



BC's
Mental
Health
Journal

Visions



Spirituality and Recovery





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Health
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Visions

is a quarterly publication produced by the Canadian Mental Health Association, BC Division. It is based on and reflects the guiding philosophy of the CMHA, the "Framework for Support." This philosophy holds that a mental health consumer (someone who has used mental health services) is at the centre of any supportive mental health system. It also advocates and values the involvement and perspectives of friends and family, service providers, and community members. In this journal, we hope to create a place where the many perspectives on mental health issues can be heard.

The Canadian Mental Health Association invites readers' comments and concerns regarding articles and opinions expressed in this journal. Please e-mail us at office@cmha-bc.org or send your letter with your contact information to:

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The opinions expressed in this journal are those of the writers and do not necessarily reflect the views of the Canadian Mental Health Association, BC Division or its branch offices.

In this issue of *Visions* we take a look at spirituality and how it relates to recovery from mental illness and other mental health problems. Spirituality is not synonymous with organized religion. It relates to an individual's search for meaning in life, perhaps especially so in the face of adverse circumstances, such as living with a mental illness. Spirituality also relates to our urge for connection and the source of strength we draw from that connection: with others, with the natural world, or with a power beyond the scientifically-known natural world.

The scientific community itself is turning its collective head to recognize the positive role that spirituality can play in recovery from health issues in general and from mental health issues in particular. As background to this edition of *Visions* then, we'll take a look

at what some of the positive results are and also get a sense of the reasons behind those results.

We'll then consider perspectives from people living with mental illness themselves, both consumers and family members, and learn from their experiences about the value and role of spirituality as well as some of the challenges people face when trying to achieve a positive role for spirituality in relation to their illness.

Next, we'll look more specifically at the role of spiritual community and what that offers to people with mental illness and their families. Like other communities, organized spiritual communities hold misunderstandings and even deeply ingrained prejudices towards people with mental illness. We'll look at some of these realities as well as at the potential role organized religion can play.

Along these lines, we'll also look at the philosophy behind some specific faith perspectives, and consider how the values underlying each may play a positive role in promoting mental health and supporting people with more serious mental illnesses.

Finally, we'll take a look at how some of these recent understandings about the health/spirituality relationship are being incorporated into everyday practice in the mental health field. It is only relatively recently that we've begun to talk of a biopsychosocial view of mental health and illness. Perhaps appropriately, the "biopsychosociospiritual" view is now appearing on the horizon as the new millennium dawns.

Eric Macnaughton

- The symbol on the cover of this issue is called Emerging into Light, a symbol of recovery and resilience for people who care about mental illness and mental health. The image, by artist and consumer Jennifer Osborn, has been adopted and endorsed nationally as a common symbol to help build public awareness about the importance of mental health issues. The Canadian Alliance on Mental Illness and Mental Health — including such organizations as CMHA, the Canadian Psychiatric Association, the Mood Disorders Association of Canada, the National Network for Mental Health and the Schizophrenia Society of Canada — has agreed to act as custodian of the symbol but it is not owned by any organization. Like the red ribbon has done for the AIDS movement, so do we hope the Emerging into Light symbol can bring mental health issues front and centre. For more about the symbol, visit www.cmha.ca

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Mental Illness, Health and Spirituality

John Toews,
MD

Individuals and families continue to live with many conditions falling under the umbrella term mental illness — stigma and discrimination often increasing the burden. At times, in despair, many have questioned life itself as they struggle with suicidal impulses. There is a universal longing for peace in those who experience these diseases.

Those who have walked this path know that people with mental diseases are not totally sick because there is always health within each individual, health that is often not recognized by others. Those who struggle walk carefully for fear of what others will think. The illnesses and the expectations of others add to the stress, each in their own way.

Despite feeling all of these miseries and pressures, there is hope of improvement. Improvement can take many forms. Improvement could be a better place to live, meaningful daytime activity, work, money, and/or respect. It could also mean meaningful relationships, giving and receiving, and having a sense of peace and self-worth. Some degree of improvement should be possible for everyone. While most of us agree that the diseases are biological and require medical treatment, it is what we and our families do with the illness that makes the difference. All of us can strive toward personal growth; yet, in the face of disease, we so often despair.

There have been major advances in physical and psychosocial treatment, including new psychotropic medications and rehabilitation services. Treatment



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services are required to help us move from where we are to the maximum of our potential.

Over the last decade, another major advance in knowledge has come about. There is now good evidence that certain spiritual practices are associated with improved health. The first of these practices to be studied was religious observance, possibly because it is easy to count how many times one attends a religious observance. Until recently, we have not had good scales to assess spirituality directly. This is now changing. For a long time sociologists have told us that the social connectedness and healthy lifestyles associated with religion contribute to overall health. It has even been noted that statistically the impact of mental illness is less for people who practice a religious faith. We cannot use these findings to prove that religious observance makes us immune to mental illness or that it will actually make us better, but if we analyze a large group of people with a particular disease, the religious tend to do better. This may be precisely because they may have less bad habits and a better social circle, and possibly a way of achieving peace. We all could speculate on the causes.

However, not everyone is religious nor does religious observance necessarily make us spiritual. We are beginning to see research evidence that a well-developed spirituality is helpful in and of itself. What are the characteristics of this spirituality? Here I must speculate.

Hope

The first would be holding on to hope. We know that hope is key to survival in that it keeps us going during the hard times. Hope is often associated with peace. Peace is important to relaxation and acceptance. All of us who are connected to the field of mental health know the importance of acceptance of the illness in the battle for health. As long as we fight the acceptance, we waste a lot of energy that could be used to make whatever gains are possible with the illness. Acceptance, then, is another important step toward health.

Connection to Self and Others

Another spiritual attribute is interconnectedness with people. It is important to have meaningful relationships with family and friends. Health is also often related to self-esteem. This means that

one recognizes the uniqueness of oneself as a person, and recognizes that while the disease may affect a person, it is not who he or she is. Self-esteem is helped by developing meaningful activities.

Meaning

Another aspect of spirituality that leads to health is to answer basic “meaning” questions for ourselves. Much health is derived from serious consideration of questions such as “what does life mean” or “what is my purpose in life?” In fact, Viktor Frankl noted that in the extermination camps of World War II, those who retained or found meaning in the face of the atrocities, tended to survive. These observations lead to logotherapy, the groundwork for which was expressed in his book *Man’s Search for Meaning*.

So if spirituality is important, how does one get in touch with oneself spiritually? Caring relationships, relaxation, meditation, and creative expression are important. One can also add the more spiritual/religious practices open to anyone such as prayer and, to use a phrase from a monk of the Middle Ages, “practicing the presence of God.”

Research is becoming available showing the health effects of all these practices, some of which you’ll read in the coming pages. Spirituality is an area in which all can grow and which can help make us better equipped for the stresses of life. Being better equipped for stressors is surely associated with growth, peace and, for some, an easier journey through mental illness. ■



Mind Over Mind:

The Health Effects of Spirituality

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McManamy

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Jesus asked him, "What is your name?" "Legion," he replied. This was because so many devils had taken possession of him. ... the devils came out of the man and went into the pigs, and the herd rushed over the edge of the lake and were drowned. ... The spectators told them how the mad-man had been cured" (Luke 8.30 - 37).

Jesus is saviour to many, and known as a healer to the many who pray to him or a veritable pantheon of saints for release from their physical and mental afflictions. The power of spiritual healing is not confined to Christianity. The great Jewish prophet Elijah was also a healer, and the faith has a long tradition of *nabi'im* who have performed miracles.

One of the best-known Buddhist parables involves the Buddha refusing to use his power to heal in order to teach the lesson of acceptance, though the Mahayana branch of the faith as practiced by the Tibetans parallels Catholicism in its belief in the healing power of holy objects and petitions to saints. The mind-body movement of Deepak Chopra is grounded in Hindu ayurvedic medicine, and the New Age phenomenon is based in large part on the shamanic traditions of a whole range of cultures.

Some three hundred years ago, the Age of Faith gave way to the Age of Reason. Out the window went the power of prayer, to be replaced by the belief that the key to physical and mental recovery resided in the hands of medical science — amongst learned men and women, anyway. The unwashed still persisted with their silly superstitions.

Now science has done a complete 180°. To date, there have been about 1200 studies on the healing power of faith and the health effects of spirituality, according to Dr. Harold Koenig, founder of the Centre for the Study of Religion/Spirituality at Duke University. Four studies he has been involved in include:

- A 1998 study of nearly 4000 people aged 65 and older which found the risk of diastolic hypertension 40 per cent lower among people who attended religious services at least weekly and prayed or studied the Bible at least daily.
- A 1997 study of more than 1700 older adults from North Carolina which found that persons who attended church at least once a week were only half as likely as non-attenders to have elevated levels of interleukin-6, an immune system protein involved in a wide variety of age-related diseases.
- A 1998 study of 87 depressed older adults which found those who recovered from depression the fastest corresponded to the extent of their religious belief.

- A study of 542 patients aged 60 or older admitted to Duke University Medical Centre which found that attending religious services at least on a weekly basis reduced hospital stays by more than half. People with no religious affiliation spent an average of 25 days in the hospital compared to 11 days for patients affiliated with some religious denomination. Patients who attended religious services weekly or more also were 43 per cent less likely to have been hospitalized in the previous year.

Skeptics cite the placebo effect as a probable cause of the benefits of spiritual belief, together with the fact that religious communities offer the kind of support networks that reduce stress and ease mental anguish. Additionally, those who attend religious services have better health habits, such as drinking and smoking less. Finally, religions encourage marriage which is a reliable predictor of longer life.

Still, the medical community is being won over. Even though no one is certain how spiritual practice aids in recovery, it is apparent that a number of processes in the body are being enlisted in the cause, from the brain's relaxation response to the release of hormones to the strengthening of the body's immune system. A Yankelovich survey found 94 per cent of Health Management Organization (HMO) professionals and 99 per cent of family physicians agreeing that personal prayer can enhance medical treatment. More surprising, 75 per cent of the family physicians believed that prayers of others could promote a patient's recovery.

Of 125 medical schools in the US, 54 now require spirituality and healing classes for graduation, while 38 include body/mind issues as a component of a required class. In 1994, only four medical schools offered these classes.

According to Dr. Herbert Benson, president of the Mind/Body Medical Institute of Boston's Deaconess Hospital and Harvard Medical School, cited in a 1996 *Time* cover story: "Anywhere from 60 per cent to 90 per cent of visits to doctors are in the mind-body, stress-related realm." In his book *Timeless Healing* (Scribner), Benson contends that humans are actually engineered for religious faith: "Our genetic blueprint has made believing in an Infinite Absolute part of our nature."

Needless to say, if you don't believe in a higher power or belong to a religious group, you may get depressed simply reading this. It's always difficult, after all, being left out. Be assured, the benefits of spiritual practice can still apply to you. You simply have to find a non-religious way of going about it. Meditation and yoga, for instance, are very atheist-friendly. It may be as simple as closing your eyes, and chanting "Peace." And many religious works and services can evoke a strong inner response without the necessity of having to believe. ▶





Recovery and Questions of Meaning:

Moving from “Why Me?” to “What Now?”

Over the past several years, an increasing amount has been written on the process of recovery from mental illness. Within this literature, there is growing recognition that for many people, spirituality is an integral part of that process. As Dr. Toews’ editorial points out, one aspect of spirituality involves an exploration of meaning. While this may relate to big questions such as “do I have any purpose?” or “why did this happen to me?”, the exploration often starts with a search for meaning about the experience of illness itself, or the issue of “what is this all about?” It is clear, however, that many people spend years being preoccupied or “stuck” in the first set of questions or, having moved beyond this point, remain mired in the question of “why me?” In this article, we’ll consider what people need to move on from “what is going on?” and “why me?” to the more important challenge of “what now?”

As noted, the first stage of exploration has to do with the

meaning of the symptoms and the illness itself. Especially for those whose illness involves unusual perceptions or happenings, it may be difficult to see the experience as illness-related, as opposed to a spiritual event. What people need at this point is a process of psychoeducation which is careful not to dismiss the person’s beliefs, and which seeks to allow a “negotiation” of meaning, rather than imposing medical model explanations. For some people this may eventually lead to a rejection of the notion that the experience had any spiritual significance. Others may come to see the experience as encompassing aspects of both illness *and* spirituality. Unfortunately, many individuals are not given an adequate chance to work this out, as they receive little or no information beyond a psychiatric diagnosis. They may also find that their questions about the possible spiritual nature of their experience are avoided or pathologized, and they therefore remain “stuck” in this struggle about

the meaning of their symptoms, sometimes for the rest of their lives.

The next set of questions relates to the issue of what having an illness means for a person’s beliefs about him or herself, about others, about the world, and about a “higher power.” Questions like: “Who am I?” (now that I have a mental illness); “Why did this happen to me?”; “How could this happen in a supposedly just and providential world?” All of these questions may seriously undermine a person’s faith in him or herself, in others, in God or a “higher power,” or in an orderly universe.

People who have dealt successfully with such crises of faith note that what helped them move beyond this stage of despair was an eventual transformation in their thinking about their relationship with a higher power, or with the universe in general. Such individuals moved from seeing a higher power as a force that will provide or “fix things” for those who are good, to viewing it (or “him” or “her”) as a source of strength that is available no matter how desperate the situation. These individuals also moved to a point where they accepted that the world was not necessarily “fair” and saw that they were not to blame for what happened.

Crises of faith can also arise regarding relationships with others. People with mental illness may come to believe that others cannot be trusted, or simply cannot understand their experience.

Family members and friends, for their part, may find it hard to truly acknowledge the pain experienced by the ill person. At the same time, it can be difficult for that person to trust that others can help, even when an honest attempt is made. As Patricia Van Tighem says (see *Visions*’ interview with her on page 38), the turning point for her was finding another person who was willing to accompany her and show compassion for her pain (rather than trying to avoid it or “put a bright face” on it). Equally important, according to Van Tighem, was that this individual was able to show faith that, despite her pain, she could grow and recover as a person. Consumer advocate Dr. Dan Fisher, too, emphasizes the crucial role that faith from others can play in the recovery process.

Faith from (and in) others, and faith from within a spiritual context, can embolden a person with a mental illness to “take charge” of their situations, and to take risks over time. A person can thus move from preoccupation with “why me?” and “am I worthy?” to the more advanced question of “what now?” They can then gain the increased confidence that comes through trying (and succeeding) in taking some first “small steps.” Initial success breeds still more confidence, allowing the person to take even greater risks, and, with the right kind of support from the mental health system and from others, start to move toward the kind of success that is truly meaningful ▶

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As well as attending services, a good daily practice is recommended. This can range from a five-minute Bible reading to an hour-long meditation. It is helpful to abide by a strict schedule and set aside a certain part of the house, lighting candles or incense, if necessary, to set the mood. If you are bipolar, bear in mind you are capable of inspiring yourself into a state of mania, and that retreats or seminars that have an all-night component should raise the yellow caution flag with you. Finally, remember that spiritual practice should be regarded as a complement rather than a substitute for conventional medical care. A 1998 University of California study reviewed the medical records of 172 children who died after their parents relied on faith healing instead of standard medicine. The majority of these children would have survived if they had received medical care. ■



to them. A sense of acceptance about possible outcomes and faith in oneself also allows people the opportunity to learn and grow through making mistakes.

Once some confidence is restored, people begin to think differently about the question of identity, and who they are in relation to the originally stigmatizing nature of mental illness. Davidson and Strausses' research on the recovery process shows that people who are further along the path have positively transformed their sense of self. They do this through the realization over time that they still have something positive to offer, despite the illness. They often come to value the illness experience *itself* as positive experience, which, for example, gave them the opportunity to find strength through adversity, or an opportunity to get in touch with the things that really mattered in their life. ■

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Depressed Patients Benefit from Religion and Prayers

SASKATOON (CP NEWSWIRE) — Prayer and regular church attendance could be the answer to shorter hospital stays and improved health for psychiatric patients, according to a new study by a Saskatoon doctor. It's the first known Canadian study to look at how religious views affect psychiatric inpatients.

Clinically depressed patients at Royal University Hospital and Saskatoon City Hospital who said their prayers and were regular church-goers recovered faster and were discharged sooner than their non-religious counterparts, Dr. Marilyn Baetz discovered in her study of 100 patients. Baetz, an assistant professor in the University of Saskatchewan's department of psychiatry, also found the religious patients had less severe symptoms, higher satisfaction with life, and lower levels of alcohol abuse. The study suggests psychiatrists should take more of an interest in the spiritual side of their patients, she said.

"For years, psychology has ignored religion. We need to be aware this is an important part of many people's lives," she said. "We need to do what we can to support that. We want to treat the patient as a whole." The study recommends including spiritual histories as part of the psychiatric assessment. It also recommends closer ties between psychiatrists and clergy. The patients were interviewed over a two-month period in the summer of 1999. ■

Spiritual Self-Help and Depression: Resources

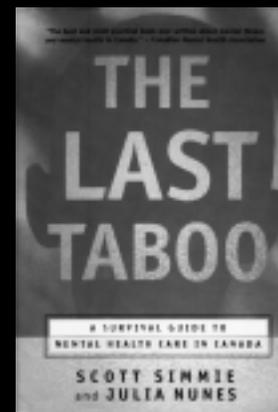
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The Last Taboo and Breaking The Taboo

As featured in our last issue of *Visions*, Scott Simmie, author of "Out of Mind," the award-winning 1998 Toronto Star series on mental illness, and Julia Nunes have written a book entitled *The Last Taboo: A Survival Guide to Mental Health Care in Canada*. This new book, just published by McClelland & Stewart in 2001, is now available in bookstores for \$34.99 (hardcover). The work is highly recommended and certainly lives up to its billing itself as "a survival guide" for people affected by mental illness. It features personal accounts as well as practical information on how to find help for a variety of mental health concerns.

Now Scott and Julia are at work on a second book, to be called *Breaking The Taboo*, essentially to be a compilation of first-person stories, profiles and interviews by and with people whose lives have been touched by mental disorder — consumers, survivors, family members across the country — from all walks of life. Some will be "celebrity" biographies but most will just be "ordinary people." People can either write something themselves, or be interviewed so that Scott and Julia can write a profile about them.

To get more information or to submit a story, go to their web site (www.last-taboo.bigstep.com), or mail to Scott Simmie and Julia Nunes, PO Box 98164, 970 Queen Street East, Toronto, M4M 1J0.





The Role of Spirituality in Caregiving for Elders with Cognitive Impairments

Religion and spirituality have emerged in studies of stress and coping as important and helpful coping mechanisms or resources for individuals with chronic conditions. It has also been an interesting variable in studies of paid caregivers of individuals with chronic diseases. There has, however, been little focus on the role that religion and spirituality might play in coping with the stress of *informal* caregiving for older individuals. The existing studies suggest that religion and spirituality are connected to why people care and how they benefit from caring, but the studies do not address how religion or spirituality relate to caregiver stress (either general stress or stress tied specifically to the care situation).

although caregivers felt more depressed and more trapped by the elder's illness when the elder required more assistance with activities of daily living. This study provides some evidence that religion and spirituality play a critical role in sustaining relationships which are often strained by the everyday realities of providing and receiving care. ■



In the current study 127 elders and their primary caregivers were interviewed via telephone. Fifty-two per cent of the elders were Catholic, 39% were Protestant, 4.6% were Jewish, and 3.1% were Orthodox (Syrian, Russian or Greek). Denominational preference information was not available for the caregivers, but the breakdown was expected to be the same as most of the caregivers were close kin. Most of the caregivers and the elders were female. The average age of the elders was 88 while the average age of the caregivers was 62. The majority of the caregivers were offspring or spouses and about half of the caregivers lived with the elder. Forty per cent of the caregivers worked outside the home. Caregivers had been caring for the elders anywhere from 3 months to 21 years, with an average duration of 7 years.

Three stressors were examined: (1) elder functional disability such as difficulty with meal preparation or personal care; (2) cognitive impairment which focused on whether the elder experienced frequent memory or confusion problems; and (3) elder problem behaviours such as wandering and verbal outbursts. Religious and spiritual coping was assessed by the caregiver's response to the statement: "My religion or spiritual beliefs have helped me handle this whole experience." Quality of the elder/caregiver relationship was assessed by questions regarding general closeness and whether the two individuals had similar views of life. The caregiver's general stress was measured by asking how depressed the caregiver had been in the last week. The caregiver's specific stress was measured by asking how trapped he or she felt by the elder's illness.

The study found that caregivers who reported using religious or spiritual beliefs to help them cope with the caregiving experience had a better relationship with the elders. Caregivers who had better relationships were less likely to be depressed or to feel trapped by the elder's illness. Religious and spiritual coping by itself did not have a direct impact on the caregiver's psychological stress. The study also found that none of the stressors were related to religious or spiritual coping

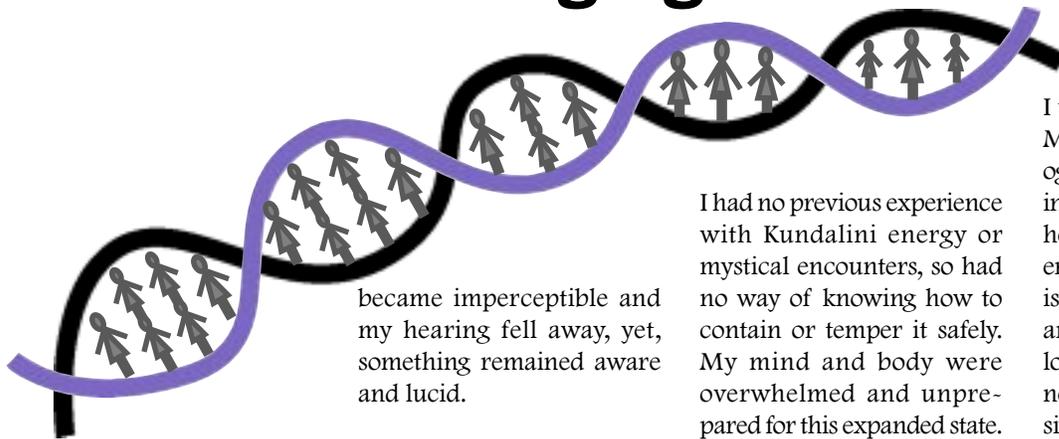
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A program of the National Council on Aging in the States, this Coalition includes representatives of the Roman Catholic, Jewish, Protestant, and Orthodox faiths and others concerned with religion and aging. In supporting individuals and religious groups that serve older people, the Coalition provides assistance to groups creating local interfaith coalitions, encourages empowerment of older adults, supports congregations that provide caregiving services and other programs for the aging, and provides practical guidance in addressing the central role spirituality plays in the lives of seniors.
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Bridging Science and Spirit



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The spiritual elements of mental illness are, at best, overlooked and, at worst, dismissed as irrelevant and delusional. The healing potential of investigating these mystical aspects though can bring a deeper understanding to mental disorders and possibly easier recovery. It did for me.

Nine years ago, I was diagnosed as having a brief psychotic reaction and then with rapid cycling mixed-mood bipolar disorder with mild temporal lobe epilepsy. That's quite a psychiatric mouthful no matter how familiar you are with those terms.

Prior to my first psychosis, I was passionately seeking answers to fundamental spiritual questions. After reading several books, I began intensive meditation. I sat with a group of students that studied the Eastern teachings of Ramana Maharshi and H.W.L. Poonja. Over the course of a few evenings, I fell into a deep contemplative state. My awareness expanded, as my sense of well-being increased. On the third night, I fell into a state of being I can only describe as blissful, restful and unitive. The physical sense of my body dissolved, my breathing

became imperceptible and my hearing fell away, yet, something remained aware and lucid.

This experience was, to me, the embodiment of limitless consciousness. The 'I' I knew as myself dissolved, letting the personality and all its complexes drop away. My thoughts stopped to absolute silence. It felt liberating, not terrifying. This initial stage occurred over a period of an hour or two and lasted for a further 35 hours. When I returned home, an intense energy rose from the base of my spine to the top of my head. This potent energy, often called Kundalini, is described in detail in Eastern literature. Lee Sannella, psychiatrist, refers to it as a 'psychospiritual energy' or the 'energy of consciousness.'

Throughout the evening and early morning hours, sensations of heat rushed through my body. My heart pounded. My pulse raced. Certain objects shone with a luminous light and I was unable to sleep. My ability to hear and taste became extremely acute. A deep sense of tranquility and joy co-existed with this intense vital force, while streams of insights about the nature of reality occurred. I remained lucid and aware of what was taking place, yet had no idea what was happening. It would be years before I would understand the process I was undergoing.

I had no previous experience with Kundalini energy or mystical encounters, so had no way of knowing how to contain or temper it safely. My mind and body were overwhelmed and unprepared for this expanded state. I was unable to 'regroup' without intervention. It escalated into a psychosis resulting in hospitalization. I was later admitted into Lion's Gate emergency, and then to A2, their psychiatric ward. The diagnosis: brief psychotic reaction. After three more episodes of a similar nature, my diagnosis changed to bipolar disorder (manic depression).

As I began my journey of recovery, I realized if either the mental illness or spiritual aspects were ignored, the results would be detrimental. It became clear that it was essential for me to incorporate both traditional and complementary approaches to healing. The two perspectives needed to co-exist and indeed, they do. Through integrating two perspectives, the allopathic (alternative healing) and esoteric (relating to specific doctrines or practices, spiritual in this case), I have reached a healthy quality of life.

Many elements of my psychoses were positive and transforming, yet were ignored and pathologized by the medical community from which I sought help. I understood some of the factors that characterized my psychotic episodes and bipolar illness were part of a larger process

I was undergoing. Dr. Judith Miller, a New Jersey psychologist, echoes this, emphasizing the need for the mental health community to "differentiate between psychotic episodes with growth potential and those which indicate a long-term mental illness." I needed a wider, more inclusive explanation than strictly one of pathology.

Several noted physicians have conducted research and written on this relatively new subject. Kundalini awakening, or 'spiritual emergency' as coined by psychiatrist, Dr. Stanislav Grof, is well documented in various Eastern texts and mystical traditions of Christianity. However, it remains relatively unknown in North America. Gopi Krishna, respected scholar and author, underwent the Kundalini process himself. He wrote prolifically on the subject and initiated research. These doctors and their colleagues stress that some forms of mental illness are strictly that: a chemical imbalance which often occurs in individuals with a hereditary predisposition and are not at all related to a spiritual process. In other cases, certain individuals display symptoms that resemble mental disorders, but are typical of classic spiritual experiences. For me, I believe I underwent a combination of both.

Due to the recent influx of Eastern practices such as yoga and meditation, little known phenomena such as Kundalini awakenings and other spiritual "emergencies" are becoming more common in the West. When a Kundalini



Kundalini: a Sanskrit word that literally translates as 'coiled up.' A vital force of consciousness located at the base of the spine that, when activated through yoga or meditation, makes union with the Divine possible. A Kundalini experience does not signify or guarantee wisdom; rather it is how we integrate it into our life that is important.

crisis occurs, displaying symptoms similar to a bipolar disorder or psychosis, or occurring simultaneously with a mental illness, we are left to define them by our limited medical Western terms — a system, according to Dr. David Lukoff, that is quite insensitive to the spiritual nature of many experiences. Ours is a system that tends to pathologize. Understandably so: many experiences are not signs of positive transformation, but of disease and are potentially extremely destructive. Bearing that in mind, we still need a diagnostic field broad enough to include those occurrences that are positive and growth-producing.

Dr. Lukoff, with psychiatrists Frances Lu and Robert Turner, proposed a new diagnostic code for the DSM-IV: V62.89 *Religious or Spiritual Problems*. In 1994, the recommendation was accepted. For the first time, spiritually-related happenings, as well as spiritual crises co-existing with mental illness, gained formal recognition by the medical community. Having such information from professionals in the medical field helped put my experience into a meaningful context, giving my ordeal purpose and place.

Over the course of three years, I had three more episodes that required hospitalization and

one that required a stay at Magnolia House, a supervised care facility. Throughout each incident, I continued to experience further ontological realizations (insights about the nature of reality), unusual body sensations, bouts of inspired creativity and bliss, *mudras* (involuntary yogic hand postures) and I began to see colour.

On each occasion I was aware when I was disconnected from reality, yet I remained powerless at the time to redirect myself. Between each 'psychotic' encounter, I endured bouts of deep depression, hence the diagnosis of bipolar illness.

Those around me, except for a select few, saw only negative consequences. In contrast, I recognized that portions of the experiences held benefit. With every episode, I gained insights, more compassion for myself and others and a deeper, more loving connection to life. Although I continued to have intense ups and downs for five or six more years, my relationship to them changed and improved.

Presently, the manias are almost non-existent and the depressions are far fewer, shorter in duration and much less severe. The surges of Kundalini energy are subtle and non-intrusive and the colours I see no longer trouble me.

It's been six years since my last major psychosis. Today I regulate my own medication, and have since decreased the amounts I take. I initially resisted taking medication, but eventually saw the benefit. It helped me regain a certain level of functioning and ego strength, which allowed me to return to the psychotherapy and spiritual questioning

necessary for me to heal.

I studied under a Shamanistic teacher, Denise Richard, for two years and studied Rieki, massage and Qi Gong. I took time to re-evaluate my definition of God and continue to integrate the insights I have. I incorporate exercise, creativity and prayer into my life on a daily basis.

Especially paramount has been balancing my metaphysical or spiritual concerns with the more mundane tasks of life. At certain phases, my well-being depends on a more practical approach to life. I withdraw temporarily from meditation and 'cosmic' questioning. Instead, I concentrate on the 'meat and potatoes' of life. Priorities

originally included finding satisfying work, adequate transportation, a suitable living situation and a strong social circle. From this solid foundation, I can revisit my old metaphysical 'stomping' ground with greater discernment and security.

I do not separate spirituality from the bipolar disorder. They are inextricably interwoven. Incorporating Eastern and Western perspectives has led me to a place of profound comfort and freedom. They remain two pillars of wisdom that, when linked, allow me to live a rich and compelling life. It is a rewarding life that affords me the privilege to work, to contribute, to be creative, to love and to be loved, like any other individual. ■

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- **Online Guide to the Transpersonal Internet**
www.virtualcs.com/tpi.html
- **Kundalini Resource Centre** hmt.com/kundalini/index1.html
- **Spiramed** (a listserv about spirituality and psychiatry)
maelstrom.stjohns.edu/archives/spiramed.html



A New Definition of Enlightenment

Frank G. Sterle, Jr.

Frank?" Martin said to me, staring forward with a blank facial expression, apparently in intense contemplation as we sat there at the bus stop, "what would you ask for if God granted you a wish?"

"Uh," was my initial response, before giving his

question some thought. "I guess I'd ask Him to eliminate all suffering, both physical and non-physical."

"Hmm." Martin then furthered his query regarding my desires for humankind and this planet: "But what would you ask for if God told you that you could have

anything but that wish?"

At that point in our discussion, I must admit, I was somewhat puzzled at Martin's question. After all, why would God, I thought, not be able to grant me my initial wish but be able to grant me any other wish? Nevertheless, I again thought about his question.

I'd ask Him to allow a great change to occur, I finally answered: I'd ask God to create a New Order in this world — one that would definitely find much favour with the miserable and disadvantaged of this life.

In this New Order, otherwise fortunate and healthy people would experience the undeserved suffering of fellow human beings and their animals — suffering that is all too prevalent in this world. This forced empathy would then compel the former to do their utmost to make life as pleasant as possible for all.

For, in this New Order, all suffering would be shared by all, and therefore those who'd otherwise endure much more than their fair share of suffering suddenly would have much of their burden lifted from them. And thus the strong motive for all to do their best to alleviate as much worldly suffering as possible — not only for selfish reasons, but also because they, the fortunate and healthy people, would truly understand, and physically feel, the tragic suffering of others.

For example, universal stomach pains would compel the well-fed to do their utmost to

alleviate all hunger. As well, everyone would then share in the anguish of the greatest suffering possible on Earth—that of parents who have lost children to violent crime. Without having to know about others' suffering, the comfortable would be afflicted while the afflicted comforted. And, as a direct result of this true empathy, the miserable and starving would experience so much less suffering.

There would also be great beauty in this New Order; because the privileged, suddenly experiencing their fair share of Earthly suffering, could alleviate their empathic suffering by feeding and nursing the miserable. Thus the privileged would make the greatest effort possible to help their fellow human beings and animals.

With the New Order, obviously people would not get an ounce of satisfaction from others' misfortunes. Indeed, quite the contrary: people in fact would suffer from others' bad luck. No more would one person experience much joy and euphoria while another agonized with much misfortune and misery — all pleasures and pains would be shared or, one could say, balanced out.

"Really," I said to Martin, in closing my speech, "how could any human being ask for anything else while there's so much unfair and undeserved suffering occurring in this world?"

"Yeah," he replied, "so much suffering." ■

Spirituality Through Trial and Error

Paul Macnaughton

This is an article written with the purpose of explaining how faith and a healthy spirituality have brought improvement or recovery into my life.

That being said, let me clarify one thing. Although I am a person of confessed religious faith, adhering to a set of traditional orthodox beliefs, my definition of faith is somewhat different from just holding a set of beliefs.

Paul lives in Kitchener, Ontario.

Faith for me is this: not being afraid to try and make mistakes, and not being afraid of stating and acting upon what you believe, if you feel it is important to do and say so. My faith really was the primary reason why I first ended up in the hospital. It was a primary reason why I stayed there almost five months the first time, and three months after that.

In my mind, I have resolved that I ended up in hospital not only because I was ill, but because I believed what I believed and refused to deny my beliefs. So one could say that faith actually was detrimental to my well-being.

What I can see now is that beliefs can change and modify or even be radically altered, but exercising courage to act in accordance with what you believe is crucial and essential to maturity, personal growth and healing. Acting in accordance to what I believed caused me to make a number of grave mistakes and lead to a great deal of suffering. However, it was the means to discovery of a more mature and balanced view of God, myself, and the world.

I believe that unless one commits oneself and acts in accordance with that commitment, it's impossible to arrive in a place of really being comfortable with yourself and what you believe. For knowledge to really be knowledge and faith to really be faith, it must be arrived at through trial and error. If it is not, it remains, at least to you, only a theory or a dogma. ■



Facing the Darkness:

A Contemplative Life

Nan Dickie

Those of us with a mental illness have a great deal of darkness to face during our lives. The darkness often comes abruptly and may remain a long time. We each need to discover our personal way of dealing with these frightening times.

The support of family, friends and medical professionals is crucial for us. Medication and therapy are important. But while these are essential, for most of us they offer only partial solutions because the symptoms and side-effects of our illnesses are often so overpowering and overwhelming that we may be temporarily crippled by them. So we turn to additional avenues, one of which is spirituality.

Many of us are drawn to one or more spiritual paths over the course of our lives. For some people, it is a life-long daily quest for solace and support and an attempt to understand and find meaning in a life that includes painful interruptions from health. Some people may limit their spiritual quest to seeking a lifeline only when they are ill. There are many spiritual choices that lie in between those two. In whatever event, as we get battered, tossed about and crushed by an episode, if we have a commitment to spiritual life, we may discover over time that we have a groundedness, an inner home, a place to return to when we are well.

We must be careful that we don't try to bargain with our spirituality. "If I pray, God will spare me from another episode."

Or, "The only reason I need spirituality is because I have an illness, and the only time I need to call on it is when I have an episode." Or, "God wasn't around for my last episode or it wouldn't have been so painful and long." Spirituality is not "insurance" that we buy in the hope of avoiding further episodes. It isn't meant for just a segment of our lives. Spirituality is holistic and all-encompassing.

Spiritual pursuit takes on many forms, from active adherence to the tenets of a specific faith, to the quiet commitment to a contemplative life. I have explored many diverse paths, and have found contemplative living to be particularly helpful to my needs and circumstances over the years.

What is "contemplative living"? It is the turning inward for sustenance, guidance and rest. It may take the form of prayer or meditation. It may or may not presume a higher being. It may include reading sacred or other inspirational writings. It may involve focused study of religious texts. It may include writing such as journaling, essay- or poetry-writing.

For a person with a mental illness, the obligations of inner (contemplative) spiritual practice may be composed of the very things we may dread the most during an episode. When we are well, we seek to experience life deeply, while during an episode we may be lost in the grip of depression that we also experience deeply. When we are well, we must spend a good deal of time be-

ing alone — a fulfilling and welcome state at that time — as we search for meaning and purpose in our lives. Yet when the illness is active, we may dread being alone, fearing the horrible sense of isolation that often accompanies it. This is a strange, but real, irony.

One may protest that inner life for someone with a mental illness may not be productive because we seem to spend so much time "inside our heads" and alone, feeling isolated, when we are ill. Why go for more? Part of the answer lies in the fact that when we are well, we absorb richness through our spiritual pursuit and discover what we need for when we are ill. When we are unwell, this richness percolates within and through us without our conscious input, thereby offering some relief and comfort for the darkest times. Indeed, this richness, which reminds us that we are loved and that we are worthy human beings, may well be what keeps us alive at the most desolate times.

We may not be able to carry out our spiritual practice when we are ill, but remarkably it does have a positive effect on us, and we often grow in some even minute way through our exile from healthy life.

A great benefit to me of living contemplatively is that I discover passages in religious, spiritual or inspirational books that help me survive the agonizing breaks in my life. One of the most difficult aspects of living through an episode is having

to wait, and wait, and wait, for the torment to recede. It seems at those times I can "do" nothing at all but wait. During these times I take comfort from passages such as the ones featured in the box below:

"I said to my soul, be still and wait... So the darkness shall be the light, and the stillness the dancing."
(T.S. Eliot)

"Leave a little fallow corner in your heart ready for any seed the wind may bring."
(Amiel)

"Waiting patiently in expectation is the foundation of the spiritual life."
(Simone Weil)

"In the midst of winter, I finally learned that there was in me an invincible summer."
(Albert Camus)

"What is required of us is that we love the difficult, and learn to deal with it. In the difficult are the friendly forces, the hands that work on us."
(Rainer Maria Rilke)

Living contemplatively does not remove the pain of mental illness, but it can help make that pain bearable. It requires few financial resources, and doesn't require being with others when doing so is too difficult. It's accessible to everyone (through libraries, for instance, or a quiet corner in your room, or a secluded park bench).

The contemplative life is not "the" spiritual answer for all of us with mental illnesses, but it takes its place beside the other practices that give us guidance, comfort and rest. ■

Nan is a Vancouver writer. Her book, A Map for the Journey: Living Meaningfully with Recurring Depression will be published this year by America House Publishers.



Daring to Hope

Noreen
Burton

The subject of spirituality and recovery is one that interests me immensely because I have actively experienced it. I had a breakdown in 1992, followed by a diagnosis of schizoaffective disorder. What came after was six years of recurrent hospitalizations for both profound depressions and delusions. I spent years on antidepressant and antipsychotic medications as well as mood stabilizers; even though I am not on them anymore, I am thankful for having them at a time in my life when I really needed them.

Noreen
co-facilitates a
spirituality group
for people with
mental illness in
Abbotsford.

I have been both medication- and symptom-free for several years now. I know the prognosis for recovery from such a serious diagnosis is uncommon and this is the reason why I feel so compelled to tell my story. I can't help but feel that since I've come full circle with this illness that there must be others that can do it too. Will I relapse in the future? That may happen. I have no assurances of tomorrow, but then who really does? What I want to relate is how integral my spirituality has been to bringing me to the recovery that I am so grateful for today. Without it I don't think I would have had any hope to sustain me through the darkness.

In my commitment to balance and maintaining a sense of control, I changed my diet to a more healthy one and began to take vitamins and herbs known for their positive effects on the mind. Then one day I read in a scientific journal that exercise could create new neural pathways in the brain. Did I dare hope? Despite and because of a constant heavy feeling in my head that I couldn't shake, I started an aerobic program at the gym. This was really hard and I felt worse instead of better at first and I even quit once, but I went back.

On another occasion I read that scientists are now discovering that our thoughts can actually affect us on a cellular level, so I began to listen to positive tapes and music and read uplifting material. Unwittingly, I had begun charting a course toward health that would have been impossible without my spirituality figuring very heavily into that equation. Nonetheless, even though I was actively paying attention to all aspects of my health and keeping them in balance, I did not improve overnight. I often still found myself waiting on God in the darkness, sometimes just waiting in the darkness, the course of my illness relatively unchanged.

Then the day came, when what I reflect on today as being the real turning point. It is the day that I made the distinction between healing and cure and found a sense of real peace and acceptance for my life. I accepted, and I mean really accepted, the fact that I might never be outwardly cured but that through Christ, I could have an inner healing. Changing my focus from one of control to one of surrender is the shift I needed to open the floodgates to recovery. I started to see faith as more of an attitude of heart than the impossible mental effort it had become. Just this simple change of focus provided the new vision that I have come to acquaint so intimately with healing.

The Christian path has been my spiritual path to recovery. At the darkest times it led only to a renewed ability to find beauty in a moment, because the illness had submerged so much of the rest of my time in pain. When things got better, it led me to a deeper sense of meaning and significance than I might ever have truly experienced without the challenge the illness provided. Eventually it even helped me bypass the oppressive influence of stigma that seemed to come at me everywhere in society. Even so, it was a difficult course to take and I wouldn't want to go back through it, even though it helped me emerge with new eyes and an empathetic heart for people in pain. The Bible says, "Blessed is the heart that gets broken but keeps holding on for a new day, for that's what it means to live by faith." Keep holding on for a new day. Dare to hope.

Even if you feel that all you have to offer in grappling with spirit in your life is brokenness and doubt, don't give up. Dare to hope. God sees beauty in ashes. God can make something beautiful of your life. It's my prayer that something in my story helps anyone struggling as I was to get back in touch with the healing power of spirit in your life and to ultimately make you stronger in the broken places. ■



Below is a verse of a poem by Leonard Cohen that I hope may encourage you when you are tempted to get down on yourself because of your illness. — Noreen
Ring the bells that still can ring Forget your perfect offering There is a crack in everything That's how the light gets in.

One of the first things I did to help myself cope with my mental illness was join a support group that I later came to co-facilitate. The acceptance, encouragement and information I found here helped to remind me to focus on what I could control and not dwell on what I could not. This group did much to help me nurture the strength of my spirit to shield me during my sudden, recurrent relapses. It did this by keeping me connected in the face of the overwhelming detachment and hopelessness that characterized my disease.

What has come to ring more and more true to me throughout the course of my life is that we are all a unique combination of physical, emotional, mental and spiritual. To ignore any one of these aspects of ourselves is to compromise our sense of wholeness or health. If you are reading this article right now struggling with a psychological disorder and hoping to find a key to unlock the darkness, the best I can do is offer you the one that worked for me. It is a commitment to balance. I know it is difficult to achieve balance when you're ill. I experienced many times when prayer went dry and God went missing, but it is at these times of intense darkness that the spirituality or faith that we have invested in can help us the most. Words that helped me during one such time were "There is no such thing as false hope but there is such a thing as false no hope." For me, paying attention to my spiritual needs brought me the necessary peace to put me on a path to wholeness and health. I have come to see very little difference between the two.



poetry

THE KEY TO FREEDOM

God has the blueprints – I hold the key.
The foundation is solid,
no matter how many cracks in the ceiling.
I had to start all over again, and it was hard
work, but friends helped me raise
the roofbeams, one by one.

At times there were storms that wrecked
all my progress, and
I had to start over.
I found solace in my faith, knowing
that I was not alone,
that there were others
who believed.

I prayed for good weather
like a fisherman, that
the clouds would give way
to sunshine.

And mostly I stand alone
in my house,
with my animals.

In the morning I rise
to meet the day's challenge
and I think I am well
as long as I keep trying
to chase the dark away.

At church I find peace
and fellowship, and
harmony in the music.
And I am comforted by the knowledge that
if I fall
others will come to my side,
and help me find the faith
to rise again.

God's design is in the blueprint
intricate as a snowflake
but I hold the key –
that opens the door to freedom.

— Katherine Bryson

Spiritual Recovery:

My Experience

FEBRUARY 2001 — The last seven weeks have been one of the most confusing and painful periods I have had in my life thus far.

The diagnosis, bipolar affective disorder, was assigned to me about fourteen years ago, after I had come out of a coma due to a severe brain injury incurred in a head-on car accident. This diagnosis has caused me enough difficulty since that time with the expected, not-so-unusual experiences of stigma and other obstacles that tried to prevent me from contributing something meaningful to the world with my life. There have been many times that I have cried out in anger to God, asking “why? ... why did this have to happen to me?” My vocational plans, my responsibilities to my big Brady Bunch-like family were all thrown into absolute chaos.

In the middle of a major, major crisis, the answer (from God I believe) came. The plans which I had made for my life were to be realized in a better way ... God's way. My life was in His hands all along. It took time for me to come to understand how I would be enabled to more fully live as one who seeks to live like Jesus.

I think that I have begun the process of my “recovery.”

There is intellectual recovery, but more importantly, perhaps, is spiritual recovery. I am trying to explain the “divine” part of recovery that has led me to some form of mental health or wellness. This recovery, to me, involves God's Spirit somehow infused with my own spirit. It has required me to be open to people caring for me. My church family and friends are caring for me, and I have learned that I must allow them to do that. My husband, my children, and my grandchildren, each in their own special way, care for me. Many dear souls have been praying for my mental and emotional needs. I believe that God has loved me through people. When I have been unable to talk to God, to pray, I know that God is still with me.

The last seven weeks of being hypo-manic and depressed at the same time, what is called a “mixed state,” has felt like a living hell at times. Most of the time, I think I'm going to get through this. My psychiatrist says it won't last. My husband says it won't last. The Bible says somewhere that “this too shall pass.” Recovery is so slow sometimes. But I'm going to make it. There is so much living left to do!! With God's love and strength, I am on this road of RECOVERY. Thanks be to God! ■

Linda Walker

Linda is a Board Member of CMHA BC Division.

Visions

Our next issue of Visions will explore issues related to **EMPLOYMENT** for people with mental illness. If you have a story (positive or negative) about finding and maintaining work, workplace supports and/or barriers, and issues around disclosure and discrimination, we'd love to hear from you. Call Eric Macnaughton, Visions Editor, at (604) 688-3234 or toll-free at 1-800-555-8222, or e-mail him at emacnaug@cmha-bc.org

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A Dialogue on Spirituality and the Stigma Surrounding Suicide

Jenny Simpson

Jenny is a staff member of CMHA BC Division.

From the alchemist's infamous potion in *Romeo and Juliet*, to the shame and awe that surrounded Kurt Cobain's death, suicide has at once been plagued with stigma and romanticized for centuries. Only by understanding the reasons behind suicide, accepting those who have made attempts, and forgiving those who have committed suicide can we truly combat its presence in our society.

Suicide remained against the law until 1972 and is still considered a matter for police investigation: these facts clearly demonstrate modern society's intolerance of the final act in one's descent into the lonely world of mental illness.

Spiritually, we are taught to love one another equally, never judging anyone, yet suicide remains one of the most stigmatized acts in our society. It is considered a sin in Christian doctrines, and often cloaked in shame and disappointment rather than acceptance and forgiveness. Most Christian religions regard suicide as a strike against God because taking one's own life is seen as supplanting a power only God should have over life and death.

Because these two pillars of our society, religion and the law, regard suicide as 'taboo,' those who have lost someone to suicide, or may be losing someone to suicide, have great difficulty acknowledging the nature of that loss. Yet beneath the surface, suicide is someone exercising their

choice to die, and families are often absorbed in the question of 'why' for years to come. Survivors, especially children and youth, often feel a tremendous amount of guilt and may also learn that suicide is an "option," despite their overwhelming feelings of loss and despair. These feelings do nothing but perpetuate the cycle. It is only through education, early intervention, and the alleviation of society's stigma of suicide that this cycle can be prevented.

To discuss this topic further, I have asked a close friend, Dave, to talk about his own struggles with depression and suicidal behaviour and the experiences of his family's which lost a father and husband to suicide almost ten years ago.

Jenny: "As a survivor of clinical depression and several suicide attempts do you think that your earlier loss had a role in your own attempts at suicide? Has any form of spirituality or religion helped you through these losses and roadblocks?"

Dave: "My loss occurred at a young age [14], so it was my initial first-hand experience with suicide. I think I learned a lot about suicide then. I didn't really mourn my stepfather: it's almost as if I accepted and understood suicide as an option. When it came to my own attempts, I reflected on my earlier loss. I knew first hand that it would be difficult for those who survived me, but I also knew that eventually everyone would move on. My loss helped me

to quiet numerous doubts of how others would react to my own death.

I was aware that my death could plant the seed of suicide in another person's mind, and that was my only concern in my self-destructive state. Why would someone endure what I have? In the wake of the loss [of my stepfather], I ignored all kinds of counselling, religion and any other offered remedies. I struggled to return to a normal life. I don't know if doing this has contributed to my downfall, but the rest of my family all reacted differently. My mother rediscovered her native aboriginal culture, and thrived, after unsuccessful treatments of hospitalization and medication. My brother was sent to a home for the treatment of traumatized youth. Despite some youth crime, and some time served, he has also been fine. My little sister was only nine when this tragedy occurred, and underwent some counselling. Her youth gave her a great deal of strength. It seemed the only roadblocks in her life were expected ones: adolescence and boys. She would be the only one left unscarred as far as I can see."

Jenny: "As a survivor of a parent's suicide, what have been your experiences in dealing with the stigma associated with suicide? How do your views measure up to public perception, as evidenced by the law, religion or other community authorities?"

Dave: "My family and I had a difficult time coping with people, more so than a family

losing a loved one to natural causes. Teachers and students at my school avoided me like the plague. Our in-laws blamed my mother, myself, my brother and sister for their loss. A legal battle ensued for his possessions.

Everyday life was difficult. We ended up burying a lot of friends and family due to our inability to cope with the loss. We grew up in Calgary, and since then our family has been split up and quite nomadic. We rarely speak of it within our family. And out of fear — or reluctance of being spurned by further people — it's a topic that's left closed. It only brings sympathy and scrutiny.

I believe most people think of suicide as a way out for those who are experiencing a "difficult time." Others see it as honourable and noble [some Asian cultures and the Inuit], or tragic like a mass 'cult suicide', or the "in thing" as with Kurt Cobain's suicide in 1994. I see it as an end to mental illness [depression]. It's not cowardice, or selfishness. It's an epidemic that's indifferent to the public, or religion, at large.

I also feel that depression is triggered when someone feels they do not meet the standards set by society in numerous aspects. Those affected by depression, I feel, are extremely sensitive to society at large, and alienated from it altogether."

Jenny: When Dave was going through his depression and suicidal feelings and



attempts, I learned a great deal about the internal feelings associated with suicide, depression and grief. When I was 13, my brother was slowly dying of AIDS, and I remember visiting him at the hospital thinking to myself how lucky I was to see him for the afternoon; it was as if he was visiting from heaven. I cherished those moments because they could have been his last.

The same feelings came to me when I visited Dave in the hospital, and when he was out and we did things — I had a sense of wanting to make them last forever. There were many other feelings: frustration, anger, resentment, fear and the overwhelming need to hang on to him, to save him. I wasn't ready for him to leave this world and enter the next.

I always tried to balance my feelings of gratitude for seeing him with my negative feelings. There were definitely moments where I felt alone and helpless. Those trips on the bus to see him were the worst; I never knew what I would find, and it's hard to hide despair, fear and sadness of that magnitude from strangers. I felt as isolated as he did, and I think it was Dave I needed the most during those times.

As for others' stigma, I never knew the health care system lacked so much compassion until we started going to the hospital on a regular basis. The Emergency teams were the worst: they were rude, unsympathetic, and often put him in a room off to the side, with no supervision or counsellor to discuss things with. It resembled a jail holding cell. I felt he was being punished for what he was

going through. My friends were really supportive, and I am thankful everyday that they were there for me. I don't know if I would have made it without them. Some were angry that I was suffering, but most understood that I had to help, and that Dave was ill and suffering and not to blame, but also a victim.

Jenny: "Have spiritual or religious views affected your views concerning suicide and depression?"

Dave: "I recall the service we had for our stepfather. The minister referred to his suicide as 'an end to inner suffering.' That actually gave me some comfort. But as a non-practicing Christian, religion, oddly enough comes to the forefront during depression. At that point, I was hoping that religion would improve things for me. However, I only end up questioning the genuineness of religion and the strength and validity of my faith, resulting in further frustration.

During the times I wanted to end it all, very little mattered. Brief thoughts of the possible afterlife were dismissed. Religion made no difference. If I were to be punished in the afterlife for what I did [suicide], why did I have to suffer so much in this life?"

Jenny: "How do you think the stigma of suicide could be alleviated? How do you think stigma — be it religiously-based or not — has affected you and your views of suicide? Your health? Your loss?"

Dave: "The stigma that surrounds suicide could be greatly alleviated if people were better informed and educated about the causes and signs of suicide. Every-

one should be aware of them; then it wouldn't be a taboo subject. This would lead to intervention long before anyone steps on the ledge or picks up a blade. It is an illness. It can be cured!

People who are suicidal need to feel more comfortable to seek treatment. Instead, many people take their own lives without so much of a whisper for help. Sadly many of the people who do take it upon themselves to seek treatment are turned away by hospitals or given drugs by doctors who don't understand the psychology of mental illness. Sometimes it's a no-win situation for people with depression. One of the greatest roadblocks of suicide and depression is the natural tendency to segregate one's self from people who are in a healthier, 'normal' state of mind.

People are ashamed to admit they are suicidal out of fear of rejection, unless it is a cry for help. Otherwise, at that point, suicide is welcomed, embraced, by individuals who are too far gone in their depression."

Jenny: "Do you think that spirituality, outside the conventional context, has or could help you in your struggles?"

Dave: "I was well received by the Church during my depression. They were very welcoming. Their solution is that you have to give yourself up; after a while I began to question their sincerity. They offered scripture, yet they didn't ask me about me. They tried to explain my situation to me, rather than listen.

My personal spirituality is that I value stability. I'm not an atheist, but rather, open-

minded. I find being in a familiar environment with familiar people keeps me grounded. I try to maintain morals and ethics; as long as I know I am living a balanced life, I feel good. Consideration for me and others is what keeps me grounded."

Jenny: I remember when Dave came home from the church service he was so proud that he talked to a bunch of strangers about what he was going through. I was mad that he couldn't see this was a 'quick fix' no less dangerous than any other drug or mood lifter. He had decided that it was God who was missing from his life, and that since he had sinned, he must now repent. I tried to comfort him saying that he hadn't sinned; he was suffering and he was doing the best he could. What he really needed was compassion and I think the church gave him that.

I think a strong sense of spirituality is a fundamental way to combat mental illness as long as you understand that you are ultimately responsible for yourself. We all need to believe in something, but it's the confidence that we have the power to choose that belief that ultimately saves us.

I believe that I have found some areas of 'spirituality' that are helpful. I am very headstrong and independent in my thought process, so it's hard to find something I can give myself wholeheartedly to, but I believe that my love of people, the environment, and my optimism will carry me through. Strength builds on experience, and I believe I have had a great deal of experiences to draw strength from. Family and friends who have supported me throughout everything are a definite asset. I thank them. ■



Lessons of Faith for a Family Grieving a Son's Suicide:

Remembering Lorne Unger

The Unger Family

Henry and Luella Unger experienced a terrible loss when their son Lorne took his life as result of the suffering caused by his mental illness. The Ungers were asked to share their story with *Visions* and talk about the role of faith and spiritual community in dealing with their grief. Instead of being interviewed, the family chose to submit the text of Lorne's Memorial Service held on July 17, 1999, at the Mennonite Bakerview Mennonite Brethren Church in Abbotsford. Tributes by friends and family, which have been excerpted below, relate memories of Lorne's life, his struggle with mental illness, and the spirituality that sustained him. They also talk about the meaning through their faith that the family has gained from his life and their own struggles to make sense of his loss.

From the Obituary

Our son, Lorne Edward, passed away suddenly July 13th. He was born on July 5, 1962. Apart from three years in Nigeria, he grew up and went to school in Abbotsford. He played cello and piano and loved sports, excelling in tennis. After high school, he attended and graduated from the University of British Columbia. He was a very social person who loved to be with people. Early in life, Lorne made a personal commitment to Christ, was baptized and became a member of the Bakerview Mennonite Brethren Church.



Andrie Eve Faucher

During his third year at UBC Lorne was struck by an illness: manic depression. He suffered many losses, but his loving and care-free personality remained and God sustained him in his faith. Two years ago, he gave us a card that said: This verse from the Bible has helped me keep faith in God: "For God so loved the world that He gave His only Son, that whoever believes in Him shall not perish but have eternal life." (John 3:16) ...

And so, today, we want to give thanks to the Father of our Lord Jesus Christ, the merciful Father: "That He is the God of all comfort, Who comforts us in our sorrows, so we can be a comfort to others in their sorrows." (2 Cor. 1:3-4).

From a Tribute by Lorne's Uncle: Ed Suderman

Last Sunday, Lorne attended a Church Service, at a church near his residence and later told his mother Luella about the service. He told his mother that the minister had spoken about the parable of the sower: about the good soil and the rocky soil. In seeking to apply the parable,

the minister had stated that, sometimes life was good and sometimes life was rocky. In telling Luella about the minister's words, Lorne had made the solemn observation that the minister's words described his life, with the inference, as I understand it, that Lorne's life was more often rocky than good.

I believe it is no disservice to Lorne to say that the second half of his 37 years on earth was relentlessly difficult. The wee patch of ground allotted to him was mostly rocky soil. It didn't allow him to flourish. He graduated from the University of BC but was unable to significantly utilize that attainment. ... The never-ending parade of treatments and medications so often severely restricted his ability to communicate — or to comprehend.

However, despite the wee patch of rocky soil available to him during his adult life, he displayed some wonderful human qualities...He showed genuine warmth towards others, and his extended family...Lorne freely gave the time of day to his younger cousins — whether in Christmas skits or playing Santa,

with his younger cousins as Santa's helpers, or just in casual conversation. Oh yes, he liked nice things: good food, nice clothes, and pretty girls... On several occasions, during the past number of years, Lorne volunteered that it was very difficult not to make mistakes in life, but to virtually re-state his own words he said: "The Lord is my Redeemer. I have assurance of eternal life."...

We say our earthly good-byes to Lorne, that great big teddy bear. We recognize, with sadness, the diminishment that befell him. But we celebrate his wonderful human qualities and Lorne's expressed belief in his redemption.

From a Tribute by Lorne's Sister: Ardythe Taylor

When we learned of Lorne's death on Tuesday night, my husband Gary and I shared a prayer together with our two children, Katie and Michael. Our 9 year old Katie prayed, "Dear God, thank you for Uncle Lorne's life. Thank you for what he taught us. He taught us to be tender."...

How is one taught tenderness? Not necessarily from the strong and powerful. No. God chooses the weak of this world. Some years ago I attended a retreat given for L'Arche, a community founded for the care of those who live with weakness and suffering. Excerpts from a meditation given capture the spirit of what Lorne lived and



has given witness to:

“I come today in weakness as a child filled with hope that God, who loved the weak, who Himself becomes the weakest among us will empower us today to celebrate His tenderness and His mercy.

I come today in weakness unable to express the hidden cry of so many hearts bruised by weakness, without words, to express the unbearable hardship found along the way.

We know that the university does not choose the weak, business does not choose the weak, the world does not choose the weak, often there are no schools, no jobs, no homes, no friends...

For some of us, this is the daily reality... For some of us, the future, fear... For some among us, the shadows darkening our path... This is our daily pilgrimage.

What are we to take with us from this celebration, this celebration, this time of gathering, of rejoicing and prayer? A stone rejected by the builders which has become the cornerstone...”

And so today, in celebration of Lorne’s life, I thank God for Lorne. I thank God for using Lorne’s weakness, struggles and suffering to teach us tenderness. I thank God for Lorne’s gracious and loving spirit which touched our hearts and helped us to understand the preciousness of our relationships with each other.

From a Tribute by Lorne’s Sister: Myrna Coleman

As a part of Lorne’s family, I had the privilege of knowing

him prior to his illness and during the years of struggle and pain. My memories span both parts of his life. As youngsters, we spent hours building forts, wearing dress-up clothes and acting out stories and songs. Lorne enjoyed a twinkling sense of humour, often imitating the actor Peter Sellers in his role as Inspector Clouseau. Lorne’s music studies at UBC overlapped with mine by one year and we played together in a string quartet.

Lorne had a gentleness with children and my husband Pat and I have many memories in our minds of Uncle Lorne reading to our boys as they sat on his knee — Lorne either wearing his sunglasses or with them strung around his neck. Lorne loved his shades!...

Through the years of Lorne’s illness we have been drawn together as a family ... learning what it means to become vulnerable; learning what it means to forgive and be forgiven; learning about hope in times of despair and courage in times of pain.

Because of Lorne, we have been given a glimpse of God’s merciful care and compassion. We have also been confronted with a hard truth — that God promises us a life in which we increasingly have to stretch out our hands and be led to places where we would rather not go. Through Lorne, however, we have also been reminded of God’s unfailing promises: His intimate comfort, His sustaining strength and His constant presence that is with us every step of the way.

For these gifts and for the life of our brother, we are very thankful. ■

Pain, Depression and Spirituality:

An Interview

Visions talked to Mrs. Lenie Vogts about her spirituality and how it helps her deal with chronic pain, and with the depression which comes on as a result of the pain.

Visions: Can you explain how your depression and pain are related?

When you’re in constant pain, the body screams for some help, and eventually the depression comes, because you hit a stone wall, because they can only help you so far and no further. You find a way to cope with it, and my own way of coping is to keep my hands busy, and keeping my mind off it, doing needle work, reading ...

How does the spirituality come in?

If it wouldn’t be for my spiritual background — I come from a good Christian upbringing — I would have caved in long ago. I was never depressed [enough] to cause a mental state [e.g., psychosis]. It’s just a don’t care attitude you get, but I always had help [from the mental health system] in time to get me over the worst days. And by using prayer and my faith, that keeps me going.

Even then, you pray and you pray and there’s no answer. And that’s where the real faith comes in, to live day by day. Every morning I say “Good Lord, let’s face another day”... Sometimes my fear of living with pain is greater than dying. That’s where faith helps you deal with one day at a time. There may be easier days ahead. It always comes back to faith and [telling yourself] “Hang in there. Hang in there”...

I’ve had the pain now for a good twenty years. The first doctor I saw said “It’s all in your head.” I even had exploratory surgery, and they didn’t know what it was then. Two years ago I was in the St. Paul’s Pain Clinic and from then on I really got help. But medication and treatment don’t do it all.

With pain and depression it’s a vicious cycle, the pain comes and the depression sets in, which makes the pain worse, so you have to find some other ways of breaking that cycle. Along with the prayer, it’s a matter of always keeping busy. With my needlework, it’s the counting stitches which keeps my mind off the pain. I say to God, maybe I’m not praying verbally, but as I say about my work, every stitch is a prayer, and every mistake is a pearl of pain. Like the Buddhist Monks and their prayer flags. ■



Spirituality and Mental Illness: The Changing Perspective of one Father

Dan E.
Weisburd

Excerpted with permission from the Publisher's Note to a special issue on spirituality for "The Journal," the publication of the California Alliance for the Mentally Ill (Vol. 8, No. 4). The writer of this piece is the Editor and Publisher of the publication as well as a father of a son with schizophrenia.

Further information about The Journal can be found by phoning (916) 567-0163. Additional articles from the issue on spirituality can be found on the web at www.mhsource.com/hy/index84.html Back issues are available for \$7-\$10, plus shipping.

It was about twelve years ago that I had a very discomforting conversation about a subject that had begun to fill up most of my waking moments and even bring on some very complicated nightmares. "For me it has been a spiritual journey," Jay Mahler had said, very matter-of-factly as we walked to a meeting and talked about mental illness. "Regardless of what anyone else chooses to call it, that's what it's been for me."

The remark incensed me. Certainly he had the right to hold his personal illness in any way he chose, but somehow calling it a spiritual journey seemed to me to diminish the profoundly disabling tragedy that I had witnessed engulfing one of my children and in which I saw no spiritual connection whatsoever.

"You must have something very different than what David has, Jay. Illness, disorder, disease, disability — all seem to define what he's got. But, no way can I say that what is assaulting my son's ability to stay alive and function with some level of independence ... could qualify as a 'spiritual journey.'" My retort was loaded with disparaging intent, as I challenged him to explain, to my satisfaction, the justification for what he had just said.

"One doesn't nullify the other, Dan," was his answer. "The whole medical vocabulary to describe what has hit us brings with it a new set of conflicts and disturbances that they [in the medical profession] don't address ... But as they go through trial and error, looking to see if anything they have to offer works at all to control your symptoms, it doesn't take a genius to realize that they haven't got the answers. ... I don't say medications can't help, or that treatments don't have value. But, what I do say is that my being aware that I'm on a spiritual journey empowers me to deal with other enormous parts of the puzzle! The big, human 'spiritual' questions, Dan! Why is this happening to me? Will I ever be the same again? Is there a place for me in this world? Can my experience of life be made livable? If I can't be cured, can I be recovering... even somewhat? Has my God abandoned me? Bottom line is, as a victim of whatever the current docs call whatever it is they see that we have, we who have it have to wonder whether what remains constitutes a life worth living. That's my spiritual journey, Dan. That wondering. That's my search. That's something I must do!"

Back in my motel that night, at the state capitol, I brooded about our exchange. There were all kinds of important truths in what Jay had tried to get me to understand and endorse. It brought to mind a powerful book I had read back in the mid-1960's, *Man's Search for Meaning* by Viktor Frankl... He had spoken to a core issue in my own life and the deep disappointment in the God I worshipped as a nine year-old leader of the junior congregation in a synagogue in St. Paul, Minnesota. The words I said to my grandpa the day I learned of the holocaust ... "If God is truly omnipotent and omniscient and

permitted that to happen, He is a monster and my prayers are wasted. I will never pray again. Nothing in the universe is safe. Nothing makes sense." Instead of experiencing my grandpa's anger, which I anticipated, I got a hug. "So many lessons in life, Daniel. Don't close doors. Shut nothing out..."

At home in my study a few days after my conversation with Jay, I rummaged through an old notebook where I had recorded a few Frankl quotes. "There is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions as the knowledge that there is meaning to one's life." And "We must never forget that we may also find meaning in life even when confronted with a hopeless situation."

Would a severe and persistent mental disorder qualify as a hopeless situation? Was the search for meaning a spiritual journey?... Definitely a spiritual journey! Good for you, Jay. Today, at long last, Jay's pursuit and Frankl's words and David's suffering and Grandpa's hug and my own crisis of faith all converge on slow learner me...

To most of us who care about someone diagnosed with one of the major mental illnesses, "hopeless" may be too powerful and absolute a word. Medications, after all, have gotten significantly safer and more effective, and even better ones will soon be available. Still... no responsible authority speaks that best of all possible words: "cure." Most of us who care and support, become engaged in the struggle to improve the quality of life and the opportunity for satisfaction and camaraderie for our ill loved ones. And more than a few, I imagine, will begin to encourage the recognition that they are on a spiritual journey...

"I am more than the sum of my symptoms, Dad," my son David once said to me as I watched him ripping pages from a dog-eared college textbook and putting them atop the glowing coals in our Weber barbecue. He saw my look of concern about what he was doing, and he smiled. "It's only Jean Paul Sartre, and I know more existentialism than anyone will ever need. Believe me, I know the world is an absurd place! You should see what it looks like in my mind." He laughed. I did not.

"When the voices have you totally confused and you can't trust your grasp on reality, and all you see around you are people with mental illness and 'normal' people absorbed in trivialities and inconsequential things that dictate their lives, what happens to your understanding of God — the Creator?"

"Good question, Dave," was my feeble response. He was on a spiritual journey — a search for meaning. And I guess I was, too, without ever calling it that. ■



The articles in the next two sections of this journal look at two closely related issues that have to do with the relationship between religious and spiritual community and people with mental illness. The first examines the role of spiritual communities in providing support to people with mental illness or in promoting mental health. The second section looks at some specific spiritual traditions and how their teachings and practices relate to mental health and mental illness.

If the Church Wants to Be the Church

In 1985, I retired from active service in the United Methodist Church after almost fifty years. Not long after ... I began working as chaplain at the Timberlawn Psychiatric Hospital in Dallas ... To be very honest I believe that I have found this work the most meaningful of my entire ministry. My only concern is because the need is so great I am able to touch only a portion of it.

Like most of us, I did not realize the extent of mental illness in our society. I now know one out of every four families is affected by men-

tal illness. In many cases, the sick family member is "closed" from sight of the community and even from the church. Unfortunately not only is the sick family member hidden from sight but family members also tend to withdraw from church and community activities... As a congregation we too often have looked from a distance at such families: "They are peculiar; they have a child who is not quite right; or the mother is strange." ... The truth is, these people are ill. They are ill with a sickness that has attacked the brain. Their families feel the pangs

of isolation and aloneness. They feel that no one cares.

I walk across the beautiful grounds of Timberlawn Hospital and see young adults walking with each other or alone... Almost every Sunday, one of the patients will say to me: "I am being released from hospital next week. I am scared to death. I don't know whether my friends back home will understand where I have been and the new commitments I have made for myself. I am not sure my family will accept me and understand. Could you help me find a church that has a singles Sunday school class? Are there people in a church who understand something about mental illness? Will they care? Will they support a person who is mentally ill?" Another will say to me: "Reverend, do you know of a pastor who will understand? Would it be safe to go to him? Where can I find a person who will accept me and support me in time of need?"

I believe that the door is wide open for the church to be the church. This is the case if the church truly wants to be something more than a well-oiled organizational structure. I believe that the church can be a caring fellowship that will open wide its doors to those who suffer and who are struggling to make some meaning out of their lives.

Let me suggest some things I believe the church can do if it really wants to be the church:

- A church can intentionally educate its members about mental illness. It can teach what mental illness is; what the characteristics of mental illness are; how mental illness can be treated; and how to eliminate myths about mental illness.
- A church can form "caring groups" where people with mental illness can feel accepted and loved.
- A local church can create a fellowship of people with mental illness. Such fellowship will be a supportive group for each other.
- A church can create a fellowship with families who have a member with mental illness. Such a fellowship would help families to know that they are not alone. It can help them know that there are other people who are walking down similar paths. ■

S. Duane Bruce

The author is a retired pastor and senior administrator within the United Methodist Church in Texas.

Excerpted from "Caring Congregations." The publication is edited by Jennifer Shiffrin, and published by Pathways to Promise, an interfaith group promoting support for people with mental illness and their families within spiritual communities. On the web at www.pathways2promise.com



Clergy are affordable – but trained?

Caregivers are not always medical professionals. Many people with mental health problems turn first to their clergy members. Clergy are accessible, affordable and are often seen as the most obvious place to turn. Unfortunately, according to American researcher J. Dillingham, clergy in general lack training in mental health problems. Canadian religious leaders generally have at least a Bachelor's degree and about three to five years of training after that, according to Janet Somerville, general secretary of the Canadian Council of Churches in Toronto. This is not standard, however, and it varies from one religion to the next.

from *Jnl of Addiction and Mental Health*, 3(1), p. 9.



Mental Health: The Church Cares

Travis
Reimer

It seems that we are living in a time of increased stress but with reduced support. The world is moving from tribal cultures to urban masses. With the normal family and friendship networks breaking down, regular supports are often missing.

As a result we need a faith community more than ever. It is a powerful resource for our spiritual, emotional and mental health needs. Christ calls us to salvation, to fellowship in the caring community, the church. This fundamental understanding of church as community is historically important to all Christians, and demonstrates the adequate riches of grace for the needy...

If the church is not so much a club for saints as a hospital for sinners, then certainly it has a role in supporting the struggler through:

Invitation: The welcome mat is always out in the church. ...How unfortunate that we tend to stereotype and reject the people we find undesirable... But there is no room in the church for stigma. Following the Bible's lead we welcome the stranger, no matter how strange. Do you see Jesus in the face of the person with mental illness?

Empowerment: Our Lord taught us that the Sabbath was made for people and not people for the Sabbath. Similarly, in the church the person is more important than the program. Unfortunately, too often in the church the program is more important than the person. Unfortunately, too much mental health care has been paternalistic, with experts deciding on the service and then feeling good delivering it. But valuing the person means that the one who is helped plays an important role in making decisions regarding himself or herself. This person is not a passive recipient. Respect for the image of God in others means such people are encouraged to take charge of their lives at the level which they are capable.

Support circles: The church has support systems, so that when someone is critically ill, or dies, or is in financial need, helpful support is given. That support system needs to be intensified. Caregivers should receive at least minimal training. For example, they should be encouraged to read up on the disorder of the person to be helped...

The church can also be a community resource for people with mental illness and their families, through:

Informal caring: Individuals can choose to be involved as friends or neighbours. We don't need to be professional health care workers to care effectively, as the example of Mother Theresa amply demonstrates.

Formal caring: In addition to individuals working within

the mental health system, the church itself can get involved. For example, some congregations have a support or self-help group... Congregations also are involved in educational programs, friendship or visitation programs, respite care, housing projects, counseling and ministry teams, prayer circles, social activities, etc. In some cases, congregations work with the mental health system to assist in designing and providing a program or resource...

The needs are real. Our faith group and congregational resources are great. Now we are left with the question: "Does the church care enough about mental health to respond at a practical level?" ■

Creating Spiritual Community: FaithNet NAMI

FaithNet NAMI was started by the Orange County (California) chapter of the National Alliance for the Mentally Ill (NAMI). It is a network of members and friends of NAMI, whose aim is to reach out to the faith community to "facilitate the development... of a non-threatening, supportive environment for those with serious mental illness and their families."

The project produces materials that help people with mental illness and their family members provide education to clergy and congregations about the nature of mental illness, about the value of spirituality in the recovery process, and about the value of advocacy by the faith community for people with mental illness.

Education is provided through personal contact of a person affected by mental illness. That person presents educational packets prepared by FaithNet, and also educates by telling his or her own story. This method allows personal involvement of the clergy person, and at the same time gives the person affected by mental illness a chance to receive spiritual support.

The network respects and is involved with people of all religious beliefs, recognizing that all major religions "have tenets of giving care and showing compassion to those in need."

For more information about FaithNet, including educational material, newsletters and suggested reading, call (714) 544-8488 or see www.faithnetnami.org ■

Excerpted from "Caring Congregations." The article originally appeared in the "Mental Health Packet" produced by the Mental Health Program of the Mennonite Central Committee (MCC) of Canada (see "Related Resources" at the end of this section for ordering information on this and other resources produced by the MCC).



Inclusion in Spiritual Community:

Two Consumer Perspectives

My Spirituality

Lurnia Ivory Lillard

When I got sick, I kept going to church faithfully. When the voices got overwhelming, I went to our minister. I told him, "Reverend Williams, there is something happening in my head. I do not understand what is happening to me. I hear voices. I do not know where they are coming from. He responded, "The devil is trying to get inside your soul. You need to pray more. You need to go to Bible study. You need to read your Bible. You need to meditate. You need to fast. When you do this, God will remove these evil spirits."

I followed his advice. I fasted. I went to Bible study. I prayed. And still the voices became stronger. They became more intense. And then disturbing feelings overwhelmed me. I felt like a failure because nothing helped.

I felt I was doomed. I felt I was going to die. I felt I would go to Hell because I could not pray these evil spirits out of my body. When I got very sick I gave up. I thought I had failed God, so God had failed me. I got very angry. I felt that if this was God's plan for me, I wanted no part of God.

My difficulties were brought before the church board. The entire congregation believed I was "crazy." They believed that I had demons living in my head. When I went to church, people would laugh at me and talk about me. The pastor would preach about demons and living an un-saved life. When he did this he would look directly at me.

For a long time, it was very hard to take that first step to go inside any church. In the last month or two, I did start going to church. I still have not been back to church where Reverend Williams is the pastor. I have been going to different churches. The more I go to church, the more I realize my spirituality does not have to dwell inside of a building. It does not have to come from a person in a pulpit. My spirituality comes from the belief that a power greater than myself can restore and has restored my life back to sanity. I think that just for right now that is the extent of my spirituality. It helps me to wake up in the morning and to go to bed at night. It carries me day to day. ■

A Caring, Compassionate, Faith Family

Nancy Lea Head

My congregation has been most supportive of me throughout my thirty-five year battle with the brain disease, schizophrenia. This congregation is a model for what I hope can happen in every congregation: a caring, compassionate faith family.

In 1960, I was twenty-one years old. I worked part-time as Church Secretary at my congregation. I was a senior at George Washington University. I carried a full load of courses and activities and was just a few weeks away from graduating with honours. And then mental illness struck. Forces welled up inside me that prevented my ability to function. I was distracted and preoccupied. I could not feel anything — not sorrow, joy, anger, hate, love, or pain. I thought I was an unequivocal or complete failure, a person who was unredeemable, evil and lost.

I was frantic about the terrifying changes in me. I could no longer predict what was going to come out of my mouth. Even the simplest sentence was agonizing to produce and was not what I intended to say. I could not control the voices that mercilessly accused me of unspeakable crimes. The boundaries between my thoughts and the "outside world" were completely blurred. I felt I had no beginning and ending and no normal interior walls of defense.

I entered the hospital for the first time on a Friday. My minister visited me the next day. He said, "I need to know what you want me to tell the congregation on Sunday. They will wonder where you are. I will say whatever you want." He allowed me to make an important decision. It took all my energy to put together a coherent response. My answer was "I need the congregation to care for me because right now I don't and can't care for myself. The only gift I can give them is my trust that they accept that I am here." I realized that telling them meant I could never hide my illness from them. My minister gave me a very empowering gift, the opportunity to make my own decision about telling or not telling the congregation about my illness.

The decision to tell the congregation was mine. How they responded to me was up to each of them. I never regretted my decision. Members of the congregation were incredibly supportive and caring. I received cards, mystery books, candy, along with a book of stamps. This was very important to me. With that gift they said to me, "Nancy Lea, we know that you are a loving, giving person. We want to help you to continue to be that person even when you are in the hospital battling mental illness." Their gesture strengthened me immeasurably. It is an example of not only receiving but also of being enabled to contribute in a way that is possible for the person, even when he or she is very ill. ■

Both passages are excerpts from articles written by consumers which appear in "Caring Congregations."

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Inclusion in Religious and Spiritual Community: Related Resources

From the Mennonite Central Committee Mental Health Program. For ordering information, see www.mcc.org/respub/rescat.html or contact either MCC Canada or any provincial MCC office at 1-888-622-6337.

- **Skylight Stigma: Mental Health and Faith** — A twelve minute video that portrays the story of a mental health project from the Kitchener/Waterloo area of Ontario where several congregations have hired a part-time chaplain to work with people struggling with mental illness. Shows the needs of people with mental illness for spiritual and emotional support and gives a creative example of how congregations can develop this support. Available for loan from Manitoba MCC.
- **Becoming a More Caring Congregation** — Lessons topics include grieving, disabilities, mental illness, unemployment and underemployment, and supporting aging parents.
- **Christians and Mental Health** — A brochure that provides information about mental illness and the MCC Canada Mental Health Program.
- **Mental Health Packet** — A packet that includes information, ideas and resources for congregational awareness and action.

From the NAMI FaithNet Project Resource List. For further information about obtaining resources, call (714) 544-8488, or email namioc@earthlink.net. For other suggested reading, see www.faithnetnami.org

- Govig, S. (1999). *In the Shadow of Our Steeples: Pastoral Presence for Families Coping with Mental Illness*. Haworth Pastoral Press.
- Roukema, R. (1997). *What Every Pastoral Counselor Should Know About Emotional and Mental Illness*. Haworth Pastoral Press.
- Stroebel, S. (1997). *Creating a Circle of Caring* (a study guide for a 6-12 week course). To order, call the NAMI Bookstore at 1-888-999-6264.

From Pathways to Promise. Pathways to Promise is an interfaith organization dedicated to promoting understanding and inclusion of people with mental illness within religious congregations. Costs listed below are in US funds. For ordering information, see ww.pathways2promise.org or call (314) 644-8400.

- **Pathways to Partnership: An Awareness and Resource Guide on Mental Illness** — A booklet containing information about mental illness, those traditions which enable faith communities to develop a response to the needs of people with mental illness and their families, pastoral resources, congregational resources, community outreach, educational models, and sources for other information and support. Available in Christian and Jewish versions. (\$5 + S/H)
- **Pathways to Understanding: Manuals and a Videotape on Ministry and Mental Illness** — A manual for instructors, a manual for students, and a videotape on ministry and mental illness. These materials provide in-depth information for students in seminary, clergy in continuing education settings, faith group staff, and laity involved in outreach and ministry programs. These resources are designed to assist in raising sensitivity to the needs of people with mental illness and their families, to give expertise in responding to this population's needs, and to be a catalyst for programming and social action. The videotape is comprised of interviews with clergy, people with mental illness and family members.
(Student Manual: \$25 + S/H) (Instructor Manual: \$30 + S/H) (56 minute video: \$20 + S/H)
- **Mental Illness Awareness Interfaith Worship Resources** — The three booklets in this series were created in response to requests for materials to use during Mental Illness Awareness Week which takes place the first week in October, during the month of May which is Mental Health Month, and other times during the year that are appropriate. The booklets are:
 - Worship Resources (\$5 + S/H)
 - The Bible as a Resource: Materials for Sermons and Articles (\$5 + S/H)
 - Caring Congregations: Observations and Commentary (\$5 + S/H)
- **Rabbi, Who Sinned?** A bulletin insert for congregations giving the myths and realities about mental illness.
- **Who Has Mental Illness?** A pamphlet about mental illness, resources and community outreach. Available in Protestant, Roman Catholic, and Jewish versions.
- **When Mental Illness Strikes in a Family of Faith** — A brochure in Christian and Jewish versions for families and for clergy working with families who have a member who has mental illness.

Other Resources:

- Goldberg, R J. (1989). *Pastoral Bereavement Counseling: A Structured Program to Help Mourners*. Human Sciences Press.
- Toews, J. & Loewen, E. (1995). *No Longer Alone: Mental Health and the Church*. Herald Press. Available from www.schizophreniadigest.com or by calling 1-888-834-5537.
- Walters, J. & Neugeboren, B. (1995). "Collaboration Between Mental Health Organizations and Religious Institutions." *Psychiatric Rehabilitation Journal*, 19(2), pp. 51-57.
- MacPhee, B. *What Should be the Christian's Perspective Toward Mental Illness?* [VIDEO: 27 minutes]. Available from www.schizophreniadigest.com or by calling 1-888-834-5537.



Chinese Mental Health Conference Includes Spirituality Theme

The tenth Annual Cantonese Conference on Mental Health and Mental Illness of Vancouver Community Mental Health Services was held last winter at the Vancouver Chinese Baptist Church in South Vancouver. The conference was organized by Reverend Hans of the Baptist Church, Eva Ho, Director of the South Mental Health Team, and me, Chinese Multicultural Mental Health Liaison Worker of the Vancouver Community Mental Health Services.

The conference was divided into two separate sessions and held on two separate dates, November 17th and November 25th 2000. The first session covered a wide range of adult mental health issues including major mental illness such as schizophrenia, bipolar affective disorder, major depression and anxiety disorders. It was presented by Dr. K.C. Li and Dr. Hiram Mok.

The second session focused on geriatric mental health including dementia, delirium and geriatric depression. The geriatric session was presented by Dr. Kay Young and Dr. Michael Wilkins-Ho. Both sessions were assisted by Miranda Wong and Helen Chow, staff of the South Mental Health Team. Cantonese interpreting of the geriatric session was provided by Raymond Li of the Northeast Mental Health Team.

Despite the chilly weather and freezing rain on those two dates, one hundred and fifty participants attended the adult psychiatry session and another hundred at-

tended the geriatric psychiatry session.

Both sessions were started with an opening prayer and finished with a closing prayer asking for God's blessings. The response of the participants was very active and positive. There is a consensus that while spirituality can enhance one's mental health, serious mental illness has a biological component and professional intervention is a necessity.

When asked by *Visions* about the impact of the event, Rev. Hau commented that "the general feedback was very positive. People learned something new, and especially with the first workshop because it was an introduction."

Rev. Hau also praised the positive working relationship that the church developed with the Mental Health Team. "We appreciate the Ministry of Health for providing the speakers and for their desire to reach out... As a church we are in a position to offer support to people with mental challenges." ■

*Sophia Woo,
MSW*

*Sophia is
the Chinese
Multicultural
Mental Health
Liaison Worker
for Vancouver
Community
Mental Health
Services,
Vancouver
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Health Board.*



◀◀
At the Vancouver Chinese Baptist Church. From left to right, Sophia Woo, Dr. Michael Wilkins-Ho, Dr. Kay Young, Raymond Li, Eva Ho, and Rev. Hans Hau.

Spirituality and Mental Health in Chinese Culture

The relevance of spirituality to mental health has increasingly gained recognition from mental health professionals and religious groups. The word "religion" means reconnection. The word "spirituality" means sensitivity or attachment to religious or ecclesiastic values. Being spiritual is to reconnect one's ethical values and feelings of joy. In order to promote mental health

among the Chinese communities, it is important to understand what constitutes their spiritual make-up. This may vary among different communities, but nevertheless evolved from one traditional Chinese culture.

Generally speaking, there are three main doctrines that impact the traditional Chinese culture, namely: Confucianism, Taoism, and Buddhism.

Confucianism and Taoism originated from China, and they have been influencing Chinese culture for over two thousand years. The first recording of Buddhism, which originated from India, occurred in 65 AD. It blossomed in the 7th Century during the Tang Dynasty, reaching all facets of people's lives.

The fourth doctrine we would like to discuss is

Christianity. Christianity did not find its way to China until the 7th Century, but in the last hundred years or so it has made a significant impact on many Chinese communities. Take Hong Kong for instance, where many prestigious private and subsidized schools are run by the Protestant and Catholic Churches. Biblical knowledge has become part of the curriculum. ▶

*Sophia Woo,
MSW and
Raymond Li,
RPN*



Sophia is the Chinese Multicultural Mental Health Liaison Worker at Vancouver Community Mental Health Services (VCMHS). Raymond is a Case Manager at the North-east Mental Health Team of VCMHS.

The spiritual impact of Confucianism on Chinese culture is so deep-rooted that it is almost innate to those who were brought up in communities that vigorously practice the doctrine. Confucius emphasized internal control to attain equilibrium. Confucianism holds that all humans are born with a benevolent nature, and that one should strive for all the three perfect virtues: WISDOM (智); "JEN" (仁), which can be interpreted as humanity, benevolence and magnanimity

(fairness or generosity of spirit), and COURAGE (勇). Confucius said, "Those with 'Wisdom' are free from perplexity, those with 'Jen' are free from anxiety, those with 'Courage' are free from fear." As for one's relationship with others, Confucius outlined other principles, among them "LI" (禮) which covers decorum to rite (or respect for proper manners and customs), RIGHTEOUSNESS, LOYALTY, FORGIVENESS, and FILIAL PIETY, which he considered as the foundation of all virtues.

Lao-Tsu, Founder of Taoism, said, "In the pursuit of learning, everyday something is acquired. In the pursuit of Tao, everyday something is discarded. The world is ruled by letting things take their course. It cannot be ruled by interfering." Taoism stresses the power of the universe and natural order, which is governed by the forces of Yin-Yang (see figure, top-right) and the positioning of the five elements (metal, wood, water, fire, earth). Nothing is static, and because changes and transformations are inevitable they should not be tampered with. Taoism also promotes health and longevity. While meditation and tai chi are practiced by millions nowadays, many early practitioners were credited with discoveries in herbal medicine in their quests for potions of immortality. There are approximately 20 million Taoism followers worldwide today.

While Buddhism originated from India, Buddhism in China is distinctive to the Chinese culture. Over the years, it has evolved in the face of numerous attempts by emperors and scholars to amalgamate it with Confucianism and Taoism. Bud-

dhism's concepts of life, suffering and its relief (nirvana), "YUEN" (緣) and reincarnation have always struck a special chord in the hearts of billions of people throughout China's mostly tumultuous history. "YUEN" is predetermined fate that is beyond human control. It is also perceived as a force of destiny that can foster interpersonal relationships and maintain their harmony. A positive relationship is attributed to "YUEN." On the other hand, a relationship fails only because this mysterious force has dissipated, so no blame should be placed on the parties involved. The concept of reincarnation derived from Buddha's Principle of Cause and Effect (kharma). Nowadays, many Chinese people believe that doing good deeds in this life will benefit one's next life as well as one's descendants, so if something terrible happens, it could be due to an evil deed committed by your ancestors or by your past life.

The concepts of LOVE (New Testament, Corinthians I, chapter 13, verses 4-8), TRINITY and RESURRECTION of Christianity were controversial to the traditional Chinese' realm of spirituality, but the messages of hope, peace, equality and eternal life felt like breaths of fresh air to thousands of Chinese at the dawn of the democratic movement during the early 1900's. Dr. Sun Yat-sen, the father of modern China, was a devoted Christian himself. Christianity took off in Chinese communities all over the world



and has never looked back.

It is not the purpose of this article to compare the aforementioned religions or doctrines at any depth, but rather to highlight a few points of interest from our modest cultural perspective. Balance and harmony have always been the qualities Chinese valued, from the way we hold the chopsticks to the architecture of a pagoda and to the rock gardens we build. The quest for spirituality enables one in constant pursuit of equilibrium under perpetual variations in our universe, variations which may be either within or beyond our control. Along with these changes may come frustrations, anxiety, anger, depression and even learned helplessness. Unless we are able to effectively diffuse these negative energies, our mental health could be easily compromised. ■

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▶▶ a buddist temple



Spiritual Meaning and Mental Illness in the Sikh Faith

Sikhism's inception, development and growth has been entirely due to its pragmatic philosophy, preachings, education and practice. The teachers strived to replace ignorance and blind faith with knowledge and pragmatic faith through open discussion. The Sikh way of living the human life as preached by the *gurus* (teachers) is the cultivation of humility, moral values, socio-religious harmony and liberal democratic principles of equality, freedom of choice of religion, and tolerance of other faiths.

The promotion of daily prayer and cleansing of one's soul is seen as an important part of a Sikh's life. When faced with adversity, such as illness, prayer becomes part of the individual's, family's and community's offering for wellness and health. The two parts of one's life — spiritual and physical — are meant to intertwine in every action, deed and thought. The body must create a meditative state to be able to reflect upon *simran* (God's name) so that the prayers leave the person at peace believing that their destiny is in God's hands and his merciful grace will guide the person through adversity.

Sikhs believe that ultimately our destiny is guided by God. Even in illness we put our faith in God's will and accept his decision. Sikhs are instructed to remain calm, courageous and controlled even under difficult circumstances. Guru Nanak proclaims, "Liberation and supreme bliss come by contemplation and meditation. A God-directed person never faces defeat." The Sikh *ardas* (daily prayer to God) demands complete obedience and acceptance of his divine will. A deep faith in the greatness, strength, generosity and excellence of God creates a feeling of optimism and hope.

In Sikhism the reality of the world and its suffering is repre-

sented in poise and balance in life and in the ethics of creative activism. There is equal stress on the physical and spiritual well-being of the individual and society, and a balanced combination of knowledge, action and devotion are espoused.

Since Sikhs live in a collective model of society, no individual is an island unto himself, and particularly when he is suffering from mental illness or illness of the body. There is constant attendance of the person and his or her physical and spiritual needs. Medicine for the body is viewed to be as important as prayer for the spirit, and family members and loved ones ensure both occur.

There remains a stigma to mental illness that has not quite been erased in the Sikh Faith. Sikhs believe that prayer and spiritual enlightenment can help a person in their quest for holistic health especially when faced with an illness that has as many myths attached to it as realities. When the mind is affected, the power of prayer is generally promoted to the person with the illness as a way to guide them through the darkness. Even the simple task of repeating the name of God, "*waheguru*" ("God is great"), is seen to have value for this life and the other world.

Sikhs show great resilience in the face of adversity, believing in God's grace and ultimate will. Sikhs are reminded to relinquish ego, forsake personal will, accept God's will and believe that *it* is the sweetest will of all. Reading the holy scriptures provides solace and comfort to the family and the member who is ill. This task is undertaken by family and friends and the constant reminder is there that God is being praised. ■

*Satwinder
Bains*

Satwinder works in community development with seniors, immigrants and refugees in Mission and Abbotsford. She has worked for the last 20 years in the field of multicultural and anti-racism education. She is also a farmer of cranberries and blueberries with her family in Abbotsford.



All-Faith Prayer Room at Surrey Memorial Hospital

Members of various faiths — including chaplain Perrie Peverall, Gagan Sandhu, Father Harry Rasmussen, Chaplain Warkentin, Rev. Michael Feit, First Nations Grand Chief Bernard Charles, and Rev. John Koo — next to director of mental health Pam Whiting and South Fraser Valley Health Region Chair Betty Cameron, at the dedication of the first all-faith prayer-cum-meditation room at Surrey Memorial Hospital. The room took shape after a Sikh man, whose wife was hospitalized, requested the hospital authorities for such a facility.

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Photo by Daljit Chahal of D.C. Studio. Reproduced with permission of The Link: a weekly Indo-Canadian Newspaper (Feb 24/01 edition).



Like Father, Like Daughter: Islamic Spirituality and Depression

Sarah
Hamid

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Visions'
Production
Editor.

In the spring of 1982, I was four years old and living with my mom and brother in Lousanne, Switzerland where we had claimed refugee status after the Russian occupation of Afghanistan two years earlier. My dad was not with us that spring. After our family had made the decision to immigrate to Canada, he had gone ahead to British Columbia to try to find work and settle himself for a few months, at which time we would reunite. Little did I know — wide-eyed four-year old that I was — the mental health crisis and spiritual journey my father would go through during that separation from us and how it would impact his life.

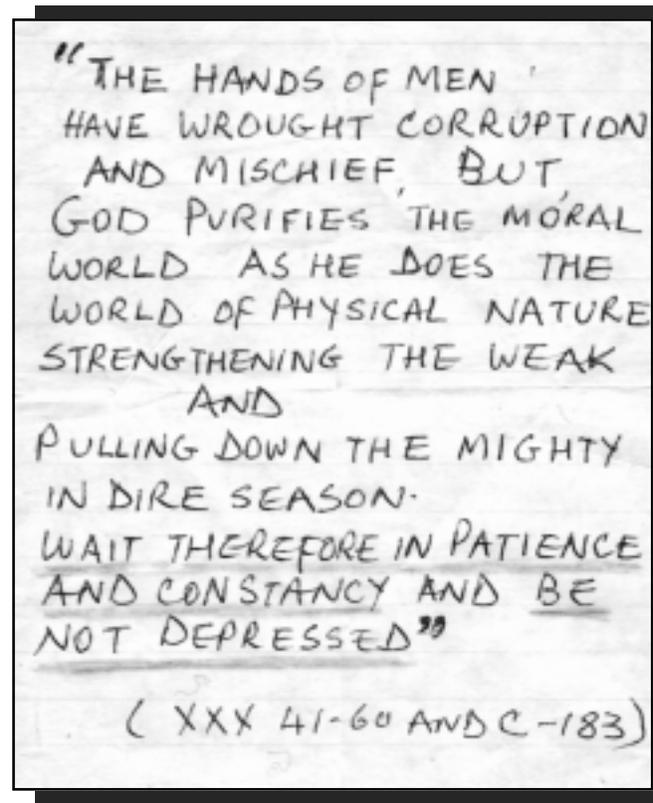
Random Gifts

As he tells the story, he was temporarily living in a studio apartment off Commercial Drive in Vancouver. Each night, his pride and his hope of laying a new foundation for his family would take a beating, as he returned home empty-handed after spending the whole day looking for work. The recession, at least in the beginning, seemed to be totally blind to my dad's post-secondary degrees and employment experience. It's hard enough to handle constant rejection when your ego is the only thing on the line, harder still when your family is depending on you back home to come through. It was at this time that my dad, completely alone out in Vancouver, fell into a pit of depression.

After weeping for several days, my dad finally pulled

out a copy of the Quran he had bought with him. It was an edition with Arabic script on one side of the page and an English translation on the other. The tome lived inside a beautiful sleeve of ornate fabric.

He opened the Islamic Holy Book to a random page seeking guidance. This is what he wrote down from that randomly-opened page (the underlines are his own):



The scrap of paper he wrote it on has now become newspaper-thin and grayed with age. The folds are so deep they look like seams restoring a disjointed fabric to unity — in a sense, I suppose they are, if the fabric is my father's emotional and spiritual health.

My dad has carried around

that piece of paper in his wallet for the past 19 years.

He is an incredibly articulate man, but I don't think to this day he has quite been able to express in words what reading that exact verse meant to him back in 1982. The closest he has been able to get is saying it was like a warm salve, like a mother stroking his head on her bosom and letting him know everything was going to be okay, to hang

on and have faith.

From the next day on, my father started reading a chapter of the Quran a day. The messages and the poetic rhythm of the English translation soothed him. When he caught himself still worrying one evening, he performed the random page exercise again. On the opposite page

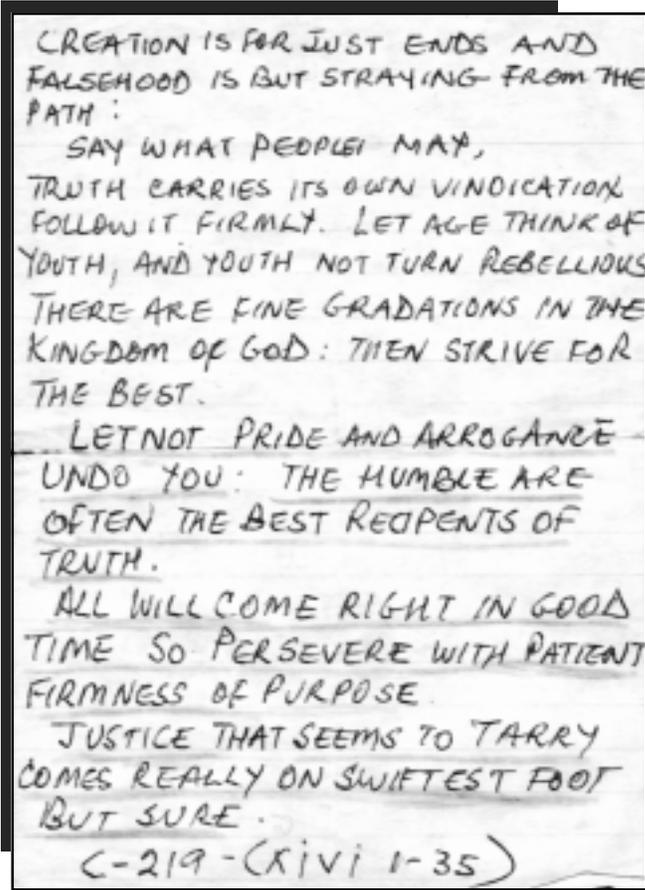
is what he came up with this time (again, the underlines are his own).

And so the consistent message of perseverance and patience in the face of adversity was strengthened further. In about a month or so, my dad's confidence and hope started to rebuild to former levels. Although he had lost a tremendous amount of weight in those weeks of depression, he found himself again. He had found the peace he so desperately sought.

Fostering That Spiritual Relationship

When talking about the role of religion in our lives, my dad has always used two analogies. The first one is that religion is like toothpaste, it comes in lots of different brand names and flavours but the function is basically the same: to cleanse the soul. The second analogy is that when you're a child and you feel sad and scared and alone, you look to your parents for guidance. But parents whose own parents have passed on are in a tougher bind; sometimes, support from a spouse or from friends just isn't enough, or, as in my father's case that spring, it just isn't available. God, whatever name you give to Him, can be that parental figure.

"There's a time when you get beyond human help," my dad says. "And unless you've already negotiated a personal relationship with a higher spiritual power when you're well, how do you approach God? It's not the kind of relationship that works if you



nosed and subsequently treated.

Like my dad and the scraps of paper in his wallet, I too have kept a spiritual symbol close to my heart — literally. I have a little gold book around my neck, a replica of the Quran with the word Allah (Arabic word for God) inscribed in Arabic script on the book's cover. My dad wears a larger one that actually contains an entire Quran (in miniature writ-

ing) inside the pendant. I've worn mine since I got depressed and haven't taken it off since. Just like those scraps of paper.

Like father, like daughter, I guess. And I couldn't be prouder of it. ■

Reference

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only access it when it suits you, when you need something from it. It's not meant to be a 'take' relationship." Hearing him say this impresses on me just how glad I am he *did* already have a strong faith before he hit this period of deep despair.

A Daughter's Reaction

I love hearing this story, as painful and touching as it is to listen to my father recount it. It makes him human, to learn that this tall, athletic man with a sometimes-intimidating demeanour when he's in a suit and not smiling, to learn that this strong man could cry like that and ask for help.

My father has always been an incredibly sensitive man but was raised in an environment and at a time when men were discouraged from outward displays of emotion; tearful displays were signs of femi-

ninity, not masculinity. But he could not help but cry. I wonder if he felt ashamed for "giving in" to these feelings, if he worried that his long departed father was watching him and clucking his tongue in disappointment. At least I know my father doesn't feel like that about me.

You see, fourteen years after my dad went through this deep, if relatively brief, period of depression, I would go through a much longer one of my own. And while I carried it around as a dark secret for months on end, I was too scared to share it with anyone — well, anyone *except* God. My spiritual faith gave me solace that my suffering would come to an end (it did) and would be for some purpose (it has). I couldn't or wouldn't believe a God could do this to me for nothing. That belief probably saved my life in those months before I was diag-

facts about Islam



◀◀
"Allah" (God) in Arabic Script.

- Islam as a religion is fourteen centuries old and the youngest of the three Abrahamic religions of monotheism (one God), Judaism and Christianity being the first two.
- Islam is the name of the religion. Muslims are the followers of this religion.
- In the same way that mental illness has been portrayed unfairly in the media, Islam and Muslims have been portrayed very negatively in the Western media primarily because of terrorist activity and the behaviour of particular ruling parties. It is important to separate politically-motivated actions performed behind the guise of religion from true religious actions themselves. Like all major religions on earth, Islam operates on a guiding moral philosophy of doing good and being good to and tolerant of others. For example, the Quran does not promote violence nor the mistreatment of women. The actions of a few in the "name" of Islam (however false that may be) is not generalizable to the religion as a whole.
- One-fifth of the world's population is Muslim
- There are at least 25,000 Muslims in BC (based on the 1991 Census, the last year for which data is available)



The Indigenous Perspective on Spirituality and Mental Illness:

An Interview with Dr. Taiiake Alfred

Jenny Simpson

Taiiake Alfred (Gerald F. Alfred) is a member of the Mohawk First Nation. He was raised in Khanwake, Quebec, and went on to Cornell where he received his PhD in 1994. He then went on to become the Director of the Native Education Centre at Concordia University in Montreal and now resides as the Program Director of the Indigenous Governance Program at the University of Victoria. He has written two books: *Peace Power and Righteousness* and *Heeding our Ancestors: Khanawake Mohawk Politics and the Rise of Native Nationalism*. Jenny Simpson of CMHA BC Division talked to Dr. Taiiake.

Visions: How would you define spirituality in the context of First Nations?

It's not so much looking at it as a set of practices, it's a sensibility, and an awareness of oneself in terms of the place humans have in the universe. Looking at the ceremonies we have, it's pretty clear that one of the basic lessons is that human beings are just a part of this larger web of creation and spirituality and the Iroquois context is all about honouring that and giving thanks for the continuation in the natural world. It's not religious in the sense of western religions, [as] they tend to try to explain the universe rather than celebrate it. Spirituality is an awareness and a respect for human beings' place in the world.

In your book, *Peace Power and Righteousness* you discuss a need for balance between humans and the natural world. How does this come into play concerning wellness and mental health among native peoples?

Native conception of the ideal is a balance of [all that is] spiritual, political and social.

How do cultural differences affect mental health?

They obviously come into play. [Those] evaluating have to be aware of what is driving [a] person's perspective. Normality gets defined by a person's perspective on a philosophical and spiritual perspective and sense of reality. What is reality? Western conception is largely a material definition in terms of what you can see, feel or hear and reality gets defined that way; whereas to an indigenous perspective, there is a whole other level of reality that people who are solidly rooted in a western mentality don't appreciate. Scientists for the most part don't account for the reality of spirituality's existence within native cultures. That's one whole area of their existence that gets cut off. The only way for indigenous people to survive is to reorient our way of life and everything

about us: our culture, our politics, towards these values.

Do you see western medicine as a roadblock for indigenous people?

There is a heavy reliance on drugs, rather than preventative medicine or other forms of treatment. Medication is only one part of healing. Yes, and 'alternatives' are the primary focus in indigenous cultures. I don't think there is any understanding in the standard approaches in diagnosing and treating mental illness that takes into account the insights and techniques that have been used for centuries for native cultures — at least in terms of how to understand who would be diagnosed and maybe integrate them into a social fabric.

Studies have shown that native youth are far more susceptible to suicide than other youth. What do you think can be done for the younger generations?

When alienation becomes overwhelming and when people lose sight of a purpose of living, then they either kill themselves slowly through alcohol and drugs, or they do it quickly with a gun. You basically have to give them a purpose.

As we're seeing in Davis Inlet right now right?

Yeah. You would think in poorer situations you would either have religion or you would have a spirituality that would give people a purpose, which to a large extent staves off despair in most of the world, but the people here in Canada have had their own spirituality taken away from them. They've had an imported religion which means nothing to them, so they don't have that spiritual core and they don't have any economic prospects, and their social existence is in complete chaos. So what is the point [of living]?

What do you think would be a good first step for small native communities who are suffering?

They have to collaborate on a vision, and make peace among themselves, and once they do they have to pick a fight they can win. Success builds on success, and pride builds on that. Pride comes from doing something. Attachment to a community comes from trusting people. All of these things are basic building blocks for a functional identity. They will never be ►





able to have an identity of their own and their own community that means anything. They will just be wards, subject to shame and loss of pride.

What alternatives to healing do you see as useful tools?

There are plenty of examples of communities who have turned themselves around. If it means bringing native people in to work with them, to the Innu for instance this might be foreign, but at least it's indigenous with the same intent, and values. That's probably the only way. Any of the government- imported solutions have clearly been proven to be a waste of money and more destructive than anything else. I think that if we could find a way to bring in authentic native healers, people who have experience stabilizing and rebuilding native communities, then they have to agree to take their help.

That in itself is going to rejuvenate a spirituality I suppose...

Yeah, that's a big first step. They refuse to acknowledge they need help right now. They're saying they need help in terms of more money, but they're not admitting their society is bankrupt.

Bankrupt in an emotional sense?

Yeah which it clearly is; until their leaders are willing to say that we can't do it, we need help, not just more money, or better houses.

Do you think a cultural balance is necessary or that having native communities caring for their people themselves would be a good step regarding mental health?

Native communities don't have the resources to handle mental health concerns. They would need the resources first. You also have to take into account that often people can't be healed — they're just that way — and you have to find a way to integrate them into the social community as opposed to shutting them away. Khanawahke is kind of like the southern US: you have lots of people walking around; they may not be normal in lots of ways, but they are lessons to us — even if it's just a lesson in patience, beyond tolerating them to actually interacting with them. If you narrow that range of normality to such an extent that's not going to cause you any discomfort, or something that's only going to support the rules that have been set up to help the society function, then you're excluding big portions of the population. And also homogenizing it to a degree where life becomes not only boring, but uninteresting. Because you learn from diversity within people. I wouldn't want to miss that. ■

Native Spirituality and Mental Health: Related Resources

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Called To Reform:

A Posthumous Interview With Dorothea Dix

Dorothea Dix almost single-handedly changed the face of institutional mental health care in North America in the mid 1800's. She traveled throughout the continent visiting jails and asylums, reporting on their conditions to local governments. She saw the inhumane treatment of people with mental illness who had been abandoned by society. She witnessed people chained up in cement rooms with no heat and only a bit of straw on the floor, where they ate and defecated.

Dorothea insisted that there must be a more loving and humane treatment of the most disadvantaged. A devoutly religious woman, she searched her soul for years, agonized over her own mental illness — which today would be called depression — and finally found that reforming the way people in institutions were treated was the work God had called her to do.

If Dorothea Dix was interviewed today, here's what she might say¹:

You have been characterized as an "angry young woman" in your early years. What was it that made you so angry?

I've put these years behind me. I really don't like to talk about them. In fact, I told most people in my life that I'm

an orphan. You see, I left my parents when I was 13. My mother was always sickly, and my father kept us in poverty, traveling around the backwoods of New England as an itinerant lay minister with the Methodist church. All my relatives considered Methodism a crude, homespun evangelism. Their revivals were full of excess emotion and they were considered the lowest-class laughing-stock by my grandparents' established Congregational and Unitarian church peers.

We lived a hand-to-mouth existence, really. I remember my father being swept up into a frenzy by religious fanaticism or by alcohol, and sometimes both. It was not unusual to be punished with a birch whip. And of course, I was expected to confess all my sinfulness and depravity so that my soul might be saved. As soon as my father moved us from Maine back to Massachusetts, I left them to go and live with my grandmother. Of course, she wasn't much more loving than my parents; she was so strict and aloof. But at least I had the opportunity to be with some of my other family members in nearby towns, even in Boston. And I met my friend Anne, whose companionship I've enjoyed almost my whole life.

Do you think that your anger might have been the source or the cause of your own ▶

Dena Ellery

Dena is the former editor of Visions. She is now a student of theology and preparing for ministry at the Vancouver School of Theology.



Footnote

¹ Dorothea uses some of the customary language of her day here, calling people with mental illness insane, and understanding mental illness as a lack of morals.



mental health problems?

I don't know what you mean by "mental health problems." I only know it as melancholia, if that's what you are referring to. And I certainly have searched the depths of my being to find the source of my melancholy. I have been filled with despair and fear that I will not be able to do God's will. I have been burdened with self-doubt and shame, and at the same time I am too filled with pride that I might possess a gift of the mind and have an intellect that might soar above others. For years, in my twenties and thirties, I sensed that I must find a calling from God, and yet I was so full of shame, so unable to find the source of my distress, that I ended up becoming ill. I was always tired and weary, and there were times I could not get out of bed for months. I figured this was God testing me at every turn.

How did you find recovery? Or, in your terms, how did you deal with your melancholia?

I had the good fortune to become firm friends with Boston's leading Unitarian minister, William Ellery Channing, and many of his colleagues. They inspired me to believe that my faith was both a matter of reason as well as revelation. They encouraged me to understand that I could affect my own salvation by cultivating my own mind. This made sense to me, since I had always been an avid reader and had a thirst for knowledge. And Reverend Channing also said that the Christian duty is to "press vigorously into life and society." So I set about to do what was the only acceptable thing an unmarried woman in this Victorian century could do: teach. I started a school for young

women in Boston, teaching them all I had learned in the hope that I could help to affect their moral natures and their salvation.

But after a few years, teaching only tired me the more, and I found myself withdrawing from the social activities of the day. My minister and his colleagues were concerned that I was overtaxing myself as I became weaker in temperament. They arranged for me to stay with the William Rathbone III and his family on their estate in England. There, I received the most loving, family-like reception. I felt a welcome part of their life, even though months would pass where I was unable to get out of bed. When I was able, they invited me to dine and visit with their company, some of the most leading social reformers in England. It was out of this experience that I came to understand how a loving and nurturing environment could contribute to my own "recovery," as you call it. And it was here that I learned of the new ideas that were then sweeping the reform of treatments for the insane — which I understood to be the humane treatment of individuals. They called this "moral treatment," and it was a hundred times more effective than strait waistcoats, fetters, and handcuffs that so many of the poor insane had been subjected to.

I spent just over a year in England, and within a few years of my return to America, I found myself inquiring into the state of treatment of the poor insane in jails and almshouses in Massachusetts. As I began to tell the stories of what I saw and report this to concerned groups and to the media, and then to the legislature, I began to understand that this was my calling. Here, I could take my sympathies

for the poor and the mentally ill and, by telling the stories of the squalour in which they lived, help to change legislation that would make society more responsible for their just treatment.

You went on to investigate and to provide comment on the treatment of the mentally ill all over North America, and were considered a "celebrity" by some because of your ability to understand the workings of the lobbying process. To what do you attribute your success?

Perhaps it was because I was a woman. People did not expect a woman of Victorian propriety and modesty to report so starkly on what I saw. What I told them came as a shock to hear, especially coming from a woman. My descriptions appealed to both

reason and the emotion, and I often used Biblical references to underscore that moral sympathy towards the insane was necessary. Who's to say that less attention might have been paid to my words had they been uttered by a man? In either case, I appealed to the humanitarianism of my fellow man. I have always agreed with my ministers, that all of humankind is related and all are equal before God. And I would have to say that it was the divine will that led me through my own understanding of near-insanity, to persevere in the world of politics so that all people who suffer from madness might have the comfort and care to heal as they deserve. ■

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“The Way” through Double Trouble

I am a person with double trouble. First, came the mental illness, and then came the alcohol and drug addiction, a very dire mixture. However, my personal spiritual Way out of this dilemma is simple, and is deeply ingrained in my use of the Twelve Step road to spiritual freedom. That is freedom from self¹ through faith in Other Power, discovery of authentic self, and freely given compassionate service to others in the same predicament. This Way, or spiritual path, encourages an intimate life of prayer and meditation, moral courage, wisdom, kindness, responsibility for one’s own actions, and a readiness to forgive. It is rooted in rigorous self-honesty when dealing with one’s own motives, feelings and definitely when dealing with others.

In other words, it is a Way of life centred in compassion for self and others — with all of the qualities of character that can develop when I am not the central point of reference. Working the 12 Steps and applying them to the best of my ability to myself, my relationship with Other Power, and other people helped me to rid my mind of years of spiritual and intellectual blindness. It was alcohol itself that beat me physically, mentally, and spiritually into a mindset where I became willing to accept the fact that even a person such as myself — living with a serious and persistent mental illness — can attain the sobriety from drugs and alcohol necessary to live in a state of faith. A conscious contact with Other Power turned my life around.

In order for me to live well, I first must have a faith fit to live by. This criterion eliminates astrology, numerology, and contact with disembodied souls, or supernatural drivel. Secondly, I must have a self fit to live with. This means working the 12 steps to the best of my ability each day, and in all my relationships with others. It meant helping others to bring out the best in themselves. Thirdly, I need work fit to live for — something to which I could honestly give myself to and thus get myself off my own hands. In my case, I found value and meaning voluntarily helping others find their way out of the quagmire of mental and social illness.

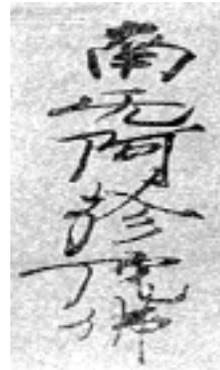
Fortunately, even after years of abuse and misuse my mind is still capable of at least a modicum of reasonableness, and the capacity to be rational. I became a skeptic and a cynic entirely by my own efforts. It took many years of working in the field of mental health to acquire these valuable mental attributes, and I still keep them handy in my spiritual toolbox. However, I depend more on the acquired spiritual acumen developed over the past twenty years to get me through the day.

I cannot tell what may happen to me in the strange medley of life. Many times my perspective on life is capable of being warped by a mind twisted and fooled by its own disorder. Even with the aide of medication and friends, it is not always possible to resolve the mental and spiritual conflicts within when I am being misled or duped by my own mind. It is at times like this that I have learned to depend more than ever

on the discernment and guidance of Other Power — and that is what really counts in the end. It would take another lengthy essay to discuss how that discernment works, and how I can tell that it is yet not another illusion or misguidance of my own mind. However, there is one sure way of validating my intuitions.

The test of living in faith and guidance from Other Power has been that it helps me to take the raw stuff of life and make it a thing of worth and beauty. Life must be an adventure of faith, and if I am to be remotely successful in living out my days in peace and contentment, and not a victim of life, then faith in Other Power must be fundamental. Without faith in the little infinite soul within me, faith in life and in some of my fellow souls, and without compassion (the action component), I cannot really live except by the spirit of detachment, skepticism and cynicism.² What are the alternatives? Greed, foolishness, clinging, distrust, resentment and anger?

The sect of Buddhism that I practice is commonly known as Pure Land Buddhism that evolved through several reformers in China as the Shin sect from the Mahayana School of Buddhism. Jodo Shinshu is a sect of Pureland introduced into Japan by Shinran, Dogen, and Nichiren Honen during the 12th and 13th centuries. ■



Nembutsu: ▶▶ invocation of the Buddha in Shin Buddhism

Ron Nichol

Ron lives in Vernon. He belongs to the Jodo Shinshu Buddhist community in the area, and practices the twelve step program of AA. This article describes the personal “Way” or spiritual path that he follows.

Footnote

1 All I refer to is that essence of “self” that determines the way I perceive and interrelate.

2 Partly inspired by *Adventure of Faith* by Joseph Fort Newton.

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In the Spirit of Respect and Service

Ed Diksa,
ScD

This article is excerpted with permission from "The Journal" (Volume 8, Number 4), a publication of the California Alliance for the Mentally Ill.

We all seek meaning in our lives. We find it in millions of places. For many people, meaning comes from being in touch with a spiritual force. Professional helpers need to recognize this and identify the spiritual within a client's support system. All too often, it seems that the spiritual aspects of a client's life are minimized. In my 20 years of working in mental health systems with hundreds of clients, I can only remember spiritual aspects of clients' lives mentioned in charts a handful of times. And the times it was mentioned were usually instances where the spiritual was considered pathological, i.e., a belief that the person was God him or herself or in direct contact with a deity. Then it was well documented. Even within the strengths-based programs where I have worked, a description of spiritual supports has been generally lacking.

Nearly all counseling literature supports the need to establish rapport with a client prior to accomplishing any gains with that client... Accepting a spiritual belief system as a source of support for a client is one way to show respect and establish rapport. Even discussing spiritual issues with a client shows a willingness to respect the totality of that client. With clients for whom spirituality is a central life focus, if a clinician/helper doesn't take the client's spirituality seriously, how can the client take the clinician seriously?...

Persons with psychiatric disabilities can appear to drift through life as if in a helium balloon aimlessly tossed



Andree Eve Faucher

through a fog; spirituality can serve as an anchor to prevent the drifting, so therapeutic and rehabilitation interventions can help clear away the fog. Finding spiritual meaning in life has the potential to ground a person and make some sense of reality.

I once worked with a woman from Brazil who was of Jewish descent. She was paralyzed by an anxiety disorder that would only let her leave her home at certain times in the day and then only for short periods... She lived her life always fearful of being trapped and snared. She also possessed an amazing intellect, a high level of personal integrity, and an instinctive depth that was almost intimidating. In discussing these strengths with her one day I asked why, given the importance of the spiritual in both her religious culture and

within her national culture, she never mentioned her own sense of spirit.

Immediately she let out a huge sigh and began crying. A look of relief appeared in her eyes and with a very touching smile she said, "The missing piece. I can breathe again, thank you." Weeks later, she told me that rekindling the sense of her spirit allowed her to begin to regain some control over her situation... She was still debilitated by anxiety but it was relegated to a lower position and impacted her daily life in less troublesome ways...

Clinicians, with supervision, need to assess their own beliefs in this area. Neither spirituality nor religion are topics where it is possible to be "objective." It requires a subjective awareness of one's own spiritual beliefs and an open-

minded respect for the belief systems of everyone else. Being spiritually competent is infrequently mentioned (other than in the pastoral counseling literature) in the professional literature or covered in professional training programs.

For clients with well-developed senses of their own spirit, helpers can show personal respect for the client by accepting and addressing the spiritual. For clients without a well-developed sense of the spiritual, helpers may begin to fill a void in the clients' makeup by encouraging them to address the lack of the spiritual within their lives.

There is an inherent competition between mental health systems representing a scientific world view and spiritual systems representing a deity-based world view... Science seeks to discover the physical and rational basis for our deepest experiences. Spiritual systems seek to explain life's mysteries by relying on a God or other higher power. Mental health systems pay allegiance to science, so when confronted by spiritual belief systems, there is often difficulty in accepting them as valid. Clinicians need to remember that their primary role is to help the client minimize the disruption to their lives caused by their disability and not to become proselytizers of their own world view. It is difficult to put aside one's belief system in service of another, but if we are to truly service another human being we must be able to respect each client enough to accept his or her world view as one that brings meaning into his or her life. ■



Spirituality and Psychotherapy:

Wrestling with Life's Bigger Questions

Many Canadian doctors and therapists agree that people with mental health or addiction problems routinely wrestle with questions about the meaning of life and the nature of suffering. They wonder about good and evil, guilt and forgiveness, where we come from, and where we go when we die. Because of the nature of these questions, some therapists believe that tapping into clients' spiritual lives can offer a powerful tool for processing their traumatic experiences. And possibly, for speeding up healing.

"We answer these questions in a variety of ways, through story and myth and belief systems that teach and enculturate us. Our belief systems provide symbols and rituals, which strengthen us to face our life journeys." And they fortify the part of us we call spirit or soul, says Maureen Soukoreff, manager of spiritual and religious care at the Centre for Addiction and Mental Health (CAMH). Research studies have demonstrated that people who have a well-developed spiritual life can draw on that strength for healing. The presence of spiritual and religious caregivers in a health care facility shortens bed stay and brings spiritual comfort to people suffering illness or isolation, Soukoreff says.

The multifaith spiritual and religious services at the CAMH are made up of Christian, Jewish and Muslim staff who offer counseling support to staff, clients and family members from a variety of spiritual groups. The staff assist especially at births, comings-of-age, marriages and deaths, "and when trauma has created abrupt change in a person's sense of security," says Soukoreff. "At such a time, remembering one's religious and cultural tradition can lead to acceptance of the trials that surround human life."

In a country as diverse as Canada, it can be a real challenge to properly address spiritual issues. Different cultures and religions may each use a unique vocabulary. While spirituality as we understand it transcends ideology and ritual, it is also expressed through religion, culture and philosophy. CAMH psychiatrist Dr. Sarah Danial says she's found issues surrounding spirituality to be relevant in about a third of her patients. "Sometimes it may come indirectly," says Danial, citing the example of a young woman who was curious about Danial's use of the *hijab*, a scarf sometimes worn by Muslim women. As it turned out, the client had issues herself with expectations related to her own Catholic upbringing. "I don't force the issue [of spirituality] onto clients," says Danial. "But a lot of times people have issues about their own meaning on earth, why they have an illness, or why they are having marital problems."

Increasingly, Dr. Danial says she is called upon to treat fellow Muslims, who feel she will better understand issues related to the religion. "I can think of a case in which there could be a lot of misunderstanding. Muslims believe there are angels around you, watching you and recording your actions. If you don't ac-

cept that, you are not accepting one of the basic tenets of the religion. Now if I am a client and I tell you that there are angels beside me, you may think I'm psychotic. You may misdiagnose my condition if you don't appreciate the religious context."

The potential for this kind of misunderstanding is not unique to Muslims. Rhonda Roffey, patient advocacy coordinator for the Ontario Federation of Indian Friendship Centres, recalls working on the front lines with homeless youth. Too often, she says, the spiritual visions and voices of aboriginals are misdiagnosed as schizophrenia. "I used to tell my aboriginal clients, 'Don't tell them that you hear anything or see anything,'" says Roffey. "I would say, 'It makes perfect sense to me and I know what you're talking about. But just don't mention it.'"

That said, Dianne McKay, the Friendship Centre's alcohol and drug program developer and trainer, says spirituality is so essential to native culture, it is almost impossible to proceed without addressing it. "When it comes to healing, we look at the physical, mental, emotional and spiritual aspects. Those areas are not divided..." In fact, McKay says sweat lodges are still used to cleanse the spirit and seek guidance: there's one at the Hagersville New Horizons addiction treatment centre in Ontario. And often natives ask for traditional medicines while receiving Western medical treatment.

Despite the need, Danial says spirituality is too often not addressed by therapists. "When we go through training to do psychiatric assessments, there are few people who say we should always ask about religion. But it's part of an overall assessment that is usually overlooked in the rush of getting medical and psychiatric symptoms." Also, some may worry that a person's spirituality is off-limits because they come from a different religion. While observance can be helpful to a therapist, Danial says, the therapist can still offer appropriate spiritual guidance and be of a different persuasion.

"Ultimately," says Danial, "I really think the question is not about what religion a person subscribes to. It is 'How does their view of God or a higher power relate to their current problem?'" ■

Cindy McGlynn

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Psychiatry and Spirituality

Sandy Shearer, MD, FRCP

Dr. Sandy Shearer is a psychiatrist who works with children and youth in Surrey.

First let me offer a disclaimer. I am not an expert in spirituality or even an avid practitioner. Nor am I religious in the conventional sense, but many of you will understand that the connection between religion and spirituality is not necessarily direct. I see religion as the formalized societal interpretation of spiritual beliefs and there are many forms of expression.

I was brought up in a conventional Presbyterian home but it seems significant that neither my brother nor myself have followed our parental footsteps. Even as a child, I could never understand the powerful appeal of Christian symbolism. As Jung would say, for me, along with many of my generation, Christianity had lost its "numinosity." We live in a society that has

lost spiritual direction.

In terms of psychiatry, Jung was the first, or at least the most famous of the early psychoanalysts who embraced spirituality. His split with Freud resulted from many factors but spirituality was a large part of it. Freud was an atheist and Jung found his views too restrictive.

Jung was the son of a Presbyterian pastor and he witnessed his father's disillusionment with conventional Christianity. In a famous dream, he saw God defecating on a church and interpreted this as representing at least his own dissatisfaction with conventional religion. In his work, he went on to develop the idea, based on research in the field, of the collective unconscious in which all human beings,

whatever their culture, share a belief in a connection to a higher power. The belief is universal; only the expression varies. He viewed Catholicism as the healthiest Western religion because of its strong symbolism and its active practice of repentance and forgiveness.

I am old enough to remember watching Jung's famous appearance on a 1960's TV show called "Face to Face" with the interviewer John Freeman. In it he was asked [and I paraphrase], "Dr Jung, after a lifetime of work with the unconscious and your exploration of human spirituality do you believe in God?" Jung paused, puffed his pipe and said "No, I don't believe." I have been in a theatre where this interview was shown, and at this point the audience gasped, but Jung goes on, "No, I don't believe. I know." The sigh of relief from the audience was palpable. Quite apart from his work, Jung experienced a near death experience following a heart attack during which he had an experience of the divine.

So where does this leave us today? We live in an era of spiritual uncertainty. The old Christian archetypes (symbols and images) which have survived for over 2000 years have lost much of their appeal and, by and large, current generations have turned away from the church. However there is nothing to replace this gap and there are no fundamental truths or guidelines by which to lead our confused lives. As a result, we drift in a sea of uncertainty beset by depression and anxiety having lost our connection with the divine.

I do not necessarily see this as a bad thing. It is simply a part of the spiritual evolution of man. We have outgrown the Piscean age of formal Christianity and welcome the Aquarian age with no idea of what its archetypal meaning might be. We therefore cast around for new symbols and meanings without much success, but it is early days yet and the answers are not clear.

In terms of psychiatry we remain in the age of scientific rationalism. We are trained in the biopsychosocial model and have been criticized sometimes rightly, sometimes unfairly for our focus on the biological. This is largely because this is our area of expertise. Other colleagues embrace the psychosocial, but our training as physicians leaves us as experts in the biological. This is as it should be. However there is one component missing. Biopsychosocial encompasses three dimensions but there is a fourth. The number four symbolizes completion and unity so by adding a fourth dimension, spirituality, we attain wholeness. Ignoring it in mental health practice invites therapeutic failure.

The question has to be asked because the answers to suffering often cannot be answered in terms of earthly existence. Sometimes solace can only be found in a higher power. In this age of materialism and superficiality, that can be hard to find. One role of the mental health professional must surely be to guide sufferers in the direction of the search without necessarily knowing where that search will lead, only that in its path lies true salvation. ■

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Magical Thinking

When society accepts spirituality, people are more likely to accept and share their spiritual experiences. Among First Nations people whose culture embraces the spiritual world, it is common to look for meaning and symbolism in everyday events. Because of my work in First Nations communities, I have come to appreciate the value of so-called “magical thinking.” “Magical thinking” is still officially a symptom of mental disorder. But I have learned that the absence of magical thinking can be considered a handicap, or at least an unfortunate lack.

Magical thinking is defined as “thinking that describes only non-empirical illusions of realities or reality” (Encyclopedia of Mental Health, Academic Press, 1998). In other words, if your thinking about reality cannot be checked by others, and if your reality cannot be seen by others, then your view must be an illusion. The term “magical thinking” (MT) is given to people who are superstitious or otherwise losing touch with what we call reality. Explanations

which involve telepathy, or other unusual transfers of energy or information, are also considered MT. People who see patterns where others see none, may be labeled as having MT.

An example: a friend was driving one evening, and saw some deer ahead on the road. He slowed down, and the deer ran off to the side, as a group. But one of the deer turned back, ran onto the road, and was struck by the truck. My friend spent many days thinking about that event, and what it meant to him. He searched for symbolism, and possible lessons. Not just any lessons, but a special lesson that was meant for him, a lesson that was the actual reason the deer “gave up its life.” This man is a professional counselor, does not take any drugs or alcohol, and is “solid as a rock.”

The American Psychiatric Association has noted that MT is considered normal in “primitive” cultures, so anyone from one of those “primitive” cultures cannot be labeled. Anyone else having the exact same kind of think-



Andrée Eve Faucher

ing would be accused of magical thinking, and perhaps worse. What the APA is saying, in effect, is that people in “primitive cultures” think in an inferior, more child-like manner. They assume that scientific, logical thinking is the best kind, no matter what. But there is another way of looking at it. Yes, MT is a more basic kind of thinking. Children tend to use it, and when people are under stress, or in dangerous situations, they use more MT than usual. This link with stress is a clue to the hidden value of MT.

The brain operates differently when in dangerous situations. Our brains react very quickly to any danger or threat — so quickly that we are not even aware of our reactions to the threat. A more basic part of the brain takes over. Our normal thinking is bypassed, and we react almost instantly. Such reactions are more basic, but they are certainly not inferior. In fact, in dangerous situations, they are superior. MT may be related to those basic reaction patterns.

One area where MT shows its value is in psychotherapy. Cognitive behavioural and other talk therapies are much more effective when combined with expressive therapy (art, play, or sand tray). It is amazing to see the therapeutic progress that happens when using a

more basic, “primitive” kind of thinking. When a person enters the world of play and art, they are not only acting out their deepest self, but they begin to change their understanding, heal trauma, and get past areas where they have been “stuck” for years.

We do not have to be in danger or in therapy to use more basic ways of knowing. I have come to see that our entire life can be used as a canvas, or a playground, where our inner wisdom can express itself. To learn to think magically is to enrich our lives. Doing so doesn’t mean giving up logic, or tearing up your science diploma. It isn’t all or nothing, one or the other. It’s a matter of balance.

We need to have a sense of meaning. We need to have a way of thinking about so-called “unusual” experiences. We need to be able to talk about the spiritual life. We need to feel a deep and personal connection to Nature, our Earth, which sustains us every day. We need an approach to help us manage the stress of a society dominated by reason and regulations. We need to balance our head knowledge with the knowledge of the heart. Logic and magic can live together in the same brain. Indeed, unless they do, it may not be possible to explore our full potential as human beings. ■

Michael Gintowt, MA (Psychology)

Michael works as a psychotherapist and educator, based in the Lillooet area. Working with First Nations people deepened his understanding of the everyday nature of spirituality, and how it is essential to a holistic view of mental health. Michael is also the publisher of a soon-to-be launched newsletter called “Balanced Times.”



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Spirituality Groups For People With Eating Disorders

Pierre Leichner, MD

Pierre is the Psychiatric Director of the Eating Disorders Program at BC's Children's Hospital.

The biopsychosocial-spiritual model for understanding the cause of mental disorders and designing multidimensional treatment approaches has been widely accepted for several decades. However in the area of eating disorders, as in many other clinical areas, the spiritual component has been relatively neglected.

People suffering from eating disorders often hold strongly to certain values and beliefs. Asceticism, and striving for perfection and purity, taking care of others needs before one's own are common themes. These values are often core to the religious and spiritual practices of these individuals.

As Lelwica writes in her book, *Starving for Salvation*:

“eating disorders point to spiritual hungers – desires for a sense of meaning and wholeness.”

From this viewpoint Brumberg concludes:

“It becomes evident that certain social and cultural systems, at different points in time, encourage or promote control of appetite in women, but for different reasons and purposes... In the earlier era, control of appetite was linked to piety and belief; through fasting, the medieval ascetic strove for perfection in the eyes of her God. In the modern period, female control of appetite is embedded in patterns of class, gender, and family relations estab-

lished in the nineteenth century. The modern anorectic strives for perfection in terms of society's ideal of physical, rather than spiritual, beauty.”

In filling a spiritual void, values and beliefs associated with eating disorders may resemble those of a religion at first but eventually become more like those of a destructive cult. Having an eating disorder and belonging to a religion are similar in that they provide direction, a belief system, a purpose in life, higher values to strive for, and a sense of identity. They also provide rules and rituals to control appetite, impulses, and emotions. For some, they also provide support and a safe place as a way to cope.

To those that may become isolated with an eating disorder, they may become part of a

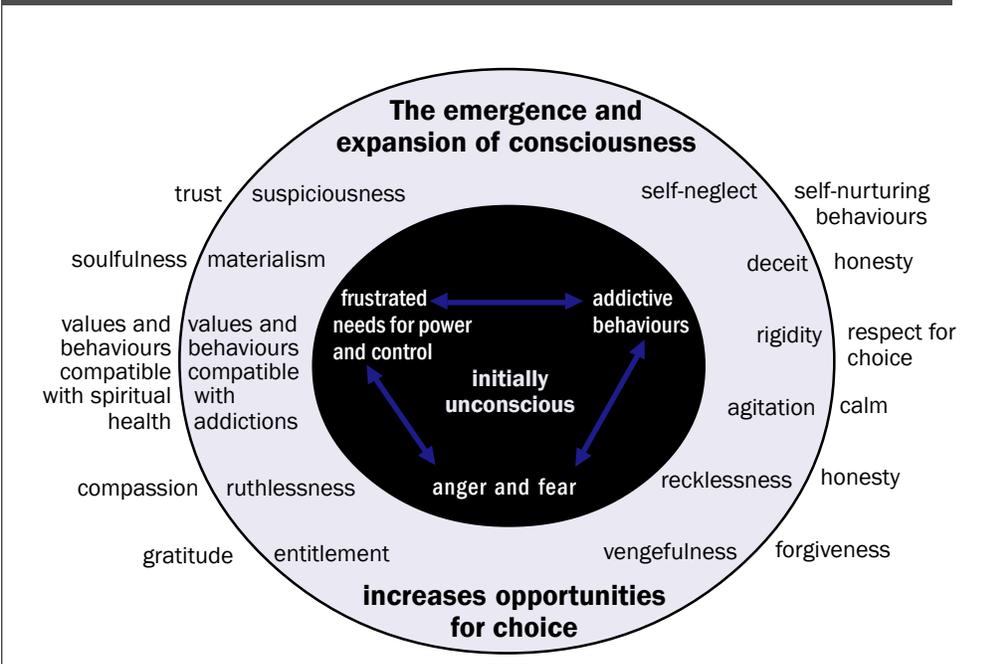
supportive community with other patients and with professionals that care for them. However, the longer the eating disorder symptoms continue, the more they become similar to that of a destructive cult. Eating disordered thinking and symptoms dictate a very rigid belief system, and promote unrealistic and unhealthy values that eventually erode identity.

The rituals and roles that at first seemed helpful become unhealthy and unrealistic. If not followed, they lead to self-punitive acts. They promote an excessive control of appetite, impulses, and emotions. Eventually an eating disorder becomes an unsafe place where harmful behaviours are sanctioned. The community itself becomes isolated. Development of the self is slowed and redirected

to maintain the values and behaviours associated with an eating disorder. Gradually the person becomes isolated from peers and family.

Over the past two years the staff at St. Paul's Hospital Eating Disorders Program and the BC's Children's Hospital Eating Disorders Program have experimented with ways of bringing this dimension into the existing services. Both centres started by establishing optional group programs. At St. Paul's, Bonnie McKinnon from pastoral care and I began by offering the “Letting Your Spirits Soar” group. This weekly group ran an hour and a half for eight weeks. The sessions consisted of an opening ritual, check-in, discussion regarding a specific topic followed by a spiritual exercise aimed to introduce par-

Figure 1: Values Compatible with Spiritual Health Versus Values Compatible with Maintaining Addictions





ticipants to different spiritual tools. Handouts were often given and the groups finished with a blessing and wishing each other well.

The topics discussed included what is spirituality, “our journey,” transcendence, community, religion, the mystery of creation, transformation, and a summary session. The spirituality tools experienced included meditation, listening to music, walking a labyrinth, throwing tea leaves into the wind, and drawing.

Following completion of this group it was decided to continue the group in an open walk-in format. Mary Brown from pastoral care took over the co-leadership with me. The format remained essentially similar with the addition of creative painting as a soothing and reflective experience. Due to the low number of participants, it was then decided to include this group as one of the regular activities offered to inpatients once a week. Ways of integrating this experience into the long-term program are being explored presently.

At BC’s Children’s Hospital, the spirituality group was introduced as an optional group in the Day Treatment Program available to up to ten adolescents. The group was led by Sheila Atkinson, director of pastoral care, with the co-facilitation of Carolyn Jacek and Rose Henderson. Experiences offered were similar with the addition of creating a personal coat of arms, life path drawings, and an African drumming circle. Working with adolescents is very “in the moment.” An experiential focus works best for their participation and satisfaction. Verbal processing hap-

pened much more easily while engaged in an art activity or towards the end of a session, after some activity or experience. The group is developing further, looking at the integration of yoga and regular drumming practices. At BC’s Children’s Hospital other staff have expressed interest in further developing this aspect of the program, particularly focusing on mindfulness techniques.

We have developed a model over the year with input from participants (see Figure 1, opposite page) to explain to participants why looking at spiritual values is important. This model implies that initially unconscious frustrated needs (most often justifiable needs) for personal power lead to an unpleasant emotional state that is coped with by addictive behaviours. To maintain these behaviours, unhealthy values must be adopted. By becoming more conscious of this process, the opportunity arises to explore these values as they often contradict with those compatible with spiritual health.

In summary, the two tertiary programs for the treatment of people with severe eating disorders in the province of British Columbia are working to integrate a spiritual dimension into their services. They are in the process of experimentation, and through trial and error, trying to find the best approach to allow most of their clients to benefit from this opportunity. ■

Reference

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B.R.I.D.G.E.S.

Getting us from Where we are to Where we Want to Be

B.R.I.D.G.E.S. is a 15-week program of education and support run by and for people diagnosed with a mental illness. B.R.I.D.G.E.S. stands for “Building Recovery of Individual Dreams and Goals through Education and Support.” The philosophy of the program is one of empowerment with the goal of recovering a new and valued sense of self, health and purpose. The course addresses key topics such as basic facts about psychiatric diagnosis and medications; identification of needs; obtaining mental health resources; and dimensions of recovery from mental illness. The B.R.I.D.G.E.S. program was sponsored and developed by the National Alliance for the Mentally Ill (NAMI) in collaboration with the Tennessee Mental Health Consumers Association and the Tennessee Department of Mental Health in 1993. In 1995, the program was purchased for use in BC with funds provided by Adult Mental Health Services of the BC Ministry of Health and sponsored by the British Columbia Schizophrenia Society.

One of the classes in B.R.I.D.G.E.S. is Healthy Religion/Spirituality. It is recognized that religion and spirituality are risky subjects, but as the course was being developed so many people were asking for guidance on the subject that they decided to take the plunge. The goal of the class is to offer basic guidelines and questions students can ask for themselves while trying to find their own way to healthy spirituality and a supportive religious community. The class does not ask students to adopt any particular system of beliefs.

Recognizing that each person walks a unique path to God or a Higher Power, the following questions are explored in the class:

- ❶ What is spirituality and what is religion?
- ❷ Where do our religious beliefs come from?
- ❸ What is my perception of God or my higher power? To explore this topic, students are asked to draw their idea of God or a higher power. Then they put themselves in the picture to help see how they perceive the relationship.
- ❹ Can religion or spirituality be bad for my mental health?
- ❺ How can I tell if my spirituality is healthy or part of my mental illness? This section compares healthy vs. unhealthy religion or spirituality by asking questions such as:
 - Do I feel a sense of comfort and inner strength? OR Is my religion causing a lot of stress and turmoil?
 - Do I have friends and activities in several areas of my life? OR Has my religion become my life’s total focus?
- ❻ How does medication affect my spirituality?
- ❼ What if I feel abandoned by God?

The first half of the class concludes with the Serenity Prayer: “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Debbie Sesula

Debbie is the President of the White Rock/South Surrey branch of the Canadian Mental Health Association.



Spiritual Philosophy and Recovery

Eric
Macnaughton

In 1984, while hiking with her husband, Patricia Van Tighem was attacked and mauled by a grizzly bear. Her recovery from that event involved enduring countless surgeries to deal with her facial disfigurement, a suicide attempt, and eventually a diagnosis of post-traumatic stress disorder. Her book *The Bear's Embrace* (reviewed opposite page) recounts her recovery from the event itself, and from its emotional aftermath. *Visions* spoke to Patricia about the role that spirituality played in her recovery, and particularly about the influence of Jean Vanier's philosophy. Vanier is the founder of the L'Arche movement, a network of spiritually-based supportive communities which integrate people with disabilities and able-bodied people.

Visions: What was Vanier's influence on your recovery?

I came across Jean Vanier's *Becoming Human* (Anansi, 1998)

two months after my suicide attempt at a time when I was in a place of such self-hatred and hopelessness. Because of that and because of my family's reaction to the suicide attempt, I knew I couldn't go on like that, but I didn't know how to keep going. His ideas gave me permission to be totally who I was. He talked about unconditional love of others, which I could understand, but also he gave me permission to feel that about myself. When he spoke about the need to accept yourself for exactly who you are, that's what I needed; I didn't love myself. When he talked about how all of us have areas of "light and bliss and darkness and depression," and how we must accept both the light "and the shadow areas" — that really hit home.

The other thing was that I had lost all belief, in God, in an afterlife, in anything. It was like I was in a black hole, which is why I was so depressed. I had always thought of God like a chess player, as in someone you prayed to, and if you behaved properly, who would reward you. Well, when my twins were born, and one had Down's syndrome, and because of all the other things that happened, that really challenged that concept and it was all thrown out the window. Jean Vanier spoke of a God who can forgive and accept me for exactly who I was, and has total faith in me to continue on and have a whole life. This allowed me to think of God or a higher power, as an inspiration to all of us, as the epitome of love, and that all of us are sacred, no matter what weaknesses.

Visions: You're talking about spirituality or God as a source of inspiration. Can you tell us more about the importance of having people who believed in you?

Initially I wasn't allowed to have feelings, and they were just bottled up. But [later] I had a nurse who could acknowledge those feelings and allow them, and at the same time see me for who I really was — someone who could say 'I see your pain and I know that's difficult, but I know you're still in there, that you're a bright and beautiful person.' Acceptance from yourself and caregivers has an enormous healing quality. Because when that nurse stuck with me and allowed me to have those feelings, I found that allowed me to get through them.

Visions: When thinking about spirituality, the idea of "giving up control" is important. Could you comment on how the idea of control has impacted on your experience?

That's really the core issue. In my book, the bear appears as a recurring metaphor for those things that we can't control. I find that at times when I try to control things there's a huge anxiety. With spirituality, and giving up control, I find there's a peace. In a spiritual sense, what helps is thinking of a higher power not as a chess player that makes sure everything goes my way, but as a source of support no matter what happens. In terms of other people, I used to get angry when someone said they would pray for me, because I thought "what good is that going to do?", but now I see it as people who have committed to accompany me no matter what. That's where my power lies. ■

B.R.I.D.G.E.S. — (continued)

The second half of class focuses on:

- **False Religious Beliefs**
 - Religious addiction
 - Spiritual pride
 - Blind faith
- **Spiritual Practice**
 - Prayer and meditation
 - Self-discipline
 - Striving to live the virtues ¹
 - Service to others
- **Finding A Spiritual Home**
 - How can I tell if a religious community will be good for my mental health?

Responses from teachers, students, service providers and family members about the B.R.I.D.G.E.S. Education and Support Program have been very enthusiastic. A former B.R.I.D.G.E.S. student, Colleen, has this to say about the class on Healthy Religion and Spirituality: "Wow! This class was a great addition to the course. The areas of spirituality and religion are often confusing and 'mysterious.' This class was not intimidating at all, the material was excellent: unbiased, clear and helpful." Another former student, Denis, commented: "This class has been thought-provoking and very enjoyable."

Teachers say the course is fun to teach. Students say they are learning things they have wanted to know for a long time. Service providers and family members emphasize the positive impact B.R.I.D.G.E.S. is having on their clients and family.

All B.R.I.D.G.E.S. classes end with the following affirmation: "I can be, I can be, All I can be, All I can be, But if it is going to be, But if it is going to be, It's up to me, It's up to me." ■

Footnote

¹ Deciding what is 'good' is a very personal subject. To illustrate this, students are given a list of virtues from which they can choose their top ten. From that list they then choose their top four and then their one most important virtue. It is then pointed out that not all have chosen the same virtue but everyone has the right answer for themselves.



The Bear's Embrace

by Patricia Van Tighem

Patricia Van Tighem's story explores the depths of love, survival and depression. Although I have never been attacked by a grizzly bear, endured years of pain, facial disfigurement, lost my father or my sister, I found a great deal of comfort within Patricia's story. Every description of pain triggered my own nerves. Her story doesn't just focus on the psychology of surviving the attack, she also explores her relationships which are torn apart by trauma. Everyone has an event that has scarred their lives leaving them permanently altered, hoping to be "patched, retreaded and approved for the road" ahead.

The Bear's Embrace opens as an intimate love story, de-

scribing Patricia and Trevor packing up to head out to the woods, brimming with optimism, and adventure: leaving no indication of the tragedy that lay ahead. The attack comes at them like a thunderbolt, and they are left changed forever — yet they survive, and continue to survive despite the obstacles that unravel their lives.

Patricia studied at the Banff School of Writing, under the late W.O. Mitchell, where she learned 'freefall' style: a type of journal writing that allows the reader within the mind of the narrator, placing her audience within her pain, joy, and senses.

The description of the attack is probably the most memo-

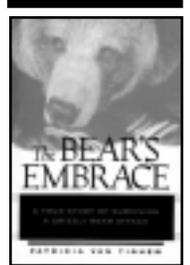
rable and vivid moment in the book; and as Patricia stated at her reading on February 6th, 2001 in Vancouver, it's too difficult for her to read as it's "too real." I too now have vivid memories of her attack, and a new sense of mortality to accompany them.

Patricia's descent into her subconscious and withdrawal from loved ones, is a beautifully written account of one of the scariest times anyone can experience: clinical depression coupled with suicidal tendencies. Her description of her time in the hospital is vivid, honest and horrifying. She recounts the loneliness, and frustration that accompanied her treatment at several hospitals. As many of us know, the hospi-

tal is not always a place for peace and quiet; it's often filled with anger and frustration, but as Patricia states, one positive element came from her experience at the hospital: she was enraged with someone aside from herself for the first time. This point marks the beginning of her recovery, and entrance into her roles as a mother, wife, and writer.

Only at the end do we realize how she has saved herself: for it is only by completing what she has written (and what we have read) that she is able to see through her struggle and regain herself from the clutch of the bear and her own psyche, showing her 'light' once again. ■

Review
by Jenny
Simpson



Graystone
(Douglas &
McIntyre)
2000; 273 pp.
\$29.95

The Ghosts Behind Him

by Doris Ray

The Ghosts Behind Him was a recipient of the BC2000 Book Award. It is a mother's account of her son's schizophrenia, and of her struggles to understand and come to terms with the illness and with the tragic event that forms the core of the story.

The title of the book alludes to the nature of the forces that seemed to be driving her son, Bruce Ray. It also represents the title of the book that Bruce himself — also a gifted writer — had planned to publish, in which he hoped to include the writing and drawings that he continued to produce when he was healthy.

As the title might suggest, a recurring theme in this story,

for both mother and son, was the seemingly spiritual nature of his experiences, and their struggles to reconcile these with the concept of mental illness. Doris Ray is a talented writer, and she shows particular skill in illuminating her son's inner world, and in conveying the seductive powers that caused him to engage with that world, rather than with everyday reality.

As Ray describes, at first the voices Bruce heard acted as his muse and fed his creative powers. His sister felt that "he was tapped into some sort of source material," consistent with what Carl Jung had identified as the collective unconscious. Bruce actively sought to channel into such experienc-

es, and he was able to harness them, through automatic writing, to write poetry and music. Later, his voices, one female voice in particular, acted as a guiding spirit to him, helping him cope with everyday decisions he was faced with.

Time went on, and the voices became more compelling and confusing for Bruce, and as his mother noted, they had "become an addiction." Bruce himself had written: "When I was in Duncan, I heard voices and I could see spirits...In the sense of my not working...not having a family...this other world appealed to me...It was like having a bad relationship with someone. It's very hard to break it off because it's

something you've lived with for a while. You accept the bad as well as the good...You need them both."

While Bruce never did publish his book, he did become a frequent contributor to a journal produced by CMHA in Nanaimo. While in the Forensic Psychiatric Institute, Bruce sent some of his work to the noted BC poet Susan Musgrave, who told him that several of his pieces were worthy of publication.

In the telling and publishing of her account, Doris Ray comes to realize that perhaps *The Ghosts Behind Him* was meant to be her story, after all. ■

Review by Eric
Macnaughton



Caitlin Press
1999; 218 pp.
\$16.95

To order the book
from the author,
please send a
cheque for **39**
\$16.95 plus
\$2.14 postage to:
Doris Ray, Box
356, Fraser Lake
BC, V0J 1S0



Inclusion of a work or an organization in the following Resource List does not constitute endorsement of any particular spiritual or religious philosophy, only that a relationship exists to the theme of this issue of Visions.

Resource List

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Koenig, H. G. (Ed.) (1998). **Handbook of Religion and Mental Health.** Academic.

Koenig, H. G. (1997). **Is Religion Good for Your Health? The Effects of Religion on Physical and Mental Health.** Haworth Pastoral Press.

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Nelson, J. E. (1994). **Healing the Split: Integrating Spirit into our Understanding of the Mentally Ill.** University of New York Press.

Rogers, June. "Saving faith: Whether you call it prayer, belief or spirituality, it can help you shed stress, make better decisions and generally lead a happier life." *Chatelaine*, 73(12): pp. 72-78.

Schumaker, J. F. (1992). **Religion and Mental Health.** Oxford UP.

"Spirituality and Health." An essay from The University of Texas Public Health Task Force. Includes a useful discussion on defining and measuring spirituality. At the end of the article is a copious listing of spirituality and health resources: journal and magazine articles, books, and anthologies. www.uth.tmc.edu/ut_general/admin_fin/planning/mph/lida.html

"Spirituality and Mental Health." Community Connection: Newsletter of the White Rock/South Surrey Branch of the Canadian Mental Health Association. March 2001 issue. Copies available from CMHA BC Division.

"Spirituality and Mental Health." By Martin Seligman, President of the American Psychiatric Association. Summarizes the pros and cons of spiritual frameworks for mental health: kymednews.com/thereadingroom/behavioralhealth/nov99SF.htm#2

Taggart, S.R. (1994). **Living As If: Belief Systems in Mental Health Practice.** Jossey-Bass Publishers.

Related Organizations

Tzu Chi Institute www.tzu-chi.bc.ca

The Tzu Chi Institute for Complementary and Alternative Medicine is a charitable organization aimed at improving health through research of complementary and alternative medicine and promoting the integration of safe and effective practices into mainstream health

care. Activities include research, clinical programs, education and information. Phone: (604) 875-4769

International Network on Personal Meaning www.meaning.twu.ca
Exploring "the positive psychology of personal meaning, meaning of life and existential therapy," this online network shares ideas in its forums, promotes positive adolescent development, networks with individuals and institutes interested in meaning research and/or meaning-centered counseling and therapy, publishes papers, and organizes workshops and conferences.

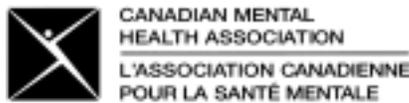
Nechi Institute www.nechi.com
Based out of Edmonton, the Nechi Training, Research and Health Promotion Institute incorporates Native spirituality and traditional values into training programs in addictions counselling and program management. Focus is on prevention, holistic healing, and the promotion of healthy, addictions-free lifestyles.
email: nechi@nechi.com Phone: (780) 459-1884

The Mind/Body Institute www.mbmi.org
A non-profit scientific and educational organization dedicated to promoting worldwide health and well being through the study and advancement of mind/body medicine (including the relaxation response and belief systems) and the expansion of the role of mind/body medicine in traditional medical practice.
email: mbmi@caregroup.harvard.edu Phone: (617) 632-9530

The John Templeton Foundation www.templeton.org
Promotes the critical importance, for peoples and cultures, of the moral and spiritual dimensions of life. Currently funds more than 150 projects, studies, award programs and publications worldwide.
email: info@templeton.org Phone: (610) 687-8942

The National Institute for Healthcare Research www.nihr.org
Recognizing that spirituality is intrinsic to the human condition, the Institute encourages professional collaboration to advance the understanding of spirituality and health. As an educational, medical, and social scientific research organization, the Institute develops educational programs and conducts, reviews, and disseminates scientific research on the spirituality-health connection.
email: nihr@nihr.org Phone: (301) 984-7162

The Institute of Noetic Sciences www.noetic.org
A non-profit organization that both conducts and sponsors research into the workings and powers of the mind, including perceptions, beliefs, attention, intention, and intuition.
email: membership@noetic.org Phone: (707) 775-3500



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