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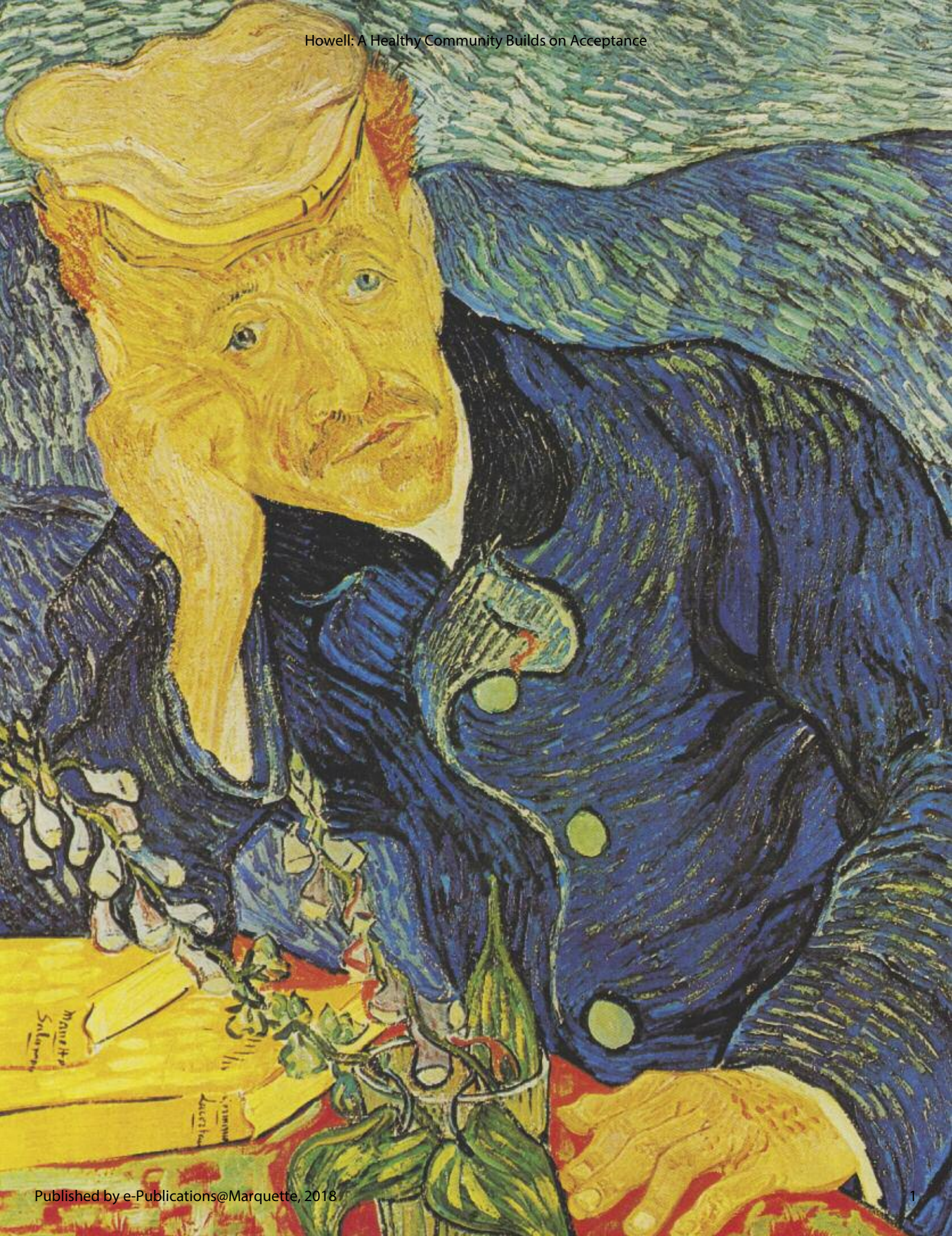
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A Healthy Community Builds on Acceptance

By Patrick J. Howell, S.J.

The increased prevalence of mental illness on our college campuses offers us an opportunity to be advocates, even prophets, for a profound shift in society's attitudes towards mental illness. The Jesuit charism to "educate the whole person" offers a rich opportunity to examine how well we promote a healthy mental life, a vigorous and realistic spirituality, and an updating on the old adage of Jesuit educators: *mens sana in corpore sano* – a healthy mind in a healthy body.

As faculty and fellow students we journey with, know, and love those afflicted by mental challenges. And the situation allows us all to become better educated, more compassionate, and more supportive of students, as well as those in the wider arena of society who suffer from mental illness.

I myself had a severe, acute psychosis in 1975 while I was making an eight-day, guided retreat. By then I had been a high school administrator for three years. The times were volatile, the Viet Nam war protests and upheaval in college campuses had cascaded on down to the high schools. I felt the social, cultural pressures enormously stronger than when I had left the U.S.A. six years earlier to study theology in Rome, prior to my ordination. More important, I was 35, an age when biological, sexual, psychological, and spiritual concerns, left unintegrated at an earlier stage, can boil upward for reconsideration.

I was fortunate that Jesuit friends intervened early as I unraveled with an acute psychosis. They secured my admission to the Province Hospital psychiatric ward where I received first-rate care in a recently reconfigured treatment program, incorporating the best in contemporary psychiatric treatment, including not only psychotropic drugs but

consideration of social, psychosexual, and spiritual issues as well. It was a healthy secular version of *mens sana in corpore sano*.

A turning point for me, obvious only years later, was when the attending psychiatrist asked me, after I had been in the hospital for two weeks, whether I would be willing to share my experience of the psychotic breakdown with a group of police officers that he was working with in order to train them about how to recognize and intervene with people with mental illness. The police, we know, are often the first responders – most often when patients wander away and are disoriented, but also, in rare circumstances, when someone threatens violence. I agreed reluctantly. I don't recall what I said to the officers, but I tried to describe as best I could all the turmoil and bizarre thoughts that had coursed through my whole being. Later to help people understand the experience of a psychosis I said, "Recall one of your dreams. It doesn't matter whether it was a nightmare or pleasant. Then imagine that you moved into that dream, that you were living it out some way in your day-to-day life and becoming more and more confused each hour as the dreams both coincide and clash with what is going on around you." I had also had a few grandiose ideas. I knew if I passed this test I would be "called to the Vatican to straighten it out!" Another was that somehow I had died, and I was moving betwixt and between the living and the dead.

After that encounter with the police officers, I resolved that in the future, despite the stigma, I would not try to hide my breakdown, but, whenever it seemed helpful and informative, I would share my experience with others.

Left: Vincent van Gogh's "Portrait of Dr. Gachet," 1890.

So I have done that. It has been a rich journey – most of all in solidarity with people with mental illness and their families, who may be living with or dreading chaos every day – for years.

My healing came slowly. I had intensive psychotherapy for 20 months from a wonderful, caring, intelligent psychiatrist. Fortunately, in those days before H.M.O.s, health insurance covered 50 percent of the costs. By today's standards, psychotropic drugs 40 years ago were still somewhat primitive. I was on Thorazine, the granddaddy of psychotropic drugs, discovered by the French in 1952 and widely used after 1953 in the United States. It shut down my rapid-fire thinking and emotions by inhibiting dopamine and serotonin. The side effects from extended use could be devastating – Parkinson-like shaking and tardive dyskinesia or distorted, uncontrollable motions of the mouth and tongue. When the psychiatrist explained what could happen, my anxiety levels doubled. Not long after, I read that one third of those who had a breakdown, such as mine, fully recover; one third recover but need ongoing treatment; and one third get worse. Not all that encouraging. The statistics are much more positive today for a well-managed recovery.

After six months, I was able to return to some light teaching, later some parish work, and eventually full time teaching, but that was after I had had a second and final hospitalization. Three years later I became a high school principal again, highly successful this time. Two years later, I made the second 30-day Ignatian retreat expected of all Jesuits. By then, I was fully aware of all the elements that I needed to sustain a healthy spiritual, mental, and physical lifestyle. The retreat was a time of profound inner healing, a quiet felt sense of God's gracious presence, akin to a sanctuary light quietly glowing in the dark.

Not long after that retreat, I began writing up my experience, which resulted in my first book, *Reducing the Storm to a Whisper: the Story of a Breakdown* – with the title taken from Psalm 107:28-29:

Then they cried out to the Lord in their trouble,
and he brought them out of their distress.
He stilled the storm to a whisper;
the waves of the sea were hushed.

Part Two

Because of my experience with mental illness, the members of the National Seminar board quickly singled me out to write this keynote, which I was happy to do. I will not go into a lot of specific recommendations. Other authors are covering these. Instead, I propose exploring our Jesuit charism of “educating the whole person.” What are we best at? I suggest that it's a unified, well-integrated exploration of the multiple resources needed for a healthy mental, spiritual, and physical life. Most of all, it's a respect for the dignity and gifts of every human being – realized in community.

A method of theological reflection helps us explore three dimensions:

Incarnate Spirit

Jesus, the Son of God, became incarnate. He became human, embodied flesh and blood. So it's vital for us as brothers and sisters in Christ to attend to the body. St. Paul says, “You are temples of the Holy Spirit.” That's a sacred space. So we have a near-sacred obligation to care for our bodies – not in some idolatrous, glamorous sort of way, but with common-sense attention to the ordinary means of *mens sana in corpore sano*. One of the first questions I'll ask someone who comes to me in distress is, “How are you sleeping?” A good night's sleep is one of the best cures for what ails you. Another question is, “What kind of physical exercise do you regularly practice?” And so forth. Check the basics. Listen to your grandmother. “Eat up, sleep tight, say your prayers, help someone out each day.” Keep things in perspective. The trap of universities is that we view our bodies instrumentally. The “life of the mind” without a holistic lifestyle leads to craziness.

Breaking Stigma

The biggest obstacle to caring or self-caring for people with mental illness is stigma, the subtle societal whispers, “You're not OK. You're not one of us. You're strange. You don't belong here.”

The one clear and consistent act of Jesus in his ministry was breaking stigma. He welcomes tax collectors, prostitutes, sinners – everyone – to the table.

His healing ministry was one of table fellowship. He welcomes lepers, the most stigmatized group in his society. Less apparent is how he welcomes and heals people with mental illness. The category didn't exist then. Those with paranoid schizophrenia, bipolar illness, or obsessive-compulsive behaviors were viewed as possessed by demons. Mary Magdalene, from whom Jesus cast out seven demons, could very well have been bipolar. Certainly the so-called demoniac portrayed in the Gospel of Mark 5: 1-20 likely had paranoid schizophrenia. His local village chained him to the tombstones in the cemetery. They considered him already dead. Jesus upsets the "normal" by casting "Legion" into the herd of swine that then spooks and plummets over a cliff to their deaths. The villagers ask him, "Please leave, you're totally upsetting our 'normal' lives and livelihood." Meanwhile, the man who is cured is peaceful, fully clothed, even radiant, not unlike the angel at the grave of Jesus announcing his Resurrection.

Of course, such stigmatized people could not worship in the Temple because they were unclean. So when Jesus heals the ten lepers, he tells them, "Go show yourselves to the priest." He restores them to community. In fact, biblical healing is always restoration to community. Jesus breaks the stigma that diminishes the humanity of people.

One third of the Gospel of Mark relates miracle stories and half of these deal with "demon possession," often enough the ancient code for people with mental illness. Yet how often do we hear sermons preached which highlight the social sins of stigma, of oppression, of diminishment of other people by shaming them? What a great opportunity for Jesuits and others to preach the Gospel!

Multiple ways exist to reduce stigma on our campuses. Fortunately, Jesuit campuses are already welcoming spaces for the LGBTQ students, for DACA students, and so forth. We have the pattern of hospitality and acceptance; let's extend it now to students with mental illness issues.

Soul, Psyche, and Society

For ten years a United Church of Christ minister and I hosted an annual symposium at Seattle University, entitled "Soul, Psyche, and Society." It addressed the crucial factors: excellent medical care,

addressing cultural, social dysfunctions, and exploring mental illness as a faith journey supported by a faith community.

It had these features: (a) someone witnessing by telling their own story of mental illness, its challenges, his or her spiritual life or religious community that enabled their journey through this dark night; (b) a scientific, medical lecture by a health professional explaining the dramatic chemical imbalances that occur in the brain; (c) a model of accompaniment that could be adopted by churches or schools to welcome those beset by mental illness; (d) and finally, a presentation of a few key community resources by NAMI, the National Alliance for Mental Illness, such as its family-to-family support groups, which could be adapted to a campus setting. The core belief of this symposium was the Jesuit vision of the whole person: *mens sana in corpore sano*.

Besides a symposium, it's time that the multiple resources on our Jesuit campuses come together in a concerted, unified effort to address mental illness in an academic, scholarly way – not just within one's own discipline but in a creative, interdisciplinary way.

For someone having a breakdown, early intervention and good medical treatment are vital. So wouldn't it make sense on our campuses to have a training module for staff and faculty members so that they would recognize early warning signs and make appropriate referrals, either to the campus counseling center or to more acute psychiatric care?

Someone has said that the best gauge of the health of a society is how well it cares for its children and for people with mental illness. It's a good measure. And we can propel ourselves forward on this journey together by believing "Whatever you did for the least of my brothers and sisters you did for me" (Matthew 25:20).

Patrick J. Howell, S.J. has taught pastoral theology at Seattle University for three decades. He is the author of Reducing the Storm to a Whisper: the Story of a Breakdown and A Spiritguide through Times of Darkness. He has been on a leave of absence from the university to be Executive Director ad interim at the Loyola Institute for Spirituality, Orange, CA.