html.


THE SANCTUARY COURSE®
FOR CATHOLICS
SESSION 7
SELF-CARE

SCRIPTURE: PSALM 42:9

I say to God, my rock,
"Why have you forgotten me?
Why must I walk about mournfully
because the enemy oppresses me?"

At first this verse may sound like a complaint or an accusation. However, the psalmist is only able to express feelings of abandonment and grief because of the conviction that God cares about the suffering of his people. Emotions and difficult experiences are not insignificant to God, and therefore they should not be insignificant to us. Reflect on this truth as you read about self-compassion later in the session.

SESSION OVERVIEW

In this session you will:

1. Explore the importance of self-care, boundaries, and self-compassion
2. Learn about the unique stresses and challenges faced by caregivers
3. Reflect on the theological implications of self-care

CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

Significant amounts of research have demonstrated the negative effects of stress.[1] In particular, studies have shown that stress contributes to languishing mental health. This is why self-care is so important. Practicing self-care can reduce stress and promote flourishing mental health. But what is self-care? Is it a program to be followed, a series of activities to be checked off the list, or a state of mind to be attained? You may be surprised to learn that the definition of self-care is actually quite simple:

> "Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health." [2]

In other words, self-care involves engaging in an activity with the specific intention of caring for ourselves. This activity might be fairly normal and routine, such as going to the gym, or it might be unique, such as attending a weekend getaway. Regardless, the focus of the experience is on actively loving and caring for ourselves as children of God.

There are many different ways to practice self-care. Stop for a moment and think about the categories mentioned in the definition above. Can you generate a list of activities you enjoy for each category? Here are a few examples to get you started:

1. MENTAL SELF-CARE

Relaxation and fun are both important for the health of the mind. Prayer and reflection on Scripture can encourage mental relaxation, while learning a new skill or developing a hobby can keep the mind sharp and provide a rewarding sense of accomplishment.

2. EMOTIONAL SELF-CARE

Relationships often provide necessary emotional support. Journaling, listening to music, and participating in the arts can encourage healthy emotional self-awareness and self-expression.

3. PHYSICAL SELF-CARE

Caring for the body begins with developing healthy habits in the areas of nutrition, exercise, and sleep. Relaxing activities like taking a bath or getting a massage, and fun activities like dancing or playing sports also promote physical health.

In addition to intentionally engaging in caring activities, self-care involves developing healthy boundaries. Boundaries are related to your sense of personal responsibility.[3] They help you determine when to focus on caring for yourself and when to focus on caring for others. You may find it helpful to think about boundaries as "managing your limits" and "balancing care with respect."

1. MANAGING YOUR LIMITS

Limits can be physical, emotional, relational, or spiritual. Physical limits can include your need for sleep and the impact of stress on your body. Emotional limits can include your sensitivity to suffering and your resilience under pressure. Relational limits can include the time you require to maintain connection with family and friends, the time you need alone to rest and recharge, and the time you need to fulfill other obligations. Finally, spiritual limits can include the time you require for your devotional life, and your ability to sustain faith and hope in the midst of suffering. Managing your limits means knowing which areas of your life require time and attention, and knowing how much care you are able to offer others.

2. BALANCING CARE WITH RESPECT

Many people who are closely involved in the recovery journey of a family member or friend find it helpful to establish the goal of balancing *care* with *respect*.[4] Care is demonstrated when you act on behalf of another individual, while respect is demonstrated when you empower an individual to take action. The balance between care and respect will vary depending on the age, ability, and unique circumstances of the individual experiencing a mental health problem. However, maintaining this

balance in your practices of companionship can help you avoid the extremes of offering too little respect (thus encouraging an unhealthy dependency) or offering too little care (thus withholding necessary assistance).

Optional Discussion Question: Your friend Sarah calls you in tears and shares that she has had several panic attacks in the past few days. A caring response might be deciding to drive her to the hospital for an evaluation. A respectful response might be encouraging Sarah to call her counselor or research strategies for reducing anxiety. Under what circumstances might you choose the caring response? Under what circumstances might you choose the respectful response? Why?

Finally, self-care includes adopting an attitude of self-compassion. This is the term used to describe the ability to experience and be moved by your own suffering. Your feelings are important and deserve to be acknowledged with kindness and understanding. You can exhibit kindness towards yourself by accepting help from others when necessary, finding productive ways to release feelings of guilt associated with caring for others, being gentle in the ways that you think and speak about yourself, and accepting your limits when you are overwhelmed.

Like recovery, self-care is a journey. In fact, many of the elements of recovery can also be viewed as self-care practices. When you intentionally develop hope, identity, responsibility, education, and community, you are caring for yourself. (This is an excellent reminder of the reality that recovery is for everyone and is not limited to individuals with mental health problems.) It will probably take time to discover the self-care practices that work for you, establish healthy boundaries, and learn self-compassion. However, the ability to support your own mental health while offering the gift of sustainable companionship to others makes the time invested in self-care worthwhile.

DISCUSSION QUESTION

What are some of the thoughts, feelings, and practical constraints that prevent you from engaging in self-care?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

WATCH FILM

Today you will be meeting Katrina, who lives with bipolar 2 disorder.

DISCUSSION QUESTION

What does self-care look like for Katrina?

THE SOCIAL PERSPECTIVE

Self-care can be difficult to practice for many different reasons. Low self-esteem, poor mental health, and the busyness of life can all cause us to neglect ourselves. For the friends and family of individuals living with mental health problems, however, self-care can be particularly challenging. Take a moment and consider the following stories:

Emma is fifteen and lives alone with her parents. Emma's mother has bipolar disorder, and the illness is poorly managed by the family. Emma's father works long hours and is increasingly withdrawn due to the challenging dynamics at home, while Emma's mother goes on and off her medication frequently. Emma has become her mother's primary caregiver, and this has impacted her life in many ways. She is often late for school, she experiences frequent anxiety and depression, she has a strained relationship with her parents, and she struggles to maintain a social life.

Mary and Jeff have been married for over a decade and have four young children. Recently Jeff has been struggling with severe depression, and as a result he is no longer able to work. Mary must now provide for the family financially while caring for her husband and children. Jeff's treatment and medication have drained their savings, and Mary is concerned that the family will lose their home. She doesn't have any time or energy to maintain her friendships, and she is filled with a sense of grief over the loss of her formerly cheerful, energetic, dependable husband.

Optional Discussion Question: Compassion fatigue is not limited to family members of individuals with mental health problems. It is frequently experienced by individuals who work in "caring" professions such as nursing, childcare, ministry, and social services. Have you ever experienced compassion fatigue? Reflect on this experience with your group.

Unfortunately, these kinds of stories are all too common. When an individual is experiencing mental health problems, his or her family is immediately placed under a significant amount of stress. This stress may be related to 1) difficult decisions that must be made regarding treatment, care, and housing; 2) the experience of the illness itself and the disruption of normal family life; 3) the financial burdens of medication and the potential loss of income; 4) isolation from the community due to stigma.[5] Over time, the mental health of caregivers can be significantly compromised.

One of the most common side effects of stress in caregivers is compassion fatigue. According to the dictionary, compassion fatigue is "the physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time."[6] It is common for individuals with compassion fatigue to feel as though they are the only ones capable of caring for their

loved one, to neglect their personal health, and to exhibit poor boundaries in relationships. Another common way to describe this condition is *burnout*.

Research has shown that education regarding mental health services and resources, counseling, open communication with professionals, and strong social support networks can all play a critical role in sustaining long-term caregivers.[7] Practicing self-care and self-compassion can also prevent compassion fatigue. However, caregivers need the support of a broader community in order to maintain their mental health. It is critical that faith communities understand the unique stresses and challenges faced by families supporting individuals with mental health problems. Sharing the burden of support will give caregivers the opportunity to practice self-care.

DISCUSSION QUESTION

What are some practical ways your faith community can support long-term caregivers?

THE THEOLOGICAL PERSPECTIVE

"But what about Christ's command to lay down our lives for one another?" If you have found yourself asking this question while reading through this session, you are not alone. Many Christians find it difficult to distinguish between self-care and selfishness. However, there is one very significant difference: self-care enables us to serve others, while selfishness prevents us from serving others. The goals of self-care extend beyond our personal health. Although the boundary between self-care and selfishness requires careful discernment, the fundamental truth is that when we are flourishing, we can contribute to the flourishing of our families, friends, and communities.

One of the ways the New Testament addresses this reality is through communicating the truth that we can only give what we have received:

> *We love because he first loved us. (1 John 4:19)*
>
> *Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God. For just as the sufferings of Christ are abundant for us, so also our consolation is abundant through Christ. (2 Corinthians 1:3-5)*

This does not mean that we have nothing to offer if we are languishing or experiencing mental health problems—in fact, we may have much to offer. It is simply a reminder of the perspective that should shape our self-care. We must receive care and companionship ourselves if we want to offer care and companionship to others.

DISCUSSION QUESTION

Can you think of a time when you were able to share the comfort or encouragement you had previously received with someone else?

EXERCISE: DEEP BREATHING FOR STRESS RELIEF

Relaxation is an essential part of self-care, and a deep breathing exercise is an easy way to integrate relaxation into your day. This technique is designed to slow and deepen your breathing, reproducing the way individuals naturally breathe when resting or sleeping. It can also be incorporated into spiritual practices such as praying the rosary or *lectio divina*. Begin by reading through the entire set of instructions as a group in order to familiarize yourselves with the exercise. Then select an individual to read the bold text out loud several times. Practice inhaling and exhaling together as directed while the bold text is read:

1. Place your right hand on your stomach and your left hand on your upper ribcage.

2. Throughout this exercise, try not to move your ribcage. Use the left hand placed there to maintain stillness.

3. **Inhale: Breathe in deeply through your nose, expanding your stomach and pushing your right hand towards the center of the room.**

4. **Exhale: Now breathe out through your mouth, allowing your stomach to deflate and drawing your right hand back towards your spine.**

Once you have become comfortable with this breathing technique, try incorporating some form of prayer or meditation. Practice this breathing technique three to ten times daily. It can be done sitting up or lying down.

PRAYER

The Poor Clares in Galway, Ireland, open their book of prayer with the following poem. May these words remind you of the tender care exhibited by the Shepherd of your soul.

When my boat, Lord, is storm tossed and sinking,
When fears in my heart take control,
Say 'Be not afraid' to my spirit,
And Your answer will calm the soul.

When I flounder around in deep waters,
When the stresses of life take their toll,
A sudden deep hush steals upon me,
Your gentleness calms the soul.

When my life seems full of confusion
And I have lost sight of the goal,
As I stumble about in the darkness
May Your gentle light calm the soul.

I often live life on the surface,
Sometimes I'm playing a role,
Help me cherish my own inner beauty,
May Your tender love calm the soul.

When sinfulness tugs like an anchor,
When guilt has me caught in a hole,
I turn to You Lord for forgiveness,
And Your mercy calms the soul.

When I struggle with sickness and sorrow,
And eagerly long to be whole,
I call on Your name to bring healing
And the touch of Your hand calms the soul.[8]

ENDNOTES

1. Harry Mills, Natalie Reiss, and Mark Dombeck, "Mental and Emotional Impact of Stress," MentalHelp.net (June 30, 2008), accessed August 20, 2018, https://www.mentalhelp.net/articles/mental-and-emotional-impact-of-stress/.

2. Raphailia Michael, "What Self-Care Is—and What It Isn't," PsychCentral, accessed August 11, 2018, https://psychcentral.com/blog/what-self-care-is-and-what-it-isnt-2/.

3. Dr. Henry Cloud and Dr. John Townsend, *Boundaries* (Grand Rapids: Zondervan, 1992), 31.

4. The following material is based on workshop content delivered by Darien Thira, a psychologist who specializes in working with at-risk aboriginal populations. For further information, please visit his website: https://thira.ca/.

5. The BC Schizophrenia Society and F.O.R.C.E. Society for Kids' Mental Health, "Caring for Yourself and Other Family Members," *How You Can Help: A Toolkit for Families*, module 4, page 3.

6. *Merriam-Webster.com Dictionary*, s.v. "compassion fatigue," accessed June 5, 2018, https://www.merriam-webster.com/dictionary/compassion%20fatigue.

7. Janki Shankar and Senthil Sonai Muthuswamy, "Support Needs of Family Caregivers of People Who Experience Mental Illness and the Role of Mental Health Services," *Families in Society: The Journal of Contemporary Social Services* (2007), 308.

8. The Poor Clares, *Calm the Soul: A Book of Simple Wisdom and Prayer* (Galway: Hachette Books Ireland, 2012).

THE SANCTUARY COURSE®

FOR CATHOLICS

SESSION 8

THE CHURCH

SCRIPTURE: PSALM 42:11

Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God.

The refrain "for I shall again praise him" is a beautiful way to bring this course to a close. The psalmist acknowledges the reality of suffering, but remains confident in the truth that God is a source of hope and help. Whether deliverance arrives swiftly or not, the knowledge that it will arrive enables the psalmist to conclude this lament on a note of praise.

SESSION OVERVIEW

In this session you will:

1. Review the mental health topics covered in previous sessions
2. Consider how your faith community can support mental health
3. Reflect on your experience in this course

CORE CONTENT

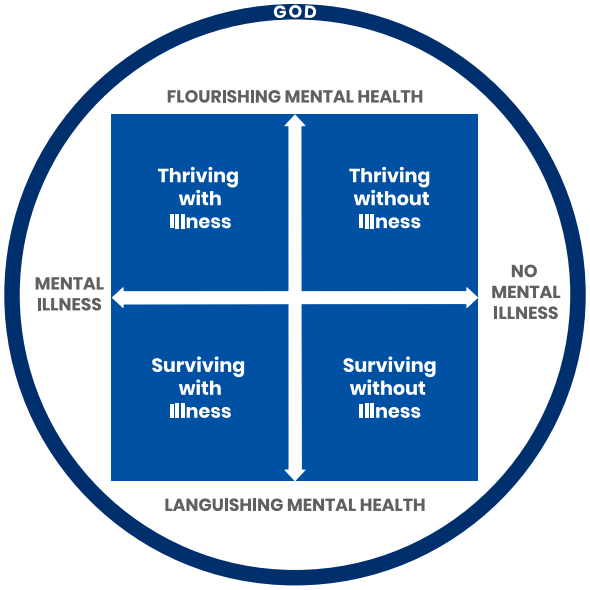
You made it! This is the final session of *The Sanctuary Course for Catholics*. Over the past seven sessions you have examined many different facets of mental health.

In Session 1 you learned about the prevalence of mental health problems and explored the opportunity for clergy and laity to engage in the conversation surrounding mental health.

According to the World Health Organization, one in four people will be affected by mental health problems at some point in their lives, either through personal experience or through the diagnosis of a relative or friend.

However, there is another reason why Catholics should pay attention to the topic of mental health. According to the Mental Health Commission of Canada, individuals affected by mental health problems will often seek help from spiritual leaders first and foremost.

In Session 2 you were introduced to the mental health continuum and began to expand your understanding of mental health.



In Session 3 you took a deeper look at the realities of mental illness and wrestled with some of the biggest questions Catholics have about this topic.

...the experience of mental illness varies widely. Some individuals live with symptoms every day, while others may go weeks or months virtually symptom-free. Mental illness can look like insomnia and stress, or it can look like psychosis.

How do the New Testament promises of healing and redemption apply to individuals struggling with mental illness? ...[W]hen we turn to Christ in the midst of our suffering and mental health challenges, he is able to redeem those experiences and even make us participants in his own suffering.

In Session 4 you examined the process of stigma and reflected on Christ's experience of rejection.

In Session 5 you explored the journey of recovery and looked at the five essential elements of hope, identity, responsibility, education, and community.

In Session 6 you reflected on the importance of companionship and learned about the spiritual practices of providing hospitality, neighboring, adopting a side-by-side perspective, listening, and accompaniment.

In companionship you do not need to have all the answers, provide a diagnosis, or resolve every problem; you simply need to make space and time for another person.

In Session 7 you considered the importance of self-care practices and learned about the unique needs of families and caregivers.

...self-care involves engaging in an activity with the specific intention of caring for ourselves.

When an individual is experiencing mental health problems, his or her family is immediately placed under a significant amount of stress... Only when the burden of support is shared will caregivers have the opportunity to practice self-care.

Throughout each session, you have relied on psychological, social, and theological perspectives to illuminate the complexities of mental health. You have also listened to the stories of individuals with lived experience in order to better understand the wide range of mental health problems and recovery journeys.

WATCH FILM

Today you will be meeting Brian, who has experienced post-traumatic stress disorder (PTSD)—a disorder triggered by the experience of trauma and characterized by unwanted memories and flashbacks, heightened physical or emotional reactions, and negative changes in mood. This film is not graphic, but it references military experience and suicide.

DISCUSSION QUESTION

In what ways does Brian's story reflect the themes of this course?

Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

Now these three perspectives—the psychological, the social, and the theological—will be set aside in order to focus on the ways that your faith community can move forward. In the first session it was stated that this course was created to raise awareness and start conversations in local parishes regarding mental health. It is time for your conversations to really begin. As your group reads through the following questions, take time to reflect on the specific gifts, strengths, and resources of your faith community. Discuss each question and consider whether the Holy Spirit is extending an invitation to you before reading the suggestions and ideas offered.

How can your faith community welcome everyone on the mental health continuum?

Community development begins with individual growth. As you look back over the course content, ask yourself whether there is a gift for you to unwrap. You may want to cultivate sensitivity in the ways you speak and think about mental health. You may feel ready to share your lived experience with others. You may want to acknowledge that everyone is on the mental health continuum. Or you may feel called to meditate further on the radical hospitality and compassion exhibited by Christ in the gospels.

There are also many ways for your faith community to grow. Lived experience can be remembered during the Prayer of the Faithful. Your parish can host a forum on mental health. Compassion and companionship can be offered in response to suffering. As your faith community continues to move forward, individuals with mental health problems and their families will feel more supported and included.

How can your faith community support individuals facing mental health problems?

There are many actions you can take as an individual to support those living with mental health problems. You may decide to learn more about a particular mental illness due to the recent diagnosis of a friend. You may volunteer to cook a meal for a family experiencing a mental health crisis. You may feel led to start a mental health support group or a caregiving support group. Or you may offer the simple gift of a loving presence and a listening ear to someone in pain. Remember that even the smallest action can bless others.

Every faith community is equipped with different resources and called to express different facets of the social doctrine and ministry of the Church. Maintaining an updated list of local mental health resources (including crisis services, clinics, support groups, and recommended counselors) is a great place to start. Your parish may also be able to offer counseling services, run mental health education programs, or provide housing and financial assistance to vulnerable members. If these options seem overwhelming, consider partnering with other parishes or mental health ministries in order to offer support.

How can your faith community encourage recovery?

The importance of hope, identity, responsibility, education, and community in the journey of recovery has already been established through secular research. However, these are also important realities in the life of faith. Stop for a moment and consider all you have received in Christ:

Hope:

Blessed be the God and Father of our Lord Jesus Christ! By his great mercy he has given us a new birth into a living hope through the resurrection of Jesus Christ from the dead, and into an inheritance that is imperishable, undefiled, and unfading, kept in heaven for you, who are being protected by the power of God through faith for a salvation ready to be revealed in the last time. (1 Peter 1:3-5)

Identity:

But you are a chosen race, a royal priesthood, a holy nation, God's own people, in order that you may proclaim the mighty acts of him who called you out of darkness into his marvelous light. (1 Peter 2:9)

Responsibility:

Do not be conformed to this world, but be transformed by the renewing of your minds, so that you may discern what is the will of God—what is good and acceptable and perfect. (Romans 12:2)

Community:

So then you are no longer strangers and aliens, but you are citizens with the saints and also members of the household of God, built upon the foundation of the apostles and prophets, with Christ Jesus himself as the cornerstone. In him the whole structure is joined together and grows into a holy temple in the Lord... (Ephesians 2:19-21)

Whether you are meditating on Scripture, listening to a homily, receiving the sacraments, or simply being supported by a community that shares these beliefs and practices, your recovery journey and the journey of those around you can be strengthened and sustained through the riches of your faith.

How can your faith community embrace the realities of languishing and flourishing mental health?

You cannot give what you have not received. Before you turn to make room for the experiences of others, you may need to acknowledge your own mental health journey. Perhaps you are in a season of languishing and need to reach out for help. Perhaps there are self-care practices you want to incorporate into your life. Or perhaps you need to grow in self-compassion. Taking any of these steps will help you and your faith community embrace the realities of languishing and flourishing mental health.

Parishioners may want to hold individuals with lived experience in their thoughts during the responsorial psalm or the consecration of the Mass. The corporate articulation of grief, pain, and hope found in so many of the psalms offers an opportunity for expressing solidarity with individuals who are facing mental health challenges, as does the remembrance of Christ's suffering at the moment of consecration. Parishes may also want to include mental illness in the Prayer of the Faithful.

CONCLUSION

Individuals suffering from mental health problems need more than professional contact with doctors and clinicians—they need meaningful relationships and supportive faith communities. Individuals providing care to those with mental health problems need more than information and expertise—they need an engaged faith community that can step in and offer companionship when their personal resources are depleted. And the world needs to see the unity that comes from recognizing that everyone is on the mental health continuum. Is it possible that God is calling his people to meet these needs? Hopefully this course has convinced you that the answer is "yes."

Although the calling is significant, remember that change takes time. Your next steps may be small, medium, or large, and that is okay. At the end of the day, you are only asked to be faithful with what you have been given. It is our faithful God who will see this work through to completion.

As a deer longs for flowing streams,
so my soul longs for you,
O God. My soul thirsts for God,
for the living God.
When shall I come and behold
the face of God?
My tears have been my food
day and night,
while people say to me continually,
"Where is your God?"
These things I remember,
as I pour out my soul:
how I went with the throng,
and led them in procession to the house of God,
with glad shouts and songs of thanksgiving,
a multitude keeping festival.
Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God.
My soul is cast down within me;
therefore I remember you from
the land of Jordan and of Hermon,
from Mount Mizar.
Deep calls to deep
at the thunder of your cataracts;
all your waves and your billows
have gone over me.
By day the Lord commands his steadfast love,
and at night his song is with me,
a prayer to the God of my life.
I say to God, my rock,
"Why have you forgotten me?
Why must I walk about mournfully
because the enemy oppresses me?"
As with a deadly wound in my body,
my adversaries taunt me,
while they say to me continually,

"Where is your God?"
Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God. (Psalm 42)

REFLECTION: GIFT AND CHALLENGE

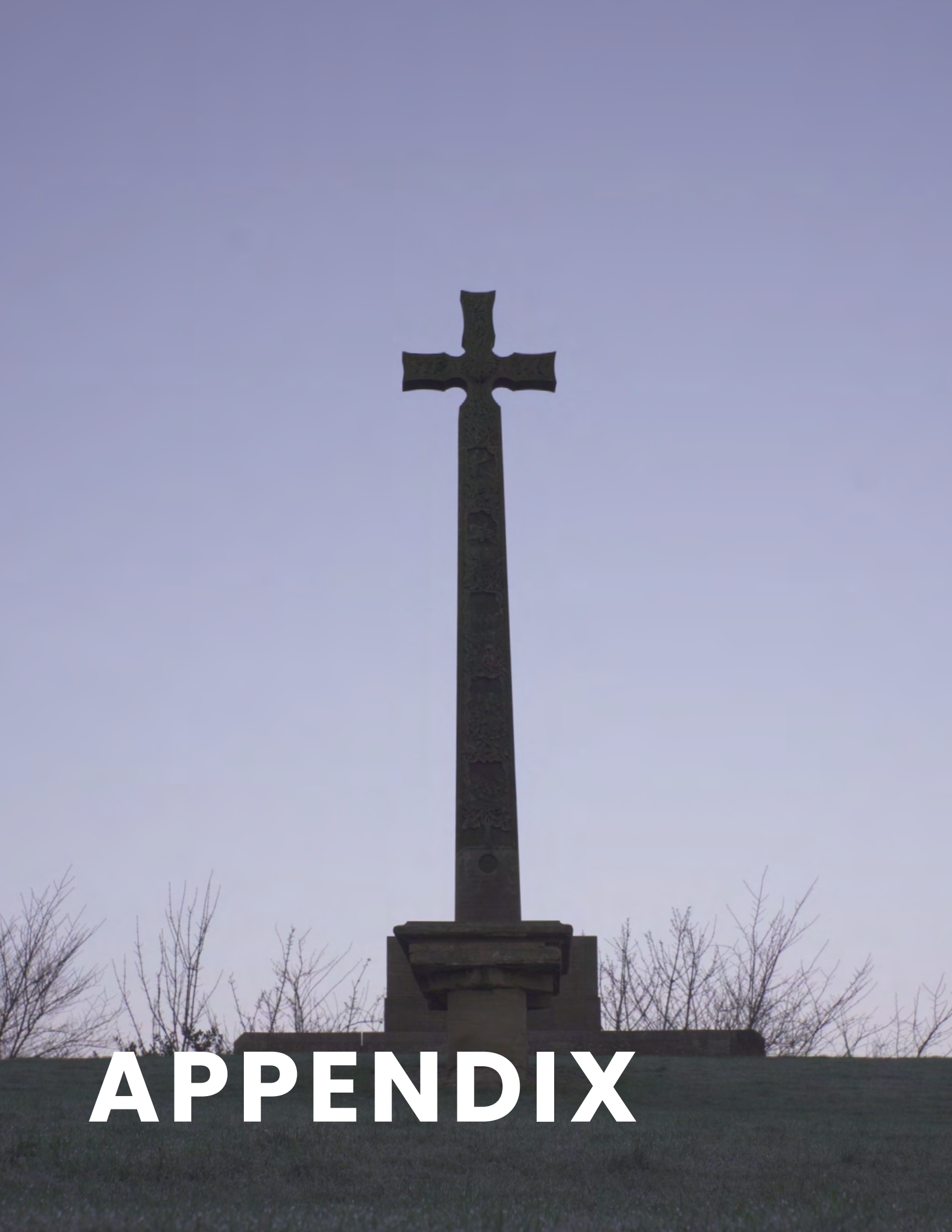
Have each person in your group share the following:

1. One gift they have received from this course
2. One thing that has challenged them (or that they would like to challenge) from this course

PRAYER

Here is a closing prayer shared by believers through the centuries. Your group may decide to have every member read it aloud once as a way of blessing one another.

The Lord bless you and keep you;
the Lord make his face to shine upon you, and be gracious to you;
the Lord lift up his countenance upon you, and give you peace.
(Numbers 6:24-26)



APPENDIX

APPENDIX

ADDITIONAL MENTAL HEALTH RESOURCES

EMERGENCY RESOURCES

If a critical situation arises, attend your nearest hospital emergency department or call your local emergency number.

Australia:	000
Canada:	911
European Union:	112
New Zealand:	111
United States:	911
United Kingdom:	999

CRISIS LINES

If you are considering suicide or are concerned about someone who may be, crisis lines are free, anonymous, confidential, and available 24/7.

Australia:	13 11 14 (Lifeline)
Canada:	1-800-784-2433/1-800-SUICIDE (British Columbia) 1-833-456-4566 (Crisis Services Canada)
New Zealand:	1737 (National Mental Health and Addictions Helpline) 0800-543-354 (Lifeline Aotearoa)
United Kingdom:	116 123 (Samaritans)
United States:	1-800-273-8255 (National Suicide Prevention Lifeline)

GENERAL INFORMATION

Head to Health: https://headtohealth.gov.au/

"Head to Health can help you find digital mental health services from some of Australia's most trusted mental health organisations. Provided by the Australian Department of Health, Head to Health brings together apps, online programs, online forums, and phone services, as well as a range of digital information resources."

SANE Australia: https://www.sane.org/

"SANE Australia is a national mental health charity making a real difference in the lives of people affected by complex mental health issues through support, research and advocacy. Their website offers a free help centre, online forums and peer support, mental health resources, and more."

Beyond Blue: https://www.beyondblue.org.au/

"We promote good mental health. We create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by anxiety, depression and suicide."

headspace: https://headspace.org.au/

"We work with young people to provide support at a crucial time in their lives–to help get them back on track and strengthen their ability to manage their mental health in the future. headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities."

Here to Help: www.heretohelp.bc.ca/

"This Canadian organization offers mental health and substance use information you can trust. The site provides help for individuals, families, and professionals, along with self-screening, information sheets, general resources, quick links, and news updates."

The Canadian Mental Health Association: https://cmha.ca/

"A Canada-wide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness."

MindHealthBC: www.mindhealthbc.ca

"A self-screening tool for a variety of mental health concerns, it provides relevant and trustworthy information and support options, including online and in-person services."

Kelty Mental Health: http://keltymentalhealth.ca/

"Information and resources from the BC Children's Hospital on a wide range of mental health and substance use issues affecting children and youth."

Mental Health Foundation (NZ): https://www.mentalhealth.org.nz/

"Our work is diverse and expansive, with campaigns and services that cover all aspects of mental health and wellbeing. We take a holistic approach to mental health, promoting what we know makes and keeps people mentally well. We provide free information and training, and advocate for policies and services that support people with experience of mental illness, and also their families/whānau and friends."

Ministry of Health: https://www.health.govt.nz/your-health/services-and-support/health-care-services/mental-health-services

"In this section of the New Zealand Ministry of Health website you can find out what to do in an emergency and access other support including phone and online services and information."

The Lowdown: https://thelowdown.co.nz/

"The Lowdown is a website to help young New Zealanders recognise and understand depression or anxiety. Through encouraging early recognition and help for depression or anxiety we intend to reduce the impact depression or anxiety has on the lives of young New Zealanders, now and throughout their adult lives. This site includes a free helpline and webchat."

Like Minds, Like Mine: https://www.likeminds.org.nz/

"Like Minds, Like Mine is a public awareness programme to increase social inclusion and end discrimination towards people with experience of mental illness or distress. We do this through public awareness campaigns, community projects and research."

NHS: https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services/

"The NHS website contains information on accessing, selecting, and booking mental health services in the UK. They also maintain a list of mental health charities that offer information, resources, and support for a variety of mental health challenges."

Mind: https://www.mind.org.uk/

"When you're experiencing a mental health problem, supportive and reliable information can change your life. That's what we do. We empower people to understand their condition and the choices available to them through our infoline, our legal line, and our award-winning publications and website. Local Minds also provide help and support directly to those who need it most."

Mental Health Foundation (UK): https://www.mentalhealth.org.uk/

"Prevention is at the heart of what we do. Our vision is good mental health for all. Our mission is to help people understand, protect and sustain their mental health. We take a public mental health approach to prevention, finding solutions for individuals, those at risk and for society, in order to improve everyone's mental wellbeing. We do this through community and peer programmes, research, public engagement, and advocacy."

Mental Health America (MHA): https://www.mhanational.org/

"MHA is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all."

National Alliance on Mental Illness (NAMI): https://www.nami.org/home

"NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. We are an alliance of more than 600 local Affiliates and 48 State Organizations who work in your community to raise awareness and provide support and education that was not previously available to those in need."

NAMI FaithNet: https://www.nami.org/Get-involved/NAMI-FaithNet

"NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities who are welcoming and supportive of persons and families living with mental illness. NAMI and NAMI Affiliates encourage an exchange of information, tools and other resources which will help educate and inspire faith communities about mental illness and the vital role spirituality plays in recovery for many."

National Institute of Mental Health (NIMH): https://www.nimh.nih.gov/index.shtml

"NIMH is the lead federal agency for research on mental disorders. Their site offers information on finding health care providers and navigating insurance coverage, as well as publications on various mental disorders."

World Health Organization: www.who.int/mental_health/en/

"WHO's work to improve the mental health of individuals and society at large includes the promotion of mental wellbeing, the prevention of mental disorders, the protection of human rights, and the care of people affected by mental disorders."

CATHOLIC MENTAL HEALTH RESOURCES

Catholic Charities USA:
https://www.catholiccharitiesusa.org/our-vision-and-ministry/integrated-health/

"Catholic Charities is committed to providing comprehensive services to promote physical, mental and spiritual well-being. From behavioral health to addiction services, CCUSA supports Catholic Charities agencies by providing resources and best practices."

CatholicTherapists.com: https://www.catholictherapists.com/

"This site offers a referral base of qualified Catholic therapists, along with a blog and other resources that can be helpful in your healing and spiritual journey."

WellCatholic: https://wellcatholic.com/

"Our vision is to connect people with quality Catholic healthcare they can trust. WellCatholic is building the world's most convenient healthcare directory for people who want providers that adhere to Catholic values. All WellCatholic providers must practice in accordance with a set

of promises that distinguish Catholic values in the healthcare sector. These promises were established by the Pontifical Council for the Pastoral Care of Healthcare Workers and are used worldwide."

Catholic Mental Health: https://catholicmentalhealth.org/

"Catholic Mental Health is a nonprofit that embraces mental health as part of their Christian mission. This organization of practicing Catholics seeks to imitate Christ by caring for all people in their mental wellbeing and especially supporting those who experience mental health challenges. They provide information, resources, and financial support."

National Catholic Partnership on Disability (NCPD): https://ncpd.org/

"NCPD has a Council on Mental Illness which works to provide resources for persons with mental illness and their families. They recently published a resource entitled "A Pastoral Response to Mental Illness" in collaboration with the United States Conference of Catholic Bishops."

Souls and Hearts: https://www.soulsandhearts.com/

"Souls and Hearts was developed to meet the needs of practicing Catholics who struggle with the everyday challenges of life. Souls and Hearts' contributors offer Catholics mental health education and information in an online format. Our courses are designed as a resource for Catholics, perhaps as an adjunct to therapy, or for those who may not require therapy but could use practical psycho-education on a mental-health-related topic."

BOOK RECOMMENDATIONS

The Catholic Guide to Depression, Aaron Kheriaty, MD, with Fr. John Cihak, STD

Unworried: A Life Without Anxiety**,** Dr. Gregory Popcak

It's Ok to Start with You**,** Julia Marie Hogan, LCPC

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